

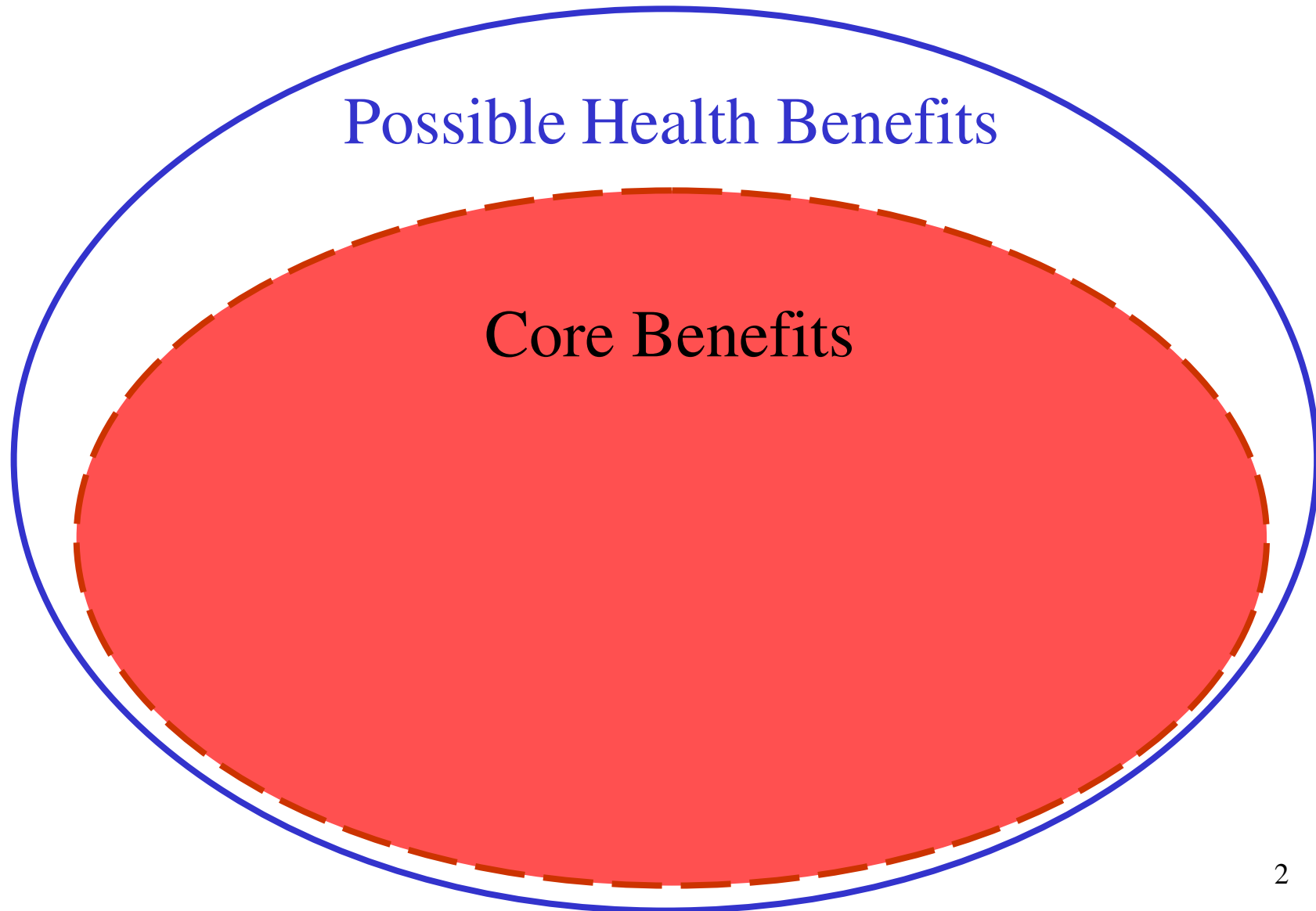
Implementation of HTA into Social Health Insurance Structures

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What is included in the benefit package?



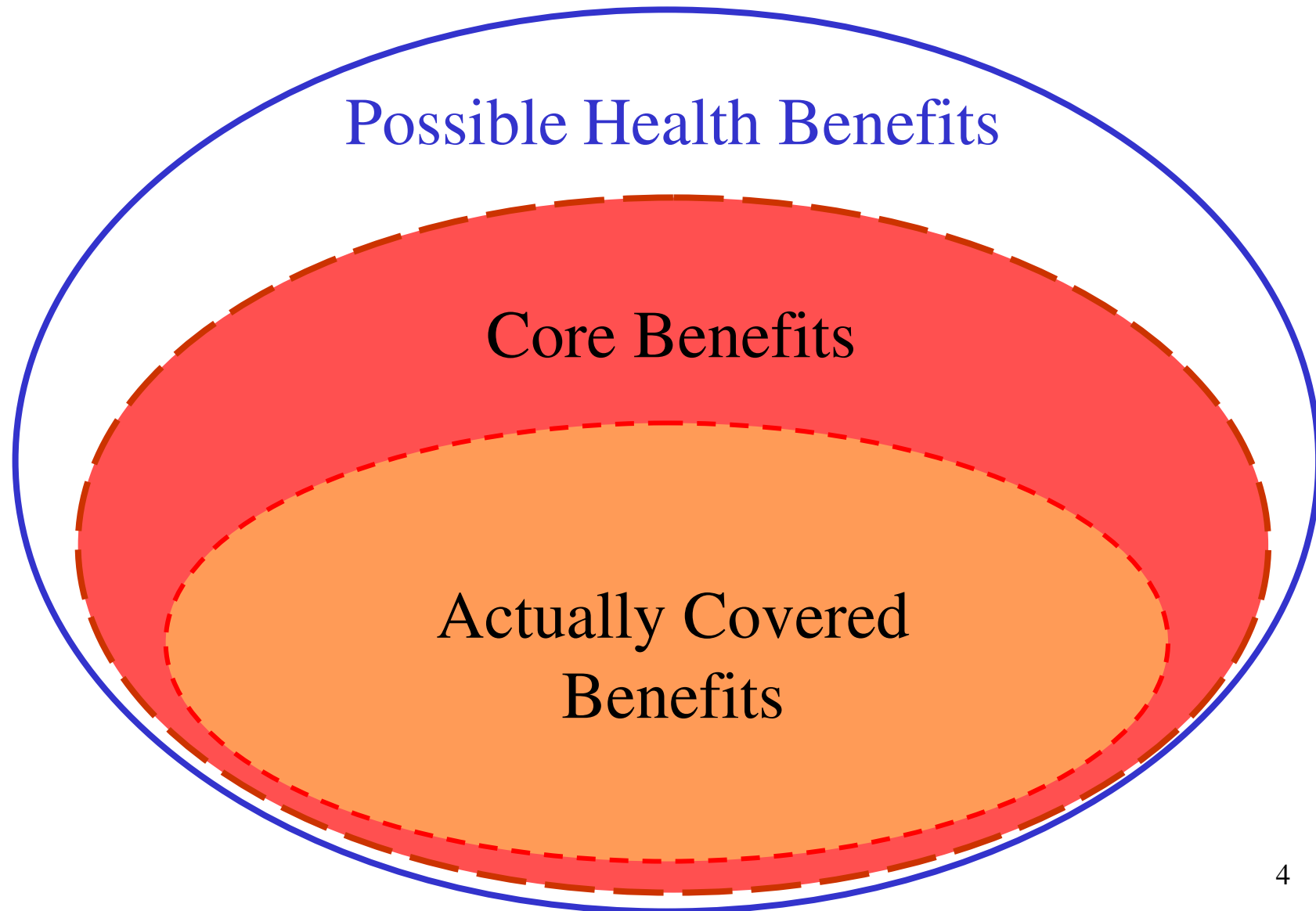
„Core Benefits“

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

-Screening

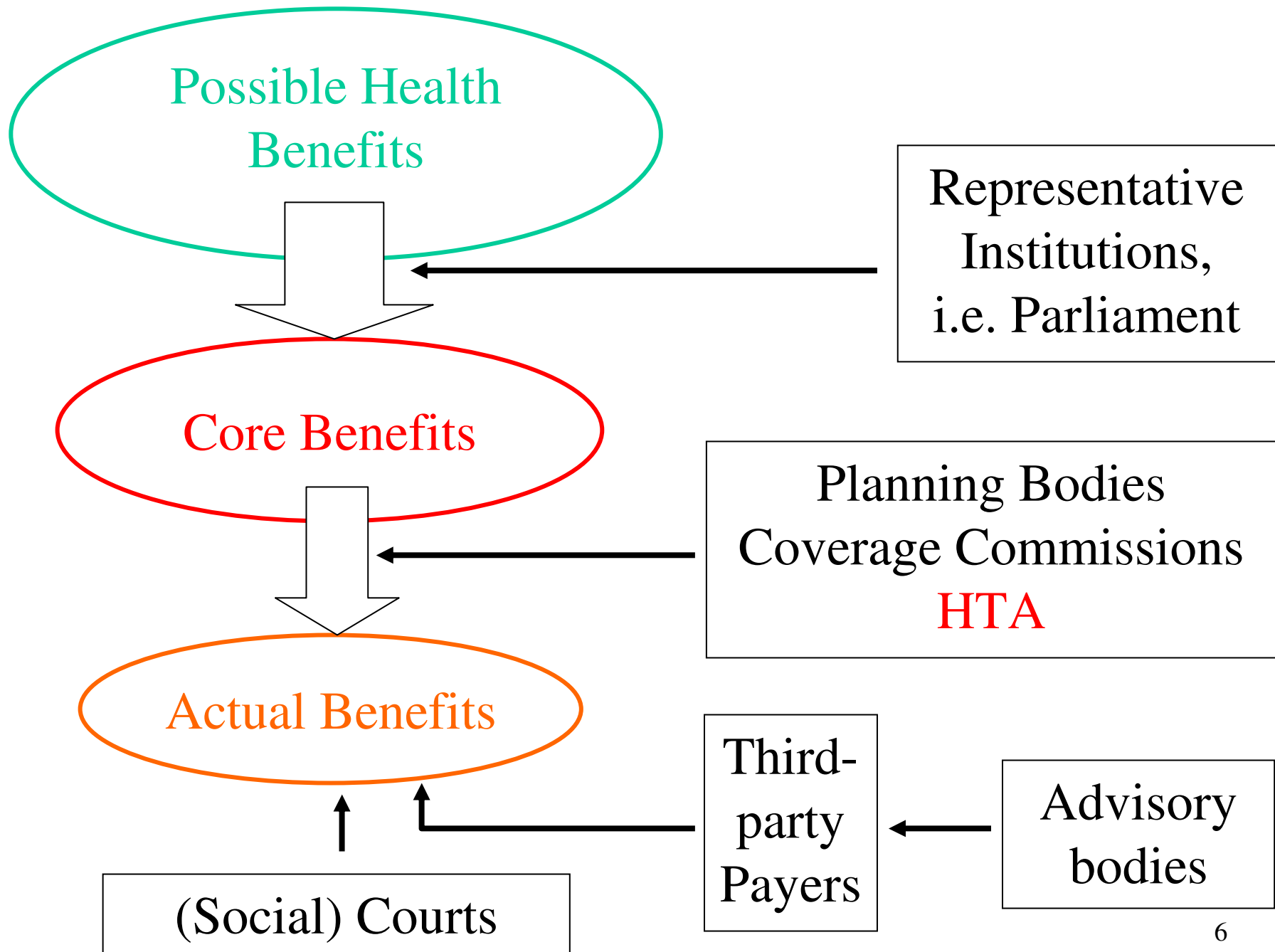
-Pre-natal care...

Model: Benefit packages

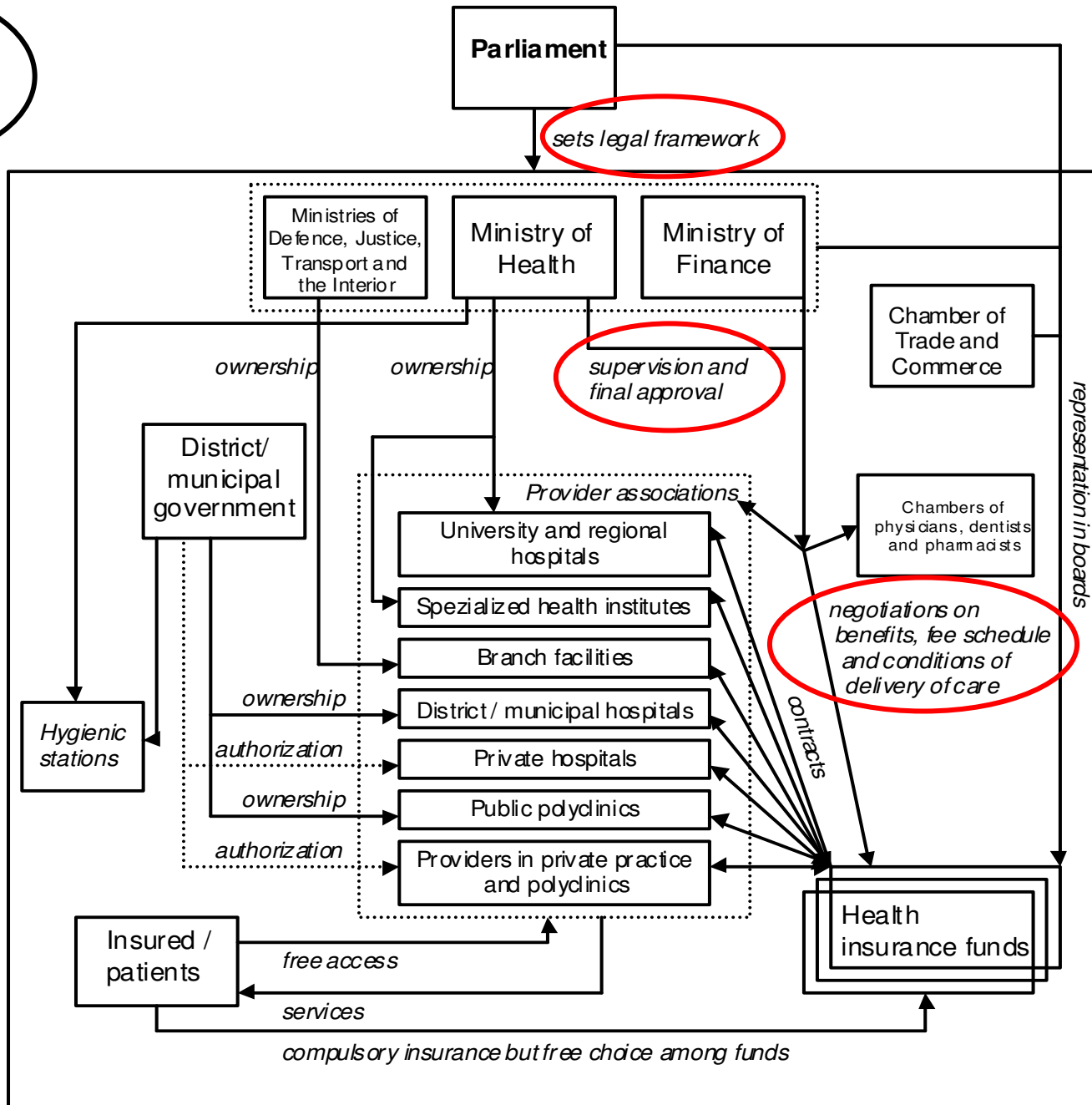


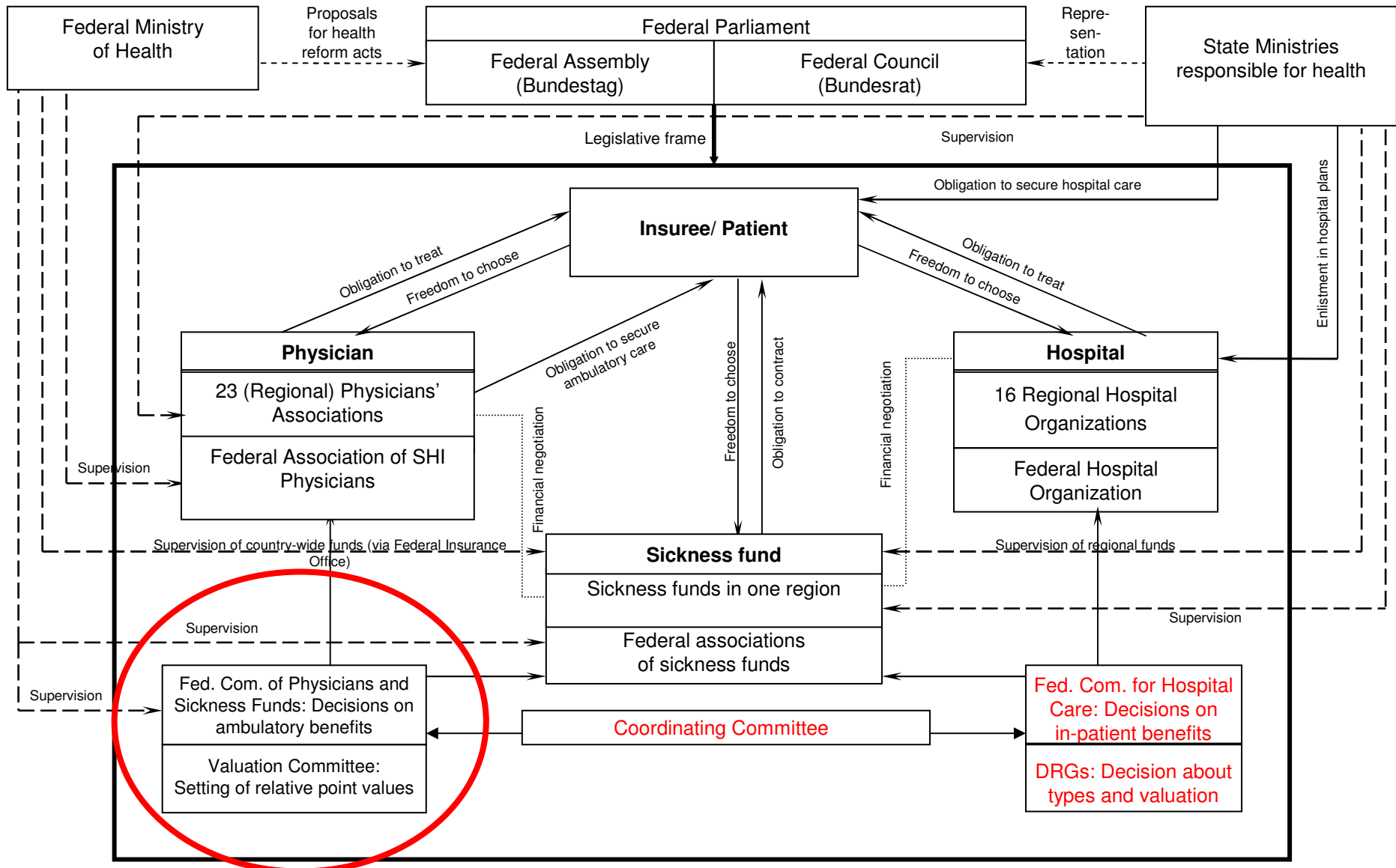
„Actually covered benefits“

- 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



CZ





Main use of HTA

Statutory health insurance 2000

Framework for coverage decisions in Germany (I)

- Three groups have the right to apply for coverage decisions:
 - Federal Association of SHI-Physicians
 - Regional associations of SHI-physicians
 - Associations of sickness funds
- Decision-maker: Federal Committee of SHI-Physicians and Sickness Funds
 - has 21 members (9 + 9 + 3 independent)

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
 - medical necessity
 - efficiency

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*)

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*“

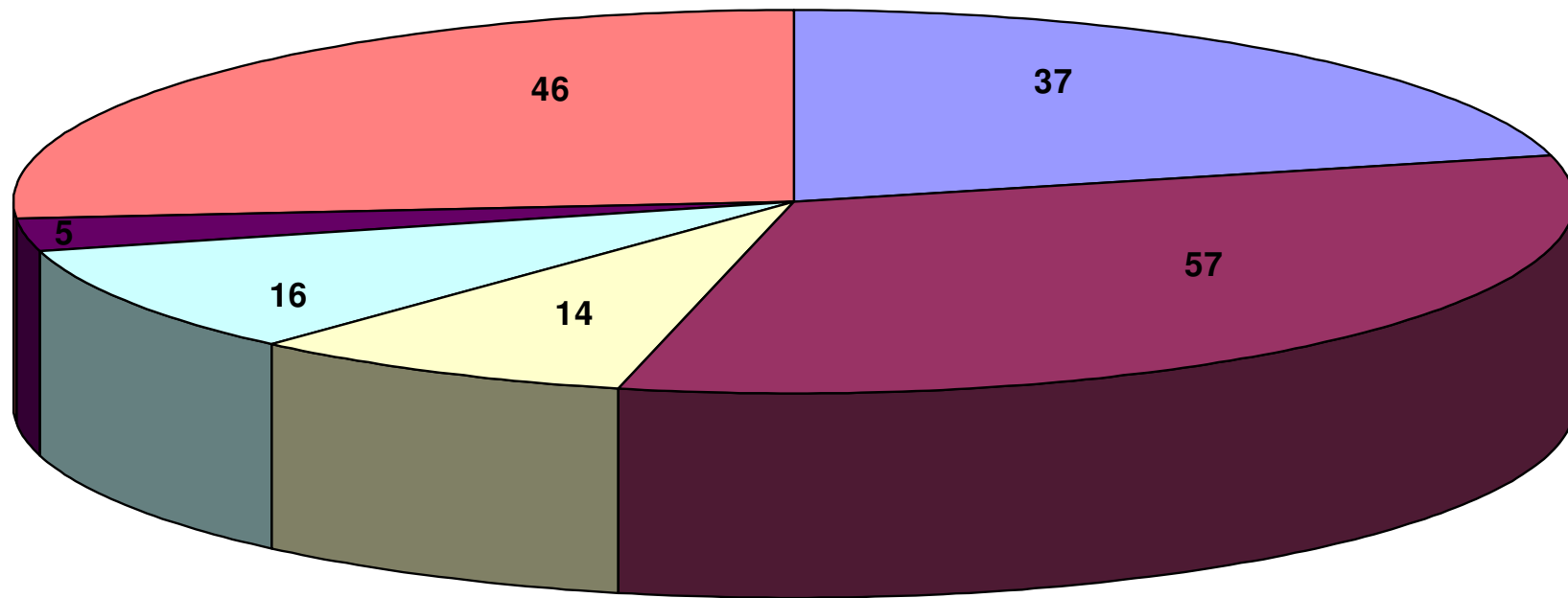
Framework for coverage decisions in Switzerland (III)

- Legal requirements for coverage decisions
 - effectiveness
 - usefulness
 - efficiency
- The applicant has to prove that the proposed method fulfils the criteria set out in the handbook.

Decision Options of the ELK

Reimbursement	Decision
Yes	reimbursement without conditions
Yes	reimbursement for specific indications
Yes	in centers which have to fulfil certain requirements
Yes	in centers + evaluation registers
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)

HTA is important and central – but not everything

