DEVELOPMENT
OF THE BENEFITS PACKAGE
FOR THE UNIVERSAL COVERAGE SCHEME

NHSO
National Health Security Office

GET TO KNOW
HEALTH BENEFITS PACKAGE

WHAT IS A BENEFITS PACKAGE?

A health benefits package is a set of health services or products covered by a health insurance scheme, for example a public, government-financed one, which everyone under its care is entitled to. The health benefits package should include those services or products that can be implemented subject to the funding available.

WHY IS A BENEFITS PACKAGE IMPORTANT?

Having a benefits package in place means there is an explicit scope of health services and products provided to the beneficiaries. Such scope is useful in budget planning to provide the benefits.

WHAT DOES AN APPROPRIATE BENEFITS PACKAGE LOOK LIKE?

A benefits package should be designed based on the feasibility of service and product provisions as well as local context. The package should cover different types of essential health services and products. Specific details of the benefits may or not be specified.

THAI PUBLIC HEALTH INSURANCE SCHEME

Since the enactment of the Health Insurance Act in 2002, there are 3 main public health insurance schemes in Thailand covering different groups of people. Population coverage as of 2020 is 99.95% of all Thai citizen. Universal Coverage Schemes (UCS) contributes to the biggest proportion with 72% of Thais being under the scheme.

SINCE 2002

72%

Universal Coverage Scheme (UCS)

Manager

National Health Security Office (NHSO)

For those not covered by other public health insurance schemes

SINCE 1990

18%

Social Security Scheme (SSS)

Manager

Social Security Office, Ministry of Labor

For private sector employees and voluntarily insured person

SINCE 1963

8%

Civil Servant Medical Benefit Scheme (CSMBS)

Manager

Comptroller General's Department, Ministry of Finance

For government officers and government employees

2%

others

Covering 66.2 million Thai citizen

BENEFITS PACKAGES
FOR THOSE UNDER UCS

1) PHARMACEUTICAL BENEFITS PACKAGE

The development of this benefits package is managed by the Sub-committee for the Development of the National List of Essential Medicine (NLEM). All the three main public health insurance schemes refer to this list as their basic pharmaceutical benefits.

2) NON-PHARMACEUTICAL BENEFITS PACKAGE

It covers benefits such as procedures and medical equipment. The benefits package for different scheme varies according to feasibility and appropriateness. For UCS, its benefits package cover 'every disease' with exceptions for those in the negative list.

NEGATIVE LIST UNDER UCS

SERVICES EXCEEDING BASIC NECESSITY

1) Infertility services
2) Cosmetic surgery
3) Services that are still in research
4) Over diagnosis or treatment without medical indication

SERVICES COVERED BY OTHER SPECIFIC SOURCE OF BUDGET

1) Services for injuries from vehicle accidents under the Protection for Motor Vehicle Accident Victims
2) Treatment for drug addicts (except for opium and derivatives addicts who are willing to be treated with methadone)

OTHER SERVICES

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)

THE BEGINNING OF BENEFITS PACKAGE DEVELOPMENT IN THAILAND

The development of the benefits package aimed to tackle issues such as the lack of coverage of essential interventions, inadequate distribution of service provision, and providers refraining from service provision in remote areas due to the high cost incurred. These issues resulted in inaccessibility or inequitable access to essential services.

In addressing these issues, the NHSO determined that it was important to have an explicit health benefits package, so that decisions are evidence-informed, transparent and participatory.

The development of the benefits package in Thailand has seen changes in how it is done and even nowadays, it is still work in progress.

2003

APPOINTMENT OF A BODY TO OVERSEE BENEFITS PACKAGE DEVELOPMENT

The National Health Security Board appointed the Sub-committee for the Development of the Benefits Package and Service Delivery to consider essential and appropriate health services to be included in the benefits package under the UCS and to provide recommendations to the Board on developing service systems.

However, issues still arose from this practice. The decision was made through internal discussion among only one group of decision-makers. There are also concerns whether evidences were considered when decisions were made. Moreover, the issues of inaccessibility and inequitable distribution of services remained inspite of changes in the process of decision-making.

2009

THE INITIATION OF BENEFITS PACKAGE DEVELOPMENT PROCESS

To tackle the concern, the Universal Health Coverage Benefit Package of Thailand (UCBP) project was initiated. Under this project, studies were conducted to develop the benefits package and this process was managed by the International Health Policy Program (IHPP) and Health Intervention and Technology Assessment Program (HITAP), which are agencies under the Ministry of Public Health (MoPH). The project ran between 2009-2016.

2017

THE CHANGE IN THE MANAGER OF THE PROCESS

After the UCBP project ended in 2016, NHSO became the manager of the benefits package development process. There have been changes made to the process although the core principles remain the same.

CORE PRINCIPLES
OF THAI BENEFITS PACKAGE DEVELOPMENT

SYSTEMATIC

TRANSPARENT

EVIDENCE-INFORMED

PARTICIPATORY

The process for developing the benefits package has been designed to be systematic, transparent and participatory. It covers essential health interventions that are accessible to beneficiaries based on evidence that has been considered by various stakeholders.

STEPS IN
THAILAND'S BENEFITS PACKAGE DEVELOPMENT

THE CORE PRINCIPLES ARE REFLECTED IN THE FOLLOWING FOUR-STEP PROCESS:

Topic nomination

Topics are nominated by stakeholders to consider their needs and demand.

Topic selection

The nominated topics will be prioritized and ranked. Those with high priority will proceed to the next steps.

Assessment

Interventions in the selected topics will be assessed through studies.

Decision-making

Considering various criteria, decision-making entity decide whether to include the intervention in the benefits package.

Topics are nominated once a year. For urgent issues including emerging diseases, there is an expedited process called the 'green channel' to fast-track the decision-making process. It also acts as a channel to streamline the inclusion of new technologies that provide better outcomes at lower costs.

STEP 1

TOPIC NOMINATION

To make the process transparent and participatory, the process for developing the benefits package encourages stakeholders in Thailand to provide inputs on the topics/issues or health technologies that should be included in the benefits package. Topics are nominated on an annual basis. As of 2019, stakeholders are divided into 9 groups, each of which can nominate 5 topics per topic nomination cycle. There are two main channels for nominating topics, i.e. through the public hearing forum and the NHSO website.

STAKEHOLDER GROUPS

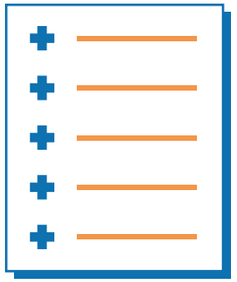
- Policymakers
- Public health academics
- Medical device manufacturers
- Health innovation
- Committee/sub-committee and other related working groups

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

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

NOMINATE TOPIC THROUGH
public hearing forum

5 TOPICS
PER GROUP PER CYCLE



- There must be at least 1 topic on health promotion and disease prevention and 1 topic on effective coverage or access to care of the existing benefits.
- This is because NHSO sees the importance of improving the effective provision of existing benefits, which will benefit all in the long term.

TOPICS ON EFFECTIVE COVERAGE

are topics related to health services which focus on a disease or health problem where patients/service users do not benefit from the existing benefits to their full potential.

TOPICS ON ACCESS TO CARE

are topics related to a single intervention, such as screening, in the existing package of benefits, with evidence on lack of patients/service users access or service provision.

STEP 2 TOPIC SELECTION

As of 2019, the maximum number of topics nominated in each cycle is 45 topics. Given the limited time, budget, and human resources, it is not possible to consider all 45 topics. Hence there is a need for prioritizating topics according to certain criteria.

EXCLUSION CRITERIA - A TOPIC WILL BE EXCLUDED IF:

1

It is **about medicines, vaccines, or supplements.** For medicines and vaccines, there are already other channels to manage these benefits, e.g. the Development of National List of Essential Medicine process for pharmaceutical benefits.

2

It has been **nominated without providing supporting evidence** that proves the efficacy and effectiveness of the intervention. Without the evidence, it is not possible to determine the benefits that will arise from the intervention.

3

It has been **previously considered and no additional information** has been provided for reconsidering the previous decision.

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**
   Higher number leads to higher score
2. **SEVERITY OF THE DISEASE OR HEALTH PROBLEM**
   Higher severity leads to higher score
3. **EFFECTIVENESS OF THE HEALTH TECHNOLOGY**
   Better treatment or rehabilitation outcome leads to higher score
4. **VARIATION IN PRACTICE**
   Higher variation across three main public insurance schemes leads to higher score
5. **IMPACT ON HOUSEHOLD EXPENDITURE**
   Higher impact on household expenditure leads to higher score
6. **EQUITY, SOCIAL AND ETHICAL CONSIDERATION**
   Higher impact on patient's income and smaller number of patients lead to higher score

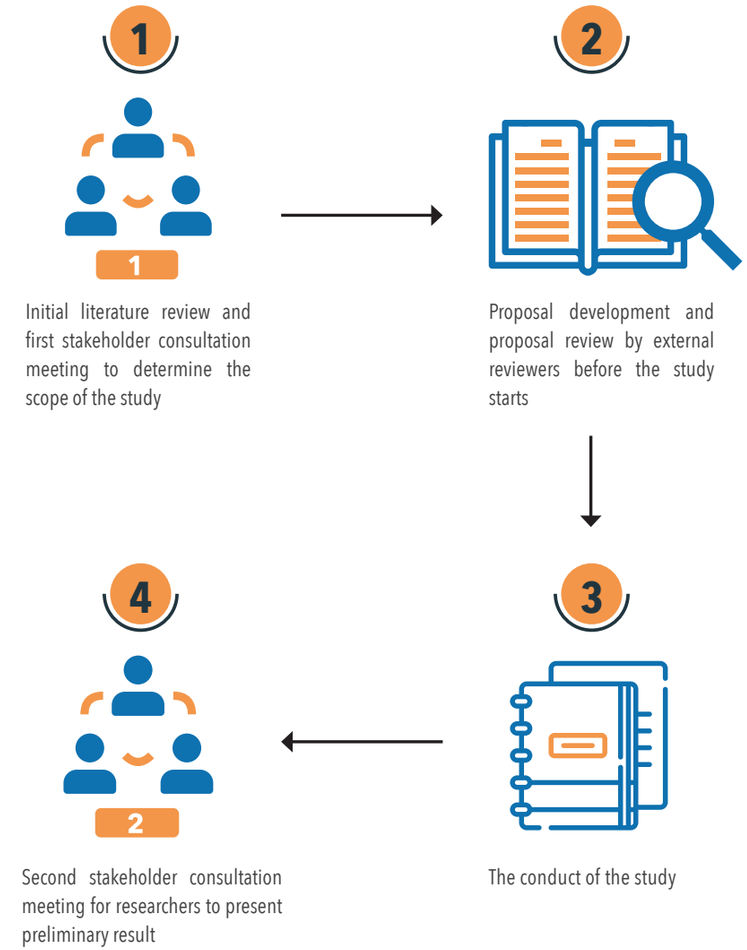
THE WORKING GROUP FOR SELECTING TOPICS WILL REVIEW THE SCORING RESULT AND CONSIDER ADDITIONAL INFORMATION TO SELECT 10-12 TOPICS TO PROCEED FURTHER TO NEXT STEP. TOPICS WITH A HIGHER SCORE WILL BE GIVEN A HIGHER PRIORITY.

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



1. Initial literature review and first stakeholder consultation meeting to determine the scope of the study
2. Proposal development and proposal review by external reviewers before the study starts
3. The conduct of the study
4. Second stakeholder consultation meeting for researchers to present preliminary result
5. External review of study report
6. Finalisation of report and policy recommendations
7. Presentation of results to the Working Group for Health Economics

STEP 4 DECISION-MAKING

Researchers present the study results to the Sub-committee for the Development of Benefits Package and Service System to consider whether the health technology or intervention should be included in the benefits package. The Sub-committee will submit recommendations to other committees under NHSO. There are two main decision steps: initial decision and final decision.

INITIAL DECISION

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

1) **Cost-effectiveness:** If the incremental cost per an additional quality-adjusted life year (QALY) is less than 160,000 THB (approximately 5,000 USD), it is considered cost-effective.
2) **Availability of clinical practice guidelines:** There should be documented recommendations issued by the Royal Colleges of physicians or medical associations on how to provide care to patients with the condition or disease including treatment, health promotion activities, screening, and diagnostics.
3) **System readiness:** The system should be ready in terms of human resources, equipment to provide services, and service units and networks or referral system.
4) **Budget impact on UCS:** Changes in budgets required to provide the benefits, which can be both higher or lower if the intervention is cost-saving, need to be considered.
5) **Ethical and social issues:** Equity, feasibility, access to essential technologies and services, e.g. the impact of presence and absence of the technology, are also important factors to be considered.

FINAL DECISION

The National Health Security Board will make final decision and announce types and scope of health services included (either the inclusion of new benefits and/or the expansion of existing benefits) or the improvement in service management to increase accessibility for services under UCS.

ADDRESSING RARE DISEASES

Technologies or services for rare diseases are likely to be advanced and expensive given the small volume of purchase, leading to it being less likely to be cost-effective. Additional criteria are then applied for interventions for rare diseases such that if the intervention is not cost-effective, decision-makers will consider rule of rescue. An intervention will be considered under this criteria if there are no other alternative treatments, neither pharmaceutical or non-pharmaceutical, and it is life-saving.

CASE STUDY:

THE REFRACTIVE ERROR SCREENING AND GLASSES PROVISION FOR SCHOOL CHILDREN

In 2010, a topic 'treatment of refractive error using LASIK' was nominated to be listed as a benefit. In 2016, refractive error screening and correction service using glasses in school children was included in the benefits package. The topic evolved during the HTA process, and clearly illustrates the process in action, with stakeholder participations and inputs.

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'.

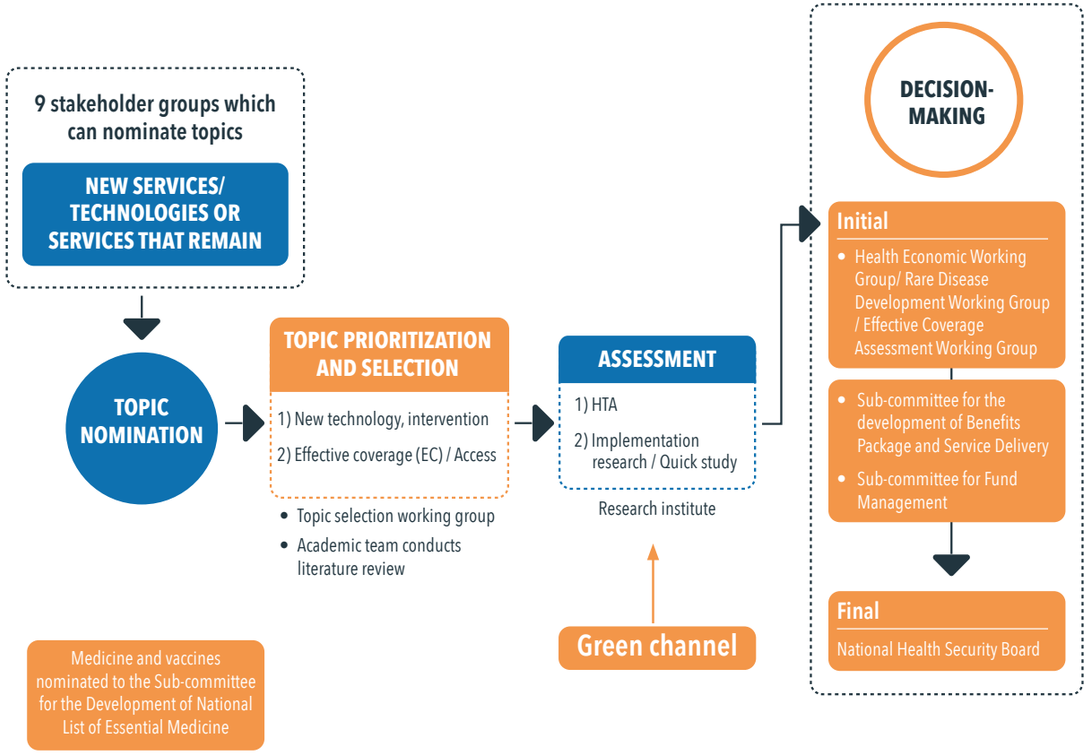
Assessment

From stakeholder consultations, it was decided that the study would not only consider eyesight correction with glasses but also refractive error screening. The population that the HTA focused on was children given the correction can prevent permanent visual impairment if done early. Hence the study 'Assessing the Accuracy and Feasibility of a Refractive Error Screening Program Conducted by School Teachers in Pre-Primary and Primary Schools in Thailand' 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.

SUMMARY
OF THE WHOLE PROCESS



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.

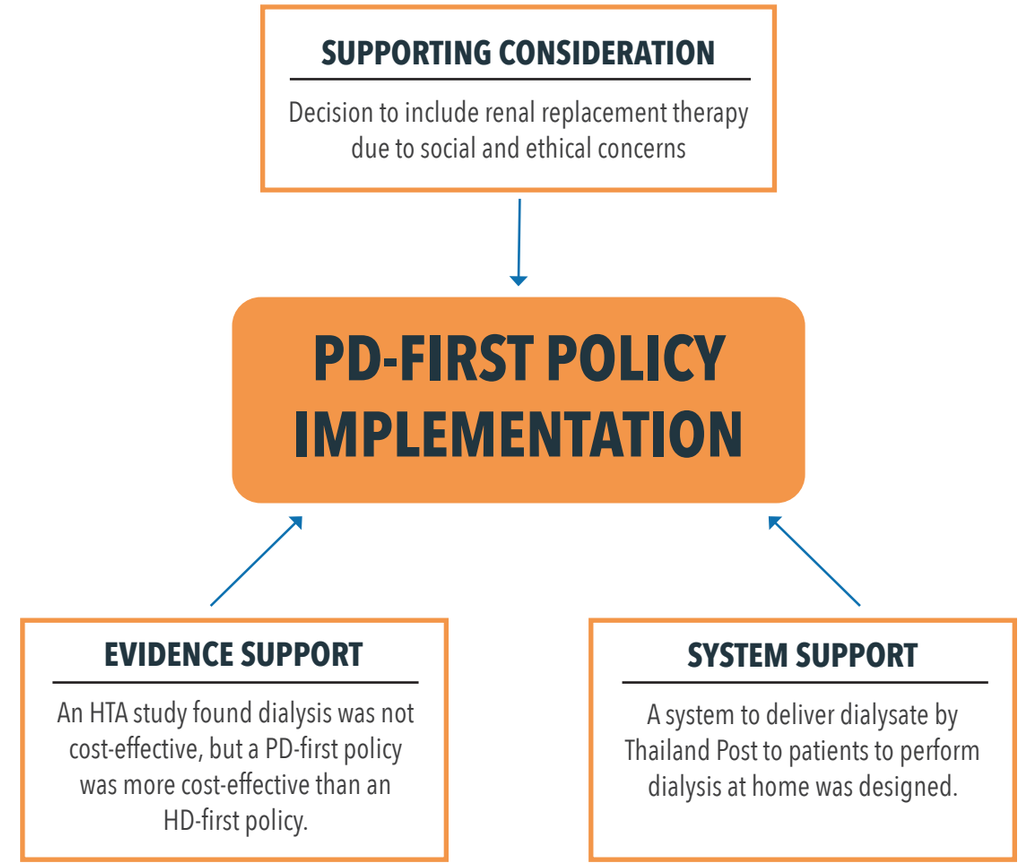
IT IS MORE THAN COST AND EFFICIENCY THAT MATTERS:

THE CASE OF RENAL REPLACEMENT THERAPY

Although decision criteria include two criteria that are about budget and cost (cost-effectiveness and budget impact), high-cost technologies or interventions, which are less likely to be cost-effective, are not left unconsidered. These interventions incur large financial impact on household and may push people under the poverty line and it is important that the benefits package tackle these issues.

Therefore, economic considerations or HTA results are not deal breakers when deciding on whether to include an intervention or not. For high-cost interventions, social and ethical considerations play a big part.

Consider the case of renal replacement therapy, which was included before the process for the development of benefits package was established. However, the decision was HTA-informed, taking evidence on cost-effectiveness, budget impact and ethical issues into account. This case study also highlights the need to consider beyond benefit inclusions but also how to efficiently implement the benefits.



PD: peritoneal dialysis
HD: hemodialysis

THE RELATIONSHIP OF PHARMACEUTICAL AND NON-PHARMACEUTICAL BENEFITS PACKAGE

The pharmaceutical benefits package, the NLEM, is developed through a separate process managed by other entities. However, a process similar to the main steps as the development of the non-pharmaceutical benefits package under UCS is employed.

The two processes occur concurrently. There is also communication between the entities managing the development of the two benefits packages so that the benefits provided are comprehensive and not duplicated, either pharmaceutical or non-pharmaceutical.

By health professional in expert working groups

Cost-effectiveness analysis and budget impact analysis only

By the Subcommittee for NLEM development, new medicine will replace medicines in NLEM that are for the same purpose and indication

Steps in NLEM development

THE CASE OF HEPATITIS C SCREENING AND TREATMENT

An example of the complementary of the two packages is seen in the case of hepatitis C virus treatment. Medicines included in NLEM for the indication have been switched over time: from pegylated-interferon plus ribavirin to direct acting antiviral agents-based regimen. However, the provision of care to hepatitis C patients cannot be done effectively without screening. Screening was added to the benefits package under UCS in 2018.

PRINCIPLES
IN BUDGETING FOR BENEFITS PACKAGE IN THAILAND

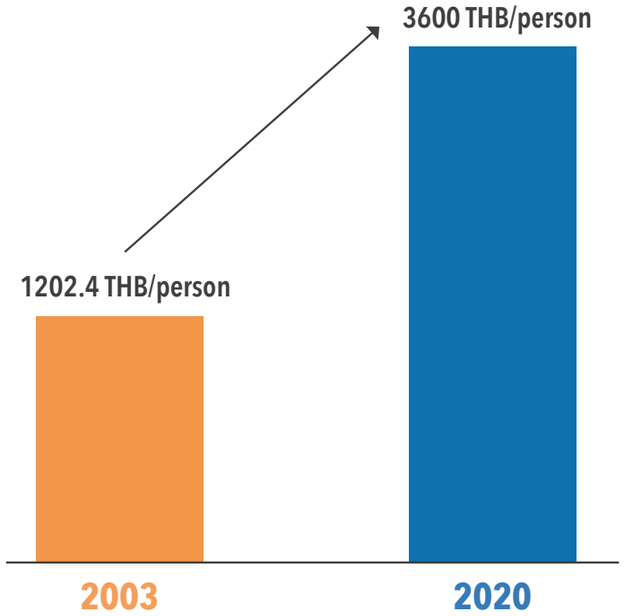
The main source of funding for the benefits package is through 'National Health Security Fund'. Each year, NHSO will be allocated a budget calculated based on the number of people under NHSO and the capitation rate.

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

NHSO

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