

The Swiss context for hospitals and healthcare

EuHPN

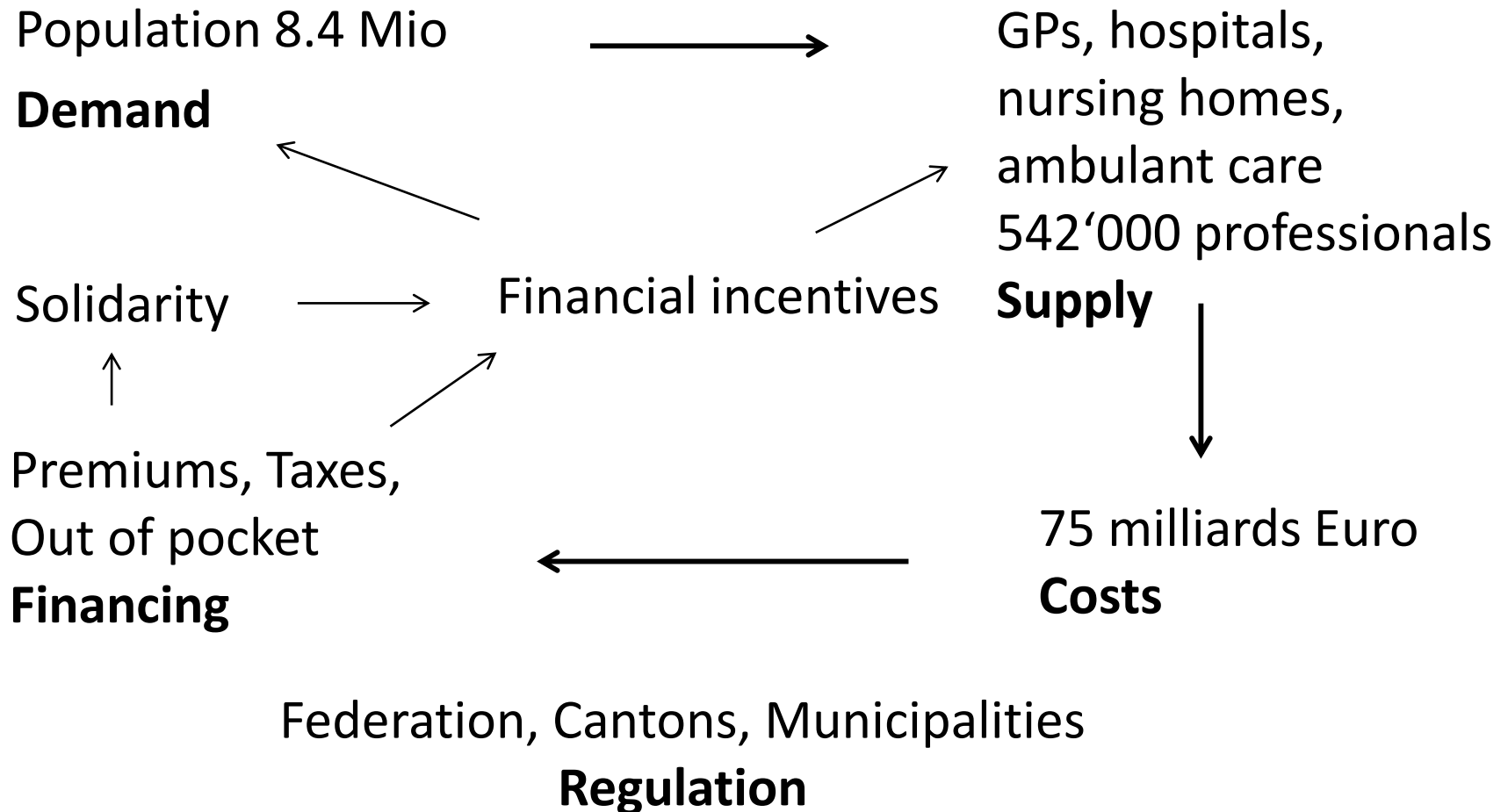
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Swiss healthcare sector



Switzerland: Responsibility for regulation

- **2212 Municipalities**
13 – 430'000 inhabitants
 - Nursing homes¹⁾
 - Home care¹⁾
- **26 cantons**
16'000 - 1.5 Mio. inhabitants
 - Hospitals¹⁾
 - 5 medical faculties
 - Highly specialised medicine¹⁾
- **1 state**
8.4 Mio. inhabitants
 - Health insurance¹⁾

¹⁾ Public, privat NPO, private shareholders



Particularities of the Swiss political system

- Direct democracy

Elections

Referendums on local, cantonal and national level

- Part-time parliaments on all three levels
- Multi-parties governments on all three levels: all the major parties share executive power. No party has an overall majority.



Values and how they appear in healthcare

- Freedom
 - Free choice of health insurance company, of GP, specialist and hospital, direct entry to emergency unit
- Independence
 - No EU-member
 - UN-member since 2002 only
 - Neutrality
 - Formerly Bank secrecy
- Federalism
 - Different cantonal premiums for the same insurance because of different cantonal health care costs
- Solidarity
 - (geographically) limited



Main challenges

- How to maintain access to state of the art medicine for everybody?
- How to use self-responsability as a resource?
- How to avoid an overload of solidarity: How to reduce the development of publicly financed health care costs to the level of the GNP-growth?
- How to reduce the number of roles of the cantons in order to improve governance?
- How to eliminate wrong incentives?
- How to empower patients to act as co-producers?
- How to focus on other determinants of health?



Financing of hospitals

Since 2012:

- DRG for in-patients (cost recovery in reality 98%)
 - Tarmed für out-patients (cost recovery in reality 80%)
 - Additional revenues from private insured in-patients (cost recovery 120%)
 - Hospitals must finance their investments themselves
- EBITDA needed > 10%



Strategic trap

EBITDA needed > 10%

More earnings or/and less costs

- ▶ more patients: unnecessary operations
- ▶ staff reductions: unpopular



General trends will overrule regulation

«The future of medicine is
ambulant»

Social trend:
De-Institutionalization

Development of ICT
and Digitalization

Social trend:
Individualization

The hospital of the future
still offers emergency unit,
operating theater, intensive
care unit, delivery rooms
and services for out-patients
but almost no wards with
beds.

The rest of the in-patient
activities of today will take
place at the home of the
patient:

hospital@home



Take home message

- Build wards today only when you know what they can be used for in 15 years (e.g. as hotel rooms)
- Plan clearly less beds in hospitals as in the past
- Single bed – rooms only

