AUDIT

Follow-up audit on the implementation of key recommendations: health technology assessments

Federal Office of Public Health

KEY POINTS

In 2019, the Swiss Federal Audit Office (SFAO) conducted an audit on the procedural efficiency of health technology assessments and submitted five recommendations to the Federal Office of Public Health (FOPH), one of which was a top priority.[1] All of them were accepted. The SFAO has now carried out a follow-up audit on the implementation of these five recommendations.

A health technology assessment (HTA) is an internationally recognised tool used to systematically evaluate medicinal products and goods/services in the healthcare sector in terms of their efficacy, appropriateness and cost-effectiveness. HTA reports are considered an important basis for making evidence-based decisions on appropriate remuneration in government-funded health insurance systems. In Switzerland, the FOPH outsources such evaluations to national and international HTA suppliers. The relevant extra-parliamentary commissions, i.e. the Federal Medicines Commission, the Federal Medical Services Commission and the Federal Commission for Analyses, Aids and Devices, use these as the basis for the health policy recommendations they present to the Federal Office of Public Health (FOPH) and the Federal Department of Home Affairs (FHA), which ultimately make a binding decision. The decision made by the FOPH or the FDHA means either that a new item or service will not be approved for reimbursement by compulsory health insurance or else that the reimbursement of an existing item or service will be removed from, limited or maintained under compulsory health insurance.

Twice as much could be saved

The Federal Council launched the HTA programme as a cost-containment measure in 2017. The aim of the HTA is to remove ineffective, inappropriate or uneconomical items from the catalogue of goods/services, or at least to restrict their reimbursement. The target was to achieve annual savings of CHF 180 to 220 million. This target has proved to be unrealistic to date, as the HTA Section only achieves around 25% to 50% of its estimated capacity due to a lack of topic submissions, and because planned savings in the appraisal and decision-making phases are reduced as a result of deliberations and compromises with stakeholders, as well as appeals against decisions.

In 2019, at the time of the last SFAO audit, the FOPH had not yet removed any goods/services based on HTAs and therefore had not achieved any savings. In the period from January 2021 to the end of March 2024, however, the FOPH saved CHF 86 million, with 40% of that amount attributable to one HTA topic. Planned savings of a further CHF 140 million are still in the appraisal or decision-making phase. The FOPH has thus made progress compared to 2019. However, if the HTA Section were to operate at full capacity, at least twice as much could conceivably be saved each year. This would require considerably more HTA topic submissions.

Four of the five recommendations have been implemented

Effective since 2021, the HTA Section has an annual savings target and measures the savings actually achieved. Recommendation 19084.001 has thus been implemented.

[1] The audit report "Audit on the procedural efficiency of health technology assessments" (audit mandate 19084) is available on the SFAO website

Recommendations 19084.003 and 19084.004 have likewise been implemented. The stakeholder consultation on HTA topic prioritisation and FDHA approval of topic selection have been eliminated, resulting in greater efficiency. The two remaining stakeholder consultations will continue to exist, but will be streamlined time-wise, thereby putting the HTA turnaround times of the assessment phase within the FOPH's planned periods. Delays are particularly evident in the decision-making phase, when the FOPH and the FDHA again let the stakeholders have their say in a consultative approach. This can delay the realisation of the estimated savings or reduce the amount saved. For example, a medicinal product might only be limited, i.e. its reimbursement under compulsory health insurance is restricted, instead of being completely dropped. However, there is still scope to save time in the appraisal phase too, with the three extra-parliamentary commissions.

Recommendation 19084.005 has been implemented. Due to the low level of acceptance among the extra-parliamentary commissions, the FOPH still does not fully adopt any HTA results from abroad. However, it has increased the number of short HTAs. According to the HTA Section, these do not take any longer to assess than so-called contextualisation, i.e. the transfer of foreign HTA results to one's own country. In addition, the FOPH's national and international HTA partner companies also take account of foreign HTA results in their assessment reports. Where appropriate, the FOPH will continue to try to transfer foreign HTAs to Switzerland in the future. However, this will also require a change in thinking and a willingness on the part of the three extra-parliamentary commissions.

Cross-sectional specifications are necessary to implement the outstanding recommendation

Every year, there are only between five and 15 proposals for goods/services that should be the subject of an HTA. This figure would have to be at least three times higher to ensure a good HTA selection and enable the HTA Section to reach its full capacity and commission 15 to 20 assessments per year from external HTA suppliers. Consequently, recommendation 19084.002 has not been implemented.

Proposals are also submitted by external stakeholders. However, primarily within the FOPH, the number of HTA topic submissions is too low. Here, the HTA Section is dependent on the sections in the Health and Accident Insurance Directorate as a service provider. These deal with medicinal products and goods/services in the healthcare sector, analyses and medical devices. They also carry out efficacy, appropriateness and cost-effectiveness assessments *within their section* as part of their core processes. However, they only occasionally submit topics for a formal health technology assessment in their area of responsibility. For them, an HTA procedure means a greater need for resources and time, as they take the lead in the appraisal and decision-making phase.

Having the overarching Health and Accident Insurance Directorate issue an annual stipulation for the desired number of internal HTA topics and health technology assessments would ensure that all of the sections involved work together towards the same goals. Similarly, cross-sectional processes for the three HTA phases (assessment, appraisal, decision-making) and clear timeframes are necessary. Furthermore, the annual HTA savings target should apply at the Health and Accident Insurance Directorate level, as the appraisal and decision-making phases are beyond the control of the HTA Section. Based on the recommendations of the three extra-parliamentary commissions, the FOPH and the FDHA ultimately decide on savings by removing or limiting items under compulsory health insurance.

The FOPH has incorporated these elements into the draft concept for the HTA's further development. The idea is to have an overarching HTA controlling body that monitors and steers the cross-sectional and cross-divisional HTA process and issues binding directives and targets for all those involved.

Original text in German