



Our Investment in Scientific Societies: Still Free of Charge ?

The Example of Switzerland

Christian Sticherling, M.D., FESC
University Hospital of Basel



Swiss Health Care System



- **Population: 8 million**
- **Mandatory health care insurance (per capita)**
 - More than 70 insurance companies
 - Great diversity in insurance fees (location, gender, age etc)
- **Ambulatory sector**
 - no private insurance (i.e. cost covered by mandatory insurance or personally)
- **In-hospital sector**
 - Additional private insurance
- **High private expenditure for health care (> 40%)**

Hospitals in Switzerland

- **116 “general” hospitals**
- **181 «specialised» hospitals**
- Every Canton has its own Health Care Department and runs its own “cantonal hospitals” (Canton Zurich: 1.4 Mio. inhabitants, Appenzell Innerhoden: 15'000 inhabitants)
- «General» and certain «specialised» hospitals received subsidies by the respective Canton until 2012

5 University Hospitals Switzerland



Different Employment Conditions



German Speaking

French Speaking



Italian Speaking

«Rösti-Ditch»
Speaker

CH- German Speaking Part



A. «Traditional» employment:

- Physician is employed and paid by one hospital
- University Centres: University contributes financially to the hospital for education and training

B. Private Setting

- Physician works on his own account and treats his patients in a private hospital (often in combination with a private practice)

CH- French Speaking Part



Mixed «Traditional» employment and private setting

- Physician can be employed and paid by several hospitals
- Physicians frequently also run their own practice and treat patients in other private or public hospitals

Situation until 2012

- No central regulation
- Employers (esp. University Hospitals) very liberal
- Virtually no restrictions concerning conference/meeting attendance
- Budgetary deficits of the hospitals were covered by the cantons

... 2012: Introduction of the SwissDRG System

- Increased competition between the hospitals
- Costs and investment have to be covered the earnings generated
- by every hospital (drastic cut of subsidies)
- No solution for «university» costs: education, training, research

Current Situation

- **Private Setting**

attendance at a conference = fewer patients = lower revenue

- **«Employed setting»**

regulation according to individual hospitals' policy
variable from «going everywhere» over «active participation only» to «time budget solutions»

Example: Regulated Time Budget University Hospital Basel

Senior «clinical» staff member:

25 days annual vacation

Working hours 11 hrs/day



Annual time budget:

20 days (counts all absences ≥ 0.5 working days) include:

- «**delegated absence**»: working groups, Boards of Swiss or International Societies, Training Sessions
- «**chosen absence**»: attendance of conferences without scientific presentation (e.g. chair only)
- «**clinical absence**»: rounds/invasive procedures in affiliated hospitals
- «**training and research**»: scientific talks, research time, lectures

Employer's perspective

CONTRA

- Physician absent
- Fewer patients
- Less revenue
- Who must stay, who can go?
- What's the economical advantage of scientific work for the hospital?
- Dependence on industry money for travel and accomodation (harder to negotiate prices)

PRO

- Increases reputation and visibility of the hospital
- Political influence
- Attracts good (funded) fellows and highly-qualified staff
- May result in easier access to novel technologies and treatment modalities
- «Cutting edge» technology as a competitive advantage

Unsolved Issues

- University Hospitals are reimbursed according to the DRG system
- Financial contribution of the University for Scientific Work not clearly defined
- How can the impact of involvement in Scientific Societies for the hospital be measured ?
- Which meetings can be replaced by video and phone conferences ?

Summary Switzerland 2014



- 1.) Overall still «permissive» environment for «investment in scientific activities»
- 2.) Regulation according to local hospital's policy
- 3.) Increasing economic constraints
 - loss of earnings if staff physician absent
 - harder to negotiate prices if industry sponsors travel activities
 - advantage of involvement in Scientific Societies hard to measure