

Thailand Universal Health Coverage with Current Situation on Pharmaceutical Fee Schedule and High- Cost Care

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Outline of Presentation

3 Major Health
Benefit Schemes in
Thailand

Pharmaceutical Fixed
Fee Schedule

Impact of the
reimbursement
scheme

National List of
Essential Medicines

Management of high-
cost medicine

Health Benefit Schemes in Thailand

	CSMBS	SSS	UHC
Eligibility	Civil servant and family	Employee Self-employed	Not in CSMBS, SSS, other local programs
Number of eligibles	5.1 mil	12.2 mil	47.8 mil
Source of Finance	Tax	Tripartite contributions	Tax
Health Benefits	OPD, IPD, PP, annual check-up not family	OPD, IPD, PP, annual check-up	OPD, IPD, PP
Provider payment	FFS for OPD DRG for IPD	Capitation for OPD DRG for IPD	Capitation for OPD DRG for IPD
Pharmacy Benefits	NLEM +++ Prior authorization	NLEM+	NLEM + Vertical program (disease fund)



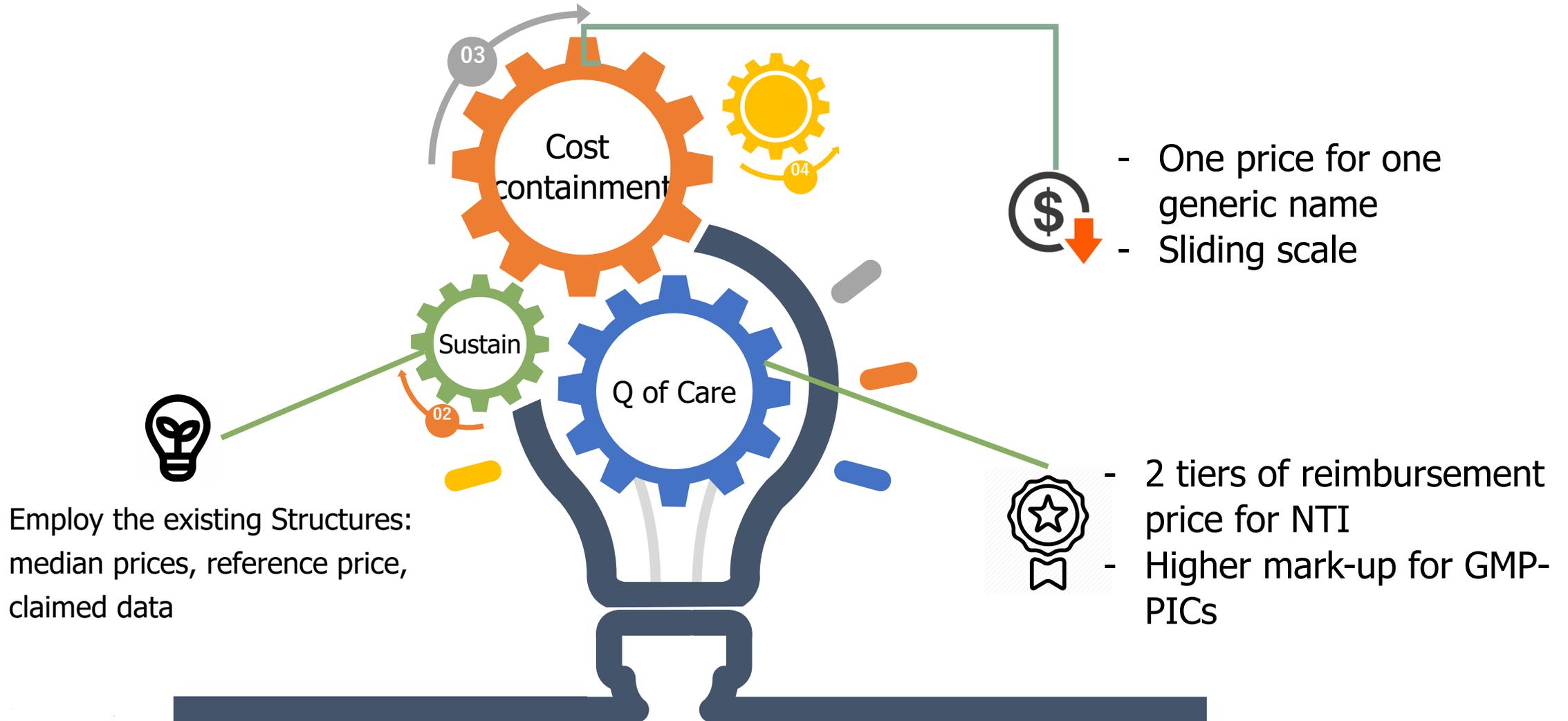
Challenges and Limitations of Capitation Payment System

- Quality of care
- Undertreatment
- No standard charge for referral cases
- Poor patient access for emergency cases and disabilities

Different payment schemes for OP Cases under UHC



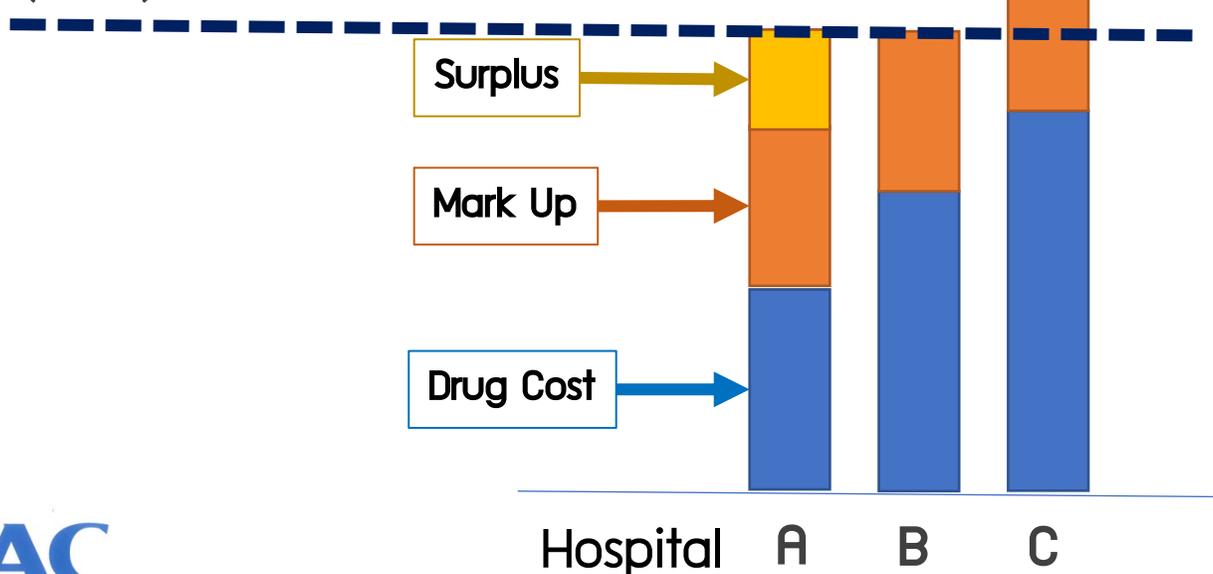
The Concept of Fixed-Fee-Schedule for Reimbursement



THE MAIN FORMULA for Drug Fixed-Fee-Schedule

$$\text{Reimbursement Price} = \text{Standard Cost} + \% \text{Mark Up}$$

(RP) Reimbursement Price



- **Standard Cost** is based on claimed data and covers 80% of claimed volume
- **Mark Up** uses sliding scale with low cost getting high mark up

Approach of Implementing Reimbursed Price

Only Bangkok region

Requested by payers with the agreement of receivers

Selective drug group

- Pilot project for certain groups of medicines with high proportion of impact
- Consultation and communication regularly with providers
- The prices were updated every year and every items
- Monitor annually the impact on the payers' budget
- Increase medicine group gradually every year

Impact of Fixed-Fee-Schedule as Reimbursed Price Bangkok Region

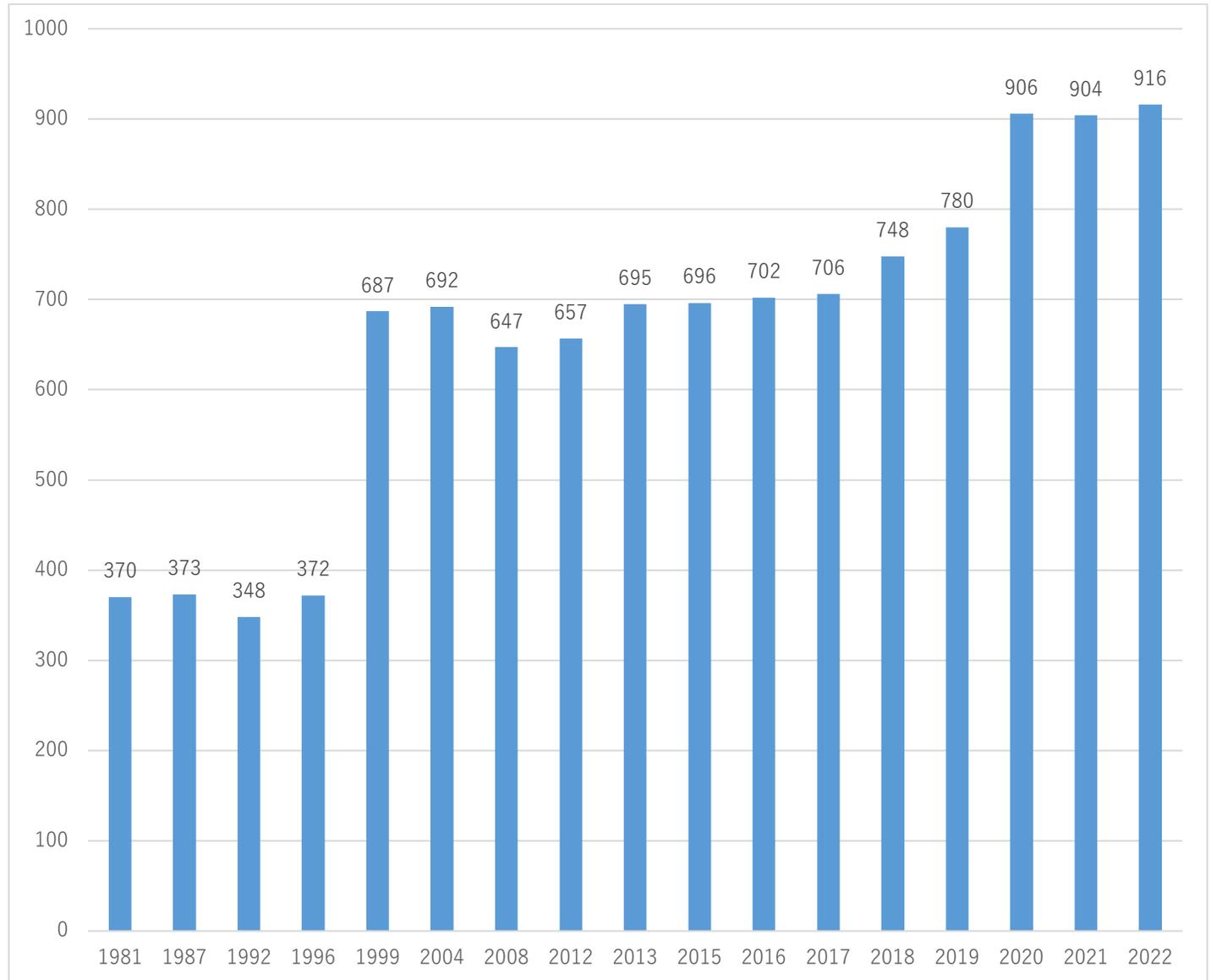
Total payment is 11% less than original charged

Spending per patient is 25% less than hospital charge

Switching from brand to generic products has been observed

Number of NLEM items from Essential List to Optimum List

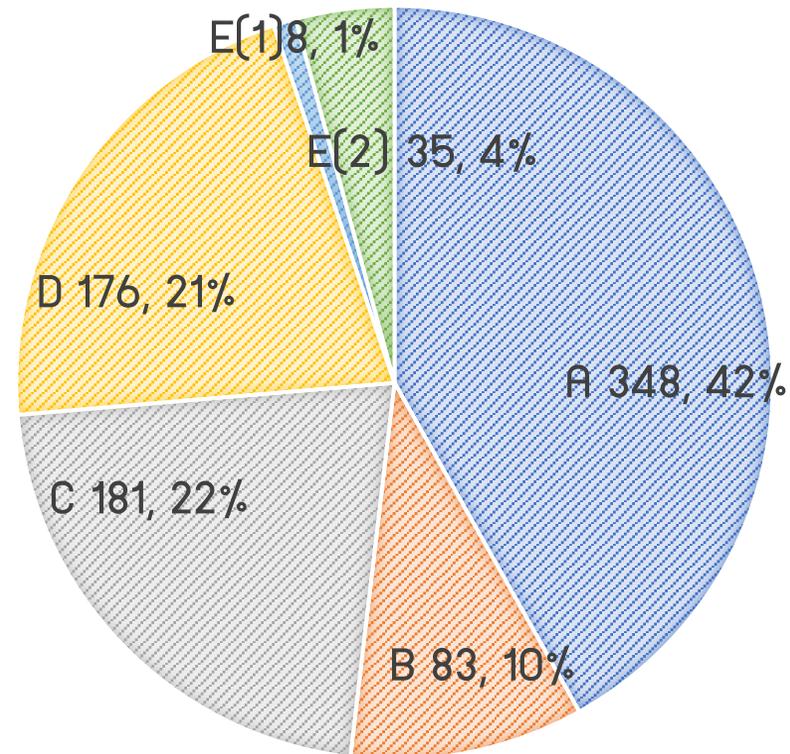
NLEM = National List of Essential Medicines



Number of NLEMs across Groups

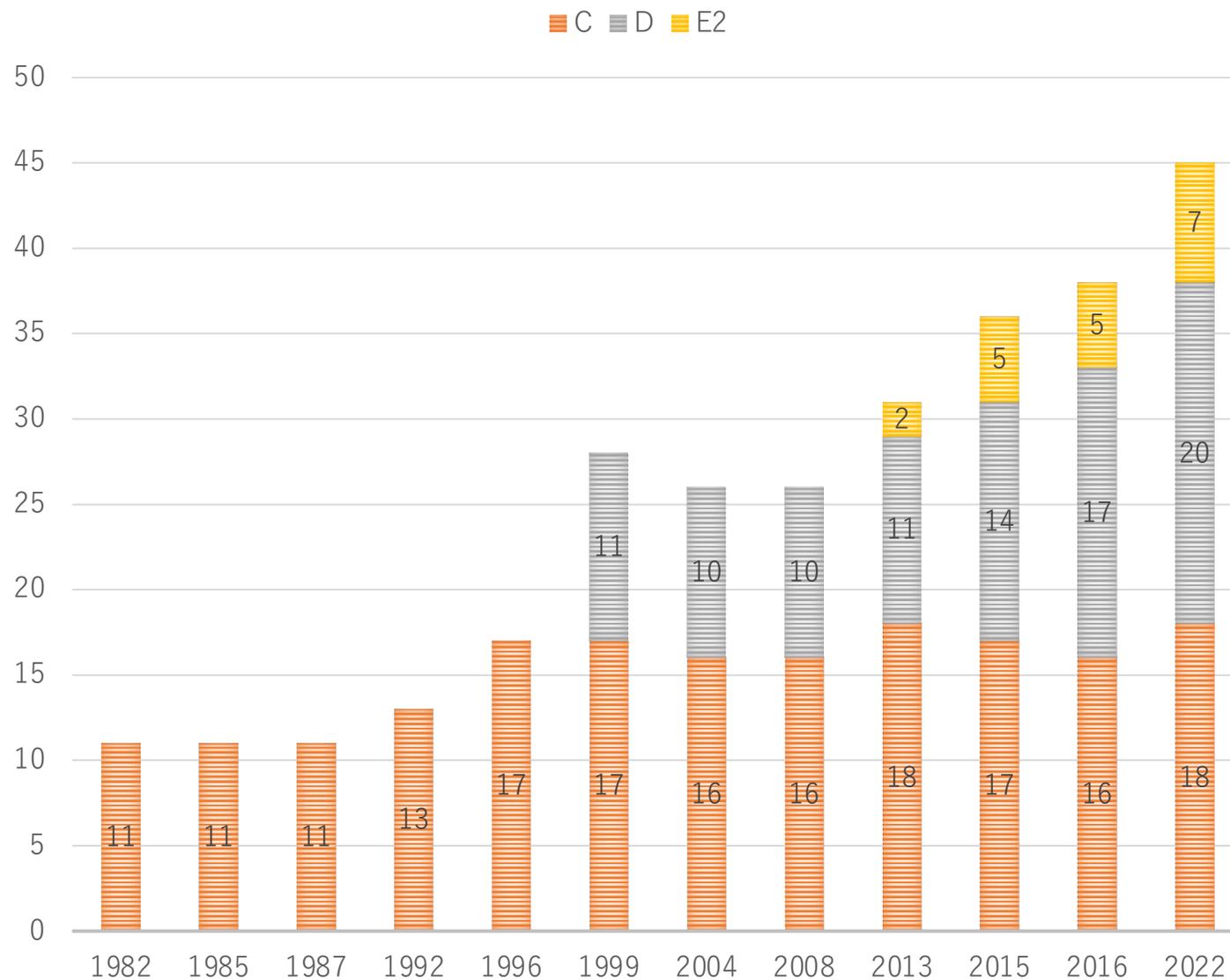
Total 831 generics

- List A are items for common health problems
- List B are alternatives to List A
- List C are items prescribed only by specialists and hospitals
- List D are items with potential misused or expensive required to conduct DUE
- List E1 are items for government special programs for certain period
- List E2 are very high-cost items for specific groups of patients



Cases of Antineoplastics in NLEM

Year	Thai NLEM	WHO EML
2016	38	34
2022	45	45



Management of Anticancer Medicine

Unbundling cost of anticancer medicines

- Cancer fund as add-on payment to outpatient capitation

Treatment protocol

- 20 cancers for UHC, 10 for SSS
- Drug reimbursement using Fixed-Fee Price for medicines
- E2 or high-cost item, reimbursed as medicines instead of money

Cap payment

- For variation of from the protocol or no protocol cancers
- Variation is capped at 70 USD for UHC or 1,500 USD for SSS
- No protocol is capped at 120 USD for UHC or 1,500 USD for SSS

Prior authorization

- CSMBS uses Prior Authorization for E2 items and non NLEM items with full FFS reimbursement
- MEA (Managed Entry Agreement) for certain items

Alternative Funding Proposed Solutions for High-Cost Care



Criteria to be considered

Incremental benefit over standard of care

Level of unmet need

Public health importance



Uncertainty to be considered

Clinical uncertainty

Budget uncertainty

Q & A

