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Healthcare and IT policy in Switzerland

Known for its intensely confederal system of politics and decision-making, Switzerland has nevertheless recently begun to coordinate its e-Health initiatives on a national level. Alongside, it is also opening up to new European and international e-Health standards. To obtain an overview of policymaker's perspectives on healthcare and IT in Switzerland, HITM's Catalina Ciolan interviewed Adrian Schmid from the Federal Office of Public Health in Switzerland.

HITM: At end June, the Federal Council approved a National e-Health Strategy for the years 2007 to 2015. Some reports suggest that one element here is an awareness that Switzerland is advanced in its e-Health development, but

could have progressed further – especially in terms of the state-of-play across the European Union? Do you agree?

AS: Switzerland certainly has a unique structure. It's not – like many people think a small country divided in 26 cantons. By history we have 26 very small but autonomous cantons that have decided to work together. So many basic tasks of a state are in the responsibility of the cantons – that includes important parts of the health system. That form of organisation is favourable for solutions that are close to the needs of all the players in the health system, but it is a burden in finding solutions on a regional or national level and slows down the process. For that reason, the Federal Council and the cantons want to strengthen the national coordination in e-Health.

HITM: In the above context, do you believe IT will have to play an even more central role than it is doing now?

AS: Not IT for itself. We are convinced that the technical part is the easier challenge in e-Health. What we need more

urgently is a awareness of the potential and the will to change the way hospitals, doctors, pharmacists work. That is not a 100-meter-run but rather a marathon race. The most important thing is: With the "Swiss e-Health Strategy" the Federal Council has given the starting signal. Now everybody knows in which direction the race goes.

HITM: Would you agree that Geneva's e-Toile and the Ticino electronic medical record projects are Switzerland's most

advanced in terms of e-Health ? Are there any plans to use these in a hub-and-spoke model to disseminate across the rest of the country?

AS: The initiatives in the cantons of Geneva and Ticino are different. E-Toile is a concept that has not been implemented so far. And the Rete Sanitaria in the Ticino is a rather small project in the region of Lugano. The aim in testing a health card was to break down the cultural barriers and encourage the introduction of more complex electronic health services with greater added value. Both concepts were designed for the local needs and have elements that make it difficult to transfer them to the national level. But much more important than that is the will to gain experience

on a local and regional level and to bring them into the discussion for a national system.

HITM: Would such efforts be buttressed by the fact that the Swiss insurance card already functions as a Lite EHR? Cardholders, we are told, can already have some vital data stored on their cards, specify who has access rights, and also withdraw the data when they choose. These, to us, seem to be key aspects of EHR projects across Europe.

AS: The Swiss insurance card is legally established and the plan is to introduce it in 2009. Indeed, the card can be used as a local carrier of the medical information about the patient – such as chronic diseases, medication or allergies.

We also have established rules about who may write or read the information. There still is some reservation about this functionality, because the data will be on the card only. A big potential of the insurance card could be that the cantons can use the card for pilot projects in their region with more advanced applications - if they have established the legal basis for these projects.

HITM: What are your views on integration of your healthcare IT environment e-Health included, with that of the EU? Do you already have some cross-border efforts with neighbouring EU member states like Austria, Germany, France and

Italy?

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AS: Probably the most important thing is the will to use international standards where they are on hand. But of course

Switzerland has an interest to coordinate its initiatives on a national and regional level. For that reason we do have bilateral contacts and Cantons like St. Gallen, Basel, Ticino and Geneva are in touch with the neighbouring regions across their borders.

HITM: We know that, given your confederal structure, the Swiss healthcare system is rather complex. Few countries have the autonomy of your Cantons. In the future, due to the scale requirements of e-Health, do you believe that the Cantons will be willing to surrender some of their autonomy?

AS: That is an open question. The difficulty of IT solutions is that they have to be defined in a very detailed way. That will be a big challenge for the Swiss health system. We now start in 2008 to put the theory of the strategy into practice – on a legal and technical level. We will have to see where that process brings us.

HITM: Hospital IT departments are at the centre of many changes – e-Health and e-business are new developments alongside their traditional roles in administration and operations. Are these forces having an impact on hospital IT departments in Switzerland?

AS: Hospitals are much more aware of the need to coordinate than many other players in the health system. So for us IT managers in the hospitals will be important partners in the process of building a national system.

HITM: What are the key challenges and priorities for healthcare IT (beyond e- Health)? Does Switzerland have any issues or specific perspectives on new standards (national versus EU versus global)?

AS: We are just beginning to coordinate e-Health on a national level, to define the roles of all the partners and to find common priorities. As I already said, we want to use international standards where they are available and practical.

HITM: What about issues such as legacy systems, skills availability, budgets (your per capita health spend is one of the world's highest) ?

AS: We think that e-Health can play an important part in the reform of the Swiss health system. But it is not the engine of this change. There are other health issues that get much more public and political attention. So from today's point of view e-Health has to intersperse into system – by successful local and regional projects and the common will at the federal and cantonal level to go in that direction.

HITM: In the face of all these changes in the Big Picture, do you think Swiss and European IT managers need a common voice?

AS: IT managers in hospitals are at the core of the implementation of e-Health. To me it seems important that they are aware of that fact. For that they do not need a common voice – but a common understanding is very helpful.

HON: A Swiss e-Health Jewel

As far back as 2004, EU non-Member Switzerland won the European Commission's eEurope Award in the highprofile category of e-Health information tools and services for citizens.

The Swiss Health on the Net (HON) Foundation was selected for its accreditation service plus code of conduct. This aimed at striking a fine balance between providing users with medical information, while also protecting them from being misled.

HON's origins go back to September 1995, when some of the world's foremost experts on telemedicine met in Geneva for a conference entitled The Use of the Internet and World-Wide Web for Telematics in Healthcare.

Supported by the local cantonal authorities in Geneva, Health on the Net is now available in five languages. It collaborates with a wide variety of organisations, principally from Switzerland, but also France, the US and South Africa.

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