Volume 3 / Issue 1 2008 - Country Focus: Switzerland

IT and Swiss Healthcare

E-Health is rapidly emerging at centre-stage in Switzerland's healthcare IT agenda. Last June, the Federal Council approved a National e-Health Strategy for the years 2007 to 2015. The strategy is based on a proposal from the Federal Office of Public Health, and follows extensive consultations with a range of concerned parties.

One key element of the Swiss e-Health strategy is the recognition that the country is advanced in its e-Health development, but could have progressed further – especially in terms of the state-of-play across the European Union. Rather than pilot projects and isolated/standalone initiatives, the National e-Health strategy focuses attention squarely on issues of quality and efficiency alongside the attainment of solid financial benefits.

The e-Health strategy paper provides information on targets and costs, priorities for action, procedures as well as a timeline.

The Focus is on Three Areas:

Ó Electronic Patient Record

This is due to be introduced in a phased manner through to 2015. It is seen as key to giving service providers distributed, real-time access (independent of place and time) to information on their patients, and to thereby boost the efficiency, quality and security of healthcare delivery. As elsewhere, the record is set to be designed in a manner which ensures both privacy and patient rights as well as the security and protection of data. One initiative, the Geneva-based e-toile project, is centred on rolling out electronic patient records in 2008 (see below).

Ó Online Information and Services

Online information on health and the healthcare system is seen as a means to strengthening the Swiss population's individual awareness and drive overall efficiency from the side of personal demand and expectations. The federal and local governments have agreed to use new IT and communications tools to disseminate high-quality online information and online services.

Ó Implementation and Rolling Refinement of the Strategy

Given the diffusion of powers on healthcare in Switzerland, the federal and Cantonal authorities have set up a joint national coordination body and concluded an outline agreement which could ensure clarification of legal issues by the end of 2008 and the initiation of all legislative and regulatory processes.

In early September, a framework agreement on e-Health was concluded between the Swiss Federal Department of

Home Affairs and the Conference of Cantonal Ministers of Public Health.

The framework agreement has identified and agreed on several tangible goals:

Ó Guarantee of interoperability throughout Switzerland of e-Health projects and solutions

Ó Networking of key healthcare players

Ó Development of higher-quality, safer and more cost-effective procedures

Ó Studying information exchanges between patients and healthcare specialists

ÓThe provision of health services irrespective of location and time

ÓThe enhancement of individual competencies in health matters – a key aspect of the Online Information and Services theme mentioned previously

To achieve its goals, the framework agreement has set up a coordinating organisation to draw up e-Health implementation plans. Its mandate includes not only further development of the e-Health strategy, but also the definition

of uniform standards and a nationwide e-Health architecture for Switzerland. Under its remit too are proposals to amend the law at both federal and cantonal levels and coordinate the interoperability of cantonal pilot projects and promoting acceptance of e-Health by the general public.

The coordinating organisation is composed of the following bodies:

Steering committee, with three Federal Council representatives (one in the Chair) and four delegates from the Cantons. It will be responsible for decision-making and top-level management.

Project management committee to oversee day-to-day operations and coordinate working parties. It will be constituted by representatives of the Federal Council and the Cantons, as well as healthcare service providers and insurers.

Working parties will be set up by the steering committee to work on specific topics.

An advisory support group composed of experts.

The Swiss Insurance Card: A Gateway to E-Health

An electronic health insurance card has begun to lay the foundations for Switzerland's e-Health strategy. In February 2007, the federal government adopted a decree on the card for compulsory insurance. Its key purpose is to reduce administrative costs through an increase in the use of electronic – rather than paper – data. Key data includes the cardholder's name and of the insurer.

By early 2009, all insured persons will have to present their insurance card to obtain services from doctors, hospitals, pharmacists and their health insurance. One interesting feature of the Swiss insurance card – in terms of its role as a gate way to e-Health – is that it already functions as a light version of the electronic patient record.

Holders can agree for vital data (such as current illnesses, allergies and highlights of their medical history) to be stored on the card, and increase its utility, especially in emergencies. The personal data will not only be protected by the PIN (personal identification) code of the holder, but can also be deleted if requested by the holder.

E-health and the Information Society

e-Health is one of the two main pillars of Switzerland's wider-ranging plans for ushering in an Information Society; the other is e-Government.

The Federal Council has defined the key principles and priorities of the Information Society and these have begun to already be implemented across the country. As with e-Health, the guiding lights for Switzerland's e-Government plans relate to enhancing quality, efficiency, transparency and cost-effectiveness in administration. An outline concept paper for the standardised handling of electronic data and documents has already been published and was adopted by the Federal Council in January 2007.

Telemedicine: Downplaying Technology

Switzerland has a world-class healthcare system and one of the highest personal computer and Internet penetrations. By the end of 2005, 98% of the Swiss population had broadband access (ADSL and cable modem), although only 25% used it.

Nevertheless, telemedicine projects are, so far, principally local or regional. With some notable exceptions, they are also based mainly on individual initiatives.

The Swiss have also taken a somewhat original approach to the future role of telemedicine. They have sought to define it functionally - in terms of what it achieves, and by role – in terms of who can practise it and under which conditions.

Indeed, many experts in Switzerland question whether telemedicine will encourage the development of a two-tier medical system (face-to-face/personal treatment for the privileged, and distant /anonymous treatment for the less well off). The social aspects of telemedicine, in terms of the quality of patient satisfaction, are also under scrutiny.

Last but not least are concerns about cost-effectiveness – whether telemedicine will simply generate additional healthcare costs due to frivolous use and unrealistic expectations.

Some of the best-known telemedicine projects in Switzerland include the following:

Medi24: This is a 24x7 call centre, with advice on health issues, backed by an IT programme developed specifically for

the purpose, and medical collaboration from the hospitals of Biel-Bienne, the Wintimed physician network and the

Praxis Bubenberg HMO. Much of Medi 24's effort involves practical advice on next steps, including contacts with specialists for face-to-face consultation. One of the interesting findings from Medi 24 is that many patients do not require urgent medical intervention, and are satisfied in having this explained to them.

The resulting impact – in terms of reduced pressure on hospitals and private physicians, and on waiting times – has

led some health insurance firms to provide rebates to policyholders who undertake to firstly contact Medi 24, before going to a doctor or hospital.

E-toile: Geneva-based e-toile is an advanced project centred on the electronic patient record. It is designed to be open to receiving and transmitting data from telemedicine treatments. e-toile aims to eventually connect all healthcare facilities in Switzerland via a secure medical information network.

The issue of privacy rights has also been taken on upfront. Patients can use a smart card to specify access rights to their data, as well as layer such rights. The project has cost an estimated CHF 50 million for development, and is due to begin going live in 2008.

Since five years, Geneva's Cantonal authorities have been collaborating with a similar initiative in Ticino Canton known as 'rete sanitaria'.

Key Players

Other than the authorities, key actors in the healthcare IT field in Switzerland include the Centre for Technology Assessment at the Swiss Science and Technology Council (www.ta-swiss.ch) and the Swiss Academy of Medical Sciences (www.samw.ch), the Swiss Academy of Engineering Sciences (www.satw.ch).

These bodies have statutory status and provide advice to the Federal Council. They also coordinate their efforts in broader socio-economic evaluations of issues such as rationing healthcare. In the area of telemedicine and e-Health technologies, current questions for debate involve the following:

Economic

Funded by insurance or personal charges Savings from efficiency or cost escalation from increased volumes

Ethical

Sound information or questionable advice Personal care or anonymous treatment New perspectives for medical professionals or diluted professional profile

Legal

Place of jurisdiction

Technological

Standardised procedures or increased technology risks

Utilitarian

Greater scope for action for all, or opportunities for the few

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