

# Healthcare - Health Planning in Switzerland

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## Introduction

Healthcare with health planning is not a static state, but rather a process which is subject to many contributing factors. Observations and analyses of the needs of patients are just as necessary as the implementation and adaptation of the offers to the needs and implementation potentials. There are also differences in regions, or rather in urban and rural areas [1]. The aim of every type of health planning is the promotion and maintenance of the health of every member of the population.

## Issue

Health is also the responsibility of each individual, and for this the strengthening of health literacy and personal responsibility of each individual in the population is of importance [2]. Nevertheless, health parameters are subject to continuous change and criteria [3].

Amongst other things, digitization, as a component, has long entered the health system and the demographic change in urban and rural areas challenges all actors to develop appropriate, effective, feasible and affordable approaches.

In the years 2017 to 2020, some national research programmes (NRP) in this field were implemented or launched, for example the NRP 67 “End of Life”, the NRP 69 “Healthy nutrition and sustainable food production”; the NRP 72 “Antimicrobial Resistances” was launched as well as the NRP 74 on “Healthcare provision”. The NRP 74 comes to an end in 2023. The NRP 74 was planned to last for five years and operates with a total funding of CHF 20 million [4]. The Swiss Federal Council commissioned the Swiss National Fund with the implementation of this programme on 24<sup>th</sup> June 2015 [5].

The aim of this programme is to gain new insights into the structure and use of healthcare provision in Switzerland and to find ways of how its effects can be improved, and it is focussed on inpatient, outpatient and mobile care and their interfaces. Eight research projects on various subjects could already be completed; others are not yet finished [6]. The ongoing projects deal with promoting participation, contributory factors, social inequality, case management, optimization, improving the data situation, efficiency and effectiveness, automatic identification, and promoting the merging of health data, and other topics.

## Coordinated Care and Care Criteria

Healthcare provision requires ‘coordinated care’, particularly for patients with chronic or multiple illnesses [7]. ‘Coordinated care’ is here defined as the totality of the procedures which serve to improve the quality of the treatment of patients throughout the whole chain of treatment [7].

Switzerland has by far one of the best healthcare systems in the world, but still shows in part the same shortcomings as other high-wage countries [8].

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Its healthcare system is expensive and the costs are increasing enormously for a variety of reasons, partly as a result of rising administrative and operational costs, of faulty or non-existent cooperation within and between the groups involved patients, nursing professionals, doctors, hospitals, health insurers, the pharmaceutical industry and public health administrations [8].

Illness stands predominantly in the foreground, rather than the promotion of health and the prevention of disease. Noteworthy is an increased prevalence or complexity of chronic illnesses such as diabetes, cardiovascular disorders, asthma, certain types of cancer, HIV/AIDS, Alzheimer’s and Parkinson’s syndrome [8]. A high percentage of the annual health expenditure relates to the sector of hospitals, retirement homes and nursing homes, and at the present time in particular, to disorders in the context of COVID-19.

Special challenges to the healthcare system are also, amongst others, in Switzerland:

1. digitization,
2. demographic development, and
3. costs and funding.

In order to manage the challenges, evidence and data basis are required.

Healthcare research or investigation into the provision of healthcare in Switzerland, in particular studies on the healthcare system, can thereby be developed [9, p. 16]. Such studies are also needed on the patients themselves, as a significant influence on the provision of healthcare with regard to the respective offers is the patient himself/herself.

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The commitment, the decision to use the provision of healthcare also depends on the type of provision and the individual's access to it. A meta-analysis by Bombard et al. [10] states that the provision and control of healthcare services affects and influences the patient, as already variously scientifically documented by Darzi [11], the Ontario Health Quality Council [12] or the Institute of Medicine [13] in Washington or by Bradshaw [14] in Great Britain and others. An important basis for this is medical healthcare, in Switzerland as well, that is oriented to the strong points of the patient [15].

Performance criteria for medical primary health care are:

1. Accessibility
2. Equity
3. Appropriateness
4. Quality
5. Efficiency
6. Long-term continuity and
7. Community/public health oriented [16, p. 15].

These criteria should be tailored to the patient and user-oriented [17].

The SFOPH (Swiss Federal Office of Public Health) advocates that the provision of healthcare be readily accessible and appropriately designed for disadvantaged population groups as well [18].

Thus, an explorative study on behalf of the SFOPH by Sottas et al. in 2016 reached the conclusion that, in Swiss healthcare, most of the problems arise not on the supply side but rather on the demand side; as much is done on the supply side to ensure good healthcare in Switzerland, also for socially disadvantaged people.

Potential barriers were, for example:

1. fear of having to pay own costs
2. lack of knowledge and
3. lack of health literacy
4. stigmatization and taboos regarding mental disorders
5. language and cultural barriers or
6. lack of insight into the disease.

Sottas et al. gave some expert recommendations for the improvement of care for socially disadvantaged people, as, for example, an expansion of the offers for persons with special needs, including the relevant funding, (e.g. aging disabled persons and mentally ill persons, disabled persons in the 'normal' healthcare system), or for example more outreach (psychiatric) services and strengthening and linking local structures [19, p. 3].

One goal of the healthcare services is "Good health for all", i.e. to achieve good health for every person and to impart the knowledge that health and sickness interrelate with one another fluidly.

## Summary

The personal conduct and lifestyle of each individual, as well as his/her social, political and communal environment, affect the health of the population. Healthcare can reach each person in his/her living environment and vice versa. Data surveys and analyses of the healthcare provision, with the cooperation within and between the

groups involved pave the way for the promotion and maintenance of health of every member of the population.

## Competing Interests

The author declare that there is no competing interests regarding the publication of this article.

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