

Value based healthcare investment in Asia: Healthcare access improvement

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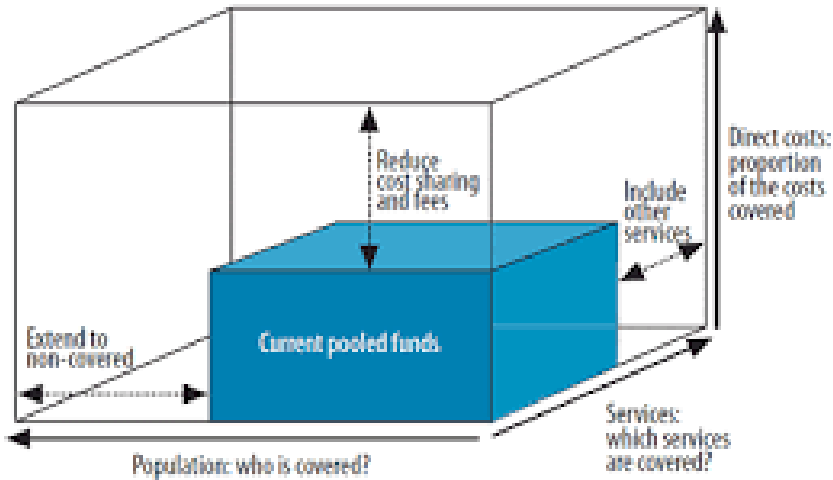
Asian Development Bank

UNIVERSAL HEALTH COVERAGE/ UNIVERSAL HEALTH CARE (UHC) in Asia and the Pacific

Moving toward UHC

Viet Nam

NATIONAL INITIATIVES, KEY CHALLENGES, AND THE ROLE OF COLLABORATIVE ACTIVITIES



Three dimensions to consider when moving towards universal coverage



Thai Universal Health Coverage

67 million Thai populations		
UC Scheme	Civil Servant Scheme	Social Health Insurance
Act 2002	Royal Decree 1980	Act 1990
48 M. pop (reside in rural areas; Q1-2; children, elderly, informal wk)	8 M. pop (urban; Q4-5; children, elderly, public sector wk)	10 M. pop (city; Q4-5; only adult workers in private sector)
Tax funded National Health Security Office	Tax funded Comptroller General Dept, MOF	Tripartite cont Social Security Office, MDL
Public (75%) & private (25%) health facilities		



Joint Ministers of Finance and Health Symposium on Universal Health Coverage in Asia and the Pacific: COVID-19 and Beyond

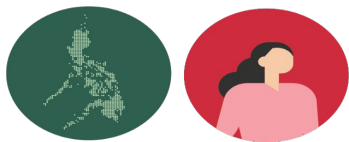


Philippines' Republic Act No. 11223 (enacted February 2019)



To ensure **equitable access** to quality and affordable health care and **protection against financial risk**

Population Coverage



Automatic inclusion of **every Filipino** citizen into the National Health Insurance Program as a member of the Philippine Health Insurance Corporation (PhilHealth)

Service Coverage



Immediate eligibility and access to population-based and individual-based health services

What are common in the UHC efforts of developing countries of Asia and the Pacific?

- Establishment /strengthening of **government purchasers**
- **Universal Health Insurance population coverage**
- Changes in **provider payment methods**
 - Adoption of health technology assessments or other tools to determine value for money
- Expansion of **primary care providers**, and increased coordination of different levels of health care services
- Interventions responsive to addressing **chronic conditions**
- Increased use of **digital health and mHealth tools** and the promotion of inter-operable health information systems

Strategic Health Purchasing and Value-Based Health Care

Strategic Purchasing

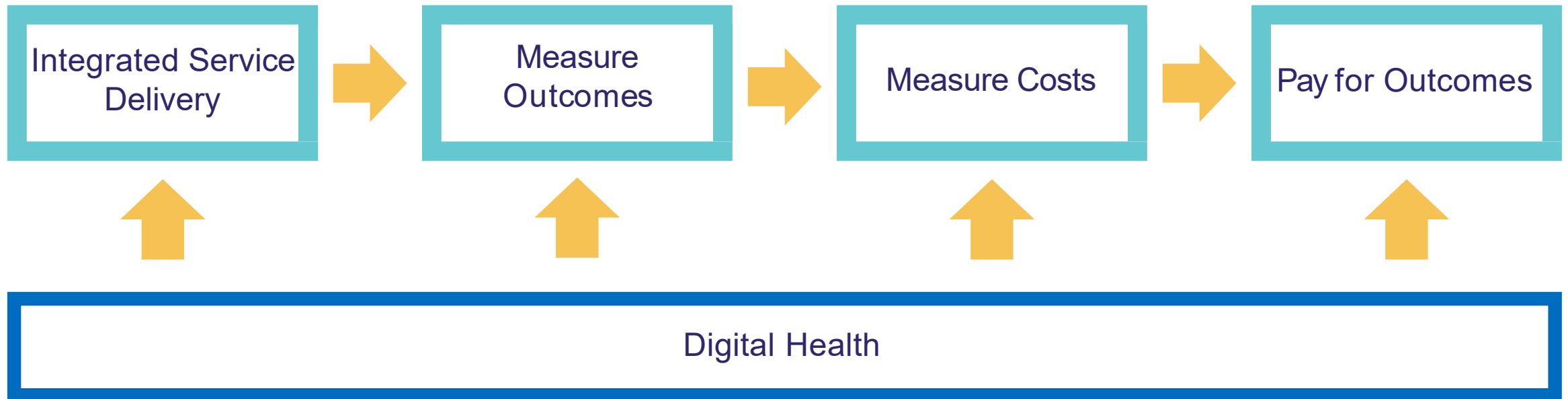
- When an institution is buying health services, medicines, and other health goods on behalf of a population, they are doing the purchasing. This includes a national health insurance program or a private insurance company. It can also include a ministry of health — or other purchasers.
- When you're purchasing a lot of services and medicines, you have purchasing power and you can make decisions about which services and medicines you're buying and from which providers you're buying.
- When you use this purchasing power to incentivize or motivate health care providers to be more efficient and to deliver high-quality care, while also directing the population through the health system to use services in the most cost-effective way – that is strategic purchasing (Cheryl Casim)

Value-based Health Care

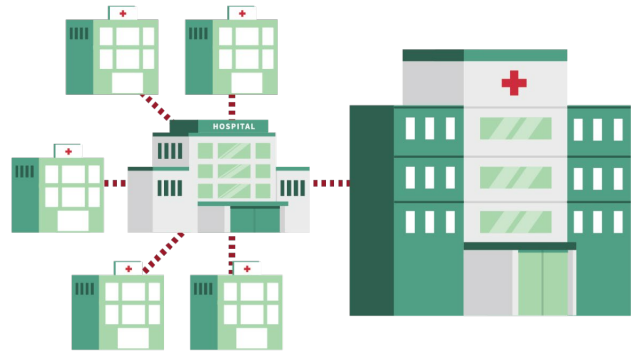
- equitable, sustainable and transparent use of the available resources to achieve better outcomes and experiences for every person (UK- National Health Service)
- healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, **providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way** (NEJM)
- a strategy to promote quality and value of healthcare services **by shifting from volume-based payments to payments tied to outcomes** (Michael Porter 2009)

Strategic Purchasing and Value Based Health Care

Enhanced service delivery designs, provider payment methods, and widespread use of digital health tools to measure outcomes and costs



Financing Primary Care and Integrated Service Delivery



Population-based Health Services

DOH to contract province-wide and city-wide health systems with the ***following minimum components:***



Primary care provider network



Epidemiologic surveillance systems



Health promotion programs and campaigns

Financing Health Promotion



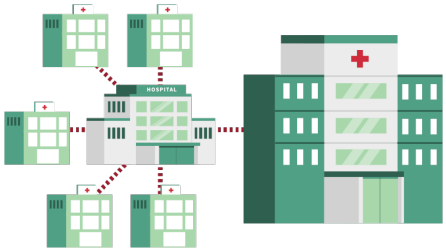
**Setting up of the
Health Promotion
Bureau**

- ✓ formulation of strategy for health literacy
- ✓ policy coordination across government instrumentalities
- ✓ health promotion programs and activities across social determinants of health
- ✓ technical support to local research and development



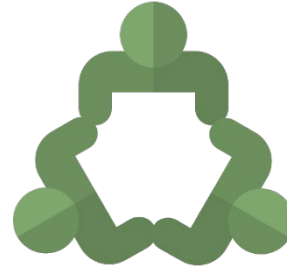
**At least one percent (1%) of
total DOH budget** earmarked
for health promotion programs

Financing Integrated Service Delivery



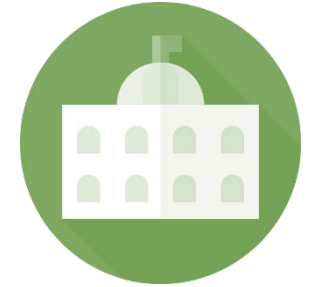
Integration of local health systems:

- ✓ **Province-wide**
- ✓ **City-wide**



Provincial/City Health Board

- ✓ oversee integration of health services
- ✓ manage special health fund
- ✓ exercise administrative and technical supervision over their health facilities and HRH



Municipalities and cities are entitled to have a representative in the Provincial/City Health Board

Financing Integrated Service Delivery



Enabling **income retention** for all public providers through a **Special Health Fund**

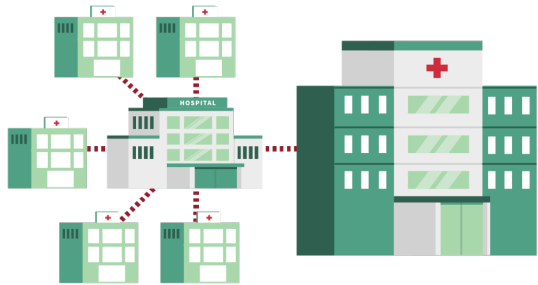


Income derived from PhilHealth payments to accrue to the Special Health Fund and credited as Annual Regular Income (ARI) of the LGU



Incentives through financial and non-financial matching grants in accordance to local investment plans to improve competitiveness of the Public Health Service Delivery System

Provider Payment Reforms



Individual-based Health Services

PhilHealth to contract *public, private or mixed health care provider networks* that would agree on:



Service quality



**Co-payment/
co-insurance**



Data submission



Incentives for health care providers that form networks from DOH and PhilHealth

Provider Payment Reforms



A shift to **performance-driven, closed-end, prospective payments** based on DRGs, validated costing methods, and no differentiation between facility and professional fees



Development of **differential payment** considering service quality



Institution of **strong surveillance and audit mechanisms**

Provider Payment Methods

Fixed Payments	<ul style="list-style-type: none">• Salary• Line-item budget
Activity-Based Payments	<ul style="list-style-type: none">• Fee for service• Case payments• Diagnosis Related Groups• Bundled episode
Population-Based Payments	<ul style="list-style-type: none">• Capitation Payment• Global budget
Incremental Payments	<ul style="list-style-type: none">• Shared savings• Shared risk• Pay for Performance (P4P)

Inter-operable Health Information Systems/ Expanded use of Digital Health



Health Information System

- ✓ Developed and maintained by DOH and PhilHealth
- ✓ All health service providers and insurers mandated to link up
- ✓ Contains enterprise resource planning, human resource information, health records, and prescription log

Moving toward Inter-operable Health Information Systems



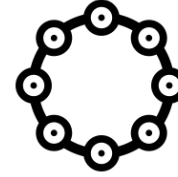
Governance and Regulations

- Governance Structure
- Updated Policies
- Buy-in of Health Professionals
- Health Worker Capacity Development
- Partnerships with Private Sector
- Digital Health Strategy



Common Infrastructure

- Internet and Mobile Communications
- **IT Common Platform**
- **Common Services and Applications**
- Integrated Health Information Exchanges



Standards and Interoperability

- Architecture
- Standards
- Interoperability
- Compliance
- Testing and Certification

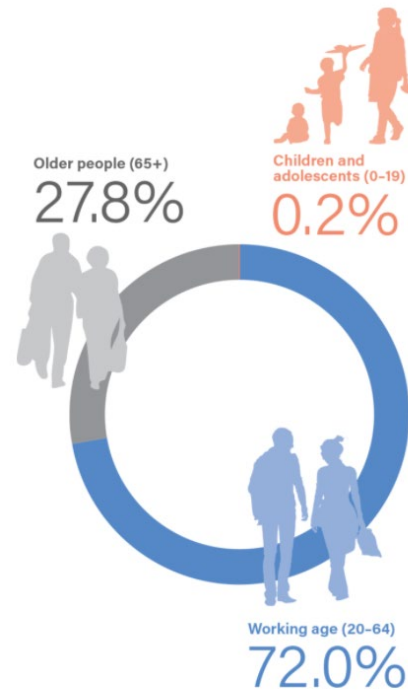
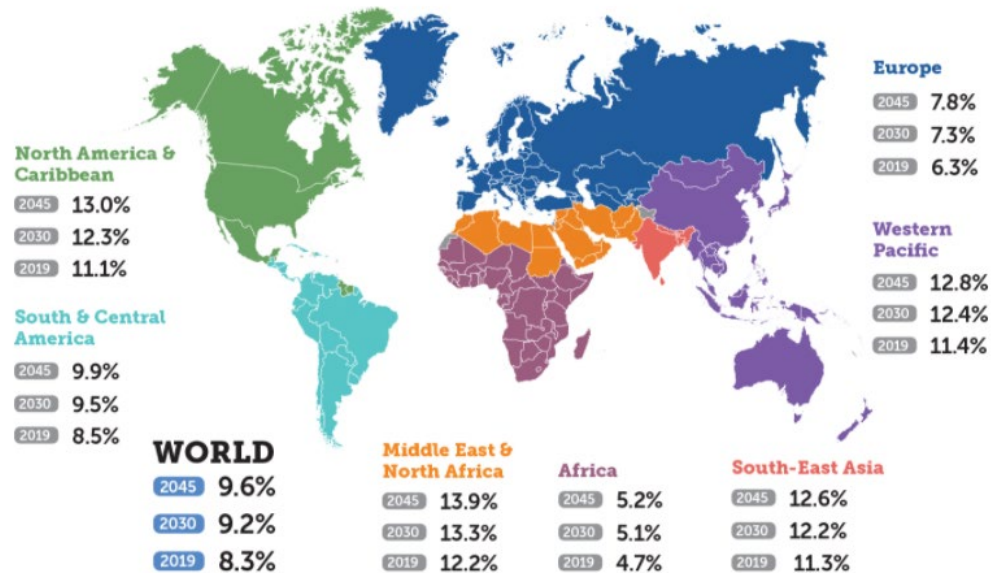


Investments and Financing

- ✓ **Business Model**
- ✓ **Sustainability of System**
- ✓ **Resolving who pays for the system**

Responding to increasing prevalence of chronic conditions (for example - diabetes)

Map Prevalence of diabetes in adults (20–79 years) in IDF Regions, by age-adjusted comparative diabetes prevalence



In 2019

- three in four people living with diabetes (352 million people) are of working age (i.e. between 20 and 64 years old). Estimated at:
 - 417 million on by 2030
 - 486 million by 2045.
- estimated number of people over 65 years of age with diabetes is 111 million. Estimated at
 - 195 million by 2030
 - 276 million by 2045
- estimated 1.1 million children and adolescents (aged under 20) have type 1 diabetes.

Responding
to health
needs of
aging Asia

RAPID AGING



200 MILLION:

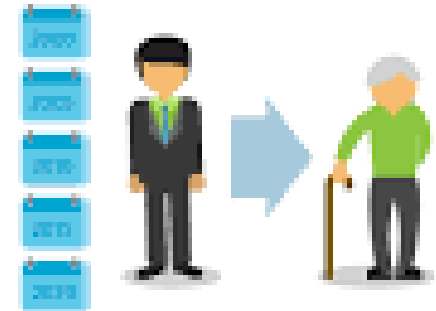
Number of senior citizens
in the PRC by 2015

The country now has
more senior citizens
than all European Union
countries combined.



15%:
Percentage of persons
aged 65 and older
in Malaysia by 2050

This is triple
the 2010 percentage
of 4.8%.



20 YEARS:
Time needed for Viet Nam
to make the transition
from aging to aged

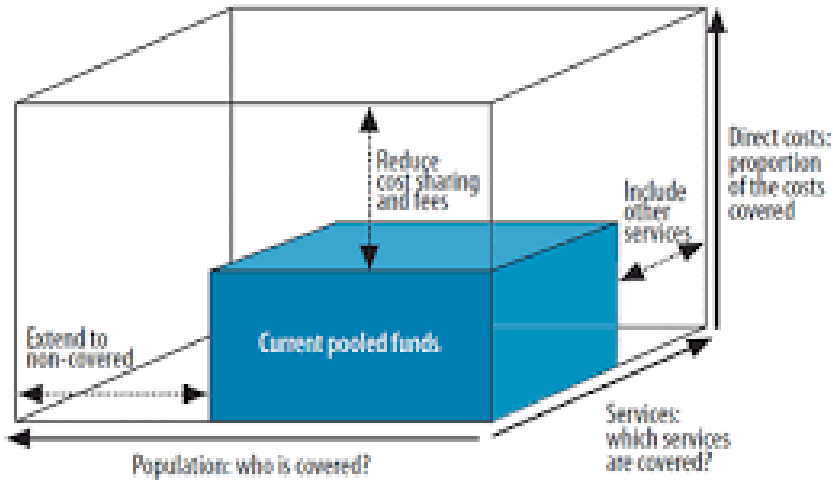
Japan: **26 YEARS**
Thailand: **22 YEARS**

Value based Health Care is ALL ABOUT UHC in Asia and the Pacific

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AYUSHMAN BHARAT
Keep with your Health, Save your Wealth

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