





# HTA and UHC The View from Singapore

#### Joanne Yoong

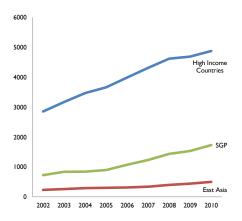
Senior Economist, Center for Economic and Social Research, University of Southern California
Associate Professor, National University of Singapore
Deputy Director, Center for Health Services and Policy Research, NUHS
Honorary Senior Lecturer, London School of Hygiene and Tropical Medicine

#### Health Outcomes and Spending

#### Life Expectancy in Years

# 84 82 80 78 High Income Countries 76 74 72 East Asia 2002 2003 2004 2005 2006 2007 2008 2009 2010

#### Health Expenditures Per Capita (Current USD)



Source: World Bank Databank

#### The Expansion Path of HTA

1990 - 2000 Introduction of Medical Device Regulation

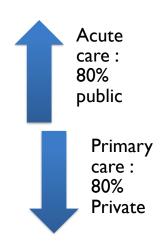
2000 - 2010

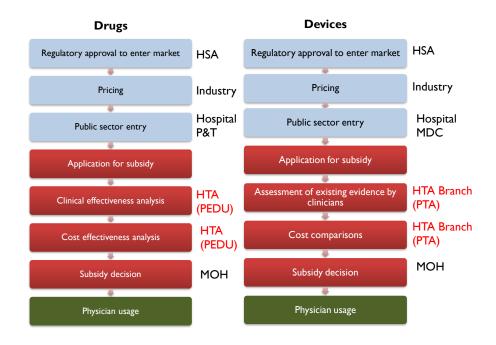
2010 onwards

- 1995 formation of HTA Unit at MOH to
- support decisions including inclusion of drugs on Standard Drug Lists, the Health Service Development Programme, healthcare subsidies, and others
- promote evidence-based medicine
- 1997 introduction of CPG program managed by HTA Unit

#### A Mixed Healthcare Delivery System

- Public hospitals and clinics
  - 18 outpatient government polyclinics
  - 8 'restructured" general hospitals, women/children's hospital, psychiatry hospital
  - 6 national specialty centres for cancer, cardiac, eye, skin, neuroscience and dental care.
  - Residential/community based healthcare services including intermediate and long-term care
- Private sector hospitals and clinics
  - 2000 + private clinics
  - 10 hospitals
- Government subsidizes public healthcare, while private healthcare operates as a free market with Ministry of Health as the primary regulator





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2000 – 2010 Growth and development of HTA capacity

 2001 formation of the Pharmacoeconomic Evaluation and Drug Utilization (PEDU) Unit at HSA to provide cost effectiveness and budget impact for deliberation by the Drug Advisory Committee

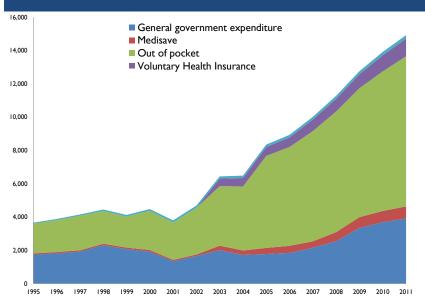
- Medical devices assessed by HTA Branch within MOH Performance and Technical Assessment Unit (previously HTA Unit)
- SDL Gap Analysis Project in 2007 leads to Medication Assistance Fund (MAF) and MAF Plus schemes in 2010 and 2011

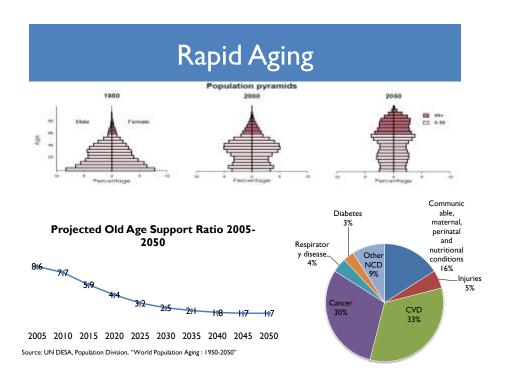
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#### 3M Statutory Financing System

50%-75% concession in primary care, average fee = S\$8 (approximately USD\$5) Subsidy (subvention) for public healthcare • Up to 80% of total bill in acute public services hospital wards for certain classes • 6-8% of salary • Transferable to family members Medisave: Compulsory medical · Apply to hospitalization charges and certain savings account outpatient treatments · Deductibles and co-payments apply Medishield: national • Premiums can be paid for using Medisave health insurance • Supplementary "Integrated Shield Plans" can be scheme to cover purchased for treatment in private sector catastrophic expenses · Opt-out, coverage up to 92, other exclusions · Means-tested assistance for individuals for whom Medisave and Medifund: MediShield coverage is not sufficient Endowment fund • Subsidies at Medifund approved hospitals/centers. for the indigent

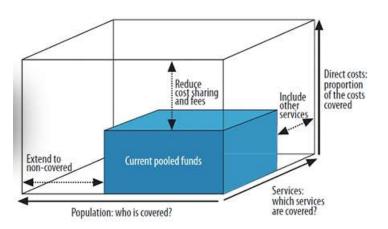
### Total Health Expenditure (SGD M)





## Expanding The Cube in Singapore

**Universal health coverage** means that all people receive the **health** services they need without suffering financial hardship when paying for them













#### **UHC Meets The 3M**

Subsidy (subvention) for public healthcare services

- 50%-75% concession in primary care, average fee = \$\$8 (approximately USD\$5)
- Up to 80% of total bill in acute public hospital wards for certain classes
- Medisave: Compulsory medical savings account
- 6-8% of salary
- Transferable to family members
- Apply to hospitalization charges and certain outpatient treatments

Medishield Life: national health insurance scheme to cover catastrophic expenses

- Deductibles and co-payments apply
- Premiums can be paid for using Medisave
- Supplementary "Integrated Shield Plans" can be purchased for treatment in private sector
- Now compulsory lifetime cover

Medifund: for the indigent

- Means-tested assistance for individuals for whom Medisave and MediShield coverage is not sufficient
- Endowment fund Subsidies at Medifund approved hospitals/centers.







#### Expanded assistance for at-risk groups

Eldershield

- Opt-out national disability insurance (under reform)
- Interim Disability Assistance: Benefit for those excluded from ElderShield due to age /pre-existing disabilities

Community Health Assist Scheme

 Subsidized GP treatment (including NCD) for low income and disabled

Pioneer Generation Package

• Additional subsidies for older birth cohorts unable to accumulate sufficient reserves via Medisave

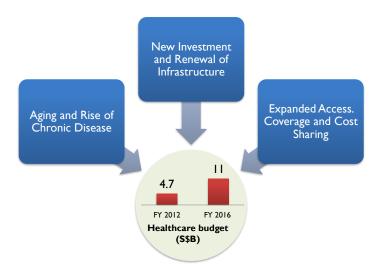
Other subsidies for qualifying individuals

- ILTC subsidies up to 80% of bill
- Medical Fee Exemption for LTC/disability home
- Medical Assistance Fund for up to 75% drug subsidy for non-standard drugs at public institutions

#### Expanded assistance for at-risk groups



#### Implications for Healthcare Spending



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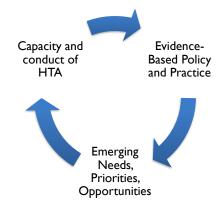
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2010 onwards Rising costs under Universal Health Coverage

- HTA capabilities in other parts of the health system
- HSOR groups within public healthcare clusters
- Academic centers and research groups
- 2015 formation of the Agency for Care Effectiveness to consolidate the evaluation of new health technologies and to provide and disseminate guidance on appropriate care nationally

#### Looking Ahead for UHC and HTA



Where do we see the next stage for Singapore ?