Universal Health Coverage &
Health Technology Assessment

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Changing times! Changing trends!

- Every south east Asian nation moving towards Universal Health Care
  - Each program is unique
  - Coverage of each scheme is varied
  - Goal to social protection goal is unique
  - Pathway to reach the unreached is varied

Health is not a subject of national importance only
- Technology acceptance have wide impact on import/export; cross border trade; traffic; outbreaks; medical tourism, medical insurance mechanisms all get affected
"Health intervention and technology assessment in support of universal health coverage"

Noting that *The world health report 2012* indicates that as much as 40% of spending on health is being wasted and that there is, therefore, an *urgent need for systematic, effective solutions* to reduce such inefficiencies and to enhance the *rational use of health technology*; Urges member states to

to consider also *collaborating* with other Member States' health organizations, academic institutions, professional associations and other key stakeholders in the country or region in order to *collect and share information* and lessons learnt so as to *formulate and implement national strategic plans concerning capacity-building* for and *introduction of health intervention and technology assessment*, and *summarizing best practices in transparent, evidence-informed health policy and decision-making*;

**Goals for an HTA**

- Eliminating services that are lesser effective or lesser cost-effective compared to alternatives
- Estimating reimbursement thresholds
- Defining Insurance Packages
- Selecting priority technologies/services on scientific merit
- Assessing best choices in public health provisioning
Why conduct an HTA

- Evidence around technologies rapidly change with inclusion of newer and larger studies/trials
- Innovations have no formal or objective mechanism for uptake
- Cheaper technologies may not always mean cost-effective technologies
- Designs of Clinical trails and research studies may not capture social/ethical dimensions around technologies

Limitations in using HTA

- Use in reimbursement is limited if reimbursement systems are not strong
- Use in standard treatment guidelines is not wholesome if too many medical associations bring out STGs; also if STGs are changed too quickly
- Using HTA would be a challenge if cost-effectiveness results are negative but clinical efficacy is well established
- Once HTA results are accepted, review may take few years, which means knowledge from newer evidence gets delayed
- Once HTA results are in practice, it is difficult to change practices on mere ‘theory’
HTA in Technology Life Cycle

- **Innovations** - identifications - uptake and improving access

- **Management** of technologies - to improve reliability, efficacy and access

- **Inclusion** of technologies to improve access

Life Saving Implants

- Life saving implants remain a massive component of out of pocket spending in development systems were cost of care is not fully insured

- Catastrophic and episodic high expenditure leading to social and economic impoverishment and impact future quality of care & follow up

- Among the leading ones being cardiac stents, orthopedic implants, cochlear implants and Pacemakers
Industry’s enigma

- Implants may be already lesser priced than the cost as in other countries!
- Other modalities such as clinical/pharmaceutical interventions may still exist

Health Systems enigma

- Cost may be lesser, but $C1/GDP$ ($PC1$) may be much higher than $C2/GDP$ ($PC2$)
- Standard of care may still point towards surgical intervention forcing payer to look at cost control

How industry practice impact the decisions

- No printed label of MRP on the life saving implants
- Even if MRP is printed, the sticker is removed after crossing of trade borders/port offices
- Information asymmetry leading to unknown costs
- Landing costs only 10-20% of the costs to patients

Choices that payer governments have

- Request for voluntary cost reduction
- Notification for mandatory disclosure of MRP
- Inclusion in the national list of life saving commodities/drugs/devices/health products
- Price Control on a very selective range of life saving products
Process of HTA on LSIs

- Comparison of health effects of various categories within a product vertical (DES, BMS)
- Health effects are selective and are meta-analyzed
- For eg. In case of DES/BMS- TVR, MACE, Mortality
- Selection of patient age groups were done to arrive at appropriate estimates
- CEA was performed using the WHO-CHOICE database
- CE Thresholds were selected to be 3 X GDP (PC)

<table>
<thead>
<tr>
<th>Population in 30-70+ age group (534689000)</th>
<th>DALYs averted (000s)</th>
<th>DALYs averted/person</th>
<th>Base Cost (Bare Metal Stent)</th>
<th>Service Cost/Hospital handling charges (12.36%)</th>
<th>TOTAL COST (INR)</th>
<th>Base Cost (Drug Eluting Stent) (BMSX 1.476)</th>
<th>Service Cost/Hospital handling charges (12.36%)</th>
<th>TOTAL COST (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Stents are required for 100% of (A+B+C) Cases</td>
<td>55666.80</td>
<td>0.104</td>
<td>28338.76</td>
<td>3474.57</td>
<td>31813.33</td>
<td>64499.61</td>
<td>5130.17</td>
<td>69638.18</td>
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<tr>
<td>If Stents are required for 80% of (A+B+C) Cases</td>
<td>44533.28</td>
<td>0.083</td>
<td>22487.81</td>
<td>2778.48</td>
<td>25267.31</td>
<td>53144.98</td>
<td>4515.13</td>
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<td>If Stents are required for 60% of (A+B+C) Cases</td>
<td>33399.96</td>
<td>0.062</td>
<td>16865.98</td>
<td>2084.62</td>
<td>20850.60</td>
<td>41615.40</td>
<td>3319.00</td>
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<td>27833.30</td>
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<td>16792.07</td>
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<td>If Stents are required for 40% of (A+B+C) Cases</td>
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<td>28647.27</td>
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Thanking you for patient listening