



PeKa B40 REPORT 2021

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Photo courtesy of MRCS

INTRODUCTION



PROTECTHEALTH



PROTECTHEALTH CORPORATION SDN BHD (PROTECTHEALTH)

was incorporated on 19 December 2016 as a wholly-owned subsidiary of ProtectHealth Malaysia (PHM), established under the Ministry of Health, Malaysia (MOH). As a not-for-profit company, we coordinate, administer, and manage initiatives related to financing healthcare services as mandated by MOH.

ProtectHealth was established with two mandates approved by the Jemaah Menteri. The two mandates are National Health Financing as well as a Strategic Purchaser to reduce the healthcare costs and become a leader in Public-Private-Partnership (PPP).

OUR PURPOSE

*"A Strategic Purchaser
to deliver quality healthcare
services for Malaysians"*

Through our activities, we seek to deliver affordable, equitable, efficient, effective, responsive and sustainable healthcare services for the nation, in line with the role as a Strategic Purchaser, as mandated by the MOH. To achieve this, ProtectHealth has been appointed to be the administrator for the Skim Peduli Kesihatan for the B40 group also known as PeKa B40 that was introduced on 15 April 2019.

This scheme is a massive cost saving initiative for the Government through early detection and intervention among the eligible beneficiaries.

ProtectHealth was appointed by the government as the Electronic Service Provider (ESP) operator for Skim Perlindungan Insurans Kesihatan Pekerja Asing (SPIKPA) on 12 November 2020. This enables insurance companies and Third Party Claim Administrators (TPCA) to create and submit relevant documents required for the scheme via the platform that we manage. Collaborations with multiple organisations facilitate us reaching out to our beneficiaries.

In line with the experience and capabilities as the Strategic Purchaser, ProtectHealth has also been appointed by the MOH on 8 March 2021 as the implementer of Private Medical Practitioners (PMPs) and Healthcare Non-Government Organisations (NGOs) participation in the National COVID-19 Immunisation Programme (PICK).

From the early days of its establishment, ProtectHealth has set a strong social agenda as a premier not-for-profit healthcare financing provider and has successfully intensified its agenda with more Public Private Partnerships (PPPs).

Today, ProtectHealth maintains that agenda by playing a vital role in bridging both the government and private sectors, through the acceleration of the PPPs on the implementation of PICK, the largest ever PPP in the healthcare sector.



OUR STRATEGY

FROM THE

CEO

“

*Assalamualaikum
wrt. wrkt. and
Salam Sejahtera*

We pray that you are in the best of health. As I pen this, we are in the third year of the pandemic. Current data is signalling that COVID-19 will continue to evolve but the severity of disease reduces over time as immunity increases due to vaccination and infection.

DATO' DR. ANAS ALAM FAIZLI

Chief Executive Officer



ProtectHealth has been in the frontline contributing a large share of the pie at 28,171,598 doses or 48.8% from the total COVID-19 vaccinations in Malaysia as of 31 December 2021 through its private medical practitioners (PMPs) and healthcare NGOs. The PICK programme has accelerated the PPP in healthcare. PICK is the largest government programme executed in Malaysia, by virtue of the 27.3 million people vaccinated within a short span from the date of its inception and implementation.

ProtectHealth has successfully expanded its service provider range from general practitioners (GPs) to include specialist clinics, ambulatory care centres, private hospitals, healthcare companies and healthcare NGOs in order to bring the PeKa B40 benefits to the lower income groups in Malaysia.

ProtectHealth will continue to improve its services whilst focusing on the four core benefits under PeKa B40 and we look forward to expanding the benefits offered to the Wellness Programme and the non-communicable diseases (NCD) treatment. These benefits will serve its purpose to help the B40 population improve their health and quality of life as well as to reduce their burden in seeking treatment.

Under the four main core benefits of PeKa B40, ProtectHealth managed to diagnose over 36.7% cases of newly diagnosed NCDs under Benefit 1, Health Screening (HS). Whilst, for the Benefit 2 Health Aid (HA) application, 30,864 applications have been approved. For Benefit 3, Completing Cancer Treatment Incentive (CCTI), 6,107 applications have been approved. Lastly, for Benefit 4, Transport Incentive (TI), 20,275 applications have been approved.



Photo courtesy of MRCS

These initiatives have bore fruit, where in 2021, the number of GPs registered had increased to 2,589 which is an increase of 26.7% from the total number of GPs registered in 2020. As of 31 December 2021, since PeKa B40 was launched in April 2019, a total of 555,311 beneficiaries have been screened, out of which 101,673 beneficiaries were screened in 2021. The number has dropped from 2020, but considering the pandemic and the Movement Control Order (MCO), it is still a lauded achievement.

Significant changes have been made to the Benefit Management System (BMS) where we see its accessibility and usability has now made it easier for our service providers to access and use. Through digitalisation, we have also enhanced the lab integration interface and made all the medical records digital allowing our medical analytics and medical audit to conduct better analysis and auditing. This has also enabled us to minimise and reduce missed and wrongly diagnosed cases from 2019 to 2021. Moreover, there have been increased engagements with the service providers which have seen a drop of non-referral cases from 37% in 2019 to only 8% in 2021.

FROM THE CEO

There were many programmes planned in 2021 but were postponed due to the MCO and the spike in COVID-19 cases which occurred in July and August 2021. The focus for PeKa B40 in 2021, was to move forward in aggressively engaging with strategic partners, NGOs, and government agencies as well as state agencies. There were more promotional and awareness campaigns conducted in 2021 compared to 2020. We hope will give us positive results and outcome in 2022.

CATEGORY	2020	2021
Meetings and briefings on PeKa B40	29	40
Strategic Partnerships	3	12
PeKa B40 Webinars (GPs, KK, PKD, JKN, Hospitals and partners)	1	24
Promotions and Marketing Efforts (Media broadcast, media coverage, booth openings, media campaigns, digital media campaigns and videos)	28	45

ProtectHealth will continue to fully utilise technology in order to digitalise healthcare services by leveraging in-house capabilities to build systems and manage our PeKa B40 electronic medical records. This showcases our readiness and commitment to uphold the Government’s aspirations towards a better healthcare system under the Twelfth Malaysia Plan.

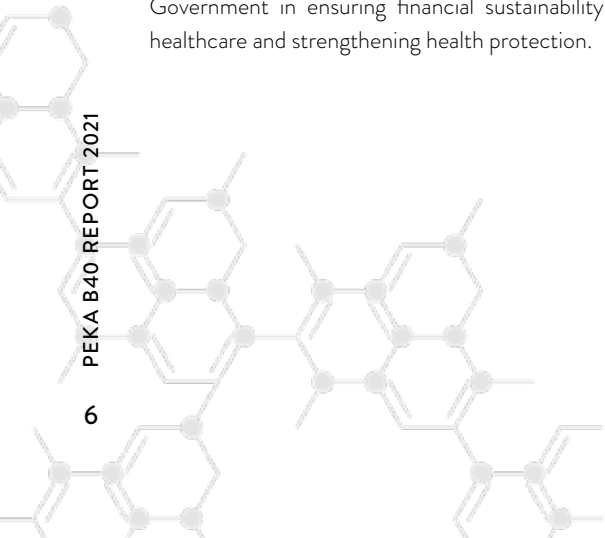
ProtectHealth has emerged at the forefront of PPP in healthcare and will continue to be there for all national healthcare reforms initiatives by the Government in ensuring financial sustainability for healthcare and strengthening health protection.

My personal aspiration and vision for ProtectHealth is to ensure that future generations will inherit a healthier Malaysia. Hippocrates, father of modern medicine once said that, “Health is the greatest of human blessings.” With these uncountable efforts and contributions towards the B40 population in the nation, we are certain that this will inculcate a health-seeking behaviour in the B40 population to care for human’s greatest blessing.

Thank you.

"Lebih PeKa. Lebih Cakna"

DATO' DR. ANAS ALAM FAIZLI
Chief Executive Officer



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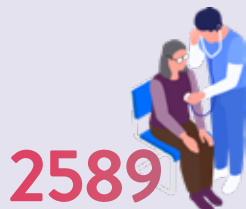
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AT A GLANCE

PeKa
B40

partner distribution:



2589

GENERAL
PRACTITIONERS (GPS)



181

LAB PARTNERS



897

KLINIK KESIHATAN (KK)



145

MOH HOSPITALS

BENEFIT 1:

HEALTH SCREENING

A total of

101,673

BENEFICIARIES
recorded in the
year 2021

BENEFIT 2:

HEALTH AID

A total of

10,851

APPLICATIONS
were approved during
the year 2021

BENEFIT 3:

COMPLETING CANCER TREATMENT INCENTIVE

A total of

RM800,800

was paid for the
CCTI BENEFIT

BENEFIT 4:

TRANSPORT INCENTIVE

A total of

RM594,258

has been paid for the
TI BENEFIT

PeKa B40
has received

87.4%

satisfaction score
from the HA
beneficiaries in 2021

PeKa B40
has received

99.7%

POSITIVE feedback
based on the sentiment
analysis conducted
via Twitter

ABBREVIATIONS

ABBREVIATION/ TERMS	DEFINITION
B40	Bottom 40% Income Group
BMI	Body Mass Index
BMS	Benefit Management System
BSH	Bantuan Sara Hidup
CBE	Clinical Breast Examination
CEO	Chief Executive Officer
CCTI	Completing Cancer Treatment Incentive
COPD	Chronic Obstructive Pulmonary Disease
CPG	Clinical Practice Guideline
Day	All days mentioned in turnaround time shall refer to working days
DRE	Digital Rectal Examination
GPs	General Practitioners
HS	Health Screening
HA	Health Aid
KK	Klinik Kesihatan/Government Health Clinics
LOA	Letter of Award
MCO	Movement Control Order
MET	Metabolic Equivalent of Task
MOH	Ministry of Health
NCD	Non-Communicable Diseases
NHMS	National Health and Morbidity Survey
PeKa B40	Skim Peduli Kesihatan untuk Kumpulan B40
ProtectHealth	ProtectHealth Corporation Sdn. Bhd.
PICK	National COVID-19 Immunisation Programme
PMP	Private Medical Practitioner
PPP	Public-Private-Partnership
SOP	Standard Operating Procedure
TI	Transport Incentive
WHO	World Health Organization

EXECUTIVE SUMMARY

**PeKa
B40**



**“SKIM PEDULI KESIHATAN
UNTUK KUMPULAN B40”
(PeKa B40)** is a healthcare
scheme introduced as part of the
Malaysian Government initiative
to improve the wellbeing and taking
early preventive actions from the
increasing numbers of NCD among
the B40 group, which is the
low-income groups in Malaysia.



ProtectHealth, a not-for-profit and a government-owned company established under the MOH was mandated by MOH to carry out the PeKa B40 programme to help the underprivileged to receive health treatments and high-quality healthcare services. PeKa B40 was designed to focus on early detection of NCD among the B40, in order to prevent them from incurring high costs in medical expenses in the future as well as for overall health awareness and prevention. Based on the National Health and Morbidity Survey (NHMS) 2019 report, there were approximately 1.7 million people in Malaysia who currently live with all three diseases namely high cholesterol, hypertension, and diabetes. At least 3.4 million people in Malaysia currently live with hypertension and hypercholesterolemia. The prevalence of hypercholesterolemia among the adult population based on NHMS 2019 was about 28.7%, followed by hypertension and diabetes mellitus at 25.5% and 16.4% respectively.

The focus and benefits of PeKa B40 is on the primary and secondary level of prevention strategies through four (4) healthcare benefits which are known as Health Screening (HS), Health Aid (HA), Completing Cancer Treatment Incentive (CCTI) and Transport Incentive (TI).

PeKa B40 programme is supported by any MOH clinic or private clinics registered with PeKa B40 to help the underprivileged to receive quality healthcare services. In 2021, there were a total of 2,589 GPs registered which is a total increase of 26.7% from the total number of GPs registered from April 2019 until the end of 2020. The number of MOH partners has increased slightly to 897 Ks, and 145 hospitals. Our laboratory partners contributed to providing services for PeKa B40 beneficiaries and as to date, we have 181 laboratory partners across Malaysia.

Since its inception, PeKa B40 has been successful in improving the health screening numbers amongst the low income groups in Malaysia. As of 31 December 2021, a total cumulative of 555,311 beneficiaries were screened. In 2021, a total of 101,673 beneficiaries have been screened. The majority of beneficiaries screened were females (58.4%) within the age ranging between 60 to 69 years old (33.1%).

The year 2021 has marked the first full year of the pandemic COVID-19 and the health screening numbers show the instability trend throughout the year. Although ProtectHealth had doubled its efforts in promoting PeKa B40 benefits compared to the previous year, the number of health screenings was considerably low. However, PeKa B40 programme has started to show its resilience from challenges during the pandemic towards the end of 2021 as the numbers of health screening can be seen to slowly and steadily grow.

As of
**31 DECEMBER
2021**, a total
cumulative of

555,311

BENEFICIARIES
have been
screened

In **2021** a total of

101,673

BENEFICIARIES
have been
screened

MAJORITY
of beneficiaries
screened were



58.4%

FEMALES



33.1%

**AGE BETWEEN
60 to 69
YEARS OLD**

In essence, early detection and prevention of NCDs is an essential component in Malaysia's healthcare plans. Although, COVID-19 had undoubtedly slowed progress in sustainability efforts across many healthcare systems, the PeKa B40 managed to deliver the health screening to 11.3% of the total BSH aged 40 and above. PeKa B40 had successfully detected 36.7% of at least one newly diagnosed NCDs among the beneficiaries. Early detection would lessen the impact of NCDs burden which affects the quality of life of the individuals as well as the negative impact on the economic growth of the country.

In ensuring quality of services delivered to our population, ProtectHealth continuously moves ahead with various methods from surveys, data analysis and engagement with partners. Overall, 75.3% of our stakeholders are satisfied with ProtectHealth's services with regards to PeKa B40. Provider's performances were monitored, and system enhancements were implemented to support quality improvement processes.

Whilst much attention has been placed in addressing the post-pandemic recovery, the PeKa B40 programme will continue to deliver excellent quality healthcare service particularly to the B40 population through reducing the burden of NCD via early prevention, detection, and treatment.

BACKGROUND

OUR ROLE

PeKa B40 aims to reduce the burden of NCDs through early screening and treatment to expand access to quality healthcare. Furthermore, it will reduce the cost of living whilst maintaining the well-being of the target population. At the same time, the PeKa B40 initiative seeks to strengthen PPPs while prioritising primary healthcare.

In September 2020, MOH and the WHO revealed that NCDs, particularly cardiovascular diseases, diabetes, and cancer, cause Malaysia's healthcare cost to skyrocket to RM8.91 billion. NCDs also place a serious burden of cost which is estimated to be around RM110.79 billion, in 2017.

According to NHMS 2019, the prevalence of raised blood pressure amongst those not known to have hypertension was 14.1% and 8.9% was the prevalence of raised blood glucose amongst those not known to have diabetes. Therefore, it is vital to encourage more people to be screened and NCDs detected at an earlier stage, to provide timely and effective treatment and thus reducing morbidity and mortality for NCD.

PeKa B40 was founded based on findings; first from National Health Morbidity Survey 2015, where 47.6% of the B40 aged 40 and above suffered from at least one NCD that was not previously be diagnosed. Secondly, three (3) out of 10 adults suffer from mental health problems (Institute for Public Health, 2015). Thirdly, cancer cases are increasing and

60% of cases are detected only at late stages (National Cancer Institute, 2017). Fourth, the costs of medical equipment can be a financial burden to the lower-income population. Fifth, many patients do not comply with or complete their cancer treatment; And last but not least, most of these beneficiaries face financial constraints to cover transportation expenses to seek medical treatment.

THERE ARE FOUR BENEFITS OFFERED:



**HEALTH
SCREENINGS
(HS)**



**HEALTH AID
(HA)**



**COMPLETING
CANCER
TREATMENT
INCENTIVE
(CCTI)**



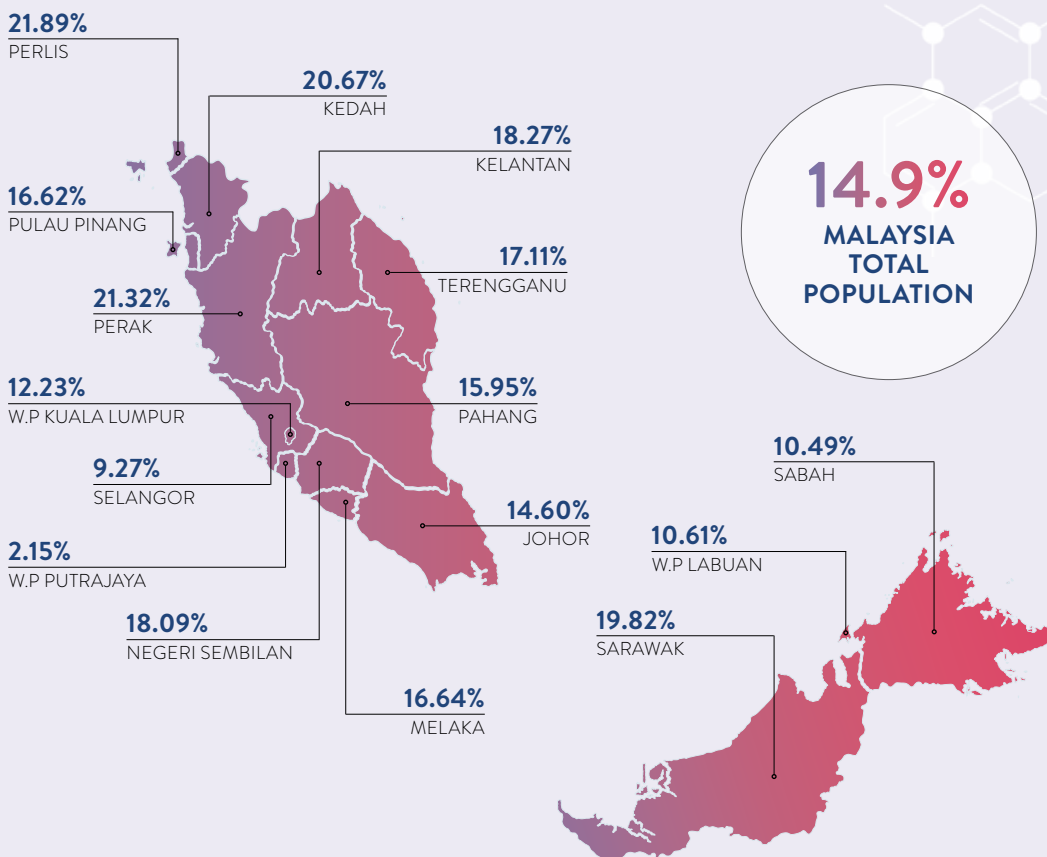
**TRANSPORT
INCENTIVE
(TI)**

The eligible beneficiaries may visit either a KK or GP for health screening. The beneficiaries must undergo HS to be eligible for other benefits, including Benefit 2 (HA) with a lifetime limit of RM20,000; Benefit 3 (CCTI) if beneficiaries are verified as cancer patients and have completed the treatment plan in MOH Hospitals; and Benefit 4 (TI) if beneficiaries are eligible for Benefit 2 and Benefit 3. ProtectHealth has engaged with GPs and private laboratories and public sector providers (Health Clinics and Hospitals) to deliver PeKa B40 Benefit 1 nationwide.

OUR BENEFICIARIES

The data of eligible beneficiaries were obtained from the Inland Revenue Board of Malaysia (LHDN). These are the population approved for BSH in 2020. A total of 4.91 million beneficiaries and their spouses aged 40 years old and above were eligible for BSH. This equals 14.9% of Malaysia's total population with a higher proportion of beneficiaries eligible for PeKa B40 from the Northern Region followed by the State of Sarawak.

Proportion of PeKa B40 Beneficiaries by State Population



* For more information, please refer to Table 1 on page 54 in Appendices section

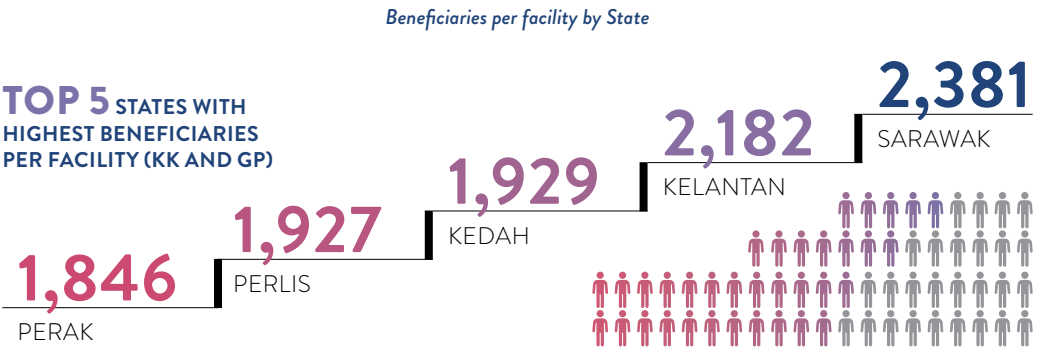
OUR PARTNERS

The PeKa B40 HS is supported by partner providers made up of GPs, Private Laboratories, KK and Government Hospitals.

There were a total of 2,589 GPs registered, 897 KK, 145 Government Hospitals and 181 Private Laboratories. The availability of our providers across the country increased accessibility to primary health services, specifically for free health screening under PeKa B40.

GPs & KK TO B40 POPULATION RATIO BY STATES

Sabah and Sarawak have the greatest number of KK partners while Selangor and W.P Kuala Lumpur have the greatest number of registered GP partners. Top five states with highest beneficiaries per facility (KK and GP) are Sarawak, Kelantan, Kedah, Perlis, and Perak.

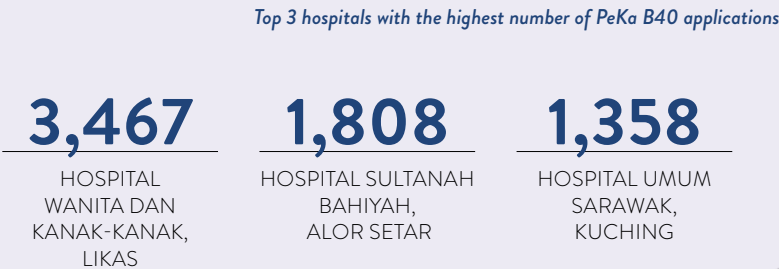


* For more information, please refer to Table 2 on page 55 in Appendices section

HOSPITAL

Hospital involvement in PeKa B40 scheme is providing HA, CCTI and TI. Although health screening is primarily conducted by GPs and KK, under some circumstances, hospitals would also provide the health screening for beneficiaries who apply for HA and CCTI.

Hospital Wanita dan Kanak-Kanak, Likas (3,467) recorded the highest volume of application for HA, CCTI & TI, followed by Hospital Sultanah Bahiyah, Alor Setar (1,808) and Hospital Umum Sarawak, Kuching (1,358).



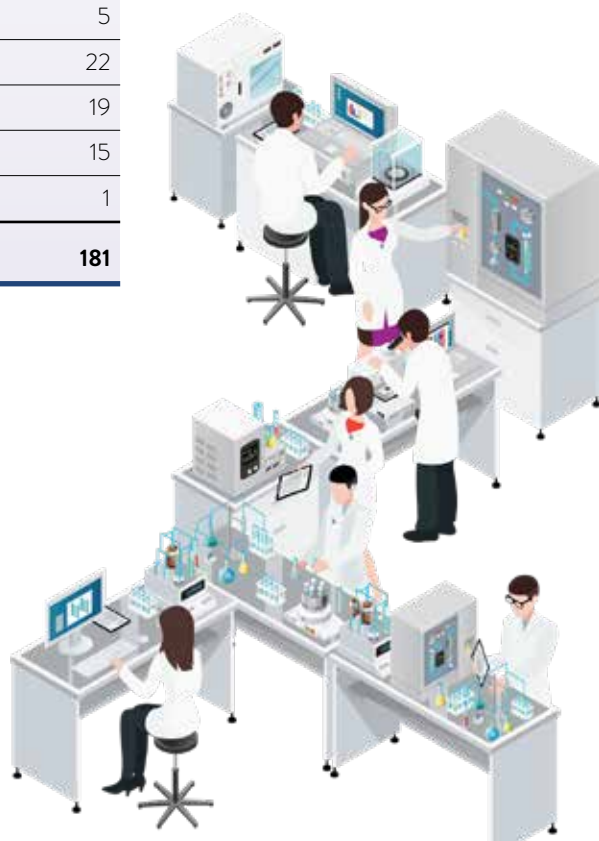
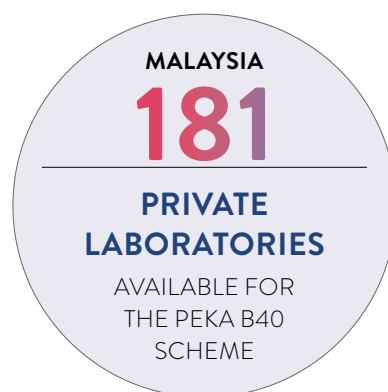
* For more information, please refer to Table 3 on page 56 in Appendices section

LABORATORY PARTNERS

ProtectHealth also has laboratory partners onboard in providing PeKa B40 health screening benefits. Service Providers can choose participating laboratory partners to collect samples and conduct laboratory tests. There is a total of 181 Private Laboratories available for this PeKa B40 scheme across the country.

Table 1: Number of Private Laboratories by States

STATE	LABORATORY
Johor	22
Kedah	8
Kelantan	5
Melaka	5
Negeri Sembilan	7
Pahang	11
Pulau Pinang	13
Perak	18
Perlis	2
Selangor	28
Terengganu	5
Sabah	22
Sarawak	19
W.P. Kuala Lumpur	15
W.P. Labuan	1
MALAYSIA	181



BENEFIT 1: HEALTH SCREENING

ACHIEVEMENTS

INTRODUCTION

Health screening is a compulsory requirement before beneficiaries are eligible for other benefits offered. Health screening can be conducted at GPs, KK or MOH Hospitals. The health screening protocols are comprehensive, covering:



HISTORY TAKING



PHYSICAL EXAMINATION

- a. Body Mass Index (BMI) Assessment
- b. Blood Pressure measurement
- c. Digital Rectal Examination (DRE)
- d. Clinical Breast Examination (CBE)
- e. Chest and abdomen examination



MENTAL STATE ASSESSMENT USING VALIDATED ASSESSMENT TOOL

- a. Patient Health Question (PHQ)
- b. Generalised Anxiety Disorder (GAD)



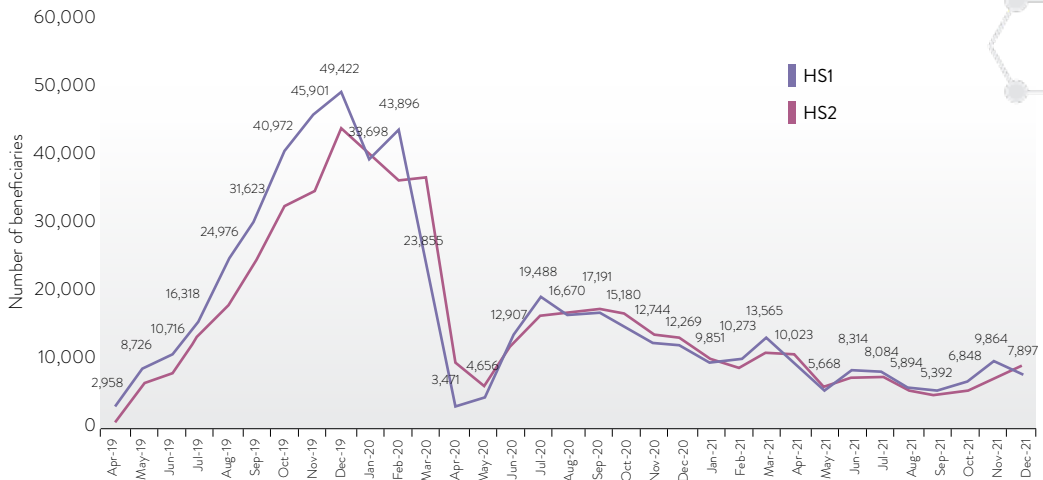
BLOOD AND URINE EXAMINATION

- a. Full Blood Count (FBC)
- b. Urine Full Examination, Microscopic Examination (UFEME)
- c. Haemoglobin A1c (HbA1C)
- d. Lipid profile
- e. Renal profile

The beneficiaries are required to attend the clinic session twice. The first visit (HS1) consists of all the documentation for items 1 to 4 above and lab sample collection (blood and urine samples). The second visit (HS2) is a follow-up visit to review the lab results, undergo consultation and referral if there is an indication that the beneficiaries require further management.

HS TREND OVER 3 YEARS OVERALL

Figure 1: HS Trends 2019-2021



In 2021, health screening was conducted for a total of 101,673 beneficiaries compared to 222,024 in 2020. There were more female beneficiaries who turned up for health screening (58.4%) whilst in terms of ethnicity, the majority of them were Malays (64.7%). In view of State distribution, Perak had recorded the highest screening numbers compared to its total population (14.6%) and Kedah (13.0%) and Kelantan (12.4%) came second and third. An almost equal share of beneficiaries were screened at GPs and MOH facilities (Health clinics and Hospitals) at 51.2% and 48.8%. Perak has the highest number of beneficiaries screened by KK at 10,859 (22.4%). Meanwhile, Kedah and Sarawak had the highest number of beneficiaries screened by GPs at 6,777 (13.0%) and 6,749 (13.0%) respectively. A total of RM9,453,628 was spent for health screening benefit in 2021.



GENDER

58.4%

FEMALE BENEFICIARIES
turned up for health screening

ETHNICITY

64.7%

majority of them were **MALAYS**

SCREENING NUMBERS (%)



PERAK

14.6%

of its total population



KEDAH

13.0%

of its total population



KELANTAN

12.4%

of its total population



22.4%
of its
total
population

PERAK has the highest number of beneficiaries screened by **KK** at

10,859



13.0%
of its
total
population

KEDAH and SARAWAK had the highest number of beneficiaries screened by **GPs** at **6,777** and **6,749** (13.0%) respectively

A TOTAL SPENT OF

RM9,453,628

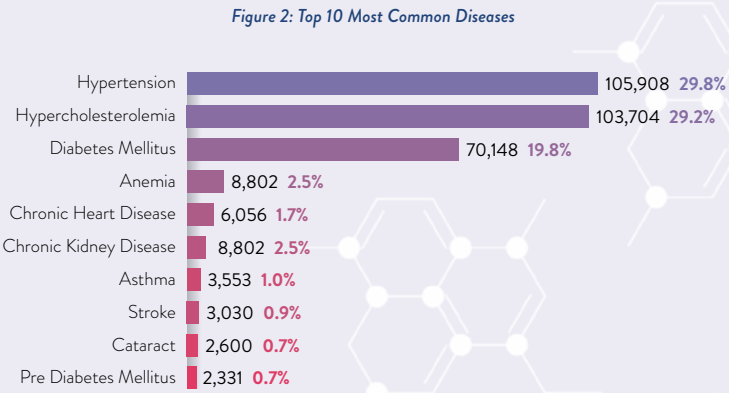
health screening benefit in **2021**



* For more information, please refer to Table 5-6 on page 58-59 in Appendices section

MEDICAL HISTORY

Outcome from the history data taken during the first visit has shown that hypertension, hypercholesterolemia, and diabetes mellitus were the most common underlying diseases reported amongst our beneficiaries. These were the existing diseases that were diagnosed prior to the visit for PeKa B40 health screening.

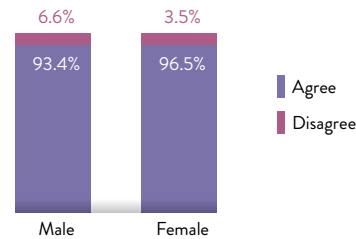


PHYSICAL EXAMINATION

Digital rectal examination

The DRE is a physical examination for men and women who may have suspicious/irregular findings that warrant further investigations for certain cancers such as prostate cancer among men and other health problems such as a rectal tumour. DRE is performed as part of the health screening package, especially if indicated.

Figure 3: Percentage of Beneficiaries Consented for DRE



Overall, 89.8% (91,342) beneficiaries consented for DRE. Among those who consented for DRE, 99.3% beneficiaries do not have any indications. Most common indications were nocturia (312) followed by weak flow or poor stream urine (177). On the other hand, only 642 (0.7%) were found to have abnormal findings, which needed to be referred for further assessment.

Figure 4: Total Indications Among Those Who Consented for DRE

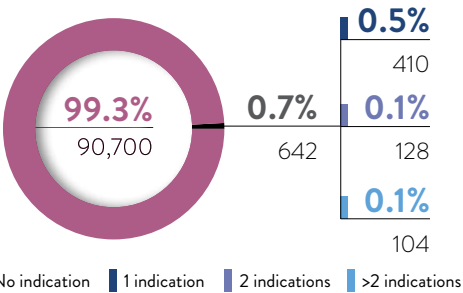
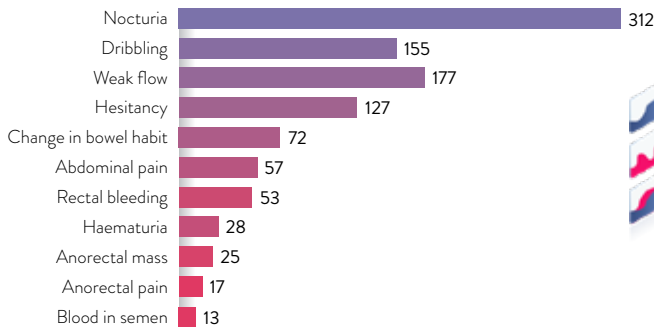


Figure 5: Indications Detected from PeKa B40 Beneficiaries

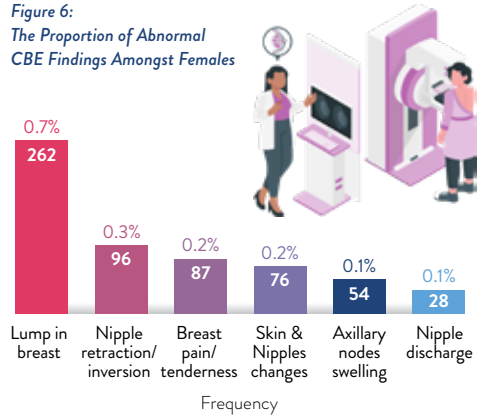


Clinical Breast Examination

Clinical Breast Examination (CBE) is performed among females as part of the breast cancer screening for PeKa B40 beneficiaries. Some of the risk factors of breast cancer are assessed through the HS questionnaire.

Overall, from all female beneficiaries, 37,432 (66.9%) consented for CBE. Among those who consented for CBE, only 369 (1.0%) were found to have at least one abnormal findings, which needed to be referred for further assessment. Most common findings detected were lump in breast 262 (0.7%) and nipple retraction/inversion at 96 (0.3%).

Figure 6:
The Proportion of Abnormal
CBE Findings Amongst Females



RISK FACTOR

Body Mass Index (BMI)*

According to the WHO, for BMIs that are higher than the range of 24 to 29 and 30 and above have been defined as overweight and obese respectively. More than half of our beneficiaries are in these categories. Only one-third of our beneficiaries had a normal BMI between 20 to 24 and about 8% of the beneficiaries were underweight at BMI less than 20. The prevalence of obesity was higher among females. In terms of age distribution, those aged 40 to 49 years old had higher prevalence of obesity whilst those aged 70 and above had higher prevalence of being underweight.

1/3

of beneficiaries
are having
**NORMAL BMI
BETWEEN
20 - 24**



FEMALE
has higher
prevalence of
OBESITY

AGE GROUP

40 - 49

higher
prevalence
of
OBESITY



**ABOVE
70**

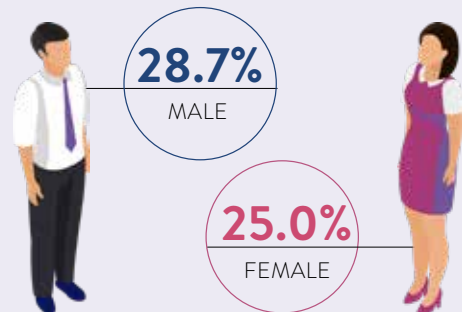
higher prevalence of
UNDERWEIGHT



Physical activity*

The level of physical activity of the beneficiaries is calculated based on the Metabolic Equivalent of Task (MET), which is a ratio of working metabolic rate relative to resting metabolic rate. It can be classified into three categories which are active, minimally active and inactive. A low prevalence of active beneficiaries was seen based on the results at only 26.5%. Almost half of the beneficiaries were inactive. The prevalence of inactivity is almost similar for both gender while those aged 70 and above had higher prevalence of inactivity.

GENDER (ACTIVE)



AGE GROUP (ACTIVE)

32.8%

AGE 40-49

(INACTIVE)

58.2%

AGE 70 AND ABOVE

* For more information, please refer to Table 7-8 on page 60-61 in Appendices section

AGE 40 - 49

HIGHEST
age-specific
prevalence at
17.8%



Smoking *

The overall prevalence of current smokers was 11.7% of total beneficiaries. The highest age specific prevalence was among those aged 40 to 49 at 17.8%.

Alcohol *

Findings have shown that only 3.6% of the beneficiaries consume alcohol and majority were males.



* For more information, please refer to Table 9-10 on page 62-63 in Appendices section

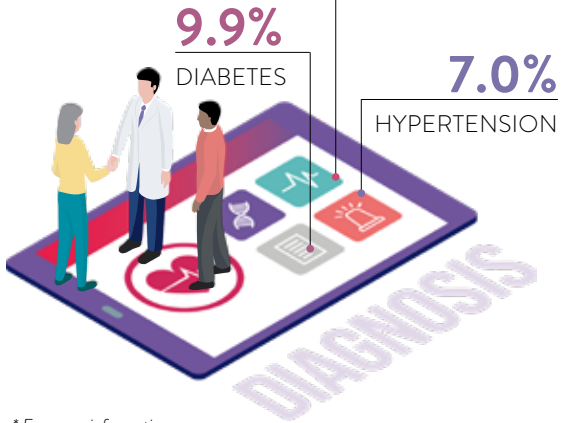
DIAGNOSIS

As per Clinical Practice Guideline (CPG), healthcare providers will make diagnosis based on laboratory and clinical examination findings. Based on GAD and PHQ questionnaires, a score of 10 or greater indicates the beneficiary as having anxiety and depression. Based on mental health screening in 2021, 0.4% and 0.3% of the beneficiaries were diagnosed with depression and anxiety, respectively. They were those who had never been diagnosed with depression and anxiety before.

Hypercholesterolemia was diagnosed in 29.9% of the beneficiaries whilst 9.9% and 7.0% were newly diagnosed diabetes and hypertension respectively. The prevalence of the newly diagnosed diabetes and hypertension were slightly higher in 2021 compared to the previous year.

29.9%

HYPERCHOLESTEROLEMIA



* For more information, please refer to Table 11 on page 64 in Appendices section

In summary, health screening has always been the most important objective in PeKa B40 benefits in ensuring early detection of disease that can be treated at lower cost as well as allowing for early intervention. Thus, it may prevent the progression of disease into undesirable complications. Through PeKa B40 health screening in 2021, about 36.7% of beneficiaries were diagnosed with at least one of the NCDs (diabetes, hypertension, hypercholesterolemia, depression, or anxiety). PeKa B40 beneficiaries screened have lower uptake as compared to the previous year. This is because of the impact of rising COVID-19 cases and multiple phases of MCO that restricted the beneficiaries to come forward for screening despite continuous promotional engagement and awareness campaigns conducted during this period. 2021 has positioned everyone's focus on COVID-19 pandemic management. Keeping our population healthy and prioritising early diagnosis via health screening is equally important during this transition to the endemic period.

ACHIEVEMENTS

INTRODUCTION

There are 10 types of HA categories covered under the PeKa B40 scheme. It can be further sub-categorised into surgical and non-surgical items

SURGICAL ITEMS

- Cardiac stent
- Intraocular lens (IOL)
- Joint arthroplasty
- Limb prosthesis and orthosis
- Pacemaker
- Spinal surgery prosthesis and implant

NON-SURGICAL ITEMS

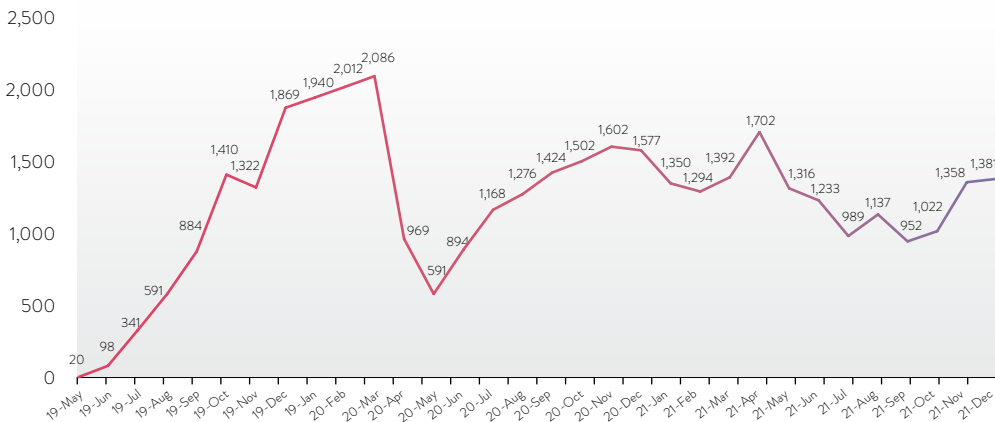
- Breathing machine and oxygen concentrator
- Hearing aid
- Limb prosthesis and orthosis
- Nutritional support
- Wheelchair

TREND OF HA APPLICATIONS

The total applications for HA were 38,702, of which 30,864 applications were approved. In terms of total individual beneficiaries, 12,196 beneficiaries (individuals) have applied for HA, and until 31 December 2021 cut-off date, 10,851 applications were approved.

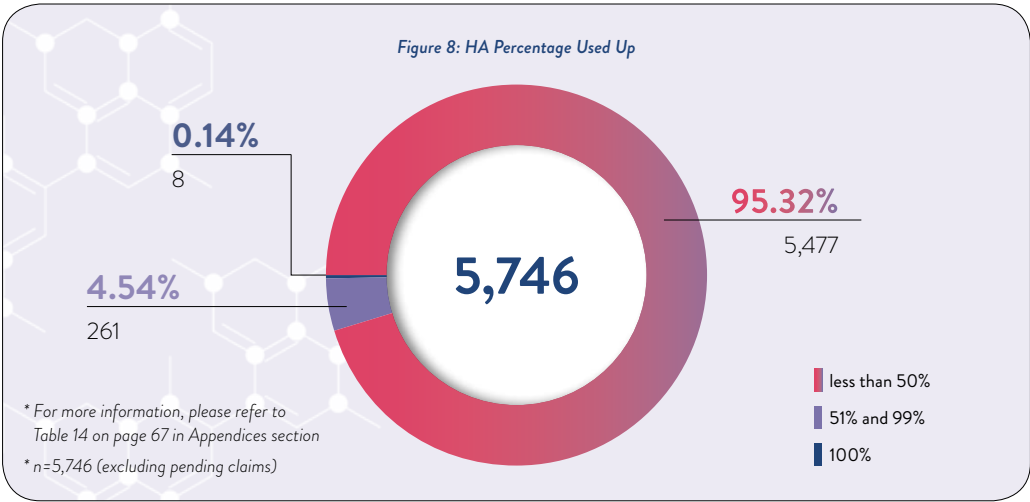
The highest application in the three years was in March 2020 (2,086) while the lowest application received was in May 2019 (20). In summary, it is worth noting that in 2021, the pattern is different from the trend in 2019 and 2020 with the increasing trend pattern only peaking with 1,702 applicants, unlike in 2020 and 2019 with 2,086 and 1,869 applicants respectively.

Figure 7: Trend of HA Application from 2019 to 2021



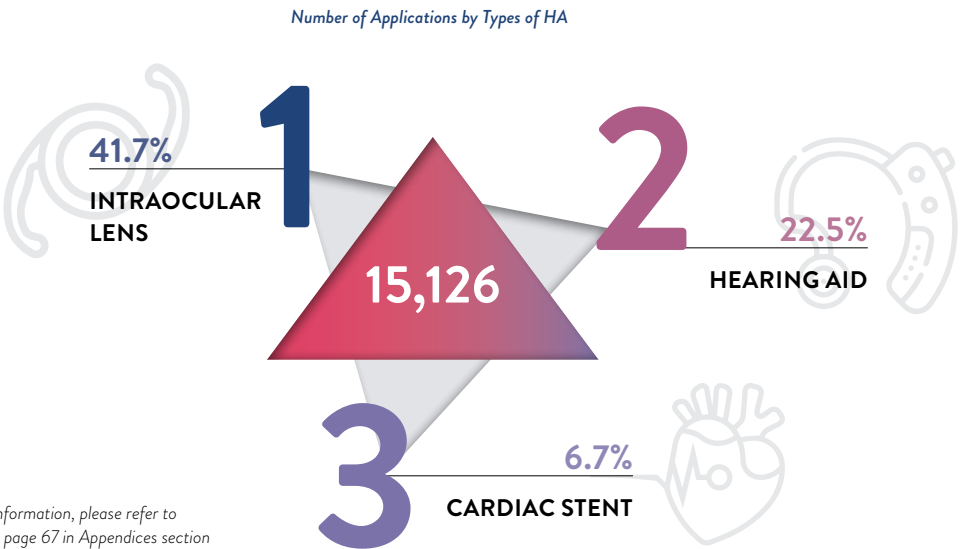
PERCENTAGE USED UP

HA is available up to a lifetime limit of RM20,000 per beneficiary. In 2021, only 0.1% beneficiaries utilised full allocation whereas the majority utilised less than 50% of allocated amount. A total of RM29.8 mil has been paid for the HA benefit. Hearing aid recorded the highest paid amount with RM12.5 mil followed by nutritional support (RM3.5 mil) and joint arthroplasty (RM3.2 mil).



HA APPLICATION AND APPROVED BY TYPE OF ITEMS

A total of 15,126 HA applications were received in 2021, with a total of 12,924 applications approved. IOL has the highest number of applications which is 41.7% of the total applications, followed by hearing aid and cardiac stents, with 22.5% and 6.7% respectively.



TOP 3 HOSPITALS FOR HA

Looking at the distribution of HA applications from hospitals, Hospital Taiping had the highest percentage of applications (6.7%), followed by Hospital Sultanah Bahiyah Alor Setar (6.3%) and Hospital Raja Perempuan Zainab II Kota Bharu (6.2%).

Top 3 Hospitals by Number of Applications

6.7%

HOSPITAL TAIPING

6.3%

HOSPITAL SULTANAH
BAHIYAH ALOR
SETAR

6.2%

HOSPITAL RAJA
PEREMPUAN ZAINAB
II KOTA BHARU



* For more information, please refer to Table 16 on page 68 in Appendices section

BENEFICIARY'S STORY

CLOSE UP WITH YAHYA ABDUL RAHIM



**There are so many differences.
Before I got the Oxygen Concentrator,
I was always short of breath.**

**The procedure is easy.
Just go to the clinic, send a report to
the doctor and the doctor will manage
it until we receive the aid.**



Yahya Abdul Rahim had always felt out of breath, suffering from Chronic Obstructive Pulmonary Disease (COPD). Living in Seri Kembangan with his wife, Yahya was in dire need of the Oxygen Concentrator. But cost had always been the major barrier.

He stumbled upon the PeKa B40 Programme, and Yahya immediately checked it with his doctor from Hospital Serdang. Previously, the doctor had told

him that he needed an Oxygen Concentrator and a wheelchair in his medical report.

He underwent the health screening, and the rest was conducted by an MOH doctor for the PeKa B40 programme. The next thing that he knew was the Oxygen Concentrator and the wheelchair arrived. PeKa B40's Benefit 2: Health Aid, had changed his life in so many ways.

BENEFIT 3: COMPLETING CANCER TREATMENT INCENTIVE

ACHIEVEMENTS

INTRODUCTION

This chapter will describe the achievement of CCTI. CCTI is aimed to encourage beneficiaries to complete their cancer treatment. The incentive is presented in two separate payments with the maximum of RM1,000 per cancer diagnosis. If an individual has two types of unrelated cancers, he/she is eligible for two claims. The first payment of RM300 will be given at the initial phase whilst the second payment of RM700 is given after at least two (2) visits in nine (9) months.



The incentive is presented in
TWO SEPARATE PAYMENTS
with the maximum of
RM1,000
per cancer diagnosis.

CCTI APPLICATIONS OVER THREE YEARS

The total applications for CCTI were 6,362. As this benefit is paid as per diagnosis, a total number of 4,957 beneficiaries have claimed this benefit and 4,721 beneficiaries (95.2%) were eligible to receive the incentive.

In summary, the highest number of applications were recorded in November and December 2019, 336 applications and in October 2020 with 353 applications. In 2021 however, the highest recorded applications were only 203 applications in April while the lowest were 58 applications in October 2021, with an average of 137 applications monthly. The application for CCTI must be made by the doctor from an MOH Hospital and the payment will be made to the beneficiary's bank account directly by ProtectHealth. A total of RM800,800 was paid for the CCTI benefit which comprises RM415,800 for the first payment of RM300, and RM385,000 for the second payment of RM700.

Highest CCTI applications by month and year

203 APPLICATIONS
in **APRIL 2021**

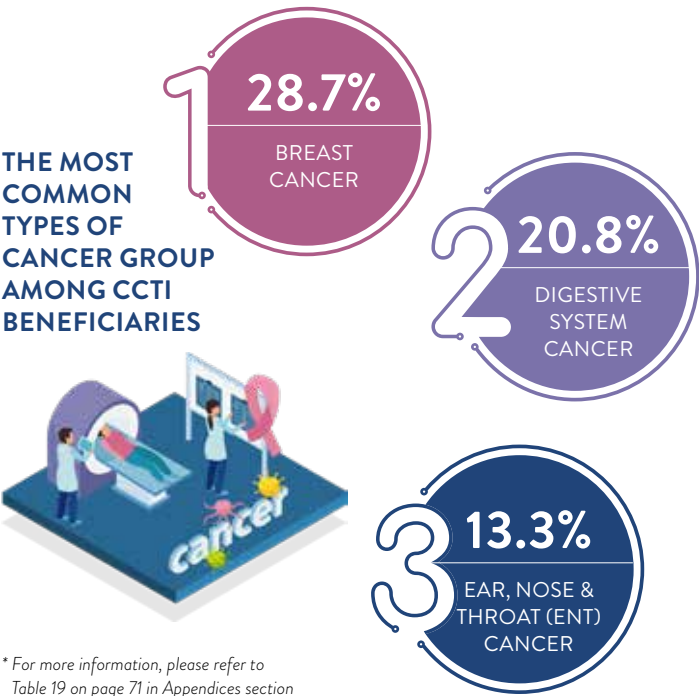
353 APPLICATIONS
in **OCTOBER 2020**

336 APPLICATIONS
in **NOVEMBER AND DECEMBER 2019**



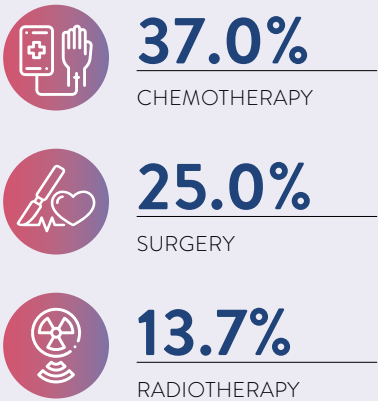
TYPES OF CANCER GROUPS

The cancer types were grouped according to the ICD-10 cancer groupings. The most common type of cancer group was breast cancer, which accounts for 28.7% of cancer, followed by digestive system cancer group (20.8%) and Ear, Nose & Throat (ENT) cancer group (13.3%).



CANCER TREATMENT

There are various types of cancer treatment undertaken by the beneficiaries who applied for CCTI. Most of the beneficiaries received more than one type of cancer treatment. The most common type of treatment was chemotherapy (37.0%), followed by surgery (25.0%) and radiotherapy (13.7%).



** For more information, please refer to Table 20 on page 72 in Appendices section*

ACHIEVEMENTS

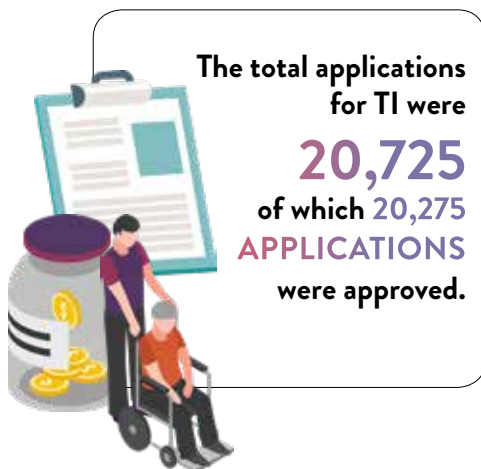
INTRODUCTION

TI is rendered to those who are receiving the HA and CCTI benefits to increase the compliance with clinical treatment. The transportation costs could be challenging for the B40 population especially if they are living in remote areas. The limit for TI benefit in Peninsular is RM500 per diagnosis, while the limit in Sabah, Sarawak and Labuan is RM1,000 per diagnosis. The TI amount per claim is calculated based on the distance of registered home address to the visited hospital.

TI APPLICATIONS OVER THREE YEARS

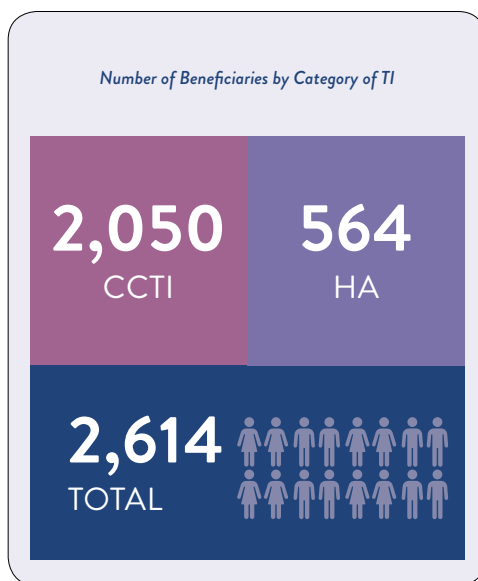
The total applications for TI were 20,725 of which 20,275 applications were approved. Multiple applications can be made by each beneficiary until they reach the maximum limit allocated for them. In terms of total number of beneficiaries, applications were received from 9,811 beneficiaries (individuals) whereby 9,569 (97.5%) were approved.

The range of monthly applications for TI in 2021 was between 323 to 685 monthly with an average of 484 applications monthly. The highest TI applications recorded was in December 2019 (1944) while the lowest was in May 2019 (4).



NUMBER OF TI BY CATEGORY

A total of 2,614 beneficiaries benefitted from TI, which comprises 2,050 CCTI recipients and 564 HA recipients. Applications for TI were mainly from CCTI recipients due to multiple follow-ups for cancer treatment. The TI will be automatically credited into the beneficiaries' account when the CCTI claim has been approved whilst for HA recipients, application for TI can be made once the letter of award (LOA) has been issued.



** For more information, please refer to Table 23 on page 75 in Appendices section*

PERCENTAGE USED UP

The aim of TI benefit is to alleviate the burden of paying for transportation when CCTI and HA recipients need to travel to receive treatment at MOH Hospitals. The infographic showed that 8% of CCTI recipients and 2% of HA recipients fully utilised their TI allocation but most recipients only utilised less than 50% from the allocated amount. In 2021, a total of RM594,258 has been paid for the TI benefit which comprises a total of RM226,458 for Peninsular Malaysia which is a maximum of RM500 per beneficiary, and a total of RM367,800 for East Malaysia which is a maximum of RM1,000 per beneficiary.

In 2021, a total of

RM594,258

TI benefit which comprises

RM226,458

for **PENINSULAR**

(maximum of RM500/beneficiary)

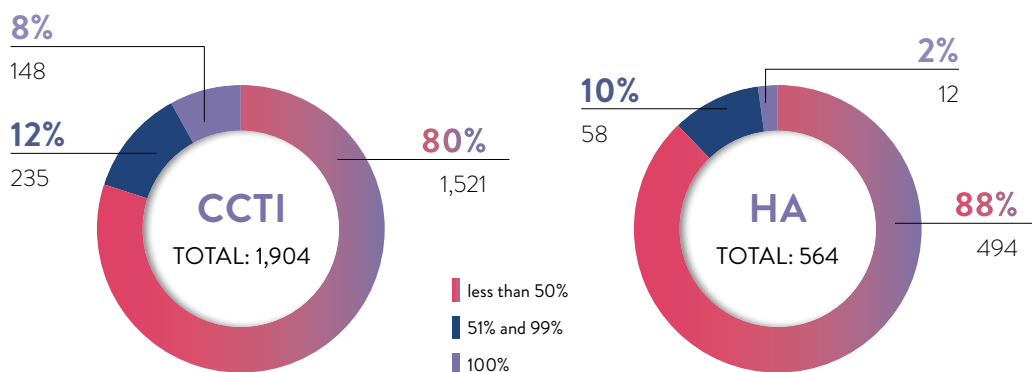
and a total of

RM367,800

for **EAST MALAYSIA**

(maximum of RM1,000/beneficiary)

Figure 9: TI Percentage used up



* For more information, please refer to Table 24 on page 75 in Appendices section

* n=1,904 (excluding pending claims)

BENEFICIARY'S STORY

CCTI AND TI: CLOSE UP WITH RAHIM ATAN

To those with cancer, go and ask for help through the PeKa B40 Programme. Most people are unaware about this programme.



Rahim Atan did not realise that he was suffering from cancer. One day, Rahim, who lives in Tanjong Karang, Selangor went to the hospital and was informed that he had cancer. He was hospitalised for a long period of time for the treatment.

Throughout his treatment, the PeKa B40 poster at the hospital drew his attention. Since then, Rahim has received the free HS, CCTI of RM1,000 and TI worth RM292 from the PeKa B40 Programme.

CONTINUOUS QUALITY IMPROVEMENT

INTRODUCTION

This chapter will discuss how ProtectHealth ensures the best quality of services provided by partners or service providers under ProtectHealth to the PeKa B40 beneficiaries. The first section will describe the satisfactory survey results done by ProtectHealth to various stakeholders, including our hospital, private and public medical practitioners, laboratories, and beneficiaries as well. Additionally, this chapter will also describe how ProtectHealth monitors our providers and engage with stakeholders to improve the PeKa B40 programme.

SATISFACTORY SURVEY

For 2021, a satisfaction survey was conducted to review the current performance of ProtectHealth according to the views of our valued beneficiaries and service providers. The main objective of the customer satisfaction survey is to identify areas for improvement that need to be improved and maintain existing good performance. The satisfaction survey was conducted between 20 November 2021 to 23 December 2021 involving a total of 390 people of randomly selected respondents from the beneficiary's category. While the breakdown for the category of service providers are as many as 241 respondents (GPs), 49 respondents (Hospitals), and 144 respondents (KK). Overall, the average score of satisfaction level on the quality of services provided by ProtectHealth is at 75.3%.

Specifically, beneficiaries gave the highest satisfaction score for HA benefit offered under PeKa B40 (87.4%). Meanwhile GPs, Hospital, and KK gave the highest satisfaction score for HS (79.8%). Lastly, our laboratory partners gave the highest satisfaction on the feedback from ProtectHealth (85%). All the above percentages reflect the good level of customer satisfaction achieved by ProtectHealth. Nevertheless, ProtectHealth commits to continuous improvement in the future.

BENEFICIARIES

87.4%
of the HA beneficiaries
gave the highest
satisfaction score to the
benefits offered under
PEKA B40

GP, HOSPITAL, AND KK

Highest satisfaction
score for
HS
79.8%

LABORATORY PARTNERS

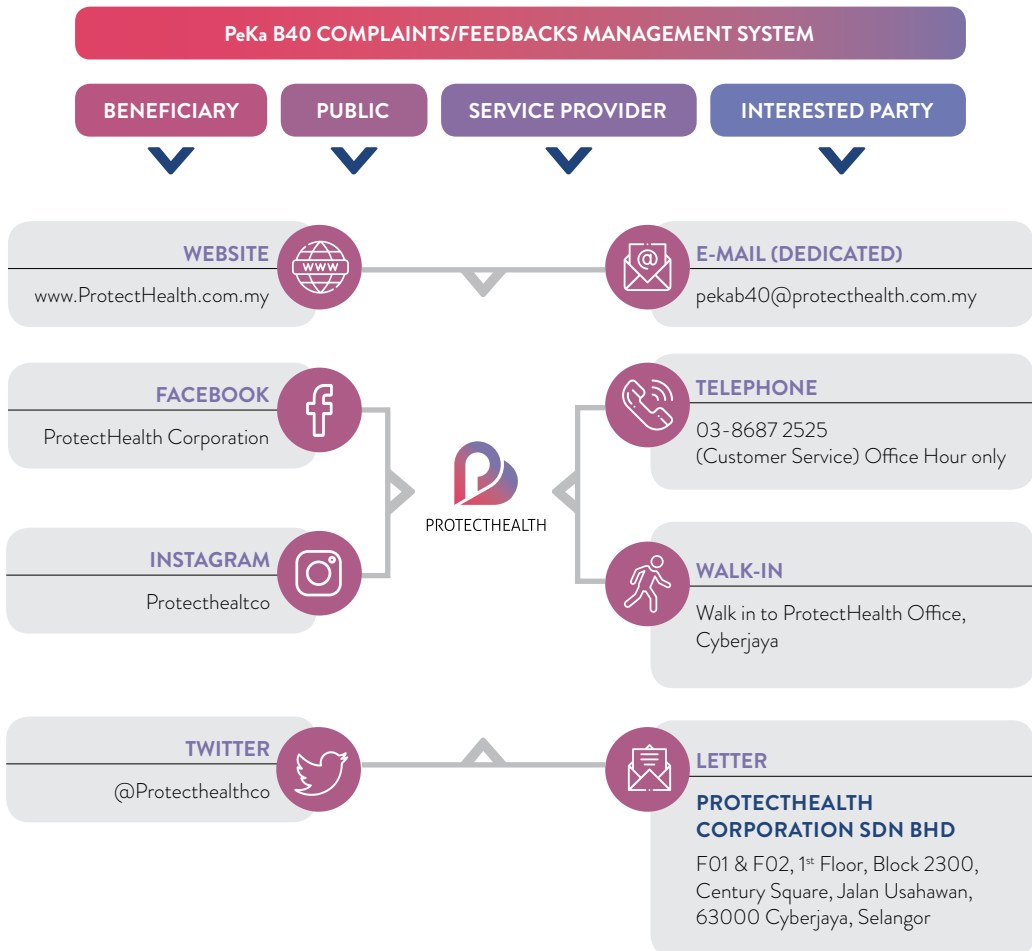
Average satisfaction
score on the
**FEEDBACK FROM
PROTECTHEALTH**
85%



* For more information, please refer to Table 26 on page 76 in Appendices section

COMPLAINTS MANAGEMENT FLOW/CHANNEL

ProtectHealth is always open to receive any complaint or feedback from all parties either from beneficiaries, the public, service providers or any interested party on the PeKa B40 programme. There are many channels that can be used by all parties as shown in the diagram below. ProtectHealth will process and review all complaints or feedback received in accordance with the guidelines, SOP and regulations that have been established.



AUDIT CASES

ProtectHealth also plays a role in ensuring the quality and performance monitoring of all ProtectHealth partners in delivering healthcare services to promote an effective and efficient healthcare system and delivery. ProtectHealth Partners under the PeKa B40 scheme including private medical practitioners and partner laboratories, as mentioned in Chapter 1 must adhere to the policies, guidelines, manuals and SOPs set by ProtectHealth.

In 2021, ProtectHealth audited 21,050 Peka B40 claims with an average of 1,754 claims per month.

Number of PeKa B40 claims audited

In 2021,
PROTECTHEALTH
has audited
21,050
PEKA B40
CLAIMS

Average of
1,754 CLAIMS
PER MONTH

Highest claims
3,798
FEBRUARY 2021



* For more information, please refer to Table 27 on page 77 in Appendices section

Apart from claims audit, ProtectHealth also has conducted audits on services delivered by ProtectHealth partners (public and private providers, laboratories, and vendors). This audit includes random checking on claims submitted by the provider via PeKa B40 BMS and phone interviews with beneficiaries to help detect poor-quality health screenings and services. Close to 100 phone interviews have been made by ProtectHealth throughout 2021.

In addition, ProtectHealth also plays a role in investigating external complaints from PeKa B40 stakeholders (beneficiaries, providers) and addressing the issues to the relevant parties for immediate remedial action and quality improvement.

Any audit finding and feedback discovered during audit activities will be constantly conveyed and shared among ProtectHealth partners for improvement and corrective actions. From time to time, these providers will be re-audited by ProtectHealth for compliance and to ensure quality services are continuously provided with guidance from the SOP and guidelines set.

Besides re-audit, ProtectHealth has continuously issued reminders to the providers which serve as a tool to address issues, seek improvement and quality enhancement from these providers. Targetted approaches such as one-to-one sessions with the providers are also some of the enhancements and added efforts carried out for quality monitoring and improvement.

PROVIDERS ENGAGEMENT

To ensure continuous quality improvement for PeKa B40, we have conducted multiple engagements and trainings throughout the year of 2021 with our service providers.

Early in the year, we started off with multiple sessions of online webinars by region with all KK throughout the country to update on the latest statistics of the programme. These sessions with KK mainly focused on Benefit 1 (HS). It was a fruitful engagement as we managed to gather input from the ground with regards to the challenges faced and the suggestions to improve the programme, particularly the screening benefit.

In May 2021, we conducted a nationwide online webinar with all MOH hospitals to obtain their feedback on the programme. Continuous engagements with our providers is of utmost importance to ensure better services provided to our beneficiaries. During the webinars, the person-in-charge (PIC) of hospitals were briefed on all the benefits under PeKa B40. Explanation on the application process for HA, CCTI and TI are given. In addition, PICs are briefed regarding common issues of these applications which might delay the approval process.

We have also engaged with State Health Departments and District Health Offices to discuss ways to improve the number of screenings in their respective state and district.

In September 2021, we had several engagements with all our partner Private Medical Practitioner (GP) Clinics in each State via an online platform. They were conducted in multiple sessions from 9 to 30 September 2021. The sessions were a platform for our partner GP clinics to voice their issues and opinions with regards to the PeKa B40 programme. Input from the ground is always valuable to us. Our GP partners have provided us with many suggestions for future improvement of the programme.

In addition, as part of our continuous effort to improve PeKa B40, we provide a “Diagnosis & Referral Guideline” for our providers to understand what ProtectHealth emphasises in the diagnosis and referral of PeKa B40 patients. This guideline was shared via email and available in BMS.

SYSTEM ENHANCEMENT

In the year 2021, one of the major improvements undertaken in the PeKa B40 Health Screening module is the introduction of a lab integration feature in BMS. This system enhancement enables our partner laboratories to upload beneficiaries’ lab results via XML. From 15 February 2021, the XML lab result uploading feature is fully utilised by our partner laboratories.

Previously, lab results were uploaded in PDF file manually and we have noted the limitations involved by manually uploading the PDF file, such as:

- > Difficulty in performing data analysis;
- > Time-consuming for the labs to upload manually one lab result per file;
- > Wrongly uploaded other beneficiaries’ lab results

Moving forward, with lab integration, our partner laboratories will be able to upload lab results more efficiently and accurately. The advantages of XML file uploading are as below:

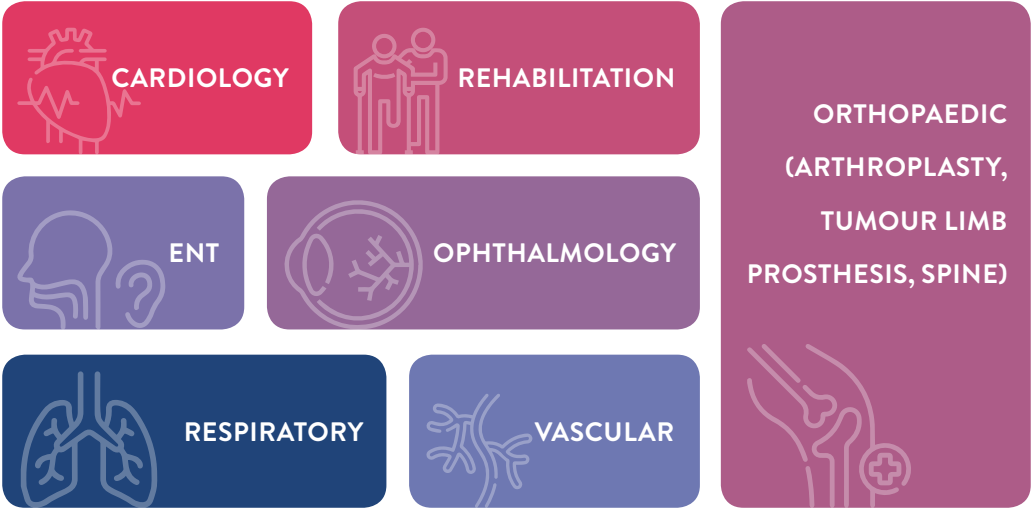
- > Facilitate the monthly data analysis by Medical Analytics Department which will be useful for quality improvement;
- > Less time consuming as labs can upload multiple beneficiaries’ lab results simultaneously;
- > Reduce human error as this enhanced feature can identify any mismatch of report; and
- > Able to identify any missing results and provide response code to the lab upon XML file uploading



In addition, we regularly review our screening module and revise wherever necessary. There will be more enhancements in the pipeline for the coming year.

HA EXPERT COMMITTEE

To improve provision of the HA benefit, we have set up a HA Expert Committee. The role of this committee is to provide advice and expert views on HA applications. The nominations of the committee members derive from National Head of Services for the respective fields below:



**Based on the
CUSTOMER
SATISFACTION SURVEY,
PROTECTHEALTH
received
POSITIVE FEEDBACK
from various stakeholders,
with an overall
satisfactory score of
75.29%.**



In summary, to make sure continuous quality improvement, ProtectHealth has put in place multiple methods and plans of action in quality monitoring efforts. Based on the customer satisfaction survey, ProtectHealth received positive feedback from various stakeholders, with an overall satisfactory score of 75.29%. Stakeholders have multiple channels to reach out to ProtectHealth for feedback and queries. Through service providers' performance monitoring and various engagement with all stakeholders, ProtectHealth conducted multiple feature enhancement such as integration of lab results into our BMS and establishing the HA expert committee.

ACTIVITIES



OUTREACH PROGRAMMES

PeKa B40 Health Screening Outreach Programmes

PeKa B40 Health Screening Outreach programme is one of the crucial platforms for the B40 group to undergo free health screening conducted by ProtectHealth on a large scale. They were conducted nationwide in collaboration with the agencies related to the B40 population, which include PeKa B40 registered public, private clinics and laboratories as well as the local communities.

Central level agencies engagement sessions were held to obtain buy-in, approval, and support. Further engagement sessions were organised with state-level officers for programme planning and implementation. Discussions and site visits with community leaders, service providers and local community volunteers were carried out.

During the outreach programmes, the targetted group were invited to do health screenings at their locality. Promotional activities were executed at the community level to ensure their attendance. It was undertaken via personal invitation letters, short messaging service (SMS), printed promotional collaterals, WhatsApp, social media announcements, local radio, newspapers as well as public announcements. ProtectHealth involvement in outreaches is to engage selected GPs and labs to conduct the HS before the outreach. During the outreach, ProtectHealth is involved by ensuring a seamless flow and further explaining of PeKa B40 benefits to beneficiaries.

Due to the MCO in 2021, the number of outreaches conducted dropped significantly from 2019 (52 outreaches) and 2020 (8 outreaches). As of 31 December 2021, a total of 1,203 recipients have been screened through five health screening outreach programmes nationwide. These outreach programmes were organised by ProtectHealth in collaboration with registered GPs and MOH clinics which acted as an overview and served as a guide to the providers to organise their own outreach programme thereafter.

As of
31 December 2021,
a total of
1,203 **RECIPIENTS**
have been screened through
**FIVE HEALTH SCREENING
OUTREACH PROGRAMMES
NATIONWIDE.**



Community Outreach:

FELDA SUNGAI PANCHING, KUANTAN



TAMAN MELATI, KUALA LUMPUR



JELEBU NEGERI SEMBILAN



PPR PUDU ULU



TAMAN IKAN EMAS, CHERAS



PROMOTIONAL ACTIVITIES

PeKa B40 Promotional Activities

Various activities were carried out to promote PeKa B40 to the target group via multiple platforms which include media launch and briefing, print, electronic media, social media, on-ground activities, exhibitions, interpersonal communication, publications, videos and distribution of promotional materials, as well as sharing information through the ProtectHealth website.

Campaigns, Advertisements and Reports in Print & Electronic Media

Information on PeKa B40 was shared on TV, radio stations and print using various methods such as news coverage, advertisements, interviews, crawlers, and radio announcements as listed below:

Table 2: Types of Media Exposure

NO	TYPE OF MEDIA EXPOSURE	PLATFORM
1	NEWS COVERAGE IN PRINT AND ELECTRONIC MEDIA	<ul style="list-style-type: none"> • Interview with The Edge • Interview with Astro Awani • China Press coverage at Taman Ikan Emas, Cheras • Sin Chew Daily Coverage at PPR Pudu Ulu, Cheras • Code Blue • Sin Chew Jit Poh • Free Malaysia Today • RTM news • The Health • Kosmo • Berita Harian • Malaysian Insights • Vanakkammalaysia.com
2	MARKETING EFFORTS	<ul style="list-style-type: none"> • Bernama TV • Sinar Harian article • Sin Chew Jit Poh • Nanyang Siang Pau • The Star • Tie-up with MySejahtera
3	TV INTERVIEWS	<ul style="list-style-type: none"> • Bernama • Selamat Pagi Malaysia (RTM) • AGENDA Awani Talk show • Malaysia Hari Ini Talk Show on TV3
4	NEWS CRAWLER	<ul style="list-style-type: none"> • Crawlers on Bernama TV
5	RADIO INTERVIEWS	<ul style="list-style-type: none"> • Nasional FM • Kedah FM • Perak FM • Johor FM • Perlis FM • Terengganu FM • ASYIK FM • Kelantan FM • Pahang FM • Negeri FM • Melaka FM • Mutiara FM • Ai FM • Minnal FM • Bernama FM
6	BLOGS/ WEBSITE/ SOCIAL MEDIA	<ul style="list-style-type: none"> • Web-banners and posters on Bernama Website • Tweets by MedTweetMY
7	RADIO ADS 30 SEC	<ul style="list-style-type: none"> • RTM Radio jingle • Bernama Radio jingle

TV, RADIO
EXPOSURE



DIGITAL MEDIA EXPOSURE



PRINT EXPOSURE



NEWS HIGHLIGHTS



[Home](#)
[StarPlus](#)
[Asian](#)
[Business](#)
[Sport](#)
[More](#)
[Lifestyle](#)
[Food](#)
[Tech](#)
[Education](#)
[Opinion](#)
[Videos](#)

[TOPICS](#)
[True or Not](#)
[Health Alert](#)
[SIBIA 2021](#)
[Covid-19 Alerts](#)
[Sabah & Sarawak](#)
[On the Move](#)

'Over one million B40 did not use free health screening'

By ALIZA SHAH

Saturday, 12 Mar 2022



KUALA LUMPUR: The lack of participation in screening has hampered efforts to ascertain the actual burden of Covid-19 and other widespread illnesses on the healthcare system, says Khairy Jamaluddin.

The Health Minister said over one million Malaysians who are eligible for free health screening under the PeKa B40 (healthcare for the B40 group) plan failed to do so.

"Under the Health Ministry, we provide free health screening to those in the B40, those

Get free health screening through PeKa B40 scheme - Khairy

By ALIZA SHAH

Saturday, 12 Mar 2022



KUALA LUMPUR: People from the low-income group, age 40 and above, also Bantuan Prihatin Rakyat (BPR) recipients, can get free health protection scheme for the B40 group (PeKa B40).

Health Minister Khairy Jamaluddin through a video posted on Facebook informed that no registration is required and the individuals can visit the PeKa B40 website (www.pekab40.com.my) to check their eligibility and clinic locations.

"PeKa B40 aims to meet the health needs of the low-income group, non-communicable diseases."

"Among the benefits of PeKa B40 are health screening, medical device assistance, incentives to complete cancer treatments, and transport incentives."

The PeKa B40 scheme is managed by ProtectHealth Corporation Sdn Bhd.

Khairy: Low income group can get free health screening through PEKA B40 scheme

By Bernama - February 22, 2022 @ 17:31pm



KUALA LUMPUR: Health Minister Khairy Jamaluddin said that the low-income group, aged 40 and above who are also Bantuan Prihatin Rakyat (BPR) recipients, can get free health protection scheme for the B40 group (PeKa B40).

Khairy said that no registration is required and the individuals can visit the PeKa B40 website (www.pekab40.com.my) to check their eligibility and clinic locations.

"PeKa B40 aims to meet the health needs of the low-income group, non-communicable diseases."

"Among the benefits of PeKa B40 are health screening, medical device assistance, incentives to complete cancer treatments, and transport incentives," he said.

The PeKa B40 scheme is managed by ProtectHealth Corporation Sdn Bhd which provides four benefits, namely health screening, medical equipment aid of up to RM20,000, incentive to cancer patients (RM1,000) and transport incentive of up to RM1,000. — Bernama

KJ: Over one million Malaysians failed to take advantage of PeKa B40 free health screening

By ALIZA SHAH

NATION

Friday, 11 Mar 2022

7:45 PM MYT

Related News




NATION 11 Mar 2022

KUALA LUMPUR: The lack of participation in community screening has hampered efforts to ascertain the actual burden of Covid-19 and other widespread illnesses on the healthcare system, says Khairy Jamaluddin.

The Health Minister said over one million Malaysians who are eligible for free health screening under the PeKa B40 (healthcare for the B40 group) plan failed to do so.

"Under the Health Ministry, we provide free health screening to those in the B40, those



SIGNIFICANT EVENTS



ProtectHealth awarded Outstanding COVID-19 Vaccination Delivery of the Year GlobalHealth Asia Pacific Awards 2021



ProtectHealth awarded Asia Pacific Outstanding Business Leader Lifetime Achievement Award from KSI Strategic Institute for Asia Pacific



Panel session at GlobalHealth Awards 2021 "From Crisis to Opportunity-Malaysia Seizes the Initiative"



PeKa B40 awarded Session's Best Presentation in 2nd International Conference on Public Health and Well-being 2021



International Social Well-being Conference



Media Briefing on PeKa B40



Meeting with CITF



MoU with MyFundAction

LAUNCH OF PROGRAM IMUNISASI COVID-19 KEBANGSAAN (PICK) REMAJA



SIGNIFICANT
EVENTS

PEKA B40 AWARENESS CAMPAIGN DURING PRIHATIN IHYA RAMADHAN



Malaysia Prihatin Bagan Serai



Malaysia Prihatin Kota Tinggi

OUTREACH PROGRAMMES



VISIT OF YB MINISTER OF HEALTH TO HOSPITAL SULTANAH BAHYIAH, ALOR SETAR



YB Khairy Jamaluddin, Minister of Health presents the PeKa B40 award to Hospital Sultanah Bahiyah (HSB) in appreciation to the hospital's efforts in handling the highest PeKa B40 Medical Device Assistance Application for 2019-2020.

VISIT OF YB MINISTER OF HEALTH TO KLINIK SRI BALUNG IN TAWAU, SABAH BEST PERFORMING PRIVATE GP FOR PEKA B40 (2019-2020)



VISIT OF YB MINISTER OF HEALTH TO KLINIK KURNIA, BATU PAHAT, JOHOR



SIGNIFICANT
EVENTS



Closure of Mega PPV WTC with YB Khairy Jamaluddin, Minister of Health, Malaysia

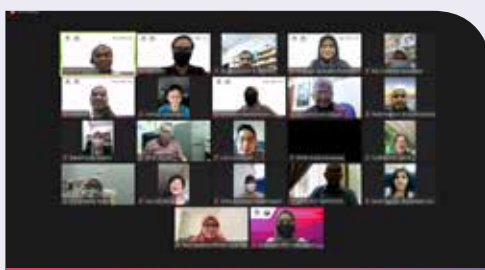


The first Meeting for the PeKa B40 Wellness Programme Technical Committee

VIRTUAL BRIEFINGS



PeKa B40 ENRICH GP Briefing - Johor



PeKa B40 ENRICH GP Briefing - Negeri Sembilan



PeKa B40 ENRICH GP Briefing - Sarawak

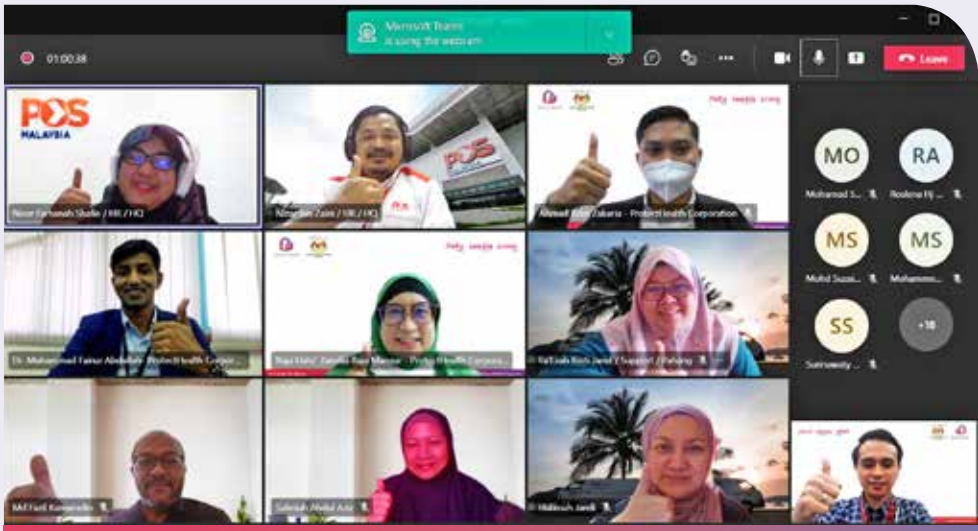


PeKa B40 ENRICH GP Briefing - WPKL and Putrajaya

SIGNIFICANT
EVENTS



PeKa B40 ENRICH GP Briefing - Perlis/Kedah, Pahang, Perak, and Kelantan/Terengganu



PeKa B40 briefing with Pos Malaysia

BENEFICIARIES TESTIMONIAL



Stakeholder Engagements

Due to the MCO, the opportunity to have face-to-face interpersonal communication was limited. However, with the full use of technology, stakeholder engagements are possible via online communication channels. Once the MCO was relaxed, interpersonal communication resumed to be one of the methods to communicate with the stakeholders. The communication includes briefings, talks, forums, and discussions. Briefings and talks about PeKa B40 were done on various occasions such as community programmes organised by the government, private agencies, and NGOs. PeKa B40 booth was also set up in these programmes and locations where forums were held to create awareness and promote the programme. The public may also check their eligibility at PeKa B40 booths, enquire details of the scheme and obtain information from the forum panellist when they attend such events. Listed below is the summary of stakeholder engagements participated by PeKa B40 organised by organisations or community groups.

PeKa B40 Stakeholder Engagements

PeKa B40 collaborations and strategic partnerships with other government agencies

- Agenda Nasional Malaysia Sihat (Health Education & Communication Centre)
- Program Malaysia Prihatin Segamat, Johor
- Program Malaysia Prihatin Kota Tinggi, Johor
- Program Malaysia Prihatin Bagan Serai, Perak
- Program Malaysia Prihatin Tangkak, Johor
- Hospital Orang Asli Gombak and JAKOA for outreach with Orang Asli Community
- Jabatan Hal Ehwal Veteran ATM (JHEV)
- Yayasan Wilayah Persekutuan
- Mental Health Technical Team
- MySejahtera
- Kerajaan Negeri Kelantan
- Kerajaan Negeri Sembilan



PeKa B40 briefing to JHEV

PeKa B40 collaborations and strategic partnerships with private organisations and GLCs

- The Malaysian Indian Transformation Unit (MITRA)
- The Green Ribbon Group
- MyFund Action
- Dewan Bandaraya Kuala Lumpur (DBKL)
- Pos Malaysia
- UNI Malaysia Labour Centre (UNI-MLC)
- Yayasan Hasanah
- Federal Land Development Authority (FELDA)
- KK Mart
- Grab Holdings
- MedTweetMalaysia
- FELCRA



PeKa B40 briefing with DBKL

Smart Partnership with KK Mart

A Smart partnership for PeKa B40 was a collaborative effort between ProtectHealth and KK Mart in May 2021 during the fasting month. KK Mart and ProtectHealth organised a Ramadhan visit to PeKa B40 beneficiaries where they received household supplies and food products.

Campaigns and Promotions on Social Media Promotion for PeKa B40

By leveraging on mass media, we used digital platforms such as Facebook, YouTube, Instagram, Twitter, and Google Ads to publicise the PeKa B40 programme. The target group for these platforms is the B40 group with internet access, who have family members active in social media. Moreover, we have implemented several SMS blasts. Various messages were shared through these platforms, such as recipient eligibility, PeKa B40 benefits, the importance of health screening, the latest data analysis associated with NCDs, healthy lifestyle practices, COVID-19 updates and many more.

In addition, we also leveraged the social media channels of our collaborative partners including the Ministry of Health and other Federal and State agencies.

On the ProtectHealth website, recipients or their family members are able to check their eligibility using their IC number.

Through strategic partnerships such as MySejahtera, the PeKa B40 programme has managed to reach out to targetted audiences and create greater awareness.

Distribution of Promotional Collaterals

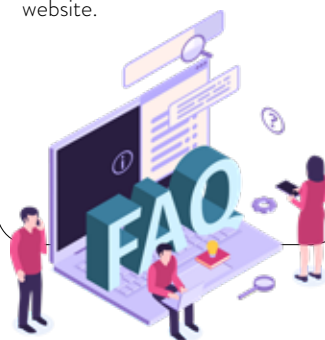
The objective of publishing promotional materials is to convey key information to the targetted group and as supporting communications to further emphasise the messages or information presented. These promotional collateral ensure that the details of the programme are conveyed and include:



Previously, the PeKa B40 website (www.pekab40.com.my) enabled beneficiaries, GPs, PeKa B40 providers and the public to obtain information about PeKa B40. Since May 2021, PeKa B40 website has been merged to the main ProtectHealth website (www.protecthealth.com.my). Here, the BSH recipients can check their eligibility, benefits offered by the scheme, list of PeKa B40 clinics nationwide, registration of GPs as PeKa B40 Clinic, frequently asked questions, media reports, and call centre contact to obtain further details related to the programme.

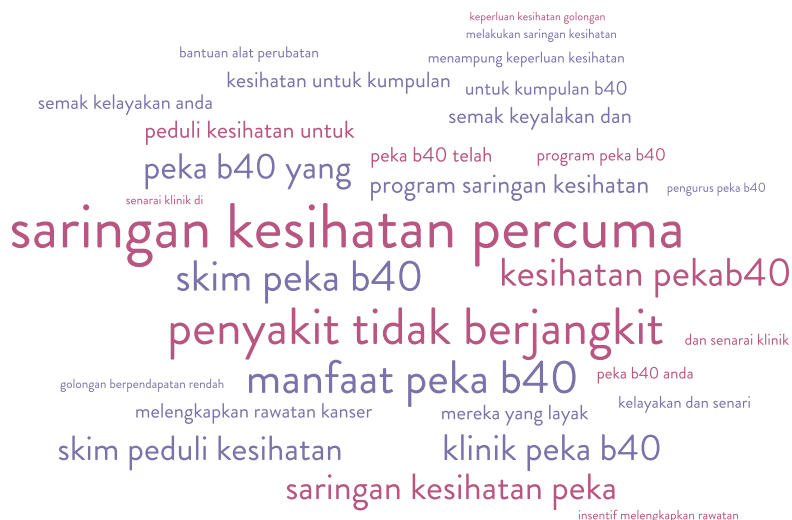


A set of questions and answers relating to PeKa B40 has been prepared as the main reference by programme spokespersons nationwide on various platforms. This is to ensure messages and information conveyed are consistent and to minimise misunderstanding or confusion. The FAQs is also available on the PeKa B40 website.



Overall, PeKa B40 has received numerous positive feedback according to the sentiment analysis that was gathered via the social media platform, Twitter. From 462 sentiments, 99.7% were positive feedback.

Top 30 phrases associated with PeKa B40



ACKNOWLEDGEMENT

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Since the implementation on 15 April 2019, this would be the second publication of PeKa B40 Report for the year 2021 by ProtectHealth. The report's publication team would like to express their gratitude to everyone who helped with this publication.

A special thanks to the Honourable Minister of Health (MOH), YB Khairy Jamaluddin, for his vision in strengthening the national healthcare system so that healthcare services are equitable, affordable and sustainable for the long-term. We would also like to express our gratitude to the Director-General of Health, Malaysia/Chairman of ProtectHealth YBhg. Tan Sri Dato' Seri Dr. Noor Hisham Abdullah for his guidance and endless encouragement. We also acknowledge our Board of Directors - YBhg. Dato' Sri Mohd Shafiq Abdullah, YBhg. Datin Rosni Mohd Yusoff, Encik Johari Abdul Muid and Encik Nurhisham Hussein for their unwavering support, guidance, and advice in ensuring the PeKa B40 scheme's success.

As part of the MOH initiatives, we would like to express our sincere gratitude to YBhg. Datuk Dr. Hishamshah Mohd Ibrahim, Deputy Director General (Research and Technical Support) and the whole Ministry, for their support and guidance. Thank you also to all the MOH Divisional Directors, especially the Planning Division of MOH and the Health Education Division. A special thank you to the Strategic Planning, the Medical Analytics and the Corporate Communications Departments, and not forgetting the Management as well as ProtectHealth Heroes for their hard work in facilitating greater publicity and promotion for PeKa B40.

We appreciate all the State Health Directors and Hospital Directors' assistance and cooperation in ensuring the successful implementation of this programme at the levels of State, District, and Hospital. We also would like to thank our Partners, which include GPs, Private Laboratories, and all government and private agencies/health clinics, and NGOs for their participation, support, and cooperation in promoting and implementing this programme for the B40 group's benefit. In addition, on behalf of the team, we would like to express our gratitude to our valued stakeholders and shareholders for all their continued support over these years.

**WE WILL CONTINUE TO REMAIN
STEADFAST AND RESILIENT
THROUGHOUT OUR JOURNEY TO
BECOME THE PREMIER NOT-FOR-
PROFIT HEALTHCARE FINANCING
SERVICES PROVIDER. IN SHAA
ALLAH, MAY ALL OUR EFFORTS
BEAR FRUIT AND REAP THE
REWARDS IN 2022 AND BEYOND.**



APPENDICES

Table 1: Sociodemographic Background of BSH Recipient Registered in 2021 Eligible for PeKa B40 Scheme

STATE	TOTAL POPULATION (2020)	BSH AGE 40 AND ABOVE WITH SPOUSE REGISTERED 2020	%
Johor	3,912,600	571,208	14.60
Kedah	2,192,800	453,215	20.67
Kelantan	1,923,000	351,374	18.27
Melaka	935,600	155,675	16.64
Negeri Sembilan	1,130,400	204,503	18.09
Pahang	1,683,300	268,408	15.95
Pulau Pinang	1,776,700	295,275	16.62
Perak	2,510,200	535,268	21.32
Perlis	255,300	55,896	21.89
Selangor	6,560,900	608,366	9.27
Terengganu	1,269,700	217,296	17.11
Sabah	3,912,600	410,459	10.49
Sarawak	2,823,300	559,629	19.82
W.P Kuala Lumpur	1,766,700	216,049	12.23
W.P Labuan	99,800	10,592	10.61
W.P Putrajaya	114,900	2,473	2.15
MALAYSIA	32,867,800	4,915,686	14.96

Table 2: Number of facilities per population by State

STATE	BSH (2021)	KK	GPs	TOTAL FACILITIES	RATIO FACILITY TO POPULATION
Sarawak	559,629	125	110	235	2,381
Kelantan	351,374	88	73	161	2,182
Kedah	453,215	59	176	235	1,929
Perlis	55,896	10	19	29	1,927
Perak	535,268	85	205	290	1,846
Terengganu	217,296	45	73	118	1,841
Johor	571,208	93	250	343	1,665
Sabah	410,459	101	163	264	1,555
Pulau Pinang	295,275	27	164	191	1,546
Pahang	268,408	87	90	177	1,516
Melaka	155,675	32	77	109	1,428
W.P Labuan	10,592	2	6	8	1,324
Negeri Sembilan	204,503	50	111	161	1,270
W.P Kuala Lumpur	216,049	13	272	285	758
Selangor	608,366	76	788	864	704
W.P Putrajaya	2,473	4	12	16	155
MALAYSIA	4,915,686	897	2,589	3,486	1,410

Table 3: The Top 20 Hospitals with the Highest Number of PeKa B40 Applications

RANK	HOSPITAL	HS1	HS2	HA	CCTI	TI	TOTAL
1	Hospital Wanita dan Kanak-Kanak Likas	1	1	43	568	2,854	3,467
2	Hospital Sultanah Bahiyah Alor Setar	65	55	950	188	550	1,808
3	Hospital Umum Sarawak Kuching	136	117	784	84	237	1,358
4	Hospital Melaka	10	7	718	123	452	1,310
5	Hospital Kuala Lumpur	8	2	778	119	219	1,126
6	Hospital Raja Perempuan Zainab II Kota Bharu	13	8	940	53	65	1,079
7	Hospital Miri	193	189	468	41	101	992
8	Hospital Raja Permaisuri Bainun Ipoh	10	7	716	65	113	911
9	Hospital Tuanku Ja'afar Seremban	5	2	568	23	37	635
10	Hospital Queen Elizabeth Kota Kinabalu	41	14	561	7	9	632
11	Hospital Pulau Pinang	13	3	314	78	115	523
12	Hospital Sultan Ismail Johor Bahru	6	4	333	41	107	491
13	Hospital Sultanah Aminah Johor Bahru	7	3	412	12	14	448
14	Hospital Selayang	11	4	415	4	5	439
15	Hospital Kuala Krai	1	1	183	62	184	431
16	Hospital Serdang	7	1	390	2	7	407
17	Hospital Sultanah Nur Zahirah Kuala Terengganu	2	2	312	19	41	376
18	Hospital Sultan Haji Ahmad Shah Temerloh	4	1	288	11	61	365
19	Hospital Teluk Intan	4	3	302	14	23	346
20	Hospital Duchess of Kent Sandakan	60	59	138	28	57	342

Table 4: HS Trends in 2019 to 2021

MONTH	1 ST VISIT	2 ND VISIT
Apr 2019	2,958	861
May 2019	8,726	6,419
Jun 2019	10,716	8,159
Jul 2019	16,318	14,116
Aug 2019	24,978	18,342
Sep 2019	31,623	25,158
Oct 2019	40,972	32,792
Nov 2019	45,901	34,892
Dec 2019	49,422	43,978
Jan 2020	39,698	40,328
Feb 2020	43,896	36,556
Mar 2020	23,855	36,866
Apr 2020	3,471	9,803
May 2020	4,655	6,193
Jun 2020	12,907	12,545
Jul 2020	19,488	16,565
Aug 2020	16,670	17,123
Sep 2020	17,191	17,678
Oct 2020	15,180	16,797
Nov 2020	12,744	13,867
Dec 2020	12,269	13,065
Jan 2021	9,851	10,135
Feb 2021	10,273	8,980
Mar 2021	13,565	11,282
Apr 2021	10,023	10,805
May 2021	5,668	6,059
Jun 2021	8,314	7,588
Jul 2021	8,084	7,594
Aug 2021	5,894	5,636
Sep 2021	5,392	4,843
Oct 2021	6,848	5,447
Nov 2021	9,864	7,045
Dec 2021	7,897	9,068

Table 5: Sociodemographic Background of Beneficiaries Based on First and Second HS

SOCIODEMOGRAPHIC		1 ST VISIT	2 ND VISIT
Gender	Male	42,301	39,284
	Female	59,372	55,198
	Total	101,673	94,482
Ethnicity	Malay	65,734	60,988
	Chinese	14,666	13,956
	Indian	9,594	8,979
	Indigenous Sarawak	3,623	3,121
	Indigenous Sabah	6,272	5,913
	Other	1,236	991
	Orang Asli (Peninsular)	548	534
	Total	101,673	94,482
State	Johor	8,571	8,168
	Kedah	13,195	12,574
	Kelantan	12,621	12,517
	Melaka	4,284	3,786
	Negeri Sembilan	6,798	6,557
	Pahang	2,546	2,436
	Penang	3,172	3,190
	Perak	14,866	13,960
	Perlis	1,609	1,253
	Sabah	5,750	4,779
	Sarawak	11,440	10,845
	Selangor	9,099	7,652
	Terengganu	4,963	4,404
	W.P. Kuala Lumpur	2,691	2,310
	W.P. Labuan	21	14
	W.P. Putrajaya	47	37
	Total	101,673	94,482

Table 6: HS done by provider

STATE	KK	GPs	HOSPITAL	TOTAL	KK (%)	GPs (%)	HOSPITAL (%)
Johor	6,227	2,322	22	8,571	72.7	27.1	0.3
Kedah	6,333	6,777	85	13,195	48.0	51.4	0.6
Kelantan	7,099	5,485	37	12,621	56.2	43.5	0.3
Melaka	1,611	2,663	10	4,284	37.6	62.2	0.2
Negeri Sembilan	1,930	4,836	32	6,798	28.4	71.1	0.5
Pahang	1,691	851	4	2,546	66.4	33.4	0.2
Penang	202	2,896	74	3,172	6.4	91.3	2.3
Perak	10,859	3,990	17	14,866	73.0	26.8	0.1
Perlis	1,510	97	2	1,609	93.8	6.0	0.1
Selangor	2,116	6,747	236	9,099	23.3	74.2	2.6
Terengganu	2,837	2,119	7	4,963	57.2	42.7	0.1
Sabah	1,478	4,140	132	5,750	25.7	72.0	2.3
Sarawak	4,321	6,749	370	11,440	37.8	59.0	3.2
W.P. Kuala Lumpur	288	2,310	93	2,691	10.7	85.8	3.5
W.P. Labuan	3	18	0	21	14.3	85.7	0.0
W.P. Putrajaya	13	31	3	47	27.7	66.0	6.4
Total	48,518	52,031	1,124	101,673	47.7	51.2	1.1

Table 7: Sociodemographic Background of Beneficiaries for Body Mass Index (BMI)

		BMI				
		CHARACTERISTICS	LESS THAN 20	20-24	25-29	MORE THAN 30
						TOTAL
Gender	Overall		7,299	33,035	34,748	20,914
	Male		3,210	15,385	15,105	6,322
	Female		4,089	17,650	19,643	14,592
	Total		7,299	33,035	34,748	20,914
Age Group	40-49		841	4,426	6,356	5,094
	50-59		1,332	7,559	9,531	6,447
	60-69		2,132	11,208	11,942	6,607
	70 and above		2,994	9,842	6,919	2,766
	Total		7,299	33,035	34,748	20,914
Ethnicity	Malay		4,021	20,024	22,962	14,512
	Chinese		1,708	6,272	4,464	1,713
	Indian		531	2,968	3,280	2,336
	Indigenous Sabah		364	1,170	1,162	664
	Indigenous Sarawak		519	2,022	2,292	1,315
	Orang Asli (Peninsular)		49	165	162	143
	Others		107	414	426	231
	Total		7,299	33,035	34,748	20,914
State	Johor		621	2,678	2,871	2,123
	Kedah		1,022	4,321	4,603	2,889
	Kelantan		907	4,868	4,013	2,272
	Melaka		240	1,198	1,499	1,176
	Negeri Sembilan		360	2,147	2,767	1,254
	Pahang		157	700	822	640
	Penang		292	1,104	1,109	542
	Perak		1,032	4,780	4,677	2,953
	Perlis		111	343	541	275
	Selangor		542	3,021	2,891	1,846
	Terengganu		201	1,144	2,077	1,066
	Sabah		565	1,882	1,905	1,051
	Sarawak		980	3,903	4,091	2,282
	W.P. Kuala Lumpur		265	927	863	527
	W.P. Labuan		2	4	6	3
	W.P. Putrajaya		2	15	13	15
	Total		7,299	33,035	34,748	20,914

* n=95,996 (excluding missing information)

Table 8: Sociodemographic Background of Beneficiaries for Physical Activities

PHYSICAL ACTIVITY					
	CHARACTERISTICS	ACTIVE	MINIMALLY ACTIVE	INACTIVE	TOTAL
	Overall	25,467	21,707	48,822	95,996
Gender	Male	11,500	8,688	19,834	40,022
	Female	13,967	13,019	28,988	55,974
	Total	25,467	21,707	48,822	95,996
Age Group	40-49	5,481	3,440	7,796	16,717
	50-59	7,602	5,592	11,675	24,869
	60-69	8,145	7,494	16,250	31,889
	70 and above	4,239	5,181	13,101	22,521
	Total	25,467	21,707	48,822	95,996
Ethnicity	Malay	14,917	13,441	33,161	61,519
	Chinese	3,968	3,589	6,600	14,157
	Indian	2,347	2,391	4,377	9,115
	Indigenous Sabah	1,107	746	1,507	3,360
	Indigenous Sarawak	2,634	1,125	2,389	6,148
	Orang Asli (Peninsular)	157	152	210	519
	Others	337	263	578	1,178
	Total	25,467	21,707	48,822	95,996
State	Johor	1,879	2,104	4,310	8,293
	Kedah	4,142	2,183	6,510	12,835
	Kelantan	3,169	3,223	5,668	12,060
	Melaka	1,263	770	2,080	4,113
	Negeri Sembilan	828	1,564	4,136	6,528
	Pahang	633	662	1,024	2,319
	Penang	666	666	1,715	3,047
	Perak	3,364	4,322	5,756	13,442
	Perlis	132	756	382	1,270
	Selangor	1,715	1,296	5,289	8,300
	Terengganu	475	704	3,309	4,488
	Sabah	1,516	1,076	2,811	5,403
	Sarawak	5,169	1,787	4,300	11,256
	W.P. Kuala Lumpur	493	581	1,508	2,582
	W.P. Labuan	10	0	5	15
	W.P. Putrajaya	13	13	19	45
	Total	25,467	21,707	48,822	95,996

* n=95,996 (excluding missing information)

Table 9: Sociodemographic Background of Beneficiaries for Smoking

		SMOKING RISK		
CHARACTERISTICS		YES	NO	TOTAL
Overall		11,216	84,780	95,996
Gender	Male	10,773	29,249	40,022
	Female	443	55,531	55,974
	Total	11,216	84,780	95,996
Age Group	40-49	2,978	13,739	16,717
	50-59	3,462	21,407	24,869
	60-69	3,230	28,659	31,889
	70 and above	1,546	20,975	22,521
	Total	11,216	84,780	95,996
Ethnicity	Malay	7,311	54,208	61,519
	Chinese	1,490	12,667	14,157
	Indian	913	8,202	9,115
	Indigenous Sabah	487	2,873	3,360
	Indigenous Sarawak	762	5,386	6,148
	Orang Asli (Peninsular)	102	417	519
	Others	151	1,027	1,178
	Total	11,216	84,780	95,996
State	Johor	867	7,426	8,293
	Kedah	1,624	11,211	12,835
	Kelantan	1,285	10,775	12,060
	Melaka	641	3,472	4,113
	Negeri Sembilan	452	6,076	6,528
	Pahang	316	2,003	2,319
	Penang	353	2,694	3,047
	Perak	1,525	11,917	13,442
	Perlis	70	1,200	1,270
	Selangor	908	7,392	8,300
	Terengganu	771	3,717	4,488
	Sabah	803	4,600	5,403
	Sarawak	1,257	9,999	11,256
	W.P. Kuala Lumpur	339	2,243	2,582
	W.P. Labuan	2	13	15
	W.P. Putrajaya	3	42	45
	Total	11,216	84,780	95,996

* n=95,996 (excluding missing information)

Table 10: Sociodemographic Background of Beneficiaries for Alcohol

ALCOHOL RISK			
CHARACTERISTICS		YES	NO
		TOTAL	
Overall		3,455	92,541
Gender	Male	2,892	37,130
	Female	563	55,411
	Total	3,455	92,541
Age Group	40-49	801	15,916
	50-59	1,023	23,846
	60-69	1,055	30,834
	70 and above	576	21,945
	Total	3,455	92,541
Ethnicity	Malay	198	61,321
	Chinese	1,101	13,056
	Indian	840	8,275
	Indigenous Sabah	491	2,869
	Indigenous Sarawak	720	5,428
	Orang Asli (Peninsular)	34	485
	Others	71	1,107
	Total	3,455	92,541
State	Johor	226	8,067
	Kedah	235	12,600
	Kelantan	33	12,027
	Melaka	118	3,995
	Negeri Sembilan	156	6,372
	Pahang	53	2,266
	Penang	148	2,899
	Perak	478	12,964
	Perlis	3	1,267
	Selangor	267	8,033
	Terengganu	19	4,469
	Sabah	589	4,814
	Sarawak	874	10,382
	W.P. Kuala Lumpur	252	2,330
	W.P. Labuan	2	13
	W.P. Putrajaya	2	43
	Total	3,455	92,541

* n=95,996 (excluding missing information)

Table 11: Number of newly diagnosed NCD in 2019 to 2021

NCD	2019		2020		2021	
	FREQUENCY	%	FREQUENCY	%	FREQUENCY	%
Diabetes	12,908	5.6	18,456	8.3	10,077	9.9
Hypertension	10,266	4.4	14,601	6.6	7,084	7.0
Hypercholesterolemia	47,632	20.6	66,301	29.9	30,404	29.9
Depression	471	0.2	813	0.4	421	0.4
Anxiety	255	0.1	547	0.2	306	0.3
Total Screening	231,614		222,024		101,673	

Table 12: HA Trends in 2019 to 2021

MONTH	APPLICATIONS
May 2019	20
Jun 2019	98
Jul 2019	341
Aug 2019	591
Sep 2019	884
Oct 2019	1,410
Nov 2019	1,322
Dec 2019	1,869
Jan 2020	1,940
Feb 2020	2,012
Mar 2020	2,086
Apr 2020	969
May 2020	591
Jun 2020	894
Jul 2020	1,168
Aug 2020	1,276
Sep 2020	1,424
Oct 2020	1,502
Nov 2020	1,602
Dec 2020	1,577
Jan 2021	1,350
Feb 2021	1,294
Mar 2021	1,392
Apr 2021	1,702
May 2021	1,316
Jun 2021	1,233
Jul 2021	989
Aug 2021	1,137
Sep 2021	952
Oct 2021	1,022
Nov 2021	1,358
Dec 2021	1,381

Table 13: Sociodemographic Background of Applicants and Beneficiaries for HA

	HA	APPLICATIONS	BENEFICIARIES
Gender	Male	7,923	6,367
	Female	7,203	5,829
	Total	15,126	12,196
Age Group	40-49	984	835
	50-59	2,563	2081
	60-69	6,090	4811
	70 and above	5,489	4469
	Total	15,126	12,196
Ethnicity	Malay	7,540	6,225
	Chinese	3,399	2,743
	Indian	2,527	1,988
	Indigenous Sabah	712	534
	Indigenous Sarawak	750	555
	Orang Asli (Peninsular)	12	11
	Others	186	140
	Total	15,126	12,196
State	Johor	1,390	1,182
	Kedah	1,830	1,450
	Kelantan	1,247	1,104
	Melaka	718	576
	Negeri Sembilan	909	751
	Pahang	529	437
	Penang	580	505
	Perak	2,289	1,880
	Perlis	214	176
	Selangor	1,341	1,089
	Terengganu	449	379
	Sabah	1,038	786
	Sarawak	1,505	1,134
	W.P. Kuala Lumpur	1,021	689
	W.P. Labuan	0	0
	W.P. Putrajaya	66	58
	Total	15,126	12,196

Table 14: HA Percentage Used Up

PERCENTAGE USED UP	NO OF BENEFICIARIES	%
less than 50%	5,477	95.32
51% and 99%	261	4.54
100%	8	0.14
Total	5,746	100

Table 15: Number of Applications by Types of HA

PERCENTAGE USED UP	APPLICATIONS	
	2021	%
Intraocular lens	6,302	41.7
Hearing aid	3,409	22.5
Cardiac stent	1,009	6.7
Wheelchair	962	6.4
Joint arthroplasty	772	5.1
Limb prosthesis & orthosis	943	6.2
Nutritional support	795	5.3
Breathing machines and oxygen concentrator	554	3.7
Spinal surgery prosthesis and implants	205	1.4
Pacemaker	144	1
Others	31	0.2
Total	15,126	100

Table 16: Top 20 Hospital by Number of HA Applications

NO.	HOSPITAL NAME	APPLICATIONS	%
1	Hospital Taiping	1010	6.7
2	Hospital Sultanah Bahiyah Alor Setar	950	6.3
3	Hospital Raja Perempuan Zainab II Kota Bharu	940	6.2
4	Hospital Umum Sarawak Kuching	784	5.2
5	Hospital Kuala Lumpur	778	5.2
6	Hospital Melaka	718	4.8
7	Hospital Raja Permaisuri Bainun Ipoh	716	4.7
8	Hospital Tuanku Ja'afar Seremban	568	3.8
9	Hospital Sultan Abdul Halim Sungai Petani	562	3.7
10	Hospital Queen Elizabeth Kota Kinabalu	561	3.7
11	Hospital Miri	468	3.1
12	Hospital Selayang	415	2.7
13	Hospital Sultanah Aminah Johor Bahru	412	2.7
14	Hospital Serdang	390	2.6
15	Hospital Sultan Ismail Johor Bahru	333	2.2
16	Hospital Sultanah Nur Zahirah Kuala Terengganu	312	2.1
17	Hospital Pulau Pinang	310	2.1
18	Hospital Teluk Intan	302	2
19	Hospital Kulim	289	1.9
20	Hospital Sultan Haji Ahmad Shah Temerloh	288	1.9

Table 17: CCTI Trend in 2019 to 2021

MONTH	APPLICATIONS
May 2019	4
Jun 2019	33
Jul 2019	117
Aug 2019	285
Sep 2019	213
Oct 2019	309
Nov 2019	336
Dec 2019	336
Jan 2020	352
Feb 2020	302
Mar 2020	209
Apr 2020	154
May 2020	178
Jun 2020	237
Jul 2020	233
Aug 2020	250
Sep 2020	312
Oct 2020	353
Nov 2020	279
Dec 2020	224
Jan 2021	157
Feb 2021	152
Mar 2021	190
Apr 2021	203
May 2021	145
Jun 2021	198
Jul 2021	150
Aug 2021	88
Sep 2021	80
Oct 2021	58
Nov 2021	121
Dec 2021	104

Table 18: Sociodemographic Background of Applicants and Beneficiaries for CCTI

	CCTI	APPLICATIONS	BENEFICIARIES
Gender	Male	614	436
	Female	1,032	733
	Total	1,646	1,169
Age Group	40-49	252	198
	50-59	485	345
	60-69	616	428
	70 and above	293	198
	Total	1,646	1,169
Ethnicity	Malay	690	470
	Chinese	346	251
	Indian	124	83
	Indigenous Sabah	322	226
	Indigenous Sarawak	139	120
	Orang Asli (Peninsular)	4	4
	Others	21	15
	Total	1,646	1,169
State	Johor	81	38
	Kedah	145	114
	Kelantan	101	71
	Melaka	116	57
	Negeri Sembilan	26	14
	Pahang	22	9
	Penang	84	58
	Perak	123	91
	Perlis	9	7
	Selangor	29	19
	Terengganu	19	16
	Sabah	435	300
	Sarawak	240	204
	W.P. Kuala Lumpur	82	64
	W.P. Labuan	0	0
	W.P. Putrajaya	134	107
	Total	1,646	1,169

Table 19 : Types of Cancer Among CCTI Beneficiaries

CANCER GROUP	NUMBER OF APPLICATIONS	%
Breast	486	29.5
Digestive	346	21
Female genital	223	13.5
ENT	202	12.3
Respiratory	137	8.3
Lymphoid, Haematopoietic & related tissues	88	5.3
Male genital	50	3
Urinary tract	33	2
Thyroid & Endocrine glands	31	1.9
Mesothelial & Soft tissues	15	0.9
Skin	10	0.6
Bone	9	0.5
Secondary neoplasms	9	0.5
Others	6	0.4
Eye, Brain & Central	1	0.1
Total	1,646	100

Table 20:Types of Cancer Treatment

TREATMENT TYPE	NUMBER OF APPLICATIONS	%
Surgery	509	25
Chemotherapy	752	37
Radiotherapy	278	13.7
Hormonal drug therapy	135	6.6
Others	71	3.5
Surveillance	62	3
Radioiodine therapy	13	0.6
Targetted therapy	33	1.6
Follow up	154	7.6
Palliative care	27	1.3
Total	2,034	100

Table 21: TI Trend in 2019 - 2021

MONTH	APPLICATIONS
May 2019	4
Jun 2019	35
Jul 2019	222
Aug 2019	672
Sep 2019	713
Oct 2019	1462
Nov 2019	1649
Dec 2019	1944
Jan 2020	1508
Feb 2020	788
Mar 2020	626
Apr 2020	388
May 2020	355
Jun 2020	560
Jul 2020	686
Aug 2020	530
Sep 2020	634
Oct 2020	809
Nov 2020	696
Dec 2020	627
Jan 2021	488
Feb 2021	522
Mar 2021	685
Apr 2021	658
May 2021	555
Jun 2021	562
Jul 2021	537
Aug 2021	398
Sep 2021	471
Oct 2021	231
Nov 2021	387
Dec 2021	323

Table 22: Sociodemographic Background of Applicants and Beneficiaries for TI

	GENDER	APPLICATIONS	BENEFICIARIES
Gender	Male	2,233	991
	Female	3,584	1,623
	Total	5,817	2,614
Age Group	40-49	882	327
	50-59	1,570	693
	60-69	2,261	1028
	70 and above	1,104	566
	Total	5,817	2,614
Ethnicity	Malay	1,970	1019
	Chinese	1,281	552
	Indian	309	178
	Indigenous Sabah	1,499	563
	Indigenous Sarawak	662	262
	Orang Asli (Peninsular)	13	5
	Others	83	35
	Total	5,817	2,614
State	Johor	116	68
	Kedah	441	253
	Kelantan	223	114
	Melaka	409	123
	Negeri Sembilan	47	31
	Pahang	67	27
	Penang	201	97
	Perak	353	214
	Perlis	13	10
	Selangor	78	44
	Terengganu	133	76
	Sabah	2,044	764
	Sarawak	1,107	486
	W.P. Kuala Lumpur	364	163
	W.P. Labuan	0	0
	W.P. Putrajaya	221	144
	Total	5,817	2,614

Table 23: Number of TI by Category

BENEFITS	NUMBER OF APPLICATIONS	NUMBER OF BENEFICIARIES
CCTI	4,950	2,050
HA	867	564
Total	5,817	2,614

Table 24: TI Percentage Used Up

PERCENTAGE OF USED UP	CCTI	%	HA	%	TOTAL
less than 50%	1,521	80	494	88	2,015
51% and 99%	235	12	58	10	293
100%	148	8	12	2	160
Total	1,904	100	564	100	2,468

Table 25: Payment Amount by Benefits

BENEFIT PAYOUT	TOTAL (RM)
Total Paid for HS	9,453,628.00
Total Paid for HA	29,849,636.68
Total Paid for CCTI	800,800.00
Total Paid for TI	594,258.00
Total	40,698,322.68

Table 26: PeKa B40 Customer Satisfaction Survey

PERCENTAGE OF USED UP	NO	BENEFICIARIES	SERVICE PROVIDERS				LABORATORY
			HOSPITAL	KLINIK KESIHATAN	PRIVATE MEDICAL PRACTITIONER (GP)		
less than 50%	1	Satisfaction with Benefit 2	79.80%	Satisfaction with Health Screening	81.78%	Satisfaction with feedback from ProtectHealth	85.00%
51% and 99%	2	Satisfaction with Medical Officer/ Doctor services	75.71%	Satisfaction with ProtectHealth website	77.72%	Satisfaction with ProtectHealth overall services	83.20%
Total	3	Satisfaction with Clinic/ GP support services	73.27%	Satisfaction with ProtectHealth social media	77.63%	Satisfaction with BMS System	81.60%
			71.85%	71.10%	76.90%	79.68%	
OVERALL SATISFACTION SURVEY AVERAGE SCORE		76.91%					
Total Overall Satisfaction Survey Average Score ⁿ		75.29%					

Table 27: Number of PeKa B40 claims audited

MONTH	NUMBER OF PEKA B40 CLAIMS AUDITED
January	2,452
February	3,798
March	1,919
April	1,809
May	850
June	1,000
July	1,582
August	1,631
September	1,632
October	1,601
November	1,125
December	1,651
Total	21,050

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