BENEFIT PACKAGE DESIGN FOR UHC: STATE OF PLAY IN OECD COUNTRIES

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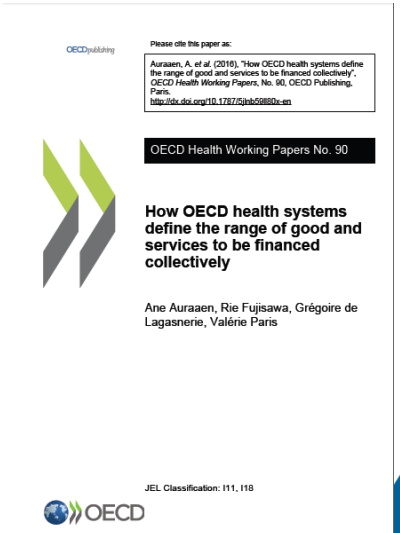
Michael Mueller
OECD Health Division

OCDE
DES POLITIQUES MEILLEURES POUR UNE VIE MEILLEURE

OECD work on benefit package design

- Health System Characteristics Survey 2008/12/16
- Survey on Health Benefit Baskets 2014
- Working paper discussing
  - Guiding principle to define coverage in OECD countries
  - Processes to define coverage package
    - ❖ Assessment/appraisal
    - ❖ Decision-making
  - Criteria for decision making
    - ❖ Use of HTA
    - ❖ Other criteria
  - Adjustments to the package



HOW IS THE RANGE OF BENEFITS COVERED DEFINED?

NHS countries: implicit definition of the range of *services* covered, positive list for *medicines*

Main source of basic health care coverage	Country	Pharmaceuticals						Medical procedures					
		Positive list, central level	Negative list, central level	Individual payers positive lists	Individual payers negative lists	Providers' positive lists	Benefit basket not defined	Positive list, central level	Negative list, central level	Individual payers positive lists	Individual payers negative lists	Providers' positive lists	Benefit basket not defined
Countries with residence-based entitlements	Australia	●	○	●	○	○	○	●	○	○	○	○	○
	Canada	○	○	●	●	○	○	○	○	●	○	○	○
	Denmark	●	○	○	○	○	○	○	○	○	○	○	●
	Finland	●	○	○	○	○	○	○	○	○	○	○	●
	Iceland	●	●	○	○	●	●	○	○	○	○	○	○
	Ireland	●	○	○	○	○	○	○	○	○	○	○	●
	Italy	●	●	○	○	○	○	●	●	○	○	○	○
	New Zealand	●	○	○	○	○	○	○	○	○	○	●	●
	Norway	●	○	○	○	○	○	○	○	○	○	○	●
	Portugal	●	○	○	○	○	○	○	○	○	○	○	●
	Spain	●	●	○	○	○	○	●	●	●	○	○	○
	Sweden	●	○	○	○	○	○	○	○	○	○	○	●
	UK (England)	○	●	○	○	●	○	○	○	○	○	●	○

Source: OECD Health Systems Characteristics Survey, 2012

Health insurance systems most often use positive lists for both procedures and medicines

source of basic health care coverage	Country	Pharmaceuticals: Positive list, central level	Pharmaceuticals: Negative list, central level	Pharmaceuticals: Individual payers positive lists	Pharmaceuticals: Individual payers negative lists	Pharmaceuticals: Providers' positive lists	Pharmaceuticals: Benefit basket not defined	Medical procedures: Positive list, central level	Medical procedures: Negative list, central level	Medical procedures: Individual payers positive lists	Medical procedures: Individual payers negative lists	Medical procedures: Providers' positive lists	Medical procedures: Benefit basket not defined
Health insurance system, single payer	Estonia	●	○	○	○	○	○	●	○	○	○	○	○
	Hungary	●	○	○	○	○	○	○	●	○	○	○	○
	Korea	●	○	○	○	○	○	●	●	○	○	○	○
	Greece	●	○	○	○	○	○	●	○	○	○	○	○
	Luxembourg	●	○	○	○	○	○	●	○	○	○	○	○
	Poland	●	○	○	○	○	○	●	○	○	○	○	○
	Slovenia	●	●	○	○	○	○	●	●	○	○	○	○
	Turkey	●	○	○	○	○	○	●	○	○	○	○	○
Multiple insurers with automatic affiliation	Austria	●	○	○	○	○	○	●	○	○	○	○	○
	Belgium	●	○	○	○	○	○	●	○	○	○	○	○
	France	●	○	○	○	○	○	●	○	○	○	○	○
	Japan	●	○	○	○	○	○	●	○	○	○	○	○
	Mexico	●	○	○	○	○	●	○	○	●	○	○	●
Multiple insurers with choice of insurer	Chile	●	○	●	○	○	○	●	○	●	○	○	○
	Czech Rep.	●	○	○	○	○	○	●	●	○	○	○	○
	Germany	○	○	○	○	○	●	○	○	○	○	○	●
	Israel	●	○	○	○	○	○	●	○	○	○	○	○
	Netherlands	●	○	○	○	○	○	●	○	○	○	○	○
	Slovak Repub	●	○	○	○	○	○	●	○	○	○	○	○
	Switzerland	●	○	○	○	○	○	○	●	○	○	○	○
	United States	○	○	●	●	○	○	○	○	●	●	○	○

Source: OECD Health Systems Characteristics Survey, 2012

PROCESS TO DEFINE COVERAGE

Most OECD countries have systematic processes in place at a central level to determine inclusion of new technologies

Characteristics of the assessment/ appraisal and decision-making process in OECD countries

Centralised assessment/appraisal and decision making	
Systematic	Occasional
AUS (D, MD, P by Medicare)	CHE(P)
BEL (A)	ENG (A)
CHL (A for GES)	
CZE (D)	
DNK (D)	
FIN (D outpatient)	
FRA (A)	
GRC (A)	
HUN (A)	
ISL (D)	
ISR (A)	
JPN (A)	
KOR (A)	
LUX (A)	
NLD (A)	
NOR (D)	
POL (A)	
PRT (D)	
SVN (A)	
SVK (D, MD)	
ESP (A)	
SWE (D)	
CHE (D)	
TUR (A)	

Centralised assessment and decentralised decision-making
CAN (D by public plan)

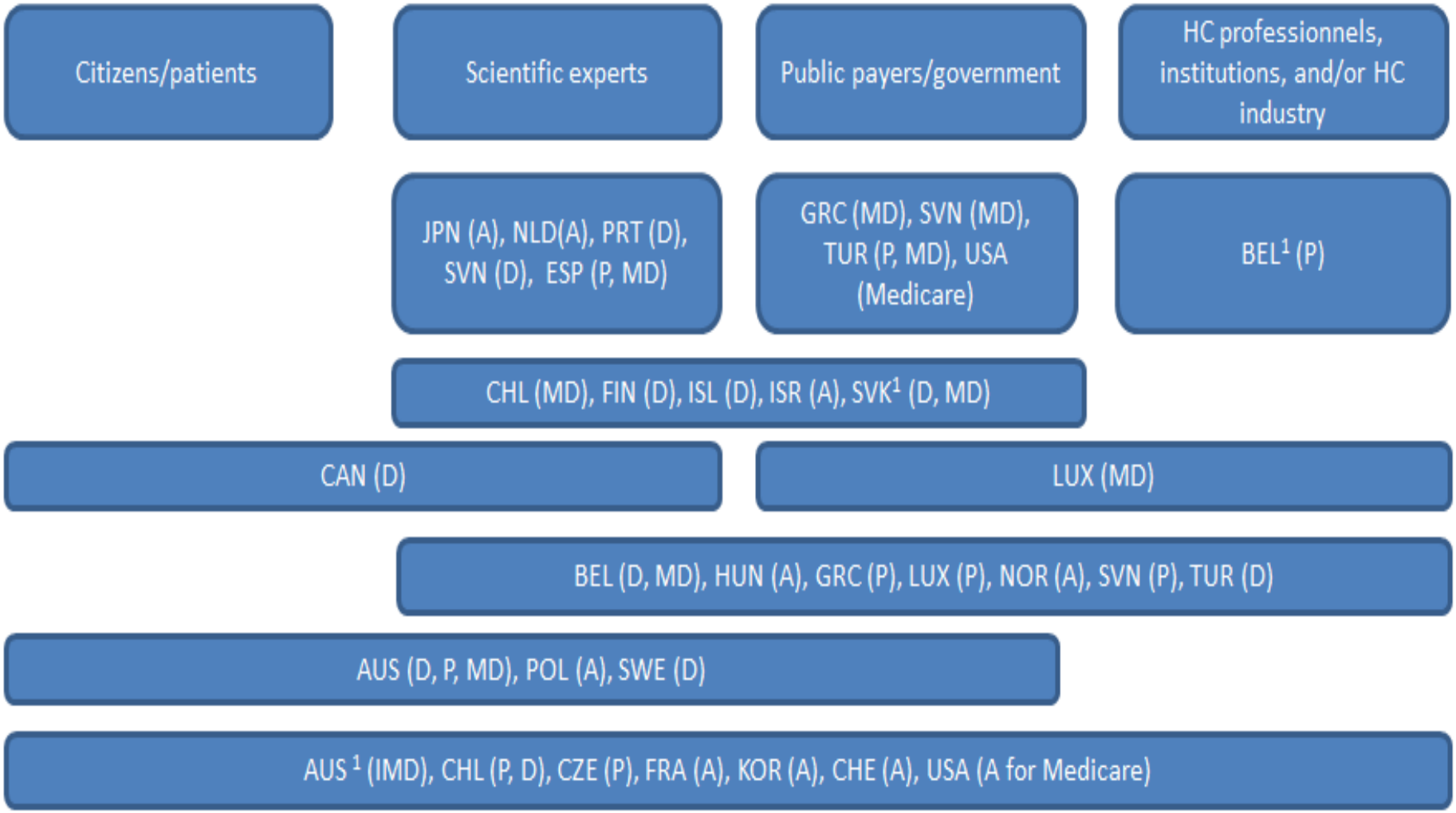
Assessment and decision-making at decentralised level
FIN (P, MD)
NOR (P, MD)

Decision at decentralised level, without systematic assessment
AUS (hospital)
CAN (hospital, MD)

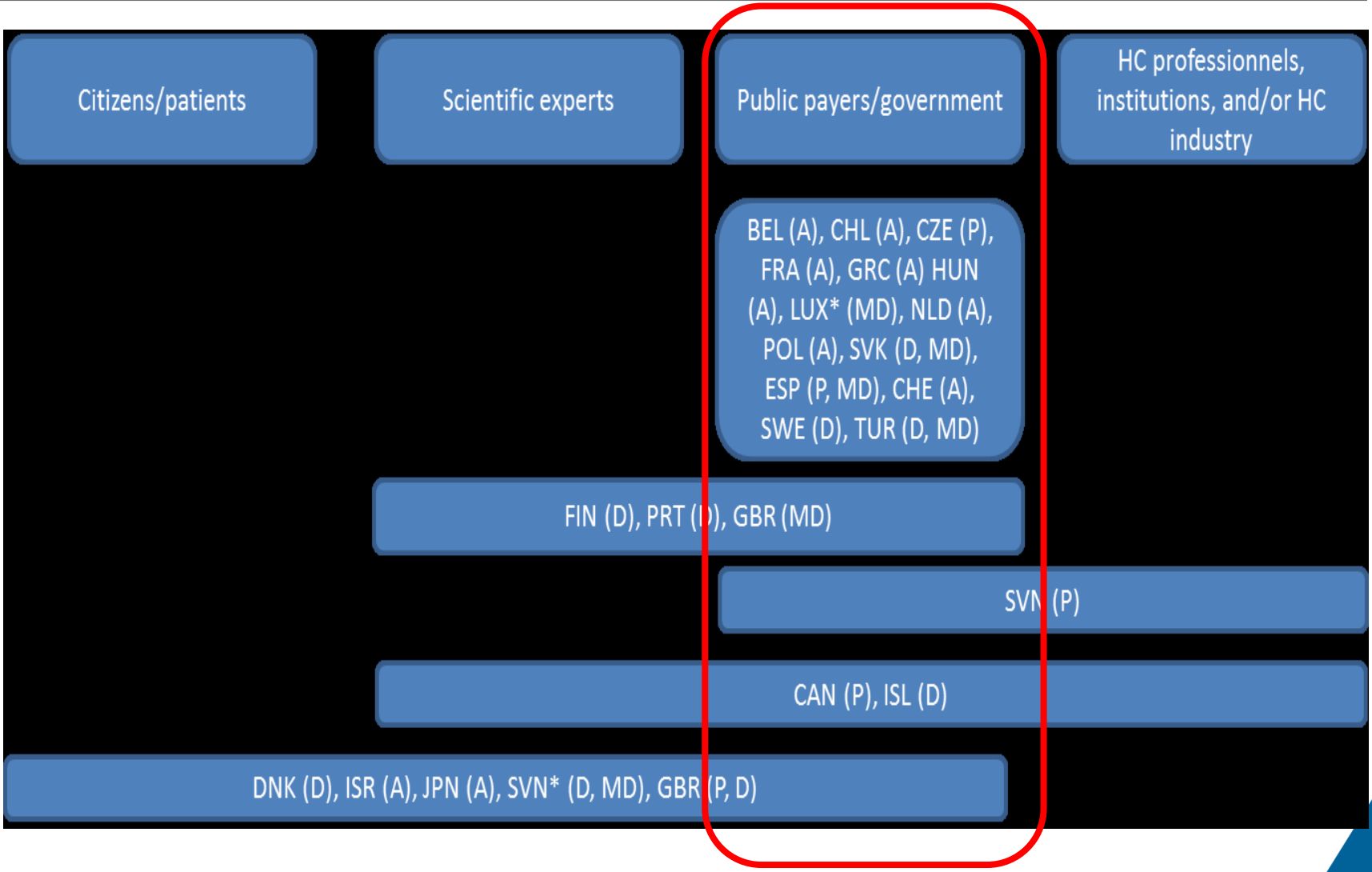
No systematic assessment and decision-making
ISL (P, MD)
PRT (P, MD)
SVN (MD)

Source: 2014 OECD Health Benefit Basket Questionnaire

Bodies involved in assessment/appraisal phase include variety of stakeholders



Decision-making always involve MoH and/or public payers…



HOW DOES A NEW TECHNOLOGY OBTAIN PUBLIC COVERAGE?

HTA is often used as a tool to assess when new technologies are assessed for public coverage

Use of HTA to make coverage decisions		Countries
Pharmaceuticals	Systematically	Australia, Belgium, Canada, Chile[1], Finland, France, Hungary, Ireland, Israel, Italy, Korea, Luxembourg, the Netherlands, New Zealand, Norway, Poland, Slovenia, Sweden, Switzerland
	In some circumstances	Austria, Denmark, Mexico, Portugal, Spain, United Kingdom
	Determine reimbursement level or price	France, Hungary, Ireland, Japan, New Zealand, Norway, Poland, Sweden, Hungary
Procedures	Systematically	Australia, Chile[1], France, Hungary, Israel, Korea, the Netherlands, Poland, Slovenia
	In some circumstances	Australia, Austria, Belgium, Canada, Denmark, Finland, Ireland, Italy, Luxembourg, Mexico, New Zealand, Norway, Spain, Sweden, Switzerland, United Kingdom
	Determine reimbursement level or price	Israel, Japan, United States
Devices	Systematically	Australia, Chile[1], Belgium, France, Hungary, Israel, Korea, Poland
	In some circumstances	Canada, Estonia, Ireland, Norway, Sweden, Austria, Denmark, Finland, Italy, Luxembourg, Mexico, the Netherlands, New Zealand, Spain, United Kingdom
	Determine reimbursement level or price	France, Israel, Japan, Switzerland

Source: OECD Health Systems Characteristics Survey, 2012

Economic evaluation becomes increasingly important in HTA informing coverage decisions

Perspective accepted for economic evaluation

	Economic evaluation	Public payer perspective	Health system perspective	Societal perspective	Affordability or budget impact
Australia	●	●	●	●	●
Canada	●	●	○	○	●
Finland	●	○	○	●	●
France	●	●	●	○	○
Ireland	●	●	●	●	●
Israel	●	●	○	○	●
Italy	●	●	●	●	●
Norway	●	●	○	●	●
Poland	●	●	●	○	○
Portugal	●	●	●	○	●
Slovenia	●	●	○	○	●
Spain	●	●	●	●	●
UK	●	○	○	●	○

Note:: ●=yes ☐ ○ =no.
Source: 2014 OECD Health Benefit Basket Questionnaire, 2012 OCED Health System Characteristics Survey.

…..but is not the only criterion considered in decision-making

- Burden of disease or public health impact of the disease treated (CHL)
- The feasibility of implementation of the technology in the health system (CAN, CHL, CZE)
- The ability to target therapy to those likely to benefit most (AUS, risk of misuse)
- Cost implications to patients (AUS, CHL, ISR, NLD)
- International experiences (HUN, KOR)
- Societal values:
  - The rule of rescue (AUS, CHL, SWE)
  - The need and solidarity principle, the human value principle (SWE)
  - Equity (AUS, CHL, ENG, HUN)
  - Social consensus (CHL)

RE-ASSESSMENT OF THE RANGE OF BENEFITS THAT HAVE OBTAINED PUBLIC COVERAGE

Downward adjustments are not as structural as upwards

	Delisting of benefits (depth)	Changes in coverage conditions (breadth)	Changes in cost-sharing (height)
Frequently		Australia(P,D)*, Belgium, Israel, Japan(D) , Slovak Republic(D,MD), Slovenia(D), Turkey(D)	Australia(P), Czech Republic(D), France(D,P), Luxembourg(P), Slovak Republic
Sometimes	Australia(D,P), Czech Republic(D), Greece, Japan(D,P), Luxembourg(D), Netherlands, Portugal(D), Slovak Republic(D,MD)	Chile, Czech Republic(D), Finland(D), Japan(P), Korea, Poland(P), Spain, Switzerland	Australia(D, MD), Belgium, Slovenia, Spain, Switzerland(D, MD)
Rarely or never	Belgium, Canada, Chile, Finland(D), France(P), Hungary, Iceland(D), Israel, Japan(MD), Korea, Luxembourg(P), Poland(D,MD,P), Slovenia, Sweden(D), Switzerland, United Kingdom	Australia(MD),Canada, France(MD), Greece, Hungary, Iceland, Japan(MD), Luxembourg, the Netherlands, Poland(D,MD), Portugal, Slovenia(P), Sweden, United Kingdom	Canada, Chile, Finland, Greece, Hungary, Iceland, Israel, Japan, Korea, Luxembourg(MD), Netherlands, Poland, Portugal, Switzerland(P), United Kingdom

Note: D= Drugs, P=procedures, MD=Medical Devices, Missing info on Denmark, Norway, Spain, Turkey. * For the purpose of reducing use, changes in coverage occurs on a rarely basis. - Source: 2014 OECD Health Benefit Basket Questionnaire

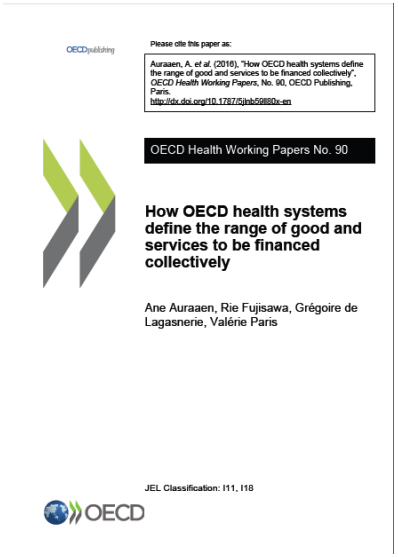
Conclusion

- Mixture of explicit and implicit definitions of services covered in OECD countries → affects processes
  - Difference in how services are defined based on health system characteristics
- Coverage decision based on multi-step approach with wider stakeholder involvement in assessment/appraisal phase
- Good institutional arrangements promote transparency and integrity
- HTA frequently used systematically; non-economic dimensions also important in decision making
- Delisting of services rare and more difficult to implement

Thank you

Contact: michael.mueller@oecd.org

Read more about the study:



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