PP102 Sustaining Ghana's National Health Insurance Scheme: Leveraging The Role Of Priority-Setting Tools In Benefit Package Reviews

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Introduction: Ensuring the National Health Insurance Scheme's (NHIS) sustainability is essential to achieve Universal Health Coverage in Ghana. However, numerous addition requests to the Benefit Package (BP) places the scheme in precarious situations, necessitating evidence-based prioritization. Our objective is to conduct a situational analysis on the role of health technology assessment and priority-setting within the National Health Insurance Authority (NHIA).
Methods: Qualitative methods were used to assess the current NHIS BP review process. Desk reviews of policy documents and key informant interviews to establish the mandate of the NHIA in BP reviews were conducted. Finally, a mapping of the alignment of evidence from HTAs conducted by the Ministry of Health (MOH) with recent BP review and inclusion decisions of the NHIA was carried out.
Results: Findings validate the legal mandate of the NHIA to carry out BP reviews with processes spelled out in operating guidelines. Actuarial analysis determines the scheme's capability to fund additional service, but no explicit priority-setting criteria are used. This leaves the NHIA open to external pressures for inclusion and presents risks to the financial sustainability of the scheme. An HTA on antihypertensive treatments in 2017 influenced reimbursement pathways of the NHIA. Similarly, the cost-effectiveness of extending existing medications on the NHIS Medicines List to cover Burkitt lymphoma corroborated the decision of the NHIA to cover childhood cancer in 2021.
Conclusions: The NHIA uses actuarial evidence in BP inclusion decisions. It, however, lacks an explicit priority-setting criteria to guide decisions on coverage. HTA evidence has been leveraged for sustainable coverage decisions. The development of an explicit priority-setting framework for reviews can guide inclusion decisions as well as clarify how the NHIA aligns with the HTA generation body.

PP104 Utility Of Chemiluminescence Detection Of Anti-Domain 1 β2 Glycoprotein I Antibodies In Antiphospholipid Syndrome

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Introduction: Patients with antiphospholipid syndrome (APS) present a significant risk of thrombotic events or morbidity during pregnancy, associated with the presence of persistently positive antiphospholipid antibodies (aPL). The risk stratification is crucial to adopt primary prophylaxis measures. With this objective, assays for the in vitro detection of anti-domain 1 β2 glycoprotein I (aD1 IgG) antibodies by chemiluminescence immunoassay (CLIA) have been developed.
Methods: We conducted a systematic review with meta-analyses on the effectiveness of incorporating aD1 IgG detection by CLIA for the identification of patients with APS at high risk of thrombosis or morbidity during pregnancy. A cost analysis was also conducted using a decision tree model from the perspective of the Spanish National Health System and a time horizon of three months. We ran extensive sensitivity analyses. Twelve diagnostic performance studies with a total of 3,570 patients were selected.
Results: The sensitivity and specificity of aD1 IgG added to the conventional aPL criteria for obstetric and thrombotic manifestations ranged from 15 to 16 percent, and from 94 to 97 percent, respectively. The sensitivity of the detection of aD1 IgG in isolation for thrombotic and obstetric manifestations was 29 and 48 percent, and specificity was 60 percent, respectively. The GRADE quality of evidence was very low due to the risk of bias and indirectness issues. The incorporation of the aD1 IgG detection involves a higher cost per patient than the usual clinical practice, with an incremental difference of EUR24.04 (USD26.01).
Conclusions: Despite its potential, the incorporation of the aD1 IgG detection by CLIA as an additional test to the determination of classical aPL for the identification of patients with APS at high thrombotic or obstetric risk may not be feasible due to the very low available evidence on diagnostic performance and increased costs.

https://doi.org/10.1017/S0266462324002654