



Role of the Health Technology Assessment in Revising Health Insurance Benefits Package: Guiding or Shaping?

**Mojtaba NOUHI^{1,2}, Alireza OLYAEEMANESH^{1,3}, Reza JAHANGIRI⁴, Mahdi NADERI⁵*

1. Health Equity Research Center, Tehran University of Medical Sciences, Tehran, Iran
2. Health Technology Assessment Office, Deputy of Treatment Affairs, Ministry of Health and Medical Education, Tehran, Iran
3. National Institute for Health Research, Tehran University of Medical Sciences, Tehran, Iran
4. Department of Management and Information Sciences, Iran University of Medical Education, Tehran, Iran
5. Physician Payment System and Tariffs Office, Deputy of Treatment Affairs, Ministry of Health and Medical Educations, Tehran, Iran

***Corresponding Author:** Email: mojtabanouhi@gmail.com

(Received 21 Mar 2019; accepted 12 Apr 2019)

Dear Editor-in-Chief

Health Technology Assessment (HTA) program in Iran has just passed 10th anniversary of attendance in Iran health system. Amount and quality of published studies such as systematic review, meta-analysis and economic evaluation reports on emerging health technologies indicates that HTA program has reached to a well situation in producing scientific evidence. Although there are some challenges such as using evidence in decision making process, conflict of interests of decision makers and weak legal capacity, using HTA reports in regulatory system are gradually increased (1).

One of the main policy in health care system in near future is revising Health Insurance Benefits Package (HIBP). HIBP consists of near 10 000 diagnostic and treatment services which has been included in the HIBP implicitly over time. Change in burden of diseases, lack of transparency in coverage decision making process and need to use scientific evidence and cost conscious thinking make it necessary to revise the HIBP (2). Revising HIBP is considered as an opportunity to improve position of HTA in insurance coverage

decision making process (3). But what is role of HTA in revising HIBP?

International studies show that we can imagine two roles for HTA in policy of revising HIBP:

First role: shaping HIBP

Shaping approach necessitates a priority setting algorithm to reduce number of health services which require health technology assessment as much as possible to overcome time and information limitation. This approach tries to enter only those set of services, which met some predefined criteria into the health technology assessment, and ignore other services to be assessed. In this approach role of HTA is passive and using HTA only for shaping some coverage decision. Thailand and Netherlands have followed this approach to revise in their health benefits package (4,5).

Second role: guiding HIBP

This approach attempts to optimize a care pathway instead of a single health service. The way of choosing a disease or health condition could be



based on a multi criteria decision analysis method. In contrast to the former approach trying to minimize the cases needing HTA, the later aims to capture all existing diagnostic and treatment services to manage a specific disease. This approach actively guides coverage decision making but needs sophisticated economics model such as discrete event simulation for evaluating care pathways (6). Some Latin American countries such as Chile, Peru and Colombia have used this approach to form their benefits package (7).

In the shaping role, HTA experts and health economists contribute as consultant in revising HIBP, while they actively will be involved in process of reallocating health insurance resources between different health care needs if health policy makers adopt disease-based approach. How health policy makers deal with this problem probably shape future of HTA program in Iran health system?

Conflict of interests

The authors declare that there is no conflict of interest.

References

1. Doaee S, Olyaeemanesh A, Emami S, et al (2013). Development and implementation of

- health technology assessment: a policy study. *Iran J Public Health*, 42(Supple1):50-4.
2. Dehnavieh R, Rahimi H (2017). Basic Health Insurance Package in Iran: Revision Challenges. *Iran J Public Health*, 46(5):719-20.
3. Nouhi M, Naderi M, Olyaeemanesh A (2017). The revision of the health benefits package in current literature: A concept clarification. *Evidence Based Health Policy, Management and Economics*, 1(4):253-60.
4. Mohara A, Youngkong S, Velasco RP, et al (2012). Using health technology assessment for informing coverage decisions in Thailand. *J Comp Eff Res*, 1(2):137-46.
5. Stolk EA, De Bont A, Van Halteren AR, et al (2009). Role of health technology assessment in shaping the benefits package in the Netherlands. *Expert Rev Pharmacoecon Outcomes Res*, 9(1):85-94.
6. Tappenden P, Chilcott J, Brennan A, Squires H, Stevenson M (2012). Whole disease modeling to inform resource allocation decisions in cancer: a methodological framework. *Value Health*, 15(8):1127-36.
7. Giedion U, Tristao I, Escobar L, et al (2014). *Health benefit plans in Latin America: a regional comparison*. Inter-American Development Bank. <https://publications.iadb.org/en/health-benefit-plans-latin-america-regional-comparison>