



Review evidence to inform the health benefits package reform in Vietnam

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Background

Health benefits package under the a national Social Health Insurance (SHI) program

- Issued in 2009
- More than 20,000 items (Medicines, medical devices and medical supplies) are covered in the current package.
- The Health Insurance Law enacted in 2008, and **a roadmap to achieve UHC was developed in 2012**, resulting in a plan to introduce **‘Basic Health Service Package (BHSP)’ by 2018**.
- Request from Vietnamese Ministry of Health (MOH) to HITAP for technical support on the review of interventions in the benefits package

Selection of priority issues

- Criteria for setting priority issues
 - Highest budget reimbursed from the Vietnam Social Security (VSS)
 - Analysis of claim data from VSS in 2015
 - Priority issues are given to the top 20 medicines and 5 medical services reimbursed at national level (1/3 of total VSS budget spent)

Process

Step 1: Guidelines & Literature Review



Step 2: Matching indications



Step 3: Clinical Expert Review



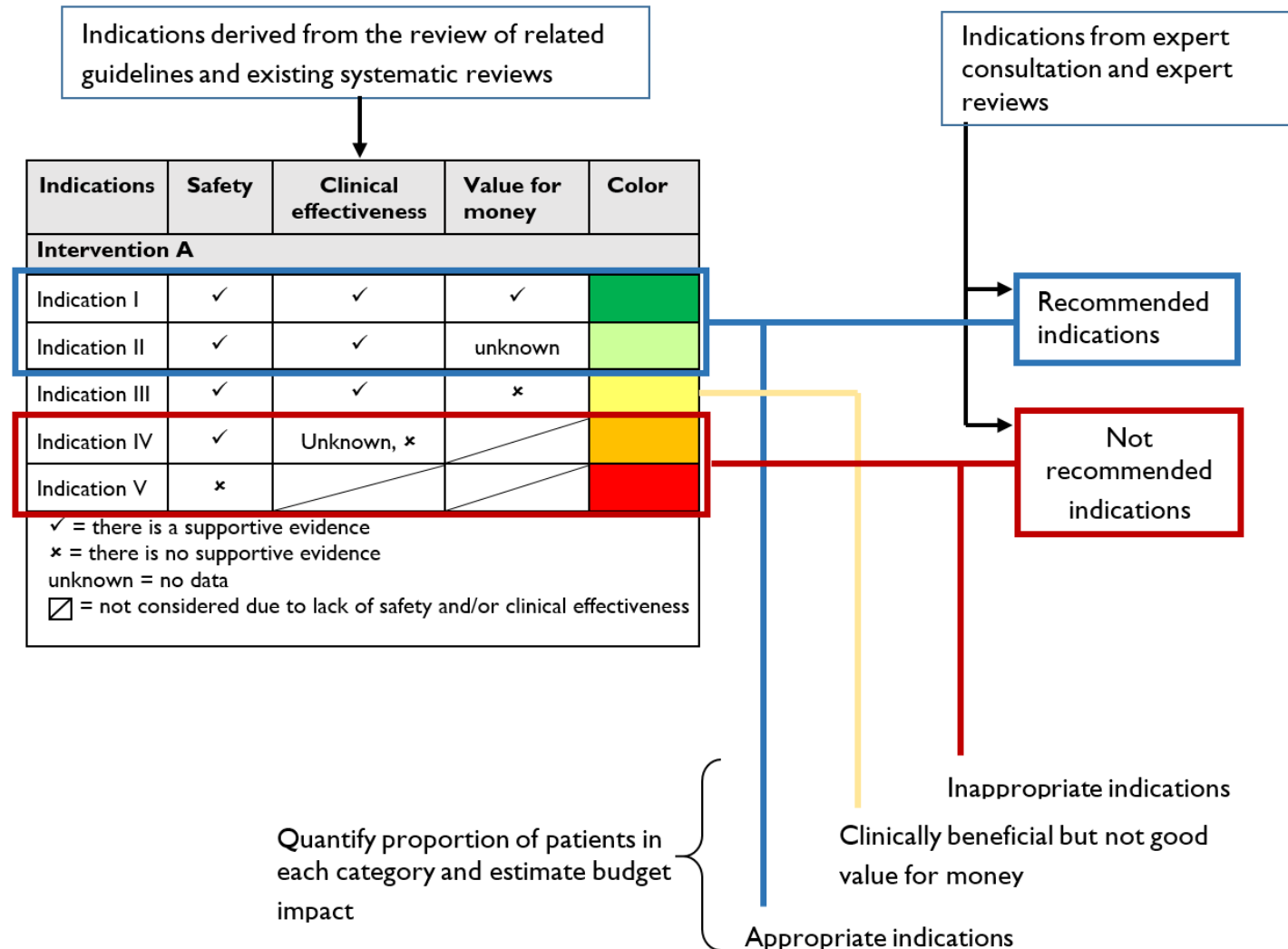
Step 4: Developing list of indications

Step 1: Guidelines & Literature Review

Evidence on safety, efficacy/effectiveness, and cost-effectiveness

- Guidelines
 - 19th WHO Model List of Essential Medicines, Thailand's National List of Essential Medicines, and Vietnamese guidelines, and other national guidelines or international professional associations
- Health-related bibliographic databases
 - Medline and Cochrane Library
- HTA database
 - Centre for Reviews and Dissemination (CRD)
- Review protocol

Traffic light system for presenting reviewed evidence



Step 2: Matching indications

- Data from 14 hospitals
- Top ten indications
 - the number of patients who were prescribed any of the selected interventions with known medical indications identified in Step 1.
- The analysis aimed to match indications where the prescription of medicines/medical devices were deemed appropriate by the review.

Antibiotic

Indications used in Vietnam	Number of patients	Summary of evidence	Name of supported guidelines
1. Pneumonia	6,000		
Severe pneumonia			
Ventilator-associated pneumonia*			
Nosocomial pneumonia*			
2. Chronic kidney disease	2,400		
3. Rheumatic mitral valve diseases	2,350		
4. Cerebral infarction	2,300		
6. Intracerebral haemorrhage	1,900		
7. Heart failure	1,700		
8. Other sepsis	1,800		
9. Acute myocardial infarction	1,770		
10. Other COPD	1,590		
Others	3,200		

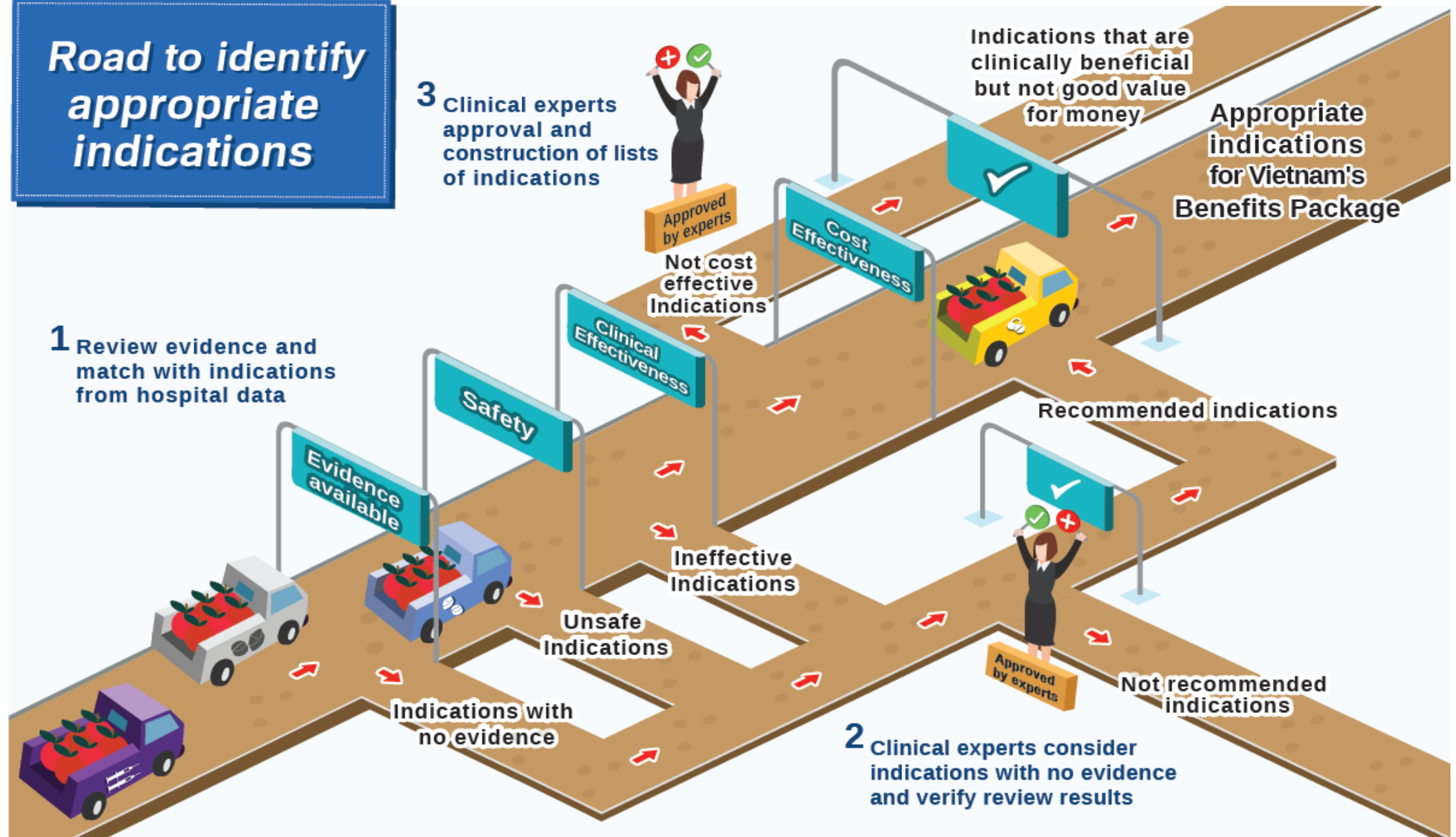
Step 3: Clinical Expert Review

- Grey zone
- Clinical expert was asked to identify for each of the patient records whether the prescription was justified for the given indication.
- The medical indications not identified in the literature review but recommended by clinical experts.

Step 4: Developing list of indications

- A list of medical indications for given interventions that should be reimbursed under the BHSP based on the evidence available.
- VSS plans to send notice to health facilities on the use with no supporting evidences.

Road to identify appropriate indications

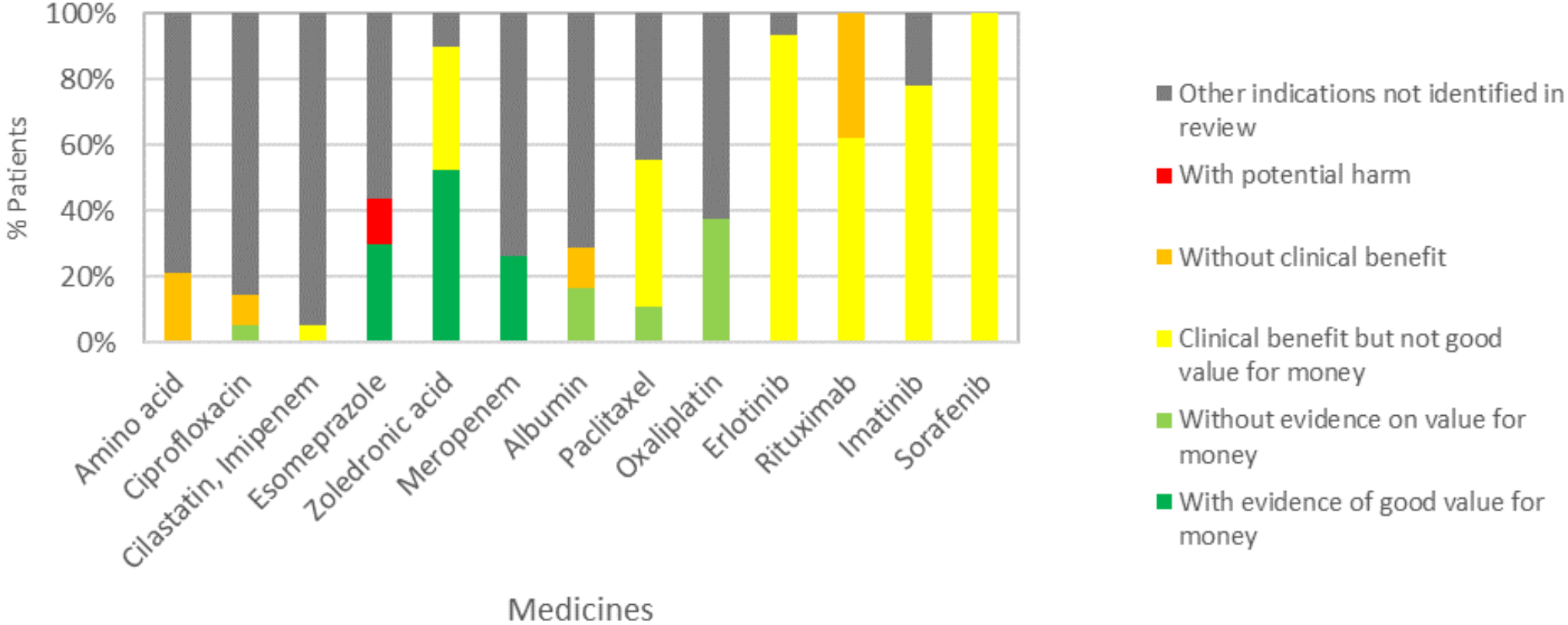


Results (1): reviewed indications for esomeprazole

Indications	Summary of evidence
Cardiovascular patients currently receiving antiplatelet therapy	
Erosive oesophagitis	
Gastro-oesophageal reflux disease	
<ul style="list-style-type: none">• Initial therapy for GERD patients with continued reflux symptoms and failed the PASS test.	
<ul style="list-style-type: none">• Maintenance therapy	
Helicobacter pylori infection	

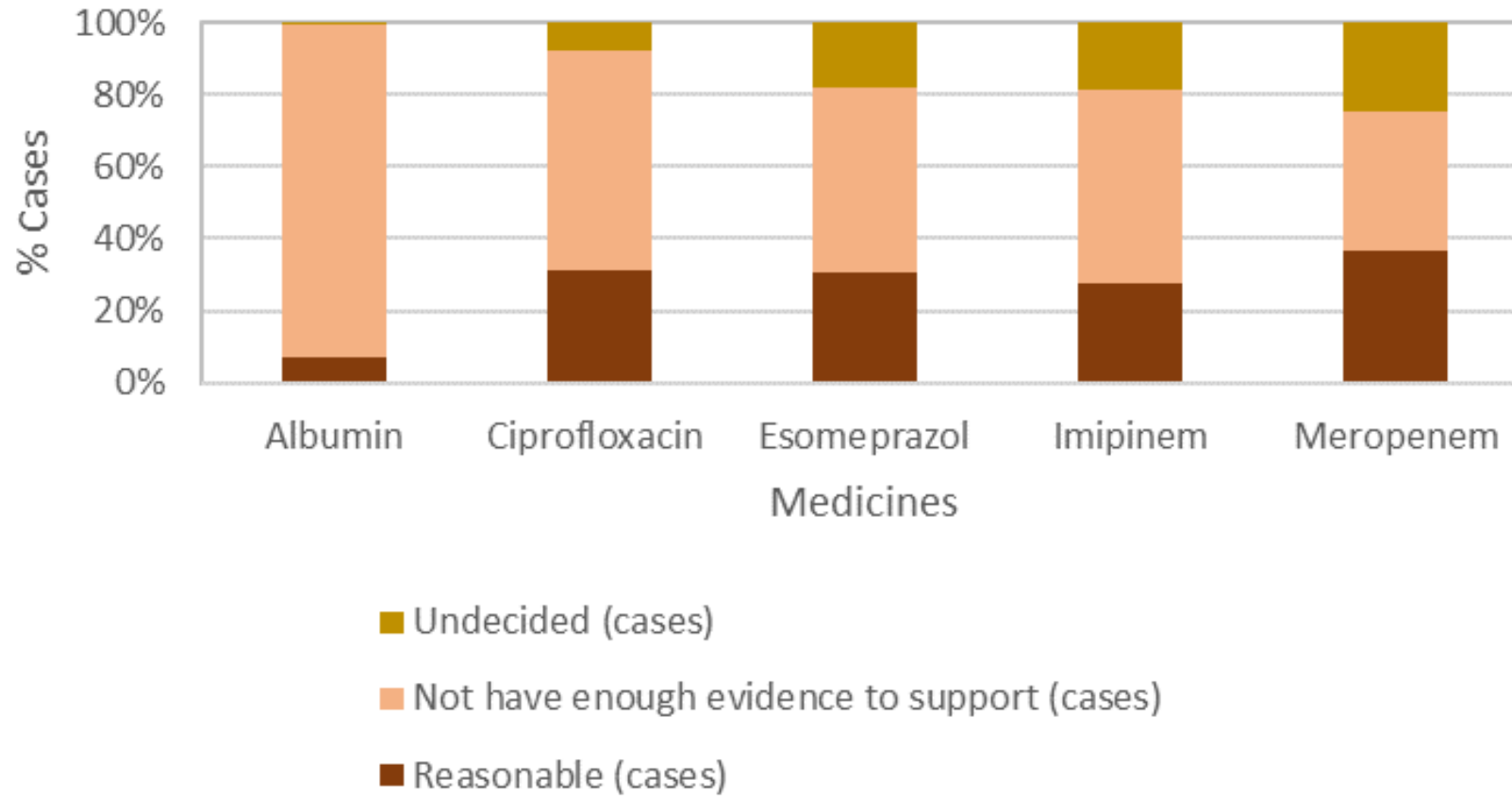
Results (2)

Figure 2: Matching Hospital Data with Review Findings

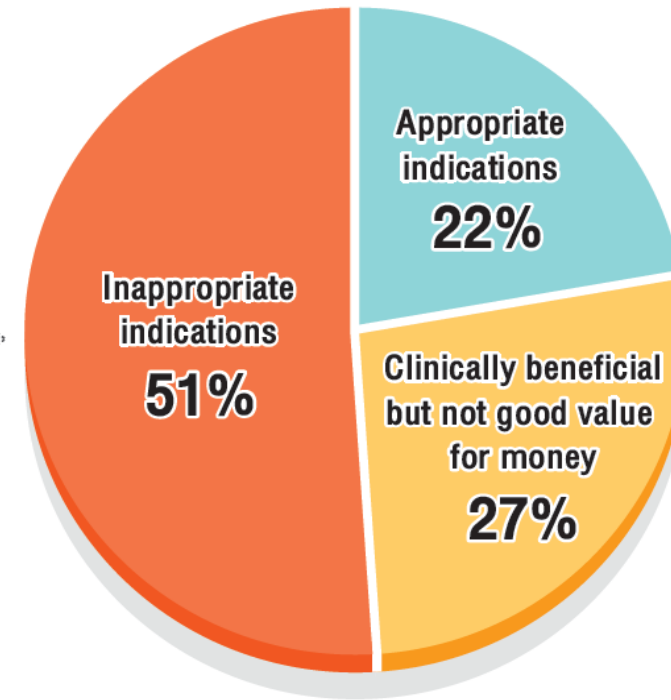
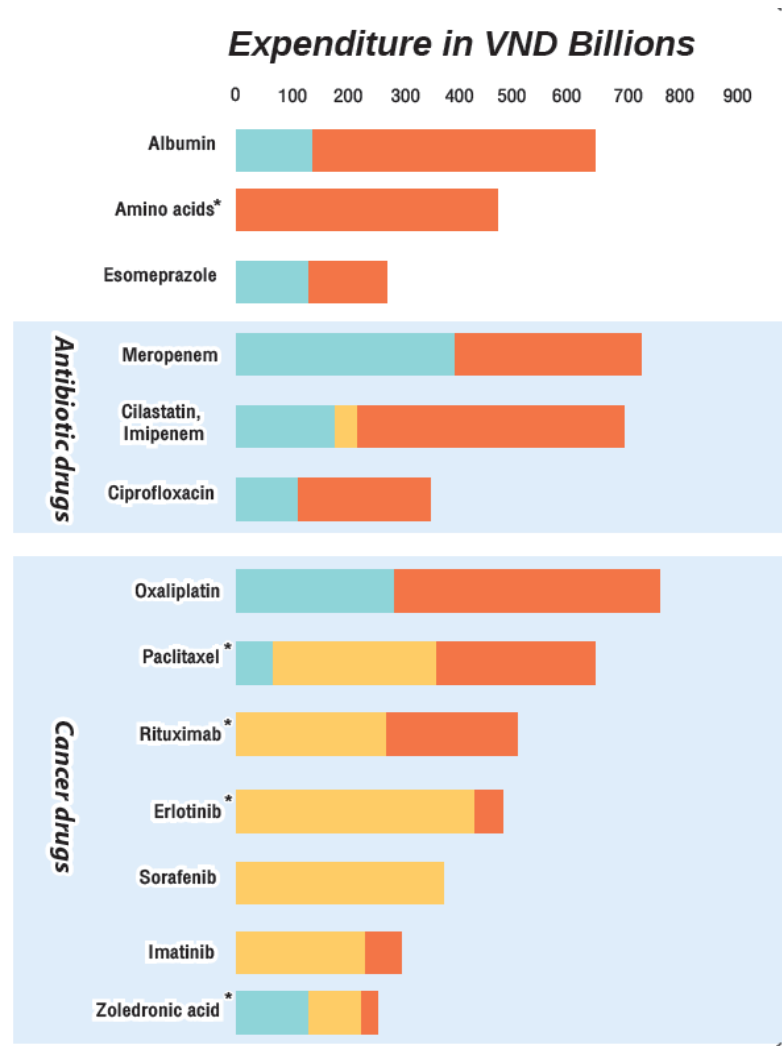


Results (3)

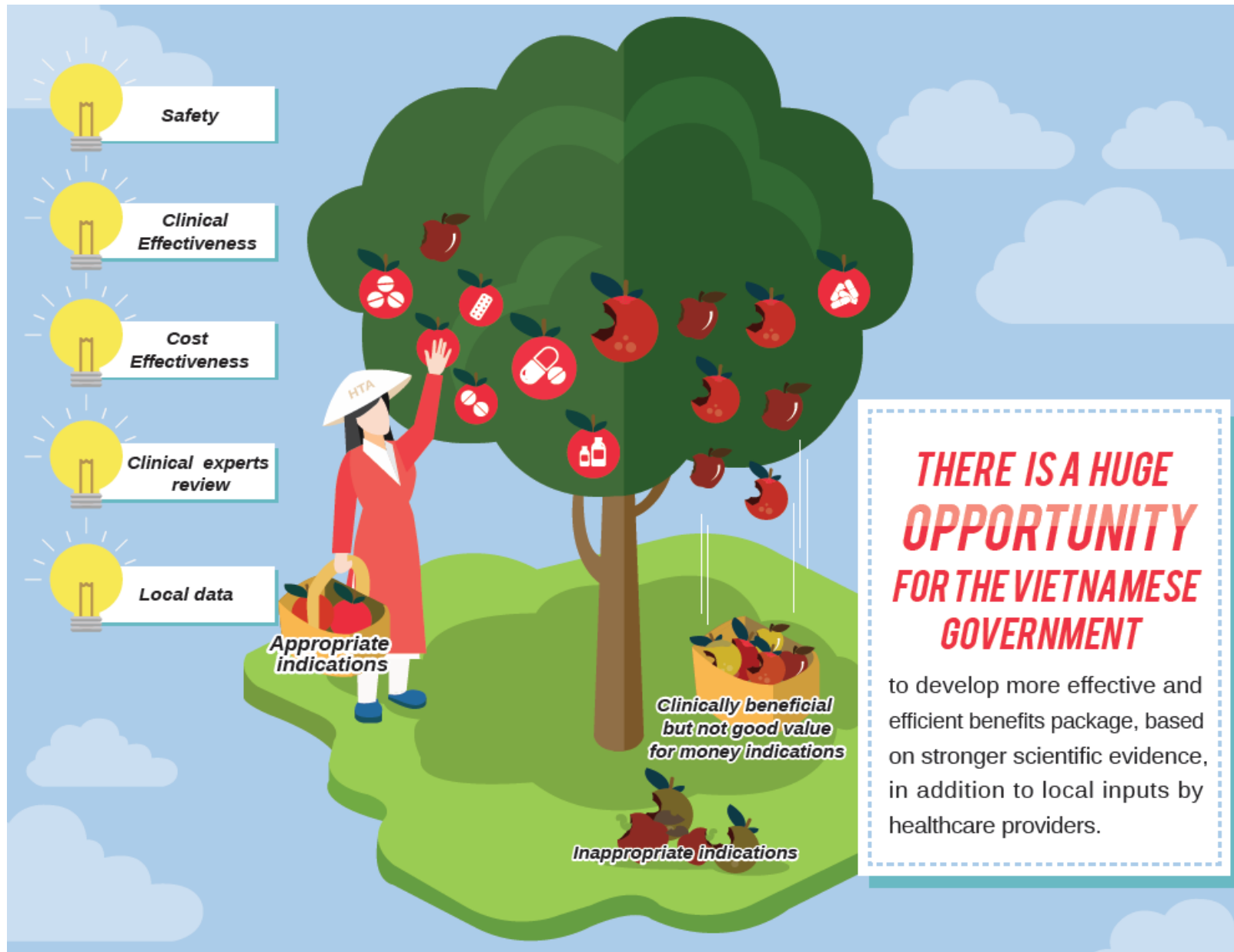
Figure 3: Results of Expert Review

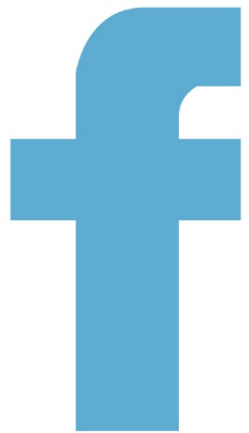


Results (4) Potential saving



*Include indications that were found to be inappropriate or could not be verified as being appropriate.





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