



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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Health costs increase between 4% and 6% a year in Switzerland. Households pay about 65% from their own pocket (premiums, quote, compulsory participation). A reform of the social health law has now been engaged during the last 3 years. The government thinks to reduce expenses by controlling the number of doctors in free practice, comprehensive health networks with budgetary responsibility of MD's and increased economic competition. He refuses or does not want make a difference between health and ordinary commercial or industrial markets. He feels that a system similar to the American HMO's with competition between the insurers where by they would choose the hospitals, doctors or even the pharmacies would solve the problem. This project has been finally refused by the Parliament mainly because of insufficient social commitments. The Swiss Medical Association clearly refuses any law foreseeing rationing measures to be applied to the patients on an arbitrary personal basis by the practitioners and consultants. If failure of public financing imposes choices, they have to be assumed by the political authorities.

Wishing some kind of immediate result, the federal government has decided to split up the project into different more homogeneous parts in order to avoid the risk of referendum and of a sacred union between all opponents despite quite different motivations. The project has been so divided into four parts, one concerning hospital financing which should be DRG as in Belgium and lead within a short term to equal treatment for all socially insured patients whether looked after in a private or public institution. The second part is supposed to introduce so called free contracting for the insurer's as long as the medical demography is allegedly sufficient to insure overall coverage. The Swiss Medical Association opposes strongly this project giving the power to put out of business colleagues on pure economical grounds. The third part is the social commitment of public aid. It should be reduced by elevating the so-called franchise, i.e. the amount which the insured person declares to be ready to pay from its own pocket for a reduced premium rate in compensation. Actually it is fixed to a maximum of CHF 1500 and should go up to 2500. Finally the 4th part foresees the quote part to be charged to the patient should be increased from 10% up to 20% up to a maximum of CHF 700. This quite a lot of money for lower-averaged income between CHF 4000 and 7000 and is not devoid of obviously perverse effects. This law revision should be effective between Jan.01.05 for the first part till Jan. 01.06 for the rest. A referendum against the so called free contracting by the insurers is already planned by the Swiss Medical Association, what means the collection of 50'000 signatures.

The new fee for service scale named Tarmed has been introduced on the last first of January. It is an extremely complicated and detailed system based on time and competence aiming ambitiously to the electronic exchange of invoices and payment. It should allow a national comparison of costs of care, but is bound to a cost neutrality comparing with the old cantonal system in place till now complicating the matter and causing potential angriness. Because if the neutrality is overcome, the value of the tax point should be decreased. It requires a significant computer investment from each doctor. It is the source at the moment of a lot of practical difficulties and rebelling of most free practicing doctors. Similarly it loads up to the hardly tolerable hospital administration as all out-patient care has to be billed according to this system. Some changes will be unavoidable. Time will show if they take place and if they effectively make the system more practicable. So far everyone is upset