

Statement of the CCCM on price Supervisor's cost claim

As representatives of the medical microbiological laboratories in Switzerland, the CCCM (Coordination Committee for Clinical Microbiology) stands for the high quality of microbiological analyses ensuring a fast, efficient and optimal patient management. The recent assessment of the price Supervisor comparing the Swiss prices of analyses with the German prices attracted a strong media attention and hit the laboratories in a most vulnerable phase. For several reasons, these accusations are unjustified, unfair and without evidence.

First, the process of the revision of the analytic list with respect to cost efficiency (Transal2) was already in work -even before the SARS-CoV-2 pandemic- due to the increasing cost pressure on the health system in Switzerland. From a microbiological perspective, the technological developments, e.g., multiplexing different pathogen targets in a single molecular assay, justified a revision of the analyses. Nevertheless, one should not forget the high efforts that are deployed by the laboratories to keep high quality services as well as to offer analyses beyond the commercially-available molecular methods. For instance, a number of analyses are rejected by the laboratories due to inappropriate sample quality or because a previous similar analysis was already requested for the same patient by another doctor. To reject analysis and improve quality far beyond the analytical process requires knowledge and resources that are not directly reimbursed in the tariff positions. Moreover, regarding the upcoming new regulations for *in vitro*-diagnostics, it is fair to say that the costs for development and continuity of analyses will significantly increase. The CCCM is convinced that the flexibility of the laboratories is crucial to face, adjust and overcome unusual situations, like the recent SARS-CoV-2 pandemic, as well as to provide a full panel of diagnostic assays, beyond those that are commercially-available. Several laboratories provide a portfolio of tests for rare diseases, for which the number of tests requested is far below the number needed to cover the implementation costs. These tests cannot be automated and require more resources for their routine execution.

Second, the Swiss microbiological laboratories delivered huge efforts to drive the exploding demand of the SARS-CoV-2 molecular tests. During the last two years, the tariffs of the SARS-CoV-2 PCR analysis were adapted several times, depending on the number of analyses.

Third, we have to keep in mind that the costs for reagents, consumables, infrastructure and specialized staff are much higher in Switzerland than in Germany. Moreover, there are major differences in the organizational structure of the public health systems that distort and prevent direct cost comparisons of the two systems.

The FAMH formulated a comprehensive reply to the accusations of the price Supervisor and the CCCM strongly supports that statement (crosslinks to the FAMH statement):

German: <https://www.famh.ch/home/aktuelles/labormedizin-falsche-auslandpreisvergleiche-des-preisueberwachers-gefaehrden-das-gesundheitssystem/>

French: <https://www.famh.ch/home-fr-FR/actuel/labormedizin-falsche-auslandpreisvergleiche-des-preisueberwachers-gefaehrden-das-gesundheitssystem-fr-fr/>.

There are ongoing negotiations with the authorities of the FOPH regarding the revision of the analytic list. The success of the ongoing scientific and professional discussions should not be jeopardized by a misleading media wave.

The CCCM (in bold, the committee members supporting that statement):

André Burnens, Alexis Dumoulin, Adrian Egli, Hans Fankhauser, Gilbert Greub, Eric Grueter, Nadia Liassine, Reto Lienhard, Gladys Martinetti, Beatrice Nickel, Martin Risch, Jacques Schrenzel, Andrea Zbinden