
Budget Impact Analysis of Including Renal Replacement Therapy in the Benefit Package of Universal Coverage in Thailand

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Objective: To estimate the amount of government health budget required for the extension of universal access to renal replacement therapy (RRT) towards beneficiaries of the universal coverage (UC) health insurance scheme in Thailand. Ability of the government to bear the increasing budget and appropriate measures to cope with anticipated costs of including RRT in the UC benefit package were also investigated.

Materials and Methods: Literature review on demand for RRT from both domestic and international literature, and the estimate of costs for expanding haemodialysis and continuous peritoneal dialysis in Thailand. From the government perspective, several scenarios of budget requirements, according to the estimated costs for RRT and possible rationing criteria, were calculated.

Results: The government would spend approximately more than five billion Baht during the first year of implementation, if there is neither strategy to reduce the costs for RRT nor appropriate selection criteria for end-stage renal disease patients. The budget for universal access to RRT would increase to 74,355 million Baht in the sixteenth year of implementation if the government played only passive roles in controlling costs of the program. The budget required would reduce to 58% of the estimate if the government introduced rationing criteria for patients aged less than 60 years.

Conclusion: The policy on the extension of access to RRT should be considered carefully by the government because of its financial impact on the government health budget. Appropriate interventions including effective measures to control costs of RRT, strategies to reduce the incidence of end-stage renal disease, and the rationing criteria for access to RRT are needed if the decision to implement the policy on universal access to RRT.



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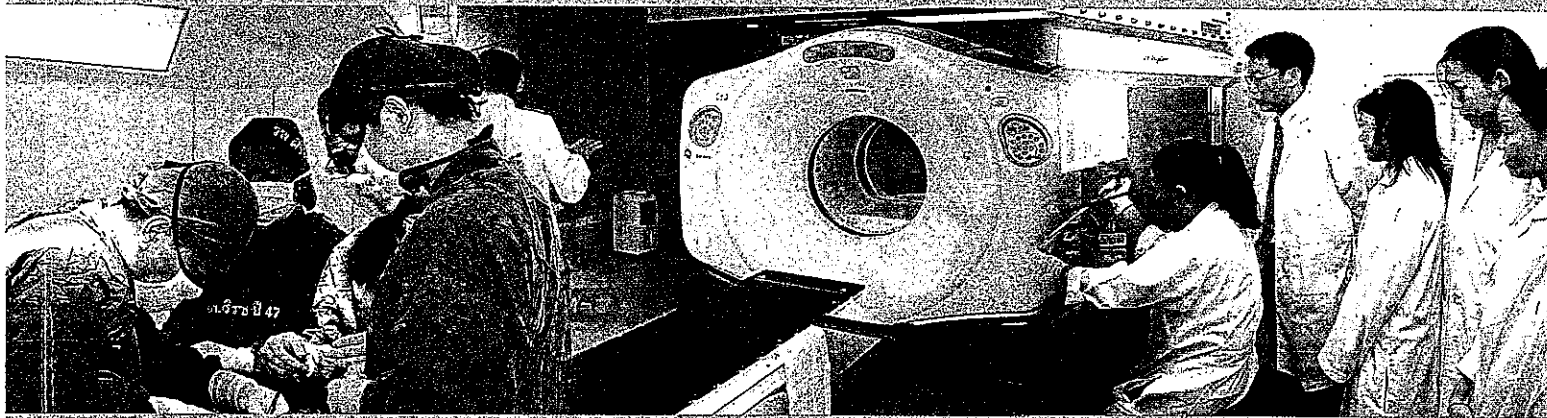
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