

Vienna Healthcare Lectures 2019: Patients and their choices in the Swiss healthcare system

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Vienna, September 18, 2019

Agenda

- 1. Introduction**
- 2. The Swiss healthcare system and Helsana**
- 3. Insurance models**
- 4. Health services research**
- 5. Examples**
- 6. Discussion**

Key facts about Switzerland (2017)

Very small country	41'285 km²	population mostly concentrated on 30% of the territory		
Growing population	8'482'152 Mio.	Annual growth rate (1.1%) Foreign citizen population 25%		
Four official languages	German (63.7%)	French (20.4%)	Italian (6.5%)	Romansh (0.5%)
Government	Federal Republic with Direct Democracy			
Competitive and open economy	GDP US\$ 679 bn US\$ 80'591 per capita	Unemployment rate 3% Low inflation Low overall taxation		
Other characteristics	<ul style="list-style-type: none"> • Founded 1291 / Federal State since 1848 • 26 cantons with high degree of Independence • Not a member of the EU • Member of the "European Market" 			

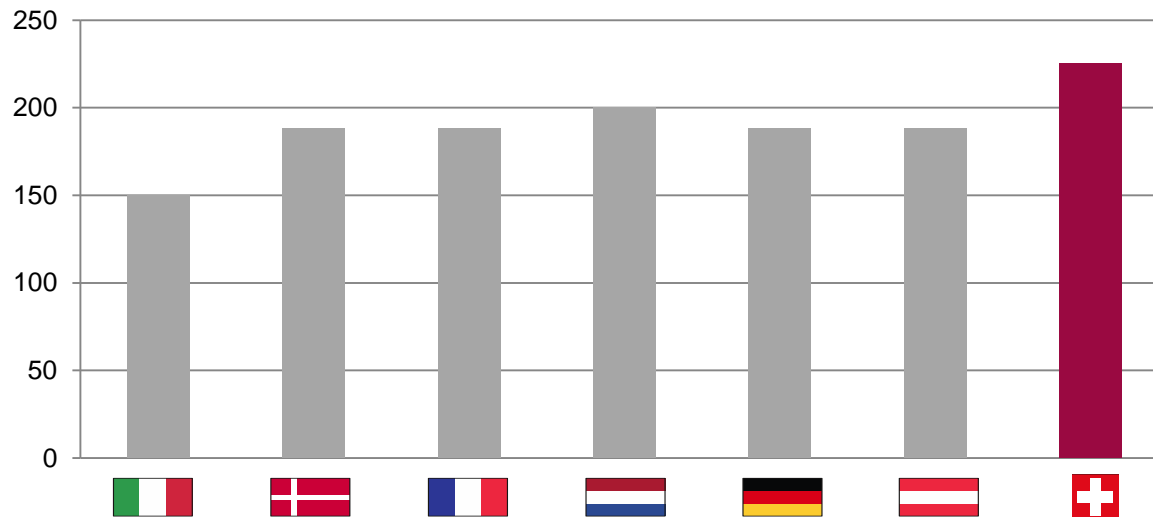
Switzerland Compares Favorably to Other Health Care Systems...

	Switzerland	Germany	USA	New Zealand
Life expectancy at birth [in years]	83	80.7	78.8	81.7
Potential years of life lost [age 0-69, males, all causes, Years lost per 100,000]	2957.2	3694.7	5755.1	3900.1
Obese population, [self-reported, in % of population]	10.3	16.4	30.1	no data
Tobacco consumption [% of population 15+ who are daily smokers]	20.4	20.9	11.4	15.0
Alcohol consumption [liters per capita, 15+]	9.5	11	8.8	8.7
Physicians [density per 1'000 population]	4.2	4.1	2.6	3.0

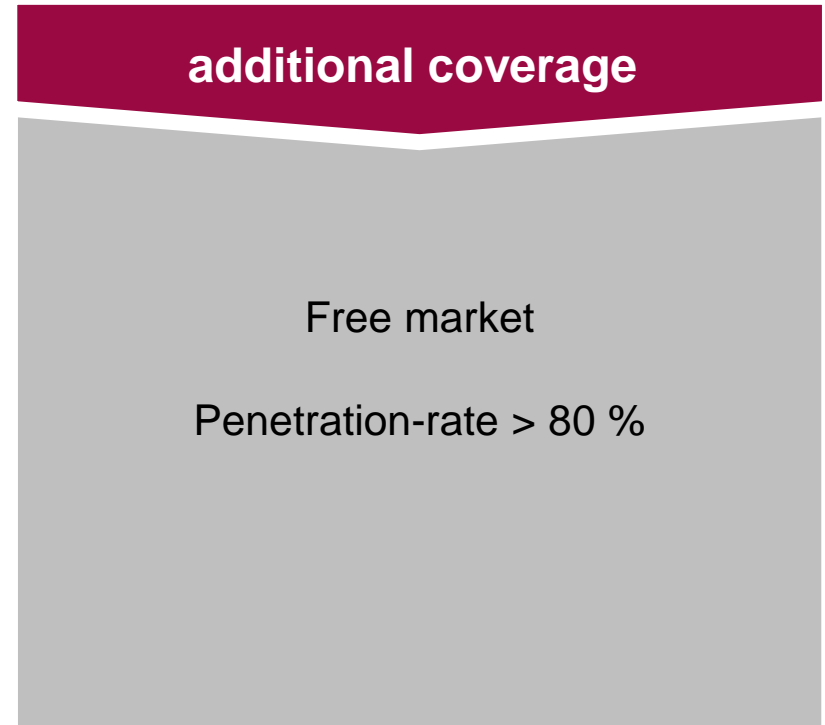
...Especially Regarding Access

Accessibility Weighted Score 2017

Waiting time for treatment



System Overview



“Basic” Coverage Is Compulsory

without ...

1

... ill people would not have a coverage

2

... women would have to pay more

3

... ill people would have to pay more

4

... ill people would have no choice

5

... healthy people would not insure / pay nothing

with ...

1

... a lot of people are insured against their will

2

... the state decides about the product

3

... the state decides on the coverage

4

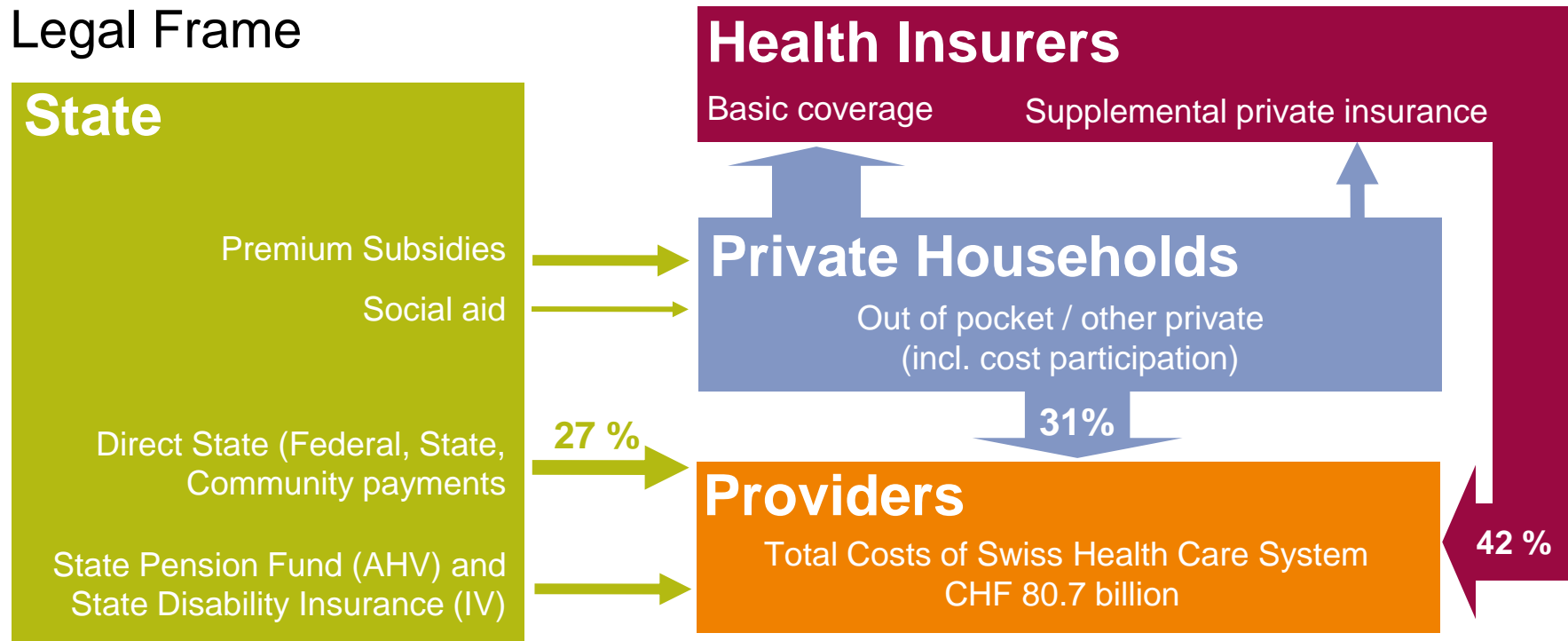
... illness becomes a public matter

5

... the state takes the responsibility from the individual

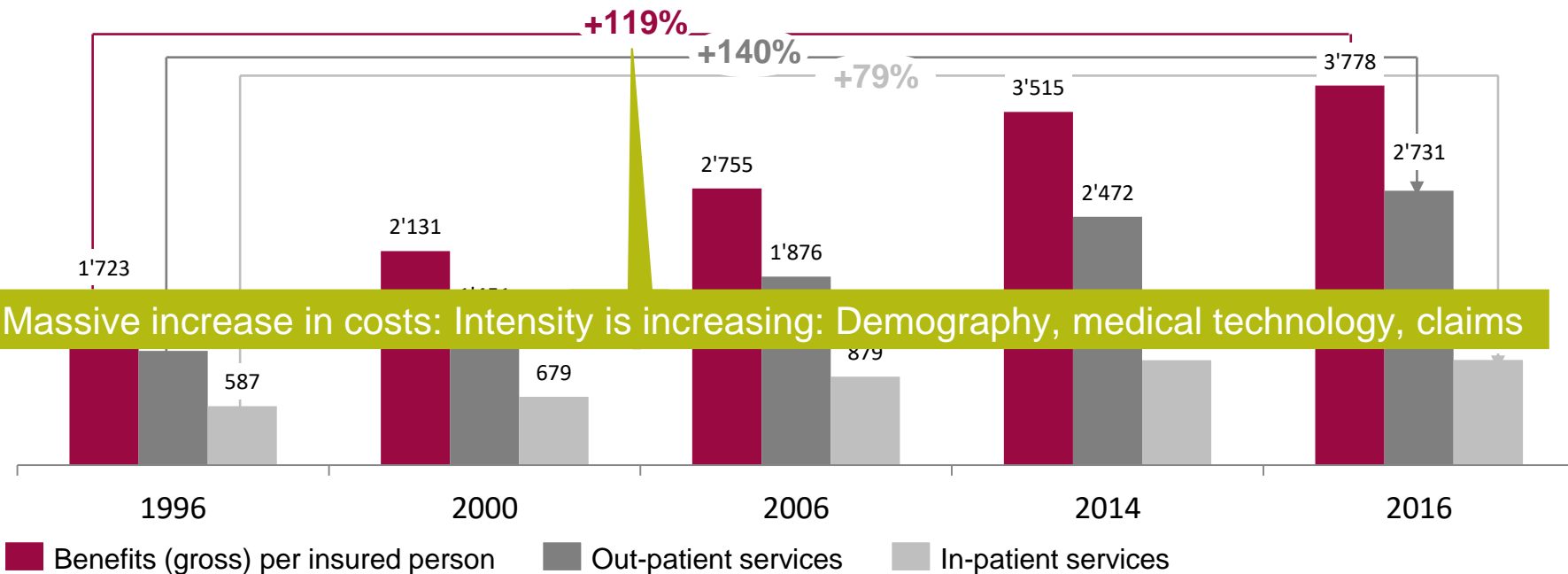
The Swiss Health Care System: Main Financial Flows

Legal Frame



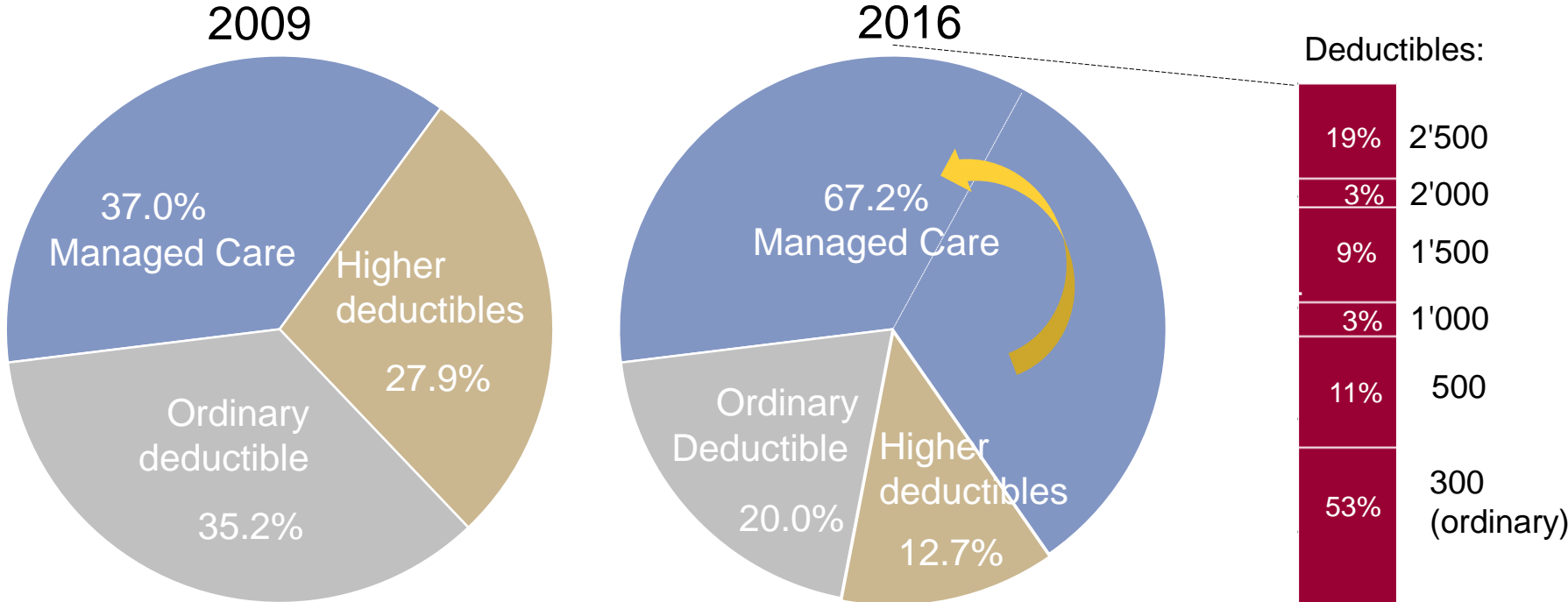
Strong Cost Increase in the Basic coverage since its Introduction

Benefits (gross) per insured person (in CHF)



Clients' options under basic insurance

More than 3/4 of insured persons profit from alternative insurance models!



Source: T. 07.07/T. 07.16 Federal Office of Public Health 2016

Helsana's view on the Swiss health care system



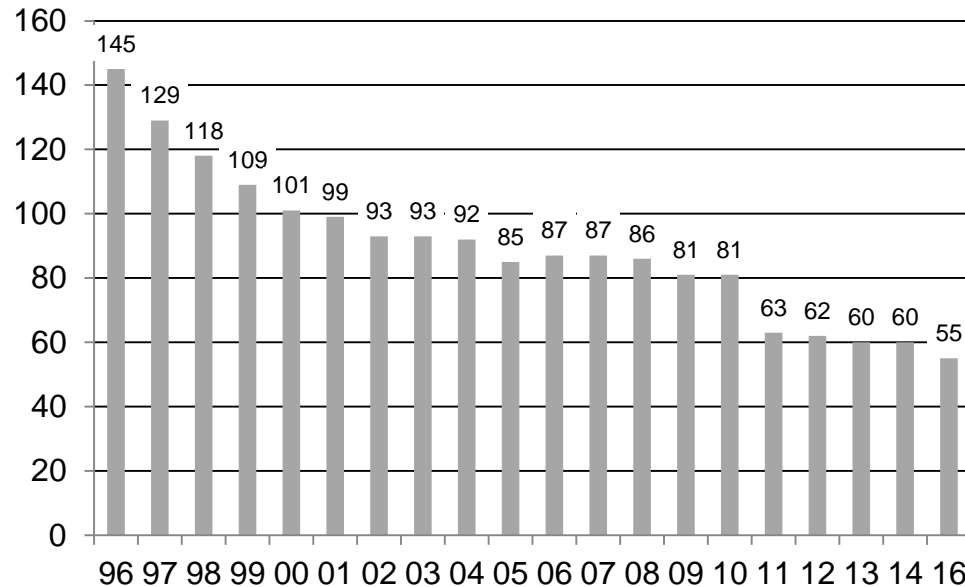
- Mandatory insurance with competition in the insurance market
- High-level outcomes
- Financing: premiums
- Partially tax-financed
- High technical standards
- Liberal framework for managed care
- Good access for everybody
- High standard of care delivery
- Social balance regulated separately (premium subsidy)



- High density of providers
- High costs
- Lack of information about quality
- 26 health care delivery systems
- Providers: lack of competition
- Political power of providers
- Industrial policy for pharmaceuticals
- Risk equalization is incomplete
- Cantons as financial players
- Power / role of the federation
- Role of providers' associations

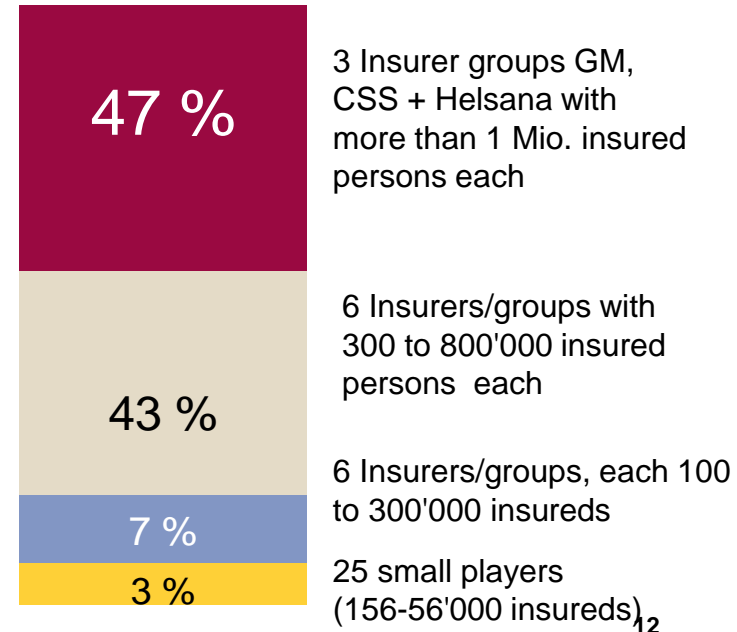
Insurers: Market Shares (2017)

Number of reg. insurers



Sources: T 5.01, Federal Office of Public Health, 2017

15 insurance companies take 97 % market-share



>100
years

Helsana has more than
100 years of **experience**
in the health and accident
insurance business



Premium income
70% social insurance
30% supplementary insurance



Per week
Helsana **pays out**
around CHF 110 million



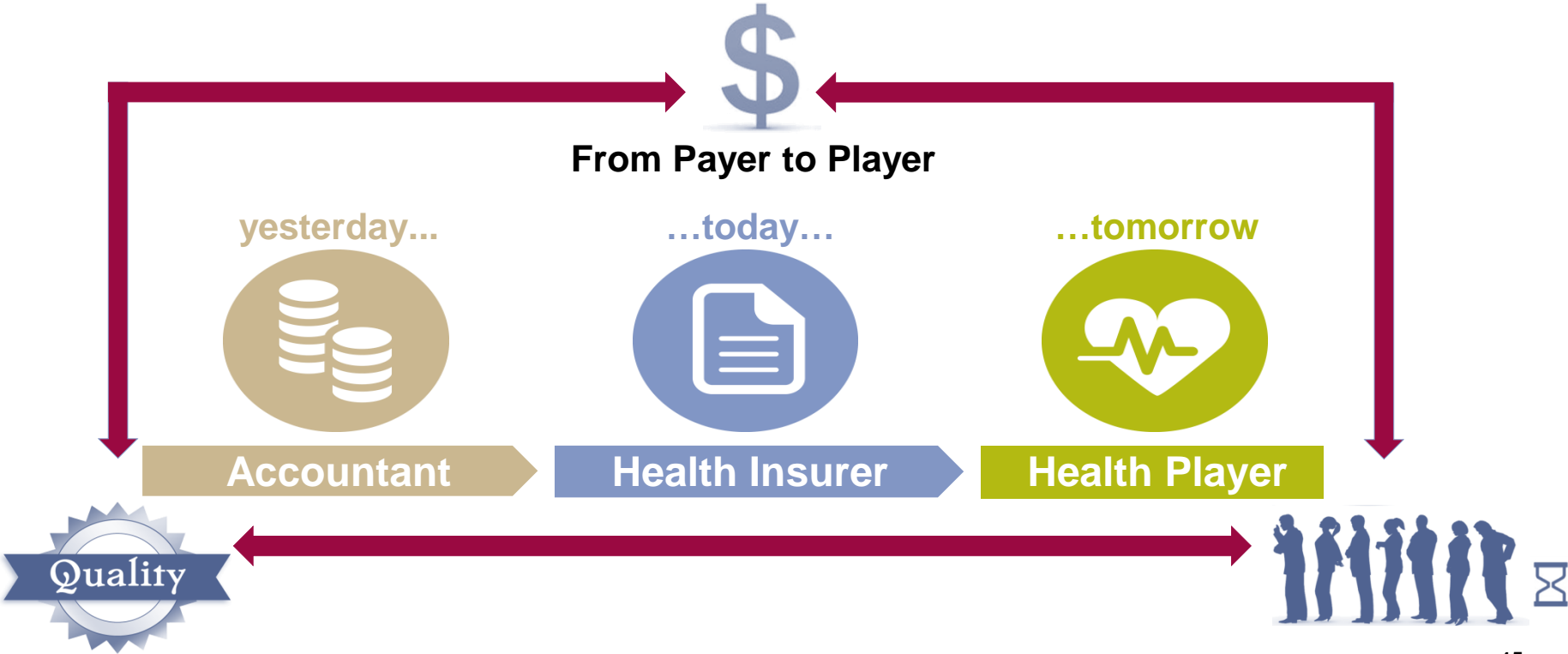
Helsana embraces its **social responsibility**
and insures 1.9 million people –
or one in four people in Switzerland



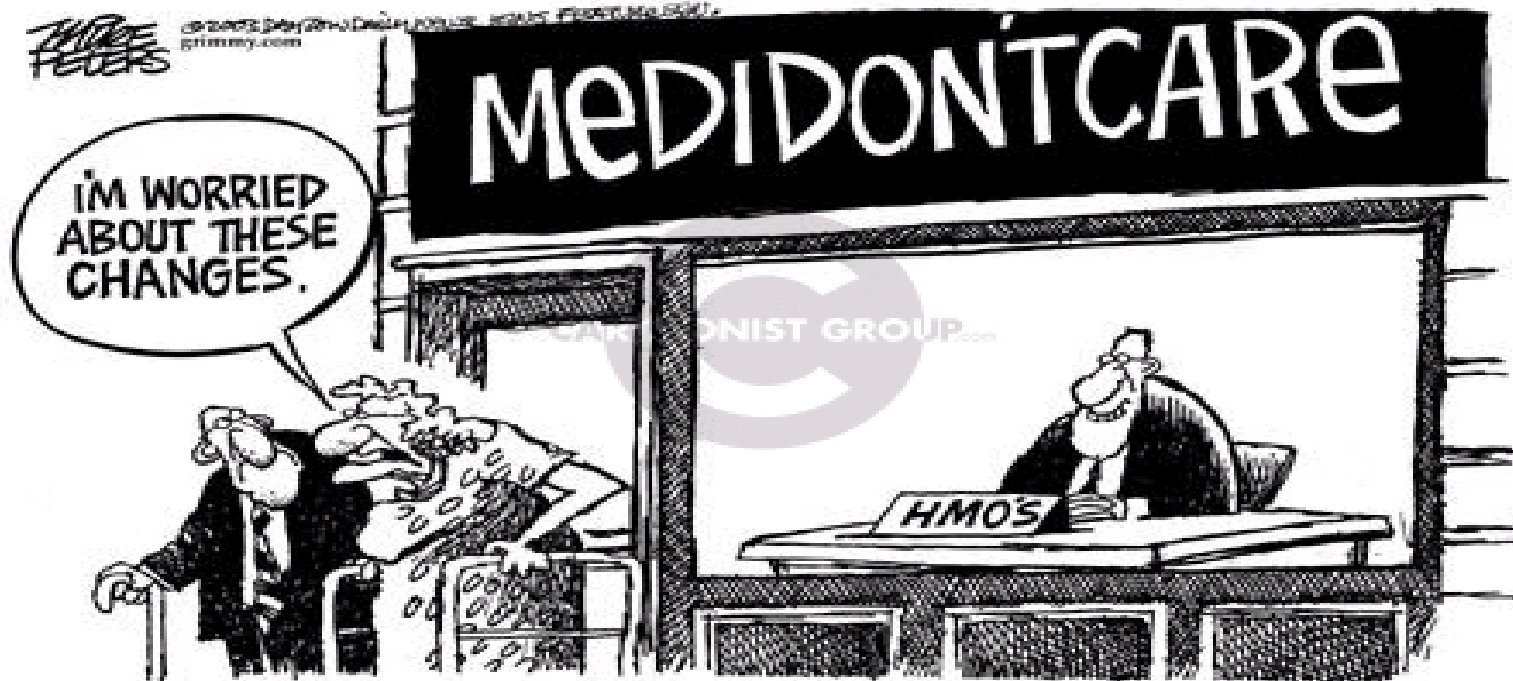
3000
employees

Helsana attains a significant size
with more than
3,000 **employees**

Our Common Challenge



The framework is dynamic...



Demographic development



Sometimes things are just not well coordinated....



To err is human...



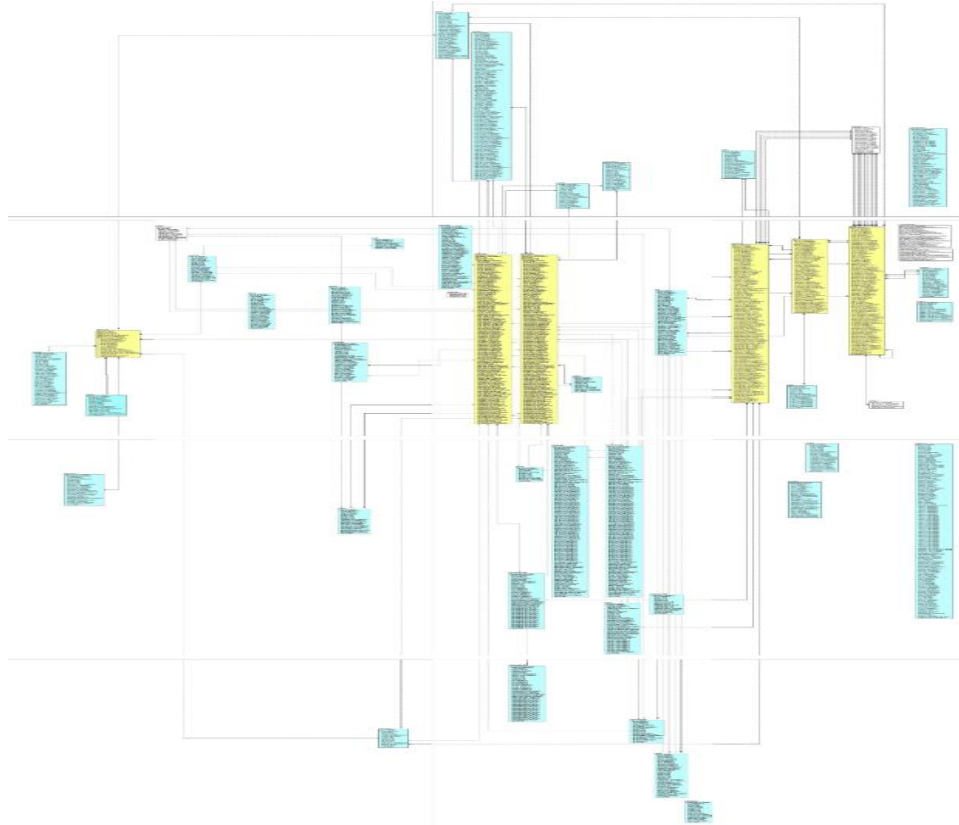
Medication of a single patient...

Is this evidence based?

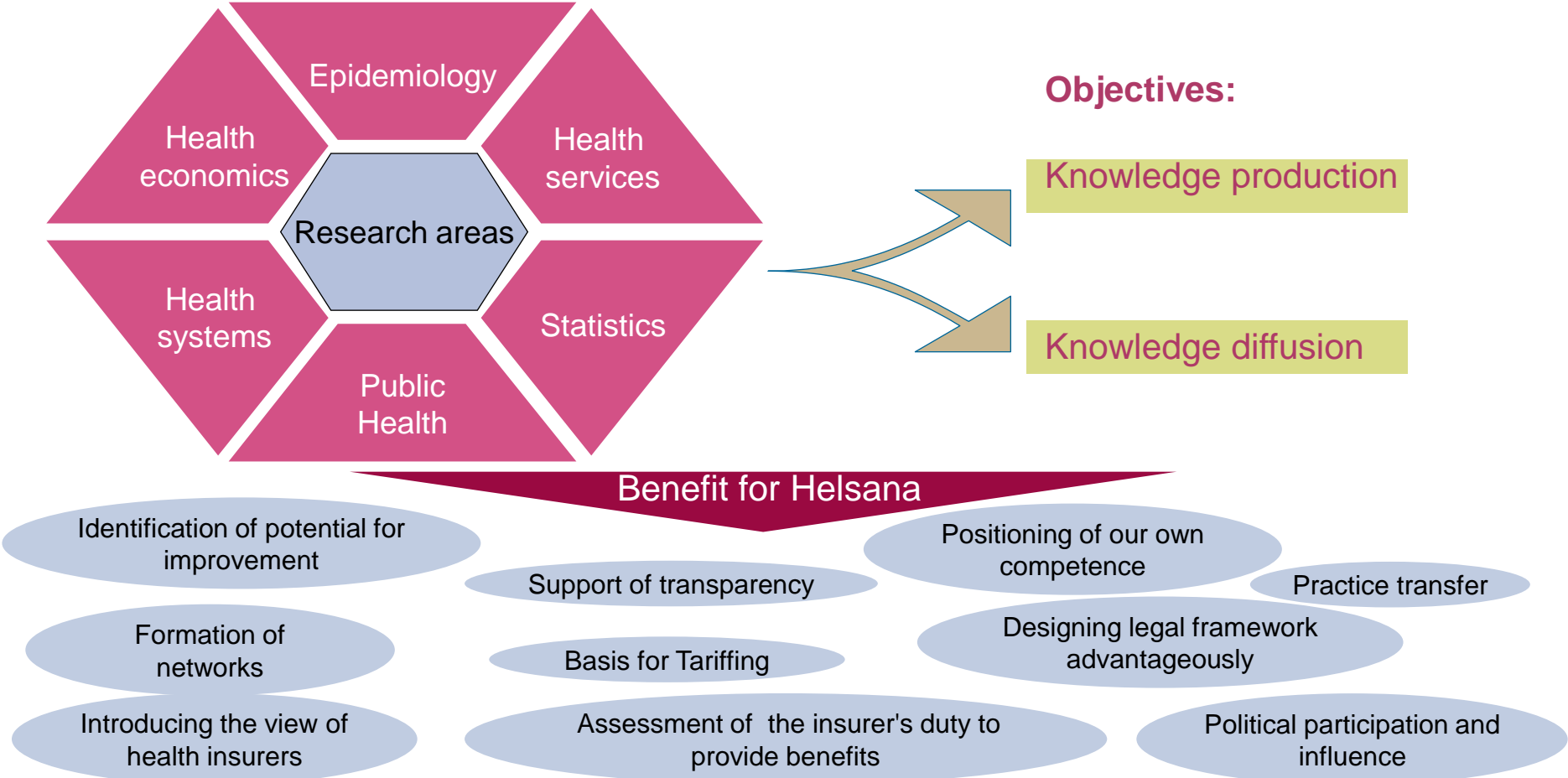


Data:

Comprehensive, complex, great potential



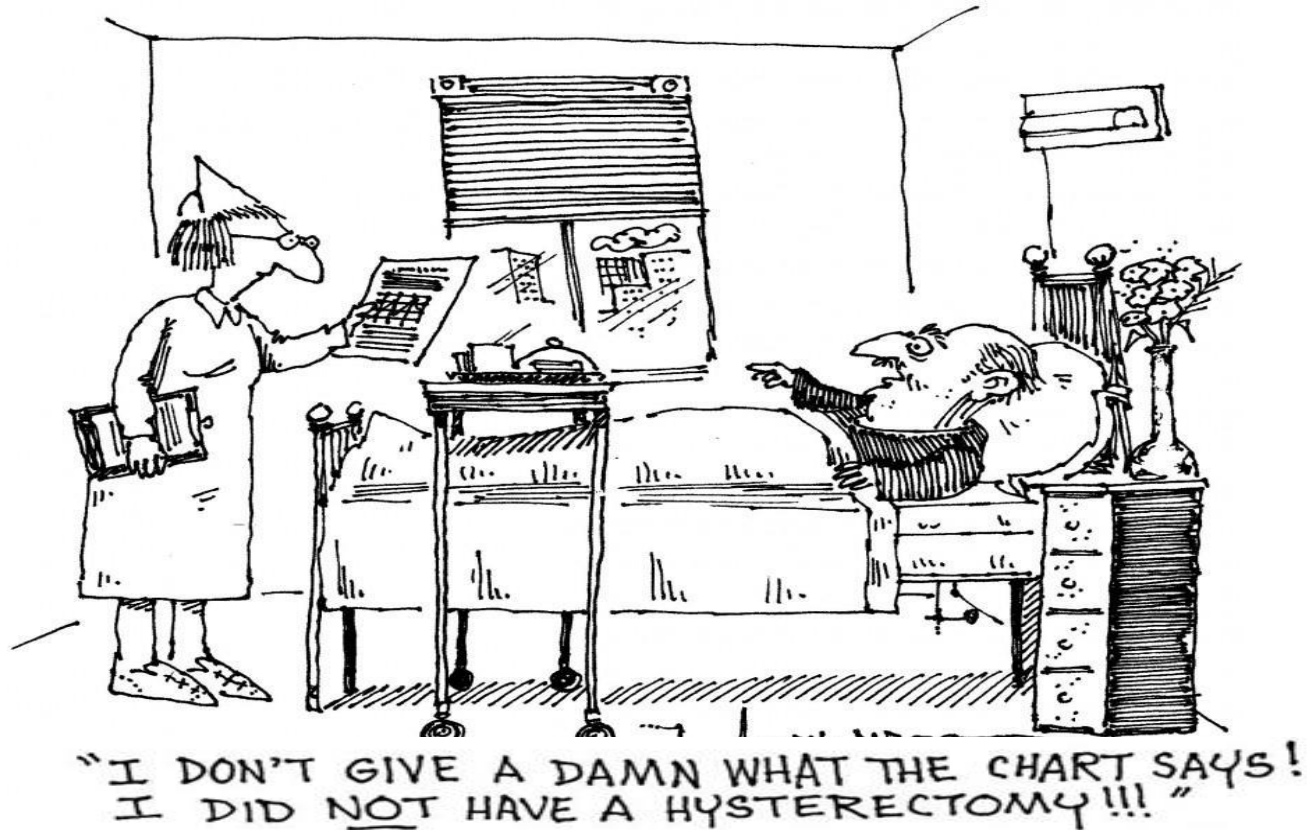
Our mandate



Examine the daily routine of health care professionals carefully



Correct and complete information is needed...



Health insurances have responsibility

Impact on health care

Insurance products

Managed Care, boni, cost sharing, private insurance

Collective agreements on tariffs

incentives, quantity

Quality

requirements, Co-financing

Customers

information, incentives

Reimbursement

confirmation of cost coverage, rejections

Data

Billing-relevant data of basic health insurance

Customers (patients)

Institutions (service providers)

Continuous

Cross-sectoral

Cost data

Low cost for data collection

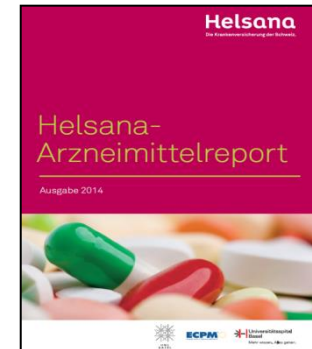
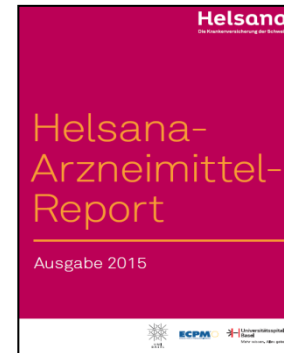
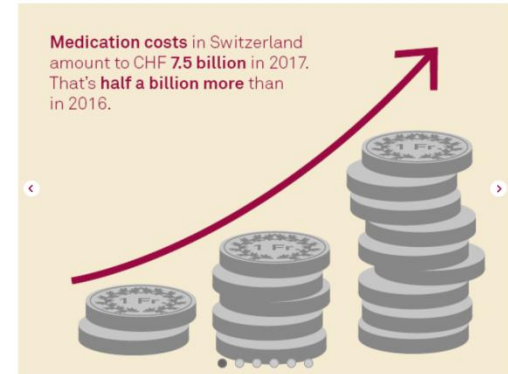
Limited clinical information

We need to know what is going on!

Helsana Drug Report

Unique in Switzerland

Helsana Drug Report creates transparency in the Swiss market for medicinal products. The report is published in cooperation with the University Hospital and the European Center of Pharmaceutical Medicine at the University of Basel.



Reactions

Senioren erhalten im Heim gefährliche Pillencocktails

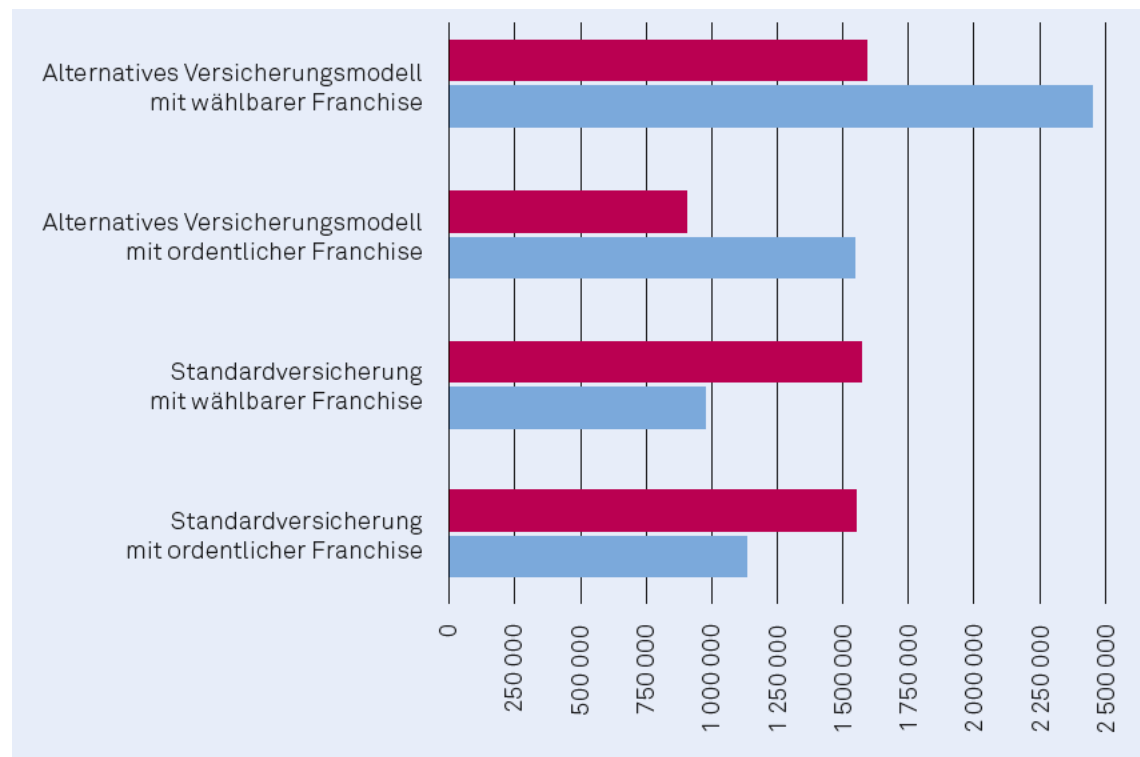
Im Schnitt schluckt jeder Bewohner 9 Medikamente. Einige haben schwere Nebenwirkungen.

Datum: 20.11.2017

Tages  **Anzeiger**



Alternative insurance models / deductibles

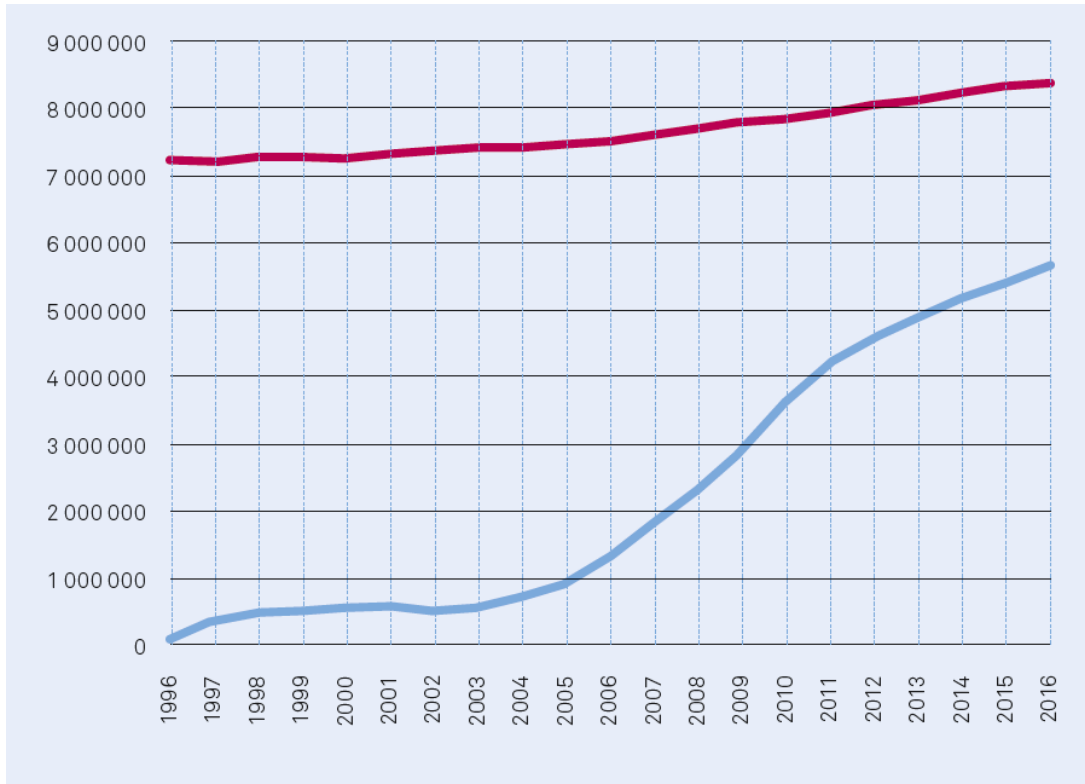


2010



2016

Alternative models become standard



AVM-Versicherte

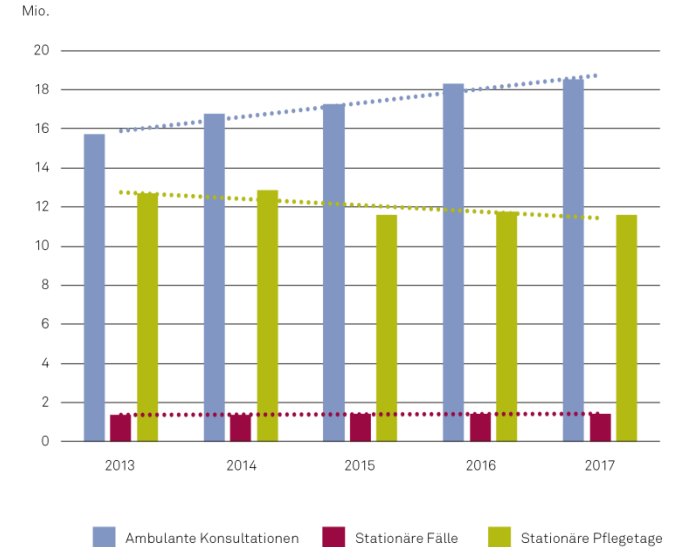
Total Versicherte



Services performed in the hospital setting

	ambulante Konsultationen pro Versicherten	stationäre Fälle pro Versicherten
2013	1.957	0.171
2014	2.061	0.171
2015	2.090	0.170
2016	2.194	0.173
2017	2.209	0.172

3 | Mengenentwicklungen in Spitälern

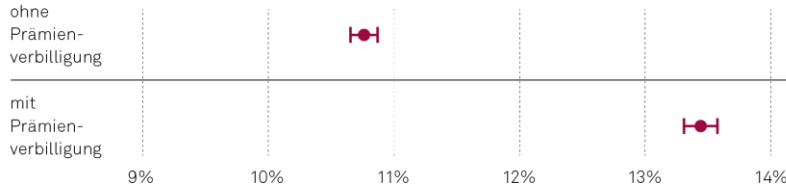


Hospital services are increasingly performed in the ambulatory setting.

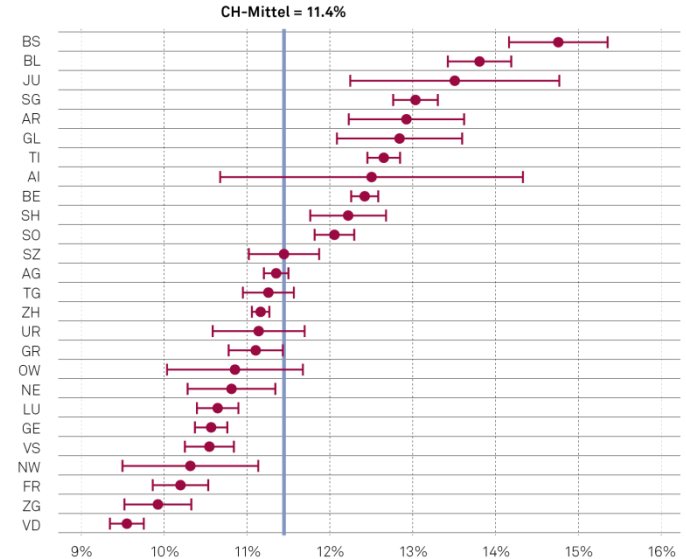


Hospitalisations (2017)

5 | Hospitalisierungshäufigkeit mit bzw. ohne Prämienverbilligungsbezug



4 | Hospitalisierungshäufigkeiten nach Kanton (2017)

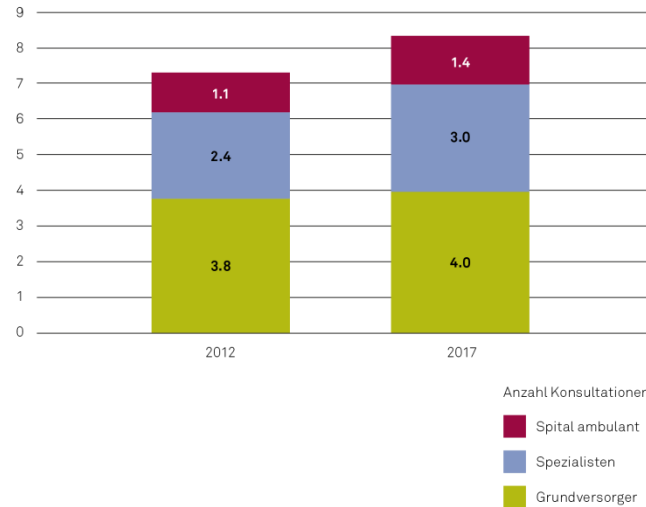


Hospitalisation varies by canton and receipt of cantonal subsidies to insurance premia.

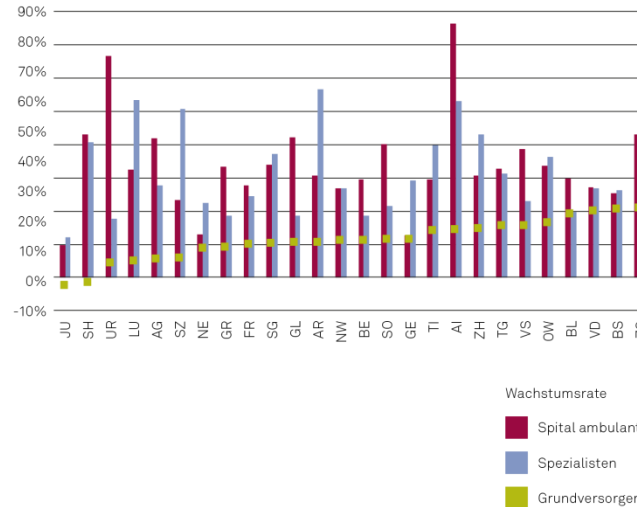


Consultations

8 | Anzahl Konsultationen pro Versicherten bei Grundversorgern, Spezialisten und Spitalambulatorien



9 | Wachstum von Konsultationen nach Leistungserbringer und Kanton (2017 gegenüber 2012)



Patients are increasingly managed by specialist physicians and ambulatory hospital wards.

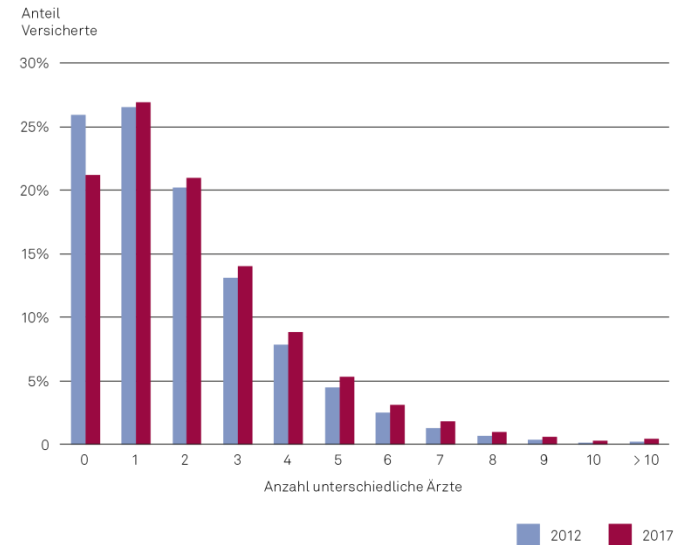


Number of physicians involved in health care

The proportion of persons seeking care with one or more physicians increased.

In the same time interval, the number of consultations and the mean duration of consultation increased.

20 | Anteil von Versicherten bei unterschiedlichen Ärzten



The need for coordination is increasing.



Emergency consultations in ambulatory hospital wards

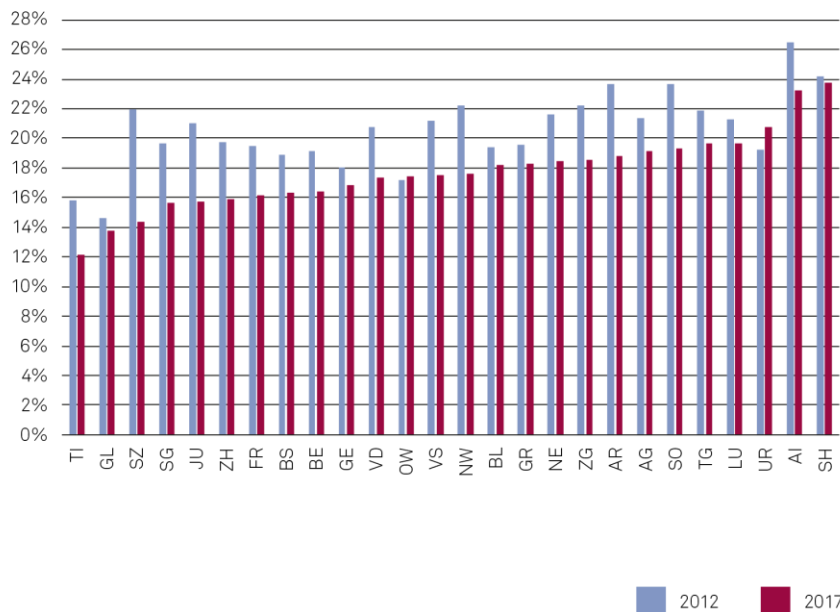
Jahr	Notfallkonsultationen Spital ambulant
2012	1,18 Mio.
2013	1,31 Mio.
2014	1,42 Mio.
2015	1,55 Mio.
2016	1,64 Mio.
2017	1,62 Mio.

Between 2012 and 2017 emergency consultations in ambulatory hospitals wards increased by 37%.

Emergency consultations in ambulatory hospital wards without follow-up consultation within 30 days



Helsana



Between 2012 and 2017 emergency consultations in ambulatory hospital wards increased by 37%.

We estimate more than 200'000 bagatelles without need of seeking care in the hospital setting.

Development of quality indicators for primary care

■ Use of a preexisting international basis of evidence

- guidelines of the German association of primary care and family medicine
- German National Disease Management Guidelines (NVL)
- quality indicators for ambulatory care (QISA)



■ Adaptation to Swiss needs

- Independent multidisciplinary expert group including patient representatives
- Selection of quality aspects which are calculable, relevant, and controllable within the Swiss healthcare system

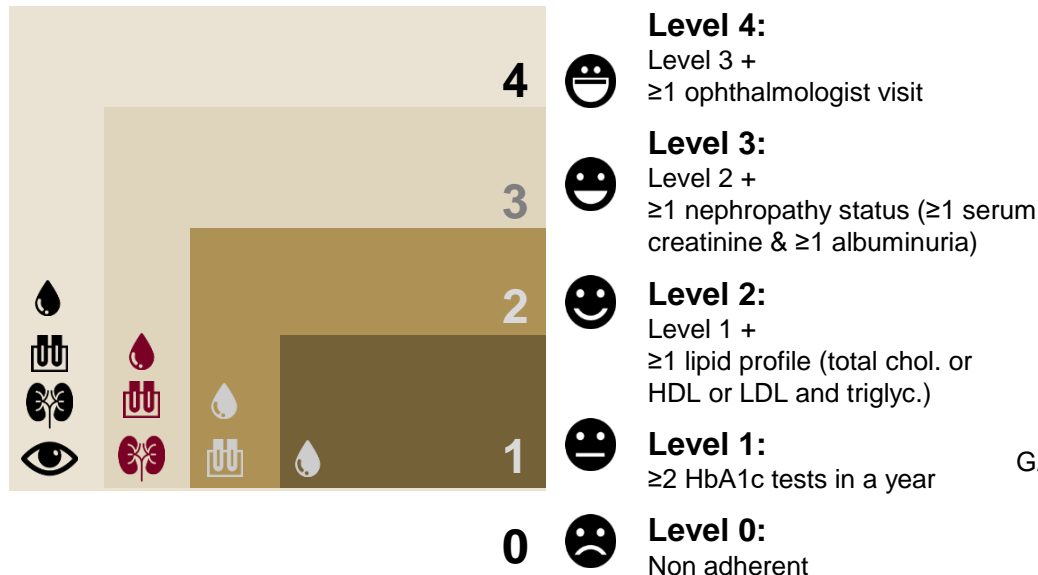
24 quality indicators

Topic	Example
General aspects, efficiency (7)	consultations with different specialists
Drug safety (2)	Proportion with increased use of sedatives
Care for elderly (4)	Proportion with polypharmacy
Asthma/ COPD (2)	Disease-specific hospitalisation rate
Diabetes mellitus (5)	Proportion with annual lipid profile
Cardiovascular disease (4)	Proportion with ASS after MI

Diabetes Care: Four Simple Performance Measures Reflecting “Adherence to Guidelines” Predict Hospitalization

Standards of Medical Care in Diabetes—2013

AMERICAN DIABETES ASSOCIATION



Guideline adherence (GA) was very low among patients with diabetes:

- Only 70% fulfill the minimal criterion of a biannual HbA1c-test
- Only 5% were full-adherent (Level 4)

Risk of hospitalization by adherence level

Variable	Odds Ratio	95%-CI
Level 0 (non adherent)	1.00 (Ref.)	
Level 1	1.01	0.95-1.08
Level 2	0.87***	0.82-0.92
Level 3	0.78***	0.69-0.89
Level 4	0.71***	0.63-0.80

Huber et al. (2016), Patient Prefer Adherence

GA had a strong impact on the hospitalization risk:

- The higher the GA, the lower the hospitalization risk
- Up to 29% risk reduction in full-adherent patients

Quality indicators in contracts with physician networks



Guideline adherence in patients with diabetes mellitus



Polypharmacy

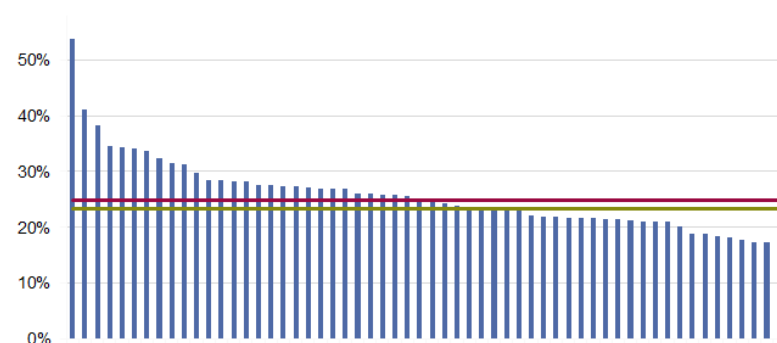


Potentially inappropriate medication



Benchmarking of physician networks

Proportion of guideline adherence, 2017



Health Literacy

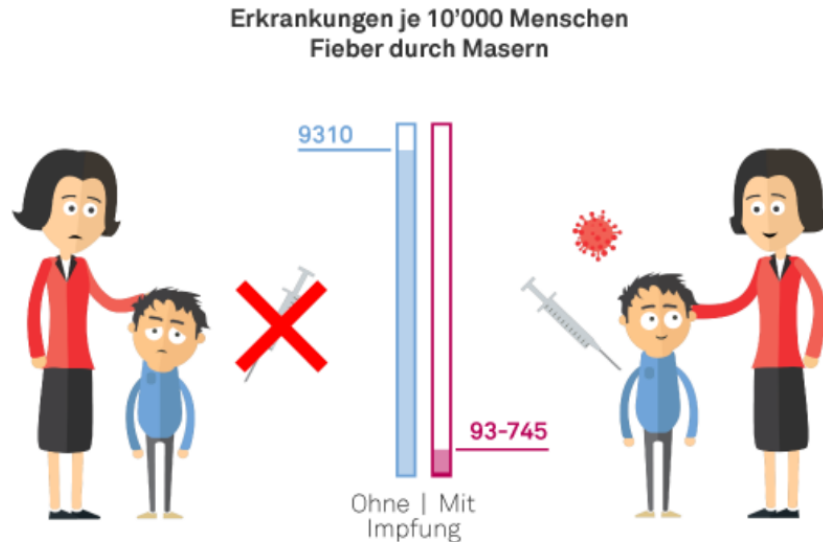
- Evidence-based information
- Visualisation of risks and benefits of
 - Screening procedures
 - Therapeutic procedures
 - Diagnostic procedures



Sind bildgebende Verfahren bei Rückenschmerzen sinnvoll?

Bei Rückenschmerzen werden oft bildgebende Verfahren angewendet. Doch wie hilfreich sind Röntgen, Computertomografie und Co. wirklich?

Measles, mumps, rubella vaccination



Kämen 10 000 ungeimpfte Menschen mit dem Masernvirus in Kontakt, würden rund 9310 von ihnen an Masern leiden. Von 10 000 geimpften Menschen würden lediglich 93 bis 745 an Masern erkranken. Eine vollständige MMR-Impfung kann die Zahl von Masern-bedingten Lungenentzündungen und Hirnhautentzündungen senken. Auch Masern-bedingte Todesfälle liessen sich durch eine MMR-Impfung vermeiden.

Conclusion

- Choice for Swiss patients exists on different levels
 - Health insurance
 - Insurance model
 - Behavior
- Health services research increases transparency and supports decisions.
- Health Literacy supports patients in making their choices.

<https://www.helsana.ch/de/helsana-gruppe/unternehmen/gesundheitswissenschaften>

Versorgungsforschung

Analysen zur Situation im Gesundheitswesen

Forschungsteam

Interdisziplinäre Zusammenarbeit

Projekte

Einblick in die Arbeit des Forschungsteams

Wissenschaftliche Publikationen

Publikationen im Überblick

Arzneimittelreport

Authentische Einblicke in die Arzneimittelversorgung in der Schweiz

Ausgabenreport

Ausgewählte Zahlen und Fakten zur Kostenentwicklung im Gesundheitswesen

Prämienreport

Spezifische Fakten rund um die Prämienentwicklung.

Mengenreport

Medizinische Leistungen im Anstieg. Ausgewählte Zahlen und Fakten.

Vielen Dank!
Fragen?

Kontakt

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