

Switzerland



Switzerland's universal health care system is highly decentralized, with the cantons, or states, playing a key role in its operation. The system is funded through enrollee premiums, taxes (mostly cantonal), social insurance contributions, and out-of-pocket payments. Residents are required to purchase insurance from private nonprofit insurers. Adults also pay a yearly deductible in addition to coinsurance, with an annual cap for all services. Coverage includes most physician visits, hospital care, pharmaceuticals, devices, home care, medical services in long-term care, and physiotherapy. Supplemental private insurance can be purchased for services not covered by mandatory health insurance to secure greater choice of physicians and to obtain better hospital accommodations.

INSURANCE COVERAGE (% OF POPULATION)

0% 50% 100%

Private coverage: 100%

Mandatory insurance provided by nonprofit insurers competing on regional exchanges, with community-rated premiums; cantonal governments responsible for health care provision

Complementary and supplementary coverage (no data on covered population)

Voluntary coverage provided by for-profit insurers for services not covered by mandatory insurance and for wider choice of specialists or inpatient amenities

HEALTH CARE DELIVERY AND PAYMENT

General practitioners (GPs) typically are self-employed. About half of all physicians are in solo practice. Most GPs are paid according to national fee-for-service scale, with some capitated payments from managed care plans. No patient registration required, except in some managed care plans. Billing above fee schedule not permitted. *Patient cost-sharing*: Full cost up to deductible, plus 10 percent coinsurance.

Specialists, most of whom are self-employed, typically work in urban areas near hospitals. Patients can choose their own specialist without referral unless they are enrolled in a gatekeeping plan. Specialists are paid according to the same national fee-for-service scale as GPs. Billing above the fee schedule is not allowed. *Patient cost-sharing*: Full cost up to deductible, plus 10 percent coinsurance.

Hospital inpatient services, public and private, are billed through a national diagnosis-related group payment system. Hospitals receive at least 55 percent of their funding from cantons, with the rest covered by mandatory health insurance (MHI) and patients. Hospital-based physicians are normally salaried. *Patient cost-sharing*: Full cost up to deductible, plus 10 percent coinsurance and USD 12 copay per day.

All costs are in U.S. dollars, adjusted for cost-of-living differences.
Conversion rate: USD 1.00 = CHF 1.21.

DEMOGRAPHICS

8.5M

Total population

18.3%

Population age 65+

HEALTH SYSTEM CAPACITY & UTILIZATION

4.3

Practicing physicians per 1,000 population

4.3

Average physician visits per person

17.2

Nurses per 1,000 population

4.5

Hospital beds per 1,000 population

171

Hospital discharges per 1,000 population



The Commonwealth Fund

Prescription drugs are covered following an evaluation of their effectiveness and cost. Pharmacists are largely reimbursed at flat rates, so they have fewer financial incentives to dispense more-expensive drugs. *Patient cost-sharing:* Full cost up to deductible, plus 20 percent coinsurance for brand-name drugs that can be substituted and 10 percent for generics.

Mental health services are covered by MHI if provided by certified physicians or by nonphysicians — such as psychotherapy provided by psychologists — when prescribed by a physician and provided at the physician's practice. There are also socio-psychiatric facilities and day care institutions, run and funded mainly by the cantons, that treat patients with less-acute symptoms. Prices for outpatient psychiatric services follow the national fee-for-service scale, while inpatient care prices are set with a tariff system. *Patient cost-sharing:* Subject to same user fees as other health services.

Long-term care is provided through home care organizations and mostly private nursing homes. Some long-term care services, including home care, are covered under mandatory health insurance. *Patient cost-sharing:* Up to 20 percent of care-related costs in nursing homes and institutions, with remaining costs financed by canton or municipality. Individuals also pay portion of outpatient long-term care, financed mainly by MHI, voluntary health insurance, other social insurance, and government subsidies.

Safety nets take the form of income-based subsidies from the federal and canton governments to cover MHI premiums. In addition, municipalities or cantons cover health insurance expenses for social assistance beneficiaries and recipients of supplementary old age and disability benefits. Maternity care and some preventive services, such as cancer screenings, are exempt from cost-sharing. Children and young adults in school (up to age 25) are exempt from additional per-diem charge.

Care coordination has become a national priority, particularly for palliative care, dementia, and mental health.

TOTAL HEALTH EXPENDITURES

In 2016, total health expenditures represented 12.2 percent of GDP, among the highest in the world. Publicly financed health care accounts for 62.8 percent of health spending.

RECENT REFORMS

- The Swiss Federal Council's national Health2020 strategy has four main objectives: maintain quality of life; increase equal opportunities; raise the quality of care; and improve transparency, governance, and coordination. Priorities are set for each year of implementation.
- A national cost-containment program was adopted in 2018. The first package of nine measures, adopted in 2019, features improved cost-control and tariff schemes and a reference pricing system for pharmaceuticals. In 2020, a second package of initiatives on improving cost transparency and care coordination is anticipated.
- A new electronic patient record system will be rolled out by 2020 to improve care coordination, safety, quality, and efficiency.

This overview was prepared by Isabelle Sturny.

SPENDING

\$7,317

Health care spending per capita

\$2,069

Out-of-pocket health spending per capita

\$963

Spending on pharmaceuticals (prescription and OTC) per capita

HEALTH STATUS & DISEASE BURDEN

83.6

Life expectancy at birth (years)

11.3%

Obesity prevalence

5.6%

Diabetes prevalence

15%

Adults with multiple chronic conditions (2 or more)

Data: 2019 OECD Health Data except: diabetes prevalence from *Health at a Glance 2019* (IDF Atlas 2017 data); adults with 2+ chronic conditions from the 2016 CMWF International Survey.