

Sustainable Healthcare Financing solutions

Risk-Sharing Agreement Proposal for sustainable health system and patient access in Thailand – Executive Summary



Executive Summary - Proposal of Risk-sharing or Manage-Entry Agreement to enhance efficiency in the health system

EABC experiences an establishment in other countries that Risk-sharing/ Manage-Entry Agreement as Public-Private Collaboration could be one of the key elements to ensure sustainable healthcare investment as **“alternative/innovative mechanisms that the private company shares the financial risks at the national level with the government on patient treatment costs”**. This can support patient access and treatment needs as well as the government budget can be predictable and manageable to achieve superior health outcomes at the same or reasonable incremental costs. An example and key points could be highlighted as below:

Value for budget management through Risk-sharing Agreement/ Manage Entry Agreement Models

- (1) Enabling the introduction of new and costly medicines into the reimbursement system in a better-controlled way
- (2) Increasing and improving patients’ access to medicines and other products as the needs of treatment
- (3) Enhancing financial sustainability of the reimbursement system and cost predictability since it creates direct saving and predictable incremental budget
- (4) Increasing flexibility of shaping the pricing and reimbursement policy

According to international experiences, there are various types of Risk-sharing/ Manage-Entry Agreements under two major types (see Annex for additional reference); financial-based agreements and performance-based agreements, these agreements would be established as confidential agreements with data registry to enhance transparency and facilitate monitoring of the agreements.

For Thailand’s context, there has been partial adoption of the principle of the risk-sharing/ managed-entry agreement to the public healthcare reimbursement schemes for universal health coverage, a national list of essential medicines, and a civil servant medical benefit scheme on the oncology prior authorization. The example can be highlighted as the implementation of the capitation model which the companies shared the financial risk by providing medicines, free of charge, to patients according to the agreed capitation threshold. However, such implementation remained constraints, especially in the administration of the medicine reconciliation between the payer, hospitals, companies, and patients.

If we aim to enhance the utilization of risk-sharing/ managed-entry agreements in Thailand to cover broader scopes of models in similar to other countries, i.e. rebate and refund models, it will require consideration and justification of the legal feasibility to ensure compliance, transparency, and monitoring.

EABC would like to support and collaborate on the development of “risk-sharing” framework and proposed key requirements and registry for consideration in an establishment to benefit patients and government management:

- Policy and regulations related to procurement and reimbursement to enable “risk-sharing” reimbursement for patient access as proposals
- Explore feasibility in the establishment of a confidentiality agreement for risk-sharing implementation under Thailand contexts
- Development of the data registry and system for reconciliation, tracking, and data sharing platform for reimbursement (between payer, hospital, and company)

Annex:

