

SwissHTA – A Stakeholder Approach



SWISSHTA
VALUE & VALUATION OF HEALTH TECHNOLOGIES

Motivation for Swiss Project on HTA

Growing pressure on social health insurance

- Demographic change
- Chronic diseases
- Insufficient quality and efficiency in fragmented health care

Need for

- Better value for money
- Sustainable financing of health insurance
- Alternatives to rationing
- Alternative to oversimplifying methods and fixed thresholds

Situation in Switzerland

- Basic and fragmented use of HTA
- Political initiatives on federal and cantonal level to improve quality and cost-efficiency in health care
- Tradition of dialogue among stakeholders and pragmatism

SwissHTA - A Stakeholder Project

Initiated in 2010 by Interpharma and Helsana (sick fund)

- Based on a proposal by Prof. Michael Schlander

Aim of the project

- Develop a consensus on the development of HTA in Switzerland
- Broad stakeholder involvement and support for consensus

Supporters of SwissHTA

- Santésuisse (association of Swiss sick funds)
- Interpharma (association of Swiss research based pharmaceutical companies)
- Federal Doctors Association of Switzerland (FMH)
- Swiss Academy of Medical Sciences (SAMS)
- Federal Office of Public Health (FOPH, as observer)



santésuisse

Die Schweizer Krankenversicherer
Les assureurs-maladie suisses
Gli assicuratori malattia svizzeri

interpharma^{ph}

§ FMH

Verbindung der Schweizer Ärztinnen und Ärzte
Fédération des médecins suisses
Federazione dei medici svizzeri
Swiss Medical Association



SwissHTA – Project Structure

Project Steering Group

- Sick funds: Christian Affolter, Stefan Kaufmann (santésuisse), Pius Gyger (Helsana)
- Industry: Thomas Cueni, Heiner Sandmeier (Interpharma), Ansgar Hebborn/Claude Cao (Roche)
- Physicians and Academy: Daniel Herren (FMH), Peter Suter (SAMS)
- Federal Office of Public Health: As an observer Andreas Faller (FOPH)
- Project Leader: Michael Schlander (Universität Heidelberg, InnoVal^{HC})

Scientific Advisory Committee

- Prof. Michael Schlander, University of Heidelberg, InnoVal^{HC}
- Prof. Gérard de Pourville, ESSEC Paris
- Prof. Robert Leu, University of Berne

Iterative Consensus Process

- International workshop, 5-6 November 2010
- seven retreats (1–1½ days) of Project Steering Group from January 2011 to September 2011
- Consensus paper (in German): finalized in October 2011

Result of Consensus Process

Learning experience for all involved

- Open exchange of views (Chatham House Rule), tough discussions, constructive and productive dialogue

Consensus Paper

- Short Paper (30-pages, in German) finalized by Project Steering Group, October 19, 2011
 - Officially adopted by santésuisse, interpharma, FMH and SAMS, during November

- Extended paper early 2012, with full scientific documentation

Continuing collaboration

- Members of SwissHTA renew engagement to support the Federal authorities in implementing and further developing SwissHTA



Key Elements of Consensus

- HTA as effective decision support for benefit management in social health insurance for **new and established products, procedures and services (all technologies)**
- **rHTA**: Rapid HTA process, primarily for new (single) technologies
- **cHTA**: Complete HTA process, primarily for existing technologies / (complex) clinical pathways
- Broad **stakeholder involvement throughout all stages of HTA process**
 - e.g. selection of topics, early consultation, scoping, assessments, appraisals, comments on recommendations, ...
- **Transparency** of evaluation processes, criteria, and methods; key documents and rationales underlying decisions
- **Implementation within existing legal framework**
 - Building on existing processes and methods

“WZW-Criteria” in Swiss Health Insurance

Health Insurance Law

- For reimbursement all benefits must comply with WZW-criteria
- Regular reassessment

Wirksamkeit: **Efficacy / Effectiveness**

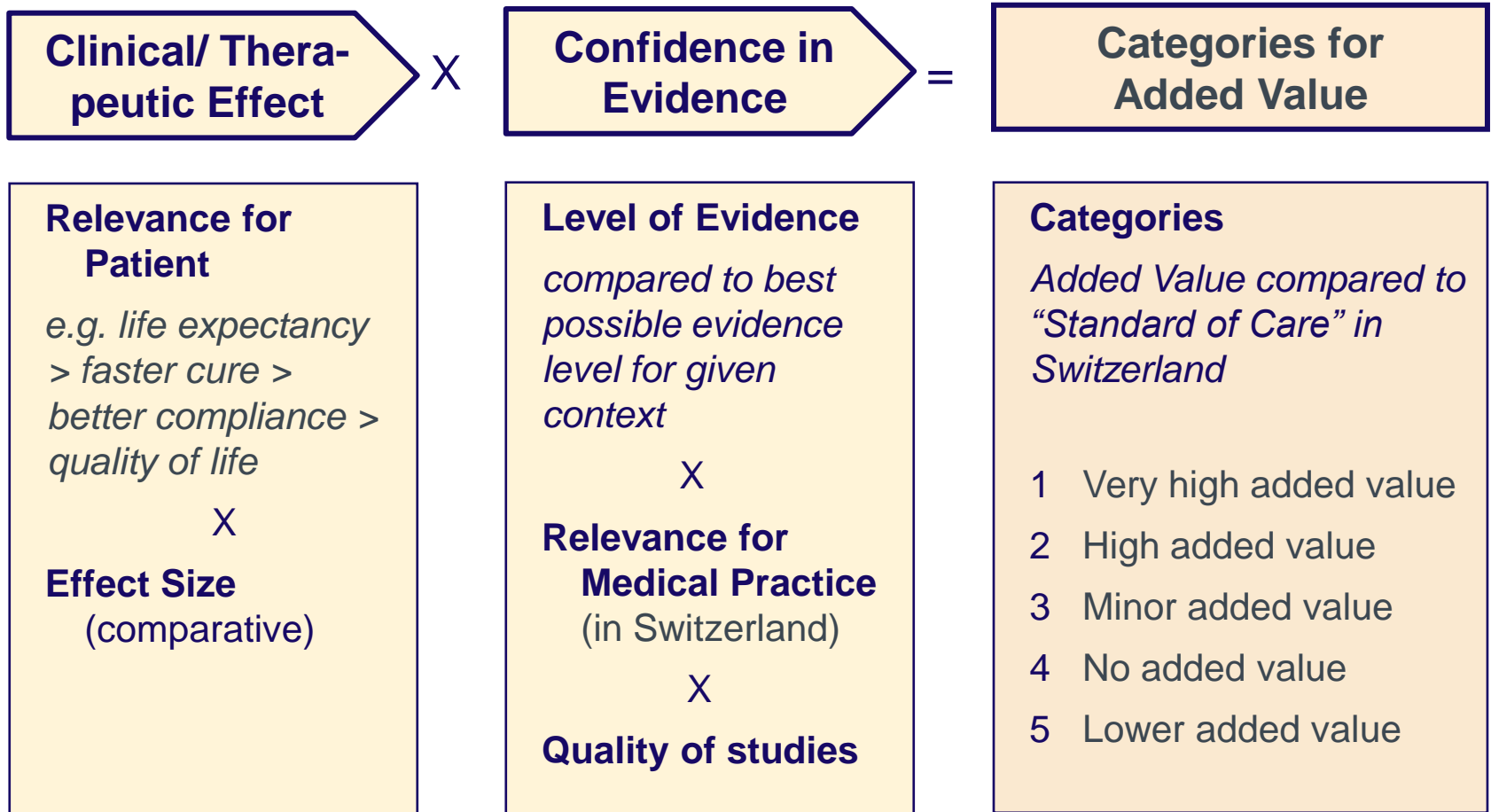
Zweckmässigkeit: **Appropriateness**

Wirtschaftlichkeit: **Economics / Efficiency**

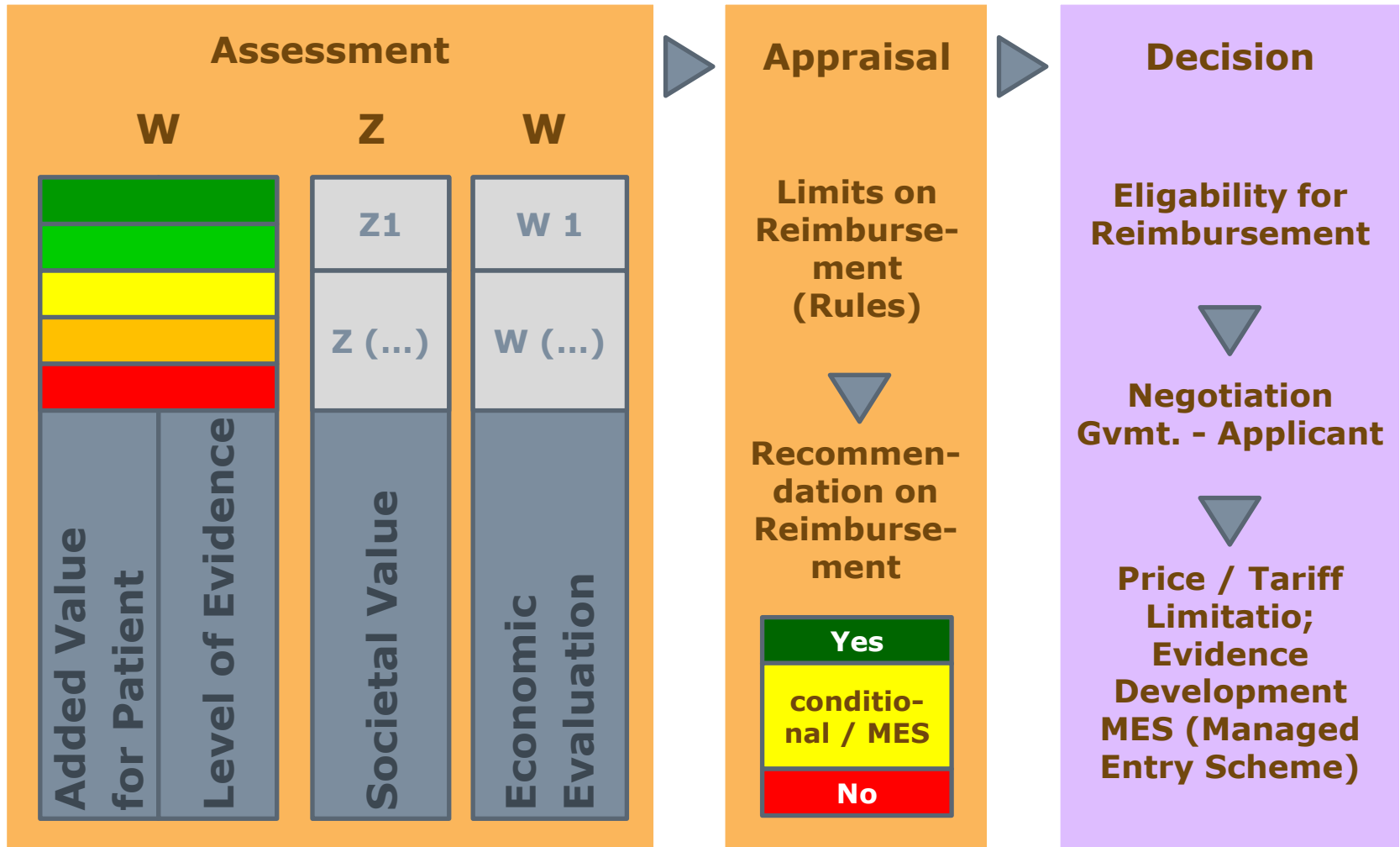
Current Practice

- WZW defined only in part and applied inconsistently, regular reassessment for drugs only
- Parliamentary Commission asked for remedy in 2009

Assessment of Efficacy/Effectiveness: Added value, individual (patient) perspective



SwissHTA – A frame to apply WZW-Criteria



Why a Stakeholder Approach?

- Uncertain outcome
- Time consuming
- Risky to leave well known territory
- Schadenfreude in case of failure

„Wer nicht wagt, der nicht gewinnt“

„Nothing ventured, nothing gained“

- Shared analysis of major problems
- Building trust among stakeholders
- Common ground larger than expected
- Increased probability of implementation