

PRESCRIPTIONS

POLICY BRIEF

Necessary but Not Sufficient: The Hidden Costs for PLHIVs

OHAT more than enough for routine PLHIV treatment, but OOP expenses remain

POLICY LESSONS

People living with HIV (PLHIV) still have out-of-pocket expenditure despite the Department of Health (DOH) covering antiretroviral treatment and Outpatient HIV/AIDS Treatment (OHAT) covering routine laboratory tests and consultations.

There is wide variety in package inclusion among treatment hubs.

Since one issue of uniform coverage is discrepancy in cost of services and medications offered by hubs, one possible way to address this while still maintaining a good quality of benefit is to create a priority list of what must be covered through consultation between DOH and HIV-AIDS specialists. This may be the best compromise, taking into account pricing differences among hubs.

For OHAT to be more responsive, benefit packages should cover Opportunistic Infections (OI), baseline tests, and other non-routine expenses.

Many PLHIVs suffer from OI's that are increasingly more expensive to diagnose and treat, increasing out-of-pocket (OOP) costs for most patients. This is a benefit that both patients and healthcare providers have expressed as a necessary expansion of the package in the future. It is recommended a separate package be created for the coverage of OI's. Similarly, baseline laboratory tests are often required before beginning ART, which is a prerequisite for OHAT enrollment, meaning these are often not reimbursed. Proper costing will help determine the feasibility of such an expansion with the current premiums being paid, or if an increase will be necessary. However, because the current package is already inadequate in preventing OOP for some patients, this will require an increase in premiums for members. Hence, a separate package may be more beneficial in the long run, especially as the cost of treatment for some OI's (even if out-patient) can reach up to thousands of pesos.

INTRODUCTION

The Global Health Sector Strategy on HIV/AIDS 2011–2015 (GHSS) of the World Health Organization upholds the inclusion of Universal Health Coverage (UHC) in the strategy of eliminating HIV/AIDS, especially as they move from the Millennium Development Goals and transition to the Sustainable Development Goals (World Health Organization, 2014). Although the Philippines has a generally low HIV incidence rate, it is steadily rising. In a span of four years, the number of new cases per day has more than tripled, from 9 new cases per day in 2012 to 30 in 2017.

The government has responded to the HIV/AIDS epidemic by increasing the DOH's budget allocation for HIV prevention and control (Geronimo, 2015), and creating programs such as free voluntary HIV Counseling and testing, and social hygiene clinics. Furthermore, the Philippine National Health Insurance Corporation (PhilHealth) introduced in 2010 an Outpatient HIV/AIDS Treatment (OHAT) package with an annual case rate of PHP 30,000, released quarterly, for eligible people living with HIV/AIDS (PLHIV) at DOH-designated treatment hubs (PhilHealth, 2015). Included in the case rate are coverage for drugs, medicines, laboratory examinations, and professional fees for the providers.

Initial utilization of the benefit package was low at 20% due to inaccessibility of the treatment hubs, tedious processing of claims and insufficient cost coverage of laboratory tests (Reyes-Lao 2013). Antiretroviral therapy (ART), offered free-of-charge by the DOH, is only accessible at the designated hubs and satellite clinics. Further disaggregated information on insurance usage, and conversely the potential out-of-pocket payments incurred by patients, are unclear. Costing is also needed to better characterize the state of PLHIV financial access to service. This study then aimed to describe financial risk protection, and characterize costs incurred by PLHIV annually in order to understand the different financial barriers facing PLHIV when accessing treatment.

METHODS

The study interviewed members of six PLHIV support groups nationwide about their experience in accessing services at treatment hubs, and their annual out-of-pocket expenditures related to their condition. Three of these groups were among urban centers in the provinces, namely Cagayan de Oro City, Iloilo City, and Angeles City; and one in Metro Manila. All were general PLHIV groups, except one that catered especially to positive women (women being only 10.31% of the sample). All treatment hubs were sent a costing form to fill up and return to the researchers.

All PLHIV were eligible regardless of ART status or insurance membership, provided they received HIV confirmation from the STD/AIDS Cooperative Central Laboratory in San Lazaro Hospital, and were 18 years old and above. For the costing survey, all 22 DOH-accredited treatment hubs nationwide were invited to participate.

The patient survey was a structured one-on-one interview between a trained interviewer and a participant, and included questions on patient experience of accessing services at hub and their out-of-pocket expenditure. The **cross-sectional** facility survey measured costs of delivering OHAT, and availability of services, based on the principles of micro-costing. Assumptions were identified based on local DOH and local clinical practice guidelines (CPG), and the help of clinical consultants.

RESULTS

Among the 362 PLHIV patient survey respondents, only 359 accepted interviews. Twenty of the 22 invited hubs accomplished the facility costing survey.

About half (56%) of patient survey respondents were between the ages of 28-37, with 52.98% of all respondents reported being current PhilHealth members (see Table 1).

Table 1. Demographics of patient survey respondents

CHARACTERISTICS	PhilHealth Non-Member (n=33)	PhilHealth Member (n=326)
AGE (mean ± SD)	28.4 ± 8.7	33.6 ± 8.4
GENDER in n (%)		
Male	7 (22)	238 (74)
Female	12 (36)	24 (7)
Undisclosed	14 (42)	61 (9)
EDUCATION in n (%)		
Elementary	4 (12)	10 (3)
High School	24 (73)	55 (18)
Vocational	3 (9)	25 (8)
College	2 (6)	221 (71)
CIVIL STATUS in n (%)		
Single	29 (97)	281 (87)
Married	0	21 (6)
Cohabitation	1 (3)	14 (4)
Separated	0	6 (2)
Widowed	0	2 (1)
EMPLOYMENT STATUS in n (%)		
Employed	18 (56)	167 (52)
Unemployed	14 (44)	155 (48)

Table 2. Comparison of out-of-pocket expenditure and PhilHealth Membership

CHARACTERISTICS	PhilHealth Non-Member (n=33)	PhilHealth Member (n=326)	Total (n=359)
	Mean ± SD		
Incidence of Out-of-Pocket* (n(%))	25 (9)	266 (91)	291 (81)
Travel Cost	102.8 ± 89.5	175.2 ± 223.8	168.8 ± 216.1
Travel Time (in minutes)	52.2 ± 52.3	113 ± 110.6	107.6 ± 108.1
Out-of-Pocket Cost***	2154.9 ± 3.6	7963.6 ± 4.9	19116.05 ± 45637.1
BREAKDOWN OF OUT-OF-POCKET COSTS			
Medicines and supplies***	1134.9 ± 2580.9	7155.6 ± 18040	6586.3 ± 17271.6
Laboratory tests***	1026.1 ± 1156.7	3552.1 ± 6435	3305.5 ± 6168
Consultation/professional fees	560.6 ± 798	2773.7 ± 14312.5	2555 ± 13603
Hospitalizations	62.5 ± 353.6	6757.9 ± 27085.1	6118.4 ± 25830.4
Vaccines	0	1177.2 ± 2950.7	1066.3 ± 2828.8
Others, specify	140	8764.1 ± 14035.3	8389.2 ± 13830

NOTE: *Reported by n(%)

***The log of out-of-pocket cost (direct medical only), medicines and supplies, lab tests were calculated to be different between member and non-member (p<0.0005). Reported values were also computed to normal (non-base).

Costs

Based on the patient survey, the range of respondent-reported out-of-pocket (OOP) expenditure for the past year varies greatly: from zero up to tens or hundreds of thousands. The median total OOP for one year is Php4,700, with a maximum reaching up to Php392,500. For medicines (non-ARVs) and supplies, median costs among all PLHIV were estimated at Php6,586.00, with the highest amount of expenditure reaching Php200,000.00. Median routine laboratory tests cost a patient Php3,305.47.

Comparing PhilHealth members and nonmembers, OOP expenditure was found to be significantly associated with PhilHealth Membership (as a proxy for insurance utilization). PhilHealth members had a mean OOP of P7,963.00, more than the three times the amount of that of nonmembers at P1,154.00. While the status of OOP expenditure was explored using the demographics, it was seen that sex, educational attainment, employment and civil status do not predict OOP.

Support Value

For 2015, the total maximum amount allotted by PhilHealth for OHAT covers 267% of the price patients would have paid for consults, and routine lab tests, based on the actual number of claims and costing data. Meanwhile, the degree to which specific hub-benefit supports patient out-of-pocket expenditure varies greatly. For some hubs, the total benefit amounts to more than what the patient spends for consults and laboratory tests; meanwhile, other hub support still falls below patient expenditure.

The median support value is 104%, meaning treatment hub services offered for free generally cover would-be patient expenses for consultations and laboratory tests.

RECOMMENDATIONS

Current OHAT support value is highly varying but is generally sufficient, with some exceptions in extreme cases. The package inclusions stated in the circular are routine drugs, laboratory exams, and professional fees. OHAT does not cover the cost of ART's (free from DOH), nor other expenses, such as services for OIs (from vulnerability due to immunosuppression) or baseline lab tests, which must be shouldered by the patient and is often a prerequisite for ART.

PhilHealth members were also found to report a much higher OOP than PhilHealth nonmembers. This may be attributed to health-seeking behavior of PhilHealth members to pursue routine tests and comply to treatment, which is the same behavior that makes them likely to have health insurance. However, this result may still be further investigated.

Out-of-pocket expenditure of patients was seen as highly dependent on the charge for services and medications by their treatment hub. There is no uniform coverage of services across all hubs due to differences in cost between public and private treatment hubs and across different regions. Health providers also affirm that there is no consensus on actual package inclusion at hubs, and that laboratory tests are also not uniformly available or may require patient OOP. PhilHealth does not mandate a menu of benefits, thus what is included in each claim is based on the health providers' discretion.

The current OHAT package is sufficient for the coverage of PLHIV needs for routine treatment. However, there is continuing OOP from other expenses related to maintenance of HIV/AIDS treatment.

Citation:

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