Implementation of HTA into Social Health Insurance Structures

Reinhard Busse
Professor of Health Care Management
Technische Universität Berlin
What is included in the benefit package?

Possible Health Benefits

Core Benefits
„Core Benefits“

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

-Screening
-Pre-natal care...
Model: Benefit packages

Possible Health Benefits

Core Benefits

Actually Covered Benefits
„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
Possible Health Benefits

Core Benefits

Actual Benefits

Representative Institutions, i.e. Parliament

Planning Bodies
Coverage Commissions
HTA

Third-party Payers

Advisory bodies

(Social) Courts
Parliament

Ministry of Finance

District/municipal government

Private hospitals

University and regional hospitals

Ministry of Health

Provider associations

Ministry of Health

Chambers of physicians, dentists and pharmacists

District/municipal hospitals

Public polyclinics

Spezialized health institutes

Branch facilities

Health insurance funds

Hygienic stations

District/municipal government

Insured/patients

free access

services

compulsory insurance but free choice among funds

sets legal framework

supervision and final approval

negotiations on benefits, fee schedule and conditions of delivery of care

representation in boards

Chambers of physicians, dentists and pharmacists

CZ
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

<table>
<thead>
<tr>
<th>Reimbursement</th>
<th>Decision</th>
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<td>reimbursement without conditions</td>
</tr>
<tr>
<td>Yes</td>
<td>reimbursement for specific indications</td>
</tr>
<tr>
<td>Yes</td>
<td>in centers which have to fulfil certain</td>
</tr>
<tr>
<td></td>
<td>requirements</td>
</tr>
<tr>
<td>Yes</td>
<td>in centers + evaluation registers</td>
</tr>
<tr>
<td>Yes</td>
<td>in evaluation (by ELK)</td>
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<tr>
<td>No</td>
<td>in evaluation (by applicant)</td>
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<tr>
<td>No</td>
<td>refusal</td>
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</tbody>
</table>

Source: Swiss Federal Office for Social Security (SFOSS)
Distribution of decisions since 1964

- 46: Reimbursement without conditions
- 37: Reimbursement for specific conditions
- 57: Reimbursement in specific centers
- 5: Reimbursement in evaluation by ELK
- 16: No reimbursement evaluation by applicant
- 14: Refusal

Source: Nursingbenefit-Directive (KLV)
HTA is important and central – but not everything

- Health beliefs
- Copayments
- Geographical accessibility
- Waiting lists etc.

- “Diagnostic accuracy” (getting the indication right), depending on knowledge/experience/incentives

EBM/ Guidelines/ Disease Management