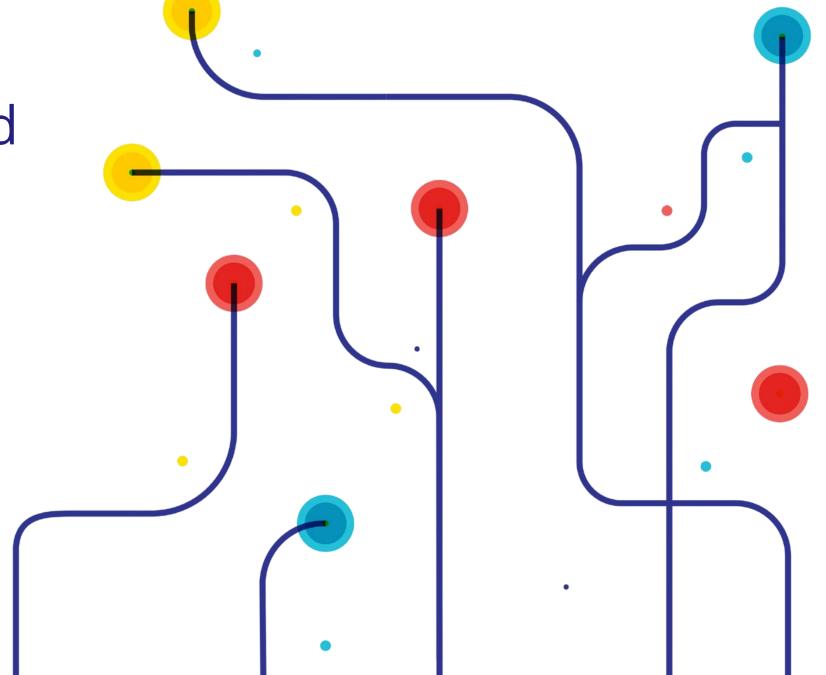
#### Swiss Healthcare Startups

A GUIDELINE TO REIMBURSEMENT OPTIONS

For digital therapeutics and health applications in Switzerland

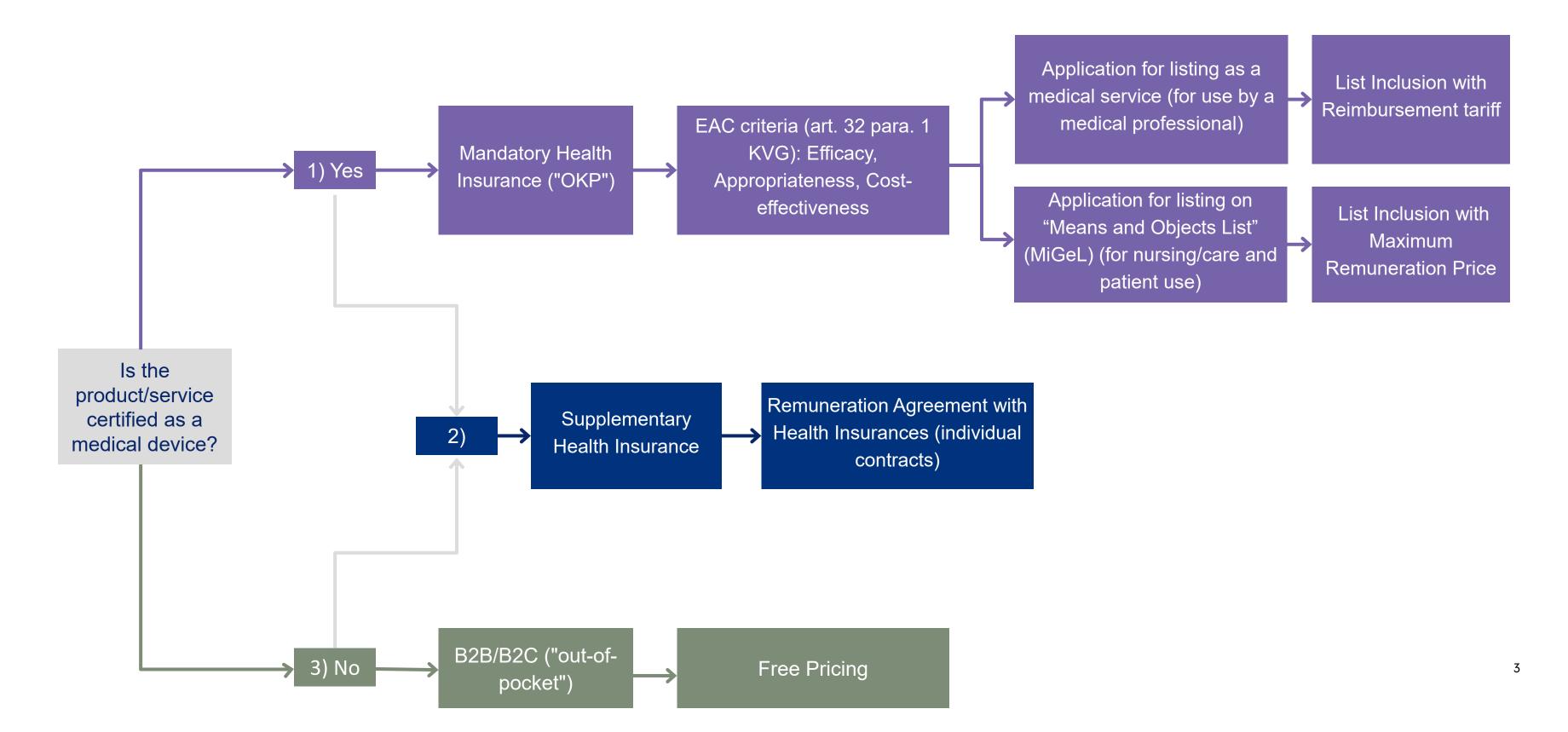


# Guideline document to DTx reimbursement in Switzerland



- Guidance to DTx reimbursement in Switzerland
- For startups, manufacturers and other interested parties
- Outlines benefits and challenges of different market access approaches
- Exemplary cases
- Created by different players from the Swiss health system

# Market access pathways in Switzerland



# 1. Mandatory health insurance

Addressable market	All Swiss residents have standard coverage. Patients can pick their insurer but insurance benefits are the same.
Focus	Covers basic medical care in case of illness or accident and maternity. Limited coverage on prevention.
Cost-coverage by insurance	Full coverage of cost, apart from annual deductibles of CHF 300 up to CHF 2500 CHF plus additional 10% of healthare costs up to 700 CHF/year («Selbstbehalt»)
Market principle	Reimbursement is based on existing and regulated tariffs for medical services, such as TARMED (outpatient care), DRGs (hospital care), MiGeL (patient use), analytics list or medication list.
Acceptance criteria	Approval on the Swiss market as a Medical Product (MDR II, FDA*) plus existing tariff position and listing required. The three criteria of effectiveness, appropriateness, and economic efficiency play a central role both in determining and reviewing mandatory services.  A Health Technology Assessment (HTA) may be required.

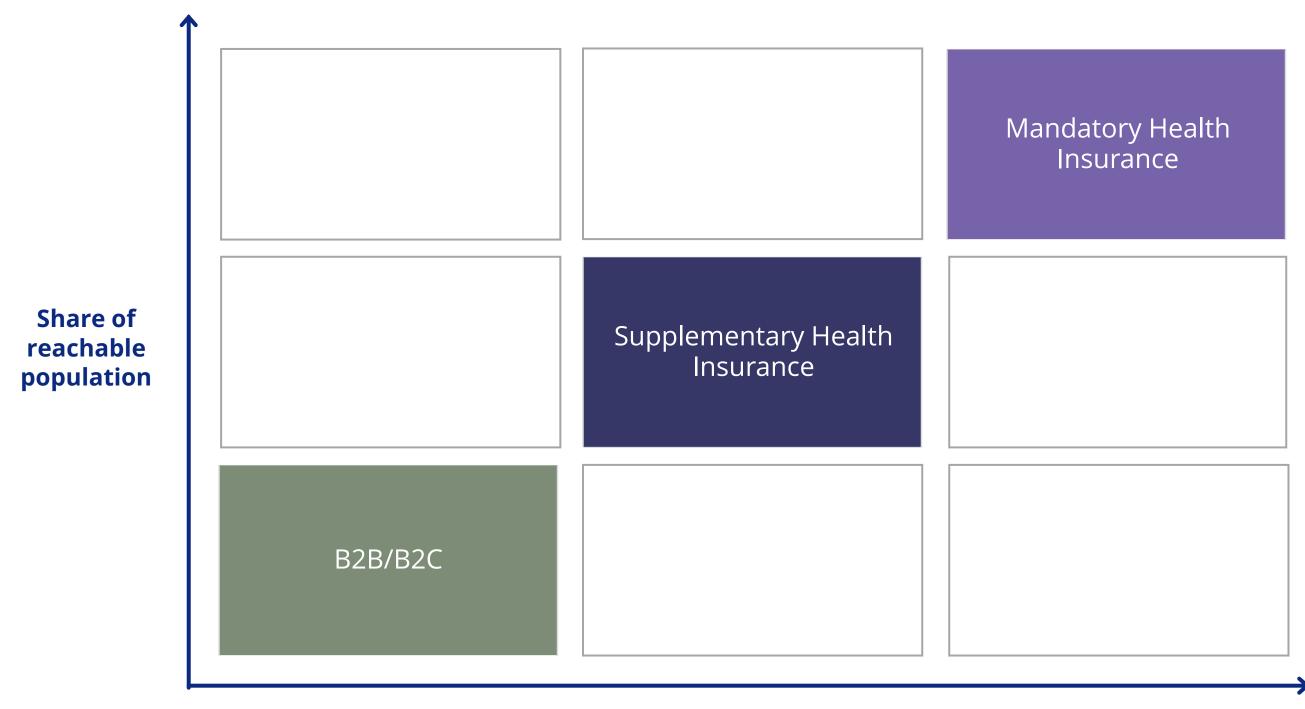
# 2. Supplementary Health Insurance

Addressable market	Estimated 70% of the Swiss population*** but with varying healthcare plan options
Focus	Covers health benefits that go beyond the mandatory insurance coverage, such as dental care, hospital upgrades, alternative medicine and prevention
Cost-coverage by insurance	Depending on the individual policy, typically between 50-90% up to a certain amount per year
Market principle (for suppliers)	<ul> <li>separate contract with each insurance necessary</li> <li>integrate into insurance products or into additional offerings of each health insurance company</li> </ul>
Acceptance criteria	It's a case by case decision by each insurance with criteria such as: - size of target market, - unmet patient needs - plausible cost savings Product / service may not be part of the mandatory health insurance.

# 3. B2B / B2C (Out-of-pocket) market - Direct Sales

Addressable market	Entire population or corporate market
Focus	Services that are not covered by any insurance, often with focus on prevention, customer retention or reduction of administrative burdens
Cost-coverage	(by insurance) None
Market principle	<ul> <li>B2B: Contractual agreements with corporates based on individual negotiations</li> <li>B2B2C: Value-based contracts for marketing &amp; distribution &amp; co-development of digital solutions</li> <li>B2C: Patients pays out-of-pocket for well needed services and supplies</li> </ul>
Challenges	• B2B & B2B2C: negotiations with corporates can be lengthy, exclusivity agreements might reduce market potential • B2C: usually results in high customer acquisition cost
Examples	<ul> <li>B2B: (private) hospitals - enhanced customer journeys, better patient retention, e.g. IVF treatment companion for fertility centers</li> <li>B2B: employer / occupational health - digital solutions which increase employee health and employee happiness, e.g. tracker for movement and healthy sitting at work desk</li> <li>B2B2C: pharma - digital solutions which strengthen and provide additional value to product portfolio, e.g. treatment adherence apps for chronic diseases</li> <li>B2B2C: distributors/ pharmacies - add-on to existing products &amp; solutions, e.g. telemedicine apps, home monitoring, wellness apps</li> </ul>

# Step-wise approach to access the Swiss market



#### Where to find the guideline

#### **SHS Website**

www.swisshealthcarestartups.com/en/reimbursement-guide



Available documents: Full guideline as PDF in German and English & short slide summary in English

### Thank you to all contributors

Andreas Eichmann (CSS), Alice Fiorentzis (WePractice), Sebastian Frese (Zurzach Care), Diana Hardie (SHS), Birte Jörn (sanitas), Stefan Kohler (Vischer) Andreas Marti (Roche), Michele Mühlemann (CSS) Angelina Rau (Vischer)