



Joint 5th Joint AEMH-FEMS General Assembly 10-11 May 2024, Berlin, Germany

Members reports

Please name 3 main current concerns of the healthcare system in your country :

- **Shortage of skilled labour in the health care system**
- **If the "Kostenbremse-Initiative" is adopted by the Swiss population voting on 9 June 2024, this would lead to "Two class medical system" in Switzerland**
- **Questionable introduction of the revised outpatient tariff system ("TARDOC")**

Shortage of skilled labour

In Switzerland, the healthcare sector is particularly hard hit by the shortage of skilled labour compared to other sectors – and its with 40 % foreign doctors heavily dependent on abroad. Specialists in the health professions occupied the unenviable first place in the 2022 Swiss Skills Shortage Index. In 2023, 41`100 doctors (35`488 FTE) were working in Switzerland. Currently, there are over 5,000 vacancies for doctors. The situation will worsen. There are multiple reasons: a wave of baby boomer doctors will retire soon, increasing part time work of young doctors, increasingly demanding expectation of the population, demographics etc. The number of study places in human medicine has been increased in recent years, but its by far not enough. Making the profession more attractive is also important. In particular, this includes reducing the administrative burden, which has continuously increased in recent years. 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 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%.

In national politics, however, the focus is on cost control. Various pieces of draft legislation have been submitted aimed at controlling costs. The Federal Council has already intervened twice in outpatient tariffs. For inpatient care, a new law allows 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.

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 specialized infrastructures or emergency care.

Kostenbremse-Initiative

On 9 June 2024, the Swiss population will vote on the so called “Kostenbremse-Initiative” (cost brake initiative). This initiative calls for a cost cap on basic insurance benefits. According to the text of the initiative, the total benefits paid for by basic insurance must be in line with the economy as a whole and average wages. If the development of costs in basic insurance is a fifth higher than the nominal wage development, intervention will be made. What kind of intervention is unclear.

The acceptance of the Initiative by the Swiss population would have devastating consequences for the whole healthcare system. If the Initiative had been introduced in the year 2000, over 37% of basic insurance benefits would no longer be reimbursed today. Rationing and long waiting times for basic insurance would be the result. This would provoke a two class medical system who would especially affect the people dependent on healthcare financed by solidarity. Various healthcare organisations that ensure patient care on a daily basis are joining forces in a national campaign to oppose the harmful cost brake initiative. The FMH (Swiss medical association) is a leading organisation with financial and personal commitment of the campaign against the Initiative.

TARDOC

The TARMED is a medical tariff negotiated directly between the tariff partners (doctors and insurers). When doctors bill their patients, they apply a standardised tariff: TARMED. It covers more than 4,600 items, almost all medical and doctor-related services in medical practices and outpatient hospital services. It was introduced in 2004; it is therefore based on data that is significantly older than 2004 and was designed in such a way that it cannot be further developed or adjusted. The tariff TARMED is therefore massively outdated and leads to distorted incentives and unfair remuneration in the system. Primary care, palliative care, chronic care and paediatrics in particular are underpaid.

Since 2019 the FMH has – together with one of the two swiss insurer associations named “curafutura”- developed a revised tariff system named TARDOC. We have submitted the revised tariff no less than 4 times to the federal office of health (BAG). Every time it kept returning to the senders with new requirements and demands.

The BAG proposed in April 2024 a new procedure. There should be a joint introduction with recently developed and unfinished outpatient flat rates (introduced by the Hospital association H+ and the other Swiss insurance association “Santesuisse”). The other proposal was that both new tariff systems should be enacted in 2027.

At its Assembly of Delegates on 25 April 2024, the FMH decided to maintain its application for approval and the the rapid introduction of TARDOC. We demand the federal council approval of the TARDOC single service tariff on 1 January 2026 at the latest and the outpatient flat rates as soon as they are revised. The The Federal Council will make the decision in June 2024.

