



Towards A Sustainable Kidney Replacement Therapy Program: Recommendations For Thailand's 2022 Dialysis Reform

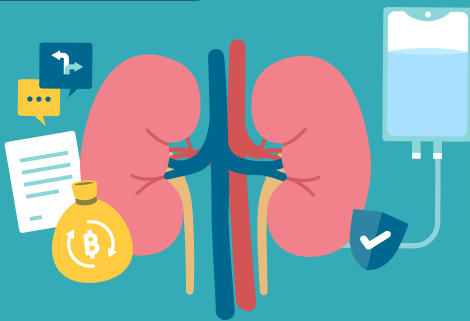
Highlights

The National Health Security Office Working Group (NHSO WG) conducted structured, evidence-based deliberations to generate recommendations for the National Health Security Board on the kidney replacement therapy (KRT) policy.

These are the proposed recommendations:

- To consider defining KRT policy goals to reflect on the number of dialysis patients, the proportion of peritoneal dialysis (PD) and hemodialysis (HD) patients in each modality, the maximum KRT budget proportion to the total NHSO budget, and equipping patients with full information before deciding their treatments.
- To consider proposed policy interventions to realize the policy goals: adopt a global budget, pre-authorization of dialysis, provide patient education at earlier stages of the disease, improve service quality through data, assess the need for supportive care (relieving symptoms, pain, and stress to ensure patient's comfort), prohibit compensations for unsupervised hD sessions, and strengthen monitoring and evaluation.
- To establish a Kidney Policy Subcommittee consisting representatives from the National Health Security Board, the Ministry of Public Health, nephrologists, dialysis nurses, patients, academics, and supported by a secretariat team. The Subcommittee will be responsible to plan for the implementation, improve the information and technology system and access to data for research, support and promote innovation for kidney disease, improve monitoring system and conduct regular policy evaluation.

Background



The long-standing, globally renowned, **PD-first policy** of Thailand met a **turning point** after 15 years of implementation.

The National Health Security Office (NHSO) took a **bold step in reforming the KRT** program in 2022, emphasizing **patient choice**.

The 2022 dialysis policy allows patients and caregivers to choose their preferred dialysis option, **PD** or **HD**, with their nephrologist.

Unfortunately, a fact-finding exercise led by Thai and international nephrologists of this well-intentioned policy revealed serious unintended consequences within two years of implementation. Moreover, there is a lack of evidence showing the 2022 dialysis policy will be sustainable. Responding to this situation, the NHSO took a cautious approach to mitigate the situation by forming an NHSO working group as a collaboration platform between various stakeholder groups impacted by the policy. Representatives from the Ministry of Public Health (MoPH), NHSO, nephrologists, nurses, a patient organisation, a research institute, and a public organization were members of the working group. This policy brief lays out the approach and results of the NHSO working group, which was brought forward to the NHSO board for further consideration.

Research Methodology

The working group commissioned research teams to conduct research to achieve **three key objectives**, as seen in **Figure 1**.

The working group and the research team held five meetings between April and October 2024 to discuss and refine the approach and research methodologies, solicit feedback on research progress, validate research outputs, and deliberate on policy recommendations.

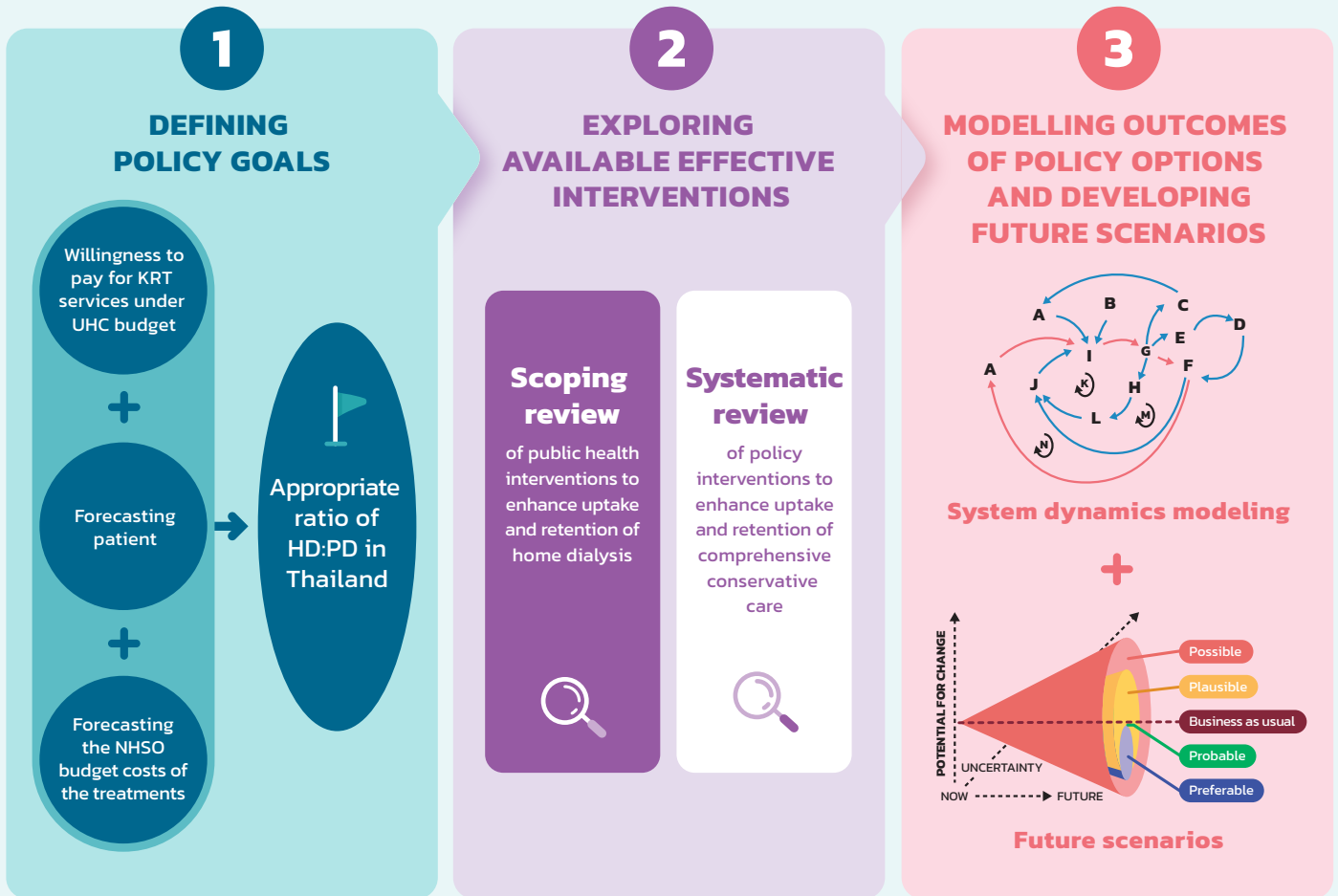


Figure 1. The conceptual framework of the NHSO Working Group

Results of Studies

Proposed policy goals

Increase the proportion of patients choosing **PD to at least 50%** of new dialysis patients **within 3 years**.

Control the budget for chronic kidney disease (CKD) patient services so that it **does not exceed 12%** of the National Health Security Fund budget **within 5 years or more than 15% within 10 years**.

Reduce the number of new kidney failure patients **opting for dialysis to below 160,000 within 10 years**.

Ensure that all new ESRD patients opting for dialysis **receive information** about kidney transplantation options and that **all eligible patients are registered to await kidney transplants**.



Proposed interventions to mitigate the 2022 policy



CONSEQUENCES OF THE 2022 POLICY

Increased total spending of KRT
by NHSO

Sharp decline in PD utilisation,
threatening the long-term availability of
the service in Thailand

High mortality of HD patients,
particularly within 90 days of HD initiation

Conflict of interest
in healthcare professionals in
a form of receiving financial incentives
when referring patients to HD services
(and therefore, patients who may not
need HD was prescribed to HD)

PROPOSED INTERVENTIONS

Set a global budget for KRT services under the National Health Security System according to the policy goal.

Develop mechanisms and utilize data to support quality improvement in KRT services (CQI).

Require pre-authorization before starting dialysis and have a pre-authorization system to allocate patients to a dialysis center (not referred by healthcare professionals)

Incorporate assessments to identify patients suitable for supportive care and notify the multidisciplinary team for positive results.

Empower patients through education about KRT therapy options to patients starting from stage 4 by a multidisciplinary team.

Prohibit payments or compensation to doctor who do not provide care for patients.



Modeling outcomes of policy options and developing future scenarios

1. Results from the modeling show that :

- An **effective dialysis pre-authorization system** has the greatest impact in ensuring patient access to an appropriate treatment.
- The next best option is **strict regulation of inappropriate compensation to doctors.**

2. By incorporating possible extreme events in the future, results show that :

- A pre-authorization system, strict regulation of inappropriate compensation to doctors, CQI, assessment for supportive care, and education from a multidisciplinary team implemented together would have the greatest **impact** while also being resilient to future uncertainty.
- All proposed policies require **monitoring** to ensure they have the intended effect.
- The global budget has a high risk of reducing patient access to HD.

Discussion

These recommendations was brought forward to the NHSO board for discussion and planning for the details for implementation was proposed to be discussed by the Kidney Subcommittee and a commissioned working group **Figure 2.**



Figure 2. Proposed next steps to NHSO



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This paper is part of a study on Kidney Replacement Therapy Policy of Universal Care Scheme in Thailand: Lessons Learned and the Way Forward

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