

June 1-7, 2013

Physiotherapy for core problems



TRADITIONAL physiotherapy has mostly focused on alleviating a patient's symptoms, but what DBC Malaysia does is treat the underlying functional problem for lasting results.

DBC or Documentation-Based Care is the result of a group of Finnish experts determined to develop effective physiotherapy and rehabilitation methods in 1993. This programme focuses on four of the most common musculoskeletal problems, namely chronic back pain, neck pain, as well as shoulder and knee pain.

FocusM speaks with DBC Malaysia CEO Wee Hock Kee to find out how the programme differs from conventional physiotherapy.

How was DBC Malaysia started?

I was introduced to DBC's programmes by a Singaporean doctor who brought me into contact with DBC's technology there. After speaking to several orthopaedic surgeons who gave positive feedback on physiotherapy that is evidence-based, and with market intelligence pointing towards a go, a group of us (including a few friends and doctors) bought the licence from Finland and set up our pilot physiotherapy centre in the Damansara Specialist Hospital in early 2000.

The new company must have faced many challenges. Could you share your experience?

It was a long, long journey because there were a number of challenges we had to overcome, funding, for example. We were privately-funded by shareholders with low gearing and had difficulties in convincing banks of the potential of the market, since Malaysia is in its infancy in rehabilitation facilities. Private-equity investors could not understand how it could be profitable.

We had to get strong buy-in from orthopaedic surgeons, a buy-in from payers such as managed-care organisations (MCO) and insurance companies, and from users of active physiotherapy and rehabilitation. Also, it was challenging trying to raise awareness on the programme to end-consumers and acceptance was very difficult, as many people wrote me off because of my corporate background.

What was your next course of action?

We then started a more intensified marketing campaign directed at orthopaedic surgeons and insurance companies, in terms of DBC being a non-surgical approach to chronic back pain. Some sparks of a breakthrough came in 2006 when Socso piloted a programme called Return to Work. Looking at its statistics, there was a high level of payout in terms of the disability

pension (*penilaian*) claimed by patients with musculoskeletal and lower-back problems owing to occupational health. In this national rehabilitation project, we were one of the key providers.

Another breakthrough came in 2008 when ING adopted DBC's programme under its ING Employees Benefit Insurance Scheme, after a lengthy process of substantiating the cost-benefit comparison of paying for early intervention for chronic back pain versus surgery. Since payers are always looking for cost-benefit products that can be of value to their customers, they were convinced that this was a good technology for a strategic alliance.

These two core business areas are pretty important for our cashflow, and there are now five DBC Physiotherapy Centres in Malaysia.

What is the difference between active and conventional rehabilitation?

Traditional rehabilitation is passive, where the physiologist facilitates movement for the patient, for example, they facilitate a stroke patient's movement of limbs. In active rehabilitation, however, we put patients on specialised machines that are hip-locked to avoid excessive movement, and they do the exercises on their own. The machines are created to focus on certain movements to address the core reason for pain.

We work on functional movement which is to restore the range of motion, movement control, muscle coordination as well as to improve muscle endurance and strength.

Where does DBC fit into the medical industry?

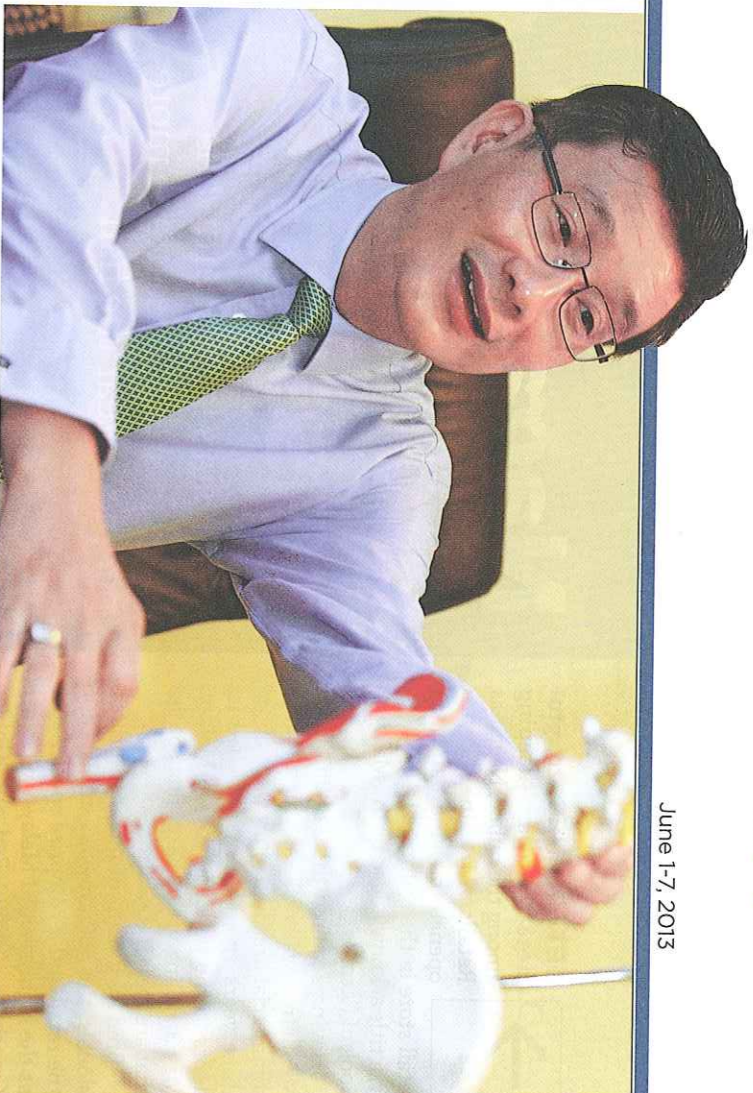
We do not take over the doctor's job but complement it instead. For example, out of 10 patients, only two would require surgery, while the other eight could be rehabilitated through a regimented exercise programme using DBC's technology and clinical treatment.

This technology works well for pre-surgical and post-surgical patients, because more often than not, even if the patients have good orthopaedic surgeons, their post-surgery physiotherapy is not managed properly.

We are certified by the Ministry of Health and given acknowledgment through a good rating by its Technology Assessment Unit that reviewed our local clinical data and equipment, which is consistent with the worldwide DBC benchmark of 83% in pain improvement and 75% in functional improvement after going through six to 12 weeks of a DBC programme.

Can you share some of the processes your patients go through?

Generally, doctors and specialists refer patients to DBC centres, and our qualified physiotherapists do a baseline



Wee explaining how DBC treats underlying functional problem for lasting results

assessment which takes into account, pain, the limitation of movement, muscle strength and the over-activity of muscles, among other things.

Based on this assessment, the patient will be advised to undergo six to 12 weeks (the knee will take a longer period of rehabilitation of 26 weeks) of an active rehabilitation programme consisting of 12 to 24 active-conditioning exercises which are biomechanically designed. Each machine isolates targeted muscles, such as the machine that puts the right weight on your lower back and hip-locks your thighs so you can move only your back. This strengthens your musculoskeletal structure.

The programme will be done according to DBC protocols and the patient's capability. If necessary, we minimise the pain prior to putting the patient on the active-conditioning exercises. Typically, the pain-management process takes four to six sessions of conventional physiotherapy. It is one hour of exercise twice a week for six weeks.

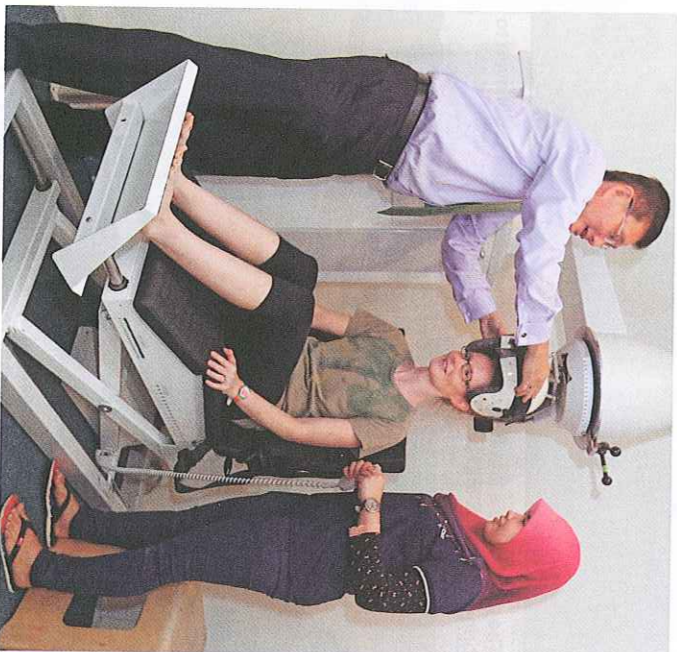
Lastly, an outcome assessment is carried out after the patient has completed the DBC programme, in which we can provide the baseline and outcome based on evidence and objective measurements to doctors and insurance companies.

The programme, which is done through medical prescription, is necessary because patients limit their movements when they have an injury, and when the muscle is conditioned in the right way with the right movements, it is possible to not have surgery but this



by CALYN YAP

Wee demonstrating how a patient undergoes active-conditioning exercise



is the doctor's decision.

What are your future plans?

We have gone through our first 10-year phase, so the next five to 10 years is highly exciting. Although patients have given us strong referrals through word-of-mouth, we still have to reach out to more payers and patients because there are still many people who are not aware of such technology in Malaysia.

We have received clinical validation from doctors, patients and payers, so now it is really about business expansion in terms of licensing to hospitals or independent operators. Private hospitals that are very established have shown great interest in having our technology in their hospitals to beef up their physiotherapy departments. This is something that is recent since the country's investment in physiotherapy rehabilitation is still very low.

Hospitals still do not invest very substantially in this, and the physiotherapy departments in government hospitals are very outdated. However, the government is looking to create a state-of-the-art rehabilitation station as a Return to Work centre in Ayer Keroh, Melaka.

It is a 20ha facility for vocational and physical rehabilitation and an educational platform with accommodation in which Return to Work patients can stay, and is the first of its kind in Southeast Asia. It is due for commissioning at the end of this year, and they are reviewing us, so we are looking forward to that.

For independent centres, we are looking to expand to Penang, Johor Bahru and Kota Kinabalu, but we are also looking at a few teaching hospitals, since we find that this technology can bring value to both the institutions' academic portfolio and also the section of their hospitals open to the public.

Everything is in place, we just need private equity and investors to come in. We are looking for more investors to build up a chain of centres similar to Qualitas' method of buying up GPs and rebranding.

There is a national agenda in this business and we are ready to move to the next phase of business expansion, but for the next growth phase, we need cooperation and venture capitalists to make this a national chain that provides this healthcare to the public at large.

At the end of the day, the satisfaction is in helping the public access healthcare at a reasonable price. **FocusM**