

In the name of God

Role of HTA in prioritization of Health insurance Benefit Package

DR ALIREZA OLYAEEMANESH

- ASSOCIATE PROFESSOR, NATIONAL INSTITUTE FOR HEALTH RESEARCH, TUMS
- SECRETARY OF HIGH COUNCIL FOR HEALTH INSURANCE

M8 Meeting

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Outline

Health Insurance Benefits Package (HIBP) in Iran

Challenges of Iran's HIBP

Using Health Technology Assessment to revise HIBP

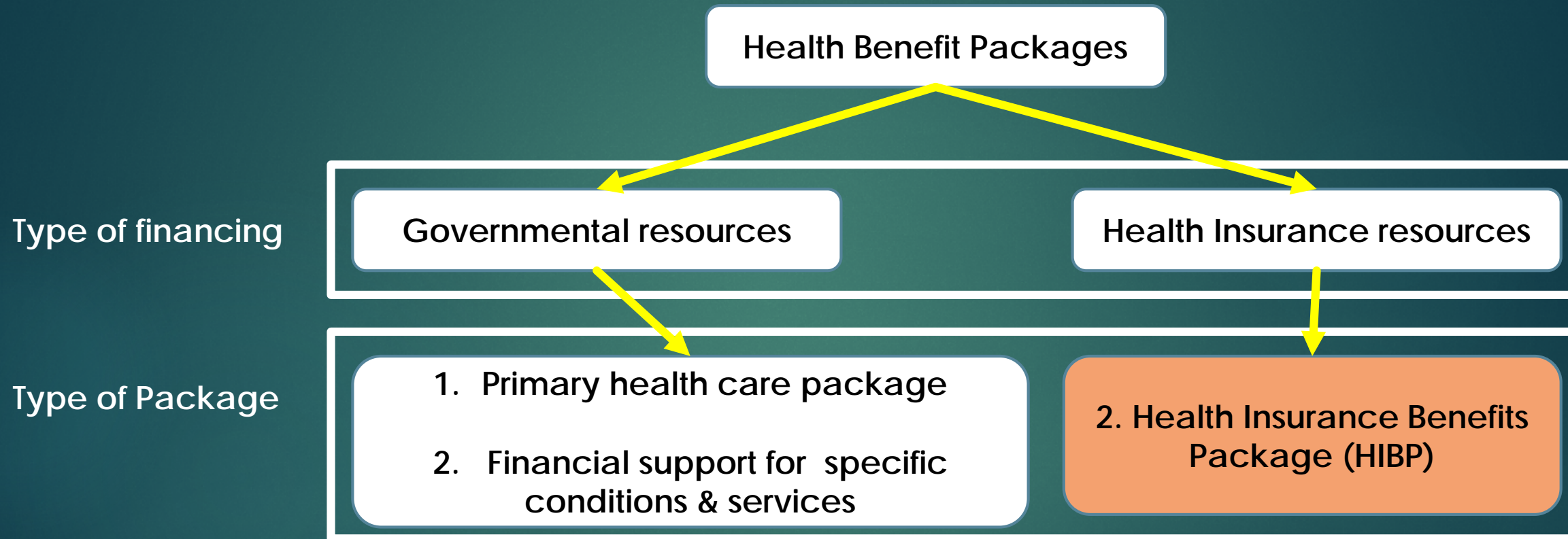
International Experience in priority setting

Proposed model to revise HIBP



Health Insurance Benefits Package (HIBP) in Iran

Health Insurance Benefits Package (HIBP) in Iran



1. Government Resources

Primary Health Care Packages

- Health prevention & promotion packages e.g. vaccination, screening, child and maternal care, environmental hygiene etc.
- More than 430 medicines
- More than 50 laboratory tests

1. Government Resources

Financial support for specific conditions & services

Plan/package	explanation
Co-payment reduction for inpatient care in public settings	Decrease from 37% to 10%
Special diseases package	healthcare services & medicines for patients with M.S, Cancer, Hemophilia, Thalassemia, Renal Failure patients (dialysis), and some Metabolic disorders
Organ transplantation	14 clinical procedures are free of charge
High-cost medicines package (Tafahom Name)	Reducing coinsurance of patients for 298 medicines
Patients with substance abuse	Some medicines
NVD promotion	Free of charge normal delivery
Infertility package	Decreasing 85% tariffs of main clinical procedures in treating infertility
Road Accident package	Persons who were injured in road accidents
Targeted package for HIV patients	

2. Health Insurance Benefits Package (HIBP) in Iran

HIBP

87% of registered clinical procedures and medical care

Clinical procedures and medical care=3685

Medicines=2210

Laboratory diagnostic tests=796

Medical devices=404

Imaging diagnostic tests=709

Dentistry services=20

Health Insurance Benefits Package (HIBP) in Iran

HIBP

Clinical procedure and medical care=3685

Medicine=2210

Laboratory diagnostic tests=796

Medical devices=404

Imaging diagnostic tests=709

Dentistry services=20

More than 70% of registered medicine in IDL

Health Insurance Benefits Package (HIBP) in Iran

HIBP

Clinical procedure and medical care=3685

Medicine=2210

Laboratory diagnostic tests=796

Medical devices=404

Imaging diagnostic tests=709

Dentistry services=20

74% of laboratory diagnostic tests



Health Insurance Benefits Package (HIBP) in Iran

HIBP

Clinical procedure and medical care=3685

Medicine=2210

Laboratory diagnostic tests=796

Medical devices=404

Imaging diagnostic tests=709

Dentistry services=20

95% of imaging diagnostic tests



Health Insurance Benefits Package (HIBP) in Iran

Process of coverage

Final confirmation for coverage

High Council for Health Insurance (9 members)

HTA & Budget impact

Medicines coverage committee

Clinical procedures & services coverage committee

Medical device coverage committee

Secretariat of High Council for Health Insurance

Request for coverage

Food & Drugs Organisation

Pharmaceutical Firms

Insurance Organizations

Medical Unions & Physicians

NGOs



challenges of Iran's HIBP

challenges of Iran's HIBP

- Unsystematic process for coverage decisions
- Unclear criteria
- Weak infrastructure to control health care costs
- Insufficient financial coverage for high cost medicines

challenges of Iran's HIBP

Current HIBP suffers from considerable inefficiency.

Financial resources are unsustain & limited.

Revising HIBP is necessary.

Health Technology Assessment in Iran

Health Technology Assessment in Iran

Different sectors are involved in Iran's HTA program:

- ▶ Iran Food and Drug Organisation
- ▶ High Council for Health Insurance
- ▶ Deputy of Curative Affairs
- ▶ National Institute for Health Research (NIHR)

More than 120 HTA reports until 2018 only by NIHR

Health Technology Assessment in Iran

Two levels of using HTA results for:

- ▶ Import of technologies
- ▶ Coverage decisions

Main challenge of Iran's HTA program:

It is not fully supported by the law & regulations



**International
experience in
priority setting**

International Experience in priority setting

transparency

Non-transparent

Transparent

Mode of prioritization

Non-systematic

Systematic

<p>Using ad-hoc reasoning which depends on the situation</p> <p>Not open to public debate.</p>	<p>Public awareness in non-systematic way.</p> <p>Controlled by some managers and medical professionals.</p>
<p>Priority setting is carried out according to systematic well-defined process with clear criteria.</p> <p>It does not include elements of public participation in decision-making.</p>	<p>Systematic process & public awareness with clear criteria.</p> <p>Explicit trade-off between maximum health gain and equity across the population.</p>

International Experience in priority setting

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Mode of prioritization

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<p>Priority setting is carried out according to systematic well-defined process with clear criteria.</p> <p>It does not include elements of public participation in decision-making.</p>	<p>Public awareness in systematic process.</p> <p>Explicitly designed to maximize health across the population.</p>

**Systematic & explicit
priority setting
approach**

International Experience in priority setting

Health Technology Assessment

Cost-Effectiveness Analysis (CEA) and League Table

Cost-Effectiveness Analysis and Burden of Disease (CEA/BOD)

Program Budgeting and Marginal Analysis (PBMA)

Accountability for Reasonableness (A4R)

Multi Criteria Decision Analysis Method (MCDA)

Combination methods (such as Evidence-informed deliberative process)



Proposed model
to revise HIBP

Proposed model to
revise HIBP

Two approaches:

Service-based approach

Disease-based approach

Proposed model to revise HIBP

Steps in service-based approach

First round: Reducing the list by category of services

Second round: Reducing the list by scanning scientific evidence

Priority setting of HTA subjects by different methods

Economic evaluation of single service (technology)

Proposed model to revise HIBP

Steps in disease-based approach

Diseases/ health conditions prioritization
using different approaches

Setting healthcare services sequence

Defining care pathways or current
mode of practice

Economic evaluation of care pathways
or Mode of Practice

Proposed model to revise HIBP


Using prioritization methods in coverage policies

- ▶ Local evidence (HTA, budget impact, costs,)
- ▶ Stakeholders involvement
- ▶ Expert panels
- ▶ Specific method in a clear process (EIDP)

conclusion

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- Revising current HIBP is necessary.
- HTA program of Iran is part of this process.
- Different approaches for prioritizing health care services. (disease based or service approaches)
- We need to adopt a systematic & explicit process to revise HIBP
- Combination methods are recommended.



A Technical workshop will be conducted , in May 2019 by attending some **key international experts** on priority setting of healthcare services in Tehran (NIHR) to finalize methods of revising HIBP.

Thank you for attention