

# Swiss Medical Board: What is the impact on routine care in Switzerland?

## A case study



**Building Competence. Crossing Borders.**

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# Swiss Medical Board: What are the tasks of the SMB?

**The Swiss Medical Board (SMB) produces Health Technology Assessment (HTA) reports and evidence-based recommendations**

## **For which services?**

Controversial but already reimbursed diagnostic and therapeutic services under the Swiss social insurance scheme (§: “effective – appropriate - efficient”)

Examples:

- Mammography screening for breast cancer
- Statins for primary prevention of CVD

## **Purpose of the SMB:**

Recommendations for clinical care in Switzerland

No legal mandate to formulate reimbursement decisions

# Swiss Medical Board: Aim of Impact Evaluation

## Aim of impact evaluation:

**To assess the impact of Swiss Medical Board (SMB) reports on routine care in Switzerland**

(Evidence generation for Health Services Research)

## Study question:

What is the impact of two selected SMB reports?

- Report 1 (2011): Prostate specific antigen (PSA) screening for prostate cancer
- Report 2 (2009; update 2013): Treatment for rupture of the anterior cruciate ligament [ACL] of the knee

## Research team:

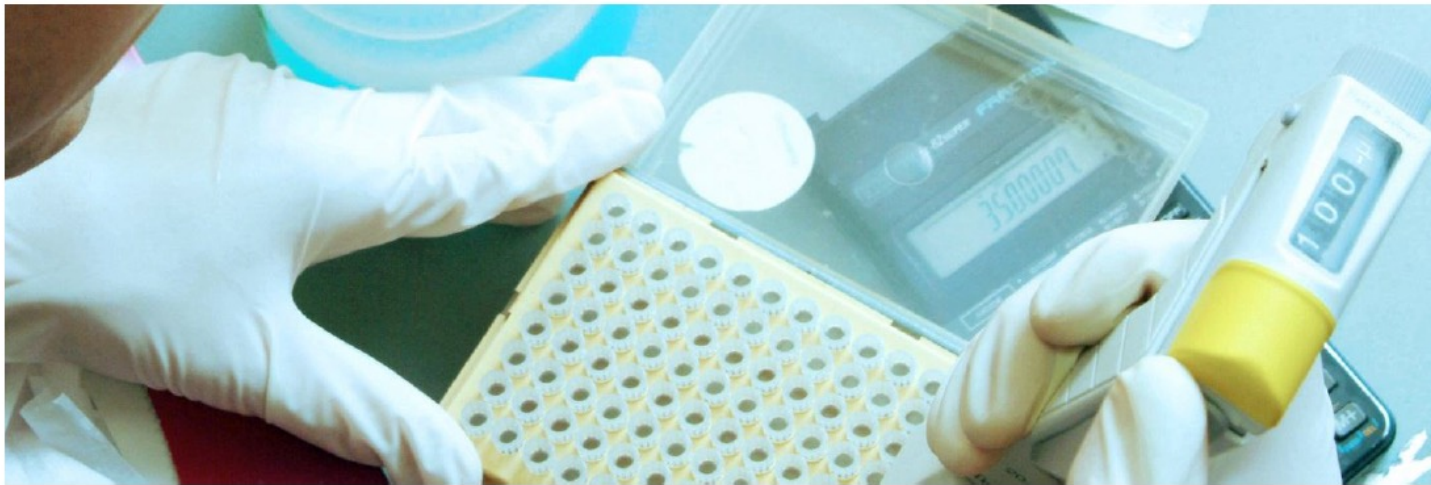
Winterthur Institute of Health Economics, Zurich University of Applied Sciences

Scientifically independent

# Swiss Medical Board: Impact Evaluation PSA-Screening Report

swiss medical board

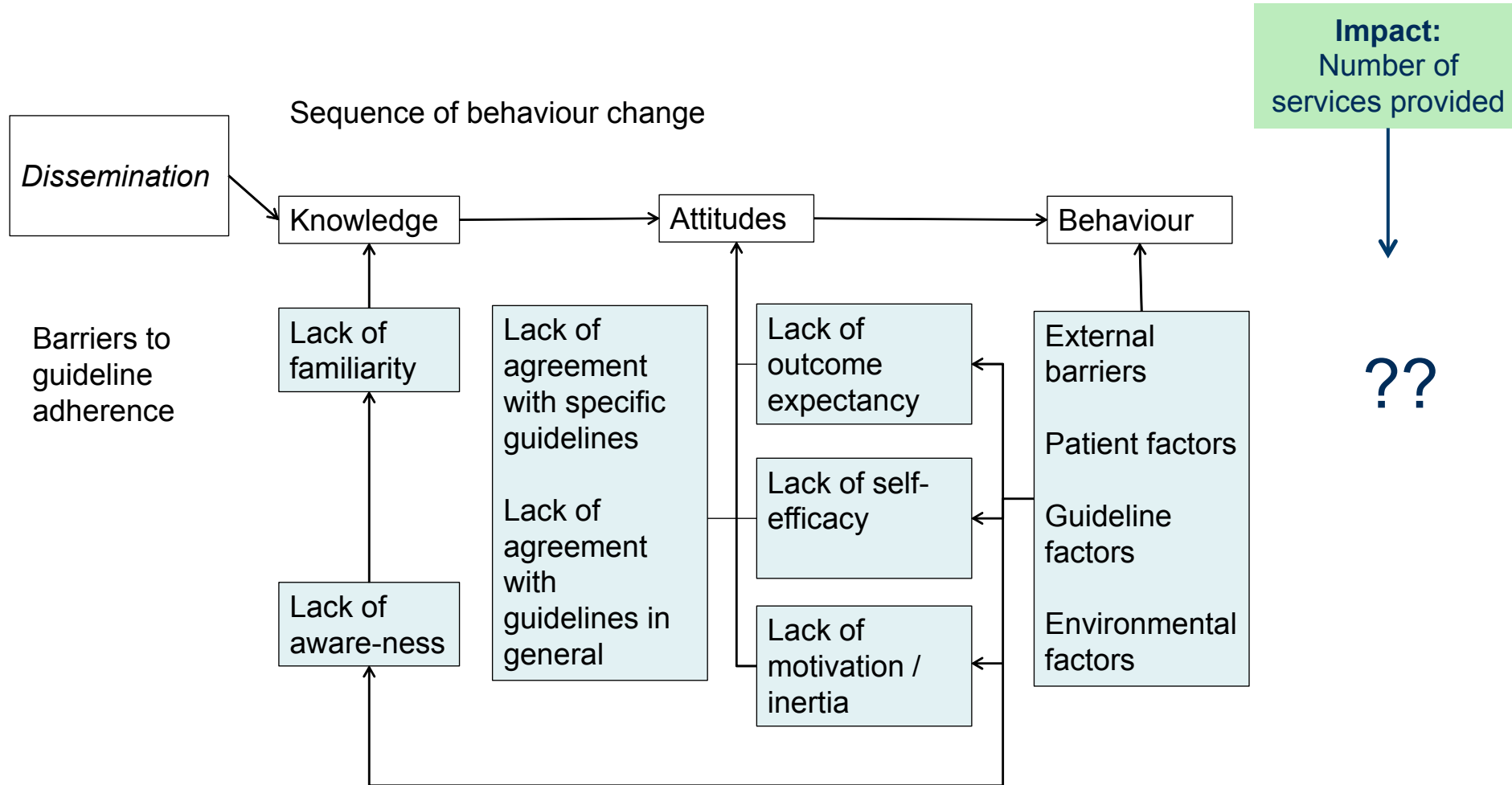
## Stellenwert des PSA-Wertes bei der Früherkennung des Prostatakarzinoms



Bericht vom 31. Oktober 2011

# Swiss Medical Board: Impact Evaluation

## Conceptual Framework of behaviour change



# Swiss Medical Board: Impact Evaluation Methods (1)

## Methodological Expert Group:

- Clinicians (GPs; traumatologist)
- Experts from social insurance system;
- Epidemiologist (expertise in guideline implementation);
- Expert for patient advocacy

**Design:** Observational study with interrupted time series analysis

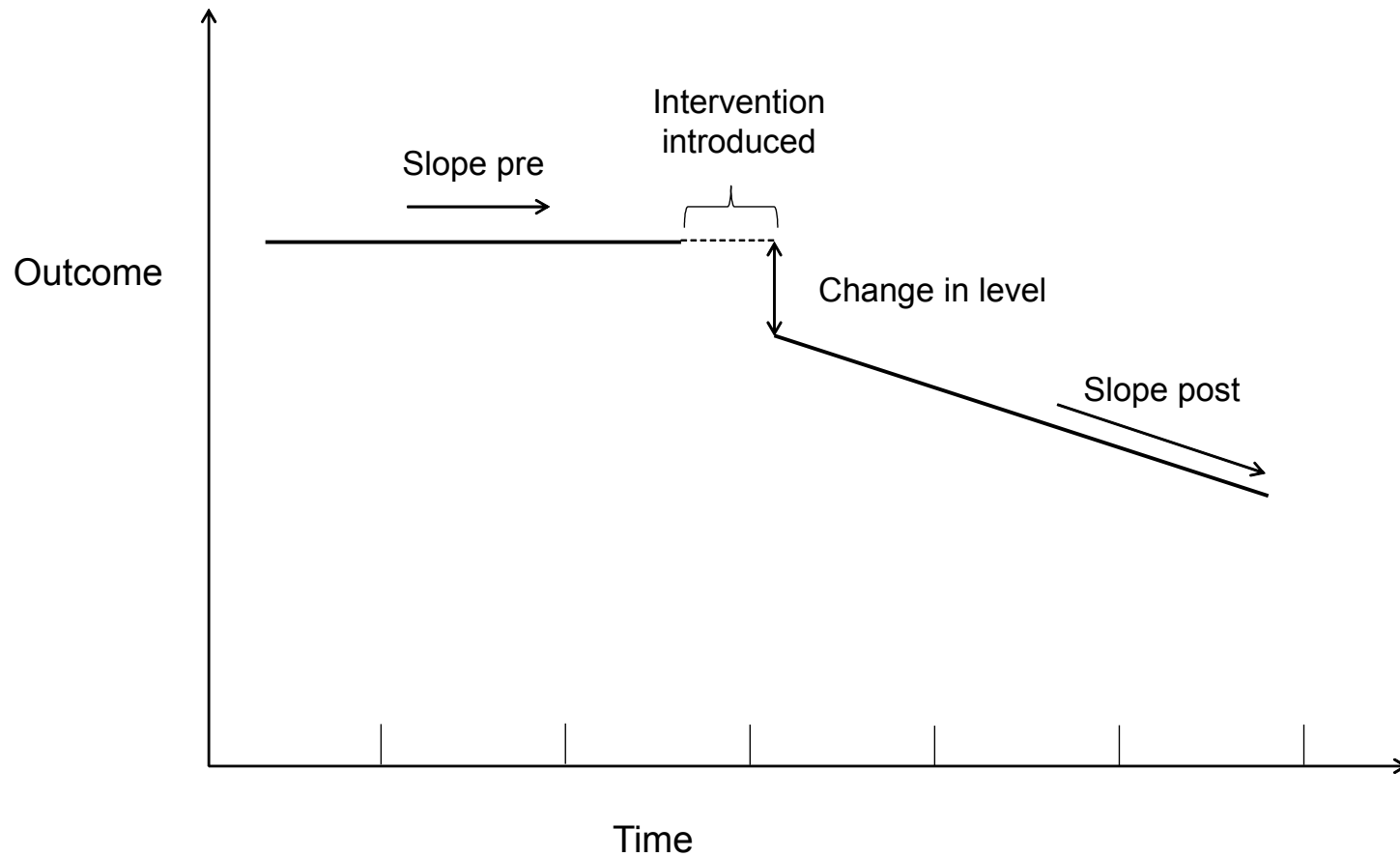
## Data sources:

|                           |   |
|---------------------------|---|
| Claims data (Helsana):    | quarterly PSA tests in 662,874 outpatients; aged 50 to 70 years (2005 to 2013)          |
| Registry data (SSUV*-DB): | annual rates of ACL repair surgery in 101,737 patients with knee injury (1990 to 2011). |

(\*Sammelstelle der Statistik der Unfallversicherung)

# Swiss Medical Board: Impact Evaluation

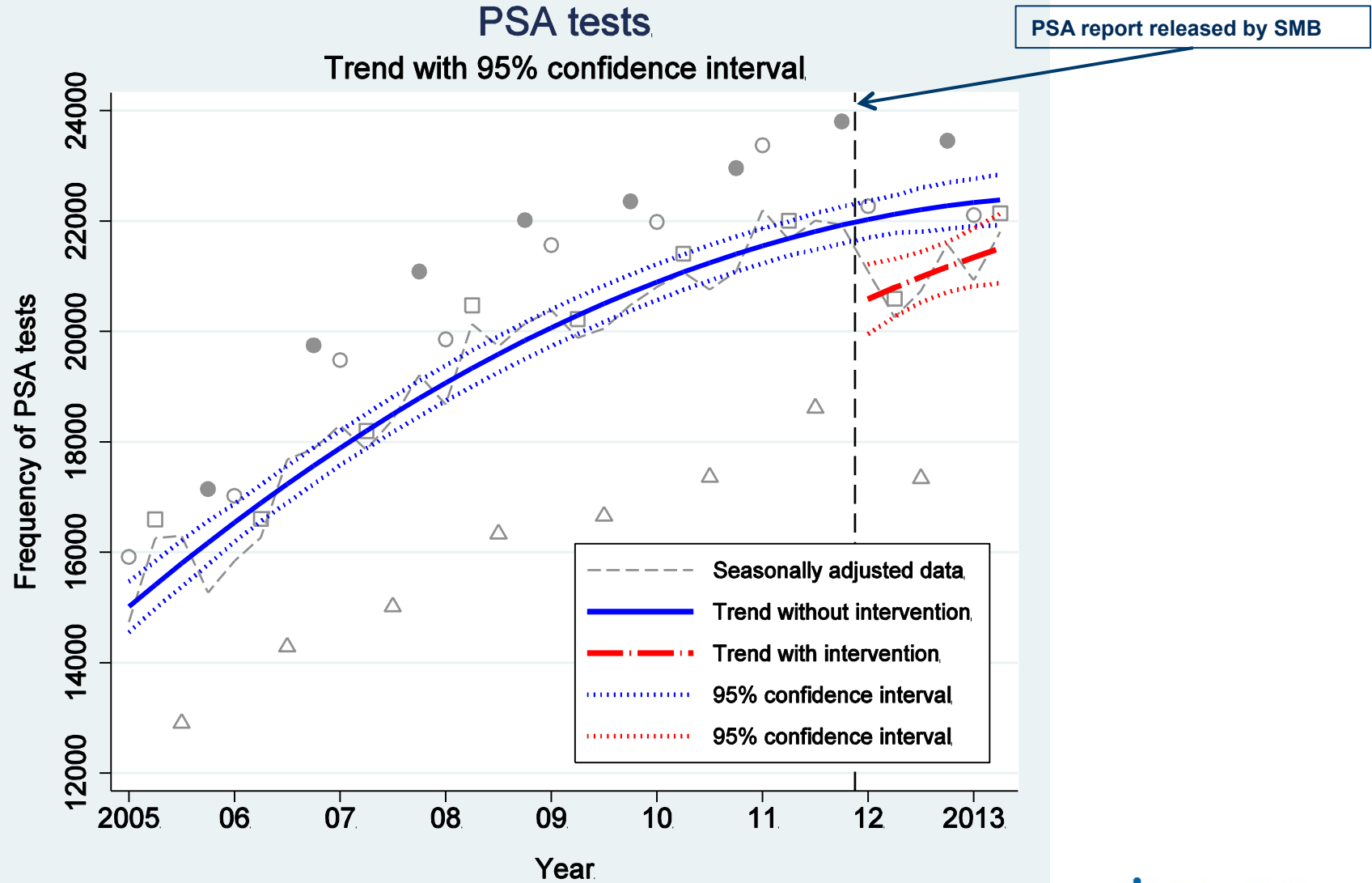
## Methods (2): interrupted time series analysis



Source:  
Adapted according to Matowe et. al., Clinical Radiology 2002(57):575-78

# Swiss Medical Board: Impact Evaluation

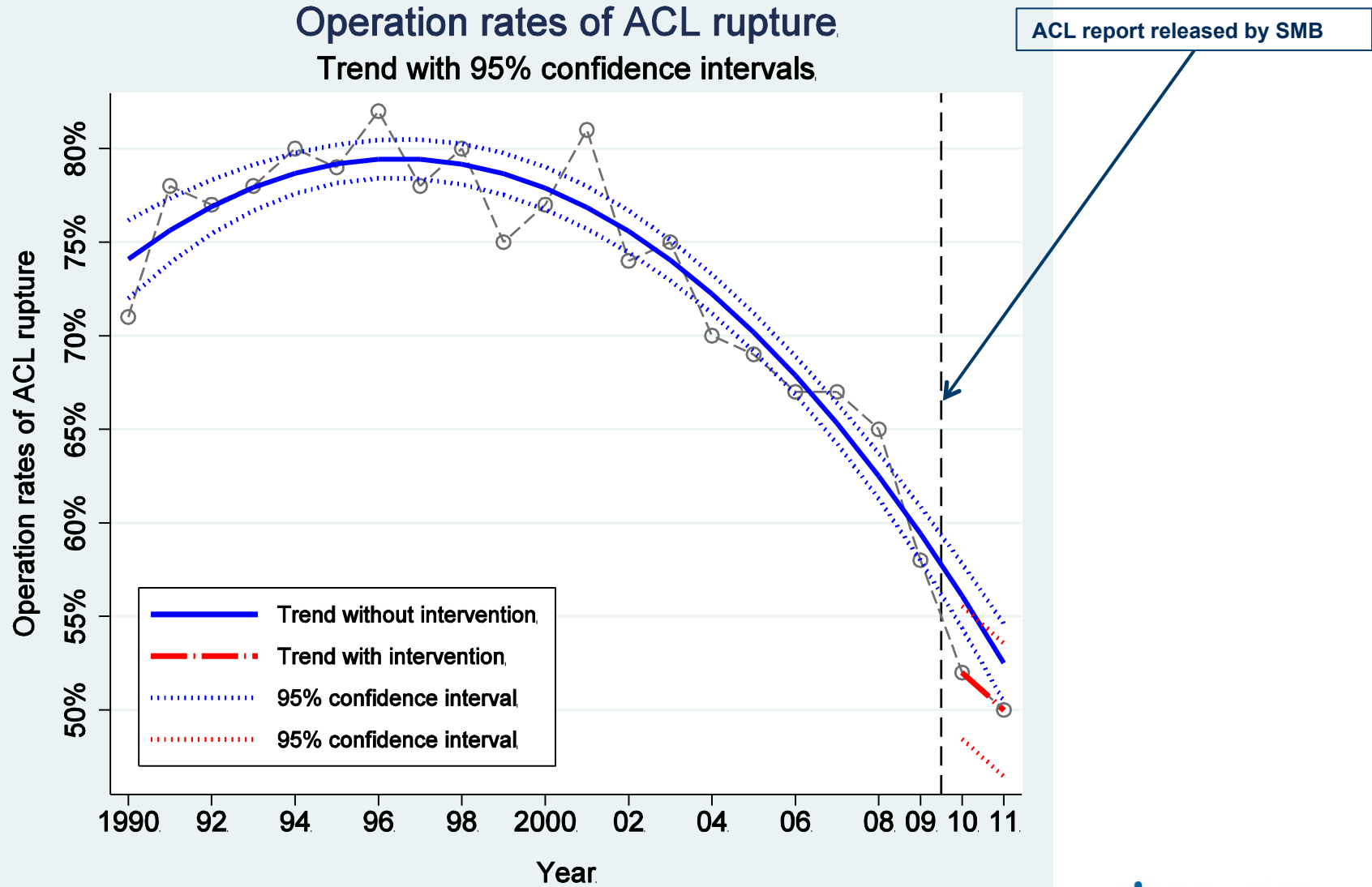
## Results (1): Number of PSA tests over time





# Swiss Medical Board: Impact Evaluation

## Results (2): Operation rates of ACL rupture over time



# Swiss Medical Board: Impact Evaluation

## Conclusions

### Conclusions:

- Some evidence of a possible change in services
- However, no sustained and significant impact of SMB recommendations on the provision of services (i.e. the number of PSA tests or the operation rate of ACL rupture)
- Longer term data are needed

### Limitations:

- Observational study (despite statistical adjustment residual confounding by co-interventions possible)
- Case study of 2 SMB reports only (Do results apply to other SMB reports?)
- Few post-intervention observations

# Swiss Medical Board: Impact Evaluation

## Further reading...



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## Impact evaluation of Swiss Medical Board reports on routine care in Switzerland: a case study of PSA screening and treatment for rupture of anterior cruciate ligament

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### Disclosures

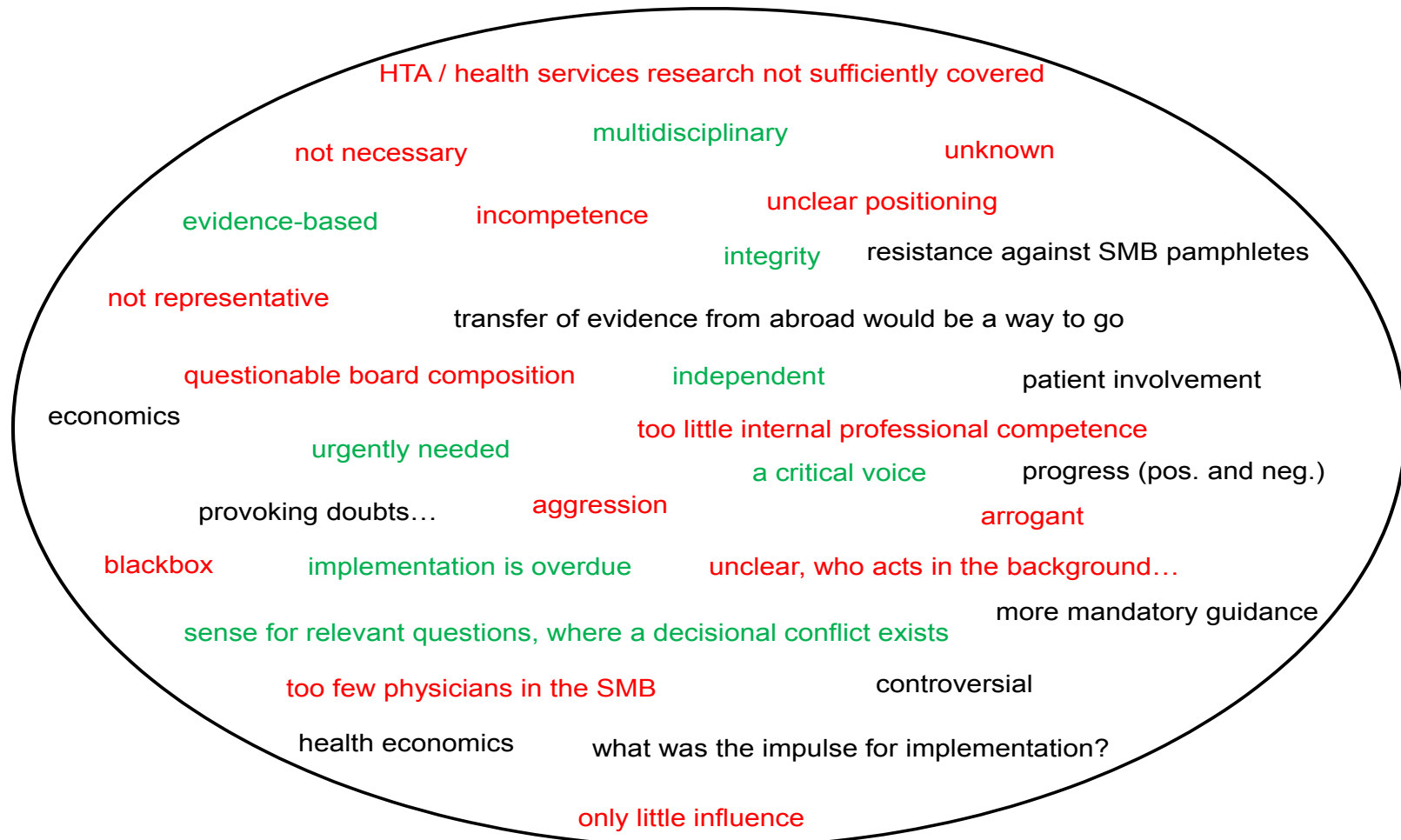
The study was commissioned by the Funding Body of the Swiss Medical Board. The funding source had no influence on design of the evaluation; on the selection, analysis, and interpretation of the data; on the writing of the manuscript; and the decision to submit the manuscript for publication.

**What does all that mean?**

**Is the work of the SMB meaningless...?**

# Swiss Medical Board: Possible reasons for the results: Attitudes of physicians

Interview: *“Please give three spontaneous associations, when you think about the Swiss Medical Board.”*



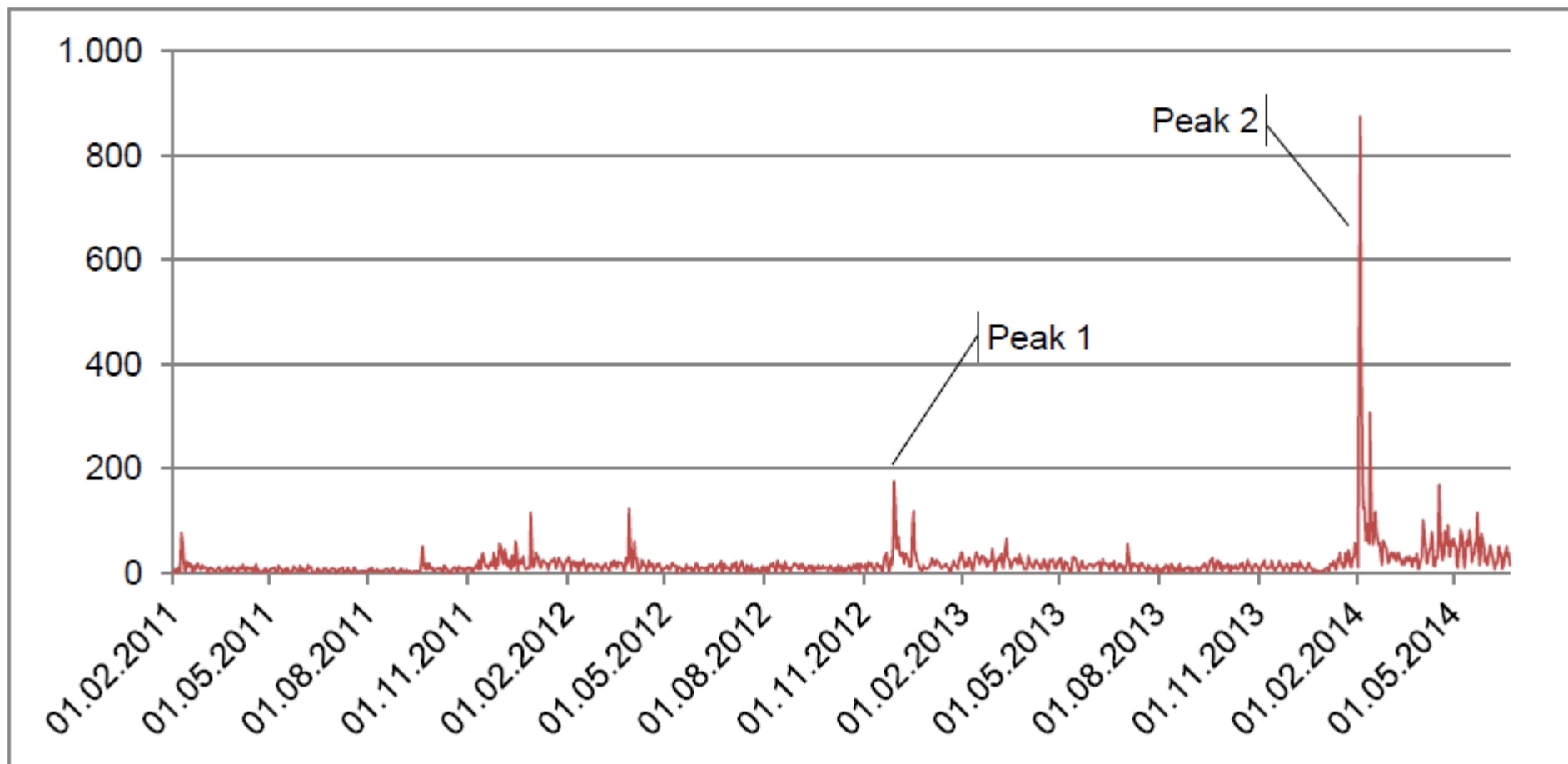
# Swiss Medical Board: Possible reasons for the results: Dissemination

**Web clicks (per day) on the homepage of the Swiss Medical Board**

ACL report: 2009 + 2013;      PSA report: 2011;

Peak 1: PSA + ACL patient leaflets;

Peak 2: SMB-Report on mammography screening



## What does all that mean?

### Open questions:

- **Have other PSA recommendations also had no effect?**

American Urologic Association Guidelines in 2009:

- no routine PSA screening for men aged 40 to 54
  - no PSA screening for men aged 55 to 69 without shared decision making
- **Which impact is possible, when ALC-repair rates are already declining?**

## Some examples:

Only small decline in PSA screening (registry data) for men over 75 years after recommendation not to screen this age group <sup>1</sup>

Minimal decline at best in PSA screening (self report) for men over 75 years <sup>2</sup>

No decline in mammography screening for women aged 40 to 49 in the US despite recommendation not to screen this age group <sup>3</sup>

Impact on ACL repair rates: we found no data....

Significant decline in HRT after Womens Health Initiative trial (2002)...

<sup>1</sup> Pace, Lydia E., Yulei He, and Nancy L. Keating. "Trends in mammography screening rates after publication of the 2009 US Preventive Services Task Force recommendations." *Cancer* 119.14 (2013): 2518-2523.

<sup>2</sup> Howard, David H. "Declines in prostate cancer incidence after changes in screening recommendations." *Archives of internal medicine* 172.16 (2012): 1267-1268.

<sup>3</sup> Sammon, Jesse D., et al. "Contemporary nationwide patterns of self-reported prostate-specific antigen screening." *JAMA internal medicine* 174.11 (2014): 1839-1841.



## HEALTH TECHNOLOGY ASSESSMENT

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### **The impact of the National Institute for Health Research Health Technology Assessment programme, 2003–13: a multimethod evaluation**

Susan Guthrie,\* Teresa Bienkowska-Gibbs,  
Catriona Manville, Alexandra Pollitt, Anne Kirtley  
and Steven Wooding

RAND Europe, Cambridge, UK

#### **Main conclusions:**

Impact on patients exists....(e.g. via change in practice)

Areas of improvement are clearly stated... (e.g. support dissemination;  
good relationship with researchers; continued monitoring)

## What could be the “impact of impact evaluations”?

- Increased awareness to evaluate the impact in real world settings
- Evidence-based information about the impact
- Possible sources for improvements of recommendations
- Contribution to increase value and reduce waste in health care

**But this has to be shown.....**

# Thank you for your attention!

*Do you have any questions / comments...?*

## Disclosures

The study was commissioned by the Funding Body of the Swiss Medical Board. The funding source had no influence on design of the evaluation; on the selection, analysis, and interpretation of the data; on the writing of the manuscript; and the decision to submit the manuscript for publication.

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