Implementation

Institutional integration

The core elements of this consensus are not dependent on the selected form of organizational implementation.

HTA processes could in principle be placed with the FOPH, in a national HTA institute or in a Swiss institute for technology evaluation and quality in the health service (SITEQ).

The latter variant would permit a very useful-looking integration of the HTA initiative and the current quality initiative of the confederation.

Critical success factors are – regardless of the specific organizational arrangement – the concentration of responsibility for HTAs in one place, associated with central process leadership, and in each case adequate human and material resources, long-term financial security and independence of HTAs from political influence.

Funding

According to provisional estimates, an annual funding requirement in the order of about CHF 15 million is assumed.

rHTAs should be financed by the applicants through cost-covering fees; equally shared funding of the HTA activities of an institute through fees paid by the technology providers, through the public purse (the federal authorities) and through compulsory health insurance (contributions) would amount to a contribution share per insured person per year of about 63 centimes; in addition, there would be an approximately equal share per Swiss citizen raised through (federal) taxes.

The cost of HTA in Switzerland is offset by potential savings that, even on very conservative assumptions, can be expected to amount to ten times the likely costs in terms of falling expenditure in the compulsory health insurance. The introduction of improved HTA processes in Switzerland can thus be described as efficient under the proposed conditions.

Implementation

The results of HTAs serve as a basis for FOPH decisions on reimbursement and prices, in managed entry strategies (coverage with evidence development; risk sharing agreements) for new technologies, binding agreements for closing evidence gaps, for the development of clinical guidelines (with the participation of the medical societies), and also for monitoring of their implementation (follow-up based on measurable target criteria defined ex ante).

Also crucial for the desired impact of HTAs are the binding nature of agreements to close evidence gaps and of guidelines for use, the monitoring of their implementation and effective sanction options and the actual imposition of such sanctions if necessary.

Moreover, the acceptance of HTAs, as mentioned at the beginning, depends on the reputation of the

institution(s) charged with carrying them out, on the perceived legitimacy of the processes (cf. the principles of an "accountability for reasonableness") and thus also on broad stakeholder involvement.

Integration of stakeholders

Comprehensive opportunities for participation by Swiss stakeholders are proposed both at institutional level (primarily political representation on the institute council and primarily expert representation on the scientific advisory council, and also representation on the appraisal committees of the HTA institute) and also at the process-related level.

Quality assurance

The HTA processes are subject to quality assurance measures

- before their implementation in terms of target validation and target conformity, an alignment of processes with internationally accepted standards for the implementation of HTAs, and
- continuously with regard to compliance with key requirements, implementation of identified potential for improvement and defined measures for further development as well as measurable process and results-related targets (including key performance indicators).