

The Joint Learning Network for Universal Health Coverage (JLN) brings policy and technical leaders together to learn from each other and co-create solutions to their most pressing health systems challenges. Learning from each other what has and has not worked, they are able to build more equitable, resilient, and efficient health systems to accelerate progress towards universal health coverage. With the support of expert facilitation, the joint learning approach helps draw out country experiences in a structured way to frame problems, identify common issues, explore insights and knowledge, and synthesize practical solutions that are both country-specific and globally adaptable.

As part of this process, JLN members often co-develop new knowledge products, such as step-by-step costing and self-assessment tools. To date, JLN members have co-created 45 knowledge products on a variety of subjects. Members then bring knowledge products back to their countries, adapt them to their country's specific needs, and finally use or implement the knowledge product to solve a particular challenge. The use of JLN knowledge products is one clear example of the impact the JLN can have downstream in health systems; by enabling countries to use best-practices from JLN country experience as they work towards long-term health system goals, such as expanding and improving on UHC programs. This case study profiles the use of the [Toolkit to Develop and Strengthen Medical Audit Systems](#) in Malaysia.

Malaysia's use of the *Toolkit to Develop and Strengthen Medical Audit Systems* shaped the operations for a new Medical Audit Section charged with auditing PeKa B40 claims to identify and deter fraud.

**JLN Knowledge Product:** Toolkit to Develop and Strengthen Medical Audit Systems

**Country:** Malaysia

**Use Case:** National-level adaptation & implementation

**Leading Implementers:** Medical Audit Section, ProtectHealth

**Resource Countries:** India, the Philippines, South Korea

**Technical Support:** Health Insurance Review and Assessment Service (HIRA)

**Primary Outcome:** Creation of a medical audit unit to monitor PeKa B40 claims data

**Timeframe:** 2019

## Data Collection Methodology

In order to document the link between JLN knowledge product development and country effects to-date, the JLN's case study series examines two evaluation questions:

1. What are the processes and preconditions necessary for JLN knowledge products to be used?
2. How has the JLN network and knowledge products contributed to health system changes?

The JLN's country case study series was structured as an explanatory single-case analysis, consisting of one or more key informant interviews per case study with key stakeholders identified by the relevant JLN Country Core Group (CCG). CCG leads were asked to use a snowball sampling methodology (a referral-based sampling approach) to identify the critical stakeholders involved in adaptation and implementation for each use case. In some instances, a single key informant was sufficient to discuss the case and in other instances, multiple perspectives were required. Stakeholders

interviewed are mostly mid- to senior-level government staff involved in the implementation of a health system reform that used a JLN knowledge product or approach. Drafts of summaries were shared with key informants to check for accuracy and completeness.

Data collection was conducted through in-depth interviews using a structured questionnaire that also included open-ended questions and, if relevant, potential prompts to encourage more detailed responses. Data collection was done using a standard Adaptation & Implementation tool was developed and piloted by the JLN Monitoring and Evaluation (M&E) Technical Working Group.

### Limitations

Although the approach to the case study was informed by the JLN theory of change, document review, and pilots, the scope of each case study is limited to few key informants and all data have been collected retrospectively. Furthermore, case studies traditionally explore the complexity of a single or

limited number of cases, so findings may not be generalizable.

In addition, while JLN Network Manager designed and conducted the case study with integrity and with sensitivity to bias, the data collection efforts were conducted by the JLN Network Manager M&E staff and not by an independent data collector. The JLN Network Manager attempted to mitigate the potential for bias in this situation by requesting that respondents be open and honest to improve JLN knowledge products.

### Acknowledgments

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## Country Context

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In 2019, the Malaysian Ministry of Health (MOH) launched the PeKa B40 scheme, a program designed to increase screening uptake for non-communicable diseases (NCDs) among Malaysians in the lower-income group; specifically the bottom 40% of the population by income level. With a focus on reducing the burden of NCDs and enhancing the public and private sectors partnership (PPP), PeKa B40 provides four main benefits for the poorest 40% of Malaysians: (1) free health screenings, (2) medical equipment assistance, (3) incentives for completing cancer treatment programs, and (4) transportation incentives. These initiatives introduced through PeKa B40 contributed to a significant shift within Malaysia's healthcare system.<sup>1</sup>

Private providers were largely involved with the acute care before PeKa B40 implementation and not so much of preventative health care services. PeKa B40's inclusion of private facilities (for screening and laboratory services) is a large step towards PPP, improved continuity of care, and provides oversight of the quality of care across the PeKa B40 program in the public sector as well as the private sector. This program is managed by ProtectHealth Corporation Sdn Bhd (ProtectHealth), a Company Limited by Shares and not-for-profit. The company was set up under the Ministry of Health and wholly-owned by ProtectHealth Malaysia, a Company Limited By Guarantee.

Through the PeKa B40 program, the MOH undertook claims processing for the first time. Claims processing in Malaysia was traditionally done

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<sup>1</sup> Ministry of Health, "PeKa40," Copyright 2020, <https://www.pekab40.com.my>

by insurance companies in the private sector, but through ProtectHealth, the Ministry is responsible for PeKa B40 claims from both the public and private facilities. This provided the opportunity to make the PeKa B40 claims process transparent and accountable. In April 2019, the Ministry established a Medical Audit Section within ProtectHealth to process and audit PeKa B40 claims. This new unit's mandate is to improve the quality of care, improve health outcomes, and mitigate fraud involving all PeKa B40 claims across public and private facilities.

As one of the founding country members of the JLN, Malaysia has helped to co-create numerous JLN knowledge products, including the [Toolkit to Develop and Strengthen Medical Audit Systems](#) that was published in December 2017. The South

Korean Health Insurance Review and Assessment Services (HIRA) was nominated to lead a collaborative with participants from India, Ghana, Kenya, Nigeria, Colombia, the Philippines, Indonesia, and Malaysia to provide step-by-step guidance on creating medical audit systems.

The toolkit packaged experiences from the countries, including how to set-up medical audit units and conduct step-by-step claims reviews, as practical guidance for practitioners. As the Malaysian team was establishing the new Medical Audit Section, Malaysia's membership in the JLN proved to be useful especially in adapting the toolkit and implementing it to develop standard operating procedures (SOPs) for medical audit services under the PeKa B40 scheme across Malaysia.

## Results

### Adapting & Implementing the Toolkit to Develop and Strengthen Medical Audit Systems

Before operationalizing the Medical Audit Section (MAS), it was necessary to build a foundation for the systems and processes. While creating the section from scratch, the team benefitted from the guidance provided in the *Toolkit to Develop and Strengthen Medical Audit Systems*, which the Malaysia delegation had helped to create previously. This included a series of “preconditions” needed when starting a medical audit section such as governance structures, human resources services, capacity building plans, and the processes involved in implementing medical audits. Through the step-by-step guidance in the toolkit, drawing on relationships with other JLN countries, and a site visit to HIRA in South Korea, the team contextualized audit SOPs, triggers, indicators, and forms for Malaysia's needs. Based on lessons from India, the Philippines, and South Korea, Malaysia's standard operating procedures (SOPs) were created. Both a health screening audit checklist and

#### How did the JLN support?

- **Co-development** of the knowledge product and peer support from other JLN countries throughout the process

#### How did Malaysia use the KP?

- **Guidance** from the toolkit, **lessons** from other countries, and a **study trip** to see South Korea operations were used to create a new medical audit section
- Standard operating procedures were developed for the MAS based on **adaptation of tools** in the knowledge product

#### What were the downstream changes?

- The MAS is **reviewing provider performance** and deterring fraudulent claims processed through PeKa B40 resulting in improved **quality of health care screenings**

medical audit SOPs that can be used for on-site and off-site audits were adapted from the medical audit system in India to the Malaysian context where relevant.

By utilizing the health screening audit checklist, the team was able to audit the quality of health screening services offered as part of PeKa B40

benefits. For example, during basic NCD screening, general practitioners are expected to measure the patient's blood pressure, body mass index, as well as taking the patient's blood to determine blood sugar and lipid levels. With the checklist, auditors can review step-by-step, the service that practitioners actually provide to PeKa B40 patients and determine the quality of the services received. This type of checklist and processes had never existed before in Malaysia, and even at the early stage of its implementation, the team found that this process is useful in detecting some inconsistencies in the services provided. The checklist enabled the team to document common mistakes and determine ways to improve the quality of health services provided. The medical audit section also conducts audits among patients via phone calls to help detect poor-quality health screenings, to follow-up on post-audit actions, and identify possible improvements.

For both routine and escalated audits, the auditors are responsible to produce a report of their findings to be shared with management. Depending on the specific audit findings, managers can aid practitioners to improve their performance especially if the findings indicate more systemic risks to the quality and cost of health services. MAS investigates more than 2000 cases a month using data from PeKa B40's IT system called the Benefit Management System guided by the newly developed SOPs.

The team has continued to learn and adapt based on experiences from the initial implementation and continuous learnings from other JLN countries. Malaysia also learned a lot from the November 2019's study trip to HIRA and applied the knowledge returning home. Although the South Korea team provided feedback throughout the learning process, the study trip was able to showcase the day-to-day claims process which provided an opportunity to witness the medical audit section's operations and challenges they

encountered to be adaptable in the first few months of ProtectHealth's own operations.

## Adaptation from the Toolkit to Develop and Strengthen Medical Audit Systems

### Establishment of a Medical Audit System

By learning from the experiences of other countries and adapting it into the Malaysian context, MAS established a robust medical audit system for Peka B40 that could cover both public and private health providers to identify any provision of substandard health care service and recommend quality improvements initiative. Using the IT system in place, MAS will be able to identify and deter fraudulent claims and allow the MOH to make efficient payment decisions.

### Improving Provider Practice

Even in the short amount of time since the Medical Audit Section was created, Malaysia has seen improvements in provider practices. One aspect of the medical audit SOPs involves reviewing the quality of health screenings provided to patients. Auditors compare the practitioner's performance using a checklist and provide feedback to mitigate the issues identified. Providers may be added to a "Provider Watchlist" and their facilities will be re-audited to ensure their adherence to the suggested clinical practices. Through the re-audit sessions, the providers are expected to take the necessary actions and exhibit improvements in the quality of the services provided.

### Continuous Joint Learning

The team has taken a deliberate approach to continuously learn from their experience and others' experiences to improve the audit system. Since the launch, they have stayed in contact with colleagues in India and South Korea to learn more and make modifications to improve the medical audit process and SOPs. This is to ensure that MAS



will be more sensitive in detecting fraud to avoid paying fraudulent or frivolous claims. These strong relationships show continued commitment to joint learning and the positive value that all three countries gained from their joint learning

experience. These relationships also provide evidence that the networks developed through joint learning are important and a crucial part in the value of the JLN.

## Recommendations

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Here are some considerations from the implementing team's perspective for the network:

**A revised edition of the Toolkit to Develop and Strengthen Medical Audit Systems with case examples:** The toolkit was helpful in contributing to the success of the development of the Medical Audit Section in ProtectHealth, but the team recommends including more specific countries case examples in improving existing system and processes of medical audit departments.

**Resource country pairing:** While the medical audit systems might be different around the world,

countries face common challenges with fraud. For example, although India and South Korea's medical audit systems are structured differently, the common challenges ensured that Malaysia could still learn from these countries' experiences. The country pairing and ability to participate in a site visit to understand the day-to-day operations of a functional system, were critical in the early stages of the unit's development to get hands-on operational experience from another country's experience. The team recommends that countries connect to colleagues with experience and insight into medical audit systems.

## Conclusion

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The *Toolkit to Develop and Strengthen Medical Audit Systems* was established to help countries design successful medical audit functions to improve the quality of services as well as to reduce fraud and abuse. The MOH and the PeKa B40 administrator, ProtectHealth, were able to use the JLN toolkit to do exactly that; design their Medical Audit section

from the scratch. The toolkit, along with input from experienced JLN resources countries, allowed Malaysia to create this section and through the first year of claims reviews, the team has already noticed improvement in the quality of health care screenings offered under the PeKa B40 scheme.

