

DEVELOPMENT OF THE BENEFITS PACKAGE

FOR THE UNIVERSAL COVERAGE SCHEME

HEALTH BENEFITS PACKAGE

- Is a set of health services or products covered by a health insurance scheme
- Provide an explicit scope of health services and products provided to the beneficiaries
- Should be designed based on the feasibility and local context and cover essential health services and products

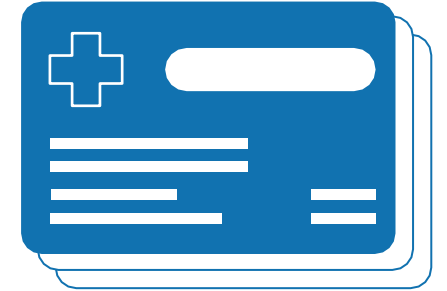
BENEFITS PACKAGES

FOR UNIVERSAL COVERAGE SCHEME (UCS) BENEFICIARIES

1) PHARMACEUTICAL BENEFITS PACKAGE:
National List of Essential Medicines

2) NON-PHARMACEUTICAL BENEFITS PACKAGE:
Benefits package under UCS

NEGATIVE LIST: SERVICES NOT COVERED UNDER UCS



SERVICES EXCEEDING BASIC NECESSITY	SERVICES COVERED BY OTHER SPECIFIC SOURCE OF BUDGET	OTHER SERVICES
<ol style="list-style-type: none">1) Infertility services2) Cosmetic surgery3) Services that are still in research4) Over diagnosis or treatment without medical indication	<ol style="list-style-type: none">1) Services for injuries from vehicle accidents under the Protection for Motor Vehicle Accident Victims2) Treatment for drug addicts (except for opium and derivatives addicts who are willing to be treated with methadone)	<ol style="list-style-type: none">1) The same disease with more than 180-day hospitalizations (except in unavoidable cases due to complications or medical indications)2) Organ transplantation (except kidney transplants, liver transplants in those younger than 18 years with biliary atresia, heart transplants, and hematopoietic stem cell transplants)

CORE PRINCIPLES

OF THAI BENEFITS PACKAGE DEVELOPMENT

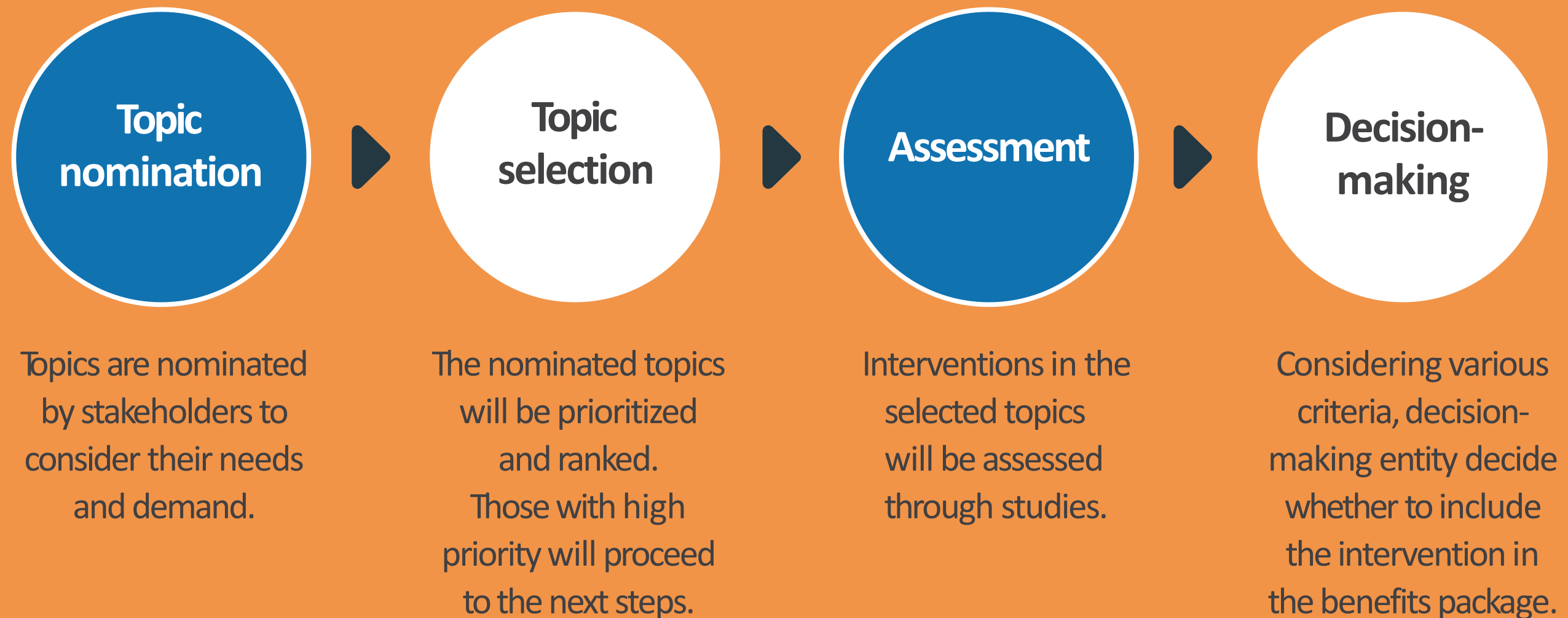
SYSTEMATIC

TRANSPARENT

**EVIDENCE-
INFORMED**

PARTICIPATORY

STEPS IN THAILAND'S BENEFITS PACKAGE DEVELOPMENT



STEP 1 TOPIC NOMINATION

9 STAKEHOLDER GROUPS

- Policymakers
- Public health academics
- Medical device manufacturers
- Health innovation
- Committee/sub-committee and other related working groups

NOMINATE TOPIC THROUGH WEBSITE
<http://register.nhso.go.th/ucbp/>

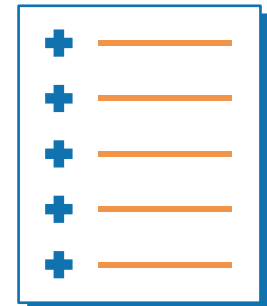
- Health professionals
- Civic groups
- Patient networks
- Lay citizens

NOMINATE TOPIC THROUGH
public hearing forum

PER GROUP PER CYCLE

➤ AT LEAST 1 TOPIC ON HEALTH PROMOTION AND DISEASE PREVENTION

➤ AT LEAST 1 TOPICS ON EFFECTIVE COVERAGE OR ACCESS TO CARE



STEP 2 TOPIC SELECTION

EXCLUSION CRITERIA:

1

It is about medicines, vaccines, or supplements

2

It has been nominated without providing supporting evidence on the intervention efficacy and effectiveness

3

It has been previously considered and no additional information has been provided.

Topics that are not excluded will then be prioritized using the following criteria:

PRIORITIZATION CRITERIA

1

NUMBER OF PEOPLE AFFECTED BY THE DISEASE OR HEALTH PROBLEM

2

SEVERITY OF THE DISEASE OR HEALTH PROBLEM

3

EFFECTIVENESS OF THE HEALTH TECHNOLOGY

4

VARIATION IN PRACTICE

5

IMPACT ON HOUSEHOLD EXPENDITURE

6

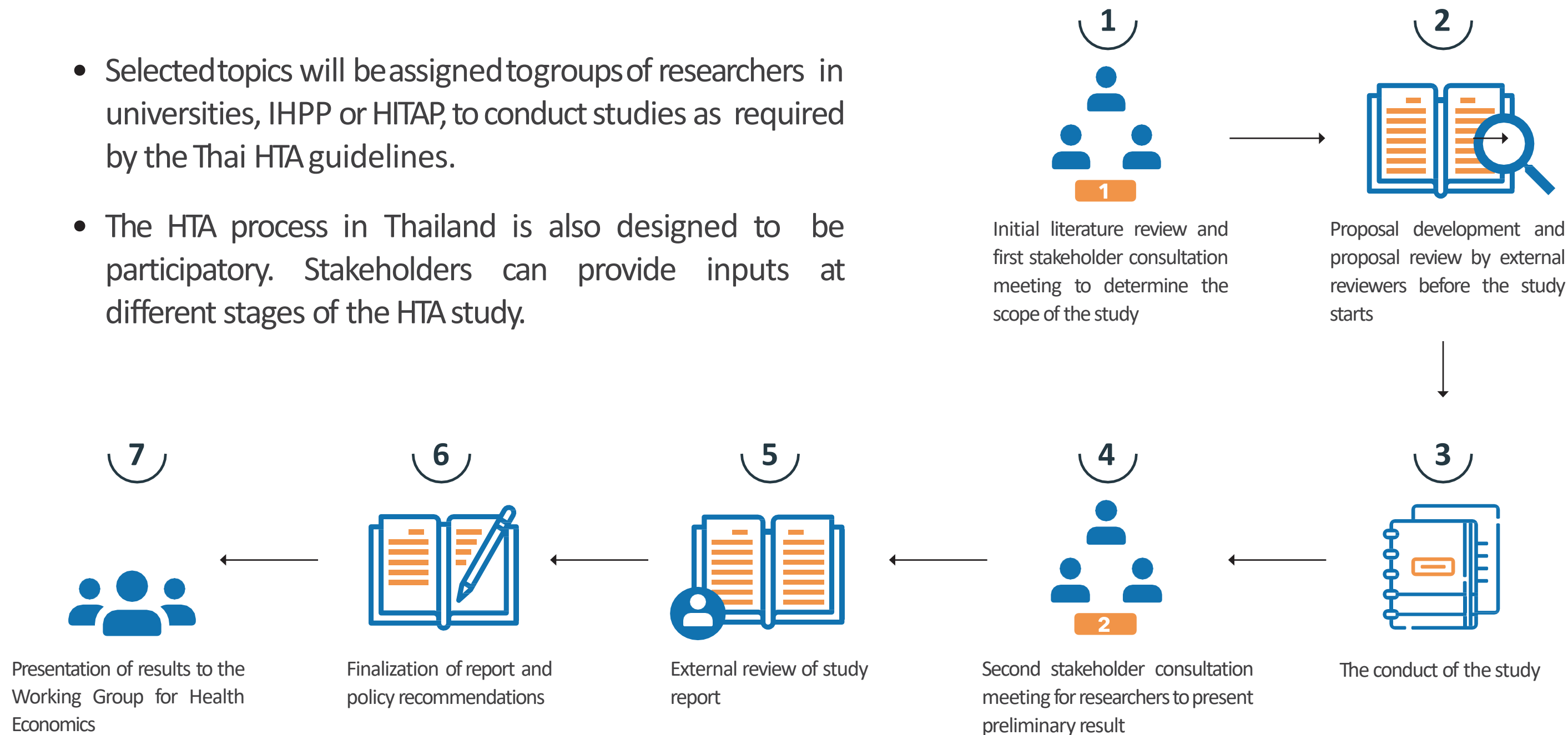
EQUITY, SOCIAL AND ETHICAL CONSIDERATION

THE WORKING GROUP
FOR SELECTING TOPICS
WILL REVIEW THE
SCORING RESULT AND
CONSIDER ADDITIONAL
INFORMATION TO SELECT
10-12 TOPICS TO PROCEED
FURTHER TO NEXT STEP.
TOPICS WITH A HIGHER
SCORE WILL BE GIVEN
A HIGHER PRIORITY.

STEP 3 ASSESSMENT

- Selected topics will be assigned to groups of researchers in universities, IHPP or HITAP, to conduct studies as required by the Thai HTA guidelines.
- The HTA process in Thailand is also designed to be participatory. Stakeholders can provide inputs at different stages of the HTA study.

STEPS IN THE CONDUCT OF HTA



STEP 4 DECISION MAKING

INITIAL DECISION

Sub-committees will consider whether the technology or intervention should be included in the benefits package using the following criteria:

- 1 COST-EFFECTIVENESS
- 2 AVAILABILITY OF CLINICAL PRACTICE GUIDELINES
- 3 HEALTH SYSTEM READINESS
- 4 BUDGET IMPACT ON UCS
- 5 ETHICAL AND SOCIAL ISSUES

FINAL DECISION

The National Health Security Board will make final decision.

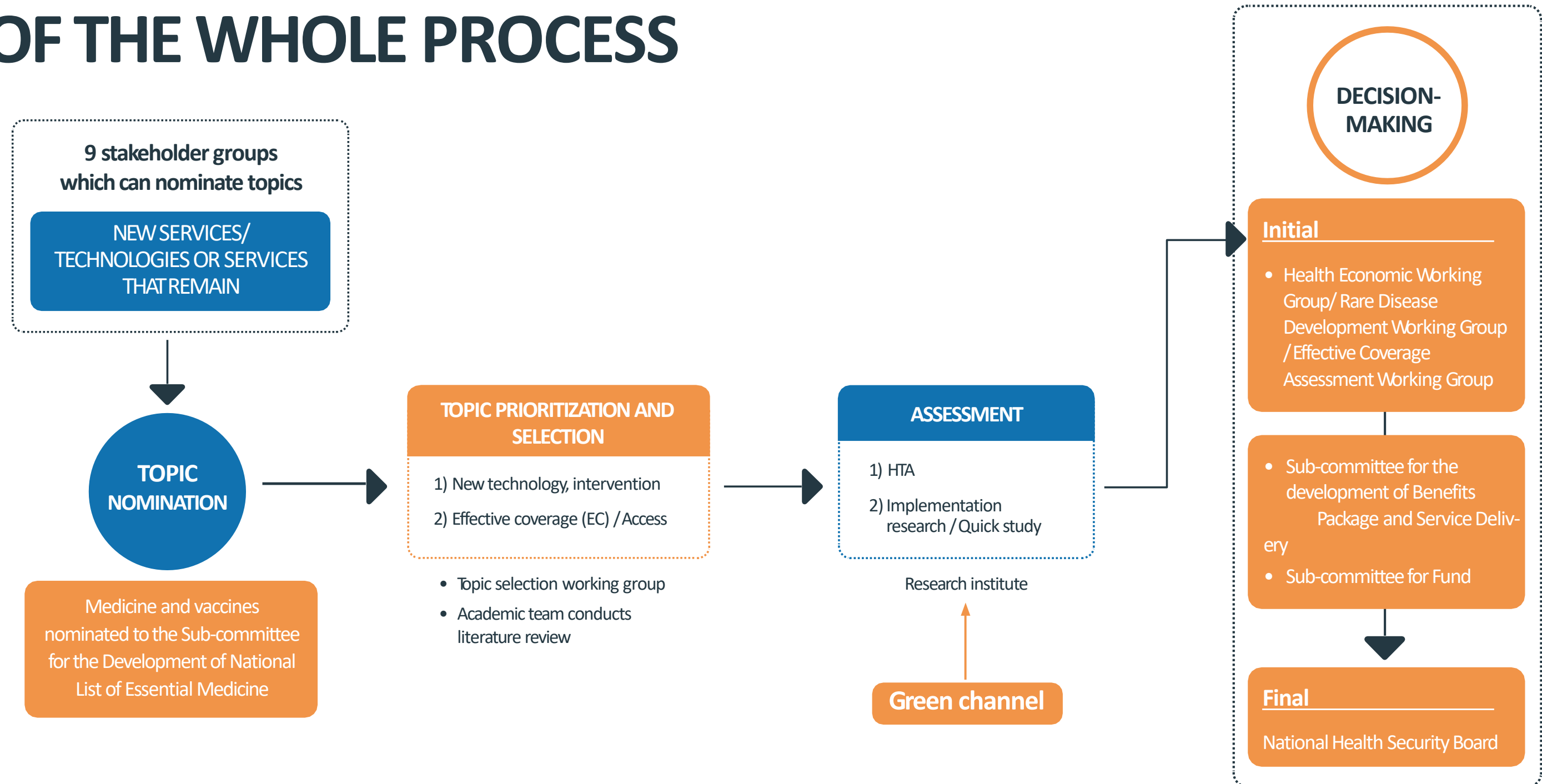
ADDRESSING RARE DISEASES

Technologies or services for rare diseases are likely to be advanced and expensive and less likely to be cost-effective. Rule of rescue will be considered

**RULE OF
RESCUE**

SUMMARY

OF THE WHOLE PROCESS





THE PROCESS IN ACTION:

THE CASE OF REFRACTIVE ERROR SCREENING AND GLASSES PROVISION FOR SCHOOL CHILDREN

Topic nomination

The topic 'treatment of refractive error using LASIK' was nominated in 2010 during a public hearing forum organised by NHSO.

Topic selection

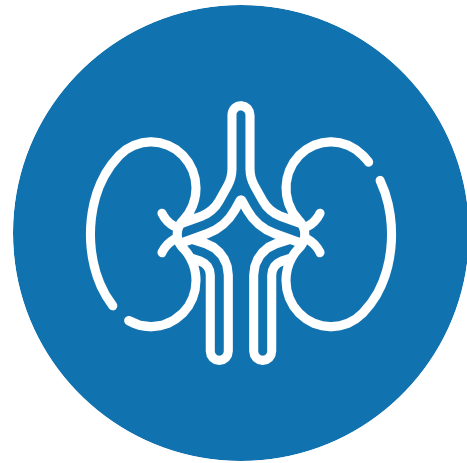
Although the topic did not score high compared to other topics, the Secretariat responsible for topic selection found that eyesight correction interventions were listed in the benefits package (as visual rehabilitation) but there was limited accessibility to citizens, warranting a review. The topic was amended to be 'The eyesight correction with glasses'.

Assessment

'Assessing the Accuracy and Feasibility of a Refractive Error Screening Program Conducted by School Teachers in Pre-Primary and Primary Schools in Thailand' study was carried out to determine the feasibility of the provision of such service. It is found that the service provision is feasible.

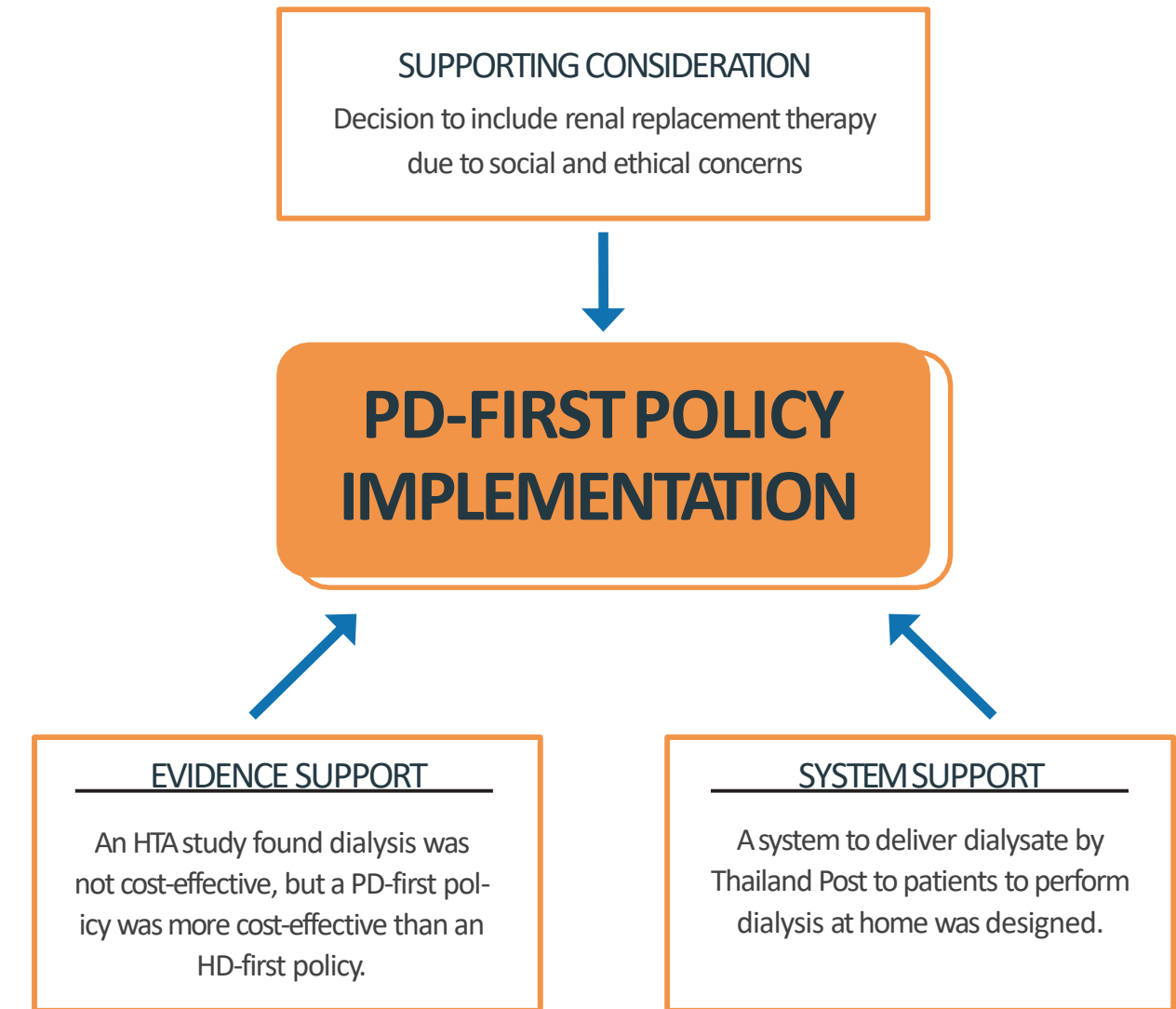
Decision-making

The service was announced as a benefit in 2016.



IT IS MORE THAN COST AND EFFICIENCY THAT MATTERS: THE CASE OF RENAL REPLACEMENT THERAPY

- Rule of rescue will be considered for high-cost interventions which are less likely to be cost-effective.
- A high-cost intervention may be included if it is life-saving with no alternatives.
- The decision to include renal replacement therapy is HTA-informed, taking evidence on cost-effectiveness, budget impact and ethical issues into account.



PD: peritoneal dialysis
HD: hemodialysis

STRENGTHS AND LIMITATIONS

OF THE BENEFITS PACKAGE DEVELOPMENT PROCESS IN THAILAND

STRENGTHS

- 1) It is systematic with clear and explicit steps.
- 2) It is transparent with the participation of stakeholder groups at different stages of the process.
- 3) It is informed by evidence throughout the process, from selecting the topics based on information available in literature, which is peer-reviewed in most cases, to decision-making which is informed by the HTA study conducted for the purpose.

LIMITATIONS

- 1) There is variation in the level of understanding of topics across different groups of stakeholders. This results in nominated topics being vague, for example.
- 2) Human resources to conduct HTA are limited. Hence limited number of topics that can be assessed.

PRINCIPLES

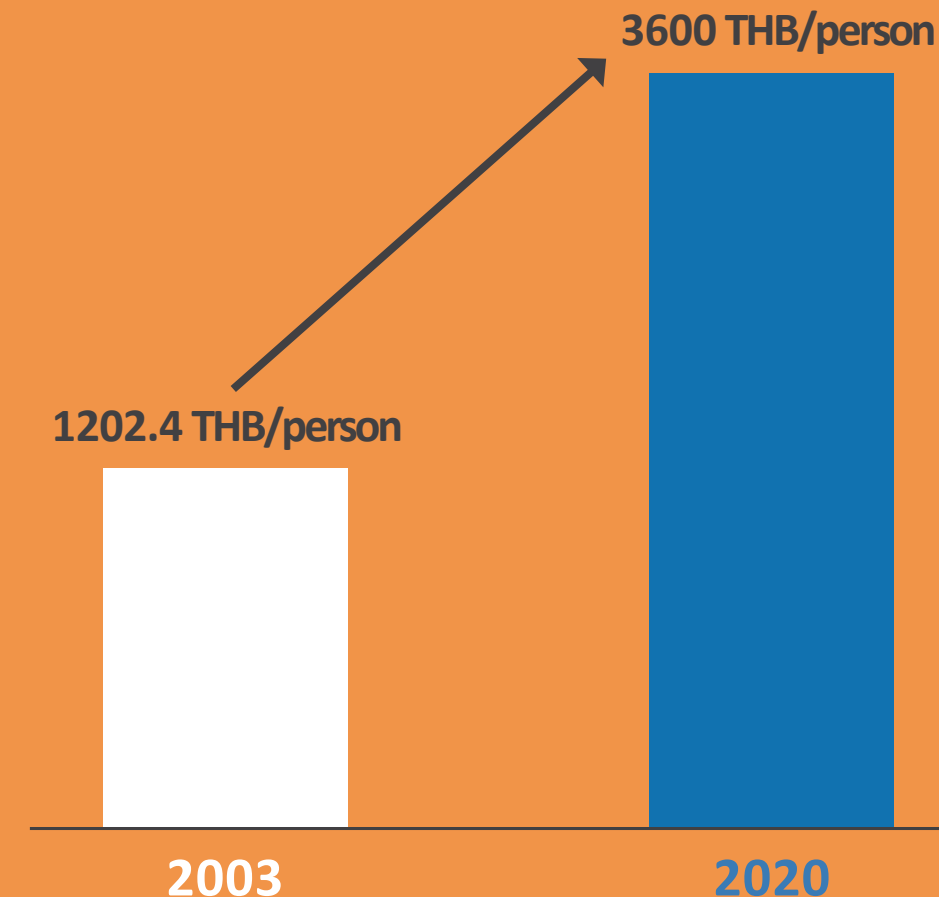
IN BUDGETING FOR BENEFITS PACKAGE IN THAILAND

Main services covered by
this budget include:

- Outpatient services
- Inpatient services
- Health promotion and disease prevention services
- Rehabilitation services
- Traditional Thai medicine services

To cover broader benefits, the capitation rate
continuously increases

In 2020, the capitation budget was approximately 3 times the rate in the first year of UCS to cover broader benefits. The total amount provided is THB 174 billion for 48.3 million people.



Capitation rate in 2003 vs 2020

Power Point Presentation

