

# Audit of the procedural efficiency of health technology assessments

Federal Office of Public Health

## Key facts

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Health technology assessments (HTAs) are systematic evaluations and assessments of medical procedures and technologies. HTAs are seen as an important instrument for evidence-based policy advice and transparent decision-making. It enables ineffective, inappropriate and uneconomical products and treatments to be identified and excluded from reimbursement by compulsory health insurance, or at least be restricted.

In the Health2020 strategy published in 2013, the Federal Council assumed that a so-called disinvestment focus (removal or restriction of obsolete compulsory health insurance services) in the HTAs would prove to be a promising instrument for reducing costs. Recurring annual savings of up to CHF 220 million appeared possible. Seven years later, no such savings have been achieved.

For the Swiss Federal Audit Office (SFAO), the central question is therefore if and how the programme can be made to work effectively. By 2023, the Federal Department of Home Affairs (FDHA) must submit a new evaluation of the HTA programme to the Federal Council. The SFAO recognises that the initiative will be given positive impetus under the leadership of the new Head of the Health Insurance Benefits Division.

### **Three years lost due to blocked HTA centre and cautious pilot programme**

The plan to set up an HTA agency independent of the Federal Administration in 2014, based on a model used abroad, was opposed by most stakeholders during the consultation. As a result, the Federal Council decided in favour of a solution within the Federal Office of Public Health (FOPH). It cautiously financed a three-year pilot programme with CHF 600,000 per year, but without additional human resources.

It was not until mid-2017 that a separate section with staff specialising in HTA was able to start work. The HTA reports are prepared by external, independent contractors under the supervision of the FOPH.

### **FOPH's disinvestment focus is a sensible choice where supply is excessive**

Internationally, HTAs are used more preventively, i.e. "ex ante", in the context of approving services. Switzerland has opted for an "ex post" approach, i.e. for re-evaluations of health technologies already paid for by compulsory health insurance.

Various studies show that up to 20% of costs could be saved annually in the Swiss healthcare system without any loss of quality. The FOPH's HTA programme is one of 38 cost reduction measures.

### **HTA output is half that planned**

The number of HTAs per year is low. The annual public topic input process generates too few suggestions. The FOPH should, above all, encourage a higher number of HTA ideas internally.

The length of the overall process is long in comparison with certain European countries and can take up to four years. It starts with the selection of the topic, continues through the scoping (concretisation of the HTA issue and development of the methodology) and assessment (HTA report) phases, and ends with the recommendation of extra-parliamentary commissions and the health policy decision by the FDHA or the FOPH. One main reason for the lengthy process is that the section carries out almost exclusively full HTAs. Internationally, shorter forms of HTA are mainly chosen. International cooperation also offers potential for efficiency. Health authorities can transfer the scientific parts of foreign HTAs to their own countries and thus save costs and, above all, considerable time. Contrary to its original intention, the FOPH has not yet adopted results from other countries.

Further time savings could be made in stakeholder and commission consultations. The key health sector representatives are consulted on both the prioritised HTA topics, the scoping report and the assessment report. This is in addition to an independent, scientific expert review. In addition, individual stakeholders also sit as institutional representatives in the extra-parliamentary commissions which recommend the annual topics to the FDHA for approval and review the assessment reports with a recommendation for action. The FOPH could, in the interests of efficiency, but also based on considerations of independence from stakeholder interests, dispense with individual consultations. Similarly, HTAs could be initiated more quickly if the prioritisation of topics did not first have to be approved by the commissions or the FDHA.

The capacity of the FOPH's HTA contractors is still too low. A larger network is important in order to work on more HTA topics at the same time in the future.

### **Mandate completed only when savings are achieved**

Based on the expert group's report on the cost reduction measures, the Federal Council calculated annual savings of up to CHF 100 million from the first five HTAs. All five reports are late. These HTAs have already been running for more than three years. Two of them have only just been assessed by the Federal Medical Services Commission and have not lead to any recommendations for cuts or restrictions in compulsory health insurance.

As late as summer 2019, the FOPH estimated the maximum possible annual savings potential of the 15 ongoing HTAs at CHF 602 million. It is crucial for the credibility of the Swiss HTA programme that initial savings are achieved soon.

**Original text in German**