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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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Annual report from the Swiss delegation

The effects of the recent reform of hospital funding are becoming increasingly evident. In terms of acute medicine (not including mental health), the SwissDRG system has already been updated to its 4th version. This version has uprated certain complex services associated with internal medicine to the detriment of various technical procedures. The costs of infrastructure and investments have now been included in the DRG on the basis of data gathered: the results are not very satisfactory for the moment, with the spread of data being rather too wide. In this respect, some standardisation of the accounting rules should make it possible to improve the situation in future. The pricing structures for psychiatry and rehabilitation are still being prepared, and it is proving necessary – as is often the case – to seek a compromise between providing an accurate reflection of the services on the one hand and the workload imposed by the need for thorough periodical patient assessments on the other.

In terms of outpatient treatment, the intransigence of the insurance providers has seen the negotiations between the parties to the pricing agreements break down, with the Federal Council stepping in as befits its subsidiary jurisdiction in these matters. It has issued an ordinance uprating the initial primary care consultation, but only for the benefit of doctors with their own practice and not for hospitals. To offset this, it has downrated the technical provision of invasive procedures by an equivalent amount. The result is an annual shortfall of CHF 200 million for our hospitals.

Other aspects are further exacerbating the difficulties facing our establishments. Under pressure from the price supervisor and early decisions by the courts, basic rates are decreasing year on year. In addition, the collective employment agreements guarantee our employees entitlements based on length of service and also indexation, both of which automatically increase expenses year on year. Lastly, remuneration for services of a general nature (emergency services, requests to perform unprofitable activities such as neonatal care, psychiatric consultations, or medical care in prisons, as well as postgraduate training for doctors) is decreasing as the state of public finances continues to deteriorate.

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The predicted shortage of doctors over the next few years is becoming a major political issue. Although the debate might be focused on primary care, it is clear that hospitals are also affected. We cannot rely on our colleagues from abroad to fill the gaps indefinitely. Recent efforts have been made to create 30% more places at our universities' medical schools, but this will not be enough to provide the 1300 new doctors we need to graduate each year. The obstacles are funding on the one hand, but also (and more importantly) the availability of placements, since undergraduate training in Switzerland is associated with a great deal of patient contact. By contrast, certain urban areas – particularly those in border regions – are facing a surfeit of requests to set up practice. This has resulted in an extension of the harmful clause regarding the actual need for practitioners, which is tending to discourage vocations.

Certain political issues at a federal level also have a direct impact on us. The acceptance by the public of the 'Stop mass immigration' popular initiative not only jeopardises the agreements between Switzerland and the European Union, but also presents our hospitals – which cannot function without significant numbers of foreign personnel – with a major headache. The reintroduction of quotas, contrary to the principle of the free movement of persons, would put us on a par with footballers and cabaret dancers once more! There have been other, more anecdotal areas of concern such as insurance providers excluding stays in detox facilities from the services they are prepared to reimburse. Lastly, a new law is being prepared in respect of computerised patient files – with a degree of compulsion on both patient and doctor – which we are trying to amend to prevent it becoming counterproductive.

Generally speaking, the competition among establishments which the legislature is trying to encourage is becoming fiercer. Those operating in the private sector are finding things easier, while public hospitals are tending to be left with the difficult and risky cases where no profit can be made. As a result, public services are under threat in regions with no university nearby, a situation which is causing passions to rise along partisan lines and inviting the kind of political interference that leads to poor decisions.

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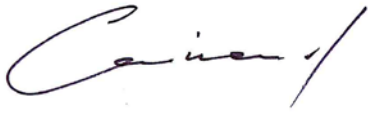

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