

PMB Prioritisation Process



Prioritisation of health services towards an essential service benefits package for the population of South Africa, or medical scheme members?

Boshoff Steenekamp
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Content

- PMB Review December 2016
- Advisory committee, priority setting process subcommittee
- Obligatory joke

Sequencing of the process

- Provide clarity on policy objectives: NHI, sustainability interventions
- Consider approaches to identify priority interventions that must be included in the package
- Define the package based on an agreed prioritisation mechanism
- Develop clinical guidelines inclusive algorithms for chronic disease management, screening for public health priorities and diagnostic guidelines
- Cost the revised PMB package
- Estimate the affordability level
- Revisit package to meet affordability requirements

Ensure transparency and participation throughout the process

Key requirements for a successful priority setting process

1. *It is essential to create **trust in the process**. This will be aided by ensuring that the process is transparent, inclusive, and impartial.*
2. *The process must **actively enable participation** and facilitate dialogue across groups, and be cognisant of the fact that stakeholders are not equal in power: Gender issues, marginalised groups, language, and information gaps must be catered for.*
3. *Facilitators must ensure that the **playing field** in which the priority-setting game is played is level.*
4. *In the medium term, mechanisms must be applied to strengthen individual **capacity**; strengthen institutional capacity; overcome gender barriers to participation, and facilitate inclusion of marginalized groups*
5. ***Engagement with stakeholders** must happen early and often.*
6. *Mechanisms must be applied to ensure that **participation is not only inclusive, but meaningful** in that it allows the views of participants to be reflected in the ultimate decisions.*

Principles identified by priority setting subcommittee

CORE PRINCIPLES

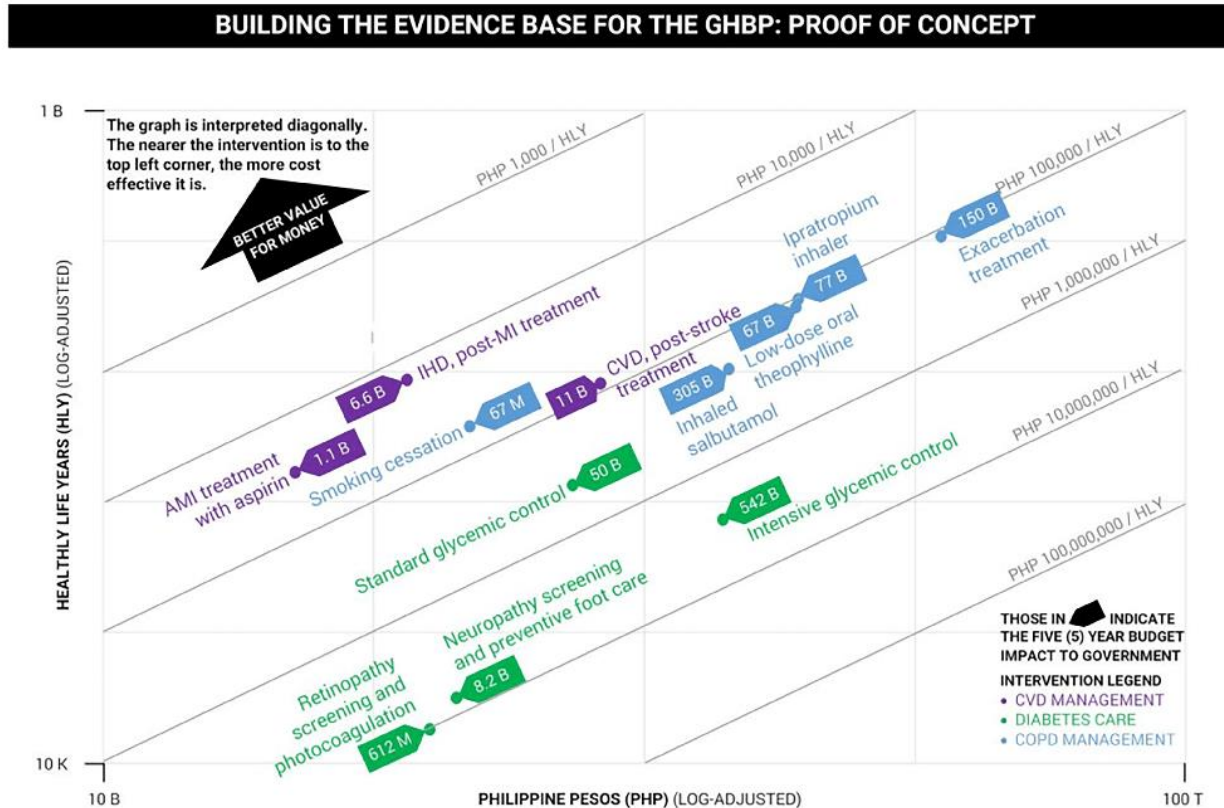
- Health Needs
- Right to access health care services
- Financial Risk Protection
- Sustainability and Affordability
- Clinical and Cost Effectiveness
- Efficiency

Potential processes under consideration

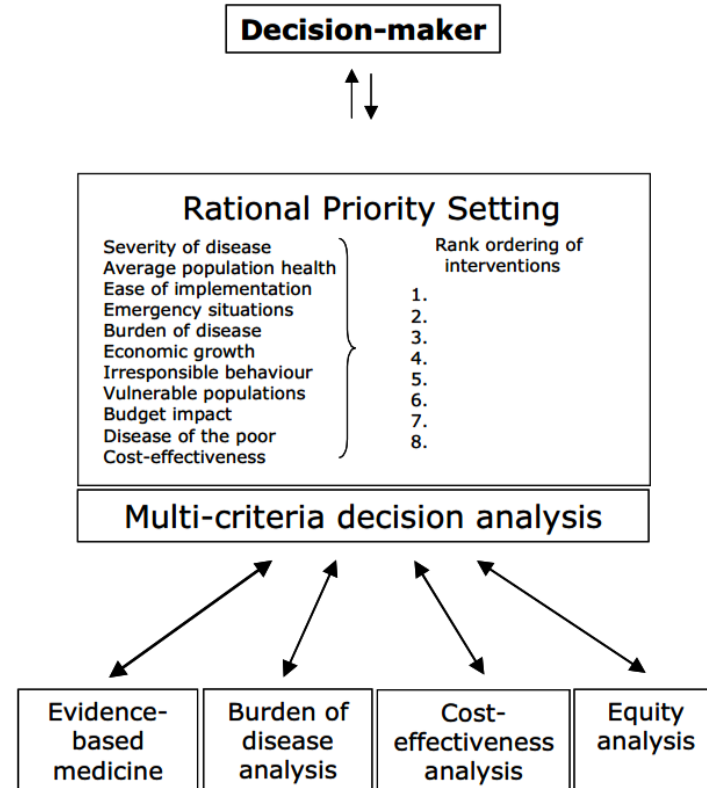
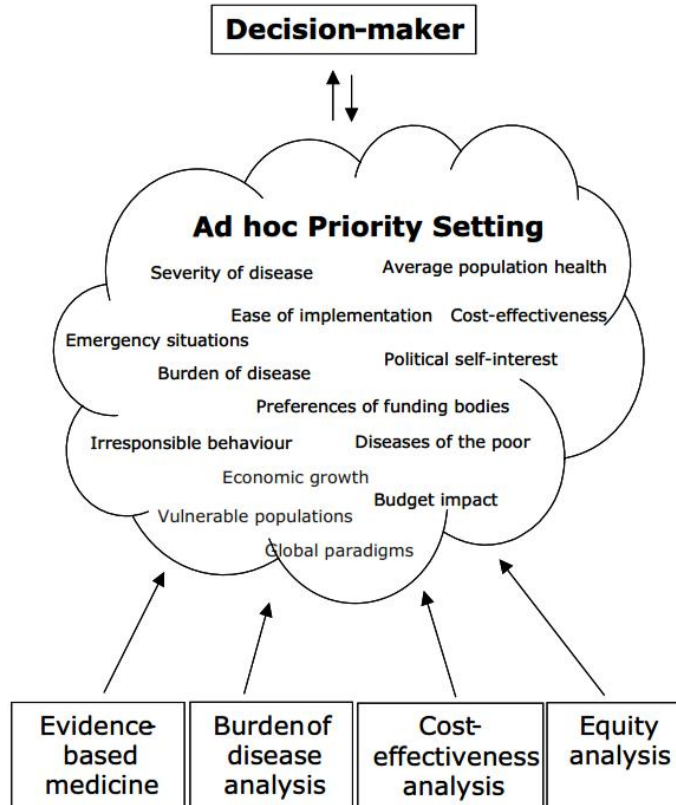
Some priority setting methods to be considered by the Committee

- Multi-Criteria Decision Analysis (MCDA)
- Program Budgeting and Marginal Analysis (PBMA)
- Accountability for Reasonableness
- QALY League Tables
- Target Setting
- Core Services

World Health Organization (WHO) launched the One Health Tool in the Philippines



Ad hoc versus rational priority setting



Identify priority services

Service	Weight
1) Maternity & new born care	100
2) Primary prevention and secondary prevention	95
3) Chronic disease management	75
4) Reproductive services	70
5) Comfort care	65
6) Fatal conditions, where treatment is aimed at disease modification or cure	40
7) Nonfatal conditions, where treatment is aimed at disease modification or cure	20
8) Self-limiting conditions	5
9) Inconsequential care	1

Oregon Health Services Commission. Prioritization of Health Services. A Report to the Governor and the 74th Oregon Legislative Assembly. *Oregon.gov*. [Online] 2007. [Cited: 5 February 2017.] <https://www.oregon.gov/oha/herc/Documents/2007-09%20Biennial%20Report%20to%20Governor%20and%20Legislature,%20June%202007.pdf>.



MMI HOLDINGS
HEALTH

But which are the true priority services?

HEALTH CATEGORIES according to burden of disease - National and International						
	MRC (2000)	MRC Revised burden of disease (2006)	OREGON (2007)	Health Systems Trust Review (2017)	CMS (2017)	PROPOSED * (2018)
	Adapted from South African ENHR congress, 1996			Used social determinants of health (CSDH13, WHO)		
1	Injuries and violence	Pre-transitional	Maternity and newborn care	Childhood illnesses	Maternal and neonatal services	HIV
2	Evolving microbial threats	Non-communicable	Primary prevention and secondary prevention	NCD'd	Child health services	Child health and neonatal services
3	The unfinished agenda	Injuries	Chronic disease	HIV	Prevention services	Non-communicable
4	Non-communicable diseases	HIV	Reproductive services	Violence and injury omitted	Communicable and non-communicable diseases	Maternal services
5	Health Systems		Comfort care		Mental health services	Fatal conditions, where treatment is aimed at disease modification or cure
6	Health and Development	Notes for MRC revised burden of disease...	Fatal conditions, where treatment is aimed at disease modification or cure		Rehabilitation	Nonfatal conditions, where treatment is aimed at disease modification or cure
7		Pre-transitional includes communicable diseases, maternal causes, perinatal conditions and nutritional deficiencies	Nonfatal conditions, where treatment is aimed at disease modification or cure		Palliative services	Post-event or post-diagnosis care
8		Non-communicable includes chronic diseases of lifestyle	Self-limiting conditions		Emergency services	Self-limiting conditions
9		HIV included in group 1, pre-transitional but maintained as separate category due to size	Inconsequential care			Inconsequential care

And how must the services be weighted?

	Health Service Benefit Categories						
	OREGON	Weight	CMS	Weight	Proposed categories *	Proposed weight	* Notes
1	Maternity and new born care	100	Maternal and neonatal services	TBD	HIV	100	Other communicable disease to be incorporated in fatal conditions- or nonfatal condition categories. 1 of 3 categories per HST review 2017
2	Primary prevention and secondary prevention	95	Child health services	TBD	Child health and neonatal services	90	Includes prevention and treatment services. 1 of 3 categories per HST review 2017. Package to be age-grouped
3	Chronic disease management	75	Prevention services	TBD	Non-communicable diseases	80	Aimed at screening and prevention, with incentivisation for patient accountability. 1 of 3 categories as per HST review 2017
4	Reproductive services	70	Communicable and non-communicable diseases	TBD	Maternal services	75	Includes reproductive services and family planning. Includes prevention, treatment and emergency management services
5	Comfort care	65	Mental health services	TBD	Fatal conditions, where treatment is aimed at disease modification or cure	60	Emergency services included here. Will have higher weighting due to BoD criteria of urgency
6	Fatal conditions, where treatment is aimed at disease modification or cure	40	Rehabilitation	TBD	Nonfatal conditions, where treatment is aimed at disease modification or cure	30	Majority of mental health conditions included here
7	Nonfatal conditions, where treatment is aimed at disease modification or cure	20	Palliative services	TBD	Post-event or post-diagnosis care	20	This includes rehabilitation and palliative care
8	Self-limiting conditions	5	Emergency services	TBD	Self-limiting conditions	5	
9	Inconsequential care	1			Inconsequential care	1	

What is important in South Africa?

“Prevailing frameworks of demographic, epidemiological, and health transitions as descriptive and predictive models are incomplete or irrelevant for charting the population and health experiences and prospects of national populations in the African context”

Consider impact on health and social security, and assign a weight for each criterion for each intervention

Impact on Healthy Life Years				
+ Impact on Suffering				Need for
+ Population Effects	X	Effectiveness	X	Service
+ Vulnerable of Population Affected				
+ Tertiary Prevention (categories 6 & 7 only)				

Example of outcome of the prioritisation process

Schizophrenic Disorders

(Old line: 159, New line: 27)

Impact on Healthy Life Years: 8

Impact on Suffering: 4

Effects on Population: 4

Vulnerability of Population Affected: 0

Effectiveness: 3

Need for Service: 1

Net Cost: 5

Category 3 Weight: 75

Total Score: 3600

$$[(8+4+4+0) \times 3 \times 1] \times 75 = 3600$$

Grade I Sprains of Joints and Muscles

(Old line: 626, New line: 628)

Impact on Healthy Life Years: 1

Impact on Suffering: 1

Effects on Population: 0

Vulnerability of Population Affected: 0

Effectiveness: 2

Need for Service: 0.1

Net Cost: 4

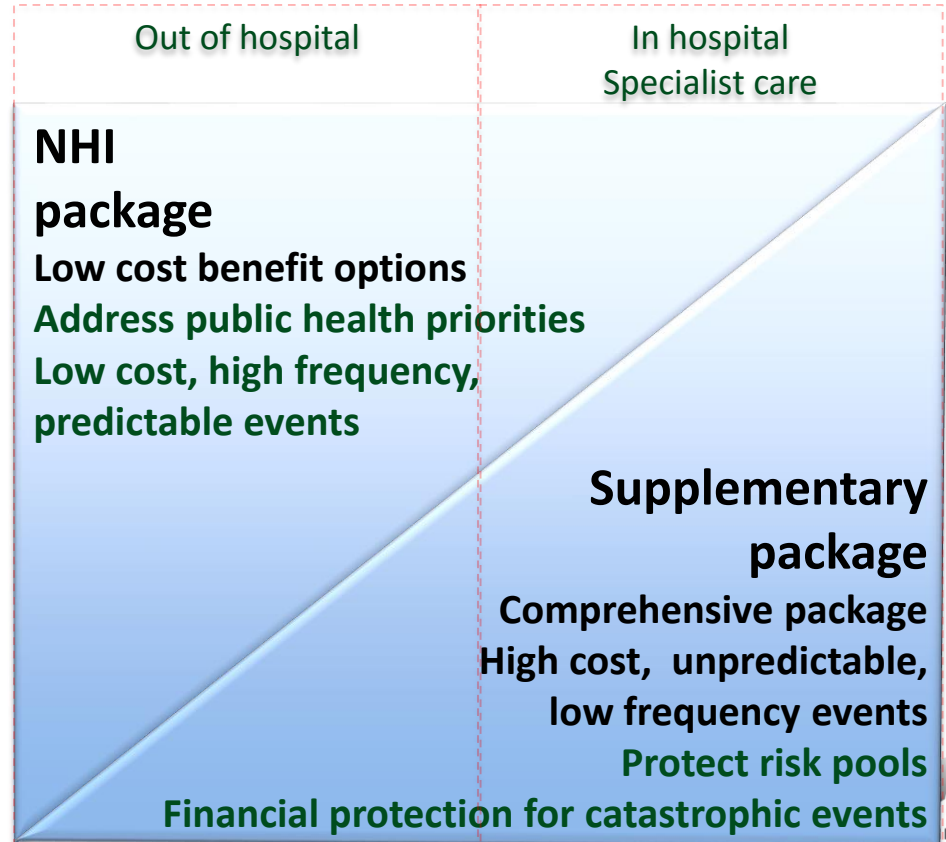
Category 8 Weight: 5

Total Score: 2

$$[(1+1+0+0) \times 2 \times 0.1 \times 5 = 2$$

Package design

- 1) Maternity & new born care
- 2) Primary prevention and secondary prevention
- 3) Chronic disease management
- 4) Reproductive services
- 5) Comfort care
- 6) Fatal conditions, where treatment is aimed at disease modification or cure
- 7) Nonfatal conditions, where treatment is aimed at disease modification or cure
- 8) Self-limiting conditions
- 9) Inconsequential care



CHILE (AUGE)

Table 3-2a. Number of AUGE cases in millions of people, per group associated with each Supreme Decree, 2005-2012

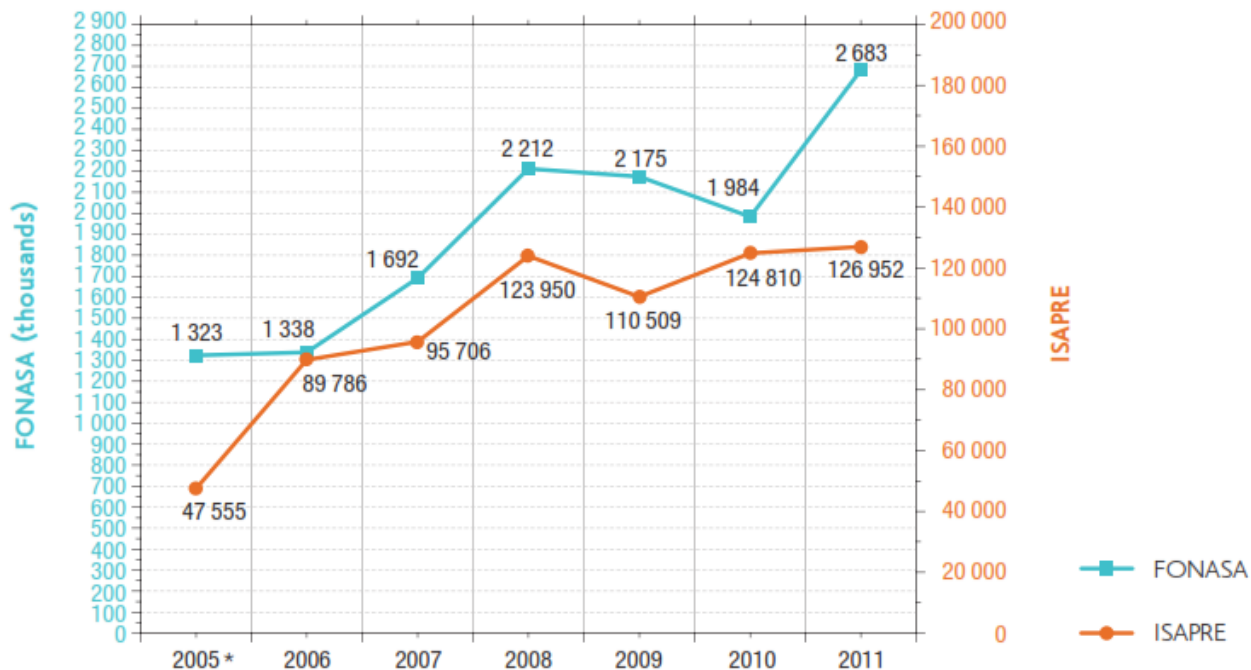
Health issues	2005 *	2006	2007	2008	2009	2010	2011	2012 **
25 AUGE diseases	1370	1138	987	1015	1035	924	1367	720
15 more AUGE diseases		290	499	518	492	413	467	246
16 more AUGE diseases			302	803	759	638	687	335
13 more AUGE diseases						125	289	160
Total	1370	1428	1788	2336	2286	2099	2810	1461

Sources: Superintendence of Health and FONASA.

*2005 July to December period; **2012 January to June

CHILE (AUGE)

Figure 3-1. AUGE new cases, per health insurance in each year, 2005-2011



Source: Superintendence of Health. *2005 July to December.

Conclusion

- Complex process
- Cloudy at the moment
- Confident a sound process will be developed