

Anatomy of decision making in „Coverage decisions“

Marcial Velasco-Garrido, Berlin Technical University

Matthias Perleth, Fed. Association of Regional Sickness Funds, Berlin

Background

- Aim of HTA is to support decision-making
- Untargeted dissemination of HTA may have not been effective enough

Assumptions

- Decisions on health technologies are decisions on benefit packages
- Every health system has a set of (implicit or explicit) benefit packages
- HTA that aims at having an impact needs to be targeted at institutions that decide on benefit packages

Objectives

- Development of a conceptual framework to identify benefit packages
- Identification of „Decision-Knots“ to enable targeting of HTA-information

Methods

- Contact to experts
- Scientific literature
- Grey literature

Model: Benefit packages



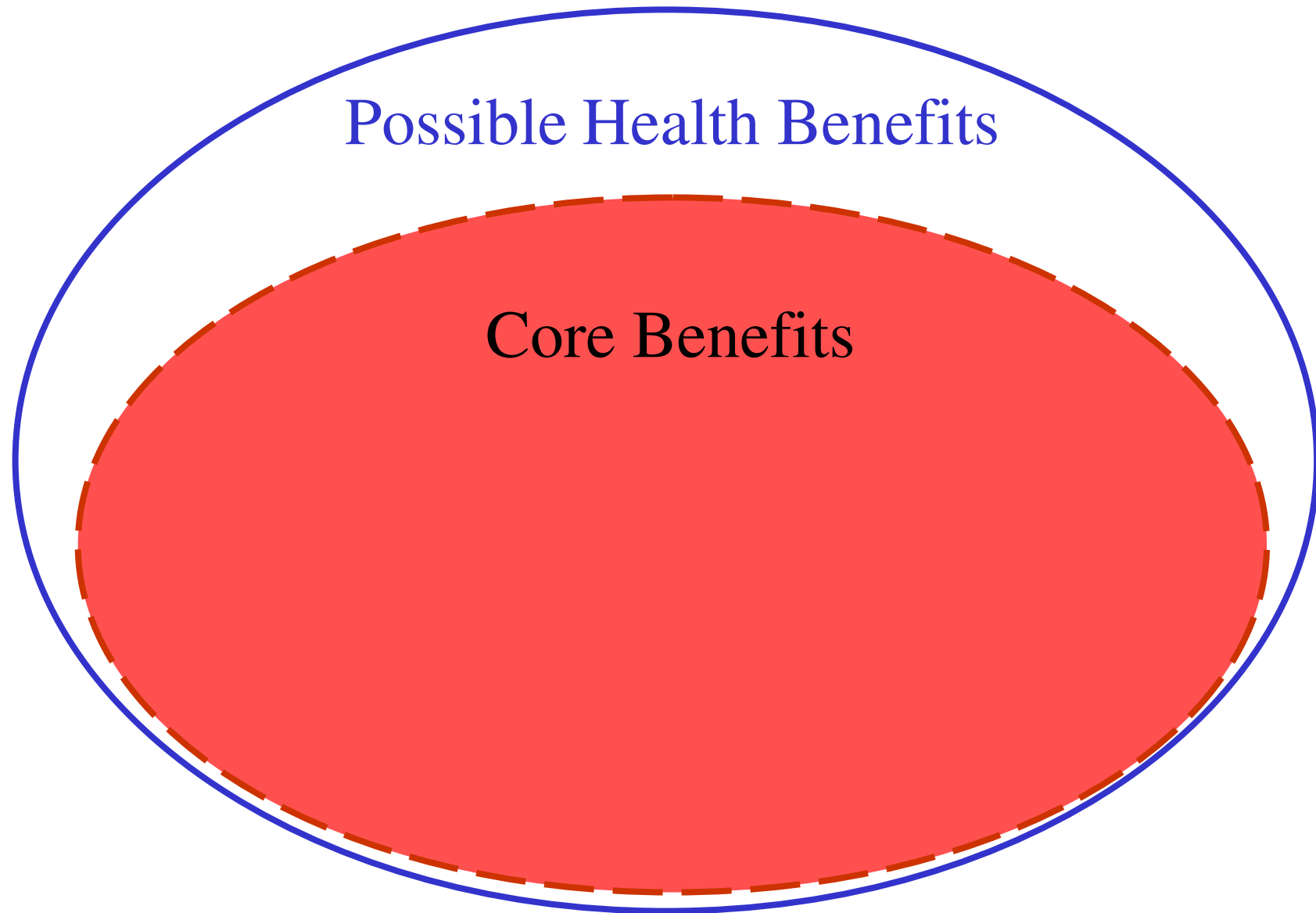
Possible Health Benefits

„Possible Health Benefits“

- The whole of the health benefits would be defined as the possible (practicable) health benefits

–Hair transplant in case of male balding

Model: Benefit packages



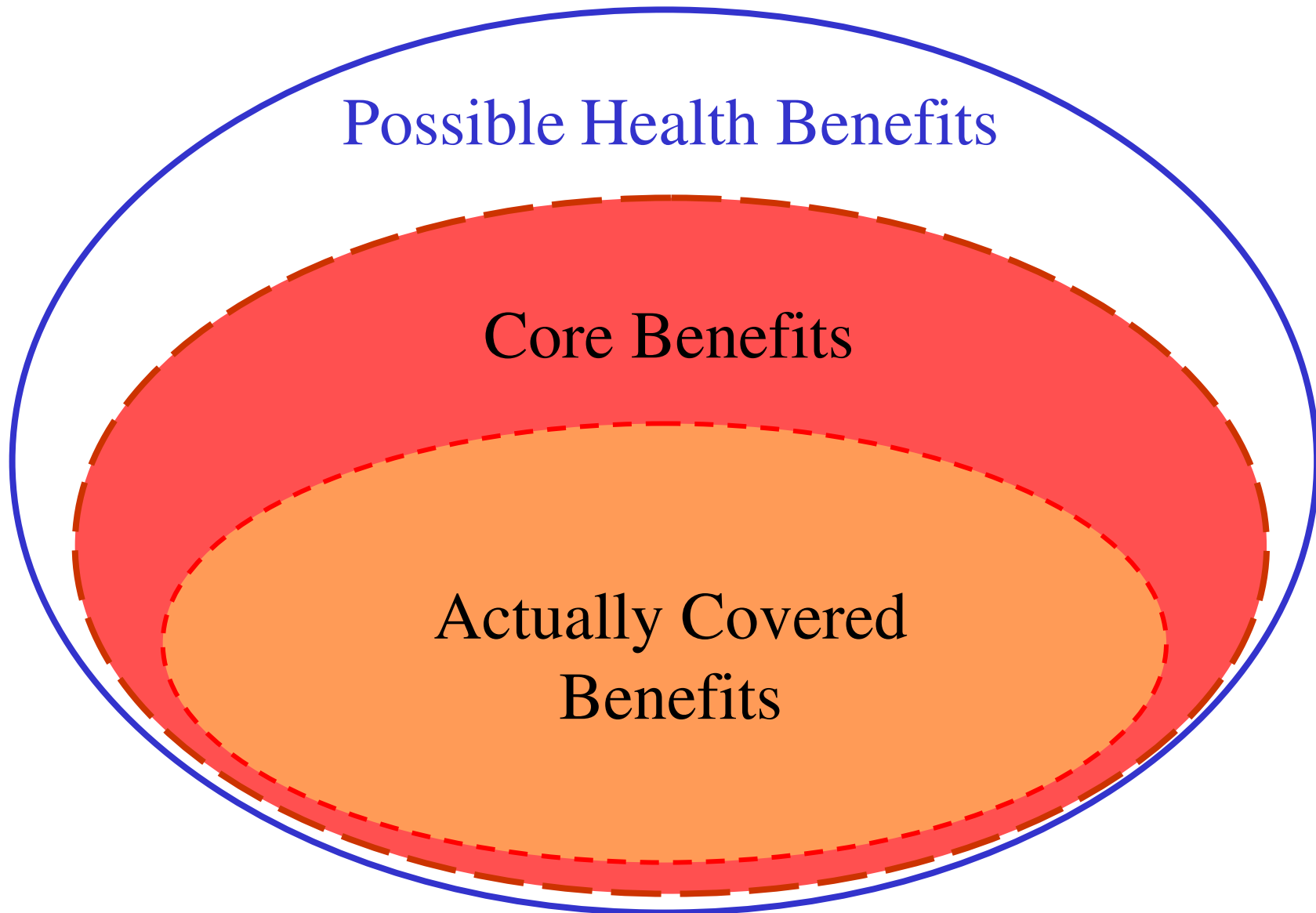
„Core Benefits“

- Defined in Health/Social Laws
 - Social Code Book V (D)
 - Royal Decree 63/1995 (E)

-Screening

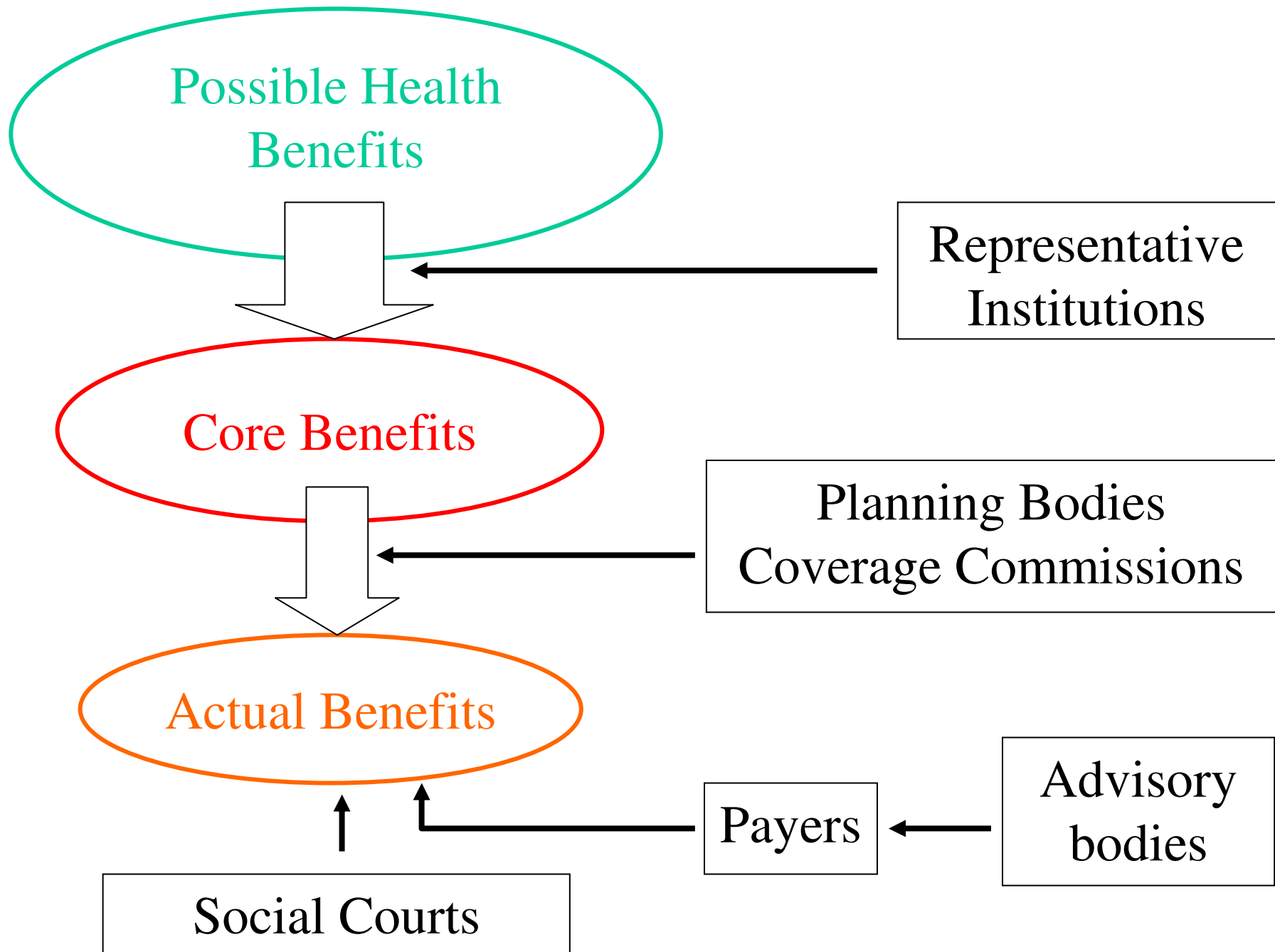
-Pre-natal care...

Model: Benefit packages



„Actually covered benefits“

- Implicit definition (not supplied=not covered)
 - Planning
 - Accreditation
- Explicit definition
 - Positive list
 - Negative list
 - Screening for cervical cancer with Papanicolau Test
 - Toxoplasma serology in the first trimester



Conclusions

- Specification of the different benefit packages takes place at different levels and involves a wide spectrum of actors
- It is possible to identify „decision knots“ that can be targeted by HTA-generated informations
- First findings suggest that this model could be employed to describe different European health systems