

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE EUROPESE VERENIGING VAN STAFARTSEN DEN EUROPÆISKE OVERLÆGEFORENING EYPΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΎΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI DEN EUROPEISKE OVERLEGEFORENING ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES EUROPEISKA ÖVERLÄKARFÖRENINGEN EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA EBPOΠΕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

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## **Swiss National Report**

The hospital scene is marked in Switzerland by a major reform on planification and financing. The National Council has adopted in March the principle of DRG for full financing of patient's hospital stay. DRG includes the investments to allow equal treatment of all recognized hospitals. The number of recognized institutions by the social insurance will be decided according to criteria defined by the central federal State in agreement with the cantons. Institutions not standing on a cantonal list will be able to treat private patients only.

Quality and results indicators will be developed together with the DRG. These indicators will be published and contribute to transparency and competition between the hospitals. The latter shall be enhanced by free choice of patients between any recognized institution on the whole Swiss territory. Payment will e provided by the canton of residence by similarity to the "cassis de Dijon" principle.

DRG's are being developed and negotiated on the basis of the German model G-DRG. The partners at the table include the insurers, the cantons, the Swiss Hospital Association H+, and the Swiss Medical Association bound into an association. A private incorporated society where each partner is the holder of an equal number of shares should take over shortly. We had a lot of trouble with the insurers linking their participation to the capital to objects of further negotiation. This confrontation situation has been solved partly by the decision of the Parliament.

This concept remains to be approved by the Senate. Both insurers and cantons are making big efforts to fight the free movement of patients for one and demand more data to be able to check the DRG put forward on the bill. We hope however the obvious progress toward transparency, free choice of the patient and competition shall find its way till the final decision expected in the fall of this year. This would mean that the new law would be put into vigor by the 01.01.09. It provides transitory dispositions allowing up to 3 years, that is 2012 for full realization.