ISPOR Arabic Network Forum: Health Care Data in the Arabic-speaking Countries (UAE Perspective): Challenges in Collecting, Sharing, and Applying

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UAE: Key Information

- Population: 8.2 million population (est 2010) (5.5 million in 2009)
- Age structure: 0-14 years: 20.4%
  15-64 years: 78.7%; 65 years and over: 0.9%
- Total life expectancy (2007)= 76.9 years (was 51.6 years in 1960)
- Total GDP\(^1\): 298 $bn (2010)
  - 2nd in GCC(<KSA ) 3rd in MENA region (after KSA and Iran)
  - GDP per capita 2: 45,361 US$ 3rd in the Middle East (after Qatar and Kuwait)
- Health expenditure about 7$bn (2009) represent about 2.8% of the GDP
- Health expenditure Government share 69%, private 31%
- Drug expenditure 1.51$bn (2011) ≈ 22% of Health Expenditure
- Patent drug value wise ≈ 67%, generics 15% and OTC 18%
Health Care System in the UAE: Facts

- Quality healthcare standards and reform are at the top priority list at the UAE GOV agenda
- Abu Dhabi Health Authority has the lead in the health reform and in implementing high standard healthcare system
- International service providers manage many facilities with higher standards
- Private sector participation has increased over the last decade
- Health Insurance models becoming the dominant way of health funding.
- E Health& Wareed one of the MoH key driver for efficient healthcare system
- > 85% of pharmaceuticals are imported
- Drug Price controlled by MoH
- MoH regulates medical/health related advertisements
- Patchy interest in Health Technology Appraisal (HTA)
- Outcomes research and drug use studies lacking and required to assess and evaluate the prescribing trend and compliance with clinical guidelines

Healthcare System in the UAE

Regulator
- Federal laws
- International obligations
- Ministry of Health
- Local health Authorities

Provider
- Governmental & Semi Gov.
- Private sector
- Free Medical Zones

Payer
- Governments
- Employers
- Individuals
- Non profit organization

Health Insurance system
Abu Dhabi ≈ 99%; Dubai 60% (soon Mandatory); N Emirates 35% (shortly Federal law)
Current Challenges

- Multi HC providers; Multi standards; >1 Health records for one patient
- Scattered healthcare data and information
- HCPs from around the world
- Irrational use HC resources
- Lack of accurate and comprehensive healthcare data at national level
- Lack of outcomes research and drug use research
- New health insurance & Reimbursement System
- No established Pharmacoeconomic and national treatment guidelines
- Lack of experts & expertise in Pharmacoeconomics and Health Technology Assessment
- Patchy IT Automation/ E prescription
- Gaps in the academic syllabus/curriculum and the needs in practice
- Insufficient communications & Collaboration among Stakeholders

What we need?

- Single patient record at national level
- Automation & E prescription in all healthcare facilities in the UAE
- Registries for all chronic & Specific Diseases
- National Healthcare Databank/ Database
- National clinical guidelines
- Outcomes Research, drug use studies and prescribing trends
- Build capacity/ Qualified and skilled HR National HTA Agency by improve curriculums at academia by incorporating Pharmacoeconomics/ health economics in the curricula (medicine, pharmacy, health science and nursing).
- Build Infra-structure for efficient PE & HTA applications, to provide unbiased advice to decision makers about clinical and economic outcomes via developing:
  - National HTA Agency & National PE Guideline
E Health Strategy & Wareed

• The scope of this strategy encompasses all elements of the MoH business processes:
  – Defining Policy
  – Regulatory Affairs
  – Service Delivery
• Wareed project is part of MoH eHealth Strategy
• Patient’s E health record administered by Cerner Millennium® in MoH hospitals and clinics
• “One patient one record” within MoH facilities

Key Benefits
• Enhance patient safety
• Promote rational use of medicines and save HC resources
• Helps deliver better & safer care at a sustainable cost

The Path Way: UAE Vision 2021

"The word ‘impossible’ is not in leaders’ dictionaries. No matter how big the challenges, strong faith, determination and resolve will overcome them”

HH Sheikh Mohammed Bin Rashid Al Maktoum
UAE Vice President, Prime Minister and Ruler of Dubai

Federal Health Insurance Law & Authority (under approval)
ENF®& ENP®
Emirates National Drug Formulary &
Emirates National Data Base

Proposal prepared and submitted by presenter “Dr Ola Ghaleb Al Ahdab” to MoH in 2012 and under evaluation for approval

ENF®& ENP®: The Rational

– The need for comprehensive accurate data about actual drug use and health interventions at national level for policy development.

– The need for comprehensive database system that gather, analyze, report and monitors the movement, circulation, consumption of drugs use, prescription drug utilization records and prescribing trend at the national level

– The need for outcomes research, Pharmacoepidemiological studies, comparison studies and drug utilization studies to monitor drug use and prescribing trends at national level

– The need for accurate data about disease(s) prevalence & management, i.e. prescriptions as regards diseases

– The needs for system that record, report and alarm MoH when essential drug stock drop below the national security level.
Data: Facts, Status & Source

• Accurate data and information are the cornerstone of sound decision making in many fields.
• Reliable drug use data are needed to drive decision-making and determine effectiveness of interventions to improve performance and for research

Currently: Scattered data are available from:
• Majority of Gov. Health Care Providers
• Health Insurance companies/ Claims data
• Pharmacy benefit management Data
• Available Registries
• IMS data & Consultancy reports

Lacking data:
• E data from un-automated governmental facilities
• Private sector data

What is missing?

– Nation-wide consolidation of scattered data from multiple, disparate sources into a single, centralized “Data Warehouse” i.e. in the Ministry of Health

– Intelligent Information and Database System to link all related info and required data to provide real time authoritative tailored information to meet different requirements
Benefits: ENF© & ENP©

Drug Information and Database System

- Improve knowledge, performance and quality of health care
- Provide real time information about
  - Drug Use Data
  - Pharma Situation and available balance
- Promote outcomes research, clinical research and drug use research
- Improve policies that:
  - Promote patient safety and clinical outcomes
  - Promote rational drug use, control drug abuse and misuse
  - Promote efficiency: Control Expenditure and resources

Implementation Challenges

- Involvement and support from all partners and stakeholders
- Project need 3-5 years in 3-4 phases
- Data from non-automated healthcare facilities
- Funding/Founding cost
- IT/HIS system improvement or development to facilitate data mapping and transfer of information.
- Qualified personal
- Related regulations
- Mandates inclusion of the ICD-10 codes
- Standardizing item code and data format at holders level
Proposed Solutions & Plan of Action

- Collaborative efforts to overcome current difficulties and challenges
- Share available data & start outcomes & drug use research
- Translate outcomes research & Economic model result into local context
- Attention and full support from UAE Government, decision-makers at MoH and local health Authorities are required to:
  - Form National Task Force representing all stakeholders
  - Promote IT/Automation Infrastructure (e prescribing, Bar Coding, Decision support tools in all healthcare facilities)
  - Develop national healthcare database in the UAE
  - Develop Infrastructure for PE & HTA applications
  - Execute the proposed project ENF©/ ENP©
  - Develop/update specific/chronic diseases registries
  - Enhance related regulations and policies
  - Build capacity to make Pharmacoeconomics & HTA the future’s decision making tools in formulary and re-imbursement process
    - Provide ongoing training, education & Incentives
    - Improve curriculums at academia

Additional Essential Needs

- Single patient record via patient id at GCC level
- GCC Drug formulary with Unique Identity Code for each listed generic in the UAE and the GCC
- Unique Identity Code/ Data matrix code for each medicine in the UAE and the GCC
- Healthcare Data at GCC level
- Registries at GCC level
- Outcomes, clinical and drug use research at GCC level
- HTA centre at GCC level
- GCC PE Guideline
- Standardizing the IT Infrastructure (Automation, E Prescription, Bar Coding, Decision support and information tools in all healthcare facilities
Thank you

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