

# HTA scientific network with HTA bodies, payers and patients



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# *From evidence to setting standards and improving quality*



Best evidence available  
Clinical Trials and Evidence Reviews

Health Technology Assessment

Clinical Guidelines / Disease Management

Care Quality Standards

System Quality measures

# Agenda



- Health-care system of Poland at glance
- Network of stakeholders
- Role of HTA process in reimbursement of medicines and beyond
- Large-scale HTA-driven processes
- Summary

## *Poland in numbers*

- Total area: 312,679 km<sup>2</sup>
- Population: ca. 38,4 mln (December 2016)
- Member of the EU since 2004
- GDP per capita: 43 334 PLN (ca. 10 834 \$)
- **About 7% of GDP allocated to health (4,5% comes from public sources)**



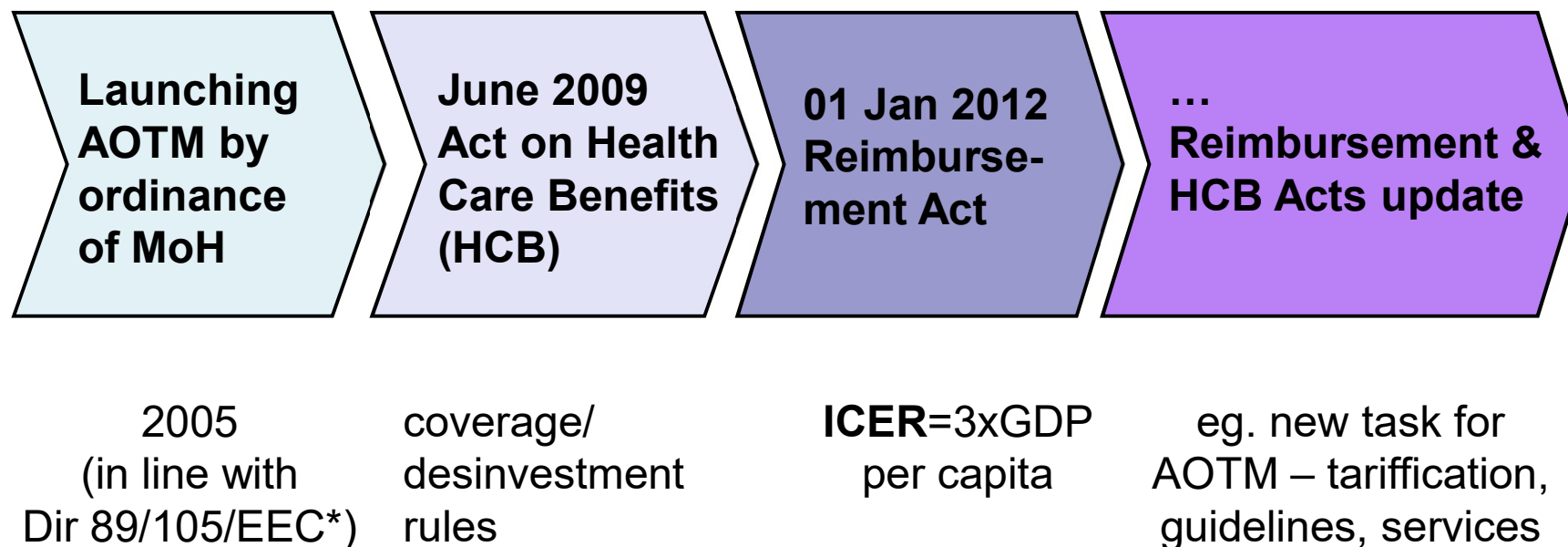
# Fundamentals of the health care system in Poland



- Poland's health care is based on a **general health insurance system**
- **Subsidized health services** are provided to Polish residents that are covered by the general health insurance. This can be either on a compulsory or a voluntary basis.
- **Insured category** usually means that those residents have their health insurance paid for by their employer, or are the spouse or child of an insured person
- **Private healthcare** use is very extensive in Poland
- **Private expenditure** (estimated as 30% of the total health expenditure) is mainly out-of-pocket payment with minor supplemental role of private insurance and quasi-insurance
- The **National Health Fund (NFZ)** – the sole payer in the system – is in charge of health care financing and contracts with public and non-public health care providers
- Around **70%** of health expenditure came from public sources
- Compulsory health insurance covers 98% of the population and guarantees access to a broad range of health services
- However, the **limited financial resources of the NHF** mean that broad entitlements guaranteed on paper are not always available.



## *Step-wise process of implementing HTA in Polish health care system*



\*Council Directive 89/105/EEC of 21 December 1988 relating to the transparency of measures regulating the pricing of medicinal products for human use and their inclusion in the scope of national health insurance systems

## *Major players in the system*



### Ministry of Health



- Regulatory function
- Defining the guaranteed benefit basket
- Budget for highly specialized services (e.g. transplants) or obligatory vaccinations
- National health programmes

### Agency for HTA and Tariff System



- HTA for
  - drugs
  - medical devices
  - other health care services
- Setting tariffs for health care services
- Health care programmes assessment (government, local authorities)

### National Health Fund



- Head office and 16 regional branches:
- Planning and dividing budget
- Contracting health care providers
- Paying to health care providers
- Controlling the health services providers compliance with regulations

# Stakeholders involvement in HTA assessment process





## Transparency Council (TC)



- **Members** (20 people): medical experts, representatives of payer (NHF), The Office for Registration of Medicinal Products, The Commissioner for Patients' Rights
- **Responsibilities:**
  - a well justified statement, whether a drug, a food product for special dietary purposes or a medical device should/should not be financed of public funds;
  - wording of detailed conditions for reimbursement :
    - the proposed payment level,
    - proposals regarding inclusion to the existing or establishing a new limit group,
    - remarks and proposals to the description of a drug programme, if applicable,
    - remarks on proposal of risk-sharing instruments
- **Transparency Council statements** constitute the basis of AOTMiT's President recommendations



## ***Council for Tariffs Affairs of AOTMiT (CTA)***



- Launched in January 2015 The Act of Law (amendment to the Act on healthcare benefits financed from public funds) added new task related to **setting the tariffs for health care services**.

According to Tariff Plan accepted by the Ministry of Health, the contracted products from the list of health care services under the benefit basket will be correspond to relative values (points), not in absolute values (PLN).

- In the area of creating the health care services tariff system, the activities of AOTMiT (in close cooperation with the CTA) consist of:
  - Establishment of reference product/procedure/treatment/service,
  - Establishment the relationship of particular medical product to the reference product/procedure,
  - Cost calculation (outliers being rejected),
  - Transformation of cost data onto tariff (point).

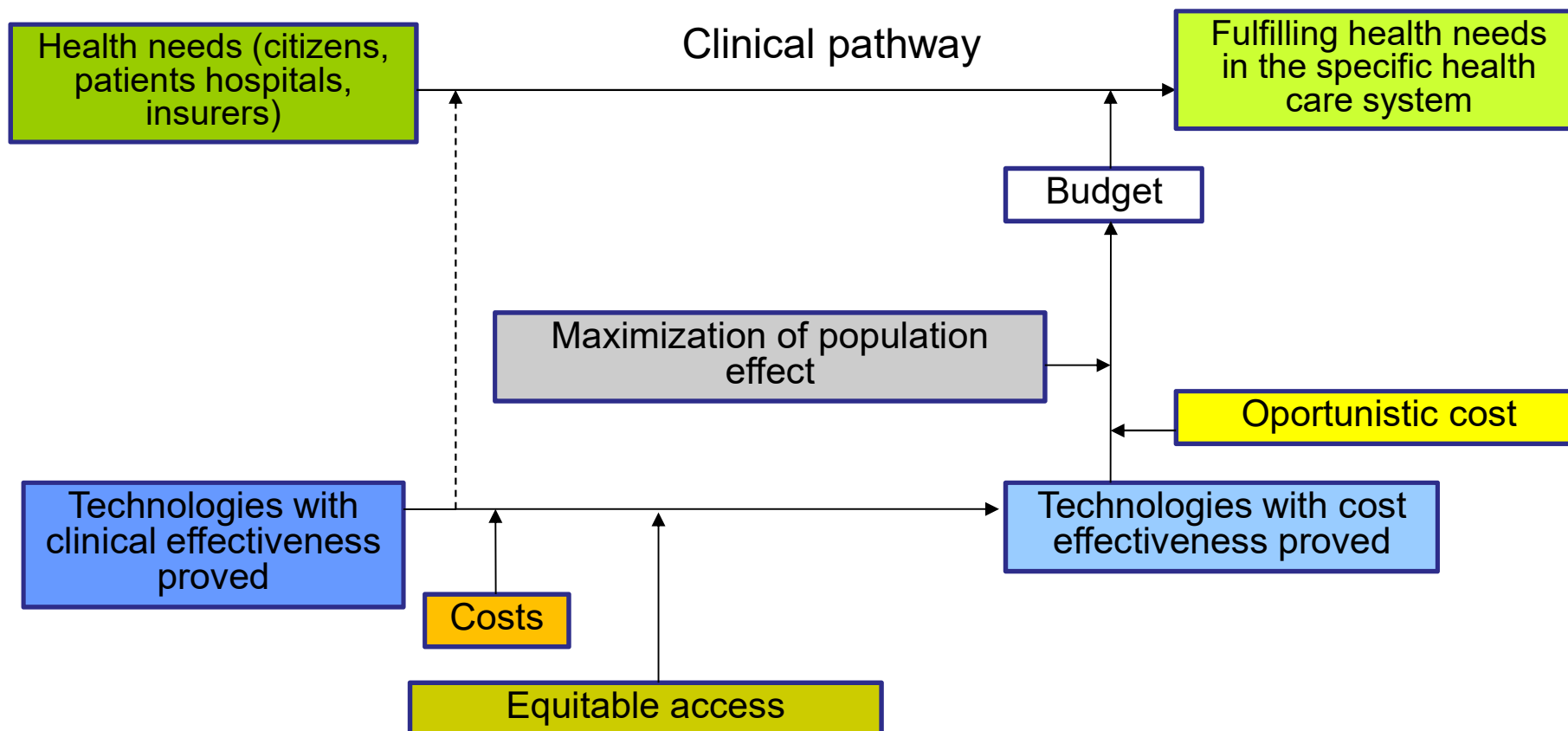


# *The Economic Committee*



- The Economic Committee which is attached to the Ministry of Health and is responsible for negotiating with pharmaceutical companies the official sales prices for reimbursed drugs, levels of patient co-payments, and indications for reimbursement.
- Makes recommendations regarding:
  - the level of reimbursement (this can either be (a) 100% reimbursement with no patient co-payment, i.e. free of charge; (b) a flat fee; or (c) partial reimbursement – 70% or 50%), depending on the cost and duration of treatment;
  - differences in the reimbursement level, e.g. lower drug prices for certain population groups; and reimbursement period (2, 3 or 5 years).
- According to the Act, reimbursement decision has to be made on the basis of scientific evidence.

## *The place of HTA in health care systems*

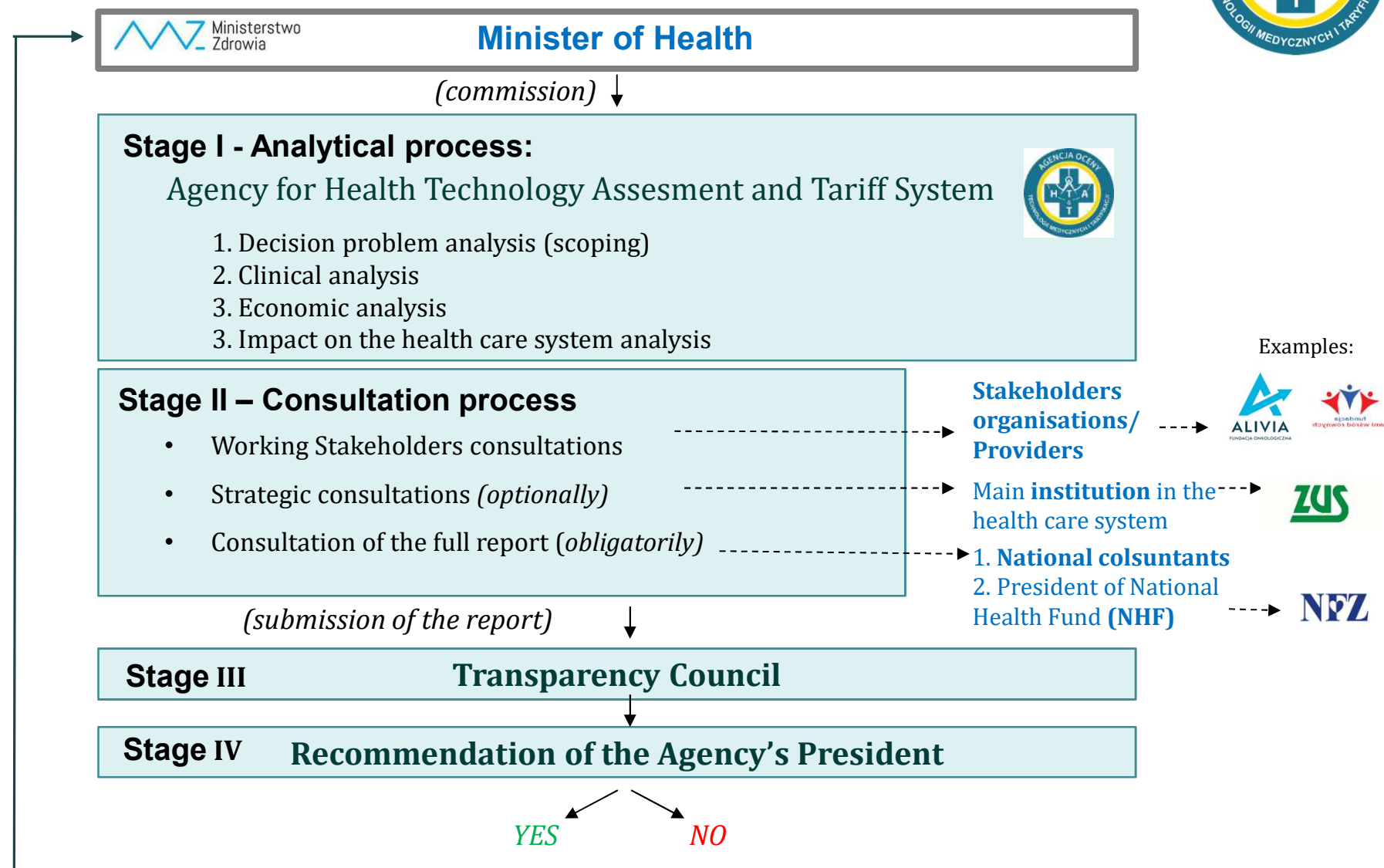


## Model of health care services description (covering all the elements of a health services description)



<b>Name of guaranteed service</b> -Service code -Additional description of the service	<b>I. Terms of entitlement to health service</b>	
	<i>Formal requirements</i>	Referral issuer
		Required type and scope of referral
		Included medical tests
		Other conditions
	<i>Inclusion criteria</i>	ICD-10 code / other classification
		ICD-10 description / other classification
		Additional description
	<i>Exclusion criteria</i>	ICD-9/10 code and name / other classification
		ICD-9/10 description / description of the reason for exclusion
		Additional description
	<b>II. Scope of service</b>	
	ICD 9 code / other classification	
	ICD 9 description / other classification	
	Time frame for performance of the service	
	Accompanying services	
	<b>III. Terms of services performance</b>	
	Place of performance	
	Medical equipment supply	
	Medical personnel	
	Quality conditions for the performance of the service	
	Additional terms	
	<b>IV. Networking criteria</b>	
	Population criteria	
	Geographical criteria	
	<b>V. Conditions for monitoring the effect of service</b>	
	Indicators for monitoring the safety and effectiveness of diagnosis and treatment	
	Scope and form of reporting or data reporting by healthcare providers	

# Analytical-consultative process in the qualification of health care services as guaranteed



# Developing and implementing guidelines for health policy and clinical



MoH Ministerstwo Zdrowia

AOTMiT Project Team



## Solution preparation

### Expert team

#### Editor in Chief

- Clinicians
- Experts EBM/HTA
- Medical writers



## Solution Expert Team

### Organisation and system team

- System experts /
- Directors / managers of hospitals and other medical entities



## Solution strategic consultations



World Health Organization

REGIONAL OFFICE FOR Europe

- National Health Fund
- Professionals
- Patients

# Organisation of work in the medical rehabilitation project

Structure concept of the team



**Project Initiation and Supervision**

**Minister of Health**



**Project Management**

**AOTMiT Project Team**



**Solution preparation**

**Experts team**

- National Consultant
- Selected provincial consultants
- President of Polish Rehabilitation Society (PTReh)
- Professors

**Analytical teams**

- Clinicians with significant professional experience from different services providers

**Solution stakeholders consultations**

**Organisation and system team**

System experts / directors / managers of hospitals and other medical entities

**Stakeholders organisations**

- Association of Rehabilitation Physicians
- National Chamber of Physiotherapists

**Solution strategic consultations**

**Steering Committee**



- Department of Health Protection Organization
- Department of Drug Policy and Pharmacy
- Department of Health Insurance

**NFZ**

National Health Fund



Social Insurance Institutions



State Fund for the Rehabilitation of the Disabled

**Tasks:**

*Representing the strategic objectives of each institution, which should be included in the project's work  
Assessing the feasibility of proposed changes  
implementation and developing an optimal path for them*



## Dynamic and continuous process



***Any knowledge that does not lead to new questions quickly dies out: it fails to maintain the temperature required for sustaining life.***

***Maria Wisława Anna Szymborska  
Polish literature Nobel Prize Winner***

## Summary



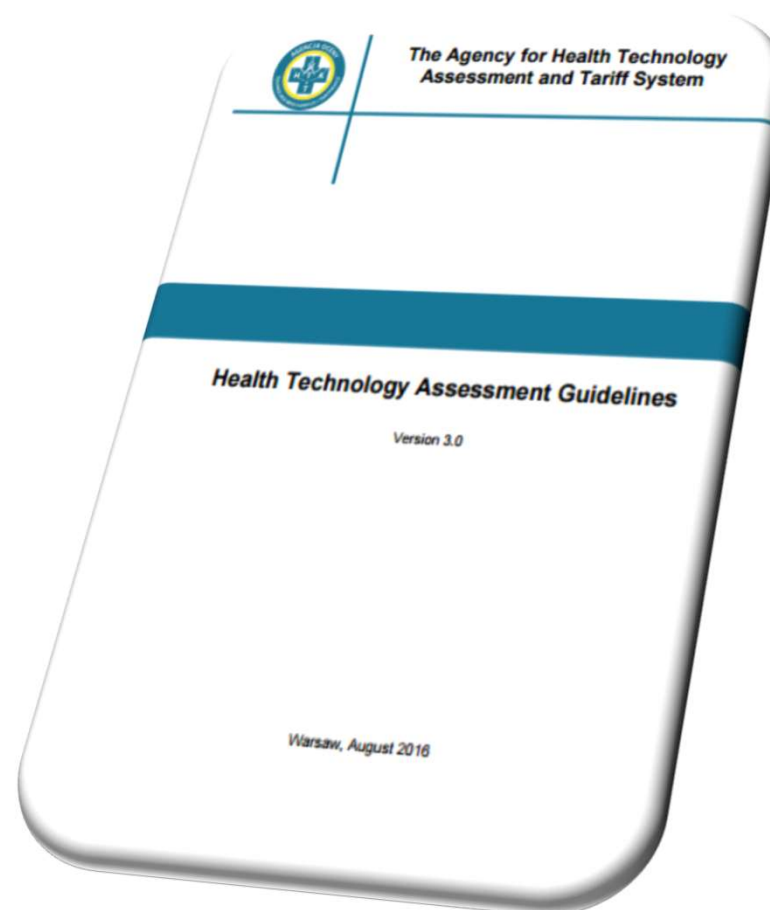
- To become a significant tool in shaping health care system:
  - HTA bodies have to achieve functional capability to carry-out strategic large-scale analytical processes
  - EBM way-of-thinking need to achieve level of understanding/internalization among critical stakeholders
- Reimbursement process for medicinal products across EU is generally based on- or supported by HTA – it's effectiveness can be used as a springboard for creation more information-driven HC system.



## *Polish Guidelines for HTA*

- **First guidelines** were introduced in March 2007 (by the Ordinance of the Director of the Agency for Health Technology Assessment)
- The **purpose** was to indicate the principles and basic methods of performing Health Technology Assessment to ensure high quality of analyses and reliable results
- **Revisions** of the guidelines:
  - April 2009
  - **August 2016** – English version available on AOTMiT website

<http://www.aotm.gov.pl/www/hta/wytyczne-hta/>



# Thank you for your attention!

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This research was partially supported by my colleagues from AHTAPol:  
Anna Zawada, Aneta Lipińska, Katarzyna Wodzyńska, Joanna Zbylut, Ewa Strzelec,  
Katarzyna Sejbuk, Katarzyna Kędzior, Ksenia Bojarska, Zbigniew Tytko

