

Public views on rationing dialysis: Thailand case study

Vijj Kasemsup

Faculty of Medicine,
Ramathibodi Hospital,
Mahidol University, Thailand

Viroj Tangcharoensathien

International Health Policy Program

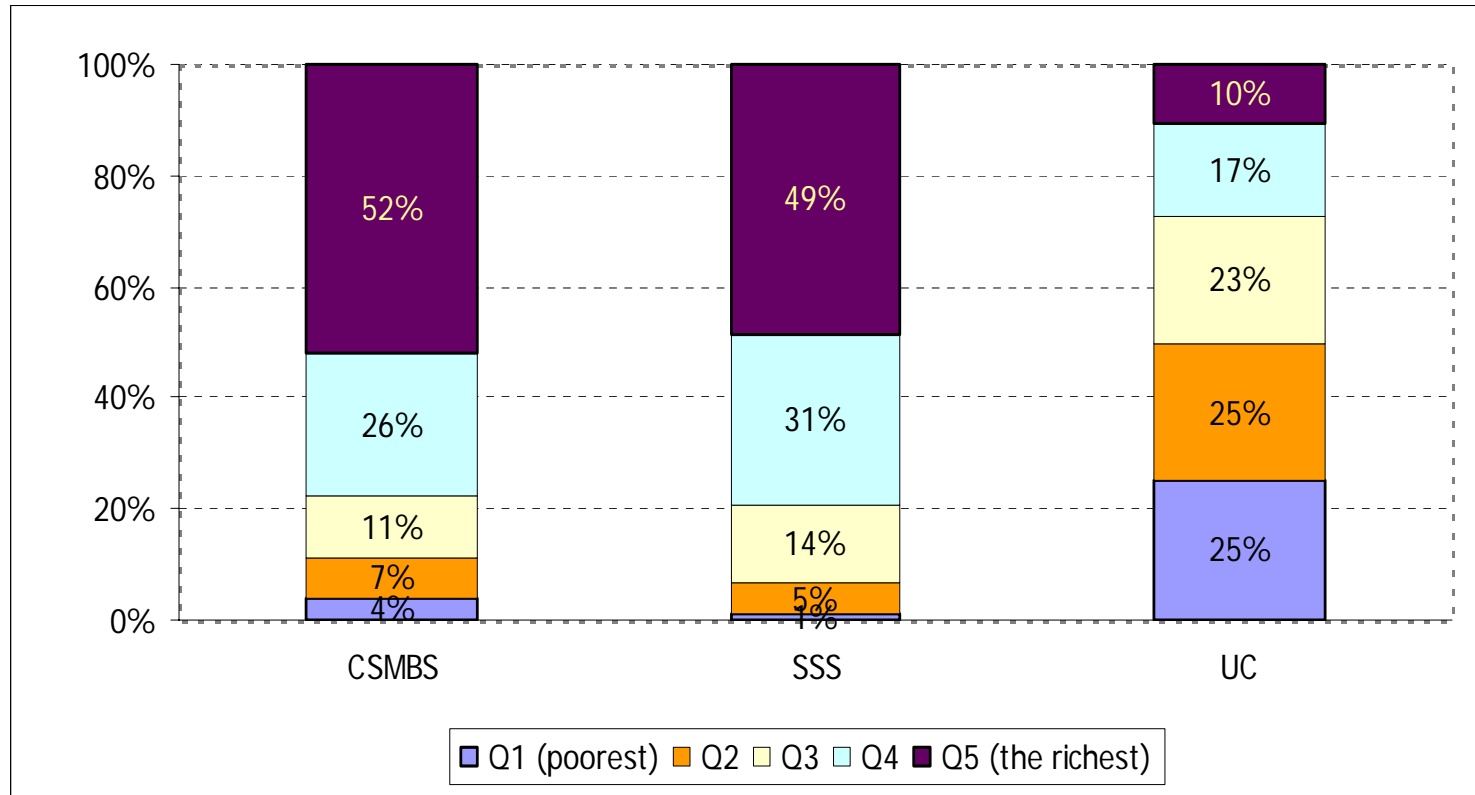
Background 1

- In 2002 Thailand had achieved universal coverage to healthcare by all citizen by 3 public insurance schemes
 - CSMBS for government employee and dependants
 - SHI for private sector employee
 - UC scheme for the rest of population
- Since inception, UC benefit package excluded RRT on two grounds
 - Historical precedence
 - Fiscal constraints
- While beneficiaries of CSMBS and SHI had full access to RRT.
- Access to RRT by UC members therefore
 - Relied on capacity to pay,
 - Resulted in financial catastrophe, indebtedness and impoverishment to household was a widespread phenomena until January 1, 2008 when the Cabinet decision to grant universal RRT to UC Scheme.

Background 2

Beneficiaries by income quintiles, 2004

Source: NSO HWS 2004



50% of UC members belong to poor 40 percentile of Thai population, while CSMBS and SHI are richer, 52% and 49% belong to the richest quintile respectively

Background 3

- Dialysis services are expensive just to prolong life until a new kidney is transplanted
 - 4-5 hours per session in dialysis centres, 2–3 sessions a week, huge traveling cost by households
 - Annual cost of treatment: \$6,500 for hemodialysis, \$5,500 for peritoneal dialysis, \$20,000 for 1st year kidney transplantation + \$7,000 in subsequent years but decreasing trend.
- RRT is proven not cost-effective
 - Cost per QALY saved was 52,000 to 63,000 PPP US\$.
 - This is 6.6 to 7.99 times of GDP per capita
 - Thailand GNI per capita in 2007 was 7,880 PPP US\$, or 3,400 US\$.
 - Benchmark in Thailand for public investment in health, is <1 GNI per capita per QALY.

Background 4

- However, RRT services
 - Are catastrophic spending, impoverished household
 - Inequitable across 3 public insurance schemes
 - If universal coverage for RRT the estimate budget is 1/7 to 1/3 of total UC annual budget
- In view of fiscal constraint that universal RRT is not possible,
 - What rationing criteria would be socially acceptable?
 - Life or death should not be a technocrat decision, but strong need to consult the public at large on their views

Rationing RRT services

- Objectives
 - To solicit, in a deliberative way, public views on the RRT rationing criteria for UC scheme and what are the preferred policy options.
- Methods
 - We modified Deliberative Polling® technique in consultation with James Fishkin of Stanford University.
 - A key process of DP is a deliberation process coming in between two questionnaire interviews;
 - The first face-to-face interviews (T1) were performed with respondents in household surveys and the latter (T2) were post-deliberation face-to-face interviews of the same respondents in T1 who were willing to participate in deliberations.

Results

- Of the total 2,129 adult members from national representative sampling in 17 provinces were selected
 - 1,358 were interviewed in T1,
 - All were invited to deliberation session,
 - Only 563 participated in the deliberation and were interviewed in T2.
- Six two-day deliberation sessions were conducted between Sep 2007 to Mar 2008
 - In the deliberations: three rounds of small group discussions + three plenary sessions to provide information
 - More than 20 facilitators support the discussion and interviews

Participants characteristics 1

| Characteristics | Number | percent |
|---------------------------------|------------|---------|
| Total number | 563 | 100 |
| Age (average = 46.11 years old) | | |
| 15 – 35 | 120 | 21.3 |
| 36 – 55 | 291 | 51.7 |
| 56 – 70 | 152 | 27 |
| Gender | | |
| Male | 259 | 46 |
| Female | 304 | 54 |

Participants characteristics 2

| Education | number | percent |
|-------------------------------------|--------|---------|
| 4 years of formal education or less | 274 | 48.7 |
| 5- 6 years of formal education | 122 | 21.7 |
| 7- 12 years of formal education | 114 | 20.2 |
| Vocation | | |
| Farmers | 279 | 49.6 |
| Self-employer/business owners | 79 | 14.0 |
| Students | 11 | 2.0 |
| Daily employees/workers | 80 | 14.2 |
| Civil servants | 23 | 4.1 |
| Employees in private companies | 26 | 4.6 |
| Housewives | 39 | 6.9 |
| Unemployed and Others | 19 | 3.4 |

Knowledge on RRT and services

| DP (number) | T1 knowledge Score from total 15 and % in bracket | T2 knowledge Score from total 15 and % in bracket | Change (%) |
|--------------------------|---|---|---------------|
| 1 st DP (108) | 5.21 (34.7) | 8.19 (54.6) | 19.9 * |
| 2 nd DP (88) | 4.89 (32.6) | 8.25 (55) | 22.4 * |
| 3 rd DP (61) | 4.48 (29.9) | 8.84 (58.9) | 29.1 * |
| 4 th DP (86) | 5.35 (35.7) | 7.33 (48.9) | 13.2 * |
| 5 th DP (103) | 5.77 (38.5) | 7.63 (50.9) | 12.4 * |
| 6 th DP (117) | 4.94 (32.9) | 8.17 (54.5) | 21.5 * |
| Total (568) | 5.15 (34.3) | 8.03 (53.5) | 19.2 * |

* Statistical significant, $p < 0.05$

Rationing criteria

Score before and after deliberations [0-10]

| Categories/Criteria | Score: Before Deliberations | Score: Before Deliberations |
|---|-----------------------------|-----------------------------|
| No rationing | 8.8 | 8.7 |
| The government has to try every means to help ESRD patients (n=562) | 8.8 | 8.7 |
| I. Favouring the worst-off e.g. sickest first | 8.0 | 8.4 |
| Preferred patients who are the head of the household with several dependants to single adults (n=560) | 8.2 | 8.6 |
| Preferred poor patients to those who were able to pay for their own treatments (n=562) | 7.8 | 8.2 |

Rationing criteria

Score before and after deliberations [0-10]

| Categories/criteria | Score: Before Deliberations | Score: Before Deliberations |
|---|-----------------------------|-----------------------------|
| II. Promoting and rewarding social usefulness, e.g. instrumental value, reciprocity | 8.3 | 8.2 |
| Preferred patients who donated their kidney in the past (n=560) | 8.7 | 8.4 |
| Preferred patients who are non-drug users to drug user patients (n=561) | 8.0 | 8.3 |
| Preferred patients who are non-smokers and non-alcoholics to smokers and alcoholic patients (n=562) | 8.2 | 8.1 |
| Preferred patients who have contributed to the society by donating blood for transfusions over 10 times (n=561) | 8.3 | 7.8 |

Rationing criteria

Score before and after deliberations [0-10]

| Categories/criteria | Score: Before Deliberations | Score: After Deliberations |
|--|-----------------------------|----------------------------|
| III. Maximizing total benefits e.g. number of lives saved, prognosis or life years saved | 6.8 | 7.6 |
| Preferred patients who were recommended by the doctor as suitable for kidney transplantation (n=557) | 8.0 | 8.5 |
| Preferred patients who would stay for another 10 years to patients who would stay for only 1 year (n=557) | 7.1 | 8.2 |
| Preferred patients who would return to work after treatment to patients who would be bed-ridden after treatments (n=555) | 6.3 | 8.2 |
| Preferred younger patients to older patients (n=561) | 6.1 | 7.0 |
| Providing limited years of RRT to all patients according to their age (n=552) | 6.4 | 6.0 |

Rationing criteria

Score before and after deliberations [0-10]

| Categories/criteria | Score: Before Deliberations | Score: After Deliberations |
|--|-----------------------------|----------------------------|
| IV. Treating people equally – lottery, first come first serve | 5.2 | 4.7 |
| Patients who come first will get the RRT first (n=560) | 6.0 | 6.0 |
| Selecting by chance such as picking a lucky number (n=558) | 4.4 | 3.3 |

Policy options

Score before and after deliberations [0-10]

| | Average scores Range 0-10 | | Score change |
|--|------------------------------|------|-----------------|
| | T1 | T2 | |
| 1. The government has to use every means to help all ESRD patients (n=562) | 8.60 | 8.41 | -0.19 |
| 2. To provide both dialysis and transplantation for patients who are eligible for kidney transplantation (n=560) | 8.41 | 8.35 | -0.06 |
| 3. To provide both dialysis and transplantation for all patients but some co-payment are required according to patients socioeconomic status (n=560) | 7.99 | 8.03 | +0.04 |
| 4. To provide both dialysis and transplantation for patients aged 60 years or under until they die (n=560) | 8.13 | 7.31 | -0.88*** |

Policy options

Score before and after deliberations [0-10]

| | Average scores Range 0-10 | | score changed |
|---|------------------------------|------|------------------|
| | T1 | T2 | |
| 5. No support for dialysis, the government would provide kidney transplantation only (n=562) | 7.17 | 6.95 | -0.22 |
| 6. To provide both dialysis and transplantation for all patients with the number of years on dialysis inversely related to age, such as 10 years for the young, 5 years for adults, and 2 years for the elderly (n=560) | 6.09 | 6.10 | +0.01 |

* P-value < 0.05, ** P-value < 0.01, and *** P-value < 0.001

Policy options

Score before and after deliberations [0-10]

| | Average scores Range 0-10 | | Score changed |
|---|------------------------------|------|------------------|
| | T1 | T2 | |
| 7. No support for both dialysis and transplantation, but the government is going to strengthen the preventive program to reduce ESRD cases. (n=559) | 6.77 § | 5.40 | -1.37*** |
| 8. To provide dialysis and transplantation for patients aged 65 years or under and continue only until the age of 65 (n=561) | 5.56 | 5.29 | -0.27 |

* P-value < 0.05, ** P-value < 0.01, and *** P-value < 0.001

Conclusion 1

- All policy options in the survey were acceptable (>5 score) by participants after deliberations:
 - Providing RRT to all patients until they die or get a new kidney transplanted got the strongest support, average score 8.41 out of 10.
 - Provide RRT for some patients where criteria and procedure must be set up for a transparent selection, got medium to high support with average scores ranging from around 6.95 to 8.35.
 - Providing RRT with an interruption received low to medium scores around 5.14 to 6.10 out of 10.
 - Providing care to every patient by favouring younger patients received fair support, score 7.3.

Conclusions 2

- If at all possible,
 - No rationing get the highest support, score 8.7
- However, under budget constraints, the following rationing criteria are acceptable with respective score, as followed
 - In favour the worst off gained highest support, score 8.5
 - In rewarding the social usefulness e.g. kidney donors, contributions to society
 - In favour of maximizing health benefits
 - Treating people equally e.g. lottery, first come first serve gain lowest supports, score 4.7

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