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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
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DEN EUROPÆISKE OVERLÆGEFORENING
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ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

Document :	AEMH 23-019
Title:	National Report Switzerland
Author :	FMH
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	8 May 2023

National Report Switzerland

In Switzerland, the healthcare sector is particularly hard hit by the shortage of skilled labour compared to other sectors. Specialists in the health professions occupied the unenviable first place in the 2022 Swiss Skills Shortage Index.¹ In 2022, 40,002 doctors were working in Switzerland.² Currently, there are over 4,000 vacancies for doctors. Likewise, in nursing, over 14,000 vacancies remain unfilled.³ The situation is likely to get even worse in the future. On the one hand, this is due to demographic trends, with one in two doctors in Switzerland aged 50 or over and one in four aged 60 or over in 2022. On the other hand, an increasing number of doctors are working part time. In addition, 40% of doctors hail from abroad.⁴ While the number of study places in human medicine has been significantly increased in recent years, additional efforts are needed to train more doctors. Making the profession more attractive is also important. In particular, this includes reducing the administrative burden, which has continuously increased in recent years. In 2022, doctors in acute care hospitals spent an average of nearly two hours a day working on documents in patient files.⁵ This leaves less and less time for patients.

The skills shortage has led to hospitals having to cut some of their beds. This has a negative impact on revenues. Furthermore, low tariffs and high inflation are taking their toll on hospitals. According to the hospital association H+, hospital outpatient care is underfunded by about 30% and inpatient care by about 10%. The hospital association is calling for an inflation adjustment of 5%. From the cantons' point of view, too, inflation should be taken into account when determining tariffs. The cantonal representatives have submitted a letter to this effect to the Federal Council, i.e. the Swiss Government.

In national politics, however, the focus is on cost control. Various pieces of draft legislation have been submitted aimed at controlling costs. Among other things, a global budget in the form of targets is being discussed. This would mean that the Federal Council sets cost and quality targets every four years. Every canton would then define cost and quality targets on this basis. A commission for cost and quality targets would monitor the development of individual areas of care and recommend measures. Both in outpatient and inpatient settings, there is a tendency for the government to want to get actively involved. The Federal Council has already intervened twice in outpatient tariffs. For inpatient care, an amendment to the law is being discussed that would also allow the Federal Council to make subsidiary interventions in the tariff structure when negotiations between the tariff partners have stalled. The FMH considers this unnecessary, especially as the tariff partners have up to now always been able to agree on inpatient tariff structures.

In acute care hospitals, inpatient care has been reimbursed using flat rates, i.e. DRGs, since 2012. Asset use costs are integrated in the Swiss DRG system. In contrast to other countries, the partial abolition of DRGs is not an issue here in Switzerland. By and large, both care providers and insurers are satisfied with the SwissDRG tariff structure. However, there are challenges that have not yet been solved by SwissDRG, such as the financing of reserve capacity for highly specialised infrastructures or

¹ Adecco Group, Swiss skills shortage Index 2022, [Swiss Skills Shortage Index 2022 \(adecgroup.com\)](https://www.adecgroup.com)

² Statistique médicale de la FMH 2022, www.fmh.ch → thèmes → statistique médicale → statistique médicale de la FMH → [affiche statistique médicale 2022](#).

³ X28. Schweizer Jobradar. 1. Quartal 2023. www.x28.ch.

⁴ Hostettler Stefanie, Kraft Esther. 2023. Faible densité de généralistes et forte dépendance de l'étranger. Bulletin des médecins suisses.

⁵ Trezzini Bruno, Meyer Beatrix. 2022. Qualité des soins élevée malgré des tendances problématiques. Enquête représentative Bulletin des médecins suisses ; www.fmh.ch → thèmes → tarifs hospitaliers → [recherche concomitante](#)

emergency care. In addition, the rapid reimbursement of very expensive innovative treatments requires workable solutions, which are only just being developed.

For inpatient psychiatry, Switzerland has developed its own tariff system with treatment-based daily flat rates. It is called TARPSY and has been in effect since 2018. A specific tariff system was also developed for inpatient rehabilitation with treatment-based daily flat rates. The ST Reha tariff system has been in effect since 2022 and we are gaining initial experience with it.

In outpatient care, the FMH has been working with the accident insurers and one part of the health insurers for several years to develop the new TARDOC catalogue for the reimbursement of individual treatments. An amended version will again be submitted to the Federal Council for approval later this year. The hospital association H+ and the other part of the health insurers will also submit a tariff system with outpatient flat rates to the Federal Council later this year. The aim is for both tariff systems to be rolled out by 2025.

Uniform financing of outpatient and inpatient care services is also being discussed. Currently, health insurers cover 45% and the cantons 55% of the costs for mandatory treatments in inpatient settings. In outpatient settings, on the other hand, the insurers pay 100%. With the new uniform financing under discussion, the cantons would pay 26.9% and the insurers 73.1% of outpatient and inpatient treatments. This could reduce disincentives. It is to be hoped that a breakthrough will finally be achieved in this area.