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Federal Department of Home Affairs FDHA
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Health and Accident Insurance Directorate

HTA in the Czeck Republic: Perspectives and Foreign Inspiration

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HTA in Switzerland

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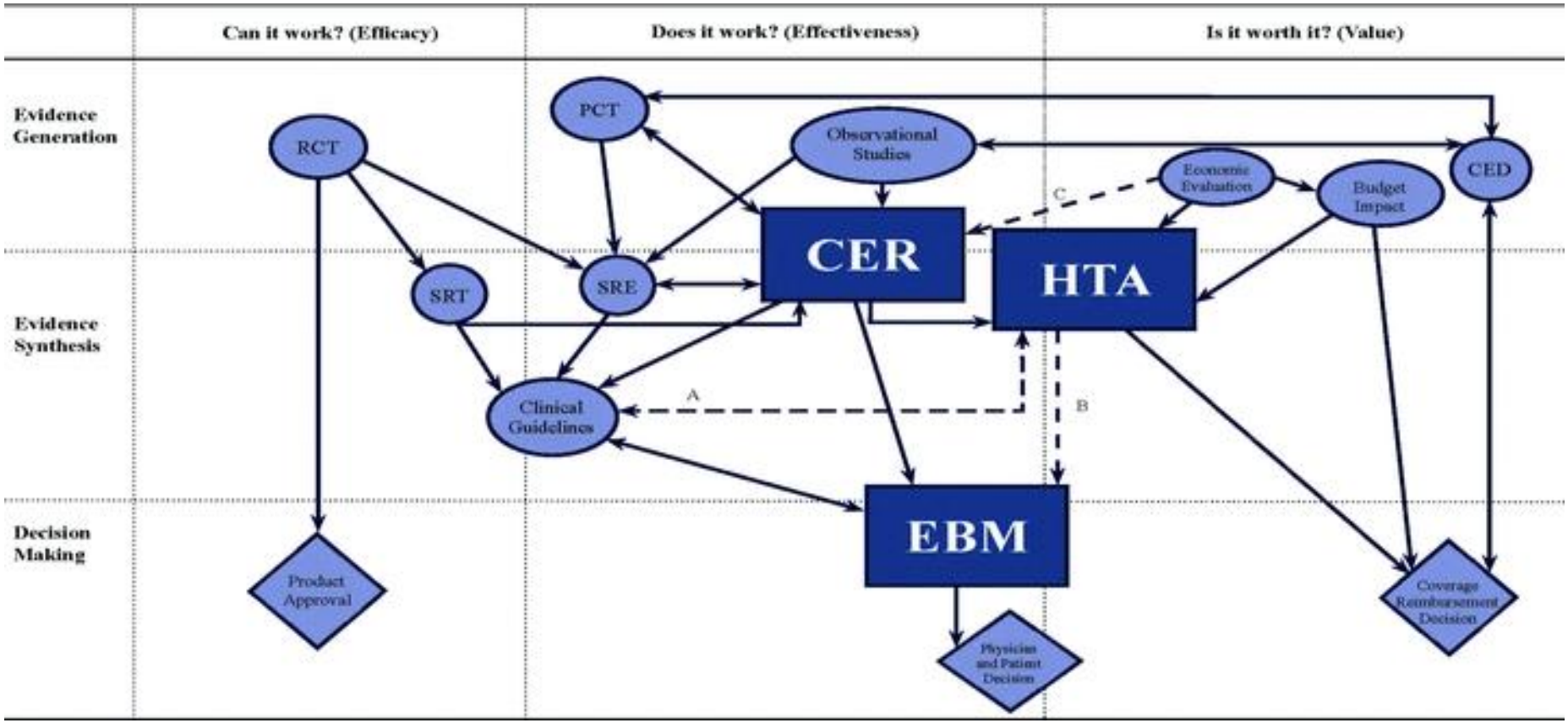
Our understanding of HTA I



CER = Comparative Effectiveness Research
HTA = Health Technology Assessment
EBM = Evidence Based Medicine

Luce BR, Drummond M, Jönsson B et al.
Milbank Q. 2010; 88(2):256-76

Our understanding of HTA II

- HTA means:

  Evidence synthesis
  - based on evidence on efficacy, effectiveness and safety (as systematic as possible)
  - with information on volume and costs, optional on cost-effectiveness
  - considering legal and ethical considerations if relevant
  - produced and available in a timely manner

  For supporting decisions on reimbursement / coverage / investments

  In a given health care and political system

Organisation and financing of health care in Switzerland I

- Life expectancy and health expenditures among the highest of OECD countries
- Federalist structure: Cantons are responsible for planning / provision of hospitals and emergency services, public health, etc.
- Outpatient care: provided mostly by self-employed physicians, therapists, pharmacists
- Insurance based system: two mandatory insurance schemes: Health insurance (premium based), accident insurance (salary based)
- Private insurance; additional benefits (e.g. private hospitals), accident insurance for self-employed people

Organisation and financing of health care in Switzerland II

Financing of outpatient care:

- No global budget implemented
- Fee for service payment / „tiers garant“ system (by default / many exceptions)
- National tarifs for outpatient procedures (TARMED and others)
- in TARMED (medical procedures): devices and materials used as part of outpatient medical procedures are reimbursed separately
- Unrestricted access to outpatient care

→High relevance of basic package definition for control of innovation

Organisation and financing of health care in Switzerland III

Financing of inpatient care

- Co-Financing Canton – Health insurance
- Reimbursement: Uniform DRG-system introduced in 2012
- „tiers payant“ system
- Full reimbursement for treatments in hospitals on cantonal lists only
- Devices used as part of inpatient procedures are included in DRGs:

  → Higher responsibility of health care providers for innovation

Benefit package: basic principles

Conditions for reimbursement, as stated by the 1994 Health-insurance Law: "WZW"

"Wirksamkeit" (efficacy / effectiveness)
"Zweckmässigkeit" (comparative effectiveness / benefit-risk-ratio)
"Wirtschaftlichkeit" (price level / cost impact / cost-effectiveness)

Benefit package defined in

positive lists (drugs, lab analyses, preventive services, therapies by non-medical therapists)

negative list (list of exemptions): Medical in- and outpatient procedures are reimbursed by default, unless they have been identified as „new and controversial"

HTA – main characteristics I

Application system instead of HTA insitute

Producers and providers have to submit an apllication with proofs of „WZW“ of the products or services they want to have reimbursed

The federal administration acts as „process owner“: checks the application on completeness and bias, writes a reivew of the application, prepares meetings of the expert commissions, writes policy briefs for the Department

Expert commissions examine applications and reviews and recommend coverage, coverage with limitations, coverage with evidence development, no coverage for the product / service.

The Office of Public Health (drugs) or the Department of Home Affairs (non-drugs) decide on coverage (drugs: and price)

HTA – main characteristics II

Based on application, review by the administration and recommendations of the expert commissions, reimbursement can be bound to certain conditions (alone or in combination), such as:

- Patient caracteristics
- As second line diagnostics / therapy only
- After individual case review by health insurance physician only
- Restricted to providers who fullfil specified criteria
- In case of promising procedures „coverage with evidence development“ (CED) for a limited time period
- Cost sharing arrangements for certain drugs (or analyses needed in combination with specific drugs)

HTA – main characteristics III

Efficient use of resources

Applicants have to use an application form; if relevant informations are missing, applications are returned to the applicant

Comprehehensiveness

Applications cover all relevant areas (efficacy, effectiveness, organisational and quality aspects, ethical and legal aspects if relevant, extimation on future utilisation and cost impact, cost effectiveness)

Independence

Risk of bias is minimised by checks of literature reviews and cost information (but not entirely excluded)

HTA – main characteristics IV

Shortcommings / limitations:

responsive rather than proactive system
- gradual innovations are missed
- not suitable for re-evaluation / disinvestment
- favours applicants with enough resources needed for completing the application form
- not suitable for organisational innovations

Bias not excluded

Federal administration is not considered as independent

Applications and reviews to the applications (written by the administration) cannot be published (copyright)

Challenges for HTA I

- **Starting point:** Medical innovation
  - Usually with a potential for improving patient care
  - Often complex in terms of patient selection, quality issues, etc.
  - With unresolved questions about benefits and risks
  - Raising high expectations from patients and providers
  - With economic interests in the background

- **End point:** Decision on reimbursement status:

Challenges for HTA II

- **Recent examples of controversial decisions:**

  2005 / 2010: complementary and alternative medicine
  2006: psychotherapy
  2007: HPV vaccination
  2008: Champix® (Vareniclin)
  2011: Myozyme

- **Med-tech innovations considered by many authors as main driving force for cost increase**

- **Conflicting interests among stakeholders** (Patients, premium payers, providers, industry, etc.) calls for implementation of HTA

  → *Network with all HTA-related Stakeholders in Switzerland (SNHTA)*
  → *formalised, transparent decision process in place*
  → *process reviewed by a parlamentary commission (2008/9)*
  → *motions of the Parliament aiming at creating an HTA institute (2010)*

Implementation of HTA: early initiatives

- 90 ies: head of section actively involved in european and international HTA-organisations and –projects
- 1999: lack of funding for HTA: Swiss Network for Health Technology Assessment created instead
  → ***www.snhta.ch***
- 2000 -2009: The FOPH occasionally commissions HTAs to questions in relation to pending reimbursement decisions

Implementation of HTA: Review by parlamentary commission, recommendations (2009)

- maintain the principle of “burden of proof” with those parties who submit requests for reimbursement
- Strengthen “horizon scanning”
- Strengthen scientific support for secretariat and commission by independent experts / reviewers

In response to these recommendations, the administration and the government proposed to implement and fund a small ***HTA program***

Implementation of HTA: Initiatives by cantons and stakeholders

- 2007: Medical Board Zürich
  - Originally an expert pannel which evaluated diagnostic and therapeutic procedures and issued recommendations incorporating cost-effectiveness - information
  - This initiative has developped to a HTA institute which is supported and financed by the cantonal health directors, the Swiss Medical Association and the Swiss Academy of Medical Science
- 2010 - 2012: Swiss-HTA
  - Initiative of the Swiss pharmaceutical industry and the health insurers
  - Proposals for fast and systematic reimbursement decision processes mainly for drugs were developed, taking cost-effectiveness-information into consideration.

Implementation of HTA: Motions passed by the parlament

- In 2010, the Swiss parliament accepted two motions which aim at creating an HTA institute.
- The administration has elaborated first ideas on how to fulfill the motions (not discussed with the ministry yet / not publicly available).
- One option consists of implementing an HTA-program:
  Rather than creating a full institute with researchers, librarians, communication experts etc, the concept aims at setting up an HTA program where HTA reports are commissioned to existing HTA-institutes in Switzerland and abroad, the central functions (defining the priorities and work program; communication and dissemination) being fulfilled by a federal HTA agency or the administration itself.

Your questions?

→ *Now*

→ *by email to:*
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Thank you for your attention!