

# Defining the Basket of Services for Ireland's Universal Health Insurance System: *Content and composition of health basket*



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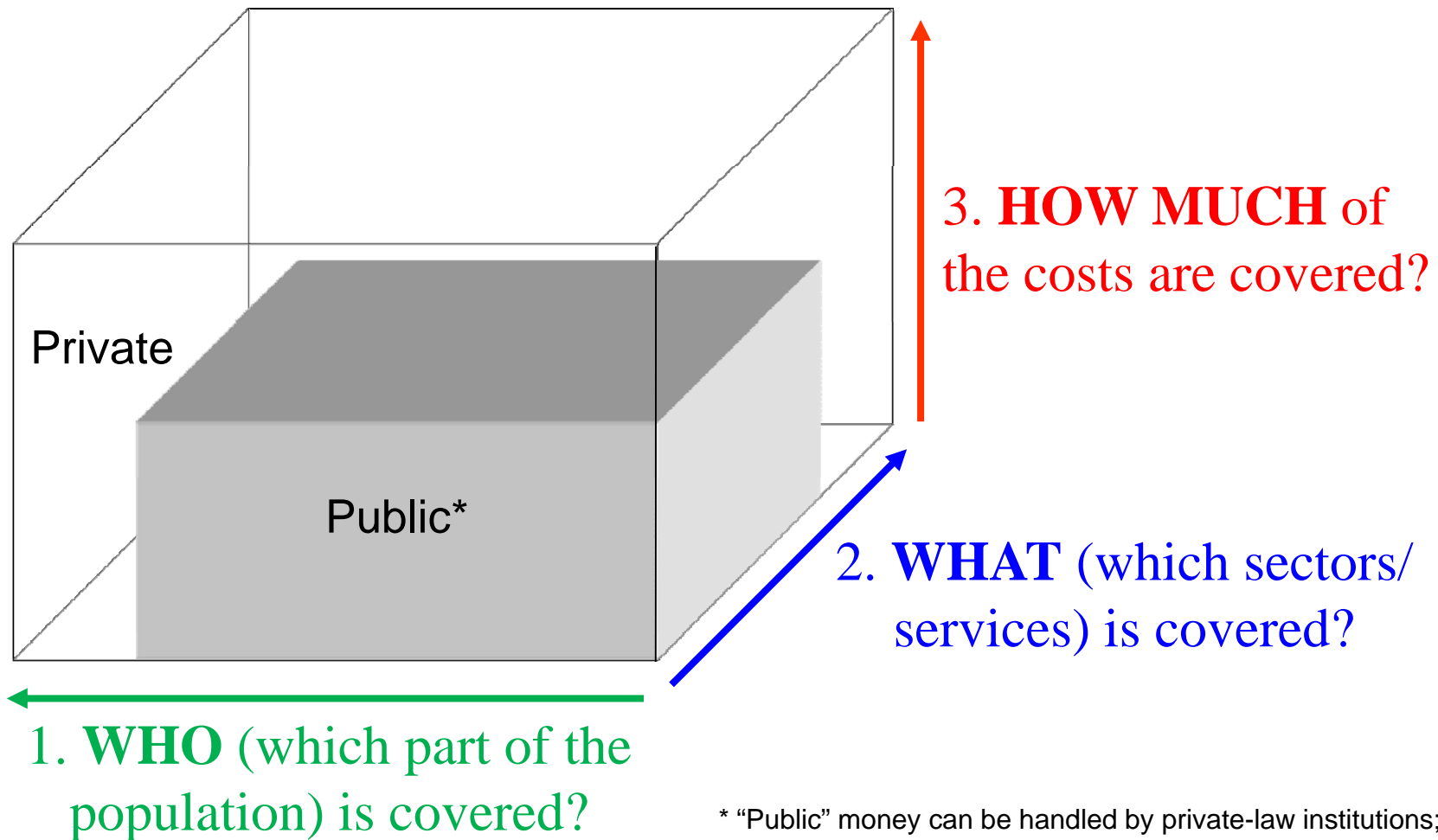
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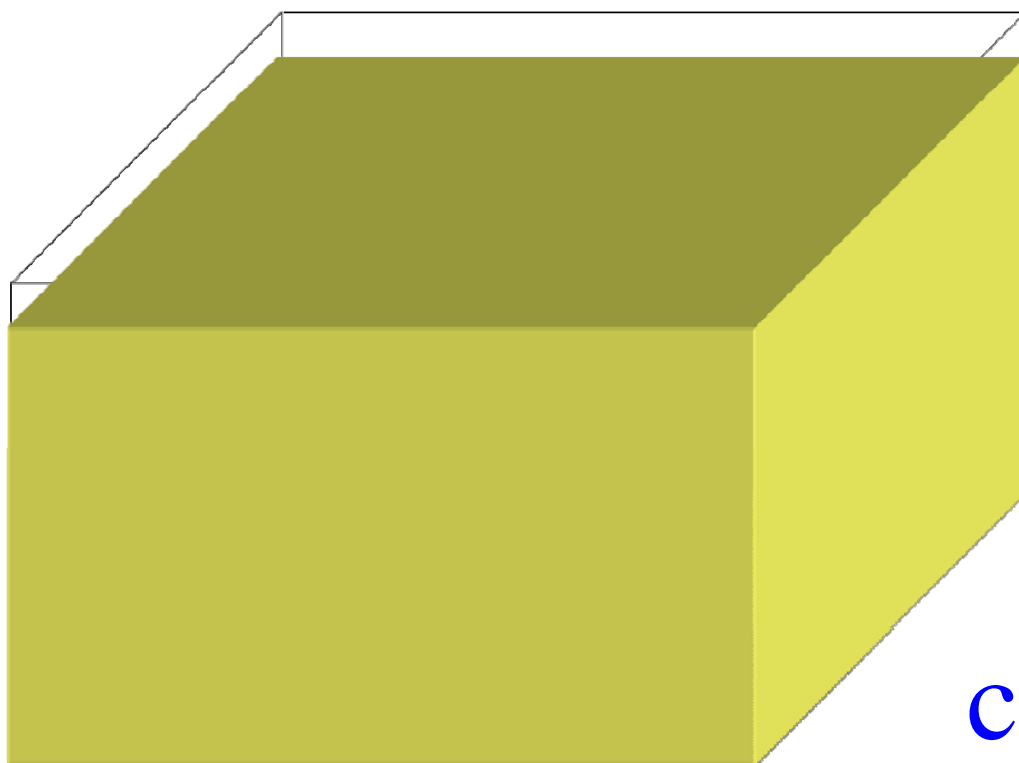
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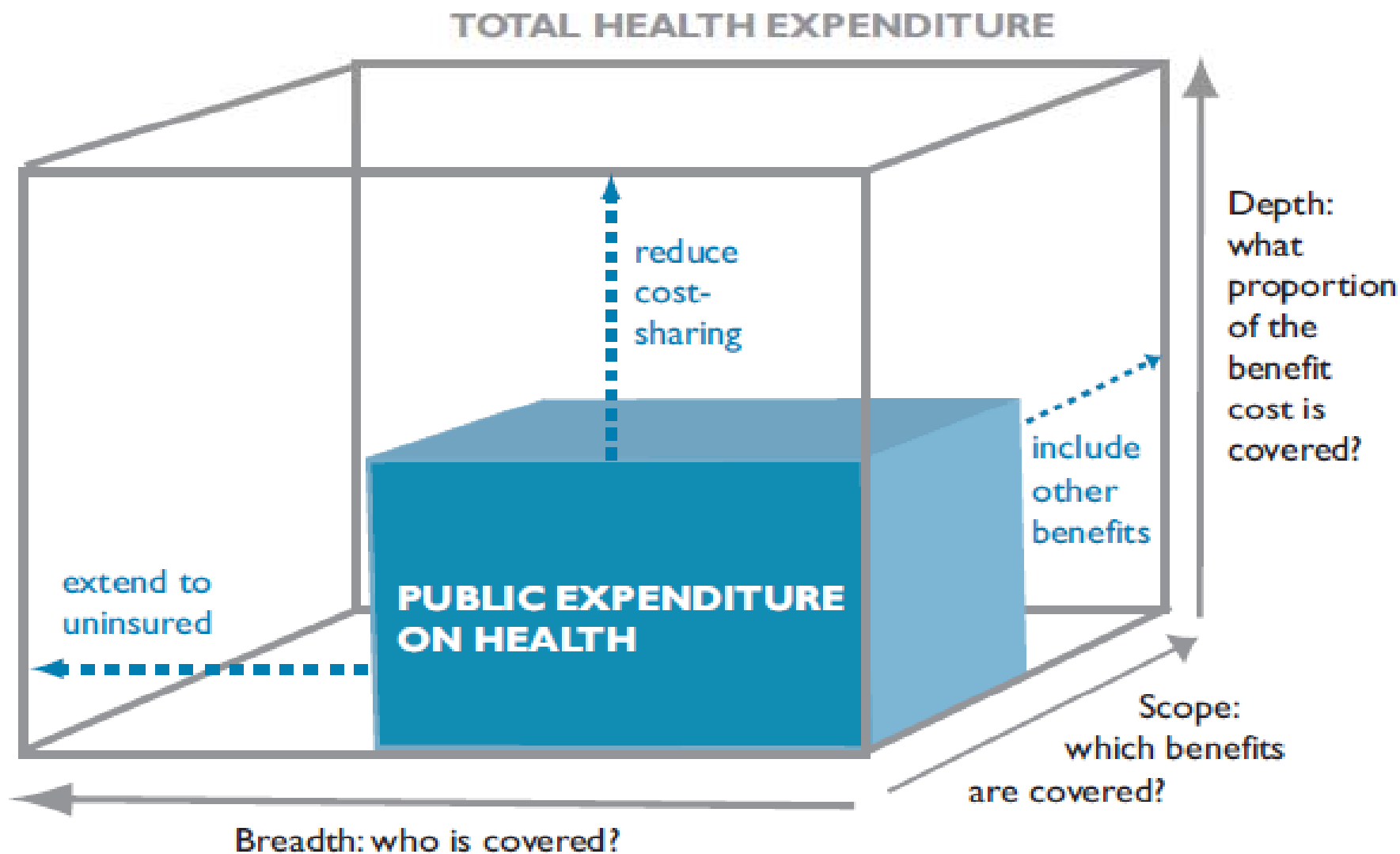
# The three dimensions of coverage decisions (visualized by “public” as part of total health expenditure)



\* “Public” money can be handled by private-law institutions; “publicly regulated” may therefore be a better term.



NHS-  
principles:  
„Universal,  
comprehensive,  
free at the point of service“

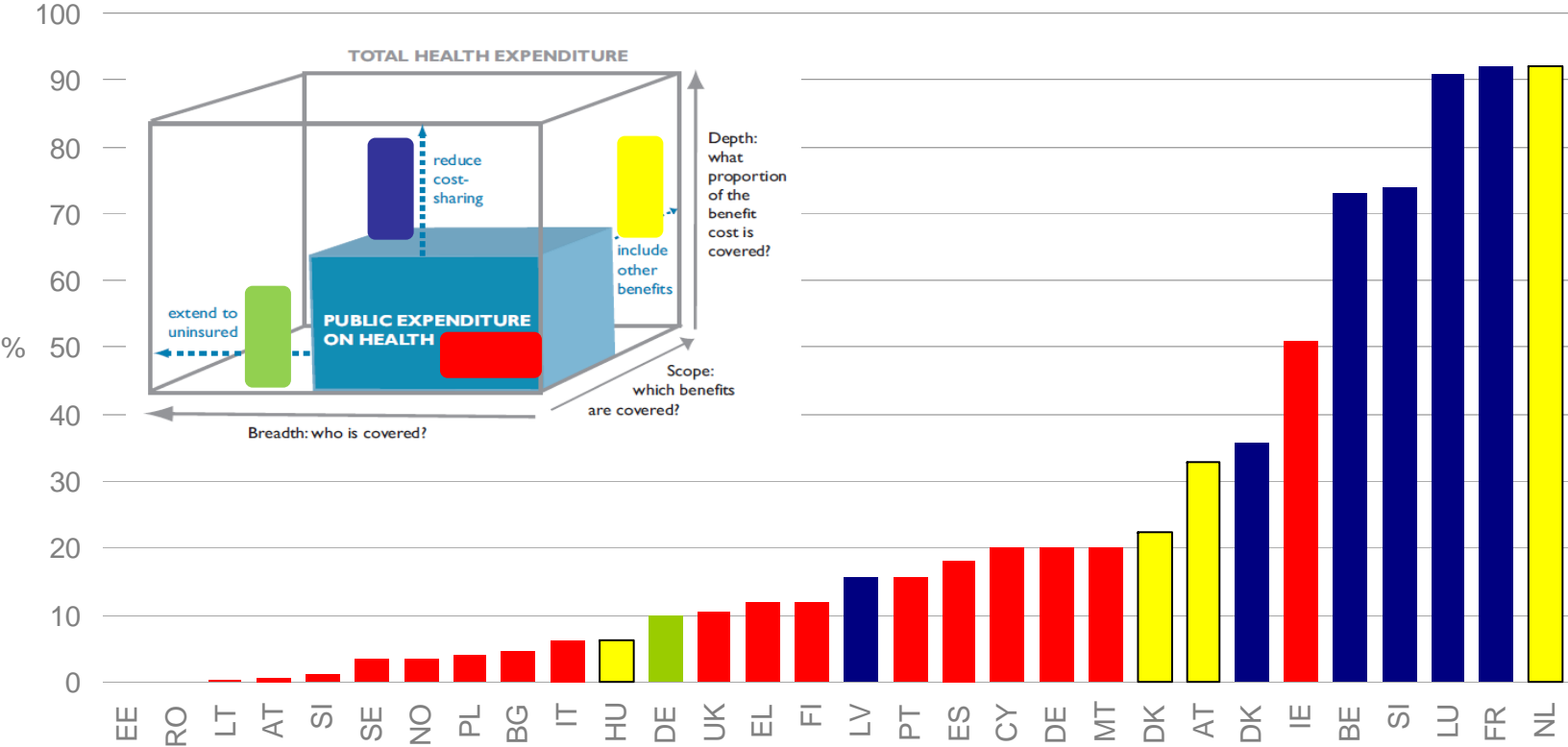


WHO based on R. Busse

# Filling gaps through Voluntary Health Insurance



% population covered by VHI, 2008



- Complementary (user charges)
- Supplementary
- Complementary (services)
- Substitutive

Source for data: Thomson and Mossialos 2009

## Questions to be addressed

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- What services should come within the scope of the standard UHI package, in particular in order to best deliver health policy goals?
- What guiding principles or criteria should underpin the selection of services?
- How to balance comprehensive, universal coverage with financial sustainability and financial constraints?
- To what extent and what kind of conditions or targeting should apply in relation to coverage of certain services(e.g. limited to people with certain conditions/ limited to children etc.)?

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## Defining the “Health Benefit Basket” in nine European countries

Evidence from the European Union Health  
BASKET Project

.RFAS Page 63 Jeudi, 14. septembre 2006 4:06 16

### Description des paniers de soins dans neuf pays de l’Union européenne

Marcial Velasco-Garrido, Jonas Schreyögg,  
Tom Stargardt et Reinhard Busse\*

# What would be „all services (and goods)“? A good question in the absence of a common taxonomy

## HC.1 Services of curative care

- HC.1.1 In-patient curative care
- HC.1.2 Day cases of curative care
- HC.1.3 Out-patient care
  - HC.1.3.1 Basic medical and diagnostic services
  - HC.1.3.2 Out-patient dental care
  - HC.1.3.3 All other specialised health care
  - HC.1.3.9 All other out-patient curative care
- HC.1.4 Services of curative home care

## HC.2 Services of rehabilitative care

- HC.2.1 In-patient rehabilitative care
- HC.2.2 Day cases of rehabilitative care
- HC.2.3 Out-patient rehabilitative care
- HC.2.4 Services of rehabilitative home care

## HC.3 Services of long-term nursing care

- HC.3.1 In-patient long-term nursing care
- HC.3.2 Day cases of long-term nursing care
- HC.3.3 Long-term nursing care: home care

## OECD System of Health Accounts: Functional Classification

## HC.4 Ancillary services to health care

- HC.4.1 Clinical laboratory
- HC.4.2 Diagnostic imaging
- HC.4.3 Patient transport and emergency rescue
- HC.4.9 All other miscellaneous services

## HC.5 Medical goods dispensed to out-patients

- HC.5.1 Pharmaceuticals and other medical non-durables
  - HC.5.1.1 Prescribed medicines
  - HC.5.1.2 Over-the-counter medicines
- HC.5.2 Therapeutic appliances and other medical durables
  - HC.5.2.1 Glasses and vision products
  - HC.5.2.2 Orthopaedic appliances and other prosthetics
  - HC.5.2.3 Hearing aids
  - HC.5.2.4 Medico-technical devices, incl. wheelchairs
  - HC.5.2.9 All other miscellaneous medical durables

## HC.6 Prevention and public health services

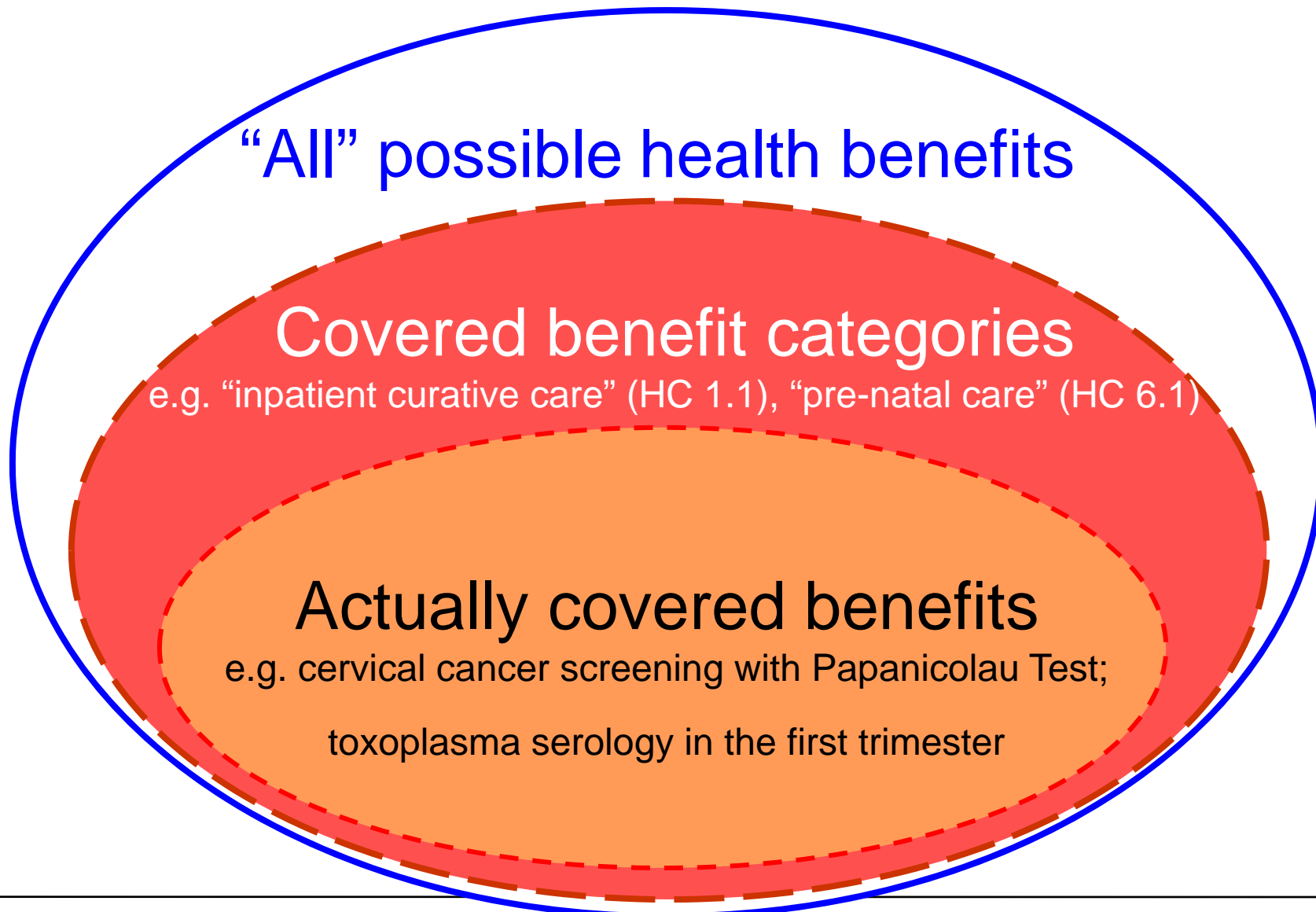
- HC.6.1 Maternal and child health; family planning ...
- HC.6.2 School health services
- HC.6.3 Prevention of communicable diseases
- HC.6.4 Prevention of non-communicable diseases
- HC.6.5 Occupational health care
- HC.6.9 All other miscellaneous public health services

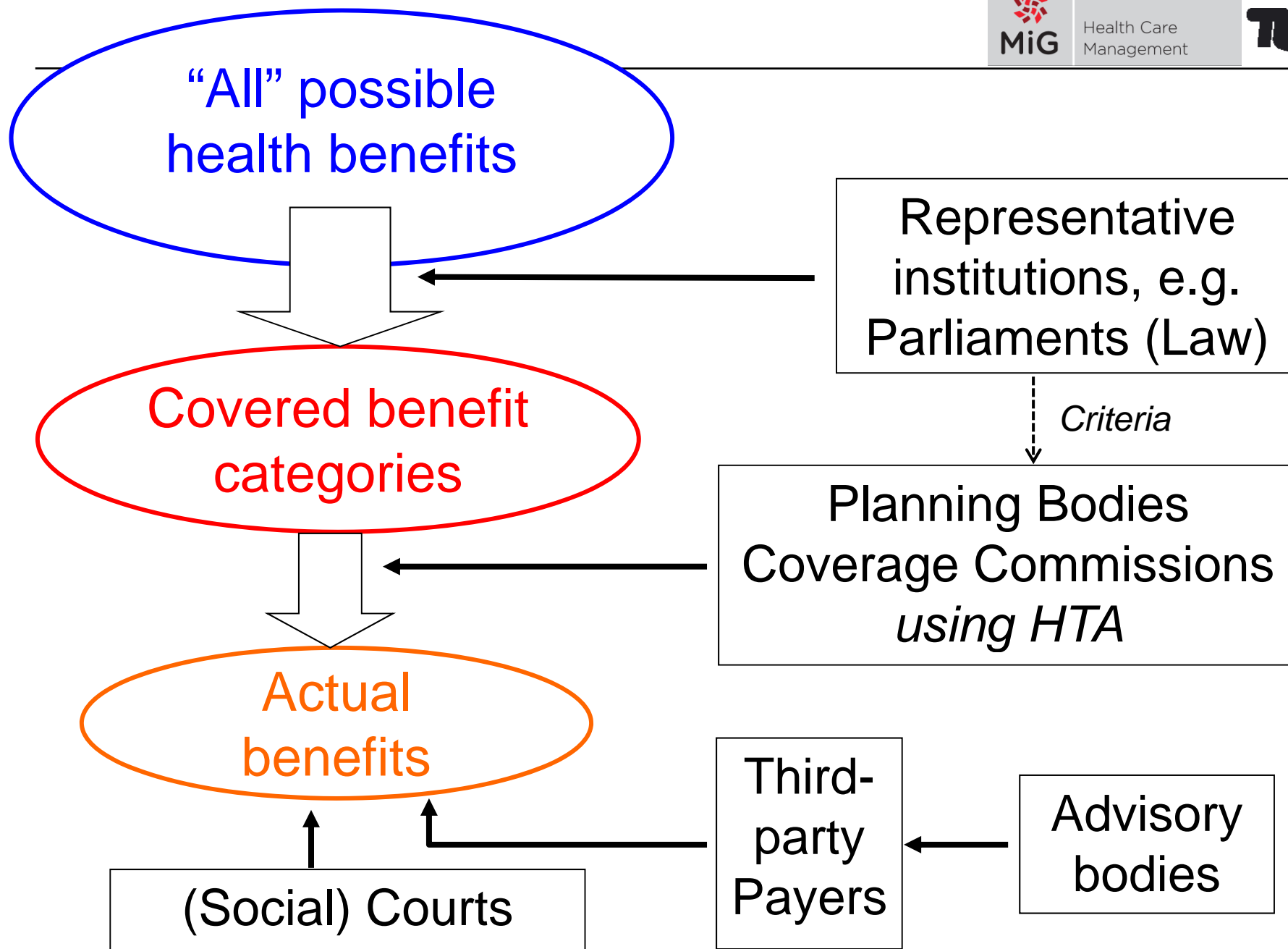


# What is included in the benefit package?



## A model





## Considerations for 1st (legal) level

- How comprehensive should the basket be (e.g. because complementary insurance is politically desired)?
- For the core/ standard basket: What is determined to be “medically necessary” in the country? Approach can be by benefit categories and/or by indication (e.g. infertility)
- Should these services/ goods be in the benefit basket for the (competitively) organized insurance system (more appropriate for individual services)? Or in parallel baskets (services for which competition is not desired; population-based services etc.)?
- What are the criteria to be applied for deciding upon the “actually covered benefits”?

# Criteria for decision making on health baskets (II)



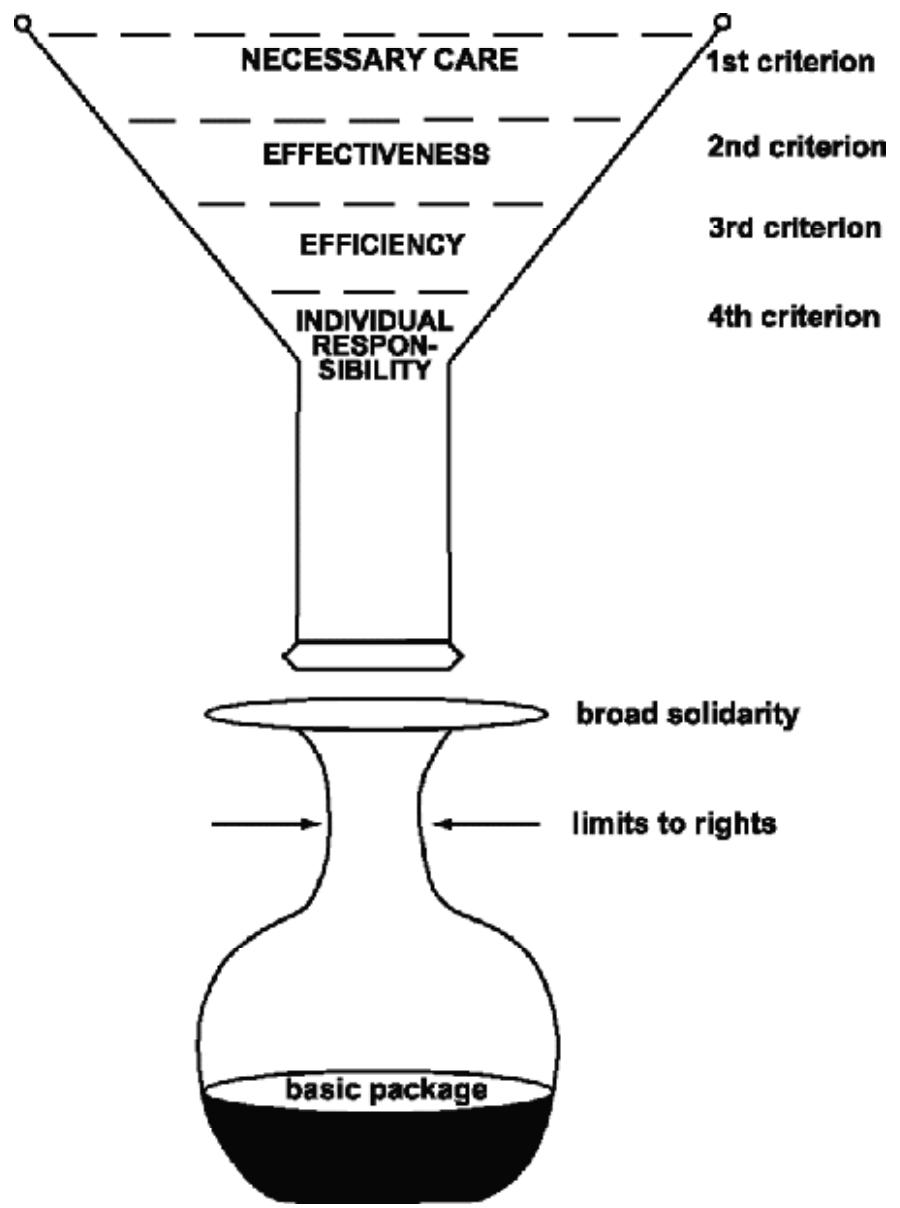
*Dunning-Committee 1991*: 1. need/ necessity, 2. effectiveness, 3. cost-effectiveness, 4. can be left to individuals

## Conceptualization of “need” in Sweden

Priority group	Description of care needed
1	<ul style="list-style-type: none"><li>• Care of life-threatening acute diseases and diseases which, without treatment, will lead to a longer disability or premature death.</li><li>• Care of serious chronic diseases.</li><li>• Palliative care in the final phase of life.</li><li>• Care of people with reduced autonomy.</li></ul>
2	<ul style="list-style-type: none"><li>• Prevention with a documented benefit.</li><li>• Rehabilitation etc. according to the definition of the Health Care Act.</li></ul>
3	Care of less serious acute and chronic diseases.
4	Care for reasons other than disease or injury.

Source: Hjortsberg and Ghatnekar (2001)

# Dunning criteria “funnel”



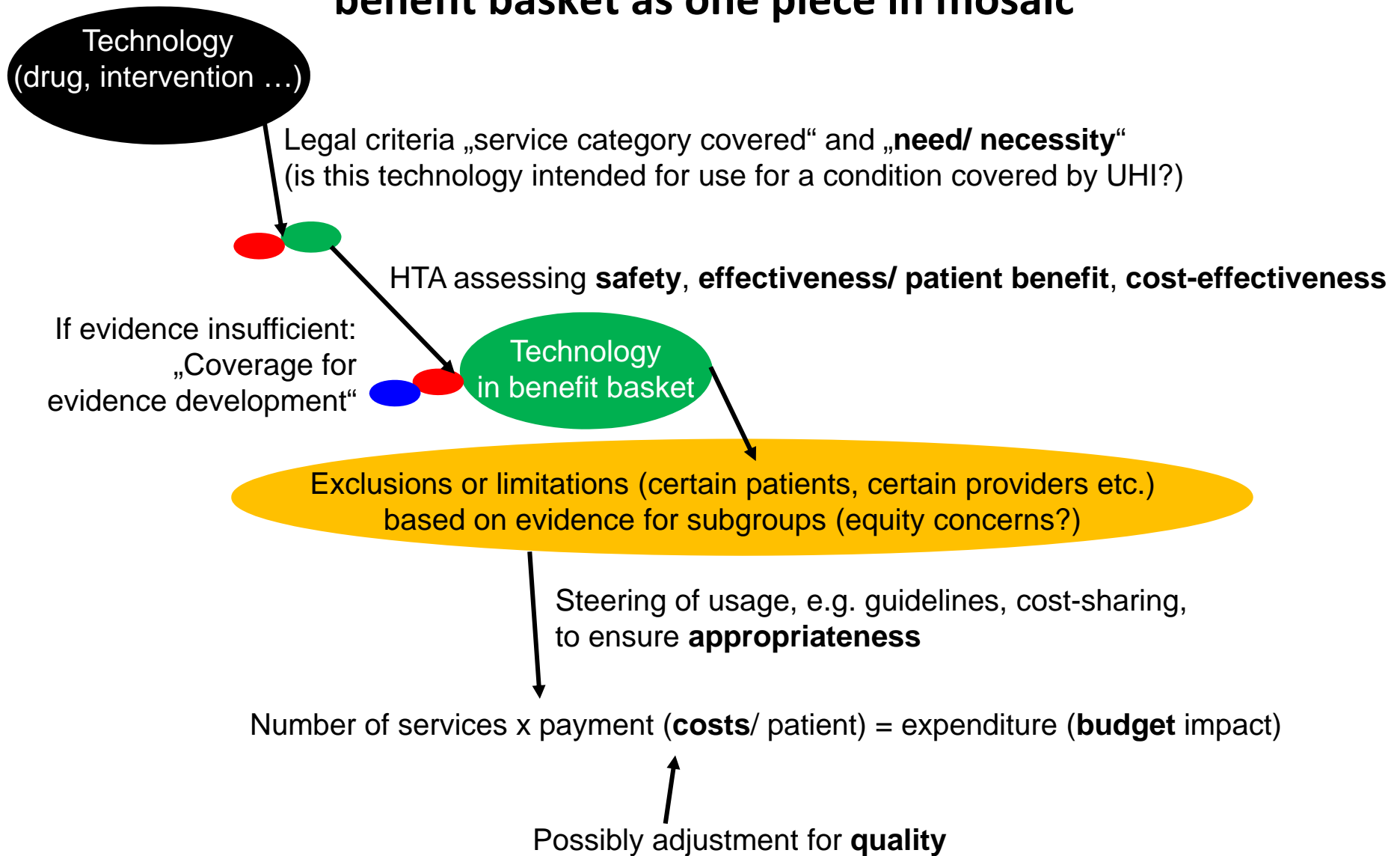
# Criteria for decision making on health baskets (III)

**A: Appropriateness, B: Budget, C: Costs, CE: Cost-effectiveness, E: Effectiveness, Ex.: Expedience, I: Innovation-degree, N: Need, S: Safety, U: Utility**

Service Categories	D	DK	E	F	H	I	NL	PL	UK
<i>Curative Care</i>									
In-patient services	A; CE; Ex.; N	B; N	C; E; N; S	N; E; S	C; E	A; N; B	C; E; N	n.s.	B; C; N
Out-patient services	CE; Ex.; N	B; N	C; E; N; S	N; E; S	C; E	A; E; N; B	C; E	n.s.	C; E; N
Rehabilitative Care	CE; Ex.; N	B; N	N	N	n.s.	A A; E; N;	A	n.s.	E; N
Long-term nursing care	C	N	N	N	n.s.	B	n.s.	n.s.	E; N
Ancillary services	A; Ex.	N	C; E; N	N	n.s.	C; E	n.s.	n.s.	E; N
<i>Medical goods for out-patients</i>									
Pharmaceuticals and non-durables	E; N	B; CE; N	B; N; U	C; E; I; S	B; CE; E; N; S	C; E	B; CE; I	C	B; E; N; S
Appliances and durables	E; U	U	CE; E; S	E; U	n.s.	N; C	C	N; C	E; N; S

<sup>a</sup> Denmark (DK), France (F) Germany (D), Hungary (H), Italy (I), Netherlands (NL), Poland (PL), Spain (E), England (UK);  
 n.s.: not stated

## benefit basket as one piece in mosaic



- ⊗ A first national “list” identifies of the main areas of service to be guaranteed by the NHS (LEAs Essential Levels of care)
  1. Public health services
  2. Community care
  3. Hospital care
  
- ⊗ *It is not a precise list. What is included in subject to interpretation according to several laws (summarised in an Annex)!*



## 1. Public health services

- ✿ prophylaxis against infectious diseases
- ✿ Public health protection of risks associated with environmental pollution
- ✿ public veterinary services
- ✿ healthy food surveillance
- ✿ prevention services for individuals: obligatory and recommended vaccination; early diagnosis programs
- ✿ legal medical services

## 3. Hospital care

- ✿ emergency services
- ✿ ordinary recovery
- ✿ day hospital
- ✿ day surgery
- ✿ hospital domiciliary services (based on regional organizational arrangements)
- ✿ rehabilitation
- ✿ long term recovery
- ✿ collection, elaboration, control and distribution of blood components; transfusion services

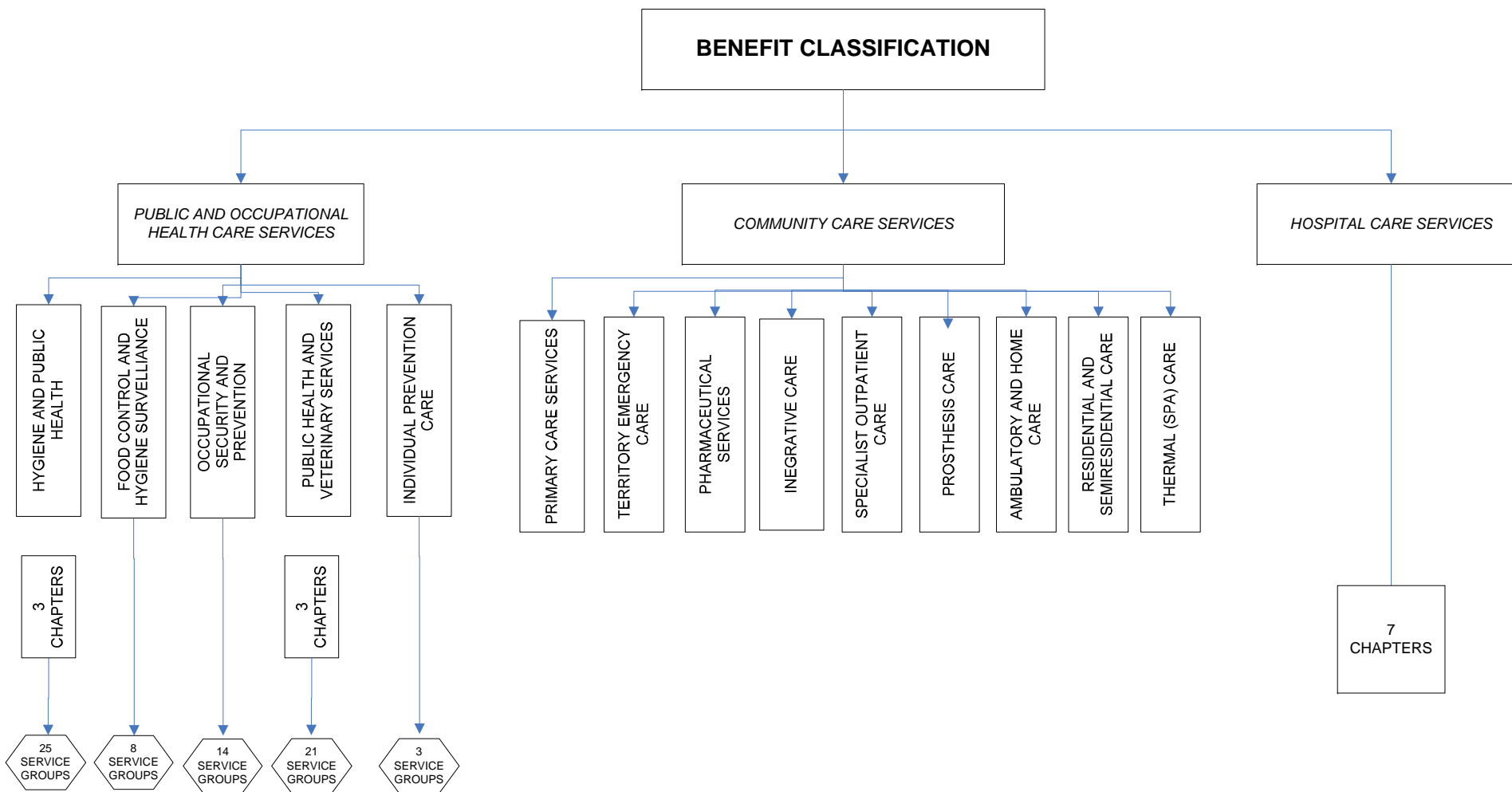
## 2. Community care

- ✿ primary health care services (ambulatory and domiciliary)
- ✿ emergency care
- ✿ pharmaceutical services delivered by pharmacies: provision of medicines and Galenical preparations (fully and partially reimbursable); supply of innovative pharmaceuticals
- ✿ supplementary services : supply of dietary products to special patient categories
- ✿ specialized ambulatory services: treatment, rehabilitation, diagnostic services
- ✿ prosthesis services to disabled
- ✿ ambulatory and domiciliary community care: ADI (supplementary domiciliary care); health and social services for safeguarding of maternity, responsible reproduction and abortion; health and social services for psychiatric patients and their families; disabled; alcohol and drug addicts; terminally-ill and HIV patients
- ✿ residential and semi-residential community care: health and social services for not self-sufficient elderly; rehabilitation services for drug and alcohol addicts, psychiatric patients, disabled, terminally-ill and HIV patients
- ✿ thermal treatment for certain pathologies

- 
- ❁ A second national list identifies services partially covered by the NHS (services are only available for specified clinical conditions)
    - ❁ Dental Services
    - ❁ Bone densitometry
    - ❁ Physical therapy and ambulatory rehabilitation services
    - ❁ Refractory laser therapy
  - ❁ A third national list identifies services which are excluded by NHS coverage
    - Plastic surgery not following accidents, diseases or genetic malformations
    - Ritual male circumcision
    - Non conventional medicine (acupuncture, phyto-therapy, ayurvedic medicine, homeopathy, chiropractic care, osteopathy and all other non conventional care not specified above)
    - Non obligatory vaccination for traveling purposes
    - Medical certificates (except for scholars)
    - Some rehabilitation/ physical therapy services

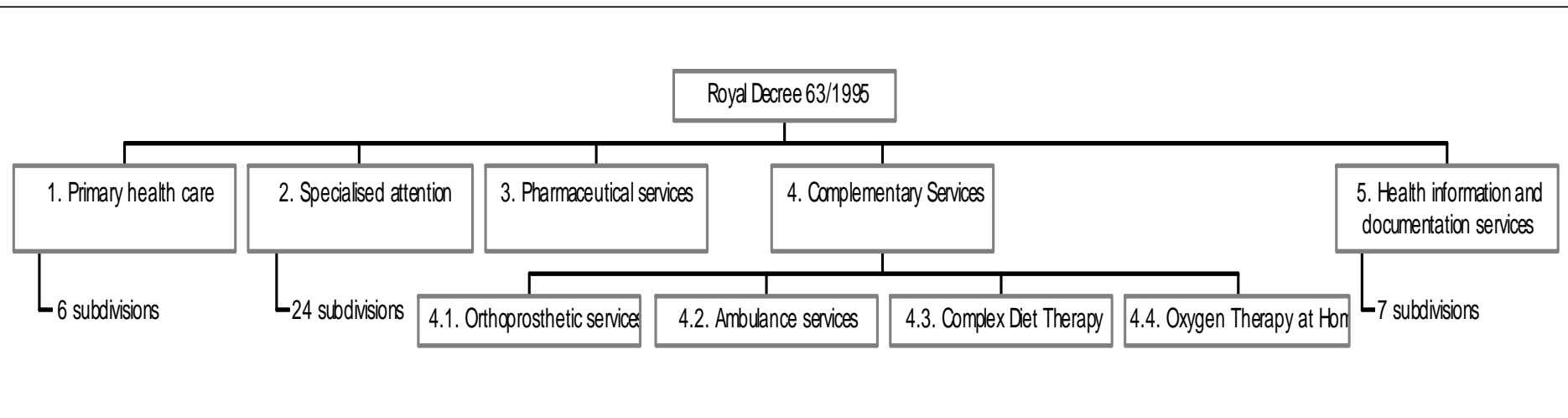
- ⊗ A fourth list of “DRGs” deemed at risk of inappropriateness for which regions were recommended to act (reducing rates of admission, potentiating day hospital and ambulatory care)
- ⊗ In addition:
  1. Detailed positive list for pharmaceuticals
  2. The fee-schedule for specialist outpatient services (dated 1996 with about 2000 items);
  3. The DRG system (with specific DRG values for ordinary admissions, one day admissions, day hospital and days above threshold)

# Structure of Italian basic package



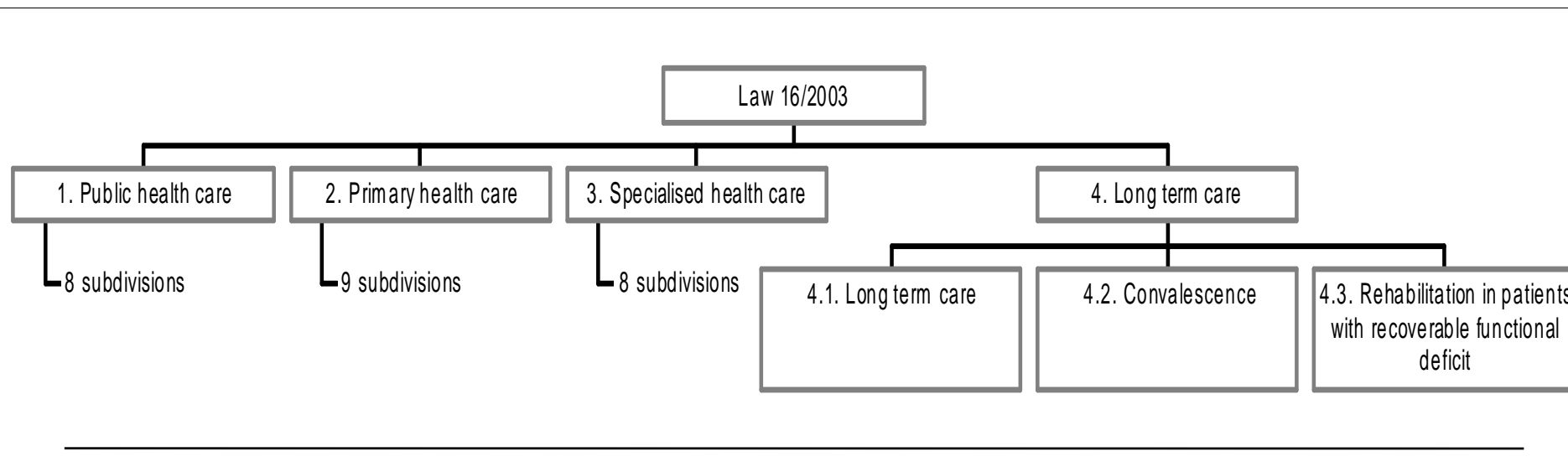
# Structure of Spanish basic package

Figure 1: Taxonomy of the Royal Decree. 63/1995



Source: Own elaboration.

Figure 2: Taxonomy of LAW 16/2003



Source: Own elaboration.

# Defining the Basket of Services for Ireland's Universal Health Insurance System:

## *Determining and managing the health basket*



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European Observatory on Health Systems and Policies



## Questions to be addressed

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- What processes and structures need to be established for determining the standard package?
- How will the standard package be kept up to date? What process should apply for this?
- How will the standard package be defined legally, e.g. what legislative and other approaches should apply and how will these relate to definitions of services for payment purposes?
- How will disputes in relation to the scope and content of the standard package be resolved?

- Country approaches to benefit definition vary greatly
- No country (except Israel) has one catalogue to define basket; it's rather a mixture of differently defined lists (entitlements, payment, guidelines ...), in *outpatient* care often fee schedules sorted by specialty, while in *inpatient* care more often by diagnosis
- Only small variation of provided benefits by categories between countries – most countries exclude similar benefits: cosmetic surgery, vaccination for travelling purposes) and certain non-conventional treatments (e.g. acupuncture) – but regional variation within countries



# Example: Outpatient benefit catalogues (I)

Country	Name of taxonomy	Applied geographical area	Taxonomy (and grouping criteria)	Actors involved indecision making	Criteria for in-/exclusion of benefits
Denmark	Health Care Reimbursement Scheme Fee Schedule	National	Services are grouped according to medical specialty and for GPs additionally in basket, supplementary, laboratory and miscellaneous services. Each service has an item number. It is referred to the respective legislation decree specifying the benefit, certain goods, procedures or in rare cases indications	<ul style="list-style-type: none"> <li>• National level (law, general framework)</li> <li>• Ministry for the Interior and Health (approval)</li> <li>• Counties (budgeting, health plan)</li> <li>• Healthcare Reimbursement Negotiating Committee and health professional associations (negotiate catalogue)</li> </ul>	Need
France	Common Classification of Medical Procedures (CCAM)	National	Lists all medical procedures reimbursable and excluded. Grouping criteria: anatomic classification, medical specialties	<ul style="list-style-type: none"> <li>• National level (law, general framework)</li> <li>• Ministry of Health (approval)</li> <li>• National Union of Health Insurance Funds (in- and exclusion of services)</li> <li>• High Health Authority (advisory body on in- and exclusion of services)</li> </ul>	Effectiveness, safety
Germany	SHI-EBM, SHI-BEMA, SHI-BEL-II	National	Services are grouped according to the medical specialty allowed to provide the service. Each service is assigned a numeric code in accordance with the subsection of the catalogue	<ul style="list-style-type: none"> <li>• National level (law, general framework)</li> <li>• Federal Joint Committee (approval of new benefits)</li> <li>• Valuation Committee (negotiates EBM)</li> <li>• Dental Valuation Committee (negotiates BEMA, BEL-II)</li> </ul>	Diagnostic and therapeutic expedience, medical necessity and cost-effectiveness
Hungary	Governmental decrees and reimbursement catalogues	National	Similar services are listed in groups. Governmental decrees relate to different areas of care (e.g., dental care, specialist services). Items in reimbursement catalogues are listed with the respective ICPM code and a point value	<ul style="list-style-type: none"> <li>• Legislation at the national level (law, general framework, budgeting)</li> <li>• Ministry of Welfare (decrees, approval) - National Health Insurance Fund</li> <li>• Administration, especially (prepares decisions)</li> <li>• Payment Codes Updating Committee (reimbursement catalogues)</li> </ul>	Costs, effectiveness
Italy	National contract for specialist outpatient	National benefit package, regions include additional services	Contract for primary care describes obligations of GP. Individual services are not further itemized. Decree on specialist outpatient services lists services in three sections: available, availability restricted to specific indications, excluded	<ul style="list-style-type: none"> <li>• Government at national level (sets decree, negotiates contract)</li> <li>• Representatives of GPs (negotiate contract)</li> <li>• Ministry of Health (transfers contract into law)</li> <li>• Governmental regional level (negotiates additional contracts)</li> </ul>	Effectiveness, costs

# Example: Outpatient benefit catalogues (II)

Country	Name of taxonomy	Applied geographical area	Taxonomy (and grouping criteria)	Actors involved indecision making	Criteria for in-/exclusion of benefits
The Netherlands	Health Insurance (Treatment and Services) Decree; Diagnose Behandelings Combinaties (DBC; DRG-like system); Jan. 2005	National	GP services are regulated in generic terms only by decree, DBC catalogue (111,527 DBCs) combine information on diagnosis and treatment for medical specialists. DBCs are on three different lists determining the status for tariff negotiations or excluding DBCs from the benefit package. Grouping criteria: medical specialty, product group	<ul style="list-style-type: none"> <li>• Legislation at the national level (law, general framework)</li> <li>• Ministry of Health (decrees)</li> <li>• DBC-Maintenance Organization (DBC-System)</li> <li>• Physicians (priority setting)</li> </ul>	Costs, effective-ness
Poland	and catalogue of ben-efits	National	Catalogue lists all services covered under social health insurance scheme. Services are linked to the respective regulation/law. Grouping criteria: area of care, medical specialty	<ul style="list-style-type: none"> <li>• Legislation at the national level (law, general framework)</li> <li>• Ministry of Health (regulations)</li> <li>• National Health Fund (catalogue)</li> </ul>	
Spain	Royal Decree 63/1995	National with regional differences	Services are listed explicitly in decree. In some cas-es, services are restricted to specific patient groups. Decree lists services in 5 areas of care (e.g., primary care, specialized care, pharmaceutical care) which are further subdivided.	<ul style="list-style-type: none"> <li>• Legislation at the national level (law, general framework)</li> <li>• Federal Government (decree)</li> <li>• Inter-territorial Council and Council of the State (inclusion of new benefits)</li> <li>• Clinicians (provision of services relating to entitlements defined by decree)</li> </ul>	Safety, efficacy, efficiency
UK (England)	<ul style="list-style-type: none"> <li>• National Service Framework</li> <li>• General Medical Services Contract</li> <li>• Clinical Guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• National</li> <li>• National with possible variation at PCT-level</li> <li>• National</li> </ul>	Health Resource Groups are linked to procedures. Currently only 48 HRGs are in use. Guidelines recommend services to be used on certain indications	<ul style="list-style-type: none"> <li>• Legislator at national level (law, general framework)</li> <li>• NHS Confederation and General Practitioners Committee (negotiate contract)</li> <li>• Primary Care Trusts (PCT) (negotiate additional contracts)</li> <li>• NICE(clinical guidelines)</li> </ul>	<ul style="list-style-type: none"> <li>• Need, effectiveness</li> <li>• Need, costs</li> <li>• Need, costs, effectiveness</li> </ul>

# Example: explicit exclusions

Source (S), Exceptions (E)	D		DK		E		F		H		I		NL		PL		UK	
	S	E	S	E	S	E	S	E	S	E	S	E	S	E	S	E	S	E
Service / Item																		
<i>Cosmetic Surgery</i>		n.e.		n.e.	LF	M		n.e.	LF	n.s.	LF	M	LF	M	QL	M	QL	M
<i>Medical Examinations/ Certifications</i>		n.e.		n.e.	LF	RC		n.e.	LF	RC	LF	Ch		n.e.	LF	RC		n.e.
<i>OTC-Drugs / OTC-Aids</i>	LF	Ch, D, M		n.e.	QL	n.s.		n.e.		n.e.	QL	n.s.	LF	CD		n.e.	QL	M
<i>Complementary Medicine*</i>		n.e.		n.e.		n.e.		n.e.	LF	n.s.	LF	n.s.	LF	n.s.	QL	CD		n.e.
<i>Unconventional therapies*</i>	QL	M		n.e.		n.e.		n.e.		n.e.	LF	n.s.		n.e.	QL	n.s.		n.e.
<i>Thermal Medicine / Spa*</i>		n.e.		n.e.	LF	n.s.		n.e.		n.e.	LF	n.s.		n.e.	QL	n.s.		n.e.
<i>Sterilisation</i>		n.e.		n.e.		n.e.		n.e.	LF	M		n.e.	LF	n.s.	QL	D		n.e.
<i>Abortion</i>		n.e.		n.e.		n.e.		n.e.	LF	M		n.e.		n.e.		n.e.		n.e.
<i>IVF</i>		n.e.		n.e.		n.e.		n.e.		n.e.		n.e.	LF	<sup>2/3</sup>		n.e.		n.e.
<i>Ritual circumcision</i>		n.e.		n.e.		n.e.		n.e.		n.e.	LF	n.s.	LF	n.s.		n.e.		n.e.
<i>Bone densitometry</i>	QL	M		n.e.		n.e.		n.e.		n.e.	LF	M		n.e.		n.e.		n.e.
<i>Physiotherapy</i>		n.e.		n.e.		n.e.		n.e.		n.e.		n.e.	LF	Ch, CD		n.e.		n.e.
<i>Sex-Change Surgery</i>		n.e.		n.e.	LF	M		n.e.		n.e.		n.e.		n.e.	QL	n.s.		n.e.
<i>Contact Lenses</i>	LF	M		n.e.		n.e.		n.e.		n.e.		n.e.	LF	M		n.e.		n.e.
<i>Refractive Surgery</i>	QL	M		n.e.		n.e.		n.e.		n.e.	LF	M		n.e.		n.e.		n.e.
<i>Psychoanalysis</i>		n.e.		n.e.	LF	n.s.		n.e.		n.e.		n.e.		n.e.	QL	n.s.		n.e.
<i>Other Specific Procedures/Technologies**</i>	QL	M		n.e.		n.e.	QL	M	LF	n.s.	LF	n.s.	LF	n.s.	QL	n.s.	QL	M

Denmark (DK), France (F) Germany (D), Hungary (H), Italy (I), Netherlands (NL), Poland (PL), Spain (E), England (UK)

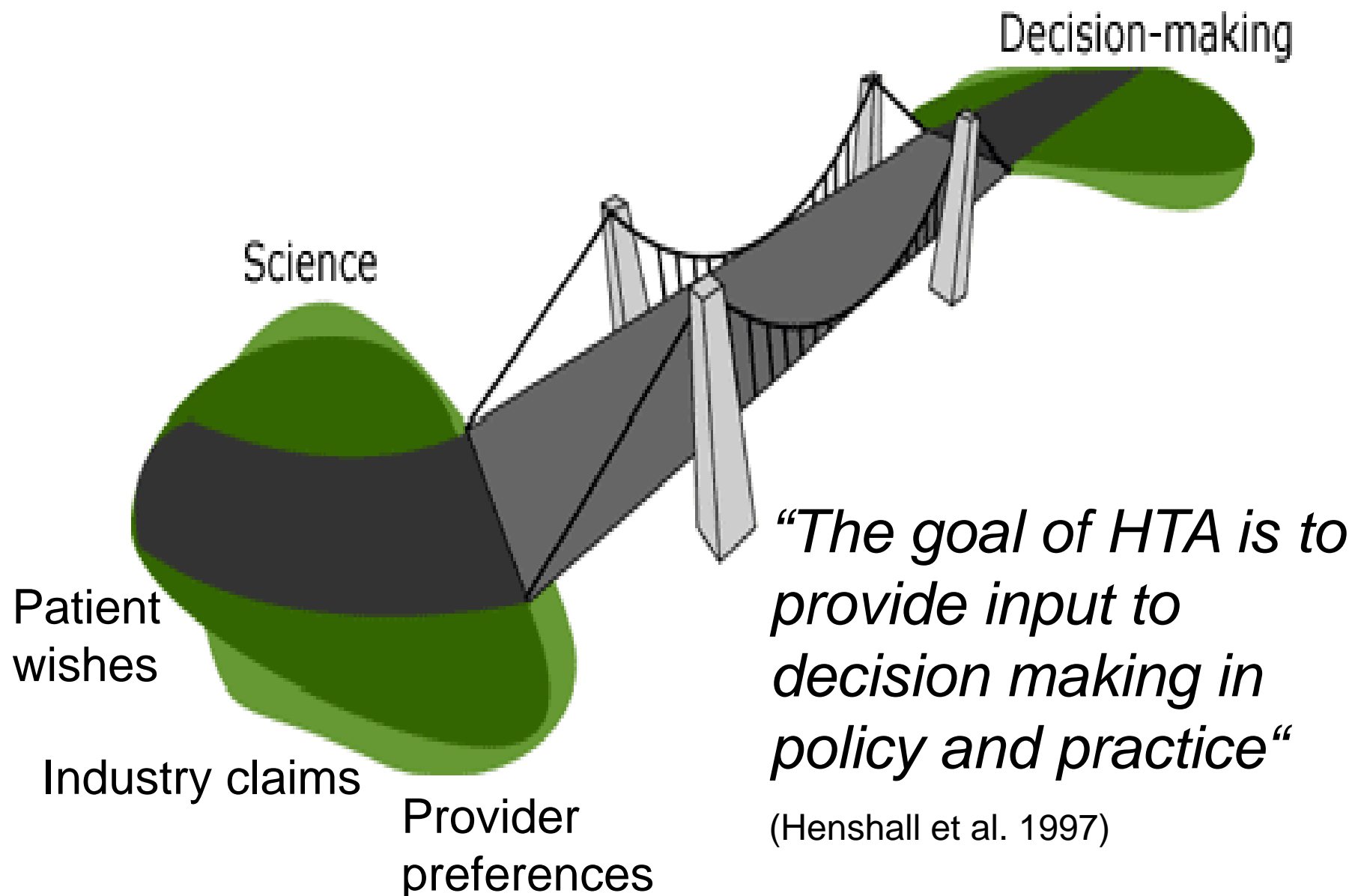
LF: Stated in Health Basket Legal Framework, QL: Quasi-Law (Clinical Guidelines/Recommendations, Service Implementation Guidelines, Contracts, Negative Lists)

n.e.: no explicit exclusions, n.s.: not stated

M: Medical necessity, special clinical circumstances (i.e., accident, malformation, disease), Ch: Children, Youth (<18), CD: Chronic disease, D: disabled persons, RC: certifications related to health care, <sup>2/3</sup>: 2nd and 3rd attempt

\* At least one intervention explicitly excluded, \*\* Mainly specific screening, unconventional therapies, or specific devices

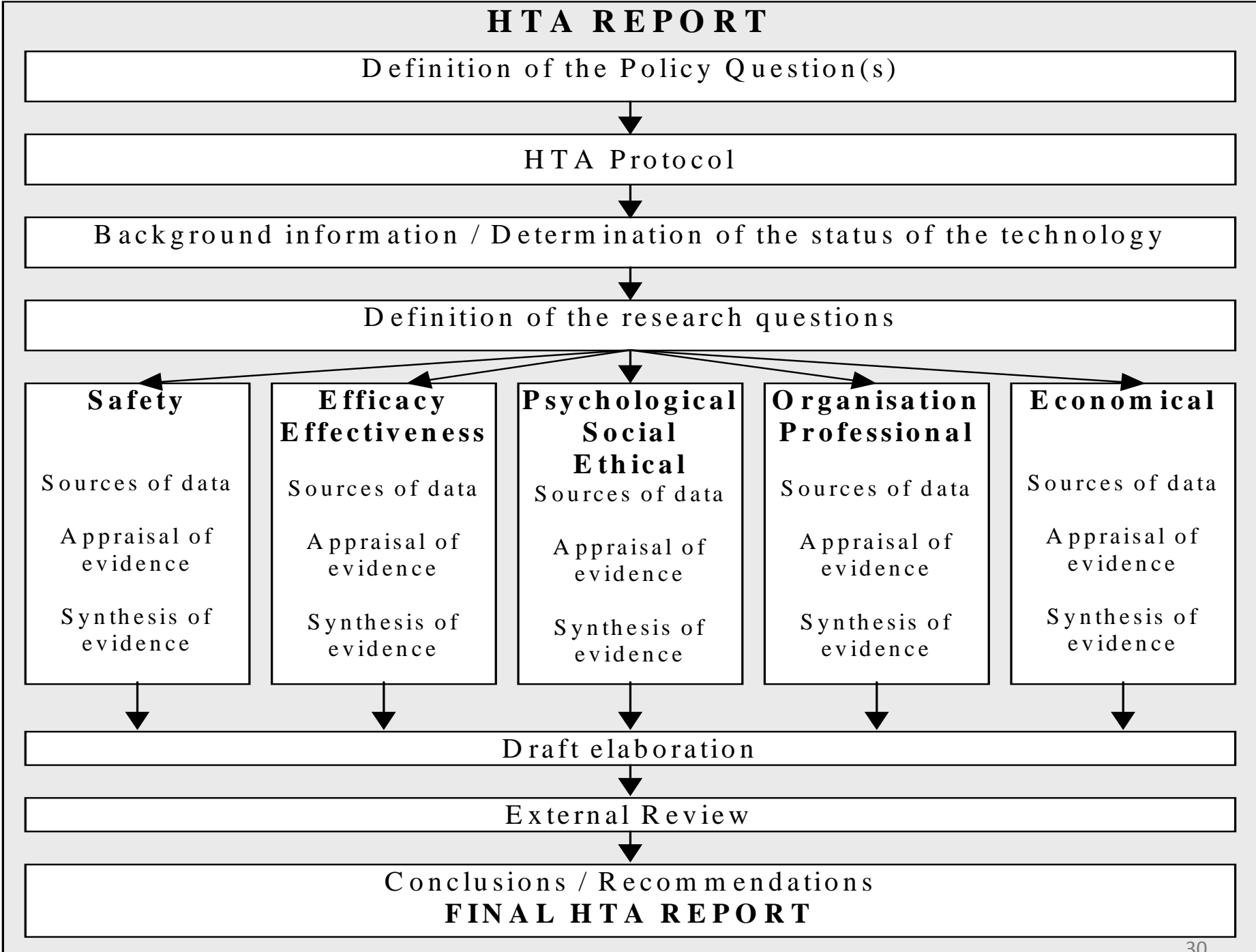
# Technology Assessment



[...] a form of policy research that systematically examines short- and long-term consequences –in terms of health and resource use– of the application of a health technology [...]

The goal of HTA is to provide input to decision making in policy and practice.

(Henshall et al. 1997)

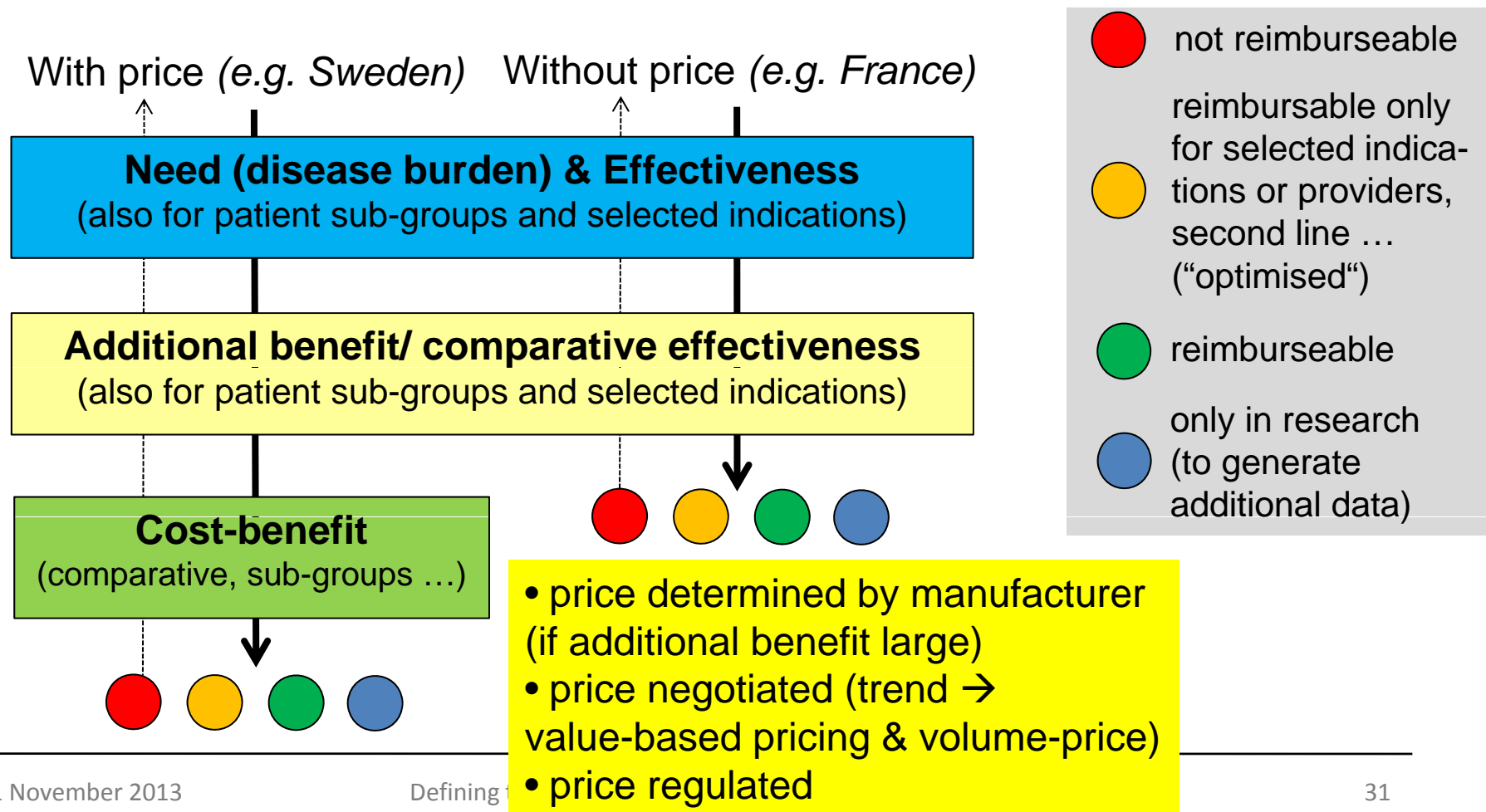


# HTA direct after market launch

*(currently existing mainly for drugs)*

**New drug/ device/ intervention**  
 → „single technology assessment“:

Important input = structured information (dossier of manufacturer/ promoter)



# More than YES or NO:

## Decision Options (e.g. in Switzerland)


Coverage (reimbursement)		Decision
Yes		reimbursement without conditions
Yes		reimbursement for specific indications
Yes		in centers which have to fulfil certain requirements
Yes		in centers + evaluation registers
Yes		in evaluation (by benefit commission)
No		in evaluation (by applicant)
No		refusal

Source: Swiss Federal Office for Social Security (SFOSS)



## More than YES or NO:

### Actual decisions in England (results of NICE “Technology Appraisals” 3/2000-12/2012)



*National Institute for  
Health and Clinical Excellence*

Decision	Number	Percent	<i>For comparison: Scotland</i>
Recommended	300	63%	31%
Optimised	84	18%	36%
Only in Research	25	5%	
Not recommended	70	14%	33%
Total	479	100%	

NICE: 498 individual recommendations in 267 technology appraisals (114 single TAs & 156 multiple TAs), of which 6 withdrawn and 13 non-submissions, i.e. manufacturer did not apply in the end  
<http://www.nice.org.uk/newsroom/nicestatistics/TADecisionsRecommendationSummary.jsp>

# France: Clinical Added Value (ASMR) Jan. 2005 - Oct. 2009



ASMR I	Major
ASMR II	Important
ASMR III	Moderate
ASMR IV	Minor
ASMR V	No

