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Quality development in health insurance

Overview document on the Federal Council's quality strategy and objectives for the period from 2022 to 2024



The Quality strategy

The new provisions of the Federal Act on Health Insurance Act (HIA) to improve quality and cost effectiveness entered into force in 2021. They are intended to improve quality development from a structural, organisational and financial perspective. As a central provision, Article 58 HIA assigns the Federal Council the task, every four years, of setting out the objectives to be met with regard to safeguarding and promoting the quality of health-care provided within the scope of compulsory health insurance (quality development). The Federal Council's strategy for quality development in health insurance (Quality strategy) forms the basis of the objectives set by the Federal Council (four-year objectives).

The aim and purpose of the quality strategy is to systematically maintain and constantly improve the quality of healthcare in the interests of persons insured under the compulsory health insurance system. The quality strategy applies throughout Switzerland.



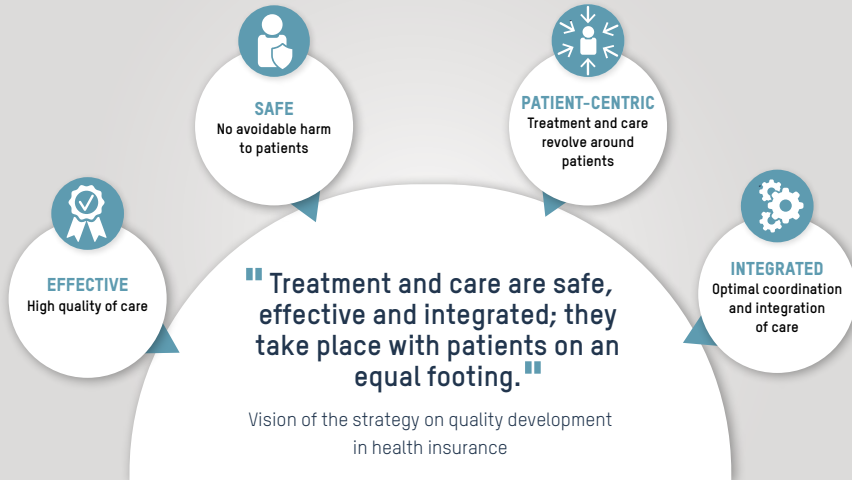
1.

Viewing quality as multi-dimensional

In Switzerland, responsibility for health services is shared between the federal government and cantons. Under the Federal Constitution, the federal government and cantons are equally responsible, within the scope of their powers, for ensuring that everyone has access to high-quality primary healthcare.

Implementation of the provisions in federal and cantonal law requires well-qualified staff at all levels, as well as development of and compliance with professional standards and best practice.

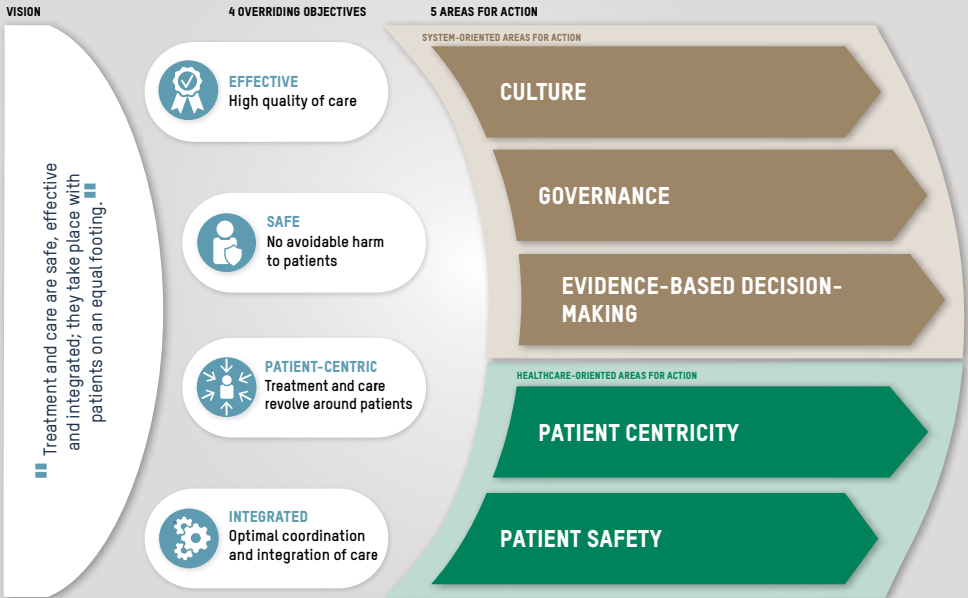
In addition, findings from national and international research and various national strategies – such as Health2030 – have an impact on quality. Finally, the digital transformation is also an increasingly important influencing factor on quality.



Vision and overriding objectives

Based on the vision of *safe, effective and integrated treatment and care that is delivered to patients on an equal footing*, the quality strategy sets out four overriding objectives:

- **EFFECTIVE:** The quality level of healthcare is geared to the preferences, needs and values of the person receiving it. It is measured against the latest scientific evidence.
- **SAFE:** The level of avoidable harm to patients tends to zero. There is an adequate risk management system in place.
- **PATIENT-CENTRIC:** Patients are involved in planning and making decisions regarding their treatment and care.
- **INTEGRATED:** Care delivered by several providers is optimally coordinated and integrated in the sense of a 'single source' solution.



3.

System-oriented and healthcare-oriented areas for action

To implement the four overriding objectives, thematic priorities – known as areas for action – are set out in the Quality strategy, and form the core of the strategy.

There are two types of areas for action:

- The first is *system-oriented culture, governance and evidence-based decision-making*. These areas for action should ensure that quality management can take place and be implemented systematically at all system levels.
- The second is *patient-centricity and patient safety*. They are directly incorporated in healthcare provision and primarily have an impact on the quality of healthcare.

The four-year objectives

The overriding objectives and areas for action in the quality strategy are prioritised and fleshed out in the four-year objectives. The four-year objectives are broken down by areas for action.

Various actors are involved in the implementation of the four-year objectives:

- The **Federal Quality Commission (FQC)**, which was specifically set up to implement the Federal Council's objectives, operationalises the four-year objectives in its annual targets and deploys the funds provided to achieve the four-year objectives by commissioning third parties and providing financial support to selected projects. The FQC plays a coordinating, systematising and networking role.
- The associations of insurers and healthcare providers (**quality agreement partners**) conclude quality agreements with each other. The aim and purpose of quality agreements is to set out standardised and contractually binding quality development measures. The quality agreements must be geared to the Federal Council objectives.
- The **healthcare providers** are responsible for delivering high-quality care to patients. They must therefore comply with the quality agreements.

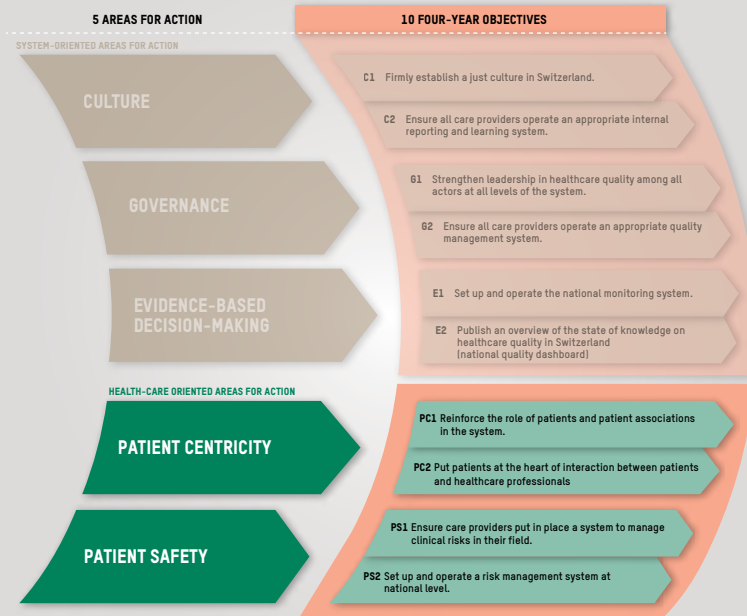


A.

Four-year objectives for the system-oriented areas for action

The objectives for the system-oriented areas for action are as follows:

- Four-year objectives in the *culture* area for action:
 - Promote and disseminate the principles of just culture. Just culture means a working culture that fosters an atmosphere of trust so that lessons can be learned from mistakes.
 - Operate internal reporting and learning systems to report adverse events throughout Switzerland.
- Four-year objectives in the *governance* area for action:
 - Strengthen leadership in quality of healthcare.
 - Ensure appropriate quality management systems are in place. This means that operational infrastructures for quality development are implemented and continually developed.
- Four-year objectives in the *evidence-based decision-making* area for action:
 - Set up and operate a national monitoring system.
 - Publish an overview of the current state of knowledge on healthcare quality in a national quality dashboard.

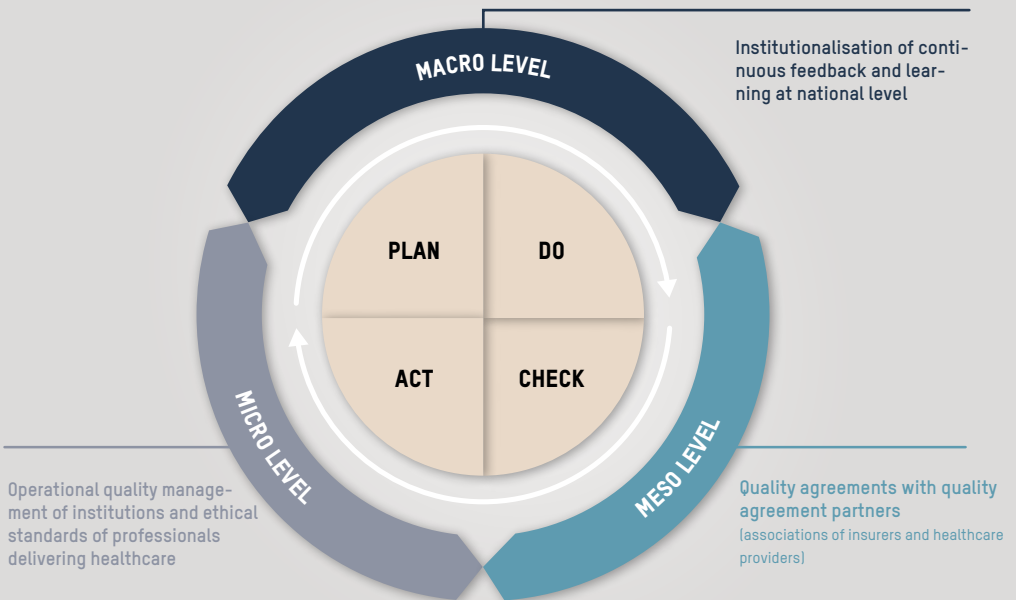


B.

Four-year objectives for the health-care-oriented areas for action

The objectives for the healthcare-oriented areas for action are as follows:

- Four-year objectives in the *patient centrality* area for action:
 - Record patients' preferences, needs and values. Implement the insights from the patient reported experience measures (PREMs) in particular.
 - Encourage patients to ask questions and to gain the best possible understanding of their treatment. This guarantees interaction on an equal footing between patients and healthcare professionals.
- Four-year objectives in the *patient safety* area for action:
 - Avoid adverse events and harm to patients, irrespective of any social disadvantage factors. To this end, systematically apply evidence-based practices to prevent adverse events.
 - Put in place a risk management process to identify dangers at national level and analyse and evaluate risks to patients.



C.

Implementation of the four-year objectives for quality development

The four-year objectives are to be implemented on three levels:

At **micro level**, healthcare providers are responsible for ensuring the quality of care and compliance with the rules on quality development.

At **meso level**, the quality agreement partners integrate the expectations of the Federal Council in the quality agreements.

At **macro level**, on the basis of the Federal Council's strategy, transparency is created at national level on the status of healthcare quality and on current findings and best practices. The Federal Council and the FCQ monitor and assess objective achievement with regard to quality development on an annual basis. If action is needed, the FCQ issues recommendations to the competent authorities and the associations of insurers and healthcare providers. The Federal Council adapts its objectives accordingly and sets out its quality development objectives for the next four years.

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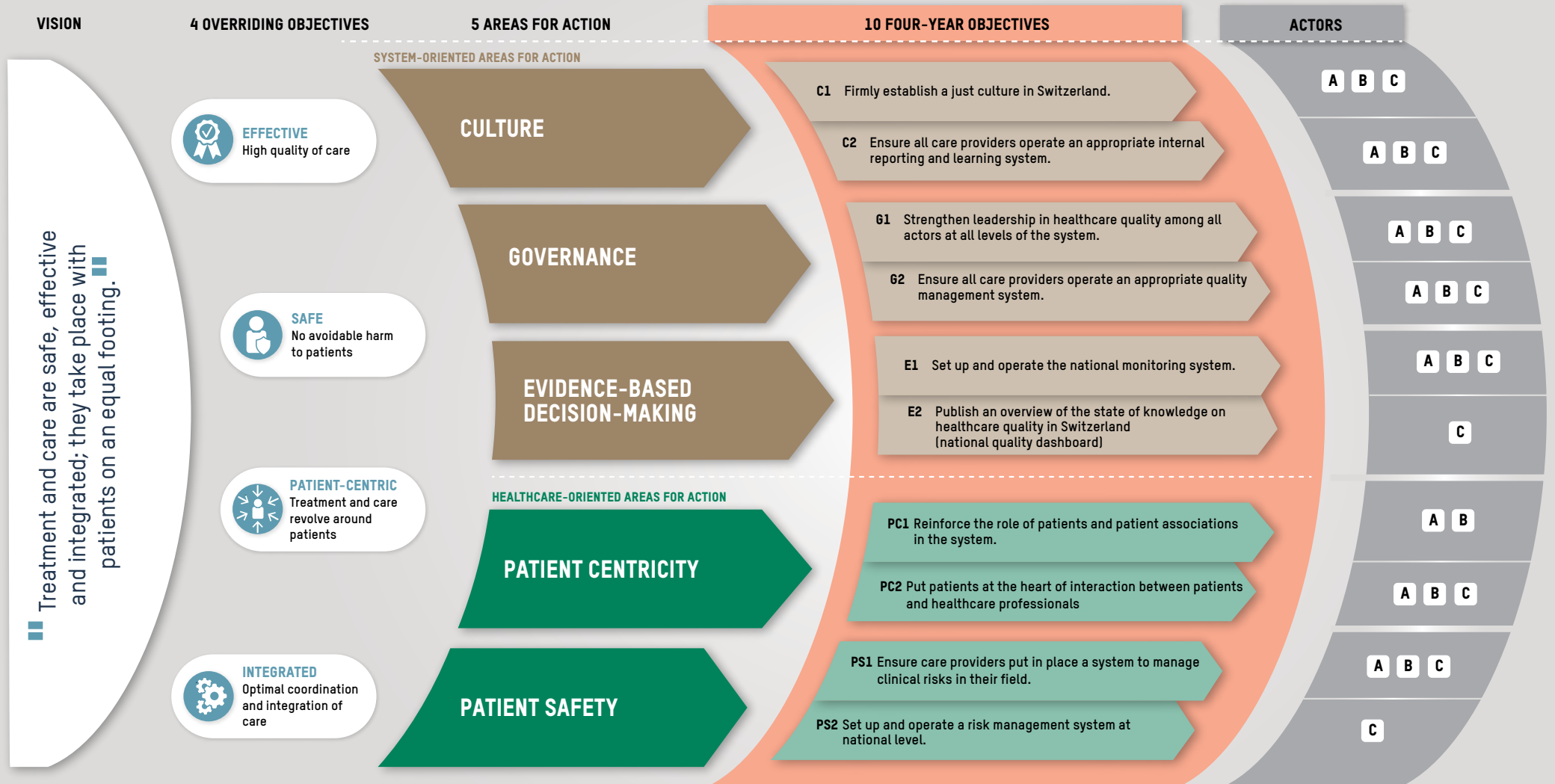
The documents adopted by the Federal Council are authoritative (not available in English):

- Strategie zur Qualitätsentwicklung in der Krankenversicherung
- Ziele des Bundesrates zur Qualitätsentwicklung 2022-2024

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ACTORS

A	Healthcare providers
B	Quality agreement partners
C	FQC