PRELIMINARY REPORT OF SYSTEM DYNAMICS MODELLING OF A CO-PAYMENT MECHANSIM FOR BREAST CANCER PATIENTS IN MALAYSIA

JING SHENG LIM¹, WENG HONG FUN², KENNETH KWING CHIN LEE³, RENUKHA SELLAPPANS¹

- ¹ School of Pharmacy, Faculty of Health and Medical Sciences, Taylor's University, Subang Jaya, Selangor, Malaysia
- ² Centre for Health Outcomes Research, Institute for Health Systems Research, National Institute of Health, Shah Alam, Selangor, Malaysia
- ³ Jeffrey Cheah School of Medicine and Health Sciences, Monash University Malaysia, Petaling Jaya, Selangor, Malaysia

INTRODUCTION



Malaysia's affordable public healthcare limits access to innovative therapies, which may push uninsured breast cancer patients toward costly private care and increase risk of financial toxicity.



Rakan KKM, a health financing model by the Ministry of Health (MOH), aims to provide affordable premium access while reinvesting revenue to strengthen public healthcare. This study evaluates its potential financial impact on the health system.

METHODOLOGY

Perspective: Payer

Data sources: Malaysia National Cancer Registry^{1,2}, peer-reviewed literatures & expert opinion

Model: System dynamics model simulating annual breast cancer incidence by stage with treatment pathways (public, private, no-treatment)

Costs & Outcomes: Reported in 2025 MYR (1 MYR = 0.23 USD), discounted at 3% per annum

Validation: Model structure & assumptions face-validated by clinical, policy and economic experts

Scenario analysis: 66.7% of private patients assumed to shift to *Rakan KKM* (2026–2035) due to financial toxicity

| Parameter | Value | Source |
|--|-----------------|--|
| Annual breast cancer incidence cases | 5,650 – 6,760 | _ _ 1,2 _ |
| Early-stage breast cancer diagnosis | 0.477 - 0.450 | |
| Locally advanced breast cancer diagnosis | 0.298 - 0.328 | |
| Metastatic breast cancer diagnosis | 0.230 - 0.234 | |
| Transition from early stage to locally advanced | 0.034 | - 3 |
| Transition from locally advanced to metastatic | 0.072 | |
| Proportion seeking treatment in public healthcare | 0.591 | _ 4 |
| Proportion seeking treatment in private healthcare | 0.386 | |
| Proportion not seeking treatment | 0.023 | |
| Proportion switching from private to Rakan KKM | 0.664 | 5 |
| Private pharmacotherapy cost – early stage* | 35,602 – 27,286 | Institu-tionallocaldata |
| Private pharmacotherapy cost – locally advanced* | 50,353 – 38,592 | |
| Private pharmacotherapy cost – metastatic* | 66,566 – 51,017 | |
| Rakan KKM pharmacotherapy cost – early stage* | 12,446 – 9,538 | |
| Rakan KKM pharmacotherapy cost – locally advanced* | 19,900 – 15,251 | |
| Rakan KKM pharmacotherapy cost – metastatic* | 31,809 – 24,379 | |

 Table 1. Input Parameters for System Dynamics Model

^{*} Cost-related parameters discounted at 3% per annum

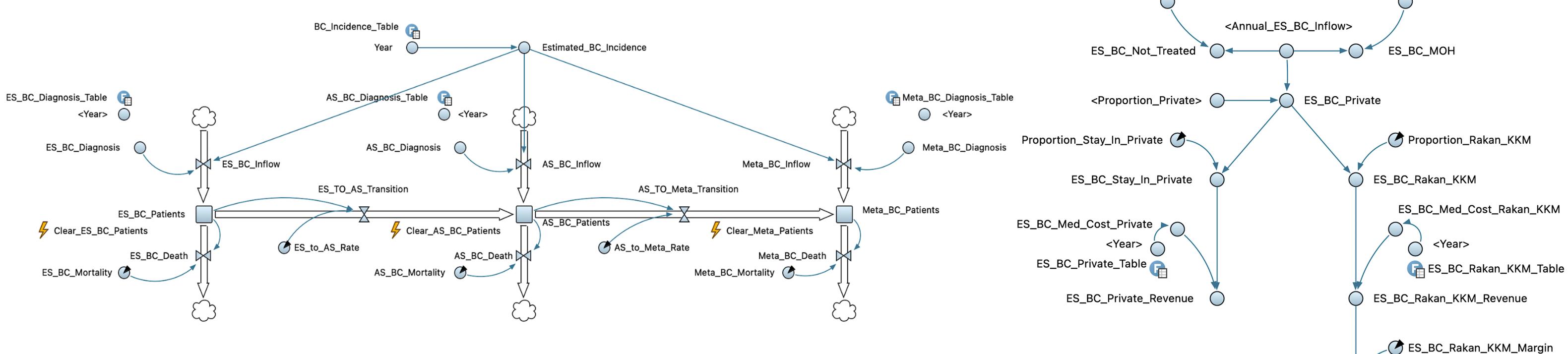


Figure 1. Schematic Illustration of System Dynamics Model

RESULTS

USD 8.5 Million

Estimated cumulative profit for MOH over 10 years

59.2% Out-of-Pocket Saving

Estimated out-of-pocket savings of USD 5,841 per *Rakan KKM* patient compared to treatment at private healthcare facilities

USD 95.2 Million

Estimated total OOP savings for *Rakan KKM* patients over 10 years

LIMITATIONS



Model Simplification

Does not fully

capture patient

heterogeneity

Cost Estimation

Referenced cost may differ from real-world procurement



Scenario Assumption

Patient flow may vary
with behavioural &
nt policy factors

<Proportion_MOH>

ES_BC_Rakan_KKM_Profit

CONCLUSION

Rakan KKM has the potential to be a cost-saving health financing strategy for breast cancer treatment in Malaysia by reducing systemwide healthcare cost, hence contributing to the sustainability of the overall healthcare system.

REFERENCES

- 1 Ministry of Health M. Malaysia National Cancer Registry Report 2012-2016. Putrajaya: Ministry of Health Malaysia, 2019.
- 2 Ministry of Health Malaysia. The Malaysia National Cancer Registry Report 2017-2021. Putrajaya, Malaysia: Ministry of Health Malaysia, 2024.
- 3 Chik A. Prevalence of Breast Cancer and Its Associated Factors for Recurrence in Hospital Tengku Ampuan Afzan 2008 2012. IIUM Medical Journal Malaysia. 2020; 18.
- 4 Institute for Public Health. National Health and Morbidity Survey (NHMS) 2023_Non-communicable Diseases and Healthcare Demand Key Findings. Malaysia: Ministry of Health Malaysia, 2024.
- 5 Bhoo-Pathy N, Ng CW, Lim GC, et al. Financial Toxicity After Cancer in a Setting With Universal Health Coverage: A Call for Urgent Action. J Oncol Pract. 2019; 15: e537-e46.

<Proportion_Not_Seeking_Treatment>