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Position Paper

Reimbursement of digital health applications in Switzerland

What is at issue?

The Federal Council's «Health2030» strategy aims to promote more widespread use of digital technologies. Unfortunately, the existing Swiss healthcare tariff systems are not suitable to reimburse the broad spectrum of new digital healthcare applications. This deficit is preventing the rapid introduction of digital healthcare applications, and consequently, the realization of the potential for increased quality and reduced costs that could be achieved through widespread use.

For the purpose of this Position Paper, digital health applications are defined as technologies which have been certified as medical devices. In addition to self-use mobile apps for patients, other examples include remotely accessible and programmable implants or AI applications which facilitate diagnosis based on radiological imaging. They are applied directly for the diagnosis or treatment of patients and are clearly differentiated from administrative software solutions or applications in the field of wellness and prevention. As certified medical products, they meet the highest requirements in terms of safety, quality, as well as data protection and data security.

Although some of these applications and associated services provided by healthcare professionals can be included in existing tariff systems, this is not the case for the majority of digital applications. Often, services based on digital technologies are not covered by just one tariff – but must be broken down and categorized under multiple tariffs (e.g. devices in MiGeL and physician services in TARMED and SwissDRG). Even in cases where this process is possible, existing tariff structures are unable to reflect all aspects of the services. Furthermore, as innovation mapping processes require several years under existing tariffs, they cannot keep up with the very short innovation cycles in the field of digital technology.

An autonomous model for reimbursement via social insurance is therefore required that is independent from existing tariffs, acknowledges the unique properties of digital applications and includes a mapping procedure with the option of rapid, provisional reimbursement and monitoring. Once the benefits have been proven, reimbursement can be made permanent.

Our Position

The undersigned associations and organizations call on the authorities and politicians to create an independent reimbursement model for digital health applications in Switzerland. This must proceed swiftly in order to make these applications available to all patients as quickly as possible – as stipulated in the Federal Council's «Health2030» strategy.

This remuneration model should specify standardized criteria and accurately reflect the cost of technology and services provided by healthcare professionals. A transparent process should be defined for rapid access to reimbursement through the social insurance system.

The model could orient itself on the German Digital Health Applications Ordinance (DiGA-V) and on the closely modelled French reimbursement scheme PECAN (prise en charge anticipée des dispositifs médicaux numériques). It should build on existing certifications. The procedure should also reflect the unique properties of digital applications. Among other things, this includes meeting requirements for safety, quality, as well as

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data protection and data security. Positive healthcare effects (pVE: medical benefit (WZW1[1]) or patient-relevant improvements of structure and process) should be considered when deciding if an application should be reimbursed temporarily, permanently, or not at all. Equally, in cases of temporary reimbursement, any new evidence must be assessed after a defined period according to the same criteria and a decision taken if the temporary reimbursement should be made permanent or be discontinued.

Tariffs should be negotiated between tariff partners and manufacturers within specified time limits. In the event of disagreement, an independent third body should issue an arbitration decision to avoid delays.

The model should not only represent patient self-use applications or low-risk technologies as defined in the DiGA-V. As already established in PECAN, digital devices primarily employed by healthcare professionals on patients as well as technologies of higher risk classes should also be included. The latter in particular possess significant potential to improve quality and reduce costs.

Arguments

Ensure appropriate reimbursement for medical services

The Health Insurance Act stipulates that medical services must be reimbursed according to tariffs or prices that are economically viable and appropriate (KVG Art. 43, Para. 4). Existing tariffs are structurally unable to reflect new digital health applications according to these criteria and time-consuming mapping processes for innovations cannot keep pace with the rapid innovation cycles of applications.

Realize all potential improvements in efficiency and quality

Due to a variety of reasons, costs in the Swiss healthcare system continue to rise, and steadily increasing health insurance premiums are placing a burden on Swiss households. It is essential that every option to improve efficiency is explored. According to a recent study, digitalization could potentially save the Swiss healthcare system several billion francs a year[2]. Digital applications in particular have tremendous potential for both diagnostics and treatment as they promote integrated patient care. They also help bridge gaps in the provision of medical services and offer healthcare professionals and patients vital support in dealing with challenges for which there are currently no established solutions. Increased efficiency throughout the entire treatment pathway is expected to result in cost savings per patient. Finally, any increases in efficiency will also help offset the shortage of skilled professionals.

[1] Effectiveness, appropriateness and economic efficiency (EAE) in accordance with KVG Art. 32, (in German, original titled: Wirksamkeit, Zweckmässigkeit und Wirtschaftlichkeit gem. KVG Art. 32)
[2] ETH / McKinsey: «Digitalization in the healthcare system: The CHF 8.2 billion opportunity for Switzerland». Zurich, Sept. 2021, (in German, original titled: «Digitalisierung im Gesundheitswesen: Die 8,2-Mrd.-CHF-Chance für die Schweiz». Zürich, Sept. 2021

Strengthen Switzerland’s innovative power

Certification in accordance with European medical device regulations (CE marking) and proving positive healthcare effects – as practiced in the German model – are very resource-intensive and costly for manufacturers. Uncertainty regarding reimbursement for the use of new technologies by compulsory health insurance can discourage (often) small companies and start-ups from entering the market. This inhibits innovation. Clearly defined and accelerated processes to include digital innovations in the tariff systems are therefore essential to guarantee patients swift access to new medical procedures. At the same time, legal certainty and reliability of planning for their introduction must be ensured.

Reduce Switzerland’s digitalization deficit

Switzerland is lagging behind other countries when it comes to the use and application of digital products and processes. Several European countries are already testing or introducing reimbursement models for digital healthcare applications and are continuously improving them. The Federal Council's «Health2030» strategy states its aim to promote increased use of digital technologies.

Provide equal access to social insurance benefits for insured persons

At the moment, equal access to innovative solutions is not guaranteed as no appropriate reimbursement system currently exists for digital health applications. Creation and integration of a reimbursement solution within the social insurance system is key.

Members of the Alliance for Digital Transformation in Healthcare

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