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**VIRAL HEPATITIS PREVENTION BOARD MEETING, MARCH 2013**

# **Treatment policies and access to treatment for chronic hepatitis B and C**

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## The Israeli Health System – National Health Insurance Law

- The enactment of the National Health Insurance Law in 1995 changed health insurance in Israel to be compulsory.
- Every resident (regardless of gender, religion, age, ethnic background, state of health or income) is entitled to health insurance in one of the health services providers (sick funds), on the basis of open enrollment with no risk selection behavior.
- The Law defines an itemized Health Services Basket (NLHS = National list of health services) – a binding list of health services and medications to be provided by each of the health services providers (Sick funds) to its members.



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## The Israeli Health System – National Health Insurance Law

- \* The 4 Sick Funds are responsible to provide the services to their registered members.
- \* The NLHS is given in Israel, according to medical discretion, within a reasonable time and reasonable distance from the insured's place of residence, and of reasonable quality.



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## The Israeli Health System – National Health Insurance Law

The HSB covers the following:

- 1) Personal preventive medicine and health education;
- 2) Medical diagnosis;
- 3) Ambulatory medical care, including mental health care
- 4) General hospitalization, including maternity and neonatal hospitalization, psychiatric and psychogeriatric hospitalization, and chronic nursing hospitalization.



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## The Israeli Health System – National Health Insurance Law

- 5) Medical rehabilitation, including psychological rehabilitation, physiotherapy, speech therapy, occupational therapy and health-related social work;
- 6) Supply of medications;
- 7) Medical devices;
- 8) First aid and transportation to a hospital or clinic.

## What is the scope of the NLHS ?

approx. 2,600 pharmaceuticals

approx. 1,100 other technologies

Total Cost –

32 billion NIS (8 billion USD) (2011 prices)

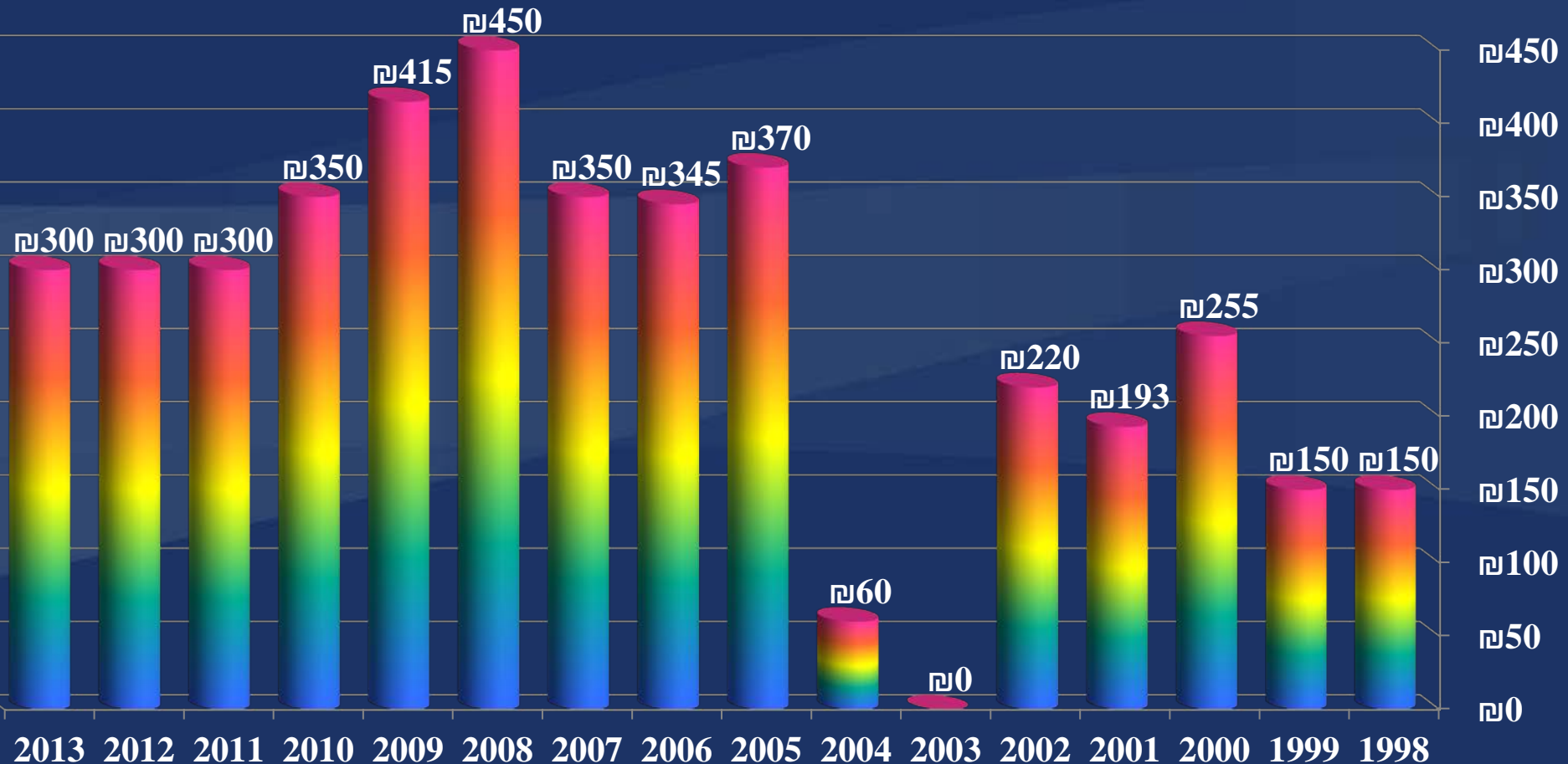


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## NLHS Updates 1995-2013 (in NIS)





## Updating the NLHS - Stages

*The process of updating new technologies:*

- \* Identifying the new proposed technologies.
- \* Quick assessment and initial screening.
- \* Comprehensive assessment.
- \* Public committee decision making.
- \* Government approval and legislation.
- \* Provision of the new technologies by the sick funds.





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## Submission of an application for a new health technology includes:

- \*Evidence based efficacy
- \*Safety
- \*Needs assessment
- \*Epidemiology
- \*Budget impact
- \*Economic assessment



## Comprehensive Evaluation:

- Clinical evaluation - EBM
- Epidemiological evaluation
- Economic evaluation

Consulting with both internal and external bodies – e.g. National Advisory Councils, Israeli Medical Association, Budgetary dept. (MOH), Ministry of Finance, Health Funds, International HTA agencies.



## Key issues:

1. **Scope of the problem** – assessed by the use of indices for prevalence and incidence of the disease-state.
2. The **disease's burden on the health system** in terms of mortality, morbidity, use of health services and/or functional disability.
3. The **existing alternatives** to treat the disease, including prevention, diagnosis, treatment and rehabilitation.
4. The **cost of the disease** according to the resources. allocated for it and the costs of alternative treatments.
5. **Clinical and economic characteristics** of the new treatment.



## Public committee – decision making

- **18 members – representatives :**
  - 4 Health Services providers (Sick Funds)
  - 4 Physicians
  - 4 Economists
  - 4 Public representatives - medical sciences, ethics, social sciences and welfare.
- + Chairperson  
(notable / leading physician , usually the general manager of a large hospital)
- + Director of the Medical Technology Administration



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## **Prioritizing Technologies - Scale:**

**Group A - high priority technologies  
(graded 8-10);**

**Group B - intermediate priority technologies  
(graded 4-7);**

**Group C - low priority technologies  
(graded 1-3);**



## Examples for guiding criteria for the prioritization of the suggested technologies

- Life-saving technology with full recovery.
- The potential of the technology to prevent mortality/morbidity.
- The number of patients to benefit from the use of the technology.
- The financial burden on society and the individual patient



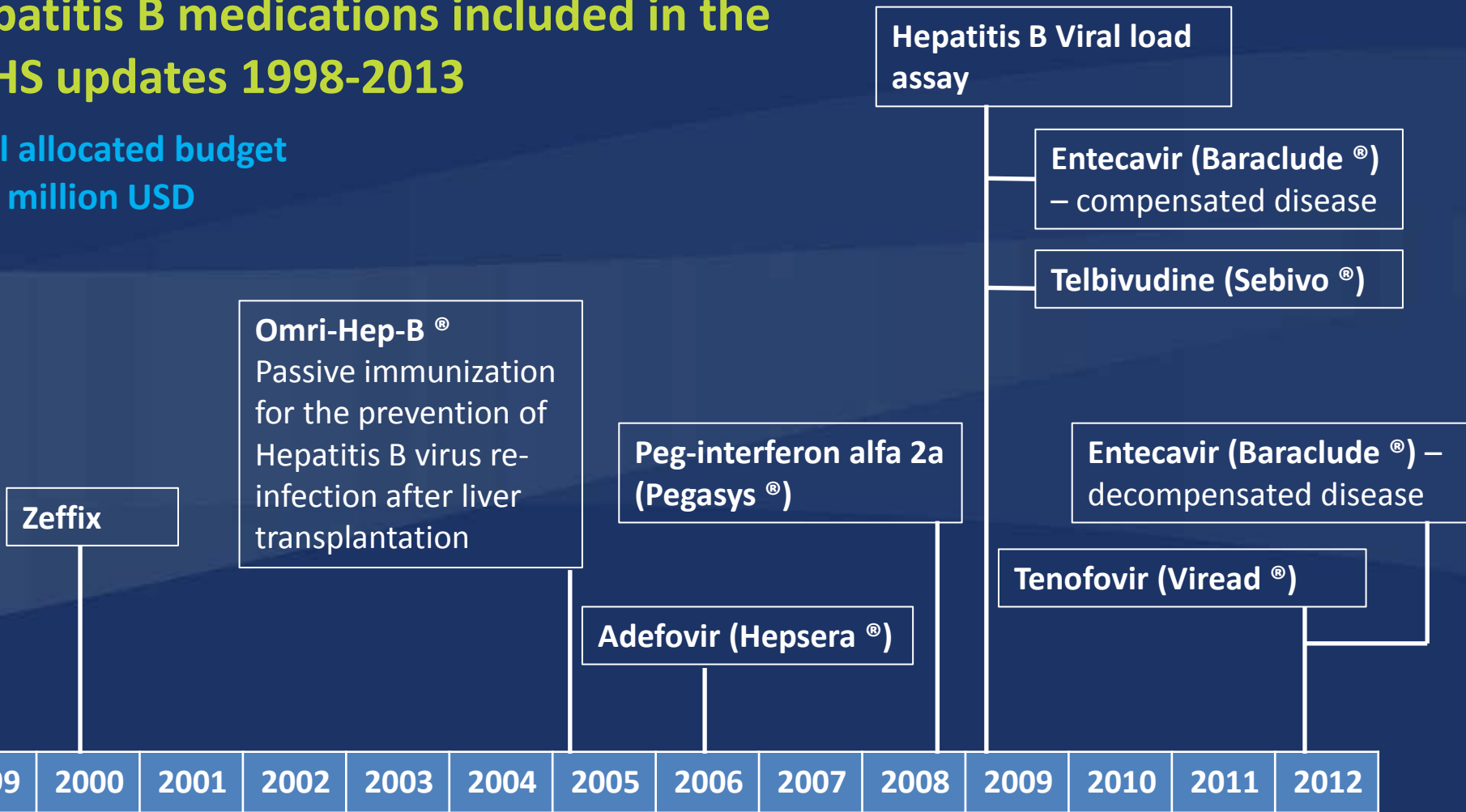
## Examples for guiding criteria for the prioritization of the suggested technologies

- Technology that increases longevity as well as quality of life.
- Technology of which the net gain to the health care system or to society is higher than the cost in a short/long term perspective.
- Mutual assistance for publicly funding a very expensive technology (of proven efficacy) to the individual, yet of reasonable cost to society.



## Hepatitis B medications included in the NLHS updates 1998-2013

Total allocated budget  
~ 16 million USD







## Hepatitis C medications included in the NLHS updates 1998-2013

Total allocated budget  
~ 25 million USD

**Peg-interferon alfa 2a (Pegasys®),  
Peg-interferon alfa 2b (Pegintron®)**  
– naïve patients

**Peg-interferon alfa 2a (Pegasys®),  
Peg-interferon alfa 2b (Pegintron®)**  
–patients failed previous treatment with pegylated interferon alpha

**Telaprevir (Incivo®),  
Boceprevir (Victrelis®)**  
-naïve patients, grade 2-4 fibrosis  
-treatment experienced patients – following standard therapy  
-treatment experienced patients – following retreatment

**Ribavirin**

**Hepatitis C Viral load assay**

**Assessment tools for hepatic fibrosis (FibroTest®, FibroScan®)**





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## **Government approval and legislation**

**The public committee recommends a list of technologies to be included in the NLHS.**

**The list includes guidelines and indications for reimbursement.**



**Government approval**



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# Implementation

- \* **Press release**
- \* **Circular of the MOH**
- \* **Rapid implementation by the Health Services providers (Sick Funds, Ministry of Health)**



- ❑ Israel has created a uniform nomenclature, definitions and methodology for HTA under governmental leadership.
- ❑ The mechanism is both feasible and practical for the needs of the Israeli healthcare system and involves all stakeholders.
- ❑ Due to the one year cyclic nature of the Israeli process, rapid assessments are used.
- ❑ There is a direct link between HTA – Decision making – Budget allocation.
- ❑ The process is highly accepted by the health system, judicial system, political system and the general public.



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**THANKS FOR YOU ATTENTION.**



**ANY QUESTION ?**

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