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สำนักงานหลักประกันสุขภาพแห่งชาติ

Making Catastrophic Benefit Affordable: A Case study of Renal Replacement Therapy

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- Introduction
- How had the NHSO achieved?
- What had the NHSO achieved?
- Next steps

Introduction

- Renal Replacement Therapy (RRT) is services for end staged kidney diseases
- Services comprise
 - Hemodialysis (HD)
 - Continuous Ambulatory Peritoneal Dialysis (CAPD)
 - Kidney Transplantation (KT)
- Very low incidence: 80-300 person per million
- Very high cost per case

Introduction

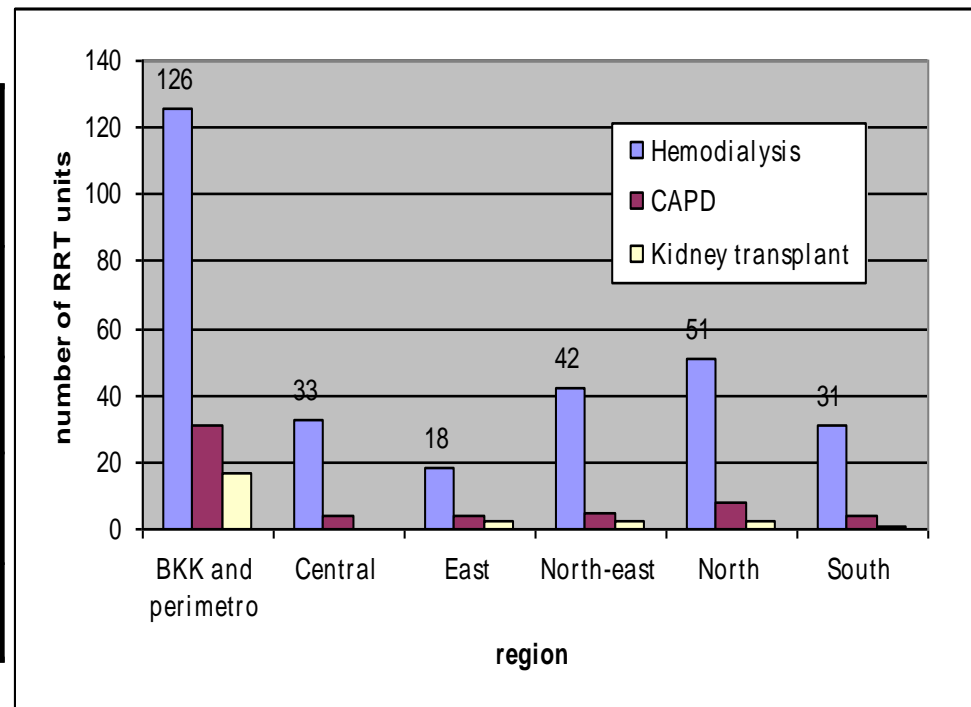
Situation before 2005

- Political constraints
 - Beneficiaries of Civil Servant Medical Benefit Scheme and Social Security Scheme get all Renal Replacement Therapy (RRT) i.e. Hemodialysis (HD), Chronic Ambulatory Peritoneal Dialysis (CAPD) , Kidney Transplantation
 - Beneficiaries of Universal Coverage Scheme (UC) get none of RRT
- Financial constraints
 - 6%-24% of total budget for universal access for only RRT
- Supply side constraints of RRT
 - Mal-distribution favour urban and large cities
 - Domination of Hemodialysis services
 - Serious constraint on Human Resources
 - However, Quality of RRT is quite adequate

Introduction:

Supply side constrain in 2004

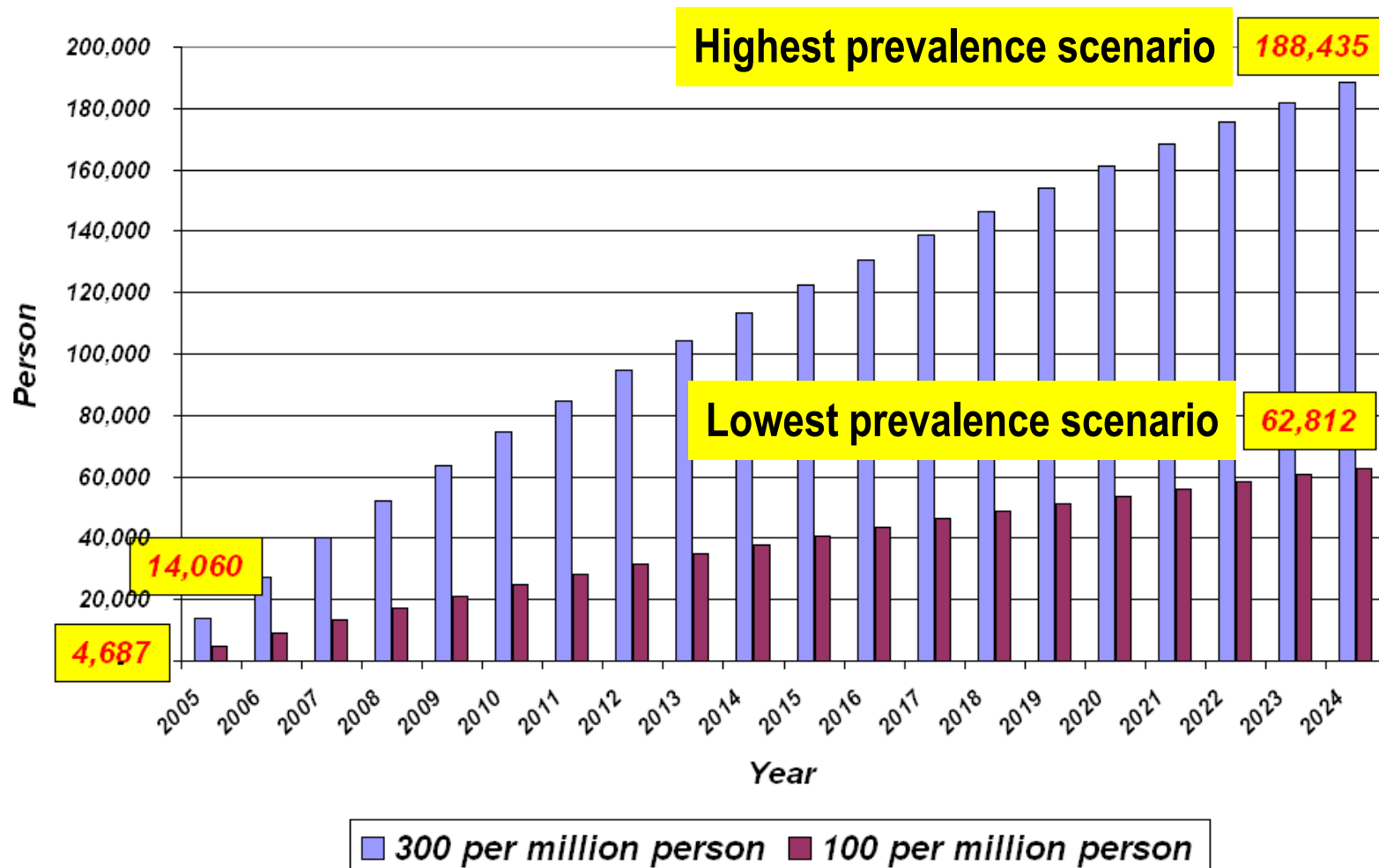
Providers	HD Units	CAPD Units	KT Units
Government	140	48	13
Private	151	6	11
Foundation	10	2	0
Total	301	56	24



- Mal-distribution of HD centres favour the richer provinces
- Reluctance among professionals to extend CAPD
- Number of KT cases in Thailand is low

Source: Thailand Renal Replacement Therapy Registry (2004)

Projection of Patients after Implementation of RRT Programme



Source: IHPP (2005)

Introduction

Situation before 2005

- Studies show that
 - Kidney transplantation is the best treatment
 - Cost utility analysis: CAPD is better than HD in Thai context
- Total cost for HD and CAPD would be 250,000 Baht per patient year
 - HD 1,534 – 1,944 Baht per session
 - CAPD 720 Baht/day (180 Baht per pack of solution)
- At incidence rate of 300 PMP, prevalence of RRT would increase to beyond 50,000 cases in year 4, and beyond 100,000 cases in year 9 and >150,000 cases in year 15
- strong and committed professional organizations, notably Nephrology Society of Thailand, Kidney Foundation, Thai Transplant society, and Organ Donation Centre

How had the NHSO achieved?

Preparation period: 2006-2007

- Strategic purchasing
 - Appropriate price setting
 - Central procurement
 - Logistic design for CAPD
- Demand side manipulation
 - Co-payment for HD
- Supply side scale up
 - Work with professional agencies on training
 - Careful preparation for CAPD scale-up

How had the NHSO achieved? Implementation in 2008

- Benefit package comprise KT, CAPD and HD
 - KT
 - No copayment for transplantation. immunosuppressive
 - CAPD
 - No copayment and free home delivery of CAPD
 - HD
 - copayment 500 Baht
 - No copayment for failure to use CAPD
- Management
 - Case manager:
 - Financial incentive for Health care personnel
 - Encourage volunteer activities
 - Centralized information system for registration, vendor managed inventory and payment

What had the NHSO achieved?

Increase number of providers for RRT

	Before Implement 2004	After Implement 2008	After Implement 2009
HD centre	301	442	447
CAPD centre	56	60	110

What had the NHSO achieved?

Increase number of accumulated cases for RRT
 (Accumulated cases = Active case + Death)

	2008 (Oct07 – Sep08)	2009 (Oct08 – July09)
CAPD patient	1,055	3,557
HD patient	7,105	6,529
KT patient	175	157

What had the NHSO achieved?

- CAPD: Peritonitis rate is similar to standard
 - UC scheme: 20.7 month per episode
 - International society of peritoneal dialysis: 18 month per episode
- HD: Increase share of national pool

	2007 (%)	2008 (%)
UC scheme	4.8%	12.0%
Other public schemes	62.7%	62.2%
Self payment	32.5%	25.8%
TOTAL	100.0%	100.0%

What had the NHSSO achieved?

- Beneficiaries are prevented from this catastrophic expenditure
- Cost saving from market price:
 - central procurement and price negotiation

	2008 (Million Baht)	2009 (Million Baht)
CAPD patient	9.64	15.21
HD patient	461.83	424.39
Total saving	471.47	439.6

Next Steps

- Encourage pharmaceutical industry to start production line of Dialysis Fluid in Thailand
- More central procurement
- Prevent End Stage Renal Disease (ESRD)
 - Survey for prevalence and underlying disease of ESRD
 - Appropriate primary and secondary prevention of ESRD
 - Appropriate disease management programme for DM and HT control

Thank You