

CONFERENCE ABSTRACT

Comprehensive overview of integrated care in Switzerland: Results of the 1st Swiss Survey on Integrated Care

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Introduction: Because of the fragmentation of health care delivery, systems are under pressure and integrated care is advocated for. Compared to the numerous initiatives in this field in Europe and elsewhere, Switzerland seems to lag behind.

Methods: The objective of the survey was to produce a comprehensive overview of integrated care initiatives in Switzerland. To be included, initiatives needed to meet the following four criteria: some type of formalization, > 2 different groups of healthcare professionals, integration of > 2 levels of care, currently ongoing.

We systematically contacted major organizations of the Swiss health system (providers, regulators, financiers, educational and research structures, as well as professional and community organizations) at the national, federal, cantonal and local levels. We also approached experts and used the "snow-ball effect" to increase our reach.

Between July 2015 and 2016, 172 integrated care initiatives were identified. They were sent self-reported questionnaire in order to collect data on localisation, target groups, professionals involved, services offered, levels integrated, funding sources, etc.

Initiatives were empirically divided into six categories: Health centres, Physicians' networks, Programs focusing on medication, Projects in mental health & psychiatry, Initiatives targeting specific groups of patients, Programs focusing on transition & coordination. Descriptive analyses of the results were performed.

Results: Results from the 162 completed questionnaires revealed important differences between the linguistic regions of Switzerland: there were more "Physicians' networks" and "Health centres" in the German part of Switzerland, whereas "Specific target-groups", "Medication" and "Transition & Coordination" initiatives were more frequent in the French and Italian regions.

Among numerous differences across categories, "Health Centres" reported the broadest integration, while "Medication Programs" indicated the narrowest; "Transition &

Coordination” initiatives were mostly funded by public health departments, while “Health centres” and “Physicians’ networks” reported being mostly financed by health insurances.

Discussion: The 162 included initiatives presented unexpected high frequency, heterogeneity and diversity. Empirical categorization of initiatives revealed differences in the models available across linguistic regions of Switzerland, as well as differences across categories: in the number of levels of care integrated, and in the funding sources.

Conclusion: This survey intended to produce a first comprehensive overview of integrated care initiatives in Switzerland. Despite this country’s federalist structure and limited incentives to develop integrated care, initiatives were shown to be frequent and diverse. The differentiated picture revealed by the empirical categorization of initiatives raises up questions about the potential impact of the context on the implementation of specific models. Such results should be of interest to stakeholders both in Switzerland and elsewhere.

Limitations: The strength of this project was the systematic and comprehensive search of initiatives across a whole country. Accuracy and representativeness of the results was reinforced by the 94% response rate achieved. Weaknesses included the fact that initiatives might have been missed and that data remained self-reported and liable to bias.

Suggestions for future research: Empirical categorization of Swiss results might be refined to further explore characteristics of contexts enabling the emergence of integrated care initiatives. Similar comprehensive surveys could be replicated to compare findings across various political and health systems.

Keywords: integrated delivery of health care; survey; switzerland
