

Improving Swiss Health System by shifting the spending to the primary care concept

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Executive Summary

Switzerland is amongst the most developed countries in the world. This is reflected in its high quality of healthcare. However, if healthcare costs continue to increase the costs supported by the inhabitant may become unsustainable. Consequently, the system must be reformed but how? Some countries appear to be more efficient than Switzerland, one of them is Sweden. Therefore, mimicking some ideas from Sweden could offer good ideas on how best to reform the Swiss health system. First, we had identified whether the countries were comparable. A PESTEL analysis was used to highlight common points and the differences. It helped to make a thorough description of the two countries and their health systems. Furthermore, it provided some differences between the two health systems that were used to assess the potential improvements that could possibly be implemented in Switzerland.

The health system has been the topic of many studies. Therefore, the analysis and the adaptation of their results to the Swiss system was the second step of this thesis. This identified some key areas in which the Swiss health system could be improved.

Switzerland is still based on a stationary care concept because of the low incentives to turn to ambulatory care. Introducing more ambulatory care could save 1 billion CHF per year according to a PWC study. However, those savings should be used for the change of cost gravity to primary care. Indeed, the development of primary care is almost an obligation nowadays with the ageing population and the growth of chronic diseases. Primary care is more efficient in dealing with chronic diseases and multi-comorbidity factors. By identifying patients at an early stage, it could prevent unnecessary hospitalisation and therefore decrease the numbers of beds by inhabitants. Reaching the same efficiency as Sweden in terms of cost per bed per inhabitant could save about 2.7 billion CHF per year. Primary care also focuses on better coordination between the different stakeholders in the health system. The development of new technologies allowing the digitalisations of the health system would empower patients and highlight any inefficiencies in the system. It would also enable the implementation of a pay-for-performance pricing system that could persuade stakeholders to choose the most efficient solutions in term of cost and quality of healthcare.

Furthermore, a more efficient generic penetration with compulsory usage would save about 1.7 billion CHF if Switzerland reaches the same market penetration as Sweden. One billion more could be saved if the price of generic medicines was the same as bordering countries.

Finally, amalgamating all of these savings could allow Switzerland to save more than 5 billion CHF per year. In conclusion, optimistic projections made

by the Federal Office of Statistic in 2007 predicted that the health expenditure would be between 111 billion and 128 billion CHF in 2030, in the best scenarios. Unfortunately, this best scenario now seems difficult to attain if the health expenditures keeps increasing at the same rate. It would probably be higher than 130 billion CHF without considering the ageing population and their associated costs. However, several measures can be implemented to slow the pace of the increasing costs. We have seen that by mimicking Swedish ideas, Switzerland could potentially save more than 5 billion per year and that the development of primary care and the use of digitalisation could substantially increase those savings in the future. Politicians are aware of the future challenges to the health system. Therefore, they need to reform the health system in order to make it sustainable and efficient in the long-term.