The role of policy guidelines for health benefit package development: a one-year experience in Thailand

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Country Profile

- Population: 65 million
- GDP 584 billion International dollars (2010)
- Universal health care coverage achieved in 2002
- Major public schemes
  - Civil Servant Scheme--CSMBS (8%)
  - Social Security Scheme--SSS (10%)
  - **Universal Health Care Coverage scheme --UC (75%)**

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Development of the UC benefit package in the past

- Subcommittee of UC's Benefit Package Development:

  "the ones who shout the loudest,

  get the most they pursue"

- This raise concerns among the Subcommittee as it might neglect some essential interventions proposed by other stakeholders.
- Consequently, there were demands for a systematic and transparent approach.

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An initiative for development of the benefit package

Objectives: To initiate the policy guidelines for the benefit package development , by introducing new approach which is systematic, transparent, participatory and evidence-based.

Collaboration: Health intervention and Technology Assessment Program (HITAP) and International Health Policy Program (IHPP)

Strategies of the policy guidelines development:

- A review of international experience as well as several stakeholder consultations were conducted to develop the draft for Thailand.

- The development of context-specific guidelines have to be persistently improved, by learning from practical domestic implementation.

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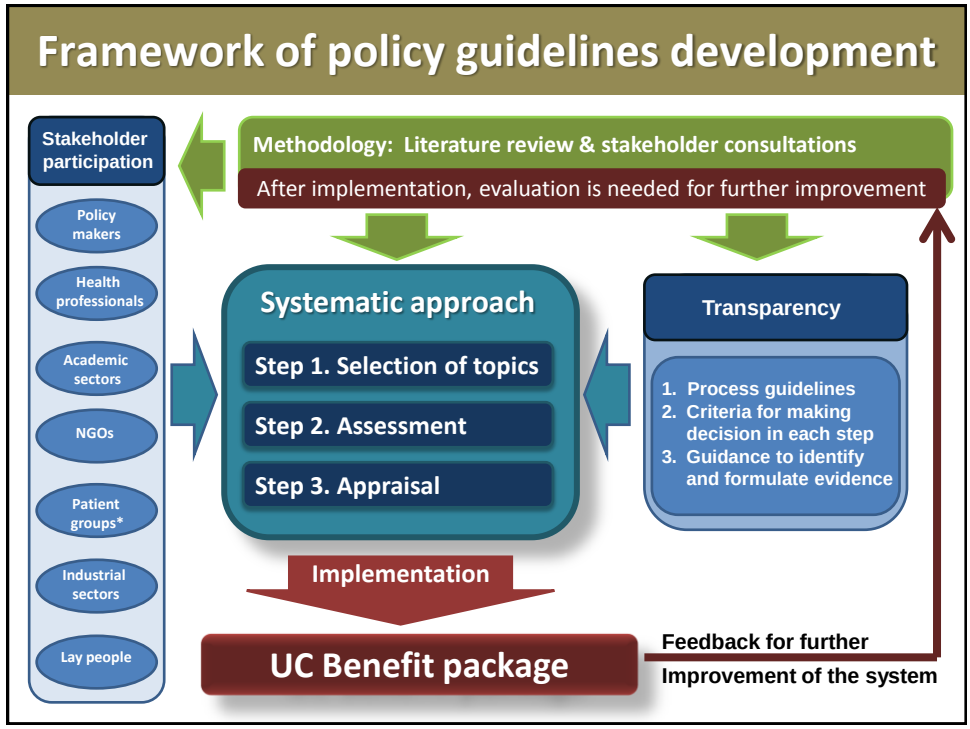

Step 1 : Topic selection

Policy authority: The sub-committee of UC's Benefit Package

Transparency: "*Process guidelines*" are jointly developed by stakeholders

Participation: Two working group of stakeholders.

•Topic submission includes health professionals, academics, patients, NGOs, decision makers, industry and lay people.

•Topic prioritization includes health professionals, academics, patients and NGOs.

Evidence base: Literature review is conducted to provide evidence for the policy authority of topic selection. The highest prioritized topics will be selected based on the 6 criteria of topic prioritization.

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Step 1 : Topic selection (cont)

Criteria	Evidence in need
1. Size of population	Prevalence of disease or size of population at risk of disease
2. Disease severity	Severity of disease measured in quality of life (QoL)
3. Effectiveness of technology	*Technology for treatment : cure, prolong life, improve QoL* *Technology for screening/diagnosis : Accuracy of technology* *Technology for prevention :* Risk reduction or preventive capacity
4. Variation in practice	Difference of practice across schemes Difference of technology distribution
5. Economic impact	Household expenditure with consideration of catastrophic illness
6. Ethical issues	- Rare disease (Prevalence < 1,000) - Disease of the poor

Scoring system : These criteria have equal weights and are scored on a 1-5 ranking scale. The topics which rank at the top enter the assessment step.

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Step 2: Technology assessment

Policy authority : IHPP and HITAP as the responsible HTA agencies.

Transparency: Existing "*HTA guidelines*" are used to control quality of work process and methodology of technology assessment studies.

- The standard HTA procedure (Process guideline for HTA study)
- The national methodological HTA guidelines

Participation: external experts and relevant stakeholders are involved in certain phases of the research.

Evidence base: the HTA studies will assess value for money in terms of the incremental cost effectiveness ratio (ICER)

$$\text{ICER} = \frac{\text{Cost (New treatment)} - \text{Cost (Current practice)}}{\text{Effectiveness (New treatment)} - \text{Effectiveness (Current practice)}}$$

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Step 3 : Technology appraisal

Policy authority : The subcommittee of UC's Benefit Package

Transparency: criteria and preset CE threshold based on Thai context

- The criteria for technology appraisal, including cost effectiveness, budget impact and feasibility
- The cost effectiveness threshold:
  The ICER < 1 times GDP/capita per QALYs gained => cost effective

Participation: the multi-disciplinary subcommittee of UC' benefit package

Evidence base: appraisal decisions are made based on the evidence from the assessment step

It is noteworthy that this step has no explicit process guideline

Why??.....See case studies

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case studies from 1 year experiences

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case studies from 1 year experiences

Intervention	Topic selection		Technology Assessment		
	submission	selection	Intervention	Comparator	HTA result
Absorbent materials for the elderly and disabled with incontinence	NGOs	Obtain the top rank score : *Size of population & Household exp*	Reimbursing absorbent materials	Not reimbursing absorbent materials	absorbent materials is **cost-effective**
Drug treatment for chronic hepatitis B (CHB) patients	health professionals	Obtain the top rank score : *prevalence & Tech effectiveness*	Alternatives regimens	LMV	TNV for LMV resistant **Cost-saving regimens**
Drug treatment for severe lupus nephritis patients	patient group	Obtain the top rank score : *disease severity & Household exp*	Alternatives regimens	IVC	IVC+AZA **Cost-saving regimens**

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cases studies from 1 year experiences

Intervention	Appraisal criteria			Policy decision
	ICER	Budget	Feasibility	
Absorbent materials	1,700 USD per QALY ***(Cost effective)***	600 million USD per year	Financial support	Not be included in the UC's benefit package
TNV for LMV resistant	-450 USD per QALY ***(Cost saving)***	Reduced 3 million USD per year	Inequitable access to liver biopsy	Appraisal with condition (equity concerns)
IVC+AZA for lupus nephritis	-436,000 USD per QALY ***(Cost saving)***	Reduced 1 million USD per year	Existing in the benefit package	Implemented cost saving regimens by CPGs revision

Lesson learnt

Although CE plays an crucial role in decision process, other issues e.g. affordability system capacity, horizontal/vertical equity, political and ethical issue are equally important

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Lesson learnt from 1 year experience

Steps	Strengths	Challenges
Topic selection	- Accepted process guidelines among stakeholders	- Strengthen stakeholder capacity especially patient groups, lay people
Assessment	- Published national methodological guidelines and standard HTA procedure	- Strengthen capacity of HTA agencies in not only economic evaluation but also other issues
Appraisal	- Explicit threshold for cost-effective health intervention	- Develop explicit threshold on other criteria (budget impact) - Develop process guideline
Implementation	- HTA results can help generate evidence-based CPGs	- How good CPGs can be adopted in clinical practice

Policy guidelines for development of benefit package

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Conclusions

- HTA should consider not only cost effectiveness, but also other issues, e.g. affordability, system capacity, ethical and equity issues in the policy decision to guide clinical practice.
- Although many countries develop methodological guidelines for HTA, the policy guidelines for making coverage decisions are equally important to ensure good governance on the decision process.
- These policy guidelines, which bring implicit policy decisions into a more systematic, participatory, transparent and evidence based process, may be applicable or adapted to other settings.

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Thank you