Medicines and Insurance Coverage (MedIC) Initiative
Course on Medicines Policy Analysis in Health and Insurance Systems
Ateneo de Manila University, Manila, Philippines
23 to 29 September 2007

COURSE REPORT

Submitted on behalf of the
WHO Collaborating Center in Pharmaceutical Policy
by
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DACP
Course on Medicines Policy Analysis
in Health and Insurance Systems

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ACRONYMS

CCPP	**WHO Collaborating Center in Pharmaceutical Policy, Boston**
DACP	**Department of Ambulatory Care and Prevention**
DPRG	**Drug Policy Research Group**
HMS	**Harvard Medical School**
HPHC	**Harvard Pilgrim Health Care**
MedIC	**Medicines and Insurance Coverage Initiative**
MeTA	**Medicines Transparency Alliance**
PhilHealth	**Philippine Health Insurance Corporation**
WHO	**World Health Organization**
WPRO	**WHO Western Pacific Regional Office**

INTRODUCTION

Background

Access to essential medicines to treat the major causes of acute and chronic illness is still a major problem in many countries, especially among the poor. Failure to use medicines when they are needed can lead to preventable morbidity and mortality, catastrophic episodes of illness that increase impoverishment, and large-scale losses to health systems and employers. Frequently, economic factors are the most important barriers to access. Insurance programs that cover medicines can play a key role in extending access to high risk populations and in encouraging more economical and effective use of medicines.

During the Second International Conference on Improving Use of Medicines ($ICIUM_{2004}$, www.icium.org), experts from 70 countries concluded that broad-based insurance systems[1] covering essential medicines for the poor increasingly emerge in low income settings. Participants recommended that countries strengthen efforts to develop and extend effective medicines benefits in emerging and expanding insurance programs.

Evidence suggests that well-designed medicines benefits are sustainable and can leverage better prescribing by clinicians, more cost-effective medicines use by consumers, and lower prices from industry. Designing and managing medicines benefits programs requires detailed and timely information about medicines use. Computerized insurance data are increasingly available, routinely collected, and cover large populations. They offer an important resource for assessing need, evaluating quality use, controlling cost and monitoring health outcomes in order to develop more informed health and medicines policy decisions.

Together with the World Health Organization (WHO) and international colleagues, the WHO Collaborating Center in Pharmaceutical Policy (CCPP) in Boston has begun the Initiative on Medicines and Insurance Coverage (MedIC). As part of MedIC, the CCPP designed the MedIC Course on Medicines Policy Analysis in Health and Insurance Systems. The MedIC Course targets policy makers, analysts, actuaries, and others involved in making medicines policy decisions in health and insurance systems. It is intended to enhance participants' skills to identify problems in medicines access and use, and to design, implement, and evaluate medicines benefit policies in health systems. The first MedIC Course was held in Manila, Philippines, in September 2007.

MedIC Course Design

Conducted in English, the 6-day highly interactive MedIC Course consisted of brief lectures, small and large group case discussions, and small group hands-on analyses of health systems data. During the course, we asked participants to focus on a specific medicines policy issue in their system, and to develop a post-course strategy to design, implement, and/or evaluate a medicine policy intervention to improve key outcomes.

Course discussions focused on key medicine policy questions including the following:

- What is the role of medicines in health care systems?
- What is the role of insurance programs in improving access to and use of medicines?
- How do medicines policies affect utilization of services and health outcomes?
- What are advantages and disadvantages of specific medicines policies?

[1] The term insurance in this document refers to all kinds of health insurance programs, including private, public, for profit, and not-for-profit programs and organizations, in particular those which include the poor.

- What is the best way to design, implement, and manage a formulary?
- How can political and ethical medicines policy aspects be considered?
- How can health systems evaluate changes in medicines policies?
- How can routine medicines data be used to develop and monitor policies?

Course Materials

The course materials included a Participant Guide with recommended and required readings for each session; Powerpoint slide presentations; and materials for small group activities (including case descriptions, excel data sets, data analysis instructions, and solutions to data analysis problems). Participants received a CD with all course materials. Materials will also be available at the CC-PP website (www.whoccpp.org).

Course Preparation

Under the leadership of Anita Wagner and Dennis Ross-Degnan, a team of international collaborators organized the course. The local organizing team was led by Dr. Marife Yap at Ateneo University. Specific activities included the following.

- The course was announced on the e-drug global pharmaceutical list serve and course announcements were disseminated through WHO Geneva, WHO regional offices, international insurance networks, individual health insurance programs, and international development organizations.
- Funding for participant scholarships was solicited from WHO global, regional, and national offices; the UK Department for International Development; and other international donors working on medicines policy issues.
- The local MedIC Course organizing team organized all local arrangements including teaching facilities, hotel accommodation, transport, catering, and social events.
- Prior to the course, confirmed participants completed a survey about the health insurance programs in their countries, with a focus on medicines benefit policies and the availability of routine data. Participants also prepared slide presentations on their systems following a structured template. Compiled survey results and slides were presented in the course.
- Participants received the Participant Guide and key readings at the beginning of the course.

Logistics

The course was held at Ateneo Professional Schools, Ateneo de Manila University, Rockwell Center, Makati City, Philippines. Participants were transported by private shuttle bus to and from the University to their hotels.

Two social events were part of the course: The opening dinner at City Garden Hotel and a afternoon shopping trip with dinner in the Mall of Asia on day 4 of the course.

For MedIC Course participants from MeTA countries (Ghana, Jordan, Kazakhstan (for Kyrgyzstan), Peru, and the Philippines), course organizers and the Philippine MeTA Council hosted a day of presentations and discussions on the MeTA Initiative and how it had progressed to date in the Philippines. The MeTA country meeting took place on Sunday, 30 September, 2007, at City Garden Hotel. Annex 7 contains a summary of the MeTA country meeting.

COURSE DESCRIPTION

A brief description of the MedIC Course follows. Annex 1 provides course facilitator biographies; Annex 2 lists course participant contact details; Annex 3 lists the detailed schedule for the week; Annex 4 contains the objectives, outline, and suggested readings for each session.

Course Opening

The MedIC Course was formally opened with a dinner reception on Sunday, 23 September 2007. Dr Marife Yap, Director, Ateneo Graduate School of Business Health Unit; Dr. Madeleine Valera, Vice President, Quality Assurance Research and Policy Development Group, Philippine Health Insurance Corporation; and Dr. Anita K. Wagner, Director, MedIC Course in Pharmaceutical Policy Analysis, Department of Ambulatory Care and Prevention, Harvard Medical School and Harvard Pilgrim Health Care welcomed participants. Dr. Budiono Santoso, Regional Adviser / Pharmaceuticals, WHO Regional Office for the Western Pacific gave the key note address. Dr. Dennis Ross-Degnan, Co-Director, WHO Collaborating Center in Pharmaceutical Policy, Department of Ambulatory Care and Prevention, Harvard Medical School and Harvard Pilgrim Health Care gave closing remarks.

The course started on Monday, 24 September 2007.

On the ***first day***, participants conducted the "Gallery of Experts" activity, an ice-breaker to elicit the wealth of knowledge and resources available to the group through the participants and facilitators. Participants interviewed each other in pairs and produced a poster describing their partners, based on which each participant was introduced to the group. Participant descriptions remained posted throughout the course week.

Session 1 covered medicines access and use and their determinants in the format of a slide presentation and a large group case discussion. We introduced participants to a behavioral framework for thinking about the use of medicines and differentiated between targeted and system-wide intervention strategies to change behavior. Key policy recommendations from the 2004 International Conference on Improving Use of Medicines were also introduced.

During the *Session 2*, we introduced an insurance framework for influencing medicines access and use, with examples of insurance system-wide interventions. In small across-country group discussions, participants discussed which functions related to medicines policy decision making in their systems were operational, and in which ways. In a second small within-country group discussion, participants identified medicines policy issues relevant to their systems.

In the morning of the ***second day***, *Session 3* focused on the availability and quality of data in health systems and their potential uses for answering policy questions. Participants had completed a survey prior to the course about medicines benefits and routinely collected data within their systems. Tabulated survey results were used as a starting point for discussion of frequently existing data elements and the advantages and caveats for the use of these data in policy research.

Following this discussion, we provided a tutorial on how to use Excel to analyze and display data, focusing on the use of pivot tables and charts. Participants then applied Excel to analyze a set of PhilHealth data. The goal of the analysis was to assess inpatient cost of care for different groups of patients admitted for treatment of hypertension.

In the afternoon of the second day, *Session 4* focused on medicines policy options. After a slide presentation listing different policy options available to health and insurance systems and governments; participants discussed the possible intended and unintended effects of a

policy to expand the list of medicines covered by a health insurance program. They then convened in country groups to identify policy approaches, rationales for the approach, and possible intended and unintended in response to a medicines issue they had identified in their systems.

In *Session 5* on the ***third day***, we focused on objectives of medicines policies and on defining indicators that would allow assessing whether these objectives were achieved, and/or whether the policy resulted in unintended effects.

Session 6 focused on formularies as one of the most frequently used policy options. We specifically included transparency in values underlying formulary decisions in the presentation and discussion. Participants then discussed a case on formulary decision making and in small groups decided on the formulary decision they would make.

Session 7 introduced the political aspects of implementing a medicines policy change. This session touched upon the social, political and systems requirements for successful policy change. In small groups, participants took roles of different stakeholders in a policy implementation process and assessed the policy given their stakeholder positions and concerns.

On the ***fourth day***, participant groups presented their stakeholder positions developed in Session 7. *Session 8* covered key issues that arise when collecting, organizing and analyzing health system and insurance program data. The goal of this session was to demonstrate how to identify and deal with common data problems that have the potential to distort results. In an extensive small group activity, participants organized, summarized, and evaluated three datasets for errors using Excel pivot charts and tables and shared findings with the large group. The second social activity took place in the afternoon.

The ***fifth day***, *Session 9* focused on methods to evaluate a policy intervention, highlighting the advantages of quasi-experimental "interrupted time series" designs. In small country groups, participants began to design an evaluations strategy for the policy intervention they had chosen for their systems.

Session 10 introduced analysis methods for longitudinal policy evaluation data and the benefits of graphical displays and statistical expression of policy analysis results. In an extensive small group activity, participants analyzed a policy change, decided on the key result, and created a brief presentation of the policy evaluation. Coming together as a large group, participants presented their findings to the "minister of health".

In *Session 11*, participants began to prepare presentations of their country policy design, implementation, and evaluation project. Participants were provided a slide template to complete for their final presentations.

On the ***sixth day***, in *Session 12*, we discussed the need and methods for routinely monitoring medicines policy performance in health and insurance systems, for purposes including strategic planning, performance assessment, and fraud detection. We provided examples of routine reports of pharmacy utilization and financial data.

In *Session 13* participants finalized their group projects, and in *Session 14*, each group presented the results of their week-long collaboration and received input from course participants and facilitators. Group projects are described in Annex 5.

The course concluded with a wrap-up session in which participants shared their impressions of which aspects of the course worked well for them and which aspects of the course could be improved. In addition to evaluating each session throughout the week, participants also

completed an overall evaluation of the course. Annex 6 summarizes session and overall evaluation results and lists participants' suggestions for course improvements.

Contributors and Funders

The MedIC Course on Medicines Policy Analysis in Health and Insurance Systems was developed by Anita Wagner and Dennis Ross-Degnan of the WHO Collaborating Center in Pharmaceutical Policy (WHO CCPP) in Boston, USA. The WHO CCPP consists of the Drug Policy Research Group at the Department of Ambulatory Care and Prevention of Harvard Medical School and Harvard Pilgrim Health Care and the Center for International Health and Development at Boston University School of Public Health.

The following colleagues at the WHO CCPP and elsewhere contributed to the development of the Course Participant Guide: Jeffrey Brown, Joyce Cheatham, Amy Johnson, Richard Laing (WHO Geneva), Michael Law, Sarah Lewis, Connie Mah Trinacty, Michael Reich (Harvard School of Public Health), Sheila Reiss, Jim Sabin, Russell Teagarden (MedCo Health Solutions, Inc.), Brenda Waning, Frank Wharam, and Fang Zhang.

We gratefully acknowledge the support of the WHO Programme in Medicines Policy and Standards, Geneva, and the Department of Ambulatory Care and Prevention of Harvard Pilgrim Health Care and Harvard Medical School in the development of these course materials.

The following major sponsors made the MedIC Course on Medicines Policy Analysis in Health and Insurance Systems possible: the Department of Ambulatory Care and Prevention (DACP) at Harvard Medical School and Harvard Pilgrim Health Care; the German Organization for Technical Collaboration (GTZ); the UK Department for International Development (DfID); the World Health Organization, Geneva (WHO); and the World Health Organization Western Pacific Regional Office (WPRO).

We thank the following individuals for their diligent work organizing this course: Imelda Capuras, Joyce Cheatham, Susan John, Sarah Lewis, Mai Manchanda, Susan McGonagle, Nicholas Mulherin, Khrisna Reyes, Madeleine Valera, and Marife Yap.

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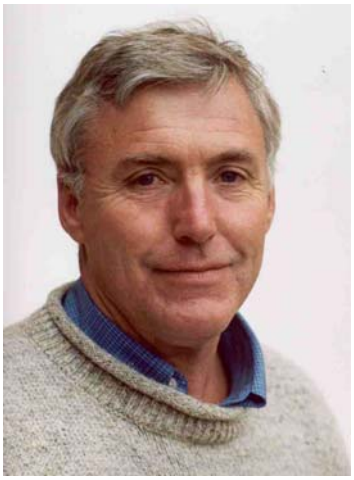

Dr. Chalker is a UK-trained physician with a Masters degree in Community Health in Developing Countries and a PhD in Health Systems Research. He is currently a Principal Program Associate with Management Sciences for Health and Coordinator of a five year Swedish funded program to learn how to monitor and improve adherence to antiretroviral medicines in East Africa.

He is the current Coordinator of the International Network for the Rational Use of Drugs (INRUD), which is a global network of some 24 groups in 22 countries composed of academics, health managers, and policymakers, which for 18 years have been involved in developing, testing, and implementing interventions to improve use of medicines. He served as Chair of the International Organizing Committee for the International Conference on Improving Use of Medicine in Chiang Mai, which brought together almost 500 action researchers and policy makers from seventy countries in a highly interactive and productive conference (www.icium.org). He has 19 years of experience in designing, implementing, and managing health development projects and quality improvement interventions in the public and private sectors and at the local, regional, and national level in a wide range of resource poor countries in Africa, Asia and the Middle East.

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Dr. Hartigan-Go is Executive Director of The Zuellig Foundation. He is also a member of the Coordinating Team of the Ateneo School of Medicine and Public Health where he leads the development of the Year Level 6 Curriculum. He completed his BS in Psychology, *Cum Laude* at the University of the Philippines and received his Doctor of Medicine from the UP College of Medicine. Dr. Hartigan-Go completed his residency training in Internal Medicine at the UP-PGH and pursued his clinical pharmacology fellowship in the UK and then obtained his postgraduate degree Doctor of Medicine from the University of Newcastle-upon-Tyne for his work Drug Induced QT Prolongation. In 1999 he was appointed as the Deputy Director of the Bureau of Food and Drugs and was concurrent manager of the Philippine National Drug Policy Programme of the Department of Health. In this official capacity, he was also designated briefly as vice-chairman of the Dangerous Drugs Board in 2001. Until 2005, Dr. Hartigan-Go was Professor at the

Department of Pharmacology and Toxicology, UP College of Medicine. He is a practicing internist and toxicologist at the Medical City Hospital, the Cardinal Santos Medical Centre and the Manila Doctors Hospital. He is a consultant to the Philippine Health Insurance Corporation.

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Dr. Laing is a physician who worked at all levels for 18 years in the Ministry of Health Zimbabwe. After receiving post graduate degrees in public health and health policy, he spent 13 years in Boston, USA. He initially worked for an international consulting company establishing the International Network for the Rational Use of Drugs (INRUD).

He was then a professor of international public health at Boston University School of Public Health before joining WHO in mid 2003 as a medical officer. He has served on a number of WHO Expert Committees. He has an extensive list of academic publications and is one of the editors and authors of the standard text Managing Drug Supply. At WHO, he is responsible for editing the Essential Drugs Monitor and for coordinating training and research related to promoting rational use of drugs in the community. He was one of the authors of the Priority Medicines for Europe and the World report. Most recently he has been engaged in working on measurement of medicines pricing and availability as part of the joint WHO/HAI project on Medicine prices.

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Dr. Ross-Degnan, Sc.D., is Associate Professor at the Department of Ambulatory Care and Prevention (DACP) at Harvard Medical School (HMS) and Director of Research at Harvard Pilgrim Health Care. He holds a doctorate in health policy and management from the Harvard School of Public Health. Dr. Ross-Degnan's career has focused primarily on

improving health systems in the US and developing countries, including research on the effects of pharmaceutical policies, factors underlying appropriate use of medicines, interventions to improve quality of care, and applied research methodology in low resource settings. In 1990, he co-founded the International Network for Rational Use of Drugs (INRUD), a global network of academics, health managers, and policymakers involved in developing and testing interdisciplinary interventions to improve use of medicines. In recognition of these efforts, he was awarded the 2005 HMS Klaus Peter International Teaching Award. He has consulted extensively with the World Health Organization on issues related to access to and appropriate use of medicines, and pharmaceutical sector monitoring and evaluation. Dr. Ross-Degnan also co-directs the World Health Organization Collaborating Center on Pharmaceutical Policy which is based jointly at DACP and the Boston University Center for International Health and Development.

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Dr. Valera is a senior health care service professional with over 18 years of professional expertise in primary health care service delivery, financing and management in the public and private sectors.

She has served in senior level positions with a national social health insurance organization, the Philippine Health Insurance Corporation (PHIC), responsible for quality assurance; benefit development; policy development; developing standards of accreditation; developing the health care benefits package covering TB and Maternity Care, and outpatient benefits; and drug and contraceptives devices reimbursement.

Dr. Valera has extensive experience with the Local Government Units through the coordination of various social and health reform programs of the Department of Health and office of the President of the Philippines. As former Assistant Cabinet Officer for Regional Development (CORD) for the Cordillera and CARAGA Region, she facilitated projects and activities of Local Government Units (Provincial and Municipal) with various National and International governmental and non-governmental agencies. Dr. Valera has significant experience in policy development, having assisted in the formulation of the National Policy Agenda for such health and development issues as Minimum Basic Needs, Devolution, Poverty Alleviation, and Social Reform, Population Policy, NGO-GO Collaboration and Partnership in Health and Alternative Medicine, many of which were later translated into Philippine Law. She has vast experience in developing PHIC benefits and in drug and health care financing.

Dr. Valera acted as field tutor/mentor of the interns from Heidelberg University in Germany and the Youth Internship Program (YIP) of the Canadian International Development Authority (CIDA) since 2000. Likewise, she is involved in the development of course modules for Health Care Governance, Medical Records Management and Health Information Management.

Dr. Valera was a recipient of the Pyle Fellowship in the Harvard Medical School Pharmaceutical Policy Research Fellowship. Her researches cover performance monitoring of health insurance benefits with focus on quality, equity, access, efficiency/effectiveness, development of outpatient drug benefits for vaccination and chronic illness, as well as development of Medicare policy.

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Dr. Wagner is Assistant Professor in the Department of Ambulatory Care and Prevention (DACP) at Harvard Medical School and Harvard Pilgrim Health Care. She holds a Master of Public Health degree and a doctorate in epidemiology from Harvard School of Public Health and a doctorate in clinical pharmacy from the Massachusetts College of Pharmacy and Allied Health Sciences and is licensed to practice pharmacy in Germany and Massachusetts.

Dr. Wagner conducts research to inform evidence-based policy decisions intended to improve access to and use of medicines for vulnerable populations in the United States and particularly in developing countries. Her teaching activities focus on building capacity in insurance systems to design, implement, and evaluate medicines benefit policies. For the WHO Collaborating Center in Pharmaceutical Policy, she leads the global Medicines and Insurance Coverage (MedIC) Initiative.

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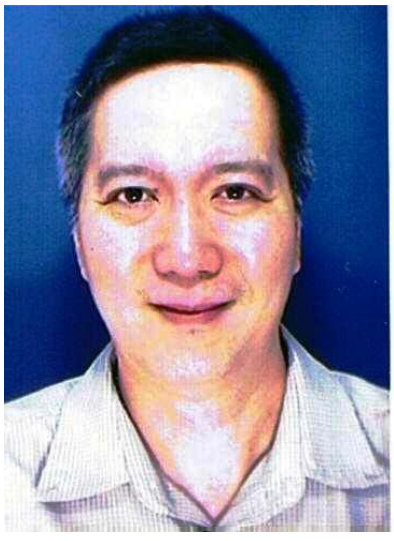

Dr. Wong has extensive experience in epidemiology, drug management systems, and health supply chains. He has dealt with diverse problems in drug management systems

while working with the WHO, UNICEF, the GFATM, the World Bank, USAID, the EC, the Bill and Melinda Gates Foundation, and the Philippine Department of Health. At present, he is a faculty of the Ateneo School of Medicine and Public Health, the Ateneo Graduate School of Business, and the Ateneo School of Science and Engineering—Health Science Program. He has conducted postgraduate courses in District Health Management, Managerial Epidemiology, and Health Technology Assessment. As an epidemiologist and a physician, he brings unique perspectives and skills to the problems of health in the community.

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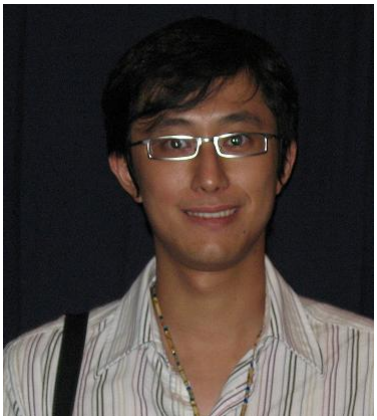

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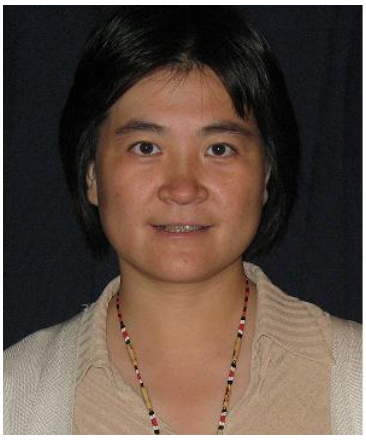

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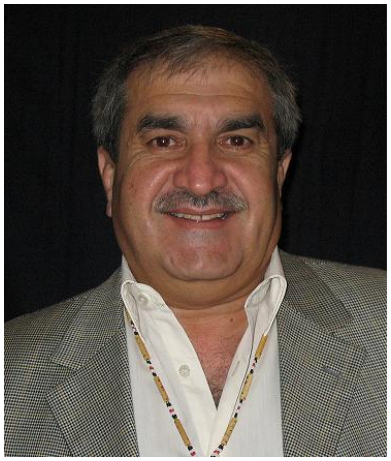

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ANNEX 3: DETAILED PROGRAM

Sunday 23 September

16:00 – 17:30	Arrival and registration
18:00 – 18.30	Official course opening
18:30 – 20:00	Welcome reception

Monday, September 24

08:30 – 09:00	Course objectives and overview
09:00 – 10:00	Gallery of experts
10:00 – 10:30	Coffee break
10.30 – 11.30	*Session 1*: Medicines access and use: Significance, problems, and determinants
	Presentation
	Activity: Determinants of medicines access and use
11:30 – 12:30	*Session 2*: An insurance framework for influencing medicines access and use
	Presentation
12.30 – 13:30	Lunch
13:30 – 14:30	*Session 2* (cont'd)
	Activity 1: A functional framework for medicines coverage
14:30 – 15:30	Health and insurance system presentations
15:30 – 16:00	Coffee break
16:00 – 17:00	Health and insurance system presentations (cont'd)
17:00 – 17:30	Country group meetings
	Activity 2: Identifying a key medicines policy issue
Evening	PhilHealth activities toward an outpatient medicines benefit

Tuesday, September 25

08:30 – 09:00	Key points from Day One
09:00 – 10:00	*Session 3*: Availability and use of medicines data in health systems and insurance programs
	Presentation
	Activity 1: Availability of data in insurance systems
10:00 – 10:30	Coffee break
10.30 – 12.30	*Session 3* (cont'd)
	Activity 2: Impact of providing only inpatient coverage for hypertension
12.30 – 13:30	Lunch
13:30 – 15:30	*Session 4*: Medicines coverage policy options
	Presentation
	Activity 1: Expanding medicines coverage – policy goals & potential effects
15:30 – 16:00	Coffee break
16:00 – 17:00	*Session 4* (cont'd)
	Activity 2: Possible approaches to address identified medicines problems
17:00 – 17:30	Country group meetings

Wednesday, September 26

08:30 – 09:00	Key points from Day Two
09:00 – 10:00	*Session 5*: Medicines coverage policy objectives and performance evaluation
	Presentation
	Activity (part 1): Outpatient coverage for hypertension medicines – policy domains
10:00 – 10:30	Coffee break
10.30 – 11.30	*Session 5* (cont'd)
	Activity (part 2): Outpatient coverage for hypertension medicines – policy domains
11:30 – 12:30	*Session 6*: Formulary decision making
	Presentation
12.30 – 13:30	Lunch
13:30 – 15:30	*Session 6* (cont'd)
	Activity 1: Formulary decision making & the pharmaceutical industry
	Activity 2: Formulary decision making
15:30 – 16:00	Coffee break
16:00 – 17:00	*Session 7*: Political aspects of implementing a medicines policy change
	Presentation
	Activity: Implementing a PhiHealth outpatient medicines benefit
17:00 – 17:30	Country group meetings

Thursday, September 27

08:30 – 09:00 Key points from Day Three

09:00 – 10:00 *Session 7* (cont'd)

Activity: Group presentations on implementing a PhiHealth outpatient medicines benefit

10:00 – 10:30 Coffee break

10.30 – 13.00 *Session 8*: Detecting and solving data problems

Presentation

Activity: Identifying & solving data problems in dispensing data

13.00 – 14:00 Lunch

14:00 – 19:00 Afternoon outing

19:00 – 21:00 Course dinner

Friday, September 28

08:30 – 09:00 Key points from Day Four

09:00 – 10:00 *Session 9*: Evaluating changes in medicines policies

Presentation

10:00 – 10:30 Coffee break

10:30 – 11:30 *Session 9* (cont'd)

Activity: Designing a policy evaluation in health and insurance systems

11.30 – 12.30 *Session 10*: Analyzing data and disseminating policy findings

Presentation

12.30 – 13:30 Lunch

13:30 – 15:30 *Session 10* (cont'd)

Activity: Analyzing the effects of a generic dispensing policy

15:30 – 16:00 Coffee break

16:00 – 17:30 *Session 11*: Preparing group presentations

Saturday, September 29

08:30 – 09:00	Key points from Day Five
09:00 – 10:00	*Session 12*: Routine monitoring systems in insurance programs
	Presentation
10:00 – 10:30	Coffee break
10:30 – 11.30	*Session 12* (cont'd)
	Activity: Designing routine medicines policy monitoring in health and insurance systems
11.30 – 12.30	*Session 13*: Finalizing group presentations
12.30 – 13:30	Lunch
13:30 – 15:30	*Session 14*: Group presentations
15:30 – 16:00	Coffee break
16:00 – 17:00	*Session 14* (cont'd)
17:00 – 17:30	Course wrap-up, evaluation, and next steps

ANNEX 4: SESSION BRIEFS

Gallery of Experts

The purpose of this session is to formally introduce trainers and participants through a process by which each individual assembles key information about a fellow classmate and presents this information in a "Gallery of Experts."

Objectives

- To help participants recognize themselves and each other as valuable resources.
- To provide a forum for learning new things about course facilitators and participants.
- To establish a foundation of knowledge and teamwork among course participants.
- To provide individuals presenting information about their audience.

Preparation

This is a group activity and requires a poster presentation that includes a personal life history and field(s) of interest specific to each course participant.

Session 1: Medicines access and use: Significance, problems, and determinants

Objectives

This session will introduce the crucial role of medicines in curing disease and preventing morbidity and mortality. We will discuss a behavioral framework for thinking about use of medicines and describe several common intervention strategies to improve their use. These issues will be discussed in the context of the complex political, social, economic, and ethical aspects of health and health care. We will also present some key policy recommendations from the 2004 International Conference on Improving Use of Medicines.

Outline

- Roles of medicines in society
- Case discussion of consumer access to prescription medicines in pharmacies and potential policy problems
- Pharmaceutical sector framework and behavioral perspective
- Determinants of medicines use by health providers and consumers
- Overview of intervention strategies to change medicines use behavior

Readings

Laing RO, Hogerzeil HV, Ross-Degnan D. Ten recommendations to promote improved use of medicines in developing countries. Health Policy Plan 2001; 16(1): 13-20.

Policies and Programmes to Improve Use of Medicines: Recommendations from ICIUM 2004 (http://www.icium.org/icium2004/ Accessed September 2007). See especially the following sets of recommendations: 8. Economic issues: pricing; 11. Generic prescribing and dispensing; 14. Insurance coverage; 18. Medicines use in the private sector 25. Improving hospital prescribing.

Discussion Questions

1. What major factors influence the way medicines are used in your country and what are major problems in the way they are used?
2. How effective are current policies and programs to influence prescribing and dispensing by health providers and use of medicines by consumers?
3. What opportunities exist in your system for implementing tailored interventions to improve key problems in medicines use?

Session 2: An insurance framework for influencing medicines access and use

Objectives

The first objective of this session is to discuss the economic impact of medicines on overall health expenditures and on catastrophic household expenditures for the poor. We will then summarize medicines financing options and highlight the role of medicines coverage in health insurance systems. We will present a framework of the structures and processes that can be used to manage medicines coverage within an insurance system, and discuss how this framework applies to participating organizations.

Outline

- Importance of medicines in health care and risk protection
- Medicines financing options
- Medicines coverage in insurance programs
- Functional framework for designing and managing medicines coverage policies

Readings

Academy of Managed Care Pharmacy. Maintaining the affordability of the prescription drug benefit: How managed care organizations secure price concessions from pharmaceutical manufacturers. (http://www.amcp.org/amcp.ark?p=AAAC630C Accessed September, 2007)

Academy of Managed Care Pharmacy. Academy of Managed Care Pharmacy. Pharmacy benefit communication grid. (http://www.amcp.org/amcp.ark?p=AA8CD7EC Accessed September, 2007).

Goff VV. Pharmacy benefits: New concepts in plan design. National Health Policy Forum Issue Brief No.772. Washington, DC; George Washington University: 2002.

Kaiser Family Foundation. Prescription drug trends. May 2007. (http://www.kff.org/rxdrugs/upload/3057_06.pdf. Accessed September, 2007)

McIntyre D, Thiede M, Dahlgren G, Whitehead M. What are the economic consequences for households of illness and of paying for health care in low- and middle-income country contexts? Social Science & Medicine 2006; 62: 858–865.

Seiter A, Lakshminarayanan R. Pharmaceuticals: Cost containment, pricing, reimbursement. HNP Brief. No. 7. Washington DC; The World Bank: August 2005.

Discussion Questions

1. How are medicines financed in your health care system?
2. Are the poor able to obtain access to essential medicines in your health system?

3. How are medicines covered in your health system or insurance program?
4. What structures and processes does your health system or insurance program use to manage medicines coverage?
5. Which are the key medicines coverage issues facing your health care system or insurance program?

Session 3: Availability and use of data in health systems and insurance programs

Objectives

The objectives of this session are to characterize the types of data that often exist in health systems and insurance programs. Existing data may include information on enrollees, patients, providers, medicines, episodes of hospital care, outpatient visits, and procedures. To illustrate the ways in which these types of data can be employed for policy analysis, we will use data from a health insurance program to explore utilization patterns and costs of care for members hospitalized to treat hypertension.

Outline

- Comparison of data available in the systems of course participants with a comprehensive list of possible data elements
- Use of data to quantify problems in medicines coverage and use
- Example: Analysis of inpatient claims data to quantify a potential medicines coverage problem
- Collecting ad hoc data to study a problem in depth

Readings

Chan KA et al. Development of a multipurpose dataset to evaluate potential medication errors in ambulatory care settings. AHRQ 2005.

Description of the ATC/DDD System. WHO Collaborating Center for Drug Statistics Methodology, Oslo. Available at http://www.whocc.no/atcddd/.

International Network for Rational Use of Drugs. How to use applied qualitative methods to design drug use interventions (draft). Chapter 1: Overview of Methods. (http://www.inrud.org/documents/How_to_Use_Applied_Qualitative_Methods.pdf)

Jollis JG, Ancukiewicz M, DeLong ER, Pryor DB, Muhlbaier LH, Mark DB. Discordance of databases designed for claims payment versus clinical information systems: Implications for outcomes research. Ann Intern Med. 1993; 119: 844–850.

Strom BL. Overview of Automated Databases in Pharmacoepidemiology. In Strom BL, ed. Pharmacoepidemiology, Fourth Edition. Chichester: John Wiley & Sons Ltd, 2005, 219-222.

Unauthorized Guide to Multum's Lexicon. Cerner Corporation, 2005. Available at http://www.multum.com/LexGuide.pdf.

Zhao Y, Ash AS, Ellis RP, et al. Predicting pharmacy costs and other medical costs using diagnoses and drug claims. Med Care 2005;43:34-43.

Discussion Questions

1. Which types of data tend to exist in most health and insurance systems? What are their strengths and weaknesses?
2. Which coding systems are commonly used to classify medicines, diseases, and procedures? Which systems are currently used in the systems of course participants?
3. Which data would be needed to describe a key medicines problem in your system? Could you obtain these data?

Session 4: Medicines coverage policy options

Objectives

In this session, we will apply a behavioral framework to understand interventions to improve access to and use of medicines in health delivery systems or insurance programs. We will discuss the rationale, strengths, and unintended effects of various policies and program options.

Outline

- Case discussion of expanding antibiotic coverage for pneumonia treatment in the Philippines
- Insurance policy and program options to improve access to and use of medicines
- Studying intended and unintended policy effects

Readings

Aaserud M, Dahkgren AT, Kösters JP, Oxman AD, Ramsay C, Sturm H. Pharmaceutical policies: effects of reference pricing, other pricing, and purchasing policies. Cochrane Database of Systematic Reviews 2006, Issues 2. Art. No.: CD005979.

Goff V. Pharmacy Benefits: New Concepts in Plan Design. NHPF Issue Brief No.772. National Health Policy Forum. Washington DC; George Washington University: March 8, 2002.

Hoadley J. Cost-containment strategies for prescription drugs: Assessing the evidence in the literature. Kaiser Family Foundation, March 2005. Available at: http://www.kff.org/rxdrugs/7295.cfm.

Nguyen A. What is the range of policy options that can be used to promote the use of generic medicines in developing and transitional countries? Draft for review and comment, 2007.

Schneeweiss S. Reference drug programs: Effectiveness and policy implications. Health Policy 2007; 81:17-28.

Shojania KG, Grimshaw JM. Evidence-based quality improvement: the state of the science. Health Aff (Millwood). 2005 Jan-Feb;24(1):138-50.

Walley T, Mossialos E. Chapter 10: Financial incentives and prescribing. In: Mossialos E, Mrazek M, Walley T, editors. Regulating pharmaceuticals in Europe: Striving for efficiency, equity and quality. European Observatory on Health Systems and Policies Series. Open University Press: 2004, 177-196. Available at http://www.euro.who.int/eprise/main/WHO/Progs/OBS/Publications/20040527_2.

Discussion Questions

1. What are some key issues in your system in access to or use of medicines?
2. What challenges do systems face in determining which medicines to cover and how to reimburse for medicines?
3. How can a health system or insurance program influence medicines access, use, and costs?

Session 5: Medicines coverage policy objectives and performance evaluation

Objectives

This session explores the key objectives of medicines coverage policies and programs, and considers strategies for measuring the performance of a health delivery or insurance system in relation to these objectives. Possible performance domains may include equitable access to medicines, affordable medicines cost for patients and systems, clinical appropriateness of prescribing, adherence to therapy, achievement of clinical targets, or patient and provider satisfaction.

Outline

- Case study: Building the case for coverage of outpatient medicines for patients with hypertension in the Philippines
- Identifying the domains of intended policy effects
- Defining criteria for useful performance measures
- Mapping performance measures within policy domains
- Identifying data and operationalizing performance measures
- Uses of performance measures for policy evaluation, routine monitoring, or performance-based contracting

Readings

Friedman YM, Hanchak NA. Chapter 9. Pharmacy program performance measurement. In Navarro RP. Managed Care Pharmacy Practice. Gaithersburg, MD: Aspen Publishers, 1999.

Katz A, Soodeen R-A, Bogdanovic B, De Coster C, Chateau D. Can the quality of care in family practice be measured using administrative data? HSR: Health Services Research 2006; 41(6): 2238-54.

Selected sections from The Health Plan Employer Data and Information Set (HEDIS®) Volume 2, Technical Specifications, NCQA, 2008.

NCQA. Desirable attributes of HEDIS® measures. NCQA, 1998. Available at http://www.ncqa.org/programs/hedis/desirable%20attibutes.html.

Discussion Questions

1. In your system, which stakeholders would be interested in assessing system performance in the area of medicines coverage, and why?
2. Which policy domains and performance areas related to medicines coverage would be the most important to assess in your system?

3. Which aspects of medicines coverage could you assess using routinely collected data in your system?
4. Which performance measures might be the most useful to compare across different health systems and insurance programs?

Session 6: Formulary decision making

Objectives

The objectives of this session are to describe options for evidence-based formulary policies and processes. We will describe the responsibilities of those making formulary decisions, training requirements, ways to minimize conflicts of interest, and processes to make sound formulary decisions. We will also describe methods to make transparent the values that underlie formulary decisions.

Outline

- Case discussion of an insurance program's formulary decision and a pharmaceutical manufacturer's reaction
- Formulary policy options and their expected effects
- Processes for formulary decision making
- Transparency in values underlying formulary decisions

Readings

Academy of Managed Care Pharmacy. The AMCP format for formulary submissions, version 2.1. A format for submission of clinical and economic data in support of formulary considerations by health care systems in the United States. Academy of Managed Care Pharmacy, April 2005.

Coalition Working Group. Principles of a sound drug formulary system. Academy of Managed Care Pharmacy, October 2000. Available at http://www.amcp.org/.

Dillon MJ. Chapter 6. Drug formulary management. In Navarro RP. Managed Care Pharmacy Practice. Aspen Publishers; Gaithersburg, MD: 1999, 145-165.

Sullivan, SD, Lyles A, Luce B, Grigar J. AMCP guidance for submission of clinical and economic evaluation data to support formulary listing in U.S. health plans and pharmacy benefit management organization. J Managed Care Pharmacy 2001;7:272-282.

Teagarden RJ. Pharmacists, ethics, and pharmacy benefits. Am J Pharmaceutical Education 2003;67: Article 28, 1-6.

Teagarden RJ. Prior authorization in prescription drug benefit management: An apologia. Hospital Pharmacy 2004;39:493-498.

Teagarden RJ, Daniels N, Sabin JE. A proposed ethical framework for prescription drug benefit allocation policy. J Am Pharm Assoc 2003;43:69-74.

Discussion Questions

1. How are formulary decisions made in your system?
2. What values played a role in a recent formulary decision in your system?

Session 7: Political aspects of implementing a medicines policy change

Objectives

The objectives of this session are to discuss how to implement a medicines policy change in a health delivery system or insurance program. We will first focus on assessing which stakeholders need to be involved, how to elicit their perspectives, and how to engage them in the process. We will also discuss system needs for implementing a policy change and mechanisms for communicating policy changes effectively to all stakeholders.

Outline

1. Political, social, and systems requirements for successful policy change
2. Discussion of systematic analysis of policy content, positions and power of major stakeholders, opportunities and obstacles to policy change, and strategies for change
3. Introduction to ***PolicyMaker*** software (http://polimap.com/)

Readings

Reich MR. The politics of health sector reform in developing countries: Three cases of pharmaceutical policy. Health Policy 1995:32:47-77.

Glassman A, Reich MR, Laserson K, Rojas F. Political analysis of health reform in the Dominican Republic. Health Policy and Planning 1999;14:115-126.

Roberts MJ, Hsiao W, Berman P, Reich MR, eds. Chapter 4. Political Analysis and Strategies. In: Roberts MJ, Hsiao W, Berman P, Reich MR, eds. Getting Health Reform Right. A Guide to Improving Performance and Equity. Oxford: Oxford University Press, 2004:61-89.

Discussion Questions

1. Who are the most important stakeholders with respect to medicines issues in your country as a whole, as well as in your health system or insurance program?
2. What concerns would your stakeholders have about changes in a specific medicines policy?
3. What systems are in place for communicating effectively with stakeholders about policy changes in your setting?

Session 8: Detecting and solving data problems

Objectives

The objectives of this session are to identify some of the key issues that arise when extracting, organizing, and analyzing insurance program data. We will illustrate how to identify and deal with common data problems that may distort results if not taken into consideration. These data problems include changing populations; missing data; extreme values; seasonal variation in medicine use; inconsistent units of measurement; different dosage forms; pre-policy effects; lag periods following policy implementation; and changing codes. We will use spreadsheet-based analyses to assess data patterns, explore reasons for unexpected data patterns, and establish rules to deal with inconsistencies.

Outline

- Common data issues and how they influence results

- Identifying data issues using frequencies of cross-sectional data and longitudinal displays of data patterns
- Resolving common data issues

Readings

Lin CC, Lai MS, Shy CY, Chang Sc, Tseng FY. Accuracy of diabetes diagnosis in health insurance claims data in Taiwan. J Formos Med Assoc 2005; 104:157-163.

Maclure M, Nguyen A, Carney G, Dormuth C, Roelants H, Ho K, Schneeweiss S. Measuring prescribing improvements in pragmatic trials of educational tools for general practitioners. Basic Clin Pharmacol Toxicol. 2006; 98(3):243-52.

Platt R. Speed bumps, potholes, and tollbooths on the road to panacea: making best use of data. Health Aff (Millwood) 2007; 26:w153-5.

Tyree BT, Lind BK, Lafferty WE. Challenges of using medical insurance claims data for utilization analysis. Am J Med Quality 2006; 21(4): 269-75.

Discussion Questions

1. In which ways can routine data from a health care or insurance system be incorrect or misleading?
2. What are some of the known or suspected data problems in your setting and what steps have been taken to address these problems?
3. What are the potential effects of different types of data problems on interpreting policy analysis results?

Session 9: Evaluating changes in medicines coverage policies

Objectives

The objectives of this session are to discuss methods that can be used to evaluate the effects of medicines policy changes over time. We will illustrate the strengths and weaknesses of different policy evaluation designs.

Outline

- Discussion of policy evaluation designs – pre-post versus longitudinal studies, use of different types of control groups
- Designing and implementing a policy evaluation – defining study objectives; study group selection; data collection; study time frame; planning for analysis

Readings

Cook TD, Campbell DT. Chapter 5. Quasi-Experiments: Interrupted time-series designs. In Cook TD, Campbell DT. Quasi-Experimentation. Design and Analysis Issues for Field Studies. Boston: Houghton Mifflin Company, 1979.

Kanavos P, Ross-Degnan D, Fortess E, Abelson J, Soumerai SB. Chapter 5. Measuring, monitoring and evaluating policy outcomes in the pharmaceutical sector. In: Mossialos E, Mrazek M, Walley T, editors. Regulating pharmaceuticals in Europe: Striving for efficiency, equity and quality. European Observatory on Health Systems and Policies Series. Open University Press: 2004, 177-196. Available at http://www.euro.who.int/eprise/main/WHO/Progs/OBS/Publications/20040527_2.

O'Malley AJ, Frank RG, Kaddis A, Rothenberg BM, McNeil BJ. Impact of alternative interventions on changes in generic dispensing rates. HSR: Health Services Research. 2006; 41(5): 1876-94.

Shojania KG, Grimshaw J. Evidence-based quality improvement: The state of the science. Health Affairs. 2005; 24(1): 138-150.

Soumerai SB, Ross-Degnan D, Fortess EE, Abelson J. A critical analysis of studies of state drug reimbursement policies: Research in need of discipline. Milbank Quarterly 1993; 71(2): 217-252.

Ray W. Policy and program analysis using administrative databases. Ann Intern Med 1997;127:712-718.

Discussion Questions

1. What is the structure (administrative, geographical, different member populations) of your insurance system and of its routine data systems?
2. What is the potential for designing controlled or longitudinal policy evaluation studies in your setting?
3. Who would be the audience for a policy evaluation in your system and what would they most like to know about the impact of medicines policies?

Session 10: Analyzing data and disseminating policy findings

Objective

The objective of this session is to describe the process for conducting a longitudinal policy evaluation, interpreting the results, and disseminating key information to decision making to policy makers.

Outline

- Setting up longitudinal data for analysis
- Using excel-based pivot charts and tables to create visual displays and summaries of data over time
- Interpreting results in light of design strengths and weaknesses
- Summarizing results and making evidence-based recommendations for policy change

Readings

Brufsky JW, Ross-Degnan D, Calabrese D, Gao X, Soumerai SB. (1998) Shifting physician prescribing to a preferred histamine-2-receptor antagonists. Medical Care, 36, 321-332.

Ross-Degnan D, Soumerai SB, Fortess EE, Gurwitz JH. (1993) Examining product risk in context. Market withdrawal of zomepirac as a case study. JAMA, 270, 1937-1942

Soumerai SB, Avorn J, Ross-Degnan D, Gortmaker S. (1987) Payment restrictions for prescription drugs under Medicaid. Effects on therapy, cost, and equity. N Engl J Med, 317, 550-556.

Soumerai SB, Ross-Degnan D, Gortmaker S, Avorn J. (1990) Withdrawing payment for nonscientific drug therapy. JAMA, 263, 831-839.

Wagner AK, Soumerai SB, Zhang F, Ross-Degnan D. Segmented regression analysis of interrupted time series studies in medication use research. J Clin Pharm Therapeutics 2002; 27:299-309.

Wagner AK, Ross-Degnan D, Gurwitz JH, Zhang F, Gilden DB, Cosler L, Soumerai SB. Effect of New York State regulatory action on benzodiazepine prescribing and hip fracture rates. Ann Intern Med 2007; 146:96-103.

Weinberg M, Fuentes JM, Ruiz AI, et al. Reducing infections among women undergoing cesarean section in Colombia by means of continuous quality improvement methods. (2001) Arch Intern Med, 161, 2357-2365.

Discussion Questions

1. What questions arise when conducting policy analyses?
2. Who should be involved in interpreting findings from policy evaluations?
3. What are the most useful strategies for communicating results to policy makers?

Session 11: Preparing country presentations

Objective

During this session, participants will finalize the preparation of presentations on a key medicines policy issue in their insurance systems, a plan for studying the policy issue in more depth, and the design of a study to evaluate a possible intervention or policy change to address the issue.

Please use the following framework in preparing your group's presentation. The slide template provided in the course materials will allow you to present your project in this framework.

Framework for Presentations on Key Medicines Policy Issues

Domain	Questions to Consider
Problem	What is the key medicines policy problem you have decided to address?
Causes	What are possible causes for the problem?
Stakeholders	Who has an interest in the problem and what are their positions?
Previous Actions	What has been done about the problem so far? What have been the outcomes?
Proposed Policy Change	Which policy change(s) do you suggest?
Evaluation of Proposed Policy Change	How would you evaluate the proposed policy change(s)? Which evaluation design would you use and why? Which are the most important data elements you would need, and where would you obtain them? How would you define key outcome indicators?
Implementation Plan	How would you implement the policy (approach, timing, duration)? How would you consider stakeholder interests?
Disseminating Results	How, to whom, and when would you disseminate the results of your policy evaluation?

Session 12: Routine monitoring systems in insurance programs

Objectives

The objectives of this session are to discuss the rationale for and design of monitoring systems using routine data on medicines and other health services use in health systems or insurance programs. Participants will identify possible domains of performance measurement, how to operationalize performance indicators, data needs, and use of performance data for management decisions

Outline

1. Reasons for routine monitoring, including strategic planning, performance assessment, and fraud detection
2. Discussion of which performance indicators to monitor, which data can contribute to these indicators, and how, for whom, and how frequently the resulting monitoring data should be presented
3. Templates to report data from routine monitoring systems

Readings

Friedmann YM, Hanchak NA. Chapter 9. Pharmacy Program Performance Measurement. In Navarro RP. Managed Care Pharmacy Practice. Gaithersburg, MD: Aspen Publishers, 1999, 199-220.

Selected sections from The Health Plan Employer Data and Information Set (HEDIS®) Volume 2, Technical Specifications, NCQA, 2008.

Sokol L, Garcia B, Rodriguez, J, West M, Johnson K. Using data mining to find fraud in HCFA health care claims. Top Health Inf Manage 2001;22:1-13.

Discussion Questions

1. Which performance indicators would be relevant to different stakeholders in your system?
2. In which format would they need to see performance data to be able to act on them?

Session 13: Finalizing country presentations

Objective

The objective of this session is for working groups to finalize their presentations of a priority medicines issue, suggested policy change, and evaluation strategy to address in their health or insurance systems.

Please use the slide template provided for the presentation of your group project.

Session 14: Country group presentations

Objective

The objective of this session is for participants to present their work on a priority medicines issue facing their health or insurance system, and to receive constructive input from other participants.

Please use the slide template provided for the presentation of your group project.

ANNEX 5: BRIEF DESCRIPTIONS OF COUNTRY PROJECTS

China – Medicines Policy Changes in Public Hospitals

Medicines Policy Issue

Medicines are a source of revenue for hospitals in China to cover their operating costs, which leads to high medicines costs and inappropriate use.

Proposed policy interventions

A combination of removal of hospital mark-up for medicines; increased government funding of hospitals; introduction of a generics policy; and set up of a transparent hospital reporting system.

Proposed policy implementation and evaluation

Pilot intervention in Hainan province, in conjunction with a ministerial health reform plan; assessments include changes in medicine use (volume) and cost.

Ghana & Thailand – Switch from fee-for-service to case-based reimbursement

Medicines Policy Issue

Existing fee-for-service reimbursement systems in Ghana and Thailand lack efficiency and cost containment strategies.

Proposed policy interventions

Shift from fee-for-service to case/diagnosis-related-group (DRG) based reimbursement in the national health insurance systems.

Proposed policy implementation and evaluation

Steps include engaging stakeholders, identifying priority diagnoses and negotiating reimbursements for those; and training of stakeholders before implementation of case-based reimbursement for selected diagnoses; comparison of fee-for-service and DRG-based reimbursement outcomes (cost of care, cost of medicines, number of visits, number of procedures, length of hospital stay, appropriateness of medicines use) over time.

Jordan – Clinical treatment booklet to reduce unnecessary dispensing of medicines for chronic conditions

Medicines Policy Issue

High pharmaceutical expenditures and uncontrolled use of medicines for chronic conditions.

Proposed policy interventions

Medicine dispensing only against presentation of a clinical treatment booklet that lists medicines prescribed according to guidelines for chronic conditions; monitoring of use of booklets.

Proposed policy implementation and evaluation

Pilot implementation for target conditions in comprehensive health centers in 3 regions, compared to control centers in the same regions; evaluation over 1 year.

Mongolia – Centralized public drug procurement

Medicines Policy Issue

Decentralized public drug procurement has led to unjustified drug expenditures, low drug quality, and dependence on regional market manufacturers.

Proposed policy interventions

Centralized drug procurement at the national level through a centrak public procurement agency which purchases in international open tender from pre-qualified suppliers.

Proposed policy implementation and evaluation

Pilot intervention in one city and one province where city and provincial hospitals are assigned to intervention and control groups; quantitative evaluation of change in drug prices, frequency of purchasing of drugs from manufacturers with good manufacturing practices, levels of stock outs, and purchasing costs.

Peru – Information systems for medicines use in outpatient facilities of the national health insurance program,

Medicines Policy Issue

Inadequate and disconnected information on medicines use leads to inadequate reimbursement of and medicines procurement by outpatient facilities.

Proposed policy interventions

Development of a data collection tool that records clinical care and medicines information and patient demographic data in one form at the point of care; processing of that form for reimbursement to facilities.

Proposed policy implementation and evaluation

Pilot intervention in selected intervention and control facilities over time; assessment includes frequency of denied claims; reimbursement amounts; quality of medicines prescribing and dispensing.

Philippines – Good governance for medicines in the health insurance sector

Medicines Policy Issue

Weak monitoring and inadequate enforcement by PhilHealth lead to fraud, inappropriate medicines use, and delayed claims reimbursement.

Proposed policy interventions

Implementing an electronic system of tools and indicators based on claims data to monitor medicines use (fraud, adherence to guidelines) and claims processing and reimbursement efficiency in real time.

Proposed policy implementation and evaluation

Steps include assessment of current claims processing systems; development of indicators of use and system efficiency, of programs to calculate indicators; and of strategies to disseminate information in real time; comparison of indicators in intervention and control facilities.

Philippines – An outpatient medicines benefit package for hypertension

Medicines Policy Issue

High out-of-pocket payments for antihypertensive medicines result in limited access, poor compliance, and high inpatient costs for PhilHealth.

Proposed policy interventions

An outpatient antihypertensive medicines benefit package for indigent members provided through accredited providers (possibly including employer clinics, contracted pharmacies, accredited hospitals, and regional health centers in partnership with local drug outlets (Botika ng Bayan)

Proposed policy implementation and evaluation

Pilot intervention in sample local government units, randomly assigned to the intervention and control groups; policy evaluation includes assessment of clinical outcomes (blood pressure changes), outpatient medicine utilization and cost; and inpatient admission frequency and costs.

Vietnam – Expansion of the benefit package to include children

Medicines Policy Issue

The Vietnamese government currently pays health care expenditures for children up to 6 years old which results in high administration costs for the government.

Proposed policy interventions

In mid-2008, children will be included in the national health insurance program, with premiums paid to the program by the government.

Proposed policy implementation and evaluation

Longitudinal evaluation using a quasi-experimental design of the effects of the policy change on key indicators, which include utilization of care, diagnosis and treatment patterns, and satisfaction with care.

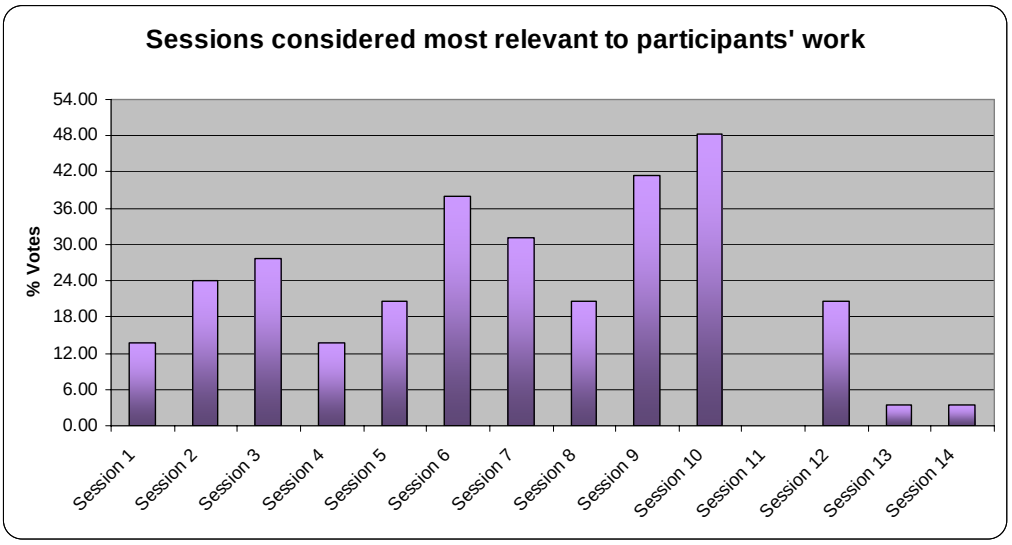
ANNEX 6: COURSE EVALUATIONS

Summary of Session Evaluations

Characteristic rated (9=strongly agree)	Average Ratings by Session Number										
	1	2	3	4	5	6	7	8	9	10	12
Objectives clearly defined	8.0	7.9	8.1	8.2	8.2	8.2	8.3	8.6	8.5	8.1	8.6
Amount of material appropriate	8.0	7.6	7.9	7.9	7.9	8.2	8.2	8.3	8.1	8.1	8.1
Depth appropriate	7.7	7.5	7.8	8.1	7.9	8.1	8.2	8.2	8.1	8.0	7.9
Participant guide clear and useful	8.1	7.5	7.8	8.1	8.1	8.2	7.9	8.3	8.3	7.9	8.2
AV materials clear and useful	7.8	7.9	7.8	8.0	7.9	8.2	8.1	8.3	8.2	8.0	7.9
Information helpful in my work	8.0	7.9	7.9	8.2	8.0	8.1	8.4	8.7	8.5	8.3	8.2
Instructor clearly explained	8.5	7.9	7.9	8.3	8.4	8.2	8.3	8.5	8.5	8.1	8.5
Instructor's management of the class	8.3	7.9	7.7	8.3	8.4	8.2	8.3	8.5	8.5	8.0	8.5
Session length just right (%yes)	81.8	74.3	77.1	80.0	78.8	77.1	96.0	71.9	76.7	75.0	90.0

Summary of Overall Course Evaluations

Characteristic rated	Average Rating
Objectives clearly defined (9=strongly agree)	8.3
Defined objectives achieved (9=strongly agree)	8.4
Amount of material covered appropriate (9=strongly agree)	8.2
Depth of coverage of the material appropriate (9=strongly agree)	8.0
Information will be helpful in my work (9=strongly agree)	8.5
Overall, I would say the quality of the instruction was (9=excellent)	8.4
Training facilities (9=very satisfied)	8.0
Pace of the course (9=very satisfied)	7.7
Style and format of the sessions (9=very satisfied)	8.1
Instructional materials (9=very satisfied)	8.2
Length of the training course (9=very satisfied)	6.9
Difficulty level of the training course was just right (%yes)	93.1
Small and large group exercises were very useful (%yes)	82.8
This course was valuable and I will recommend it to my colleagues (%yes)	100.0



Suggestions for Changes

Suggestions for next courses as mentioned in the wrap-up session of the MedIC Course:

- More focus on patients and patient rights and perceptions.
- Include a presentation on national health insurance strategy and financing.

- The real problems within a system need to be identified before the start of the course to engage discussion on applicable and practical solutions.
- Models and examples should be adjusted to health insurance systems in specific regions.
- More discussion regarding socio-cultural aspects of policy change and examination of qualitative data and how such data is analyzed.
- Need to integrate a field visit to illustrate how insurance systems operate.
- Studies and participants' individual evaluations of their own health insurance systems should be shared with the class *prior* to the start of the course. Additionally, this information should be presented in the form of a poster and kept visible to the class throughout the course of the week.
- Each participant should receive a country profile report (approximately 2 pages) prior to the start of the course so that people can begin to think about countries.
- There needs to be a version of the course that first focuses on leaders and later focuses on staff. The course focusing on leaders should be shorter in length and should introduce the big picture policy issues (while also focusing on formulary design and implementation). The course focusing on staff should be much longer in length and be more technically detailed.
- Solicit useful tools from programs to post on our www.whoccpp.org website.
- Greater emphasis on the idea of insurance as a policy tool – create a linkage between Ministries of Health and the reimbursement arm.

ANNEX 7: SPECIAL SESSION FOR COUNTRIES PARTICIPATING IN META

On Sunday, 30 September 2007, the course organizers together with the Philippine MeTA Council hosted a Special Session for Countries Participating in MeTA. The session was intended to (1) share MeTA objectives and progress to date in the Philippines with MeTA country participants in the MedIC course; (2) discuss how transparency and accountability factor into medicines policy decisions of health insurance programs; and (3) elicit participants' perspectives on opportunities for collaboration of MeTA and country health insurance programs. Below we list the agenda for the day.

MeTA Session Agenda

09:00 – 09:15	Welcome and introductions	Anita Wagner
09:15 – 09:35	Overview of MeTA global and country objectives	Socorro Escalante
09.35 – 09.55	MeTA country scoping visits and the WHO Medicines Strategy	Richard Laing
09:55 – 10:20	Discussion	
10:20 – 10:50	Coffee break	
10:50 – 11:10	MeTA assessment framework, data needs, and tools	Dennis Ross-Degnan
11:10 – 11:30	MeTA, NGOs, and the consumer perspective	Marg Ewen
11:30 – 11:40	MeTA and the International Network for Rational Use of Drugs (INRUD)	John Chalker
11:40 – 13:40	Working Lunch with Philippine MeTA Council Members	Socorro Escalante
13:40 – 14:00	PhilHealth objectives in relation to MeTA	Madeleine Valera
14:00 – 14:20	Opportunities for collaborative activities in insurance policy development under MeTA	Dennis Ross-Degnan
14:20 – 14:50	Defining needs for global and local tools related to insurance systems	Anita Wagner
14:50 – 15:20	Planning global, regional, and national activities under the MeTA framework	Richard Laing
15:20 – 16:00	Coffee	

Presentations highlighted the description of MeTA progress to date globally and particularly in the Philippines. During the working lunch, leading MeTA Council members reported on the significance of MeTA in the Philippines.

During the discussions, participants suggested the following areas of interest for support by MeTA and collaboration between MeTA and country insurance programs:

MeTA could serve as a portal to share globally information, tools, methods, and experiences including the following:

Information: Health technology assessment reports; evidence-based clinical practice guidelines; formularies, and essential medicines lists from different systems; tender prices across countries for competitive bidding

Tools: Disease and medicines coding systems; episode/disease-specific reimbursement tools; claims analysis summaries; accreditation (of providers, suppliers) checklists; white lists of pre-qualified suppliers

Methods for: Empowering insurance members; assembling membership information; reaching the poor and assessing achievements of different strategies of reaching the poor; determining benefits and subsidies for medicines costs to different populations; accreditation, contracting, and reimbursement processes; satisfaction and quality of care assessments; establishing regional purchasing pools and reference pricing; price setting; monitoring medicines availability; identifying medication errors and adverse events; assembling data on service provision for insured and uninsured populations; claims transmission and analysis; linking data from different systems; data collection and processing

Experiences: Examples of price negotiations; examples of biased and unbiased communication to health insurance members

MeTA country participants also mentioned the importance of cross-MeTA-country visits for information sharing and technical support; and of training programs and materials on the issues mentioned above.