

## Swiss Health System

Annual Meeting Vermont «Blueprint of Health»

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## AGENDA

- I. Characteristics of the Swiss Health System
- II. Public Health: Prevention Programs
- III. Summary: Assets & Challenges
- IV. Future: Health Agenda 2020 (Integration)

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## I. Characteristics of the Swiss Health System

### Social and economic context

- 4 national languages: german, french, italian, romanish
- Population: 7.7 million (2011)
- Gross domestic product: 535 CHF billion (2009)
- Unemployment rate: 3.9 % (2010)
- Life expectancy: 79.8 (men) / 84.6 (worr)



## Political and Administrative Structure: How is the health care system organized? What are the governance structures?

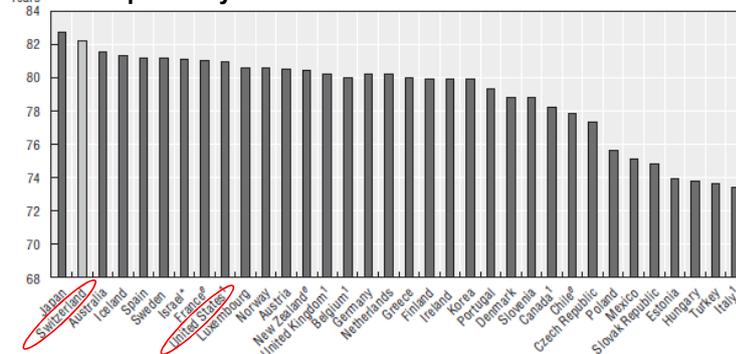
- Federal state (26 cantons), unites interests of cantons and country
- Decentralization of power
- Federalism/Subsidiarity principle
- Own constitution, parliament, government and courts
- Historically a highly fragmented care system; no overarching federal framework



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## Health Outcomes: Switzerland Compares Well...

Life expectancy at birth in OECD countries



e: Estimates.

1. Data refer to year 2007.

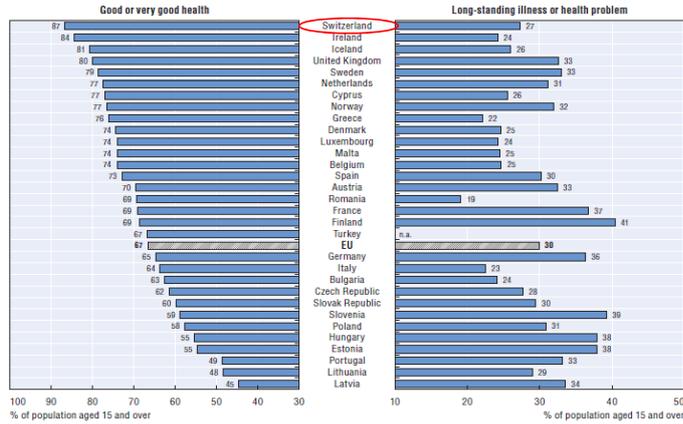
\* Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

Source: OECD health data, 2010

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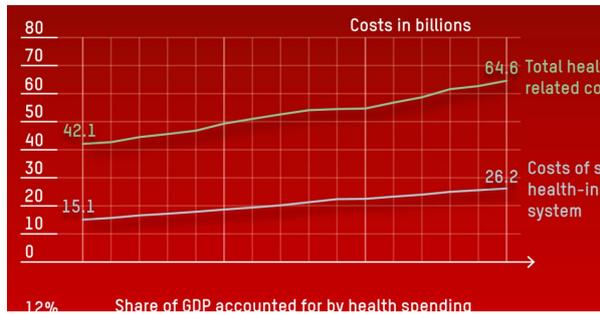
## Swiss People Feel Healthy

1.10.1. Adults' self-reported health status, 2008



Source: EU-Statistics on Income and Living Conditions survey; OECD Health Data 2010; Swiss Federal Statistics Office.

## But with High Health Expenditures



## What is covered and who is eligible?

### Mandatory health insurance is private, but not-for-profit:

- **Universal coverage** with an extensive standardized benefit package through privately organized health insurance
- Full mobility between health insurers; obligation to **accept all applicants** (no formal risk selection)
- Implementation of a **risk equalization** scheme
- **Regulated market model**: Combination of private competition and state regulation
- **Subsidies** for low-income people

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## How is the Swiss Health System financed?

### Four Sources of payment

1. **Social insurance** : a) Health insurance law (KVG);  
b) Others (Accident, Old age & Disability, Military insurance)
  2. **State**: Government & mainly cantons
  3. **Households: out-of-pocket (cost-sharing, directly)**
  4. **Private insurance**: Voluntary (supplementary) insurance (LCA)
- Culture of **self-responsibility** (deductibles, co-payment, out of pocket)
  - Government **premium subsidies** for people with low income

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## Who is responsible for Health Services?

Cantons are responsible for delivering all types of health services

## Who owns the hospitals? How are hospitals and specialists paid?

- Public Hospitals are owned and run by **Cantons, municipalities or foundations** (Emergency: delivered by public hospitals)
- Specialist hospitals are often privately owned
- Hospital doctors and health professionals are salaried
- Hospital payments are case-based since 2012 (Diagnosis-related groups (DRGs)). Cantons cover at least 55% of the remuneration

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## How is primary care organized?

- **Ambulatory care:** mainly physicians (single-practices (60%); self-employed; payment: fee-for-service)

### Integrated care in Switzerland (= horizontal integration)

- Swiss physician networks = integrated medical groups (IMG) and individual practice associations (IPA)
- Staff model: physicians employed by the insurance company owning the network
- Group model: physicians owning the network

All in common: gatekeeping (by GPs, call centers)

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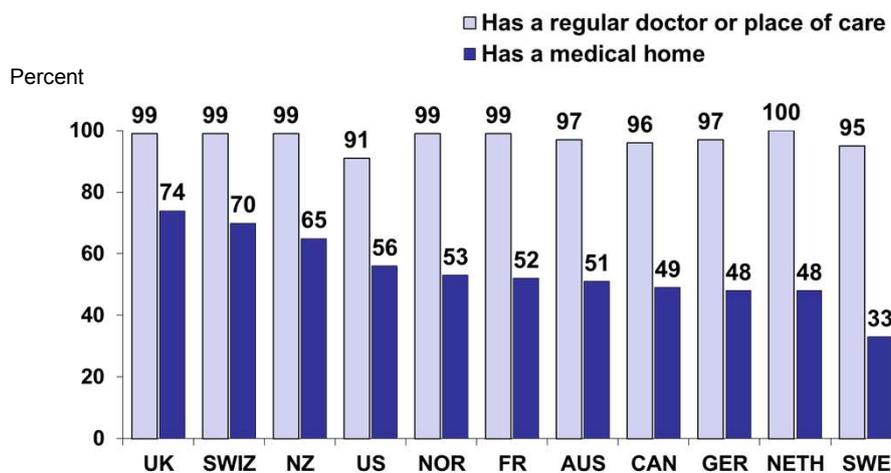
## Medical Homes

Percent	AUS	CAN	FR	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
Has a regular doctor or place of care . . .	97	96	99	97	100	99	99	95	99	99	91
. . . who is accessible . . .	79	70	91	85	89	91	80	83	89	90	80
. . . knows you . . .	84	80	88	91	79	89	76	66	96	94	84
. . . and helps coordinate your care	66	71	60	56	59	72	67	42	80	83	71
<i>Has a medical home*</i>	51	49	52	48	48	65	53	33	70	74	56

\* 1) Has a regular doctor/place; 2) able to get appointment same/next day last time sick and/or regular place of care always/often calls back the same day to answer question; 3) someone at regular place of care always/often knows important information about medical history; and 4) regular practice always/often helps coordinate and arrange care from other doctors/places and/or one person responsible for all care received for chronic condition.  
Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.

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## Patients with a Regular Doctor versus a Medical Home



Source: 2011 Commonwealth Fund International Health Policy Survey of Sicker Adults in Eleven Countries.

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## II: Public Health

### What is the area of Public Health?

The **Public Health Directorate** promotes “health literacy and health protection among the Swiss public”

The directorate's work includes

- **Healthy lifestyles**
- prevention of **non-communicable diseases** and **addiction**
- Monitoring and Combating of **communicable diseases**, crisis management strategies for pandemics.
- **biomedicine and high-end medicine**
- legislation & implementation and enforcement.

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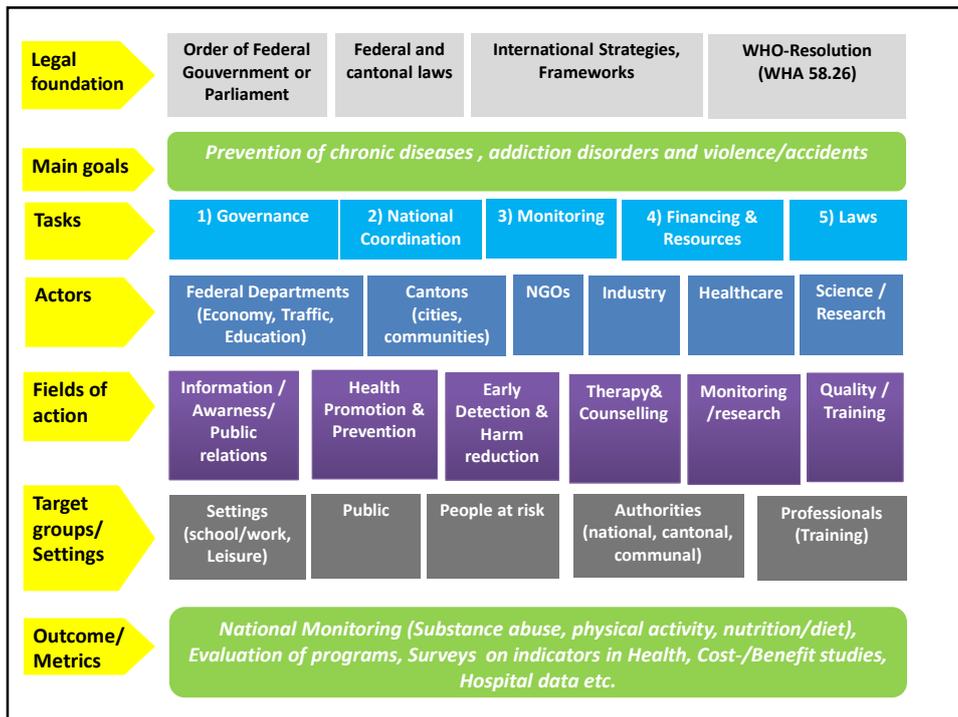
## Department of Prevention Programs

55 Collaborators in 5 Sections:

- (1) Research (2) Alcohol (3) Tobacco (4) Physical Activity & Diet,  
(5) Illegal Drugs



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Behavioural / Individual	Structural / Environmental
<ul style="list-style-type: none"> <li>• Awareness Campaign</li> <li>• Projects in Schools, Workplace, communities</li> <li>• Obesity guidelines</li> <li>• Health Coaching</li> <li>• Smoking cessation</li> <li>• Swiss Mobil...</li> <li>• ...</li> </ul>	<ul style="list-style-type: none"> <li>• Bike paths</li> <li>• Food composition</li> <li>• Healthy food in Cafeterias</li> <li>• Tax on cigarettes, alcohol</li> <li>• Smoking ban...</li> <li>• ...</li> </ul>

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## Examples: Public-private Partnership

### You are:

- **Involved in supermarkets** and plan to rearrange the shelves in all your subsidiaries to highlight products low in calories or other products derived from local agriculture.
- An **institutional player bringing together experts in urban planning** working on planning models favouring the movement of individuals.
- A **large company** which has decided to adopt quality standards for healthy nutrition.
- A **well-known make of sports articles** and you are setting up specific actions regardless of the physical condition of the individual.
- A **big company in the ag-ro-food industry** and are developing a large-scale initiative to reduce the consumption of sugar or salt.
- A **public transport company** and are launching actions in favour of access of the population to regions for open-air activities.

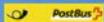
There are many examples, but the potential is inexhaustible...

**actionsanté** is your partner









Welcome to SwitzerlandMobility,  
 the network for non-motorized traffic

deutsch  
 français  
 italiano

<a href="#">Hiking in Switzerland</a>		<a href="#">Map</a>
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Schweizerische Eidgenossenschaft  
 Confédération suisse  
 Confederazione Svizzera  
 Confederaziun svizra

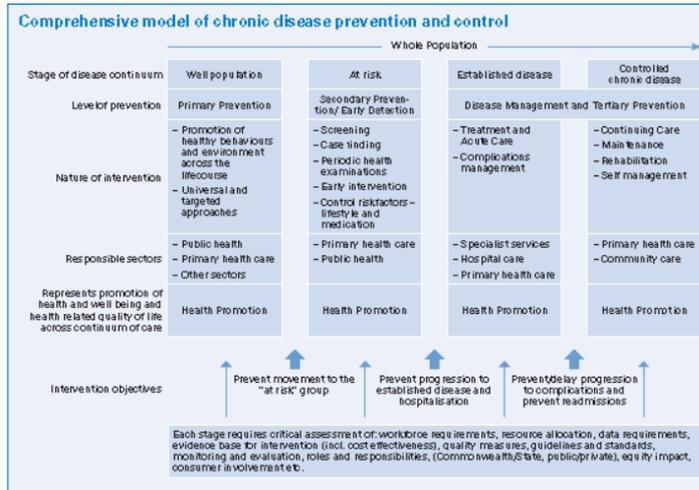
Swiss Confederation

## «Alcohol Awareness Campaign» Week of Dialogue 2013



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## 2. Approach: Integration & Continuum of Care



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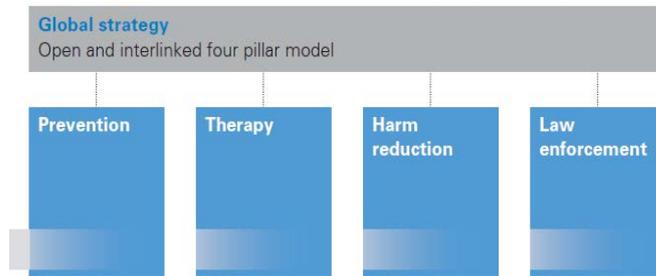
## Example: Health Coaching



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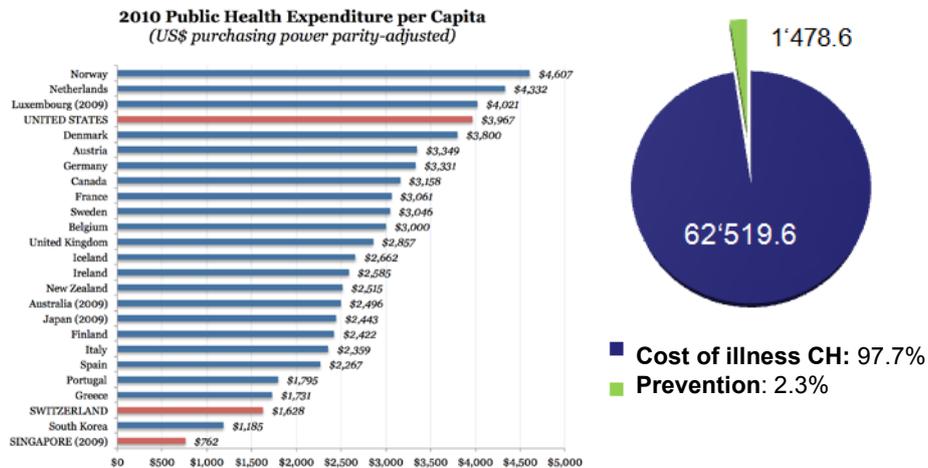
## Example of Integration: Drug Policy

1. **Courage:** readiness to learn - guided as a bottom up process
2. **Change:** Paradigm of acceptance instead of abstinence
3. **Multidisciplinary:** cooperation policing and harm reduction



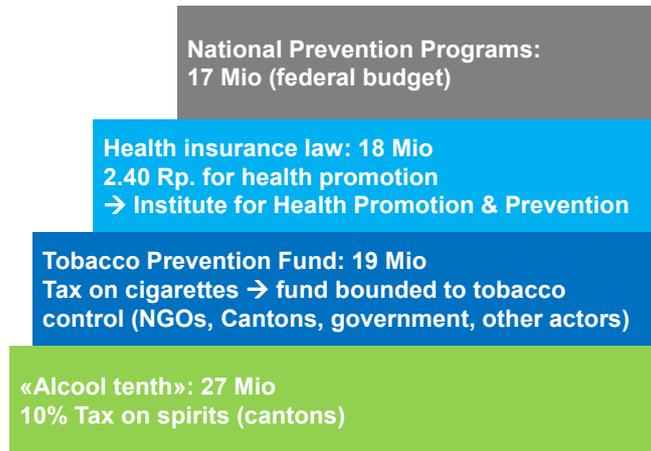
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## Public Health: Funding



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## Prevention & Health Promotion: Funding



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## III: Summary: Assets of the Swiss Health System

- High life expectancy & good health outcomes (worldwide)
- Universal health insurance coverage, access to a broad benefit package
- High patient satisfaction, hardly any wait-time
- No accumulated deficits
- Health is one of the most important economic sectors
- Organization of primary care («horizontal integration») is growing
- Cantons as «experimental lab» & good collaboration structures
- Strong Public Health Programs

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### ...but:

- This success comes with a **high financial cost** (over 11.4% of GNP)
- Burden for middle-income families!

- **Complex health system governance:** fragmented responsibility

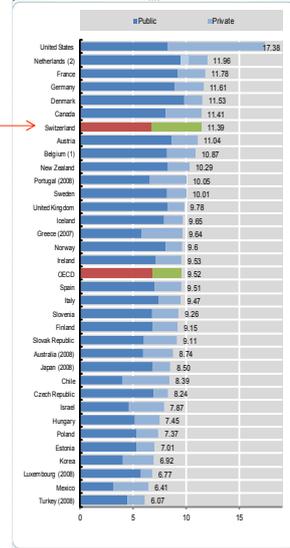


Makes it difficult to

- Develop consistent national policies
- Coordinate
- Reform!

Source: OECD Health Data 2011.

Figure 1. Total health expenditure as a share of GDP, 2009, OECD countries



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## Further Challenges

- Demographic challenges (**aging**)
- Increase in **chronic diseases** prevalence
- **Payment reform** (FFS persistent) needed
- **E-Health** just starting
- Scattered and partially lacking **data**
- Few **interprofessional** models & dependence on foreign **health professionals**

→ **Integrated Health System** («vertical integration») = **key!**

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## IV. Policy Agenda: New Strategy “Health 2020”

The four priority areas for policy action



Publication: January 2013

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**HAPPY TO LEARN FROM YOU HOW TO FLY!**

**THANK YOU!**

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