

Using HTA to inform decision making in Thailand

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Outline of presentation

- Introduction to Thai health care system
- Historical ground and challenges facing
- Introduction to HITAP
- Use of HTA evidence in policy decision making at the national level
- Limitations and future challenges

Country Profile

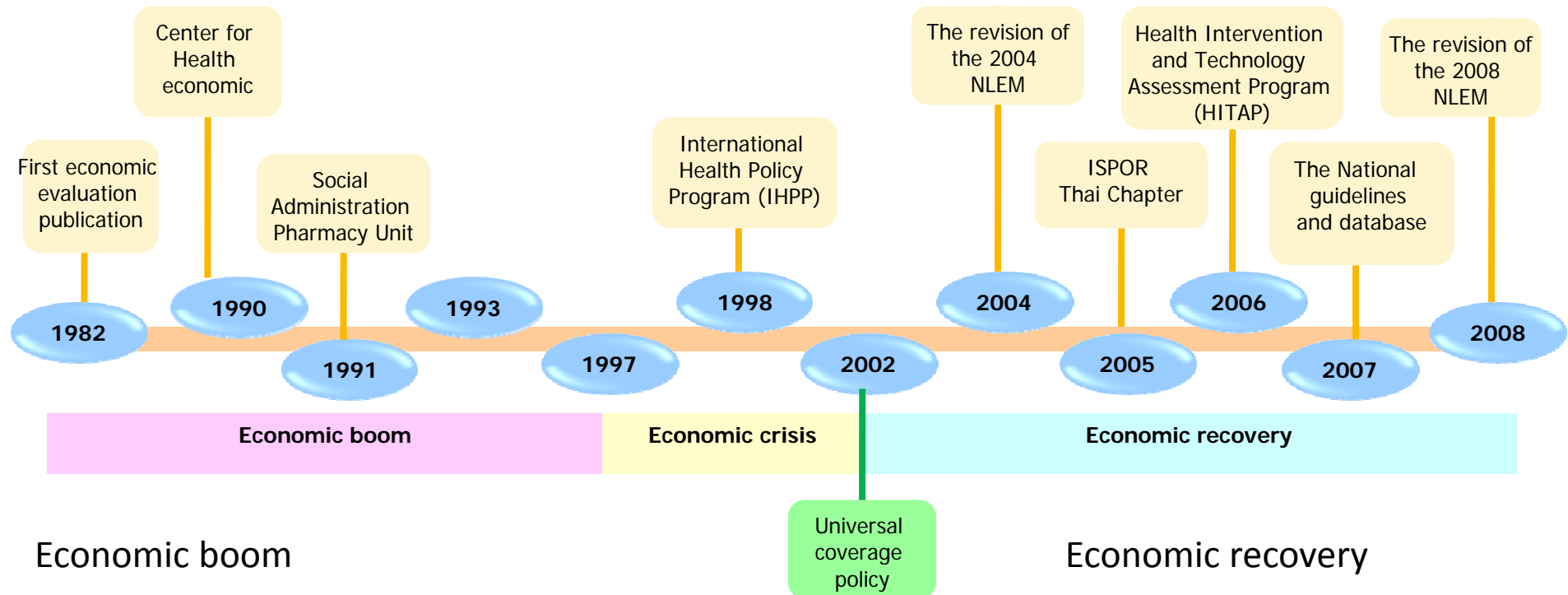


- Population: 65 millions
- Universal health insurance coverage established in 2002
- Three insurance schemes
 - The Universal Coverage Scheme--UC (74%)
 - Social Security Scheme--SSS (13%)
 - CSMBS for civil servants (12%)
- Health expenditure: 5% of GDP (Public 70%)

Reimbursement of pharmaceuticals and health care services

- The National List of Essential Drugs (NLED) is only pharmaceuticals reimbursement list referred by all public health plans.
- In the revision of the NLED 2008 economic evaluation information supported by HITAP was considered for new and expensive drugs.
- The coverage of use of medical devices/procedures varies largely--CSMBS covers almost all though a price list; UC and SSS include them as part of their basic health packages and paid based on prepaid capitation

Milestones on HTA development in Thailand, 1982-2008



Economic boom

- over investment in high-tech and expensive health technology
- poor distribution and inequity of access

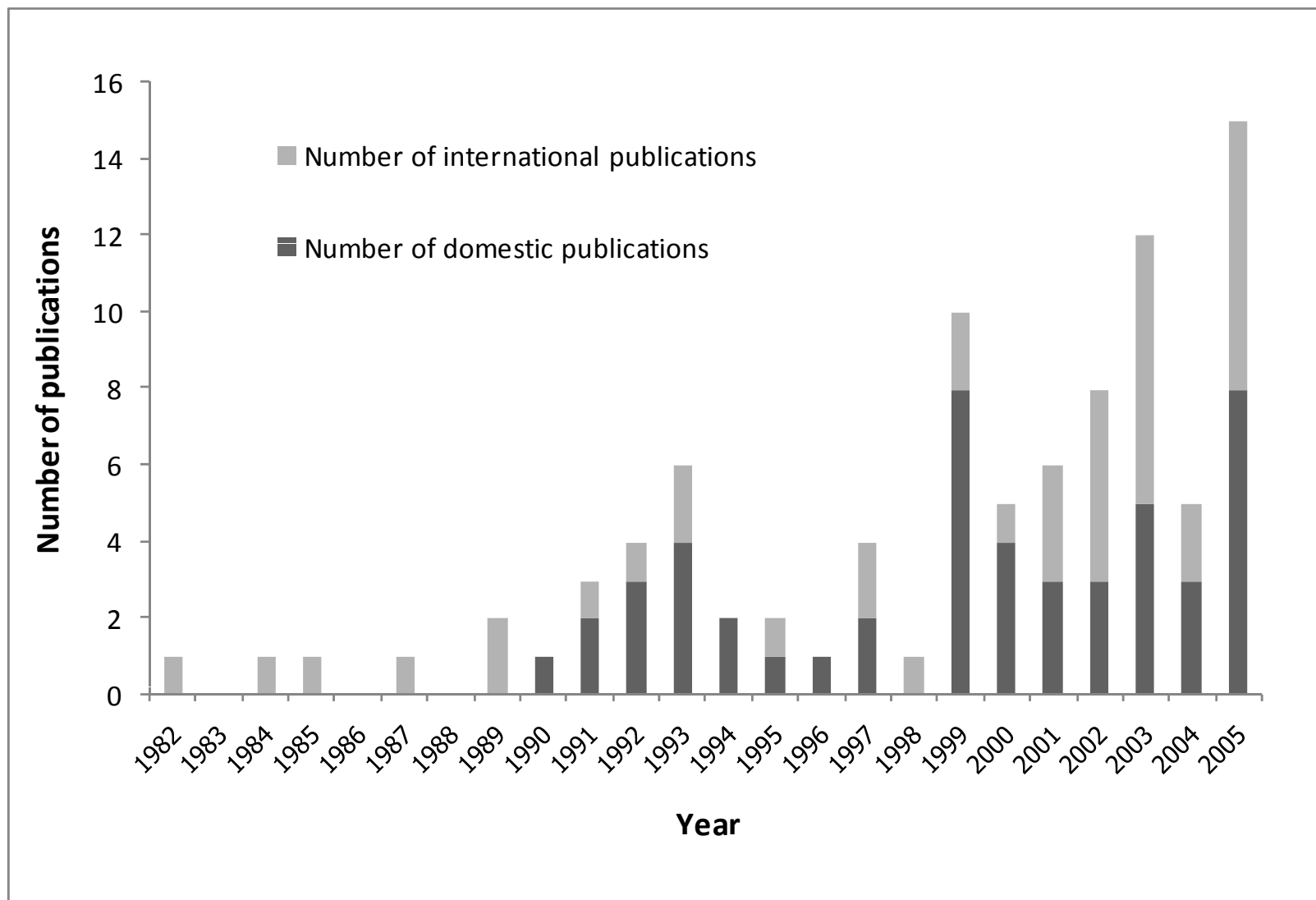
Economic crisis

- the need for cost containment and efficiency in health care system
- increase burden of public health sector

Economic recovery

- Universal coverage policy → rights to access, resource constraints
- Strong civil society → evidence based policy decision, transparent

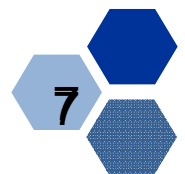
Numbers of Thai economic evaluation publications, international and domestic, 1982-2005



Challenges facing

- An increase of new health technologies (mostly at high cost)
- Resource constraints
- Economic evaluation becomes a well-known tool among academics and some decision makers
- International experiences e.g. PBAC, CADETH, NICE, HIRA

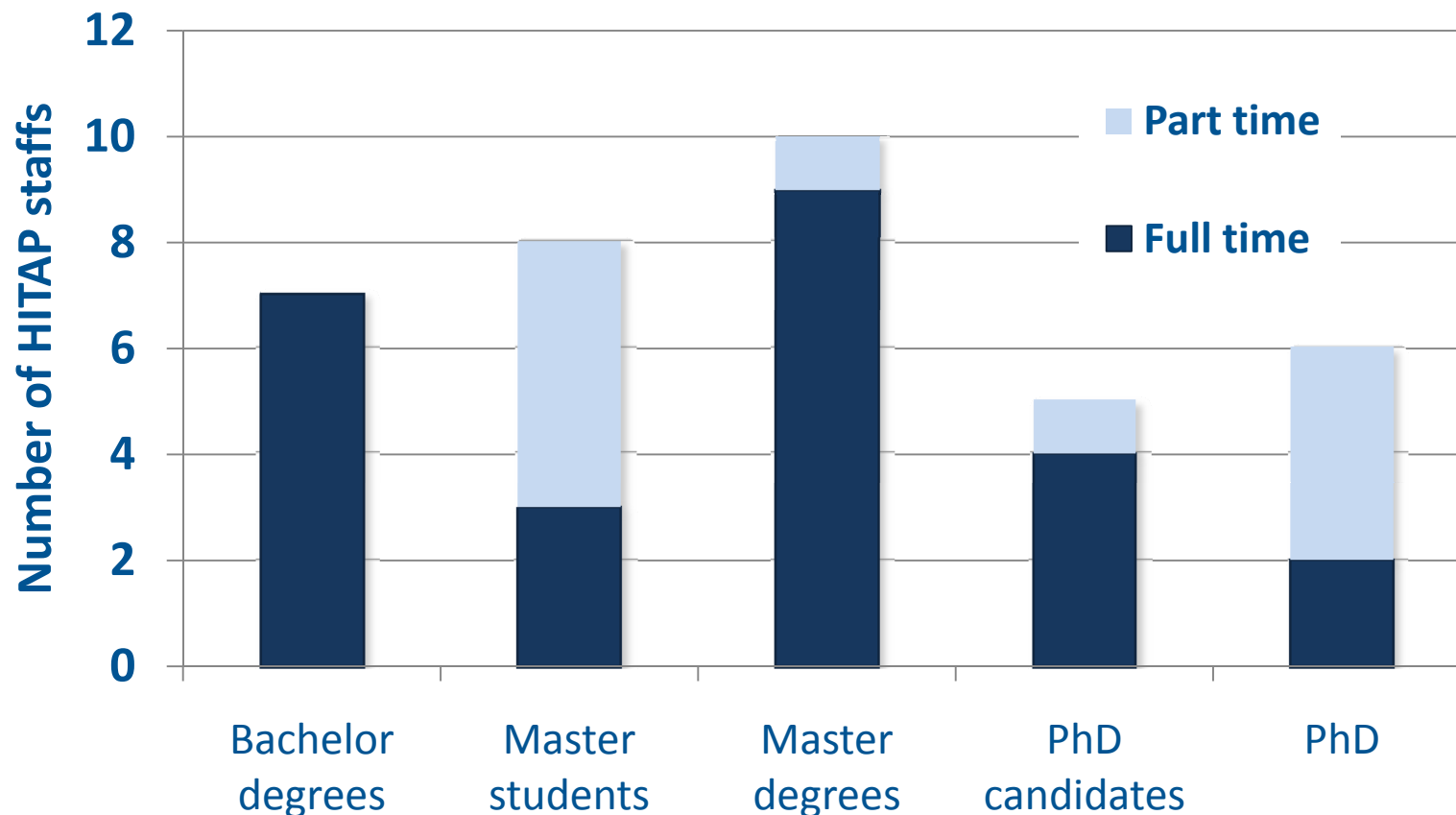
How to use economic evaluation in policy decision making in Thailand ?



Health Intervention and Technology Assessment Program (HITAP)

- A non-profit organisation established in Jan 2007
- An associate organisation with Bureau of Health Policy and Strategy, MoPH
- Appraising a wide range of health interventions and technologies
- Funding agencies; Thai Health Promotion Foundation, MoPH, Health Systems Research Institute, Health Insurance System Research Office and other international agencies e.g. GDN, WB, WHO

Current staffs of HITAP



Qualifications (July 2008)

- Multi-disciplinary team: medical doctors, pharmacists, nurses, public health specialists, economists, policy analysts, mass media specialists, statisticians, engineers, social scientists etc.

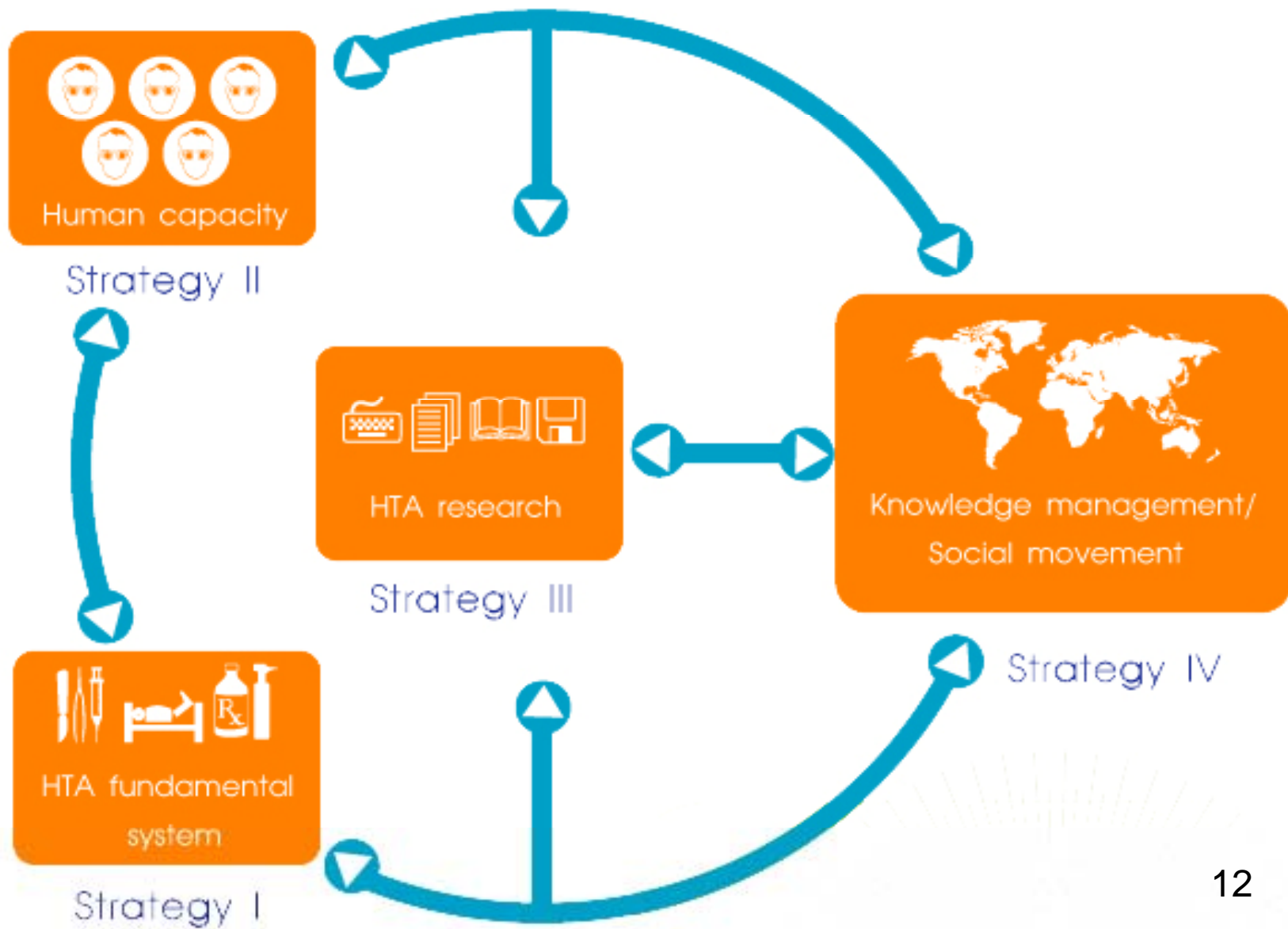
Our vision

“Appropriate health interventions and technologies for Thai society”

Mission

- To appraise efficiently and transparently health interventions and technologies using qualified research methodology
- To develop systems and mechanisms to promote the management of health technology as well as appropriate health policy determination
- To distribute research findings and educate the public in order to make the best use of the results

HITAP strategies



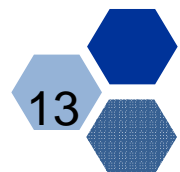
HITAP activities divided by strategies

Strategy I

- Development of the national health technology assessment guidelines
- Thai HTA database
- Societal Value for a ceiling threshold in Thailand

Strategy II

- Survey of research capacity and gap in HTA
- HTA fellowships
- HTA annual trainings for researchers and policy makers



HITAP activities divided by strategies

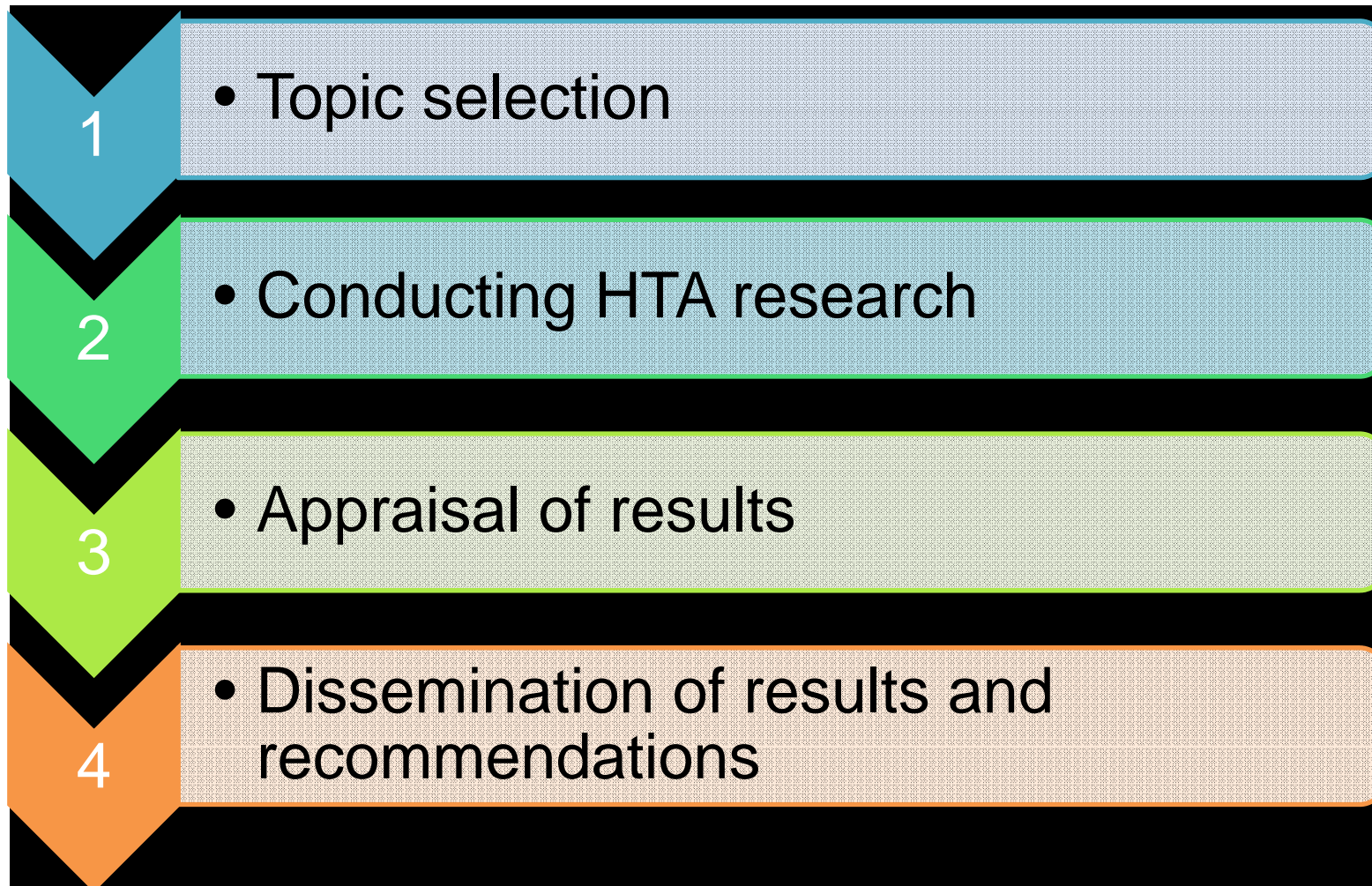
Strategy III

- Conducting 10-15 HTA studies per year

Strategy IV

- Development of effective mechanisms/systems for management of HTA in Thailand
- Public education

HTA management strategies at HITAP



The use of economic evaluation in the 2008 NLED development

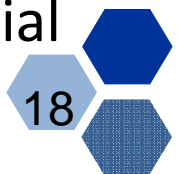
- Recombinant human erythropoietin (rHuEPO) treatment in chemotherapy-induced anemia
- HMG-CoA reductase inhibitors (Statins) for primary prevention of cardiovascular disease
- Treatment options for primary and secondary prevention of osteoporotic fractures
- Hepatitis B and C vaccine
- Alzheimer's drugs

HITAP's evaluation

- Two year evaluation
- External evaluators
 - Kalipso Chalkidou, NICE
 - John Cairns, LSHTM
 - Paibul Suriyawongpaisal, Ramathibodi Hospital
 - Jirawat Panpiemras, TDRI
- The results will be available soon on www.hitap.net

Key findings

1. HITAP had made a remarkable progress in terms of producing relatively high volume and high quality HTA knowledge relevant to the need of Thailand
2. HITAP is at the beginning of the learning curve of establishing well proven and clear model for HTA management esp. in dissemination adoption of the knowledge
3. HITAP had been effective in building up human capacity and HTA infrastructure; however, as the organization expanded and workload increased it should develop a strategy for continuous professional development with sufficient experienced staff
4. HITAP needs to secure long term and sustainable financial support



Limitations and challenges

- Excessive demand for HTA with limited supply
- Lack of formal rules or mechanisms for using HTA in resource allocation process
- Lack of knowledge and understanding related to HTA disciplines amongst decision makers, health professionals and the public
- How to maintain HITAP staff? (brain drain to the private sector)