News Across Asia

The ISPOR Asia Consortium Newsletter

"Pharmacoeconomics and Outcomes Research Quarterly Serving to Inform Health Policy in Asia-Pacific"

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The New Health Technology Assessment Pilot Program in Japan

Takashi Fukuda, PhD, Director, Department of Health and Welfare Services, National Institute of Public Health, Japan

In April 2016 Japan formally introduced a new health technology assessment (HTA) pilot program evaluating the cost-effectiveness of pharmaceuticals and medical devices. This article will introduce the background leading up to this historic development as well as the particulars of the program.

Background on pricing decisions in Japan

For the past 55 years Japan has had a public health insurance scheme which covers the whole population, and health insurance coverage decisions and reimbursement policies are determined by the Ministry of Health. But when the Ministry decides coverage or pricing, it has to consult with the Central Social Insurance Medical Council, or the “Chu-I-Kyo” in Japanese. Chu-I-Kyo has the role of determining actual prices and consists of seven representatives from health care insurers and seven from health care providers including physicians, dentists, and pharmacists. There are also six members from public academia. Thus the Chu-I-Kyo provides a forum where the health care payers and providers can negotiate coverage and prices for reimbursement.

An important feature of the Japanese system has been its pricing methodology for new drugs, which follows two different approaches depending on whether a comparator drug exists or not. If a comparator exists the government utilizes the “similar drug method,” whereby the price of the new drug is benchmarked to the existing comparator. In the case that the new drug demonstrates higher efficacy or safety or some other differentiating value, a premium of up to 120% may be added on top of the base price. If there are no prior comparators existing in the treatment field, the “costing method” is used, where the pricing calculation based in part on the submitted actual cost by the pharmaceutical companies. A fixed proportion is used for the cost of research and development, marginal profit and distribution, and is based on averages in the pharmaceutical industry. An additional profit rate may be applicable for some innovative products. This pricing process has also been similar for new medical devices. Prices are revised every 2 years to reflect changes in the market.

Introduction of Cost-Effectiveness Analysis

Over the past several years, there had been growing momentum in the thinking at Chu-I-Kyo that reimbursement decisions should be based on the cost effectiveness of the new treatment. So in April 2012, a new committee on cost effectiveness evaluation was established on the Chu-I-Kyo. This committee consisted of six health care insurers, six providers and four public members that were selected by Chu-I-Kyo members. The committee also included four representatives from industry including two from pharmaceuticals and two from the medical device industry, as well as three experts in the field.

Based on the discussions in the committee, the Japanese Government last year in June 2015 made a policy statement about implementation of cost effectiveness analysis in reimbursement and pricing. The statement reported that the Government will introduce such cost effectiveness analysis on a trial basis from the fiscal year 2016 revision of remunerations. The Government also mentioned that it will seek to promptly introduce cost-effectiveness analysis on a full-fledged scale. So based on this policy statement, from this April 2016 the Government started the HTA pilot program.
There are two features to note in the new system: the first is the target product. This means that the pilot program is going to start by evaluating the already-existing, already-marketed products (pharmaceuticals and medical devices). And the other feature is that economic evaluation results will not be used to decide coverage but only pricing decisions. The reason for this is two-fold. Firstly, the economic evaluation test will not be applied to coverage decisions because the evaluation process would take significant time in addition to the approval process. As a rule in Japan, almost all prescription drugs are covered by insurance and coverage has to be applied within 60 days after approval. Adding the additional step would make it incredibly difficult for the government and pharmaceutical companies to demonstrate cost effectiveness within 60 days to ensure a timely coverage decision. Secondly, applying these requirements to new health technologies would invariably lead to the unacceptable outcome of delaying or limiting patient access to these therapies, while assessing existing products would have a decided less disruptive effect.

Evaluation Criteria and Processes

The evaluation criteria for existing drugs are as follows: in the case of drugs listed from 2012 to 2015 using the similar drug method, the drugs that had the highest premium rates or that had the highest expected peak sales among drugs with at least a 10% pricing premium were considered prime candidates for evaluation. New drugs listed from 2012-2015 that were subject to the costing method were also considered on the above two criteria as candidates for evaluation. Through this process, seven drugs and six medical devices were chosen for evaluation (Table 1). Among the drugs, five of them are Hepatitis C drugs, including Sovaldi, and also there are two cancer drugs, including Opdivo.

### Table 1: Drugs and Medical Devices participating in the HTA Pilot Program

<table>
<thead>
<tr>
<th>Drugs (7 items)</th>
<th>Medical Devices (6 items)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sofosbuvir</td>
<td>Kawasumi Najuta Thoracic Stent Graft</td>
</tr>
<tr>
<td>Ledipasvir Acetonate/Sofosbuvir</td>
<td>Activa RC</td>
</tr>
<tr>
<td>Ombitasvir Hydrate/Paritaprevir Hydrate/Ritonavir</td>
<td>Vercise DBS System</td>
</tr>
<tr>
<td>Daclatasvir Hydrochloride</td>
<td>Brio Dual 8 Neurostimulator</td>
</tr>
<tr>
<td>Asunaprevir</td>
<td></td>
</tr>
<tr>
<td>Cost calculation method</td>
<td></td>
</tr>
<tr>
<td>Nivolumab</td>
<td>J-tec Autologous Cultured Cartilage</td>
</tr>
<tr>
<td>Trastuzumab Emtansine</td>
<td>Sapien XT</td>
</tr>
</tbody>
</table>

The evaluation criteria for new drugs are similar to existing drugs but the main difference of course is that price has not yet been determined. After October of 2016, for new drugs with an existing comparator, they will be subject to evaluation if the premium rate exceeds 10% and expected sales exceed 50 billion yen. The companies are still requested to submit data and conduct the evaluation, but the results of the evaluation of new products will not be reflected in the pricing decision as previously mentioned because it is very difficult for the government to do their review within 60 days.

I would like to outline the new process of economic evaluation of drugs and devices (Figure 1 on next page). First, the pharmaceutical companies have to submit the primary data and analysis to the government based on the economic evaluation guidelines. The submitted data are reviewed and re-analyzed by a public organization (the National Institute of Public Health and Ministry of Health) in collaboration with external specialists. These organizations work together with other universities in this field and do the re-analysis. And those data are submitted to the Special Organization for Cost Effectiveness. This is a new organization which was created under Chu-i-Kyo specifically to conduct the appraisal.
Regarding the upcoming schedule of the pilot program, the program just started this year in April, and the names of the selected drugs and prices are open to the public. Currently, pharmaceutical companies are preparing their data which they will have to submit by March 2017, after which the review and re-analysis begins. Since the price revision system is completed every two years, the full results will be revealed in April 2018. So in the next ISPOR Asia-Pacific meeting which will be held in September 2018 in Tokyo, you’ll find the results available.

And finally, there are some issues already raised and discussed toward full-scale implementation of economic evaluation across Japan. These include a pressing need for local data for evaluation, a good data management system and technical capacity for rapid evaluation. The question of application toward reimbursement decision making still remains as this pilot only touches pricing, so the question of coverage will also have to be addressed in the future.
The ISPOR 30th Health Technology Assessment (HTA) Roundtable on “HTA, Innovative Health Technologies and Patient Access in Asia-Pacific” was held during the ISPOR 7th Asia-Pacific Conference in Singapore on 3-4 September 2016 and featured 23 participants representing 14 jurisdictions, including 4 HTA agencies, 7 Ministries of Health and other public health institutes from across the region. The session explored different views on value determination of innovative health technologies and provided information sharing of best practices in HTA.

Some Recent health policy developments in Asia-Pacific

Mainland China

Government is implementing a new initiative - Healthy China 2030 Plan
- Primary goal: to enhance people’s health by health care reform and innovation
- Five radical health reforms: health coverage, primary health care, public hospitals, essential drug, and public health
- Efforts focusing on: promoting healthy lifestyle, optimizing health services, improving health security, building a healthy environment, and developing health industries

HTA developments
- HTA system development under China Health Act
- National documents/policies on HTA development
- Building HTA hubs: HTA centers at national and provincial levels

Kazakhstan

- Kazakh national formulary system created in 2015
- Formation of national drug list is currently ongoing under the Ministry of Healthcare and Social Development (MHSD)
- Joint Commission on Quality Health Services was established in 2015 under MHSD - patient representatives have been included (patient organizations gaining attention from government)

Philippines

Current HTA activities in PhilHealth for maximizing coverage and providing financial protection
- Developing a Guaranteed Health Benefit Package addressing the most disease burdens through the most cost-effective interventions
- Using HTA to prioritize coverage for those new interventions that are not covered by the Guaranteed Health Benefits Package

South Korea

Recent and ongoing policies for improving patient access
- Risk Sharing Scheme introduced in 2014
- One-Stop System for medical devices in 2016: a parallel process of approval, nHTA, and review for NHI coverage, to shorten process by 6 months at least
- Implementing supporting programs on evidence generation in 2013: conditional use of special medical devices and procedures for rare disease populations that were previously not approved
- National Clinical Research and Development Fund (government) in 2015: to support comparative effectiveness research in the clinical phase

Click here to access the full HTA Roundtable Summary

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The ISPOR 7th Asia-Pacific Conference that was held on 3-6 September 2016 in Singapore was largest ISPOR Asia-Pacific Conference ever, with nearly 1,300 delegates from 53 countries in attendance. The theme of the conference was “Pharmacoeconomics and Outcomes Research in Asia-Pacific: Challenges, Opportunities and Future Direction” and the conference offered one and a half days of short courses and two and a half days of scientific program.

Key highlights from the meeting
- Nearly 1,000 participants in the 18 pre-conference short courses
- Three plenary sessions garnered record participation and highly positive marks
- 5 Asia Consortium forums covering topics such as HTA in UHC, PE guidelines, Big Data, and CAM
- High level of sponsorship – 9 sponsored symposia, 5 educational forums and nearly 30 exhibitors
- Seven regional chapter meetings and 4 Asia Consortium Working Committee meetings

Plenary Sessions
- Health Technology Assessment and Health Policy: Recent Developments Across Asia
- Harnessing the Power of Big Data to Make Better Health Care Decisions in the Asia-Pacific Region
- Universal Health Coverage—The Affordable Dream in ASEAN: Experiences and Lessons Learned

Released Presentations
To access released presentations of plenary sessions, scientific presentations and forums from the Conference please visit the ISPOR 7th Asia-Pacific Conference webpage.

Some ISPOR Asia Consortium activities during the ISPOR 7th Asia-Pacific Conference (gallery on next page)
- ISPOR Asia Consortium and ViHRI Asia Leadership Meeting was held at ISPOR 7th Asia-Pacific Conference where Asia-Pacific leaders shared health policy trends, and reviewed ISPOR Asia Consortium strategic initiatives. ISPOR CEO Nancy Berg and ISPOR President Lou Garrison also attended the meeting. To view the meeting summary, go to http://www.ispor.org/consortiums/asia/BusinessMeetings.asp.
- ISPOR Asia Consortium New Professionals Career Development Advisory Meeting provided a platform for senior professionals from the areas of industry, academia, consulting and government to share their career experiences with members who are new to the field and starting their careers. To view the meeting summary, go to http://www.ispor.org/consortiums/asia/NewProfessionals-Group.asp.
- ISPOR Chinese Chapters Joint Meeting and ISPOR HealthNetIndia/Indian Chapters Joint Meeting each attracted significant participation from members. The Chinese Chapters Joint Meeting was co-chaired by leaders of six Chinese chapters and the HealthNetIndia/Indian Chapters Joint Meeting was co-chaired by two Indian chapter presidents. The meetings provided an invaluable face-to-face networking opportunity for chapter members.

Apart from the above meetings, there were also numerous other working committee and chapter meetings that occurred over the course of the Conference. The full invitational meeting list can be viewed here: http://www.ispor.org/conferences/2016Singapore/Conference-At-A-Glance.pdf.

We want your feedback!
Have ideas for future plenary sessions, short course topics, meeting themes or even conference or training locations?
Contact asiaconsortium@ispor.org with your suggestions.
Presenters at the first plenary session on HTA in Asia-Pacific

Record attendance at the three plenary sessions

A special cultural presentation on Southeast Asia was featured during the welcome reception

There were numerous regional chapter meetings held during the conference including the ISPOR HealthNetIndia/Indian Chapters Joint Meeting

ISPOR Asia Consortium Leadership Meeting

There were over 600 high quality poster presentations featured at the conference which provided ample opportunity for debate and learning

Dr. Fei-Li Zhao (center) was selected as the VHRI Asia Excellent Article Award recipient
Value in Health Regional Issues (VIHRI) will be Indexed in MEDLINE®/PUBMED®

VIHRI has been accepted for indexing in MEDLINE®/PUBMED®, which means that all articles previously published in the journal and future articles will be citable.

VIHRI Volume 12 Asia 2017 Manuscript Submissions

VIHRI’s submission and editorial review process are year-round with online publication. We welcome you to submit your manuscripts here: https://www.ispor.org/publications/VIHRI/index.asp

VIHRI Asia Excellent Article Award

We are pleased to announce and congratulate our first VIHRI Asia excellent article awardee, Dr. Fei-Li Zhao. The VIHRI Asia Excellent Article Award was presented to Dr. Zhao for her manuscript titled “Burden of Disease Studies in the Asia-Pacific Region: Are there Enough being Performed to Provide Information for Evidence-Based Health Policy?” during the ISPOR 7th Asia-Pacific Conference in Singapore. The objective of this award is to promote quality research, originality, and utility in health care decisions for articles published in VIHRI Asia. For details, visit http://www.ispor.org/awards/VIH-regional-issues-excellent-article-award.asp.

VIHRI Asia Forum on good manuscript writing was held during ISPOR 7th Asia-Pacific Conference in Singapore

ISPOR VIHRI Asia Forum titled ‘Value In Health Regional Issues: Guidance on Writing Good Scientific Manuscripts For Publication’ was presented by VIHRI Asia Editorial Board during the ISPOR 7th Asia-Pacific Conference to share information on good manuscript writing tips. For your information, the presentations have been published at http://www.ispor.org/Event/ReleasedPresentations/2016Singapore#isporforums.

Five new advisors joined VIHRI Asia Editorial Advisory Board

It was announced five new editorial advisors have joined Editorial Advisory Board. For information on the board, go to http://www.ispor.org/publications/VIHRI/Editorial-Advisory-Board.asp.

The new editorial advisors are:
- Jeonghoon Ahn, PhD, Associate Professor, Department of Health Convergence, Ewha Womans University, Seoul, Korea
- Eun Young Bae, PhD, Associate Professor, College of Pharmacy, Gyeongsang National University, Seoul, Korea
- Ankita Modi Kaushik, PhD, Director, Center for Observational and Real-World Evidence (CORE), Supporting Osteoporosis Products, Merck and Company, Lebanon, NJ, USA
- Asrul Akmal Shafie, BPharm, PhD, Associate Professor of Social & Administrative Pharmacy, School of Pharmaceutical Sciences, Universiti Sains Malaysia, Penang, Malaysia
- Guk-Hee Suh, MD, PhD, Professor of Psychiatry, Hallym University School of Medicine, Chuncheon, Korea, and Head of Department of Psychiatry, Hallym University Dongtan Sacred Heart Hospital, Gyeonggi-do, Korea

ISPOR ASIA CONSORTIUM IN VIENNA, AUSTRIA

ISPOR Asia Consortium held two meetings during the ISPOR 19th European Congress in Vienna, Austria:

ISPOR Asia Consortium Business Meeting, Monday October 31, 2016, 7:30AM-8:30AM

The business meeting had nearly 50 participants in attendance who shared information on the newest health policy developments in the region and reported on ISPOR Asia Consortium initiatives.

Leadership Meeting Summary

ISPOR Asia Consortium Leadership Meeting, Sunday October 30, 2016, 6:30PM-7:30PM

Leadership Meeting Summary
Health Care Developments in India
Dr. Armit Dang, Founder and CEO, MarksMan Healthcare Solutions LLP, Mumbai - India

Protecting Patients' Health Data in India
In an attempt to safeguard patients' privacy, Indian health ministry is planning legislation to protect health data and medical information. The proposed law will have specific provisions for collection, storage and dissemination of individual health data. Furthermore, it will strengthen the plan to have electronic health records (EHR) by addressing concerns surrounding EHR, including breach of patients' privacy through leak of data. EHR is part of the government's Digital India initiative which plans to build a cloud-based hospital application where real-time health data will be fed from all hospitals.

Drug firms facing challenging times due to price control
Drug companies in India are facing a tough environment due to the government bringing more products under the price control policy. The environment for the domestic pharmaceutical companies remains challenging with more products coming under price control, and other pressures such as government legislation to ban certain fixed dose combination drugs. Moreover, with the tightening of new product registration procedures, the approval time to market newer products has also been significantly impacted.

Goa State Government (India) rolls out cashless health coverage
The Goa state government, India, in September 2016, formally rolled out its cashless treatment facility under the Deendayal Swasthya Sevaa Yojna (DDSSY), covering 4 government hospitals and 19 private hospitals. Under the scheme, which the government claims is the first of its kind in the country, one lakh cards have been printed of which 65,000 have been utilized. The scheme will cover about 3.5 lakh families with a family of three and less being eligible for an insurance coverage of Rs 2.5 lakh and a family of three and more getting an annual coverage of Rs 4 lakh (note: 1 lakh = 100,000 Indian Rupees).

Indians spend 8 times more on private hospitals than on public (government) ones
Indians spent eight times more on private hospitals and twice as much on transporting patients compared to costs in government hospitals, according to the National Health Accounts (NHA) Estimates for the financial year 2013-14. The data were recently released by the Health Ministry after almost a decade. The estimates say that households spent Rs. 64,628 crore on private hospitals compared to just Rs. 8,193 crore on government hospitals. A total of Rs. 18,149 crore was spent on patient transportation services, like use of an ambulance. Considering all revenue sources, including government funding, expenditure on private hospitals - Rs. 88,562 crore - was double that of government hospitals - Rs. 41,797 crore (note: 1 crore = 10,000,000 Indian Rupees).

Mohalla Clinic: Government offers affordable healthcare model at doorstep
The Delhi State Government introduced an automatic medicine dispenser on a pilot basis in August, 2016. The dispenser, which works on sensor technology, will make the clinics more efficient and ensure transparency, said government officials. The dispenser can hold up to 60 types of medicines, including syrups. The Todapur clinic in west Delhi has been installed on a pilot basis and will be taken up by other clinics, if found successful.

First generic drug store in a metro-city (Bengaluru)
The first generic drug store was launched in Bengaluru city in the state of Karnataka, India in the month of October, 2016. The state government is about to open 200 generic drug stores across Karnataka where around 200 variety of drugs will be made available at cheaper prices. The state government has directed the doctors at the government hospitals only to recommend chemical components of the medicine and not a particular brand while asking patients to buy drugs from the outside. The central government has already launched a mobile application called Pharma Sahi Daam to provide the exact price of generic medicines.

India’s first exclusive medical device manufacturing park: Andhra Pradesh MedTech Zone
The foundation stone of India’s first exclusive medical device manufacturing park - Andhra Pradesh MedTech Zone (AMTZ) - was laid down in Vishakhapatnam in August, 2016. AMTZ, the 270-acre exclusive manufacturing zone is the result of MoU signed between the state government and Association of Indian Medical Device Industry (AImD) to promote manufacturing of hi-tech medical devices within the country. It aims to encourage domestic manufacturing, reduce India’s significant import dependency in medical devices, generate quality employment and bring down overall health care cost for average citizens. The exclusive tech zone will have the state-of-the-art and the best global facilities for R&D, manufacturing, testing, export & regulatory facilitations and logistics.
South Korea government enhances accessibility of Big Data from national health insurance (NHI) claims data

Sang-Soo(SS) Lee, Corporate Affairs Director, Medtronic Korea, South Korea

On August 29th, the Korean Ministry of Health and Welfare (MOHW) announced establishment of 16 Big Data analytics centers across the nation to assist with the research and commercialization of the data by providing National Health Insurance (NHI) claims data to private sectors. MOHW, National Health Insurance Service (NHIS) and Health Insurance Review and Assessment Service (HIRA) launched the consultative group for NHI Big Data utilization in September. The NHI Big Data are collected through the NHI program operation and provided by masking personal information. NHIS and HIRA hold about 2.87 trillion and 2.23 claims data respectively and provide detailed consultation on the data utilization to applicants.

The Outline of NHI Big Data Composition

<table>
<thead>
<tr>
<th>NHIS</th>
<th>HIRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained data</td>
<td>Retained data</td>
</tr>
<tr>
<td>Eligibility and premiums of the insured</td>
<td>Medical treatment statement</td>
</tr>
<tr>
<td>Medical treatment statements</td>
<td>Drug Utilization Review (DUR)</td>
</tr>
<tr>
<td>Medical check-ups</td>
<td>Drug distribution</td>
</tr>
<tr>
<td>Long-term care insurance</td>
<td>Health care resources (human resources, institutions, and equipment, etc.)</td>
</tr>
<tr>
<td>Medical institutions (hospital, medical check-up institution, and health care facility)</td>
<td>Health care quality evaluation</td>
</tr>
</tbody>
</table>

Big Data analytics center location

<table>
<thead>
<tr>
<th>NHIS</th>
<th>HIRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wonju, Seoul, Busan, Daegu, Gwangju, Daejeon, Suwon, and Ilsan</td>
<td>Wonju, Seoul, Busan, Daegu, Gwangju, Daejeon, Uijeongbu, and Jeonju</td>
</tr>
</tbody>
</table>

APO Health Systems Reports Published

The Asia Pacific Observatory on Health Systems and Policies (APO) has released the following reports:

- Comparative country studies on health system responses to population ageing and non-communicable diseases in Asia.
- Fiji Living HiT—The Fiji Living HiT reflects on the recent health reforms in the country, including service organization and planning, financing, human resources, and service delivery.
- Cambodia Health in Transit Policy Note—Covering "Increasing Health Service Access and Financing: Health Strategy, Policy Achievements and New Challenges for Cambodia."

Discretely Integrated Condition Event (DICE) simulation workshop

Allen Lai, President, ISPOR Singapore Chapter

Jointly organized by the Saw Swee Hock School of Medicine and ISPOR Singapore (ISPOR-S) regional chapter, this educational workshop entitled “Changing the paradigm: Discretely Integrated Condition Event (DICE) Simulation for HTA” saw a total of 29 ISPOR Singapore Chapter participants on the evening of 6 Sep 2016. The Chapter had the privilege of hosting Dr. Jaime Caro, MDCM, FRCP, FACP, the Chief Scientist of Evidera and an Adjunct Professor of Medicine, as well as of Epidemiology and Biostatistics at the McGill University, to conduct the workshop. Dr. Caro had pioneered several modelling techniques and DICE is one of his latest developments in this field.

During this 3-hour event, Dr. Caro explained the concept behind DICE, followed by a walk-through of sample models. DICE was an attractive alternative on many levels – its versatility to be used alone or in combination with other modelling techniques, its transparency in model construction and organization of data, as well as the use of Excel with a simple macros, offering a solution to many of the constraints faced by modelers.

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The National Health Insurance Directory in China will be adjusted based on pharmacoeconomic evaluation results

Fang Zhang, School of Business Administration, Shenyang Pharmaceutical University, Liaoning China

On September 30, 2016, Ministry Human Resources and Social Security of the People Republic of China released the 2016 drug directory for national basic medical insurance, employment injury insurance and maternity insurance adjustment work plan exposure draft. In the draft, the directory of drugs and health care work adjustment were requested to be completed by the end of 2016. This is the first national insurance directory adjustment in 7 years. The expected goal of this directory adjustment is to make the health insurance directory structure further optimized, appropriately expand the scope of coverage, encourage pharmaceutical innovation, while gradually raising the level of security at the same time, effectively balance medication requirements of the participants of the insurance and safeguard the medical insurance fund. At the same time the draft proposed to improve the basic measures for the management of health care medicine in 2017, and the medical insurance directory adjustment will introduce a dynamic adjustment mechanism, which leaves open possible future drug insurance directory adjustment increases at any time.

There are a lot of provisions in this health directory adjustment plan, including the introduction of the expert review and consultation negotiation mechanism, and the first attempt at involving participation of 20,000 individuals in the review. But the most significant highlight may be the noted prominence of pharmacoeconomic evaluation which is mentioned four times in the report. Specifically written in the draft, the first basic adjustment principle is to be in accordance with the “safety”, “economy” and “validity” of the intervention, which is the first time that “economy” is mentioned before “validity” as a selection criterion. We can say that the core of this selection is based on the value of the drug and economical considerations in this adjustment. This is an important milestone in the maturity of the national health care system reform, and also highlights the embodiment of scientific implementation in line with international standards.

ISPOR New Zealand Chapter Annual Meeting
Making Patient Centered Care A Reality in New Zealand
24th March 2017, PHARMAC, Wellington
Click here to view the meeting Call for Abstracts flyer.

Member-reported Publication
Pin Lu, PhD, Account Manager, Mudskipper Business Consulting (Shanghai) Limited, Bollington, UK

Value in Health Regional Issues - Call For Papers!
Value in Health Regional Issues (VHRI) is a scientific journal of ISPOR which aims to encourage and enhance the science of HEOR and its use in health care decisions in Asia, Latin America, Central & Eastern Europe, Western Asia, and Africa.

Submit your research to ISPOR’s region-specific, peer-reviewed journal, Value in Health Regional Issues (VHRI). VHRI submission and editorial review process is year-round.

Submission Categories: Economic Studies, Clinical Outcomes Studies, Patient-Reported Outcomes (PRO), Preference-Based Outcomes Studies, Health Policy Studies, Research on Methods, Conceptual Papers

Submit your manuscripts here: http://www.ispor.org/publications/VHRI/submission_instruction.asp
For more information on VHRI please visit: http://www.ispor.org/publications/VHRI/About_VHRI.asp
JOIN ISPOR ASIA CONSORTIUM

ISPOR Asia Consortium is a regional group within the organizational structure of ISPOR that consists of regional experts and thought leaders, ISPOR Chapters in Asia-Pacific as well as global professionals interested in HEOR and HTA and their use in health care decisions. ISPOR Asia Consortium’s mission is to advance the science of HEOR in Asia-Pacific and to facilitate the translation of this research into useful information for health care decision-makers to ensure that society allocates scarce health care resources wisely, fairly, and efficiently.

Become a part of our dynamic organization
- 900 members and growing - established by 13 founding members in 2004
- 8 working committees that engage in HEOR initiatives and meetings
- 31 ISPOR Regional Chapters in Asia-Pacific with over 3000 members
- 2 publications including scientific journal VIHRI and newsletter News Across Asia

There are so many ways to get involved
- Network with global colleagues at ISPOR Asia Consortium meetings
- Join our project-oriented working groups such as Industry, Education, Publication, and Clinicians Committees
- Develop your new HEOR career by participating in the New Professionals Group
- Submit your research and news to our various publications
- Learn more about our Chapters and get plugged into your local groups
- Take advantage of our library of health policy articles and informational resources

Joining ISPOR Asia Consortium is free. Become a part of our growing organization and help make a positive impact on health outcomes in Asia-Pacific.

Join ISPOR Asia Consortium here: https://www.ispor.org/members/ConsortiaSignUpMember.aspx?cid=1

Learn more about ISPOR Asia Consortium: http://www.ispor.org/consortiums/asia.asp

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