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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
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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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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΪΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΗΝ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## **Plenary assembly of the AEMH 2016, Naples Annual report of the Swiss delegation**

Berne, le 17 mai 2016

SwissDRG is currently on its fifth version of its acute somatic tariff system. Following reassessment of general internal medicine provision in the previous year, technical measures have brought about a rebalancing. These significant changes bring with them considerable budget planning difficulties and, strategically speaking, they impede the selection of the range of care to be provided to those establishments with freedom of choice. The new mode of hospital financing has given more autonomy to hospitals but, in view of the continuing fall in base rates, annual accounts are often loss-making. Given that the public authorities no longer have a legal obligation to cover such losses, certain establishments are required to carry out significant restructuring while others could very soon disappear altogether.

Tariff structures for psychiatry and rehabilitation are still being drafted. The potential recovery of a number of logic models stemming from the DRGs as well as attempts to impose excessive bundling not only raises queries but also creates an increasing amount of resistance from physicians and caregivers.

In the field of ambulatory medicine, the current review of tariffs has been successfully managed by service providers and by a number of insurers. The legal imperative created by this change in terms of cost neutrality irritates a large section of the medical profession and could cause the project to fail. On the other hand, the fact that the majority of health insurers have boycotted the entire process could incite the Federal Council to utilise its subsidiary power. By means of an order it could thus impose a state tariff structure unrelated to the principles of business management.

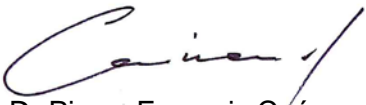
Over the course of the past year, Swiss health policy has focused on succession planning in medicine. Our five university medical faculties have increased enrolment capacity by thirty per cent. A number of central non-university hospitals, wishing to expand their contribution, envisage that they will create several additional medical faculties. Integration of this clinical capacity to form a close collaboration with existing faculties would be the preferred option.

Another recurring theme which has been widely debated in federal parliament has been the freeze on the setting up of medical practices. In view of the risk of a boom in the creation of an excessive number of specialists in border areas, the power to block such a process in cases of over-supply was returned to the cantons for three years. There is however a persisting and endemic lack of interest on the part of young qualified physicians in setting up as general practitioners in rural areas. This phenomenon is also leading to a growing overload on emergency services within our hospitals.

At media level, there have been no particular scandals issuing from our hospitals. However, professional errors have been mentioned, extrapolated from the large number of avoidable deaths caused by errors. Our response has been one of transparency, and a willingness to provide qualified and neutral experts in order, as far as possible, to regulate litigation processes outside of court. Another theme has been web-based assessment portals: neither physicians nor hospitals are able to ignore this phenomenon. Laws have been issued by data protection authorities on this topic: this has led to the closure of certain sites and significant changes in the configuration of others.

Generally speaking, the hospital environment remains an attractive and stimulating one for our colleagues. However, a new sense of weariness is affecting a number of high-ranking medical administrators, in the face of constant financial pressure, which generates a sense of impotence regarding the requirements arising from providing and guaranteeing care, and in view of the very limited room for manoeuvre in achieving this.

FMH (Swiss Medical Association)

A handwritten signature in black ink, appearing to read 'Cuénoud', written in a cursive style.

Dr Pierre-François Cuénoud, MD