



Universität
Zürich UZH

Institut für Biomedizinische Ethik und Medizingeschichte

The Swiss health care system –
features, challenges and opportunities



Forum for Health Policy

Stockholm, Sweden, 26 September 2017

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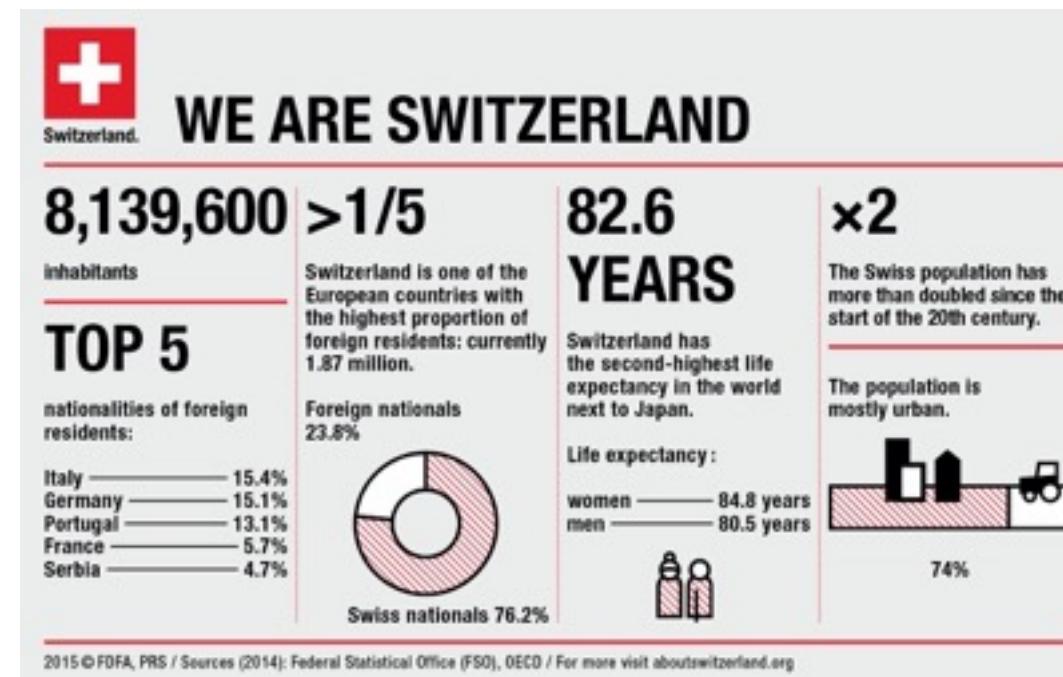
Institute for Biomedical Ethics and History of Medicine, University of Zurich, Switzerland



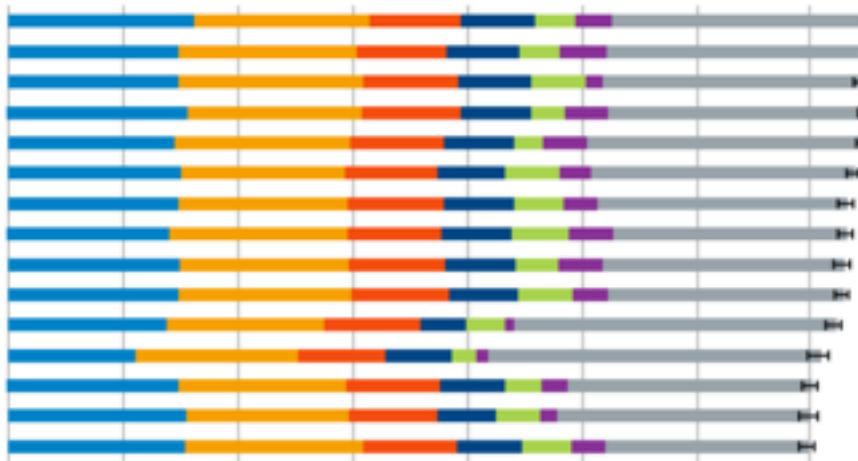
I. Features



- Federalism
- Direct democracy
- Multilingual
- International orientation



1. Norway (7.537)
2. Denmark (7.522)
3. Iceland (7.504)
4. Switzerland (7.494)
5. Finland (7.469)
6. Netherlands (7.377)
7. Canada (7.316)
8. New Zealand (7.314)
9. Australia (7.284)
10. Sweden (7.284)
11. Israel (7.213)
12. Costa Rica (7.079)
13. Austria (7.006)
14. United States (6.993)
15. Ireland (6.977)



Top-ranked countries by average levels of happiness from 2014 to 2016.

- | | |
|--|---|
| ■ Explained by: GDP per capita | ■ Explained by: generosity |
| ■ Explained by: social support | ■ Explained by: perceptions of corruption |
| ■ Explained by: healthy life expectancy | ■ Dystopia (1.85) + residual |
| ■ Explained by: freedom to make life choices | ■ 95% confidence interval |





International Health Care System Profiles

COUNTRY PROFILES HEALTH SYSTEM FEATURES % HEALTH AND SYSTEM STATISTICS SURVEY DATA



SWITZERLAND

The Swiss Health Care System

by Isabelle Sturny, Swiss Health Observatory

JUN 24, 2016 - 12:06

Twenty years since Switzerland adopted then-controversial mandatory basic health insurance, an overwhelming number of Swiss are satisfied with their national healthcare system – but are less positive about their own health.



- Wealthy country
- High life expectancy and quality of life
- Universal access to health care
- Comprehensive health benefit package
- Patient satisfaction with health care





≡ Forbes

APR 29, 2011 @ 05:27 PM 316,018 Ⓛ

Your Ultimate Guide to Buying Bitcoin

Why Switzerland Has the World's Best Health Care System

theguardian

Swedish healthcare is the best in the world, but there are still lessons to learn



Perspective

DECEMBER 3, 2015

INTERNATIONAL HEALTH CARE SYSTEMS

Individual Responsibility and Community Solidarity — The Swiss Health Care System

Nikola Biller-Andorno, M.D., Ph.D., and Thomas Zeltner, M.D.

Over the years, the Swiss health care system has repeatedly been mentioned by commentators as a potential model for the United States. Switzerland,

and approve the payment mechanism (mostly fee for service in ambulatory care and case-based payments [based on diagnosis-

What seems to be working fairly well?

Access
Solidarity



Choice
Personal responsibility



- Mandatory health insurance for all residents in Switzerland
- Universal access to a comprehensive benefit package
- Community rating
- Subsidies for economically weaker individuals

- Insurance market (60+ insurers)
 - > private on-top insurance
 - > comparative platforms
 - > programs/profiles (health competency, fitness apps etc.)
- Different insurance models (standard: free choice of physician, GP, telemedicine, managed care)
- Range of annual deductibles (300 – 2500 CHF)
- Co-pay (10%) and out-of-pocket expenses

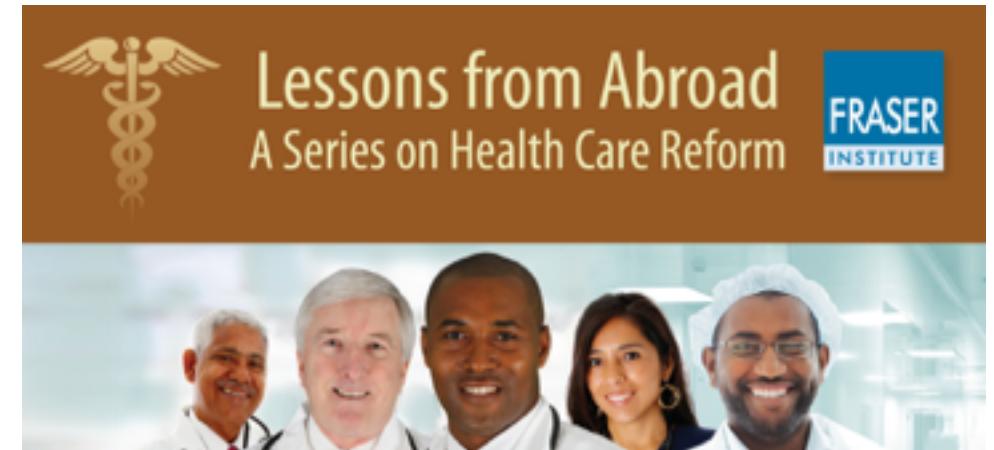


August 2013

Health Care Lessons from Switzerland

by Nadeem Esmail

„the Swiss model provides universal coverage in an insurance premium-funded system characterized by competition between independent insurers, competition between providers, consumer choice of health plan characteristics, and a high level of consumer responsibility.“





A large red square background features a white cross centered in the middle. Overlaid on the cross is the text "II. Challenges" in a bold, blue, sans-serif font.

II. Challenges

Health spending

Total / Public / Private, % of GDP, 2016

Source: Health expenditure and financing: Health expenditure indicators

Show:

Chart

Table

fullscreen

share

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My pinboard ▾

18

16

14

12

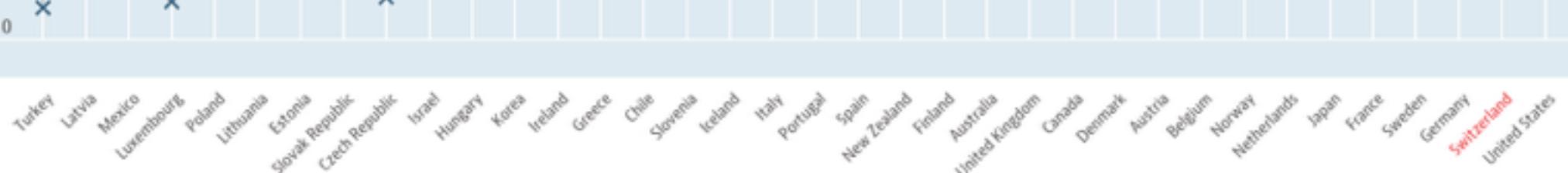
10

8

6

4

2



● Total

◆ Public

✖ Private

Switzerland 2016
Total
12.4
% of GDP

Roadmap «Nachhaltiges Gesundheitssystem»

Aktuell

- > Ziele der Roadmap
- > Blog
- > Arbeitsgruppe
- > Archiv



Im Dezember 2012 haben die Akademien der Wissenschaften Schweiz im Rahmen des Projekts **> Nachhaltiges Gesundheitssystem** eine Roadmap veröffentlicht; diese formuliert sieben **> Ziele**, skizziert die dazugehörigen Massnahmen und legt dar, in welchem Zeithorizont welche Akteure aktiv werden müssen. Ende 2017 läuft die Roadmap aus. Es ist erfreulich zu sehen, dass die Mehrzahl der geforderten Massnahmen entweder bereits umgesetzt oder zumindest in Angriff genommen wurden.

Fokus auf «Interprofessionalität» und «Fehlanreize»

Die zuständige Arbeitsgruppe hat beschlossen in nächster Zeit vor allem zwei Themen intensiv zu bearbeiten: «Interprofessionalität» und «Fehlanreize». Beide Themen waren in der Roadmap prominent vertreten und stehen im Moment weit oben auf der gesundheitspolitischen Agenda.

Blog - Diskutieren Sie mit!

Die entsprechenden Diskussionen, Aktivitäten und Vorstösse werden wir auf dieser Website begleiten und kommentieren. Aktuelle Ereignisse diskutieren wir in unserem **> Blog**.

Folgen Sie uns auf Twitter!

Über neue Artikel sofort informiert werden:
> @RoadmapG

Blog - Diskutieren Sie mit!

Aktuelle Ereignisse rund um das Gesundheitssystem der Schweiz diskutieren wir in unserem Blog.

Lesen Sie den neusten Beitrag:
> Markus Zürcher: «Ein unqualifizierter Rundumschlag»

Tweets by [@RoadmapG](#)

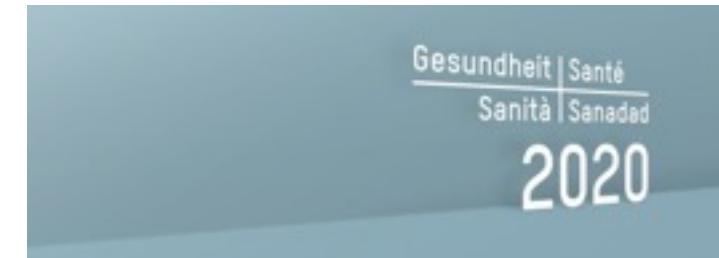
**Roadmap Gesundheit** @RoadmapG

Hohe #Vermittlerprovisionen bei #Krankenkassen

**Ein nachhaltiges
Gesundheitssystem für die
Schweiz**



The Federal Council's health-policy priorities



However, the present system also has weaknesses. Its transparency is limited, there is no targeted management, the statistical and analytical basis is incomplete, and there are perverse incentives which give rise to inefficiencies and unnecessary costs. Furthermore, Switzerland invests too little in prevention and in early detection of diseases, and the poor quality of the services provided in some instances often goes unrecognized.



OECD Reviews of Health Systems
SWITZERLAND

2011

17/10/2011 - Swiss residents currently enjoy easy access to a wide range of health care services and a vast array of choice in insurers and health care providers.

However, in their [Review of Switzerland's Health Care System](#), the OECD and the World Health Organization warn that while the Swiss health system is currently amongst the best in the world, it will need to adapt to deal with increasing costs and rising chronic diseases such as cancer, cardiovascular disease and diabetes.

Further OECD/WHO recommendations to improve value for money in Switzerland and prepare the system for future health challenges include:

- Assessing the clinical and cost effectiveness of health services;
- Increasing the scope for value-based competition in health insurance, for example by allowing insurers to contract selectively with providers
- Continuing with the implementation of funding hospitals based on the cases they deliver (DRGs), coupled with safeguards to avoid unwarranted increases in the number of services, and preventing undesirable subsidisation of inefficient hospitals;
- Pursuing further pharmaceutical reforms, encouraging patients to buy generic drugs and reducing the role of physicians in dispensing drugs.
- Monitoring the impact of health costs on households, such as high out-of-pocket payments and high-deductibles for insurance.



Core challenges

1. The incidence of chronic diseases will increase
 - > prevention, early detection, health promotion
2. The way health care is delivered will have to change
 - > better coordination, use of e-health, patient orientation
3. The financial basis of the continually growing health sector must be safeguarded
 - > exhaust efficiency reserves (avoid duplication of services etc.)
4. The lack of manageability and transparency must be eliminated
 - > better data, collaboration between the federal government and cantons



III. Opportunities



What might work fairly well

Patient empowerment:

- information
 - > evidence-based (quantitative and qualitative)
 - > in plain language
 - > unbiased by commercial interests
- decision aids
- suitable interfaces (EHR)/documentation of preferences



Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ) 118-119 (2016) 91–93



Contents lists available at [ScienceDirect](#)

Z. Evid. Fortbild. Qual. Gesundh. wesen (ZEFQ)

journal homepage: <http://www.elsevier.com/locate/zefq>



Schwerpunktreihe / Special Section „Appropriate Health Care“

Medicine and economics: future perspectives

Position paper issued by the Swiss Academy of Medical Sciences

- **Actively involve patients**
- Create a culture that promotes openness and critical reflection
- Improve compensation and incentive structures
- Improve the existing certification process
- Carry out targeted data collection and analysis



Euro Health Consumer Index 2016^[4]

Country	Overall ranking	Total score	Patient rights and information score	Accessibility (waiting times for treatment) score	Outcomes score	Range and reach of services score	Prevention score	Pharmaceuticals score
Netherlands	1	927	122	200	288	125	107	86
Switzerland	2	904	111	225	288	94	101	86
Norway	3	865	125	138	288	115	119	81
Belgium	4	860	104	225	250	109	95	76
Iceland	5	854	115	163	288	115	113	62
Luxemburg	6	851	101	200	263	104	107	76
Germany	7	849	104	188	288	83	101	86
Finland	8	842	108	150	288	115	101	81
Denmark	9	827	111	150	275	115	95	81
Austria	10	826	108	200	238	99	101	81
France	11	815	90	188	263	94	95	86
Sweden	12	786	104	100	275	125	101	81

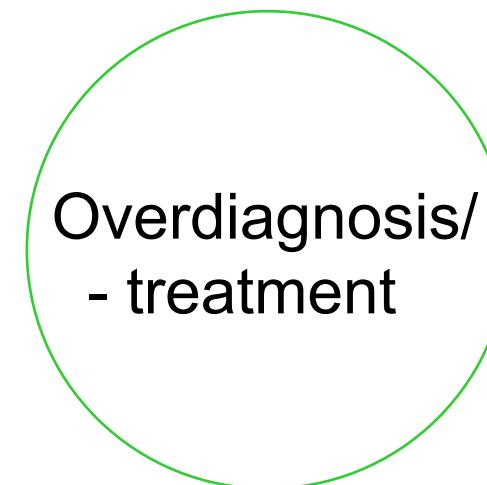
Circulus virtuosus

Better understanding of patient perspectives

- Patient narratives (cave: blind spot: quality of indication)
- Quantitative studies of patient expectations/preferences/values

Enable informed choice

- Comprehensive information
- Fact sheets (for patients AND providers)
- State of the art risk communication
- Decision aids



Use of e-health (records)

- Patient values in chart
- Results of decision aids as basis for face-to-face consultation
- Online platforms

Provider guidance

- Training in communication/SDM
- Clinical practice guideline reviews/guidelines for guidelines
- Performance indicators (coordination of care, quality of indication)
- Remove dysfunctional incentives



The screenshot shows the homepage of the Swiss Medical Board. The header features the text "swiss medical board" over a background image of various medical bottles and containers. Below the header are language links "DE | FR" and navigation links "Home | Contact | Sitemap | Print | Search". A dark red horizontal bar contains links for "Aktuelles", "Organisation", "Fachberichte", "Umsetzung", "Methodik", "Intranet", and "Kontakt". The "Aktuelles" link is highlighted in white. The main content area has a light blue sidebar with "Medienmitteilungen" and "Veranstaltungen" links. The main text area is titled "Was wir tun" and describes the board's mission. To the right, a vertical column lists "Jahresbericht" links for the years 2012 through 2016.

swiss medical board

DE | FR

Home | Contact | Sitemap | Print | Search

Aktuelles Organisation Fachberichte Umsetzung Methodik Intranet Kontakt

Aktuelles

Medienmitteilungen

Veranstaltungen

Was wir tun

Das Swiss Medical Board analysiert und beurteilt diagnostische Verfahren und therapeutische Interventionen aus der Sicht der Medizin, der Ökonomie, der Ethik und des Rechts. Dabei geht es im Kern um die Beurteilung des Kosten-Wirksamkeits-Verhältnisses medizinischer Leistungen, die über die obligatorische Krankenpflegeversicherung finanziert werden. Daraus werden

[Jahresbericht 2016](#)
[Jahresbericht 2015](#)
[Jahresbericht 2014](#)
[Jahresbericht 2013](#)
[Jahresbericht 2012](#)

Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline

BMJ 2017;357 doi: <https://doi.org/10.1136/bmj.j1982> (Published 10 May 2017)

Cite this as: BMJ 2017;357:j1982

Population



People with degenerative knee disease

Including people with or without:

- Radiographic evidence of osteoarthritis i
- Mild to severe osteoarthritis
- Mechanical symptoms i
- Acute onset knee pain i
- Meniscal tears i

Choice of intervention

Arthroscopic surgery

Arthroscopic surgery with or without partial meniscectomy or debridement

Conservative management

Any conservative management strategy (exercise therapy, injections, drugs)



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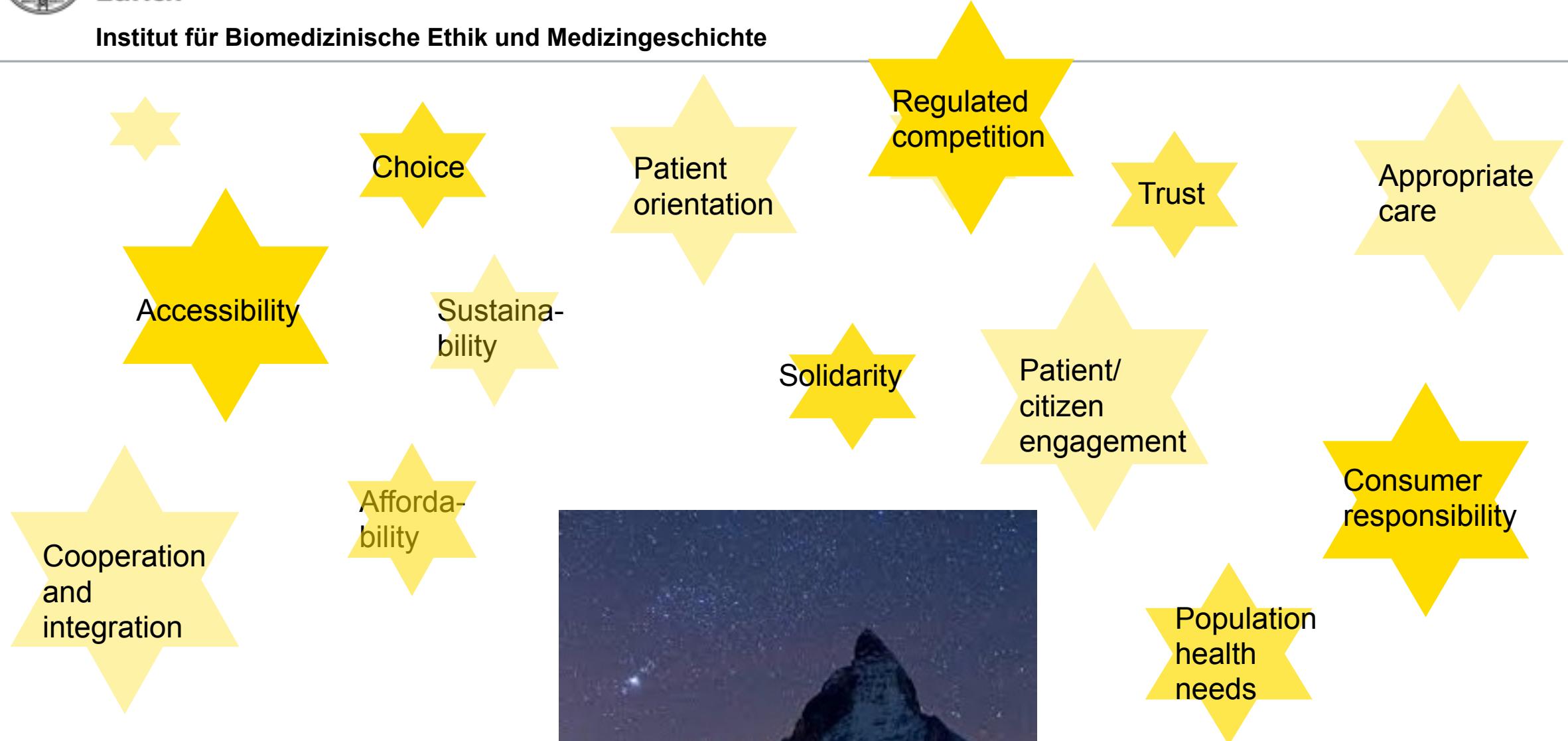
Health Professionals

Patients' experiences shared on film.

Related:

- ▶ Using healthtalk.org for training
- ▶ Trigger films for service improvement
- ▶ Patients tell us what makes good healthcare

“ It gives us a unique look at what it's like to be on the receiving end. ”





Thanks for your attention, and...



... we are looking
forward to
learning from
Sweden!



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