

Using health technology assessment for informing coverage decisions in Thailand

This article aims to illustrate and critically analyze the results from the 1-year experience of using health technology assessment (HTA) in the development of the Thai Universal Coverage health benefit package. We review the relevant documents and give a descriptive analysis of outcomes resulting from the development process in 2009–2010. Out of 30 topics nominated by stakeholders for prioritization, 12 were selected for further assessment. A total of five new interventions were recommended for inclusion in the benefit package based on value for money, budget impact, feasibility and equity reasons. Different stakeholders have diverse interests and capabilities to participate in the process. In conclusion, HTA is helpful for informing coverage decisions for health benefit packages because it enhances the legitimacy of policy decisions by increasing the transparency, inclusiveness and accountability of the process. There is room for improvement of the current use of HTA, including providing technical support for patient representatives and civic groups, better communication between health professionals, and focusing more on health promotion and disease prevention.

Keywords: coverage and reimbursement approval process ■ developing countries ■ economic evaluation ■ health benefit package ■ health technology assessment ■ Thailand ■ universal coverage

Health technology assessment (HTA) has been described as “A multidisciplinary field of policy analysis...[that] studies the medical, economic, social and ethical implications of development, diffusion and use of health technology” [1]. Although in theory, HTA potentially covers the evaluation of all dimensions of the value of health interventions, decision-makers from a variety of jurisdictions expressly demand information on the effectiveness and cost-effectiveness of health technologies [1–4]. Besides the recognized scarcity of health resources and inefficiency in their use [101], other key reasons for this attention to cost-effectiveness are rapidly aging populations and the ever-increasing availability of high-cost innovations, which further jeopardize system sustainability, especially in countries with publicly funded health schemes [102,103]. As a consequence, health economic evaluation is accepted as a tool to address a wide array of health policy issues, including the pricing and reimbursement of health technologies, development of practice guidelines, planning of specialist facilities, design of payment schemes and promotion of competition in the health system, among others [5].

The development of health benefit packages (i.e., the set of goods, services and actions covered by health insurance schemes) is a particular area where cost-effectiveness studies have acquired significance in recent years [6,104]. Although some health plans develop the list of health benefits to which their covered populations are entitled in implicit ways – usually driven by lobbying from influential stakeholders – there is a rising trend towards the use of transparent and rational criteria for the making of coverage decisions [6,105]. Typical information for decision-making includes scientific and technical data (e.g., cost-effectiveness or disease burden)



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