



Transcontinental HTA – Collaboration within Countries



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Swiss HTA Framework

- Conditions for reimbursement as stated by the Law on Health Insurance
 - “Wirksamkeit” (efficacy / effectiveness)
 - “Zweckmässigkeit” (usefulness)
 - relevance, necessity / suitability, reasonableness, safety / proportionality of the use of resources
 - “Wirtschaftlichkeit” (efficiency)
 - cost or price level / cost-effectiveness / impact on direct costs
- *WZW criteria*
- „Burden of Proof“ lies with the applicant



Swiss HTA – Tools and Terms

- Application
 - Formalized, transparent process
 - Handbook with all applicable requirements
 - No restrictions for applicants
 - Federal Office of Public Health (FOPH) guides through process
- Assessment
 - Fully documented application
 - Review by FOPH



Swiss HTA Network – SNHTA

- Association created on a mandate of the Minister of Home Affairs in 1998 by
 - MTU, the Medical Technology Unit of the Federal Social Insurance Office and
 - TA-Swiss, the Centre for Technology Assessment at the Swiss Science and Technology Council
- Today 26 member organizations, including almost all relevant research institutions
 - 11 University Institutes
 - 9 Federal and Cantonal Governmental Institutions
 - 5 University Hospitals and Academic Medical Institutes
 - 1 Association



SNHTA - Objectives

- Promote HTA projects
- Provide a forum for the identification and pursuit of common interests
- Coordinate, exchange and disseminate experiences in HTA
- Avoid duplication of efforts: optimal use of limited resources
- Collaborate in international networks and projects
- Participate in improving efficacy, cost-effectiveness and social accountability in health care in Switzerland



Swiss HTA – Developments 2009

- Parliamentary control on HTA of diagnostic and therapeutic medical procedures
 - 19 recommendations for improvement
- Medical Board project
 - Canton of Zurich
 - Recommendations to decision makers and service providers on the use of medical procedures



HTA – Developments 2010

- Parliamentary control on HTA
 - Implementation of recommendations for improvement at FOPH
- Medical Board project
 - Parliamentary TA approach
 - 2 SNHTA member organizations joining
- SwissHTA project
 - Insurers and pharmaceutical industry
 - Consensus on the use of HTA including health economics
- 2 parliamentary motions
 - To create an independent national HTA agency



SNHTA – Development (1)

- 1999 - 2004
 - Unique network opportunity in an emerging subject
 - Rapid growth, i.e. from 10 to 23 member organizations
 - Member representatives with high influence in their respective institutions
- *Loose network structure on a voluntary basis*
- *Mutual exchange on methods and topics*



SNHTA – Development (2)

- 2005 - 2009
 - No new member organizations
 - Broad competencies, but less exchange
 - Expertise database neglected
 - Deputies or no-shows at the meetings
 - Member organizations start offering services to applicants
- *Mandating and standard setting by FOPH*
- *Growing importance of strategic considerations and policy implications*






SNHTA – Reaction

- 2010
 - 1 new member organization
 - Swiss Conference of the Cantonal Ministers of Public Health
 - Autumn event: “HTA in the focus: Meet the Swiss experts”
 - Presentation of Swiss HTA system by FOPH
 - Presentation of Medical Board project
 - Presentation of parliamentary motions
 - Round table discussion
 - Brush up Workshop on HTA
- *Open for invited guests from university hospitals, medical faculties, insurers as well as all national stakeholder organizations*



Balance by the end of 2010

-  Increase methodological quality
-  Increase number of topics for which HTA reviews can be performed
-  Decrease duplication of HTA



SNHTA – Improvement

- 2011
 - 2 new member organizations
 - Member representatives with high expertise and considerable influence in their respective institutions
 - Map of deliverable HTA competences
 - Expert statement on clarified WZW concept
- *Conflict of interest policy*
- *Focus on methodological expertise*
- ? *Conflicting resource allocations and deadlines*



Proposed Characterization of HTA (1)

- Target group/user
 - Decision makers
- Target population
 - Population/Population groups
- Application context
 - Reimbursement, investment, regulation
- Methodology
 - Systematic Reviews, Meta-analyses, clinical trials, economic evaluation, ethical, social/cultural, organizational, legal analyses



Proposed Characterization of HTA (2)

- Systematic Review on short- and longtime consequences of medical processes and procedures
 - Focus on decision making
 - Multidisciplinary, umfassender Approach
- Predetermined and correct 3-step process
 - Assessment
 - Appraisal
 - Decision

→ *Difference to Evidence based medicine, Guidelines development, Parliamentary technology assessment*



Take Home Message

Methodology-oriented people with considerable influence as well as clear rules and specifications are the main success factors



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