WENNBERG INTERNATIONAL COLLABORATIVE
SPRING POLICY MEETING 2018

WELCOME and INTRODUCTION

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Conference Chair and SSPH+ Deputy Director

WIC WENNBERG INTERNATIONAL COLLABORATIVE

74 NRP Smarter Health Care National Research Programme

SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

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Department of Business Economics, Health and Social Care

SUPSI

WENNBERG INTERNATIONAL COLLABORATIVE SPRING POLICY MEETING 2018 IN SWITZERLAND?

WIC WENNBERG INTERNATIONAL COLLABORATIVE

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REASON 1

IN PUBLISHED PAPERS AND MEDLINE INDEXES, «EVIDENCE» OF MEDICAL MISUSE (OVERUSE OR UNDERUSE) IN SWITZERLAND IS VERY LIMITED (ALMOST LACKING)

- **Published papers and Medline indexes that are coming from a swiss medical author or institution, relating to medical practices carried out in Switzerand in the past 10 years (2003-2012):**
  N= 77478
- **MESH terms** («*Health Service Misuse*» OR «*Overuse*» OR «*Underuse*» OR «*Over prescription*»)
  N= 11 → **4 (0.005 %)**
- **MESH terms** («*Appropriateness*» OR «*Adequacy*»)
  N= 51 → **10 (0.013 %)**

Evidence of a rather silent or inactive scientific community in Switzerland on the topics of today's conference

REASON 1

Tagung
Donnerstag
1. November 2012
Bern

Versorgungsfor

Symposium
Dienstag
4. November 2014
Bern

Symposium
Mittwoch
6. November 2013
Bern

Versorgungsfo
der Hausarztme

Symposium
Montag
9. November 2015
Bern

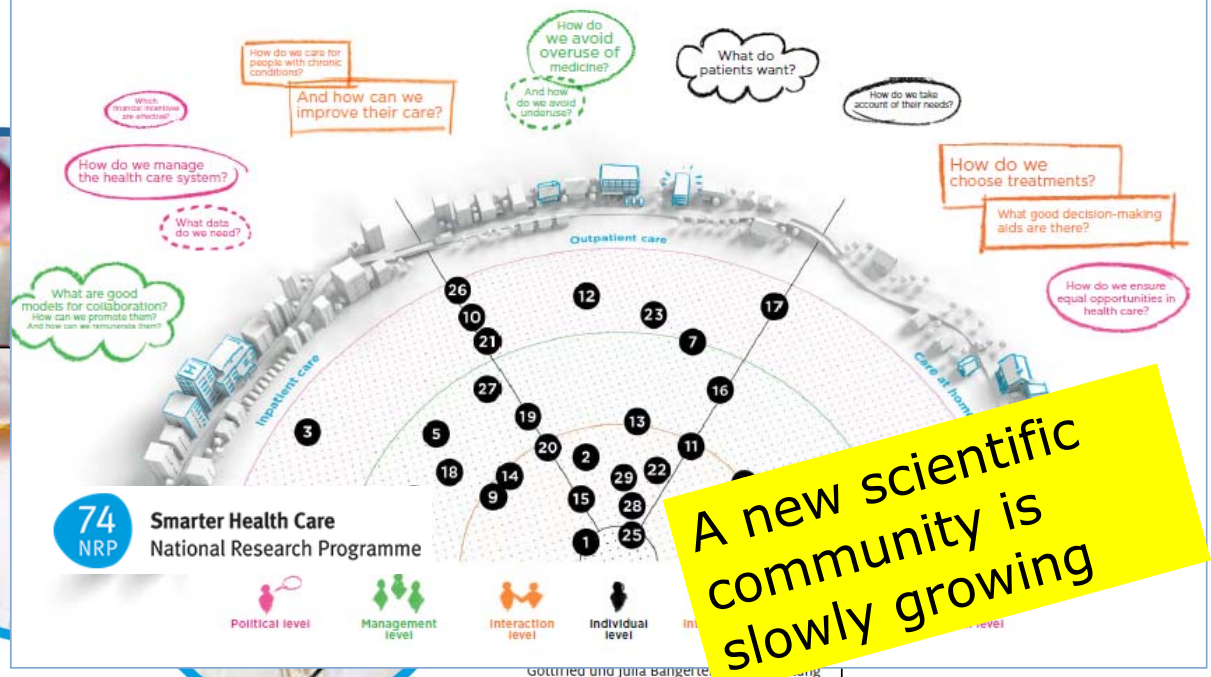
«Less is

Der Beitrag der Versorgungsforsch
4. Symposium zur Versorgungsforsch

Symposium
Mittwoch
1. März 2017
Bern

5. Symposium zur Versorgungsforschung
im Gesundheitswesen

Versorgungsforschung
in der Schweiz – wie weiter?



A new scientific community is slowly growing

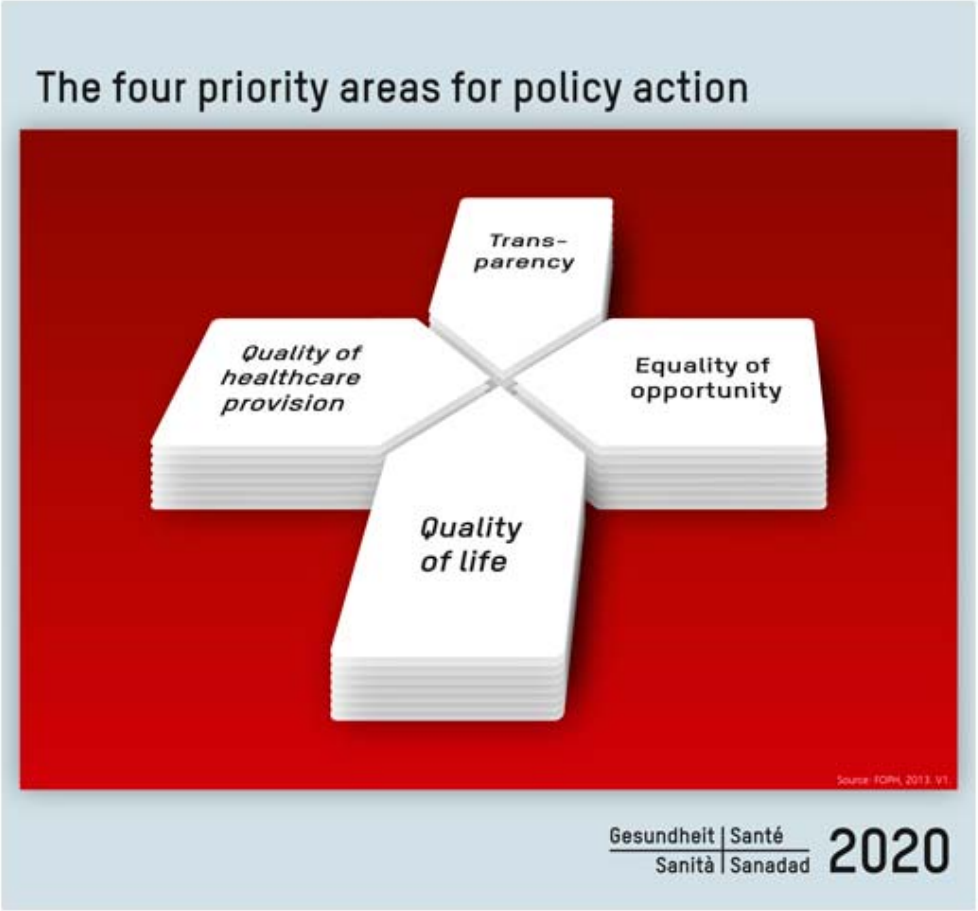
REASON 2

Swiss federal health system is a fantastic setting for the analysis of regional variation

Gesundheit2020 - Health2020 - a comprehensive health care strategy

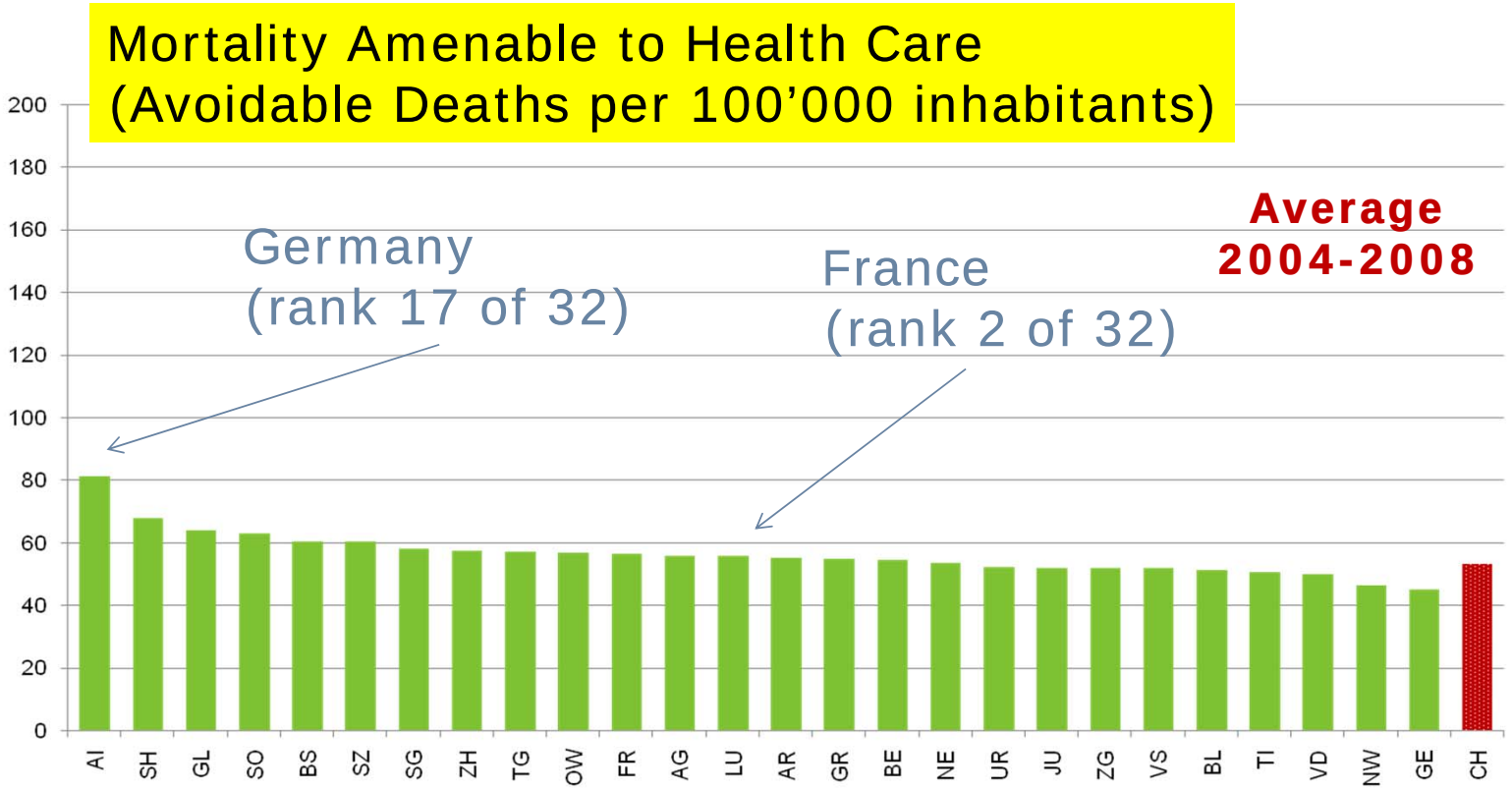
In January 2013 the Federal Council approved a comprehensive strategy entitled "Gesundheit2020" (Health 2020). A total of 36 measures across all areas of the health system aim to maintain quality of life, increase equal opportunities, raise the quality of care and improve transparency.

The measures will be implemented in the course of the next few years with the involvement of all key stakeholders. The objective is to make the Swiss health system fit to face the challenges ahead and yet to keep costs affordable.



REASON 2

Switzerland's federal health system is a fantastic setting for the analysis of regional variation (continued)

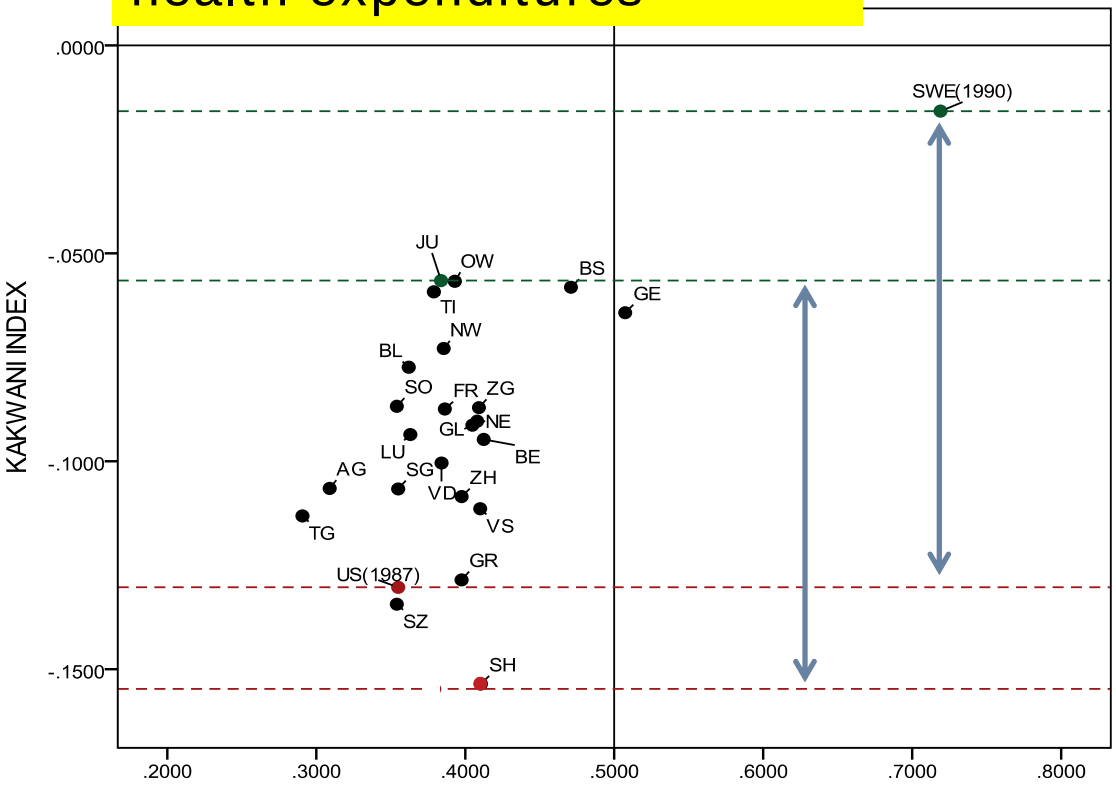


Source:
Own computation by J. Quaglia
Health Department of Ticino

REASON 2

Swiss federal health system is a fantastic setting for the analysis of regional variation (continued)

Kakwani index of socialized health expenditures



Share of health expendutire funded through taxes

Sweeden (1990)

Jura (1998-2005)

USA (1987)

Schaffhausen (1998-2005)

RESEARCH Open Access

The inequity of the Swiss health care system financing from a federal state perspective

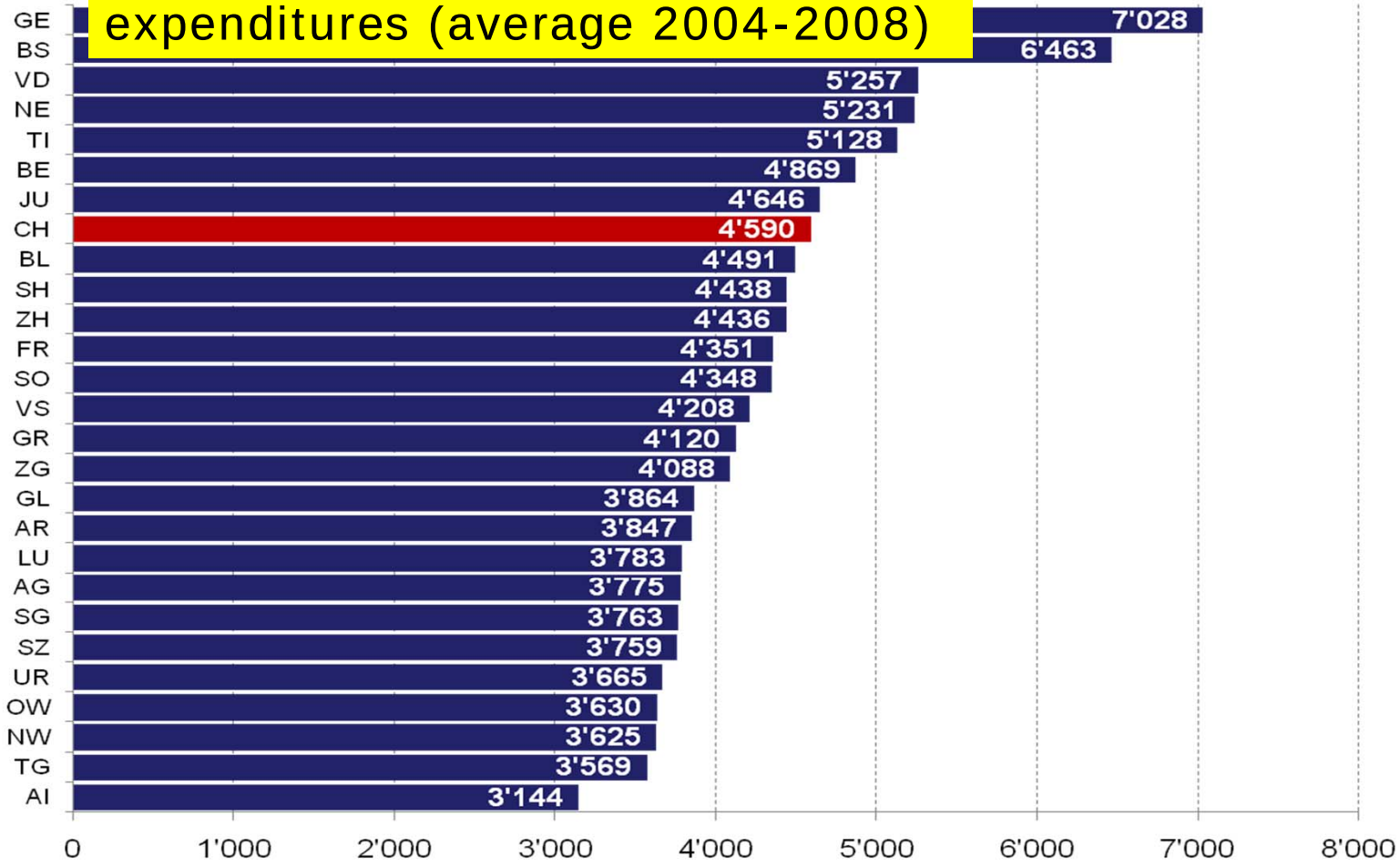
Luca Crivelli[1,2] and Paola Salari[1*]

INTERNATIONAL JOURNAL FOR EQUITY IN HEALTH

REASON 2

Swiss federal health system is a fantastic setting for the analysis of regional variation (continued)

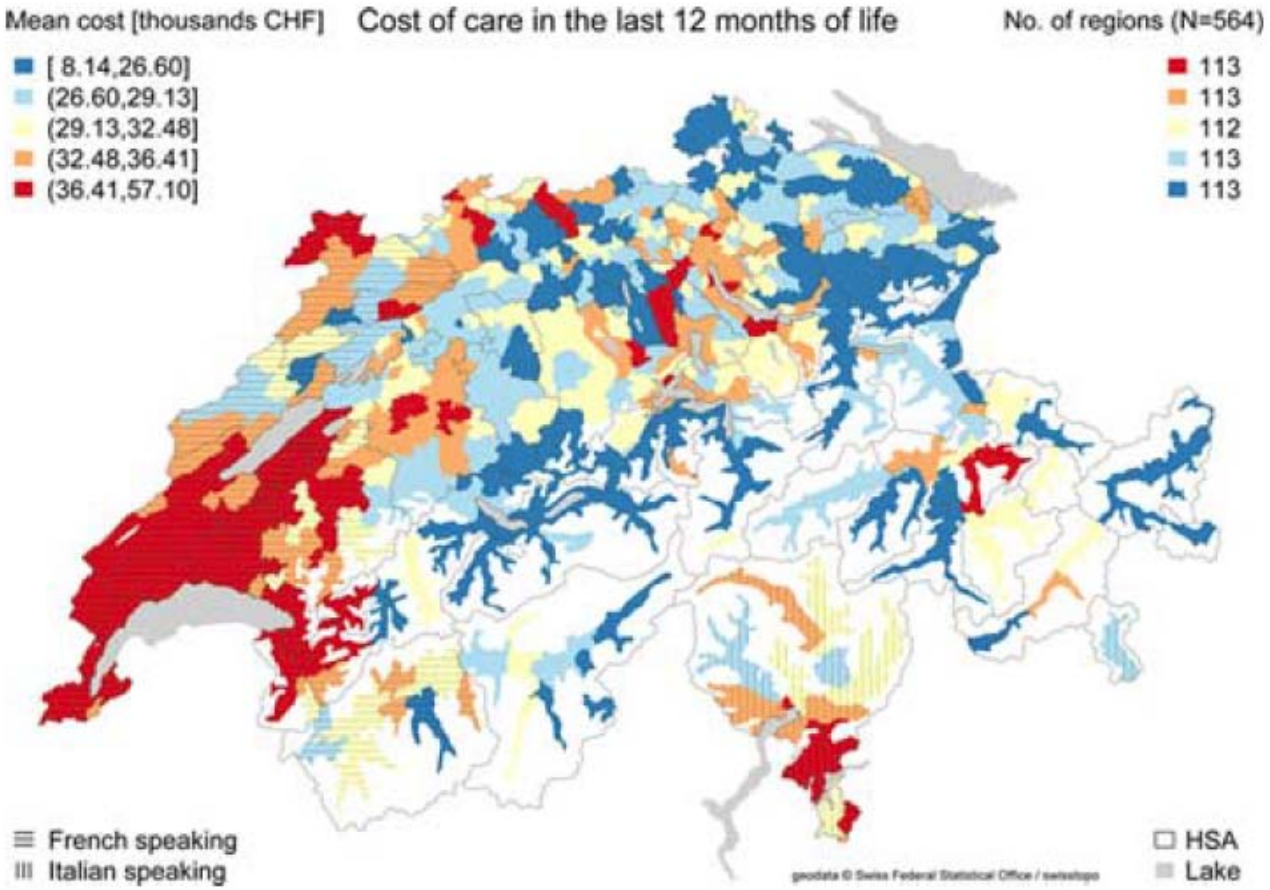
Per capita socialized health expenditures (average 2004-2008)



REASON 2

Swiss federal health system is a fantastic setting for the analysis of regional variation (continued)

The cost of dying (crude variation)



ORIGINAL ARTICLE

OPEN

Regional Variation of Cost of Care in the Last 12 Months of Life in Switzerland

Small-area Analysis Using Insurance Claims Data

Radoslaw Panczak, PhD, Xhyljeta Luta, MPH,* Maud Maessen, PhD,* Andreas E. Stuck, MD,† Claudia Berlin, PhD,* Kurt Schmidlin, DMD, MPH,* Oliver Reich, PhD,‡ Viktor von Wyl, PhD,§ David C. Goodman, MD, MS,*‖ Matthias Egger, MD MSc, FFPH, DTM&H,* Marcel Zwahlen, PhD,* and Kerri M. Clough-Gorr, DSc, MPH*¶*

Background: Health care spending increases sharply at the end of life. Little is known about variation of cost of end of life care between regions and the drivers of such variation. We studied small-area patterns of cost of care in the last year of life in Switzerland.

Methods: We used mandatory health insurance claims data of individuals who died between 2008 and 2010 to derive cost of care. We used multilevel regression models to estimate differences in costs across 564 regions of place of residence, nested within 71 hospital service areas. We examined to what extent variation was explained by characteristics of individuals and regions, including measures of health care supply.

Results: The study population consisted of 113,277 individuals. The mean cost of care during last year of life was 32.5k (thousand) Swiss Francs per person (SD=33.2k). Cost differed substantially between regions after adjustment for patient age, sex, and cause of death. Variance was reduced by 52%–95% when we added individual and regional characteristics, with a strong effect of language region. Measures of supply of care did not show associations with costs. Remaining between and within hospital service area variations were most pronounced for older females and least for younger individuals.

Conclusions: In Switzerland, small-area analysis revealed variation of cost of care during the last year of life according to linguistic regions and unexplained regional differences for older women. Cultural factors contribute to the delivery and utilization of health care during the last months of life and should be considered by policy makers.

Key Words: end of life, health care cost, health insurance, regional variation, palliative care, Switzerland

(*Med Care* 2017;55: 155–163)

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Supported by funds from Swiss National Science Foundation (grant number 406740_1393333) and by the joint grant of Swiss Medical Association (FMH), Konferenz der Kantonalen Ärztegesellschaften (KKA) and NewIndex AG.

Preliminary version of findings shown in this manuscript were presented at the 2014 Wennberg International Collaborative meeting in London, UK; GEOMED 2015 Conference in Florence, Italy; and Swiss Public Health Conference 2015, Geneva, Switzerland.

The authors declare no conflict of interest.

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Supplemental Digital Content is available for this article. Direct URL citations appear in the printed text and are provided in the HTML and PDF versions of this article on the journal's Website, www.lww-medicalcare.com.

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ISSN: 0025-7079/17/5502-0155

Two factors characterize the Swiss health care system: high performance and high cost. Health care expenditures (HCE) accounted for 11.4% of the gross domestic product in 2012.[1] Although advances in medicine contribute to raising health care costs, HCE are unevenly distributed across the life span and end of life (EOL) is often associated with sharp increases in spending on health in an aging poplation.[2,3] A significant proportion of health care costs can be attributed to the care of EOL patients.[4]

Differences in the use of health care between providers and regions have been widely documented.[5] However, documenting variation and identifying its causes is a nontrivial exercise.[6] Not all variation is bad or unwarranted and its systematic, routine documentation at the local level is the first step in addressing inefficiency of resource allocation and overuse or underuse of services.[5–8] Variation in intensity and cost of EOL care (EOLC) can be of particular importance in tracking regional differences in practice patterns.[9,10]

None of the previous Swiss EOLC studies[11–16] has investigated small-area variation in costs despite the importance of understanding local practice patterns, identifying unwarranted

REASON 3

Far from optimal incentives

Fehlanreize bei den Ärzten beseitigen

Die Handlungen von Ärzten werden von ökonomischen Anreizen beeinflusst. Indem das Tarifsystem Tarmed auf Einzelleistungen basiert, setzt es wirtschaftliche Fehlanreize. Auch den Vertragszwang gilt es zu hinterfragen.

Welche Behandlung ist angebracht? Das aktuelle Tarifsystem Tarmed verleitet Ärzte dazu, mehr Leistungen als nötig zu erbringen. (Bild: Shutterstock)

Payment schemes and incentives should be smarter than they are today in Switzerland.
→ Large scope of improvement!

Die Volkswirtschaft
Das Magazin für Wirtschaftspolitik
wenni

REASON 4

Wide gap between politics and science

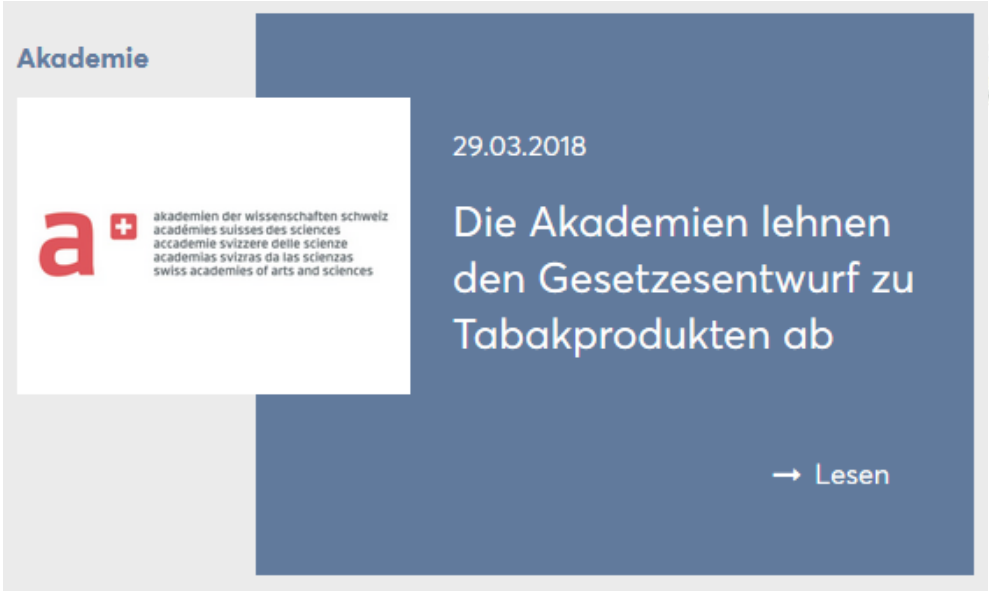
SSPH+ against the draft act on tobacco products - Media rele

Die Wissenschaft fordert evidenzbasierte Gesetze und lehnt den Gesetz
produkte und elektronische Zigaretten ab. Siehe Medienmitteilung hier.

La science exige des lois fondées sur des preuves (evidence-based policy) et, par conséquent, le rejet de l'avant-projet de loi fédérale sur les produits du tabac. Voir le communiqué de presse ici.

La scienza richiede una politica basata sull'evidenza e, quindi, il rifiuto del progetto di legge federale sul tabacco. Vedi il comunicato stampa qui.

Read also:



SSPH+ Directorate which has been published in the "S
es médecins suisses".

Swiss politics is driven by the right to defend private interests. The exposure of politicians to the lobbying activity amplifies the gap between science and policy-making!

PLENARY SESSION 1

Regional variation in health care

PLENARY SESSION 2

Incentives for Smarter Health Care

PLENARY SESSION 3

Bridging the gap between health care research and policy

PLENARY SESSION 4

Health policy in Switzerland

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