Enhancing Primary Care Through Allied Health Integration:

ASAP (Alpro Stands Against Prediabetes)

A project with 10,000 High Risk Malaysians in a multidisciplinary healthcare professional team

Ph. Lim En Ni

Chief Pharmacist | Engagement Director

Alpro Group

The Diabetes Reality in Malaysia

Malaysia faces a growing diabetes epidemic that demands urgent, coordinated action across healthcare disciplines:

18.3%

Adult Diabetes Rate

Representing approximately 3.9 million Malaysians living with diabetes, a dramatic increase from 13.4% in 2015

8.9%

Undiagnosed Cases

Adults with raised blood glucose levels who remain completely unaware of their condition

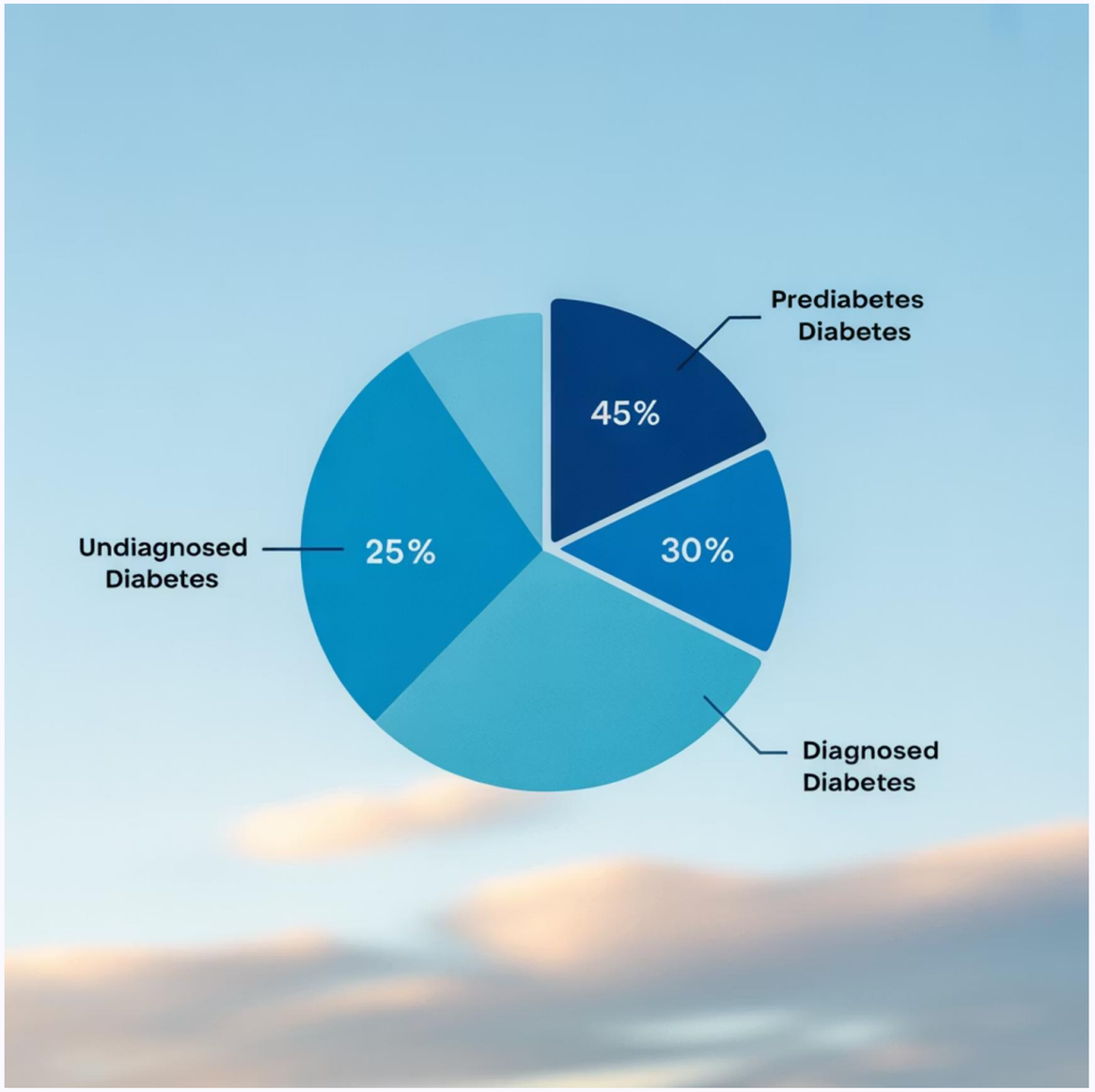
Prediabetes—The Hidden Epidemic

The Silent Progression

Prediabetes represents a critical intervention window where healthcare teams can halt disease progression before irreversible complications develop.

In 2019, impaired fasting glucose (prediabetes) prevalence reached **22.6%** among Malaysian adults–representing millions at risk of developing full diabetes.

When combined with diagnosed and undiagnosed diabetes, nearly **50%** of Malaysian adults face some form of glucose dysregulation.



Why Early Detection Matters

Reversibility

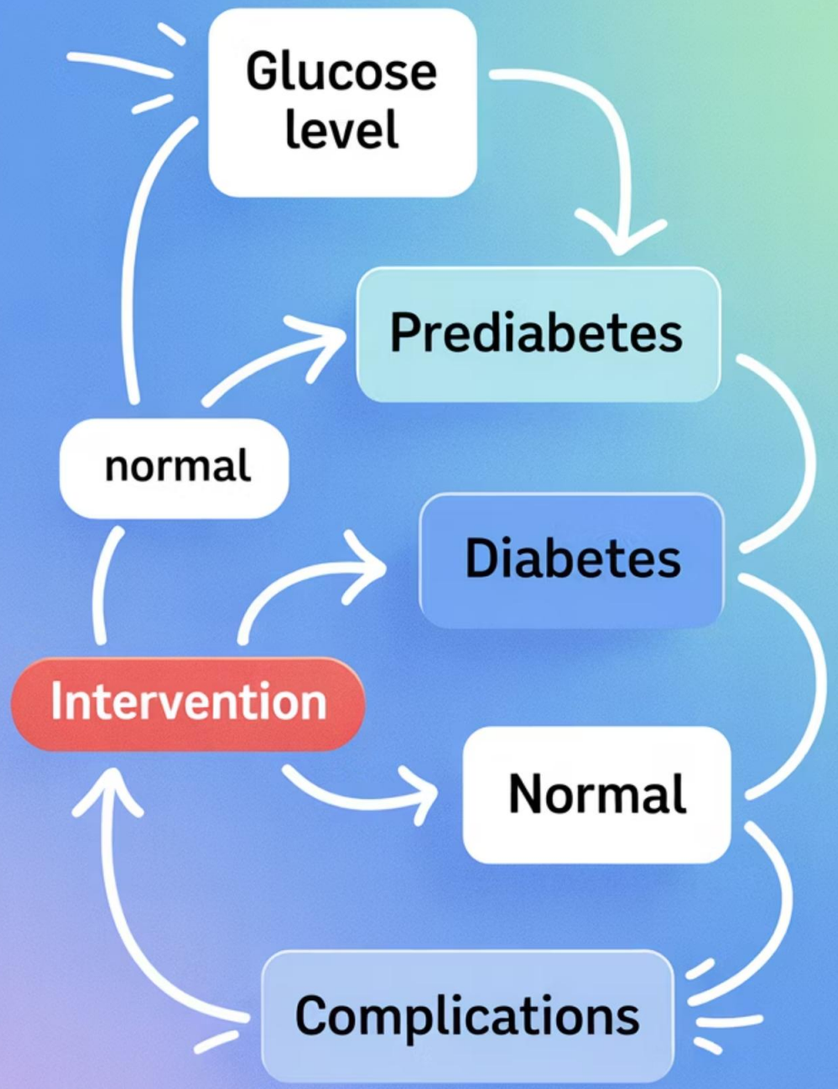
Unlike established diabetes, prediabetes can be completely reversed with timely lifestyle interventions

Cost Savings

Preventing progression saves a lifetime healthcare costs

Quality of Life

Early intervention prevents complications including neuropathy, retinopathy and cardiovascular disease



Introducing ASAP (Alpro Stands Against Prediabetes)

Our Mission

To create a seamless, integrated care model that leverages the unique skills of allied health professionals to identify and reverse prediabetes before it progresses to diabetes.

The initiative targets high-risk Malaysians who are:

- 35 years or older
- Overweight or obese (BMI ≥25)
- With family history of diabetes
- Sedentary lifestyle

Goal: Screen 10,000 high-risk Malaysians via free HbA1c tests in community settings

Pharmacists — The First Touchpoint

Expanding the Pharmacist's Role

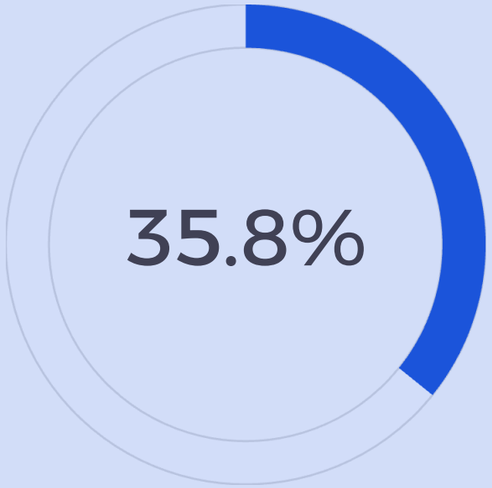
Community pharmacists serve as the critical first point of contact in the ASAP model:

- Conduct HbA1c screening using point-of-care devices
- Interpret initial results and provide education
- Refer at-risk individuals to primary care physicians
- Follow up with patients to ensure continuity

Corporate partnerships with diagnostic companies enable **free access** to testing, removing financial barriers to early detection.

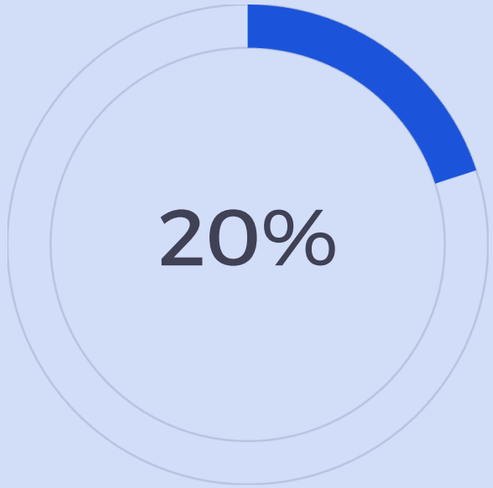
Screening Results — The Wake-Up Call

Our initial findings were sobering



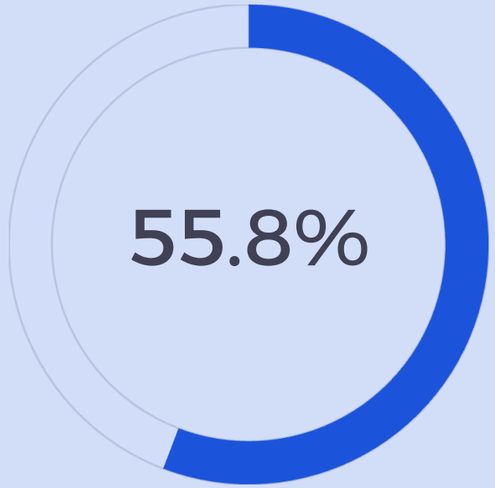
Prediabetes

More than one-third of screened high-risk individuals had impaired glucose metabolism requiring immediate intervention



Undiagnosed Diabetes

One in five participants were already living with diabetes–but had no prior diagnosis or treatment



Total At-Risk

Over half of all screened individuals required immediate medical intervention and allied health support

These findings underscore the critical need for proactive screening programs that extend beyond traditional clinical settings into community spaces where at-risk individuals can be reached.

Family Doctors — The Anchor

The Physician's Expanded Role

In the ASAP model, primary care physicians serve as the clinical anchor, but with enhanced coordination responsibilities:

- Confirm diagnosis through comprehensive testing
- Initiate appropriate medical management when needed
- Coordinate referrals to allied health professionals
- Monitor comprehensive health parameters beyond glucose (BP, lipids, renal function)
- Serve as the patient's advocate across the care continuum

The physician becomes the orchestrator of care rather than the sole provider—a critical

Physiotherapist — Movement with Purpose

Physiotherapists in the ASAP model develop evidence-based exercise interventions tailored to the prediabetic population:

Scientifically Designed Programs

Exercise protocols specifically targeting glucose metabolism and insulin sensitivity

Accessibility Focus

Exercises adapted for various mobility levels, cultural contexts, and home environments

Accountability Systems

Regular check-ins, group sessions, and progressive goals to maintain engagement

Dietitians & Nutritionists — Culture-Focused Eating

Nutrition Through a Cultural Lens

ASAP dietitians recognize that effective dietary change must account for Malaysia's rich culinary diversity:

- Personalized meal plans incorporating traditional Malaysian foods
- Practical strategies for navigating hawker centers and food courts
- Family-centered approaches that consider household dynamics
- Focus on sustainable behavior change rather than restrictive dieting

Dietitians work closely with patients to adapt rather than abandon cultural food practices–making change sustainable.

Patient Journey—Allied Health in Sync

The ASAP model creates a seamless care continuum where each professional's expertise is leveraged at the right moment in the patient journey:

Pharmacist Screening

Point-of-care HbA1c testing and initial risk assessment

Doctor Confirmation

Diagnosis validation, treatment planning, and coordination

Dietitian Guidance

Culturally-appropriate nutrition planning and education

Physio Coaching

Structured exercise programs and mobility support

Team Review

Collaborative assessment of progress and plan adjustment

This model ensures patients experience healthcare as a coherent journey rather than disconnected episodes of care.

The Outcomes — Real Impact

Clinical Results at 3-Month Mark

Among patients completing the full ASAP program:

- **63%** of prediabetic patients achieved normal glucose levels
- **5.2 kg** average weight loss among participants
- **82%** reported improved quality of life and health confidence
- **71%** maintained exercise regimen beyond supervised sessions

These results demonstrate that allied health integration can produce rapid, meaningful improvements in metabolic health when delivered through a coordinated model.

> "The improvement in these patients' metabolic markers within just three months is comparable to

Lessons Learned

Our experience with the ASAP initiative revealed critical factors for successful allied health integration:

Clear Role Definitions

Each professional must understand their scope, boundaries, and handoff points within the care continuum

Seamless Referral Pathways

Technology-enabled referral systems with minimal administrative burden facilitate timely transitions between providers

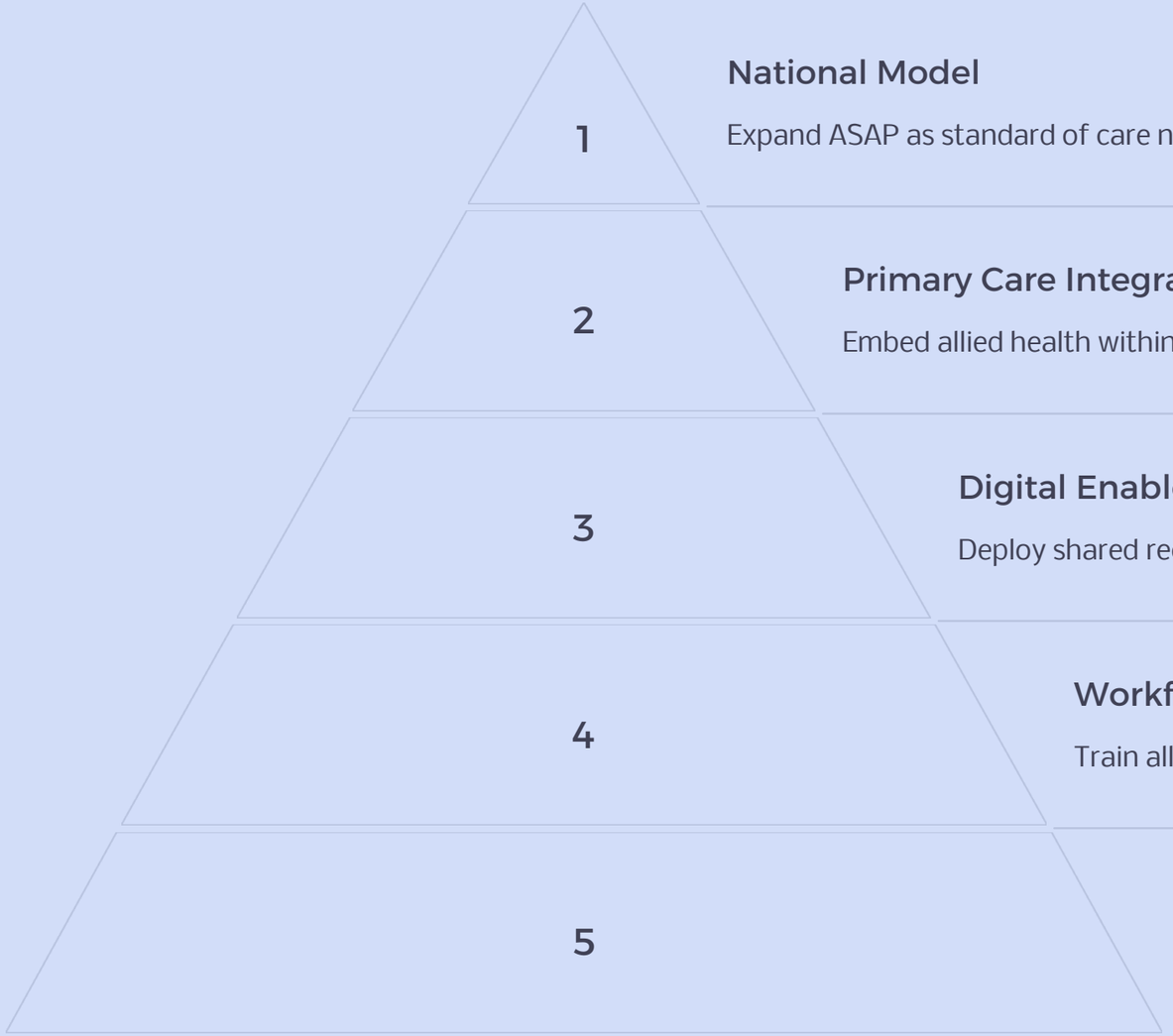
Unified Communication

Patients must experience messaging consistency across all team members to build trust in the integrated approach

Outcome-Based Incentives

Payment models must reward collaborative care and outcomes rather than individual service volume

Scaling Forward: From Pilot to System Change



National Model

Expand ASAP as standard of care nationwide

Primary Care Integration

Embed allied health within existing clinic structures

Digital Enablement

Deploy shared records, AI risk stratification (HappiDex, Neuro-AI), and telemedicine extensions

Workforce Development

Train allied health professionals in collaborative care models and diabetes prevention

Sustainable Funding

Develop value-based payment models that incentivize prevention and team-based care

The ASAP model demonstrates that with proper design, primary care can be transformed from a physician-centric model to a truly collaborative ecosystem that harnesses the full potential of allied health professionals.

A New Vision for Primary Care

> "Before ASAP, I saw five different healthcare providers who gave me five different plans. Now, I have one team working together. For the first time, I believe I can avoid the diabetes that took my parents."

– Farah Hassan, ASAP participant

The Call to Action

Rethink your primary care model. Allied health professionals are not supplementary–they are essential.

Together, we aren't just screening numbers–we're changing futures.