

More Value in Healthcare

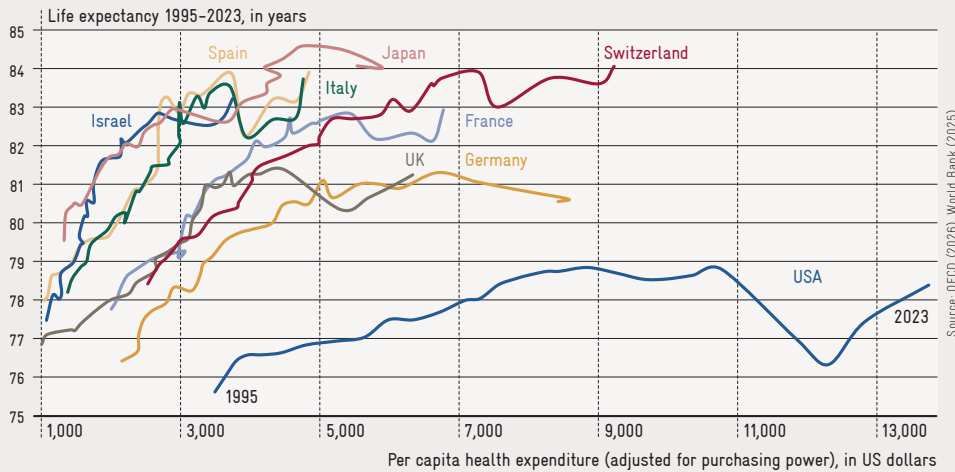
Is it possible to reduce costs and simultaneously expand healthcare services? To answer this question, one needs to be able to compare and reward the quality of services.

Situation

It's the same story every year: In spring there are calls for more healthcare costs to be covered. In fall, once the new health insurance premiums have been announced, everyone's crying out for cost-cutting. Without a paradigm shift to focus on the patient rather than on care providers, the further development of the healthcare system will come to nothing.

To focus on patients, we have to understand the value – i. e., the quality – of the service from the patient's perspective. Additional expenditure is justified if it corresponds to additional service.

High life expectancy in Switzerland comes at a high price



Since 1995, Switzerland has spent an additional CHF 1,186 per insured to raise life expectancy to one year. Italy (CHF 612) and Spain (CHF 644) are more efficient (see the steepness of the curve).

Facts

79%

Of those surveyed for the 2024 Health Monitor, 79% believe that public quality data help improve quality.

Major regional differences

The number of knee arthroscopies per inhabitant in 2023 was 2.5 times higher in the canton of BS than in the canton of GE. Do they do too little surgery in Geneva or too many in Basel? That's a question one can't answer without quality indicators.

No transparency per disease

The ANQ association collects quality indicators for all hospitals and clinics. However, these indicators apply to an entire institution. What's lacking is indicators collected for each individual illness and along the entire patient pathway, i.e. also after discharge from hospital.

Few incentives for quality

Under the current system, it's mainly individual services that are remunerated. If the "dividends" of these investments accrue in later treatment steps outside one's own institution, there's hardly any incentive to invest in quality.

No quality-dependent tariffs

According to a ruling by the Federal Administrative Court, within the scope of the Health Insurance Act (KVG/LAMal), it is not possible for hospitals and health insurers to voluntarily agree on a tariff with surcharges and discounts tied to quality.

Recommendations

A patient-centered, value-based healthcare system isn't something that can be decreed from the top down. It has to be developed by those who practice it. This requires three steps:

- 1) Definition and measurement of outcome indicators** by the medical societies,
- 2) financial mechanisms** to reward added value for patients and
- 3) transparency around the quality** and cost of care, first anonymously, then publicly.

