





## **Participation in Healthcare Decision Making**

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## Healthcare Insurance System in Thailand

SCHEME	Civil Servant Medical Benefit Scheme (CSMBS)	Social Health Insurance (SHI)	Universal Coverage (UC)
Beneficiaries	Government employees & dependents coverage includes parents, spouse, and children under 18	Private sector employees	The rest of population
Population Coverage	5 million (8%)	11 Million(17%)	49 Million(75%)
Source of Funding	Government	Tri-party: employer, employee, government	Government
Management Organization	Ministry of Finance	Ministry of Labour	Ministry of Public Health
Prescription Constraint	Not limited to NLEM ( National List of Essential Medicine)	NLEM only	NLEM only
Benefit package development authority	Comptroller General's Department	Medical Committee	The Subcommittee for Development of Benefit Package and Service Delivery NHSO

### Current Development of HTA in Thailand

- ☐ HTA agency in Thailand namely HITAP( Health Intervention and Technology Assessment Program) under Ministry Of Public Health.
- □ Policy makers utilize HTA in coverage healthcare decisions :
  - ☐ Universal Health Coverage plan benefit package (UCBP)
  - National List of Essential Medicines (NLEM)
- ☐ General perception: HTA = economic evaluation, budget impact

#### Utilization of HTA in coverage decisions

- ☐ Universal Health Coverage plan benefit package
- UHC manager: National Health Security Office (NHSO)
- Interventions: diagnosis, treatment, prevention, health promotion, rehabilitation
- Focus: safety, effectiveness, cost-effectiveness, budget impact
- ☐ National List of Essential Medicines (NLEM)
- Executive Committee, with support from technical working groups
- National pharmaceutical benefit package
- Interventions: pharmaceuticals, vaccines and other biological products
- Focus: safety, effectiveness, cost-effectiveness, budget impact and others

#### **UC Benefit Package development Process**

#### 7 groups of stakeholders



**Topics Nomination** 

Working group on health topic selection



**Topics Prioritization** 

#### **HITAP**

**Topics Assessment** 

HTA results/ Preliminary recommendations

Subcommittee on development of health benefit package & services system of NHSO



Appraisal/ Recommendations

#### **NHSO** board

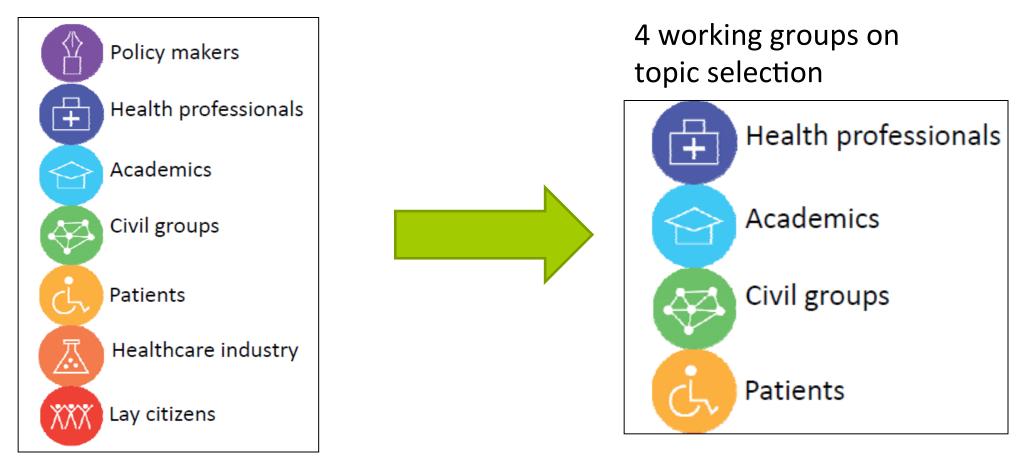


**Make Decisions** 

The Thai UC health benefit package

### Stakeholder participation

7 group of Stakeholder on Topic Nomination\*



#### \*Topic Nomination

- •Each stakeholders' group can nominate 3 topic/period.
- •There are 2 submission period annually- February and August

#### Priority setting criteria

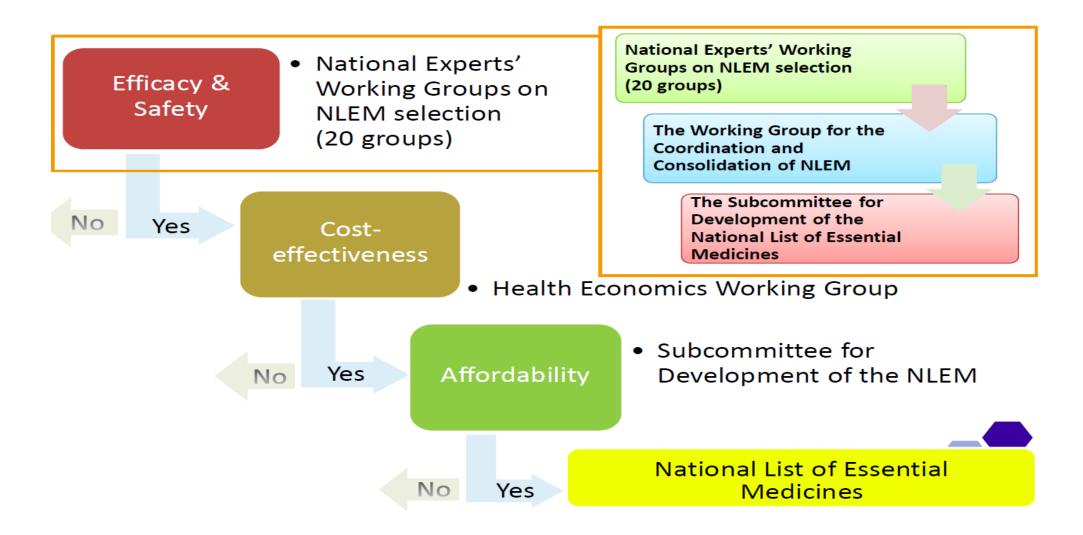
DISEASE INTERVENTION Size of population affected Effectiveness by disease/ health problem Variation in practice Severity of disease Economic impact on household expenditure Equity/ ethical and social implication **Health intervention assessment** Cost-effectiveness **Budget Impact** 

### Sharing Real Case on Imiglucerase

Genetic LSD Foundation submitted Imigucerase for Gaucher through NLEM commitees

❖ NLEM committee asked HITAP to assess the Cost –effectiveness and budget impact of Imiglucerase

#### Decision Process for including New Medicines into NLEM



### Why Imiglucerase was listed on the NLEM

- ☐ Imiglucerase is life-saving
- ☐ Catastrophic Illness
  - ☐ The only medicine of choice and expensive
- ☐ Gaucher Disesae is Rare Disease
- □Not Cost –effective but low budget impact.

### **Budget Management Strategy**

# Treat

# Prepare

## Cure

Symptomatic treatment of Gaucher disease.

Allow patient time for partial recovery and better fit for next stage.

Bone marrow transplant

Equity: enable poor patients to have access

17 - 19 November 2016 Hotel Pullman Bangsar,





## **Thank You**