

Using HTA for coverage decisions for social health insurances - a comparison of the German and Swiss system

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Outline

- Framework for coverage decisions in Switzerland and Germany
 - who can apply for a coverage decision
 - who has the right to make the decision
 - on what basis are these decisions made
 - how transparent is the process
- Options for decisions-making in the two countries/ Exercise of these options

Framework for coverage decisions in Switzerland (I)

- Right to apply: hospital management, medical societies, single physicians, courts and patient organisation
- Decision-maker: Federal Minister of Home Affairs on recommendations of:
- Federal Benefit Commission (Eidgenössische Leistungskommission - ELK)

Framework for coverage decisions in Switzerland (II)

- ELK
 - 21 members/ makes recommendations for coverage-decisions since 1964
 - Until 1994 main criterion for coverage recommendation: scientific approval, decision mostly based on expert judgment
 - Since 1994 according to the „*handbook for the standardisation of medical and economic evaluation of medical benefits*“

Framework for coverage decisions in Switzerland (III)

- Legal requirements for coverage decisions
 - effectiveness (Wirksamkeit)
 - appropriateness (Zweckmäßigkeit)
 - efficiency (Wirtschaftlichkeit)
- The applicant has to prove that its proposed method fulfils the criteria set out in the handbook

Framework for coverage decisions in Germany (I)

- Three groups have to right to apply for coverage decisions:
 - Federal associations of SHI-Physicians
 - Regional associations of SHI-Physicians
 - Peak associations of the sickness-funds
- Decision-maker: Federal Committee of SHI-Physicians and Sickness Funds
 - has 21 members
 - makes coverage-decisions since 1991

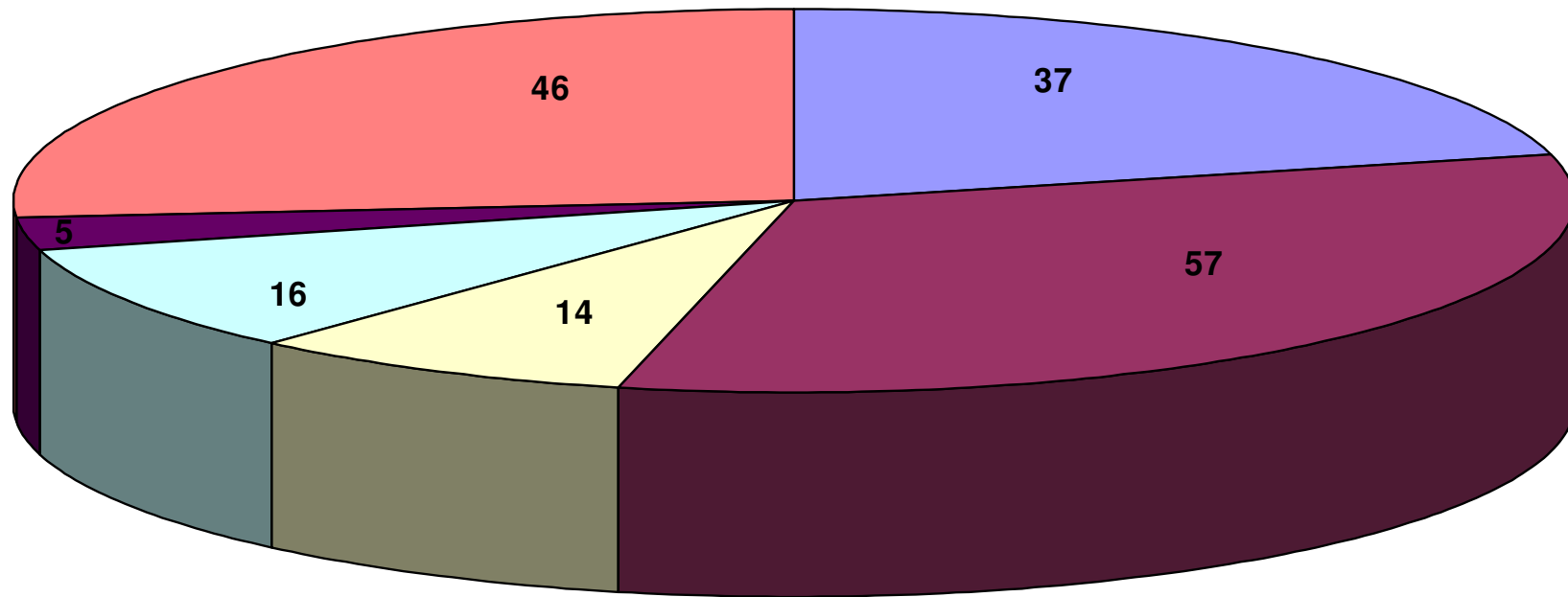
Framework for coverage decisions in Germany (II)

- Until 1998 recommendations mostly based on hearings of competent experts
- Since 1998 sources of information: experts, status of technology in other countries, „evidence“ (e.g. HTAs, systematic reviews)
- Legal Requirements for coverage decisions
 - benefit (Nutzen)
 - medical necessity (medizinische Notwendigkeit)
 - efficiency (Wirtschaftlichkeit)

Decision Options of the ELK

Obligation to reimburse by fund	Decision
Yes	reimbursement without conditions
Yes	reimbursement for specific indications
Yes	in centers which have to fulfil certain requirements
Yes	in centers + evaluationsregister
Yes	In evaluation (by ELK)
No	in evaluation (by applicant)
No	refusal

Distribution of decisions since 1964



- reimbursement without conditions
- reimbursement for specific conditions
- reimbursement in specific centers
- reimbursement/ in evaluation by ELK
- no reimbursement evaluation by applicant
- refusal

Source: Nursingbenefit-Directive (KLV)

Decision Options of the Federal Committee

- Coverage for specific indications (N=9)
- No coverage for specific indications (N=38)
- Stop of the evaluation process in order to gather more evidence (*was exercised only once so far: acupunctere*)

Table: Coverage decisions made 1991-2001 in Switzerland (11.11.2001) and Germany (19.10.2001)

Year	CH	FRG
1991	2	11
1992	-	4
1993	12	1
1994	8	5
1995	11	5
1996	11	-
1997	19	-
1998	4	4
1999	13	1
2000	9	5
2001	9	12
Total	98	48

Source:

CH: Nursingbenefit-Directive (KLV)

FRG: KBV

Conclusion

- Both in Switzerland and in Germany HTA is increasingly used as a basis for coverage decisions
- The German decision-making process is more transparent since 1998 because HTA-reports are available on the Internet