



Meeting Summary

**“International stakeholder consultation meeting: What are the impacts of increasing cost-effectiveness Threshold? An empirical study in Thailand”
Tuesday, November 29, 2022 from 4-6pm (Thailand)
at the Royal Cliff Grand Hotel, Pattaya, Thailand or [Zoom meeting for UK partners]**

Time	Topic	Responsible
04.00pm-04.05pm	Introduction	Research Team
04.05pm-04.30pm	Presentation	Research Team
04.30pm-05.45pm	Discussion	All
05.45pm-06.00pm	Summary & next steps	Research Team

Meeting objectives

- To present preliminary findings on the impact of increasing threshold on reimbursement decision and submitted drug prices in Thailand
- To obtain feedback from international experts and plan next steps

Please use the following link to see the final published protocol:

<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0274944>

or scan the QR code below





List of attendees

No.	Name	Organization
1.	Prof. Anthony Culyer	University of York, UK (zoom)
2.	Prof. Karl Claxton	University of York, UK (zoom)
3.	Prof. Richard Cookson	University of York, UK (zoom)
4.	Prof. Ryota Nakamura	Hitotsubashi University, Japan (zoom)
5.	Prof. Jeonghoon Ahn	Ewha Womans University, Taiwan
6.	Prof. Alec Morton	University of Strathclyde, UK
7.	Prof. Mark Jit	London School of Hygiene and Tropical Medicine (LSHTM)
8.	Prof. Hannah Clapham	Saw Swee Hock School of Public Health, National University of Singapore, Singapore
9.	Prof. Jasmine Pwu	National Hepatitis C Program, Taiwan
10.	Prof. Tessa Edejer	World Health Organization (WHO), Switzerland
11.	Prof. Andrew Mirelman	World Health Organization (WHO), Switzerland
12.	Dr. Yashika Chugh	Postgraduate Institute of Medical Education and Research (PGIMER), School of Public Health, India
13.	Dr. Wang Yi	Saw Swee Hock School of Public Health, National University of Singapore, Singapore
14.	Dr. Yot Teerawattananon	HITAP, Thailand
15.	Ms. Budsadee Soboon	HITAP, Thailand
16.	Dr. Pritaporn Kingkaew	HITAP, Thailand
17.	Assoc. Prof. Wanrudee Isaranuwatchai	HITAP, Thailand



Summary of points discussed:

- General comments
 - Should try to be conservative when we make any causal claims
 - The data are very novel; and therefore, descriptive analysis can still be very powerful
 - Be cautious of many unknown
 - Should provide background information on why CET was increased in the first place
- Statistical analyses
 - Acknowledged the limitations which come with the nature of the study design so be clear up front for these limitations and should adjust for different characteristics among the observations
 - Consider interrupted time series (ITS) but may not be possible given that we do not have the exact year of submission → still should try to adjust for time trend
 - Consider whether a drug underwent price negotiation including whether the drugs were given for specific diseases
 - Could separate between drugs with ICER closer to CET, and what happened when their ICER values were further away from CET
 - Should address the issue of endogeneity
 - Could build on existing work by NICE in UK when they reported the reimbursement decisions
- Future research
 - Consider complementing the current study with qualitative assessment where qualitative analysis can help with interpretation of the causal impacts of changing CET
 - Health opportunity cost is not directly relevant; however, thinking about whether the CET reflected health opportunity cost or not and whether increasing the CET led to efficiency (reflecting opportunity cost) or equity could be informative for future research to explore
 - Consider the concept of opportunity cost in future CET work