

Speaker



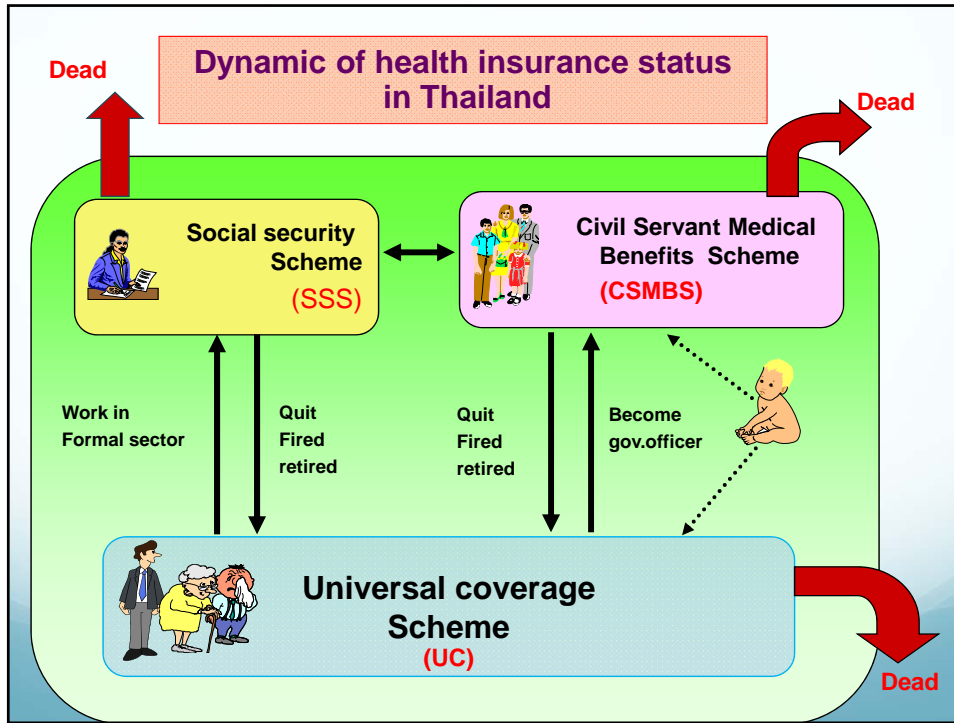
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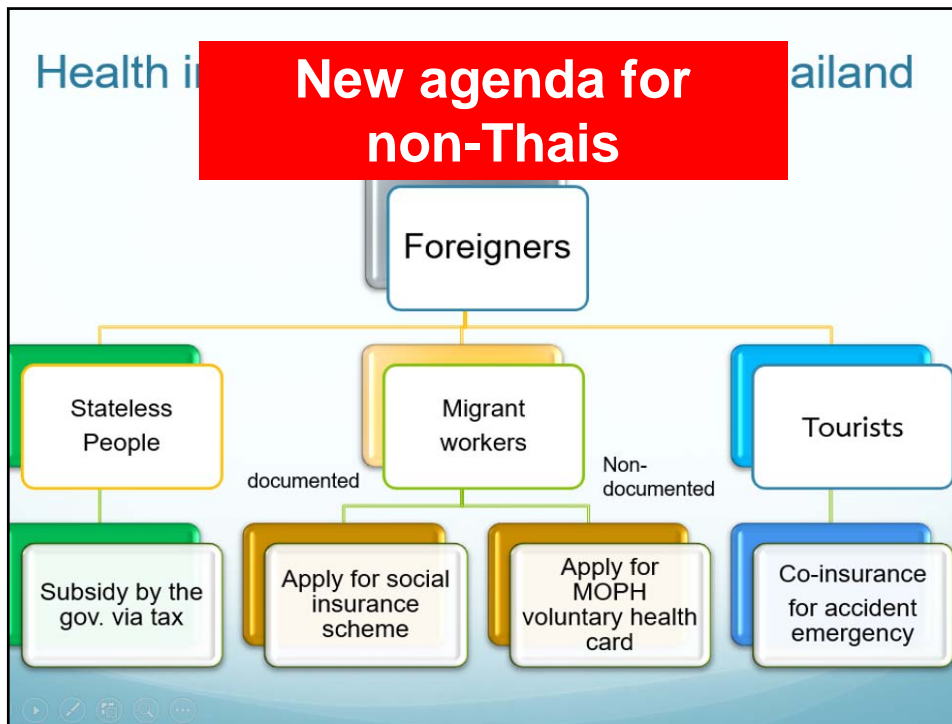
Achieving Universal Health Coverage

lesson learned from Thailand

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National Health Security Office, Thailand
6 September 2016



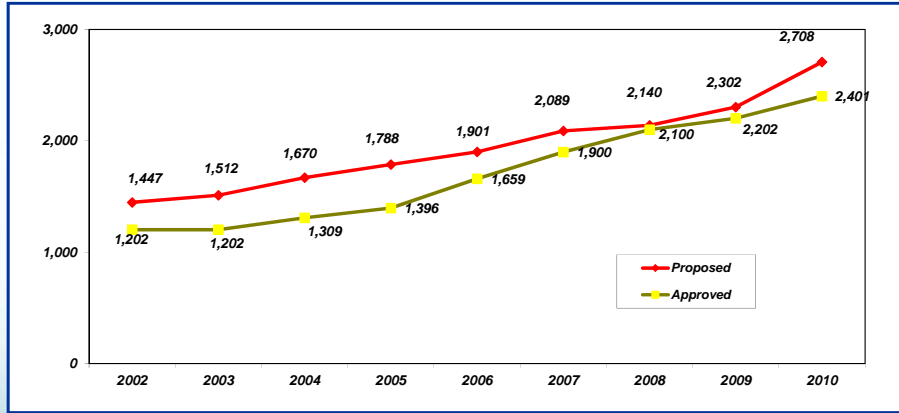
Health insurance schemes in Thailand			
Scheme	Civil Servant Medical Benefit Scheme (CSMBS)	Social Health Insurance (SHI)	Universal Coverage (UC)
Introduced in	1960s	1990s	2001
Beneficiaries	Govt. employees & dependents, retirees	Private sector employees:	Rest of population
Pop Coverage	5 million (7.66 %)	11.8 million (18.07%)	48.5 million (74.27 %)
Funding	Govt. budget	Payroll contribution Tripartite	Govt. budget
Payment to health facilities	<ul style="list-style-type: none"> • Fee-for-service for OP • DRG for IP 	<ul style="list-style-type: none"> • Capitation for OP • DRG for IP • on top for high cost drugs (J2) and CA protocol • Fee schedule for special disease mgt. 	<ul style="list-style-type: none"> • Capitation for OP • DRG with global budget for IP • on top for high cost drugs (J2) and CA protocol • Fee schedule for special disease mgt.



Proposal for Tourism Insurance Management

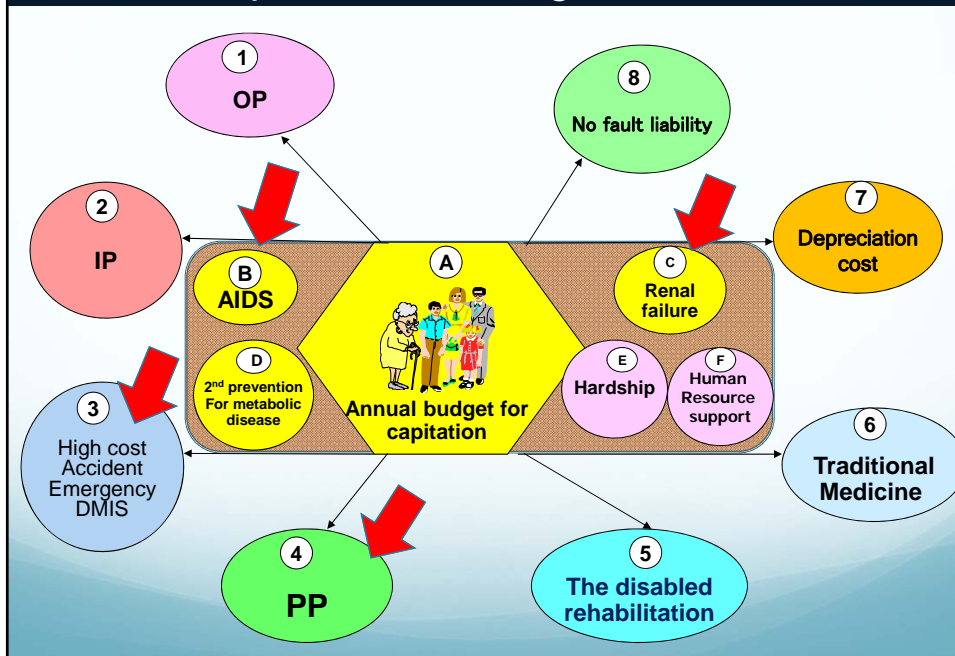
- compulsory health insurance only foreign passport holders.
- Proposed collectors design to include private sector by serving as the mission of the agency, such as airport taxes included in the ticket.
- The collection will cover on **accident /emergency** and **also the emergency cases due to unforeseen terrorist insurgency.**
- Clearing House may be offered to **the private sectors** and served by the first withdrawal from tier 1 (on Landed Fee) and then from tier 2 (other insurance, etc.)

Proposed versus approved capitation rate for UCS Baht per capita nominal term 2002-2010

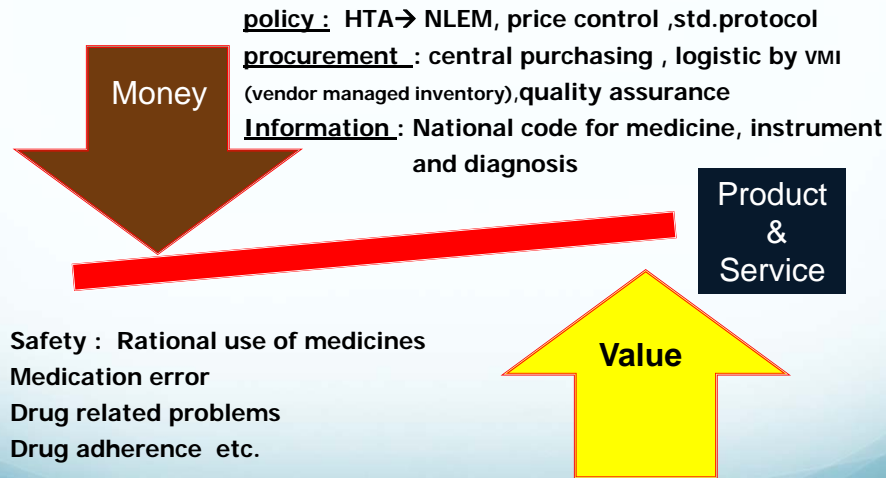


3109.78 Baht in 2017 equivalent to US\$ 94 for a comprehensive package

Comprehensive design for UC fund



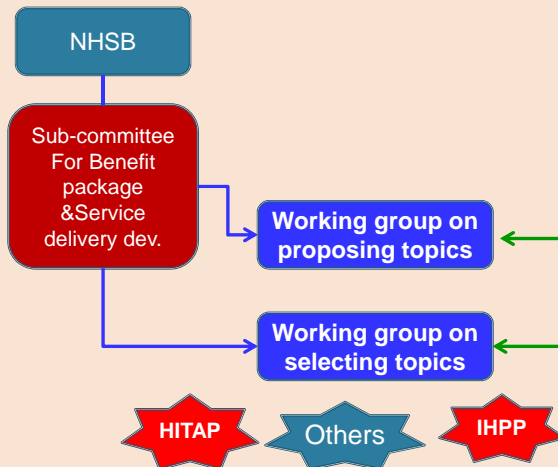
How to increase the value of money ?



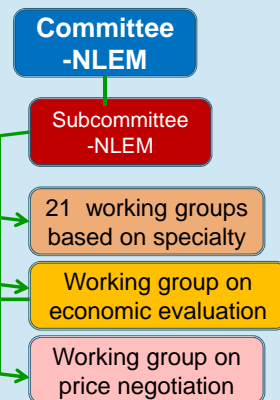
NLEM = National list of essential medicines
 HTA = Health technology assessment

Platforms and mechanisms

Non-Pharmaceutical products



Pharmaceutical products

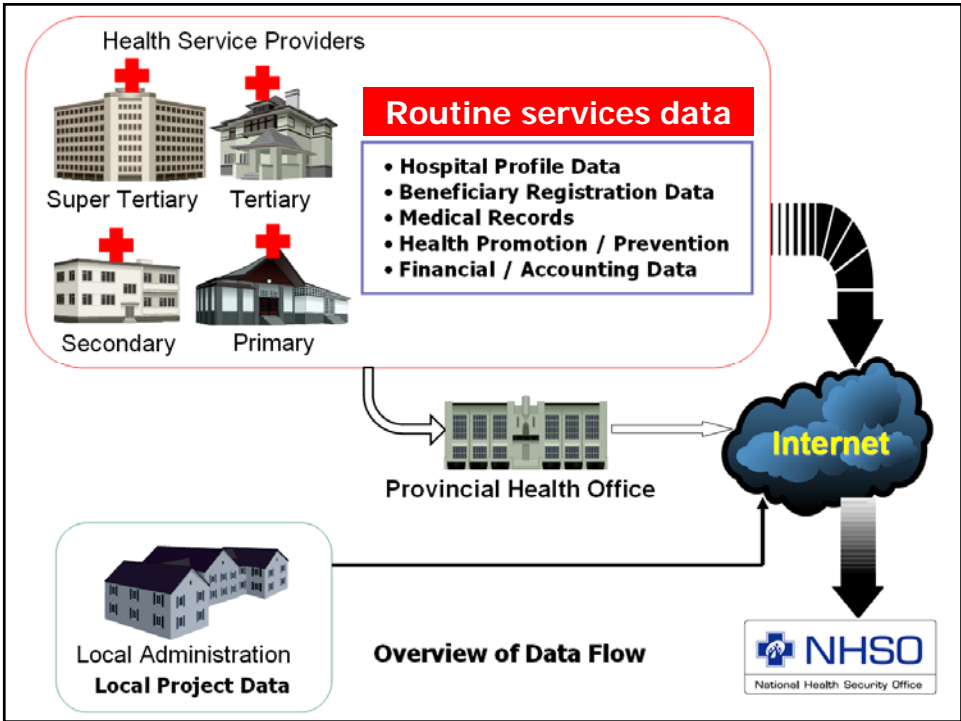


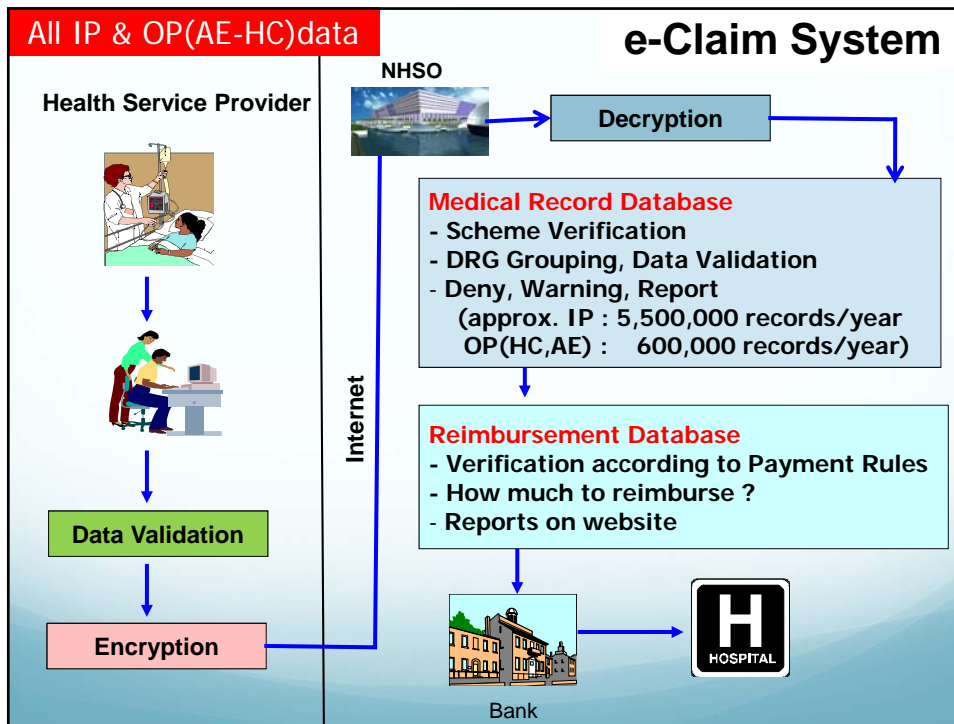
NHSB = National Health Security Board, SC= Sub-committee, NLEM= National List of Essential Medicine, UCBP = UC Benefit Package, HITAP = Health Intervention and Technology Assessment Program, IHPP = International Health Policy Program

Reimbursement system

 **cash**

Material
Medicine
instrument





Special management for medicines with access problems in Thailand

⊕ Orphan drugs

- Antidotes
- Serums
- Rare diseases → included in high cost med. management

⊕ Vaccines

- ✓ ⊕ High cost medicines

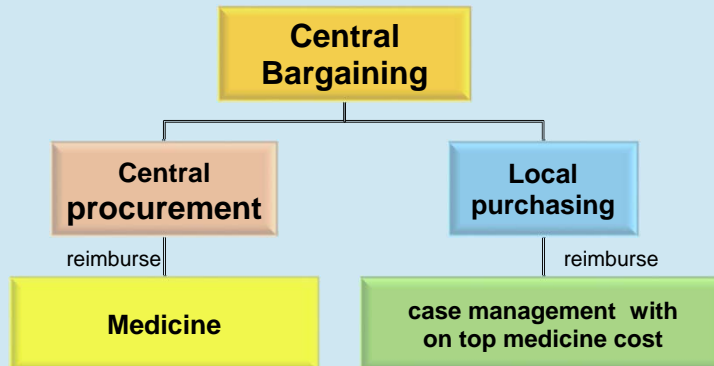


Routine service

- capitation for OP,PP
- DRG with global budget for IP

Reimbursement design

for special access items in high cost or rare diseases medicines



Set up criteria for prescribing

- By using HTA
 - : More Literatures review
 - : Clinical guideline review
 - : experts' opinions
- Restrict for indications and hospital capacity

NLEM's criteria for Trastuzumab prescribing	
	Criteria
Policy	Cover as an adjuvant therapy in the treatment of early breast cancer
Prescriber	Oncologist Radiologist Surgical Oncologist
Patient status	Eastern Co-operation oncology group (ECOG) performance = 0 - 1
	Already tumor excision by curative breast surgery, Ultrasound of liver and bone scan
	Her-2 over expression at 2+ or 3+ and FISH test of DISH test positive
	Left ventricular ejection fraction at least 50% confirm by 2-D echocardiogram or MUGA
	Plan for radiotherapy
	<p>Use in combination with palitaxel</p> <p>1. Doxorubicin+cyclophosphamid 4 cycles and then palitaxel weekly - 12 cycle</p> <p>2. Doxorubicin+cyclophosphamid 4 cycles and then palitaxel every three week -4 cycle</p>



NLEM's criteria for Trastuzumab prescribing	
	Criteria
Dose & Duration	<p>1. in combination with paclitaxel weekly</p> <p>Initial dose of 4 mg/kg as an intravenous infusion over 90 minutes then at 2 mg/kg as an intravenous infusion over 30 minutes weekly during chemotherapy for the first 12 weeks and then 6 mg/kg as an intravenous infusion over 30 minutes weekly during chemotherapy for every 3 weeks until 1 year</p>
	<p>2. in combination with paclitaxel every 3 week</p> <p>Initial dose at 8 mg/kg as an intravenous infusion over 90 minutes Subsequent doses at 6 mg/kg as an intravenous infusion over 30-90 minutes every three weeks. 18 cycle/years</p>
Monitoring Parameters	Left ventricular ejection fraction at least 50% confirm by 2-D echocardiogram or MUGA



Pre-authorization form

Pre-authorization form of trastuzumab

Indication : Breast cancer in early stage
 Date :/...../25.....


Patient's information

1. First Name..... Surname..... 2. Sex M F
 3. HN..... 4. AN..... 5. Hospital.....
 6. PID
 7. Birth date/...../..... 8. Ageyearmonth
 9. Health Scheme UC SSS CSMS Others.....

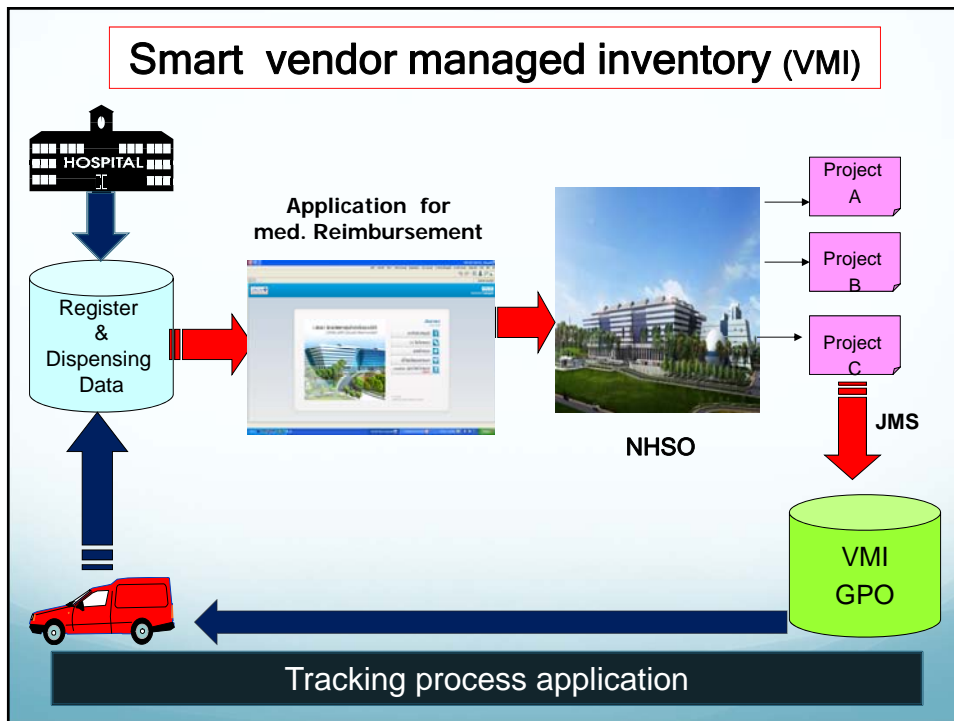
Clinical Data

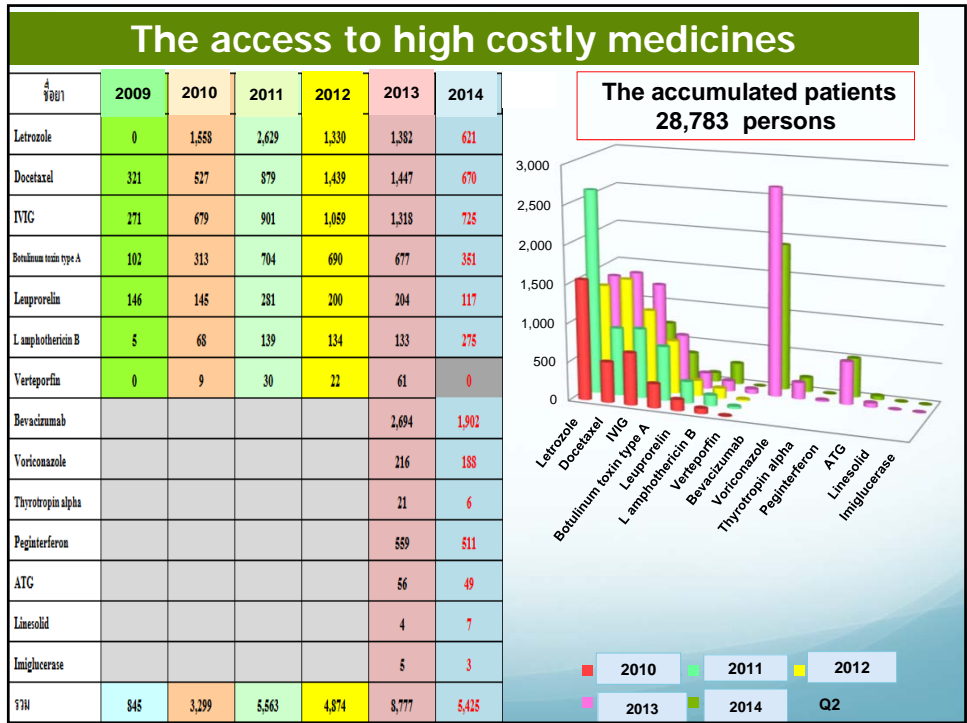
1. Date/...../25..... weight kg Height cm
 2. ECOG performance status: 0 1 2 3 4
 3. Echocardiogram Date/...../25..... Result of LVEF %
 2-D/3-D echocardiogram MUGA
 4. Regimen of Trastuzumab
 weekly regimen or
 every three weeks
 5. Dose of Trastuzumab :.....
 6. Clinical Outcome Date/...../.....
 disease free relapsed disease

Doctor Doctor's licensing No.

 NHSO
National Health Security Office

Smart vendor managed inventory (VMI)











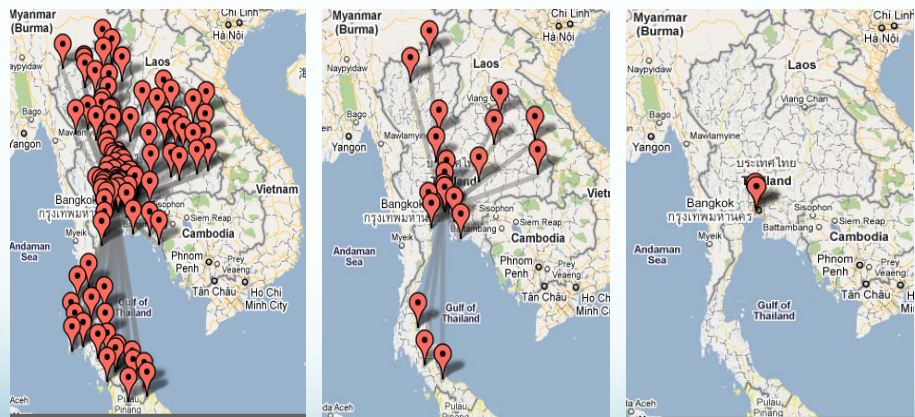
Special management for medicines with access problems in Thailand

- ✓ ⊕ **Orphan drugs**
 - Antidotes
 - Serums
 - Rare diseases → included in high cost med. management
- ✓ ⊕ **Vaccines**
- ⊕ **High cost medicines**

Collaboration among other organizations

Procured by GPO	Manufactured by Red cross
	
Dimercaprol inj.	Sod. Nitrite inj.
	
Glucagon inj.	Sod. Thiosulfate inj.
	
Succimer capsule	Methylene blue inj.

Antidotes distribution management (by life saving time and price criteria)

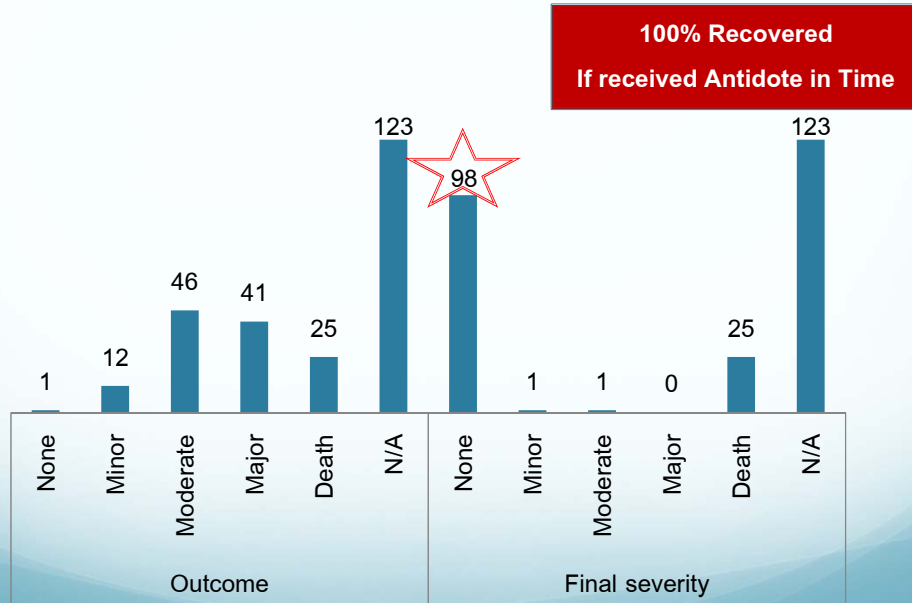


Cyanide antidotes

Dimercaprol

Botulinum antitoxin

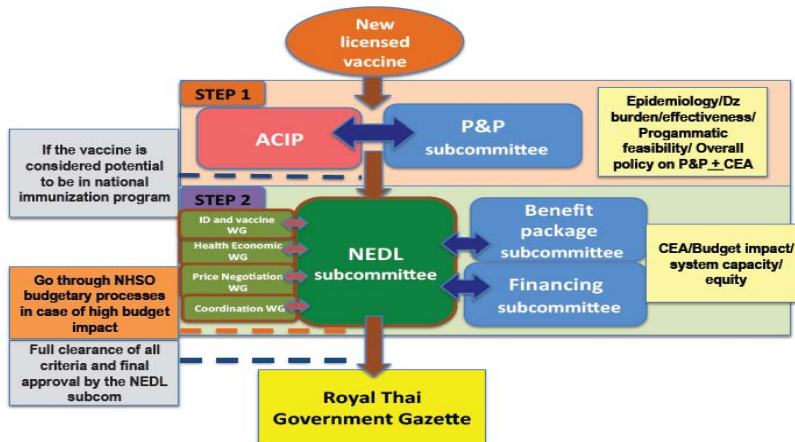
The antidote program impact



Distribution of snakes in Thailand

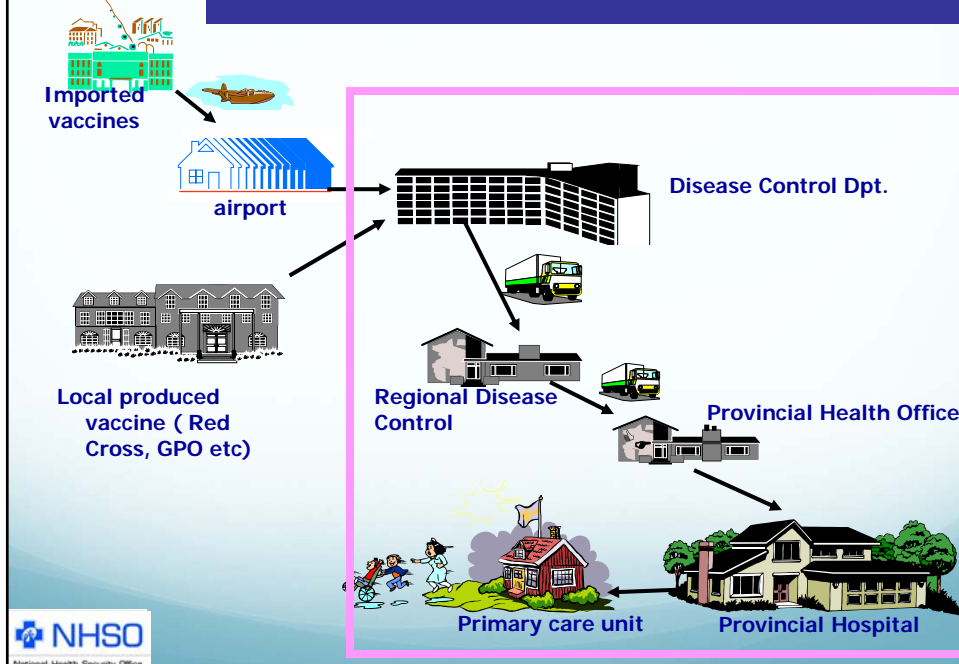


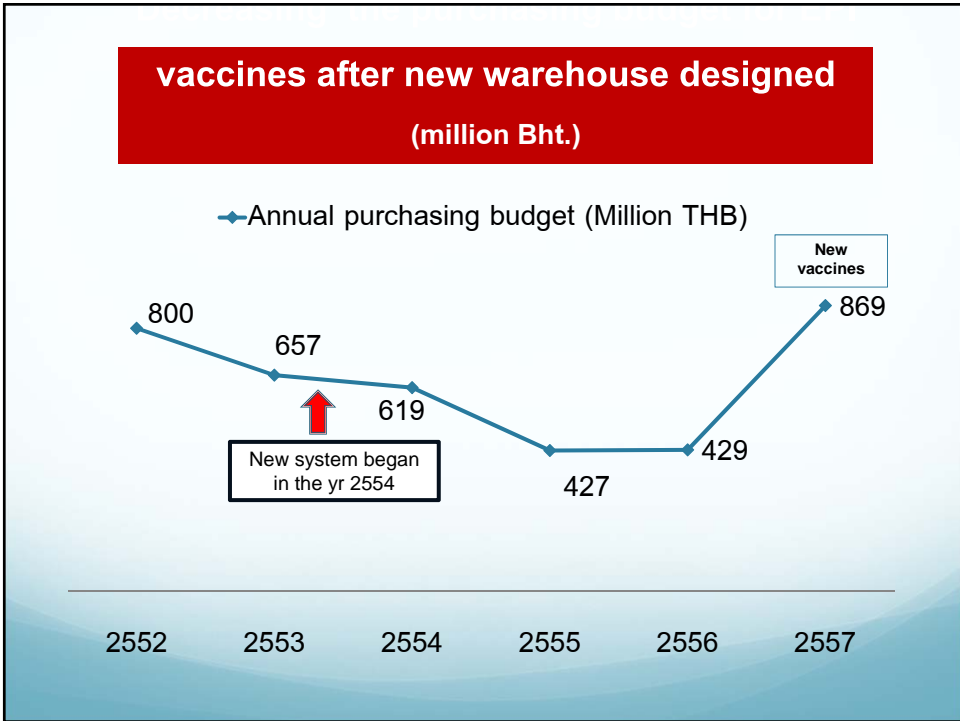
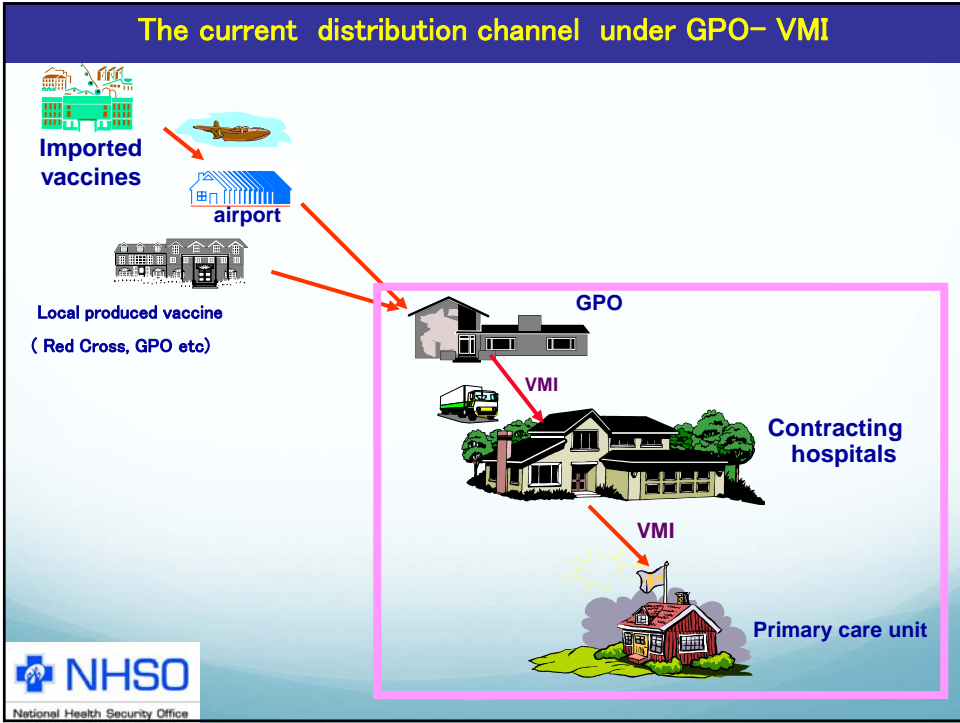
The selection of new vaccine in EPI program



ACIP : The Advisory Committee on Immunization Practices
 NEDL subcommittee : National essential drug list subcommittee

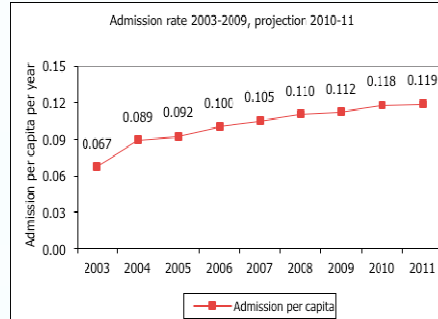
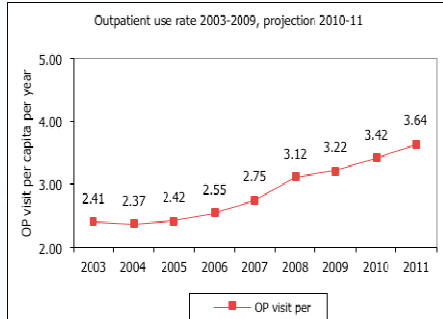
The former EPI vaccines distribution channel





Closed end payment: utilization outcome

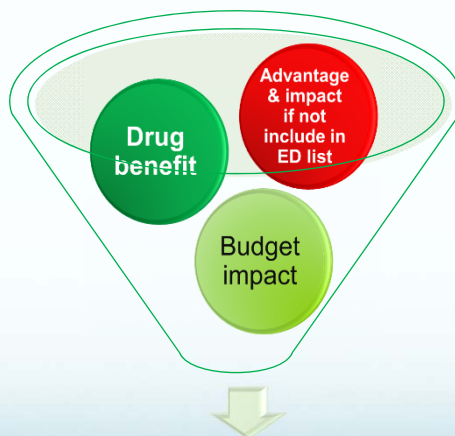
rising health service utilization and low un-met need



Prevalence of unmet need	OP	IP
National average	1.44%	0.4%
CSMBS	0.8%	0.26%
SSS	0.98%	0.2%
UCS	1.61%	0.45%

31

Concern for consideration



Priority setting for Essential drug consideration

Priority setting step

Life saving intervention

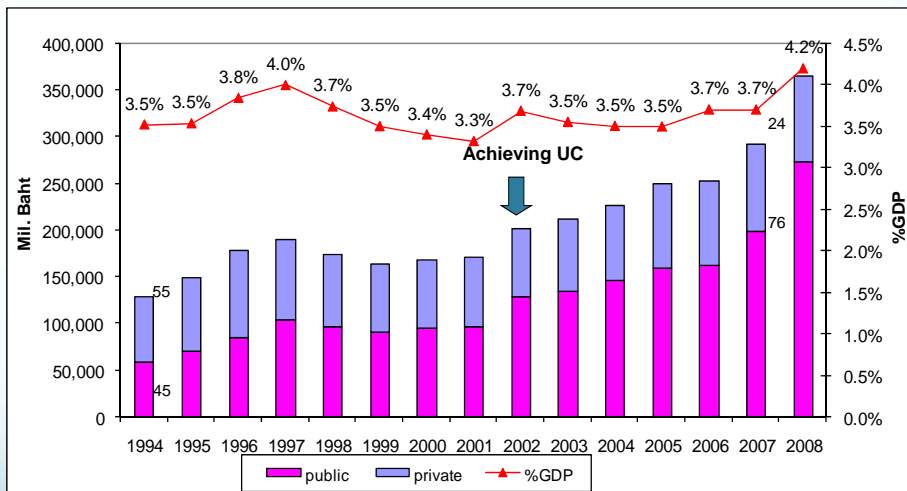
Orphan drug

First line drug

similar or alternative drug in same therapeutic group

Item selections until the accumulative budget meet the threshold of annual affordable budget

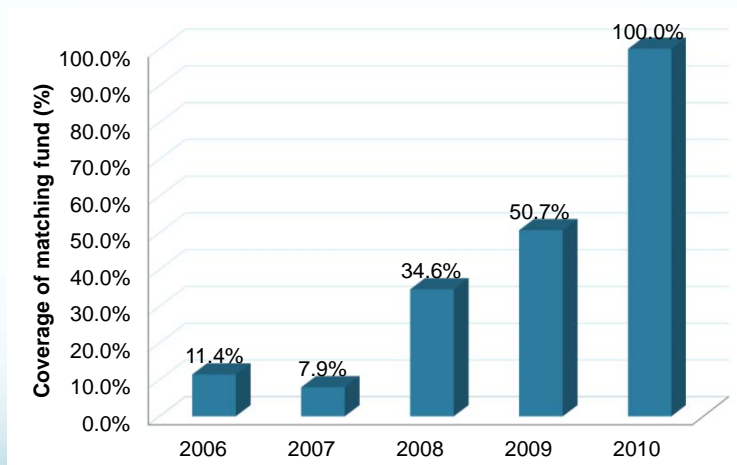
Total health expenditure 1994-2008



Source: Thai Working Group on National Health Account 2009, Health Financing 2010

Total health expenditure during 2003-2008 ranged from 3.49 to 4.255% of GDP, THE per capita approx 100 – 171 USD

Matching fund with local authority for P&P service



35

Challenges

- Expectations for new technologies and medicines.
- Quality assurance for the medicines
- The increasing demand with limited supply and budget need sustainable design
- Poor distribution of Human resource for health esp. in remote areas.
- Increasing the burden for health professionals regarding to the increasing workload and management
- Move forward to aging society.

36



Thank you for your attention

