Activity summary VBH-TF for 2020 APAC

April 8 2020

VBH-TF



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- VBH for 2020 APAC go deep into " invest valued medicine", message from 8th APAC VBH
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 - Current status and issues
 - Medical Insurance
 - Healthcare environment
 - Healthcare system Reform
 - Digital Health
 - Creation of new value and contribute healthcare
 - No restoration after Corona pandemic, New Paradigm
- Next



Outcome 8th APAC VBH



Innovations in Healthcare

- Quality Improvement and cost reduction
 - Initiative, Innovation, Collaboration
- People-centered value co-creation society
- Investment to Valued medicine (medical care)
 - Japan introduced HTA and future
 - Affordability and sustainability
- Wise spending
 - Spending efficiency
- Hirate-san Message

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Plan for VBH session

- VBH team
 - Artificial Intelligence (AI) analysis and interpretation
 - New provisions
 - Digital health movement
 - Small gaps between countries/economies
 - Fundamental Healthcare system
 - Gaps historical based
 - Health care provider, hospitals, UHC
 - Please <u>be aware that we are not focusing only to innovative pharmaceuticals, but much</u> wider healthcare overall.
- VBH team and Associates
- Content of VBH session
 - Start session with PH and TH presentation focusing value, policy
 - Data healthcare reform and others by Japanese panelists
 - Moderator summarize



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• Materials for VBH – effort to VBH of each member economy

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VBH related topic comparison (1/3)

Controlled Corporation (GOCC) with the

goal of "ensuring a sustainable national health insurance program for citizens in

the Philippines".



	Philippines	Thailand	Japan
Demo- graphics	Population in 2017: 104.92 million 0-25 years (52.6%), 25-64 years (43.03%), ≥65 years (4.5%) The median age of the population is 23.5 years, and the percentage of younger population is high	Population in 2017: 69.04 million 0-15 years (16.9%), 15-25 years (14.2%), 25-55 years (46.3%), 55-65 years (10.6%) Thailand is in a direction of aging, and the percentage of aged 65 years or older population is in the top 12.0% in ASEAN.	Population in 2017: 126.71 million 0-14 years; 15.59 million (12.3%), 15-64 years; 75.96 million (60.0%), ≥65 years; 35.15 million (27.7%)
Medical Insurance system	The Philippine Health Insurance Corporation (PhilHealth) operates a nationwide public health insurance, and the Philippine government aims to include all citizens in PhilHealth. Limited support - in terms of depth (amount of support covered) and breadth (conditions covered), delays in the reimbursement process	Three different public health insurance system, CSMBS, SSS, and UC, cover almost all citizens. Some Thai people also purchase Private Insurance additional to his/her basic healthcare scheme above. This covers around 5% of the population. The sustainability of the healthcare system is an issue due to the increasing financial demand of an aging society and broad access.	All citizens are enrolled in "public health insurance", and the coverage by public health insurance has been achieved Due to an increase in medical expenses by an increase in the elderly population and a decrease in the working-age population, tax revenues are suffering, and therefore, the sustainable universal health insurance is at risk. Medical expenses are expected to grow faster than GDP due to rapid aging of population and advancement of medical care
	PhilHealth: The Philippines Health Insurance Corporation was founded in 1995 as a Government Owned and	CSMBS: Civil Servant Medical Benefit Scheme SSS: Social Security Scheme	

SSS: Social Security Scheme UC: Universal Coverage

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VBH related topic comparison (2/3)



	Philippines	Thailand	Japan
Healthcare Environ- ment	General hospitals are divided into 3 management systems: national hospitals, public hospitals, and private hospitals. Private hospitals are equipped better with medical facilities private hospitals are greater in number (2/3 of all hospitals are private) Public and national hospitals are always crowded due to low medical care costs compared to private hospitals and primary care is yet to be established (i.e. even for less serious cases, patients prefer hospital services)	Advanced medical care for some areas has been provided in the core public hospitals The annual budget for public hospitals is insufficient, and there are restrictions on the use of drugs, etc. Doctors must examine many patients in a short time, and they cannot share adequate time and resource for each patient	High quality medical care can be provided at the same self-pay burden rate at any hospital
Healthcare system reform	 Promote care-point registration programs; make it possible for people who can only be treated at public hospitals (class C-3) to become members who can receive medical aid Primary care package: It provides free of charge drugs for 10 common diseases that can be treated within the scope of primary care. In 2019, two landmark legislations were passed: the "Universal Healthcare Act" and the National Integrated Cancer Control Act. These laws provide for various reforms but is projected to be implemented in 10 years. Focusing care for low income people 	 Enforce prescription of generic drugs in public hospitals. Promote parity of benefits between the 3 enrollment systems and parity of medical services (contents of treatment) between urban and provincial areas and between national hospitals and municipal hospitals. A working group for Healthcare Reform was established in 2017 to cover the following areas: Healthcare Administration: Technology, Information and Man Power Healthcare Service System: Primacy Care Service, Thai Medicines and Herbal Products, Emergency Medical System, Health Promotion and Disease Prevention Healthcare Financing: Universal Coverage on Health Literacy, Equity to Healthcare Services, Affordable Expenditures Focusing to correct inequality 	 Provide health care services that extend healthy life expectancy and enhance quality of life Establishment of a sustainable and stable medical insurance system with public endorsement Discussing "Social security reform for all generations" facing the era of 100 years of life which is advanced aging society with low birthrate, how to between the supporting side and the supported side. •. Focusing to maintain present high level medical system and environment

VBH related topic comparison (3/3)



	Philippines	Thailand	Japan
Digital Health	 UHC Act passed 2019 puts emphasis on data driven health system. The DOH is tasked to set standards for interoperable systems of health facilities and healthcare professionals, who are in turn required to maintain various health information such as eHealth records, ePrescription, logistics management information, resource planning, among others. The DOH and PhilHealth are yet to establish guidelines for these, and it is expected an update to the Philippine eHealth Strategic Framework and Plan to meet the policy. 	 Thailand eHealth Strategy 2017 -2026 1. Establish a central organization for eHealth management and cooperation. 2. Develop and improve enterprise architecture and infrastructure that are available to support eHealth services to the public. 3. Establish standards of Health Information System, effective data integration and interoperability. 4. Promote and develop eHealth innovation, services and applications which provide benefits to health care delivery system and patients, consumer protection including licensing regimes. 5. Establish Laws, regulations, compliances and standards of ICT in Healthcare System. 6. Develop Human Capital in eHealth and ICT Knowledge Management in medical and healthcare for Citizens 	 Data health reform policy (MHLW 2019) Accelerate efforts from the perspective of the public, patients, and users. Thorough implementation of measures for protection of personal information and security, also taking into account the viewpoints of cost- effectiveness. Promote development of genomic medicine and utilization of AI. Personal health record (PHR) linking personal data to support lifestyle improvement, etc. Promote utilization of Information in practical Medical/Nursing Care field Promotion of effective utilization of database

VBH-TF team recognized common challenges in social security system of Thailand and Japan, whereas the Philippines and Thailand see some same challenges concerning healthcare environment. The stance to data health (or eHealth) which is expected to provide a solution for the effectiveness of healthcare was common to the three country. Further research and discussion is expected by the participation of experts and administrators in the future APAC to elucidate practical issue and future direction of VBH as well as data health.

Future APAC VBH activity

- 1. Current challenges for VBH
 - Define-redefine valued medicine
 - Aging, pandemic and healthcare collapse
 - How/what eHealth (digital) solve issues around VBH
- 2. Next actions (activities in 2020)
 - Steering committee discussion
 - VBH in APAC regime



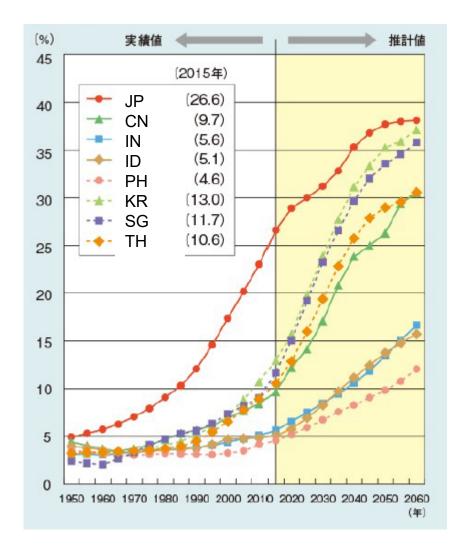
• Thank you



• Backup slides







younger/working age still increasing society. (the year old people take 10% of population: 2050)

Infrastructure robust to aging (society), climate change, natural disaster, technology revolution.

Ratio of people 65 years old or more

White paper on elderly society (2018), Cabinet office, Government of Japan, quotation from UN World Population Prospects: The 2017 Revision



	8 th APAC	9 th APAC	10 th APAC
Goal	Approach: Sustainable Health Care System		
Concept	 Multi- dimensional value of medicine: incorporate to evaluation Wise spending: system design shifting from payment to services 	 Each member economy's effort to VBH: improve access (e.g. eHealth care, Health care service guideline, payment model) Creation of new value and contribute healthcare: visualize value, utilize big data 	Create universal value Re-define values of medicine (and pharmaceutical) in the world with new coronavirus. Data driven healthcare including medical use of digital tech
Message	Invest valued medicine	Invest valued medicine	TBD