CHAPTER VI

CONCLUSION

Conclusions

Evidence from this study revealed that there were inequalities in the treatments among patients with different health insurance systems in all tracer diseases, especially access to new drugs. The constraints on access to required new drugs influence the success outcome such as survival rates of patients with some critical disease such as lung cancer or influence the quality of life for patients with some chronic disease such as epilepsy(As shown in table 6.1). In relation to efficiency of the treatments, patients with access to new drugs in the open-ended scheme obtained the treatments with higher efficiency than the patients in the close-ended schemes. It was inferred that the incremental benefit in patients with the open-ended scheme was larger than the incremental cost. These findings signified that payment methods of the close-ended schemes (the 30-Baht Scheme and the SSS) were appropriate or not? Since the incentives of these close-ended did not enhance the access to the new drugs with higher cost, higher efficacy, and higher success outcome.

Table 6.1: Summaries of the effects of payment incentives on practice patterns

Access to drug	Outcome	Results
New drugs	ADRs	Access: Open-ended > close-ended ADRs : Open-ended < close-ended Efficiency: Open-ended > close-ended
New drugs	Success outcome	Access: Open-ended > close-ended Success outcome: Open-ended > close-ended
Drugs with therapeutic class equivalent	Success outcome	Access: Open-ended = close-ended Success outcome: Open-ended = close-ended Efficiency: Close-ended > open-ended

This finding disagrees with a previous study in Thailand which stated that the close-ended scheme could promote efficiency in delivery health care services more than open-ended scheme. Evidence from this study indicated that better efficiency was found in the treatment of the disease condition that the access to new drugs

influenced success outcome for service in open-ended scheme and in the treatment of disease condition that the access to new drugs did not affect on success outcome in close-ended schemes.

These results suggest that all three stakeholders in health insurance system – patients, health care providers, and health insurance payers – should work together in order to design the most appropriate benefit package for all stakeholders. Some issue should be pondered by each stakeholder as follow:

1. For close-ended payers: They should design the new payment methods to improve access to new drugs and better efficiency. For example:

Type I

- Healthy population and patients with acute diseases for both outpatient and inpatient: Payers may pay by capitation payment and add on extra financial payment (pay per item) for high cost services that have impacts on better efficiency.
- Patients with chronic disease: Payers may pay by case-base payment or capitation payment and add on extra financial payment (pay per item) for breakthrough drugs or high cost services that have impact on better efficiency

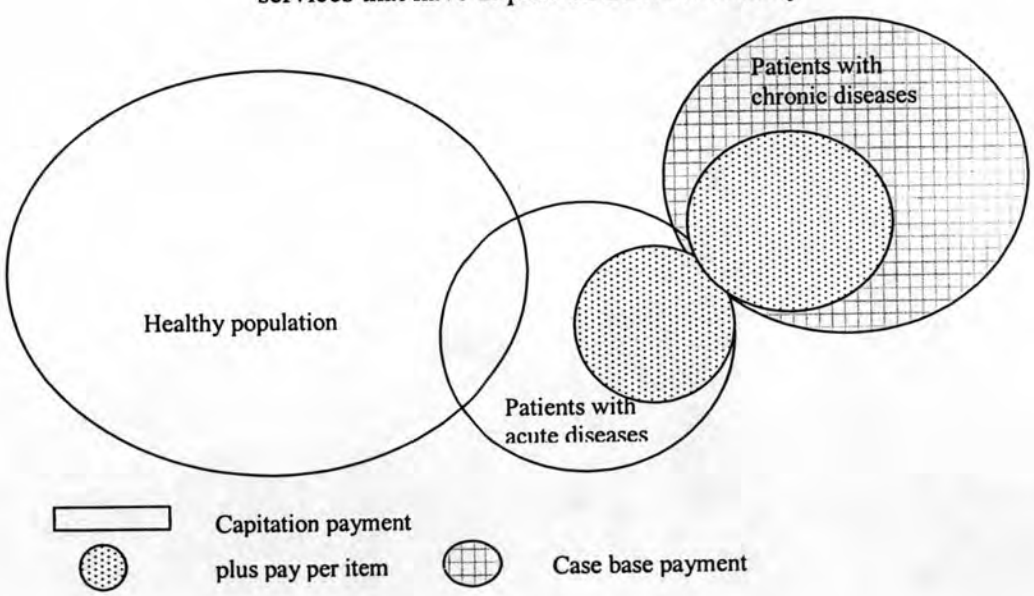

Exhibit 6.1: New payment method for close-ended payment method

Type II

Payer may pay by capitation payment for all conditions and add on extra financial payment for performance such as additional hospital reward for increase survival rates in breast cancer.

2. For patients: They should have the rights to make a decision for treatment options with adequate information for the decision making.
3. For the overall health care system: Mechanisms to guarantee quality of care should be developed, implemented, updated, and monitored.

From the findings about access to care, it was found that only some kinds of drugs and equipment procedures affected the access differently among schemes, as shown in Table 5.13 and Table 5.14. It was likely that the associations ascertained from the study were relying on the level of costs of these things.

For further study, the level of cost of care that has impacts on access to care should be identified in order to design the appropriate payment method in close-ended scheme.