



Schweizerische Eidgenossenschaft
Confédération suisse
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Smarter Health Care
National Research Programme

Health insurance claims data in Switzerland

Lausanne, 31.08.2018

Claude Vuffray,

Federal Office of Public Health



Programme

- Basics about health insurances in CH
- Goal of the statistic
- Development & actual status
- Next steps



Role of the FOPH

- Responsible for Public Health
- Develop Switzerland's health policy
- Ensure an efficient and affordable health care system
- Protection of the consumer





Swiss health care system; some key elements

- Basic health care insurance; 52 insurers in 2018
 - mandatory for all inhabitants
 - free choice of the insurers
 - coverage is the same by all insurers
- Additional health care insurance;
 - free to contract
 - covers extra needs on individual basis
- Costs (mandatory part): round 30 Mia CHF per year
- FOPH supervision role: **only mandatory business**



Legal basis

- **Supervision of health insurers (art 35, § 2 LSAMal/KVAG*)**
 - Obligation of the health insurers to inform the surveillance authority once per year
- **Data from the insurers (art 28, § 3 OAMal / KVV*)**

Insurers have to give the FOPH once per year on an individual basis the following information:

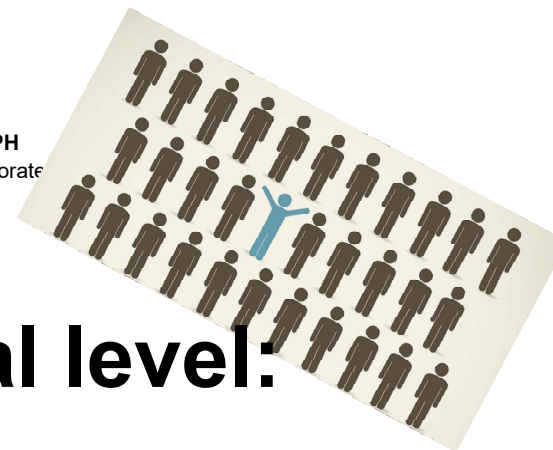
 - a. Age, Gender and place of residence of the insured person;
 - b. Begin and end of the insurance coverage as well as cases of death;
 - c. the type of insurance coverage contracted with mention of the rate and the franchise;
 - d. extent, kind, tariff and costs of treatments of all bills (relating to the mandatory insurance);
 - e. the care provider;
 - f. the amount of the out of pocket expenses collected by the insurer.

** own translation of legal text (without guarantee)*



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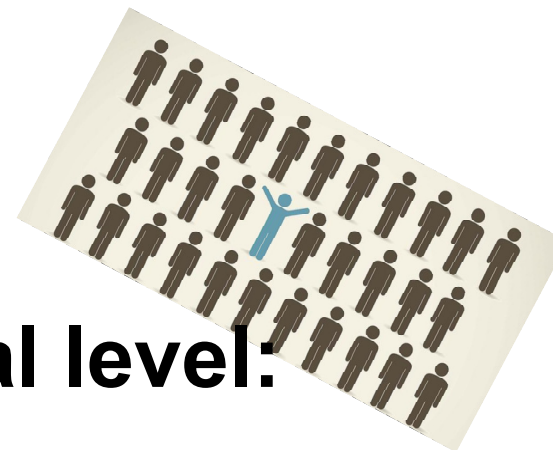


Data collection at individual level: purpose

Better information's basis to develop and steer the health care system through

- Increase transparency on health care costs
- Increase data to supervise health insurers
- Data to evaluate the efficiency, the cost-effectiveness, the fitness for purpose of health care services and products
- Data to answer questions on health economy

⇒ **Focus of the data collection: supervision**



Data collection at individual level: why?

So far: aggregated data

- Little flexibility
- Pre defined information
- Low information content
- Easy to handle

New: Individual data

- *High flexibility*
- *High information content*
- *Handling more sophisticated / challenging*
 - *Big IT system*
 - *Data protection*

Yearly data as of 1996

Yearly data as of 2013



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Development



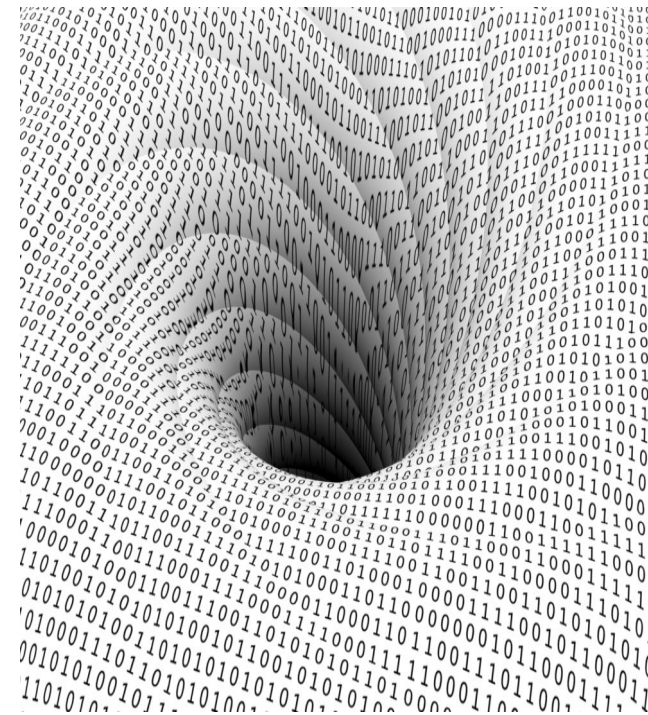
Start of project 2014 (step by step approach)

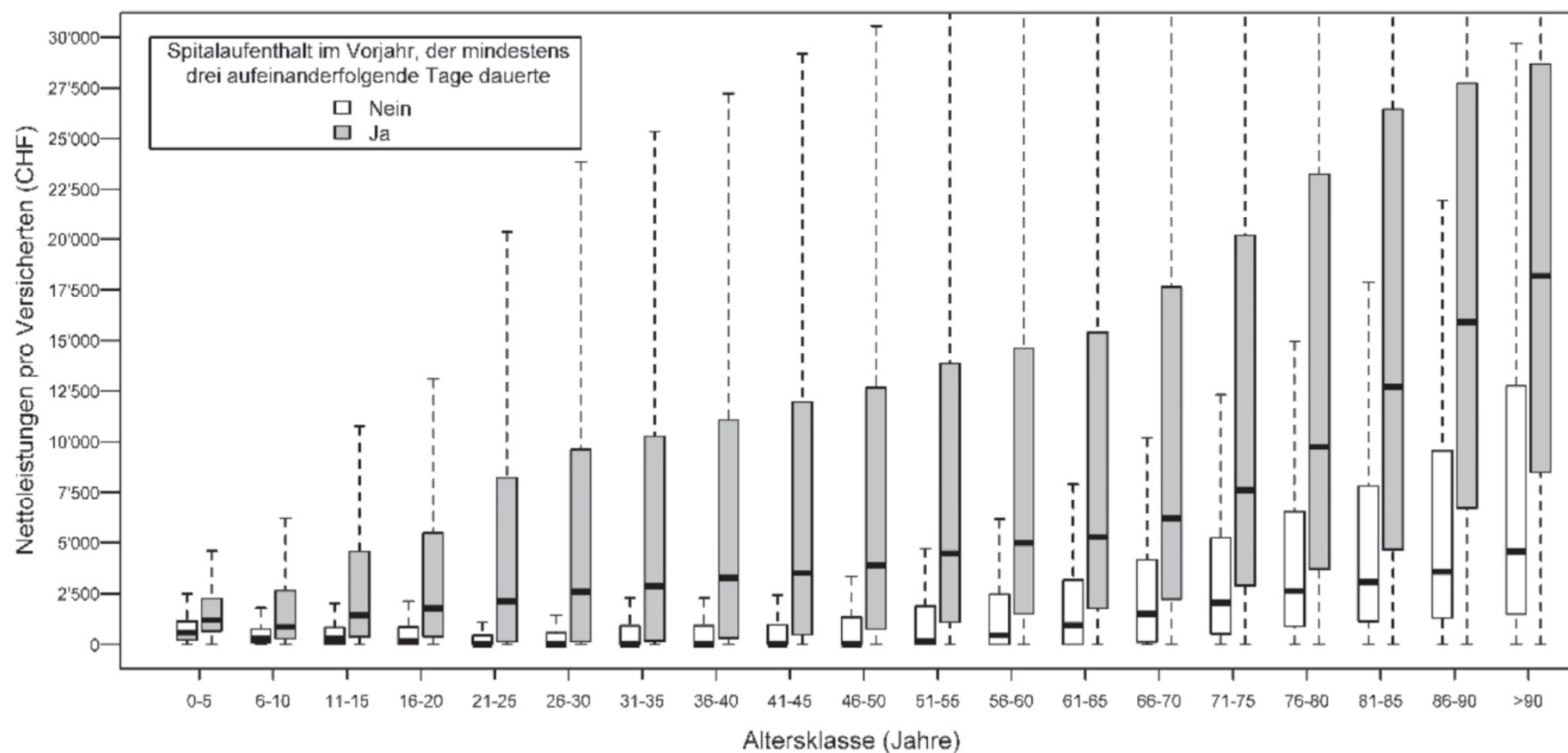
- basic data content: age, gender, place of residence, type of insurance, franchise, costs (total and out of pocket part), begin and end of insurance coverage, cases of death
- enlarged content: extent, kind, tariff and costs of treatments all bills, the care provider
- Opposition of insurers since 2015
- Involvement of politicians and federal data protection and Information commissioner



Available data

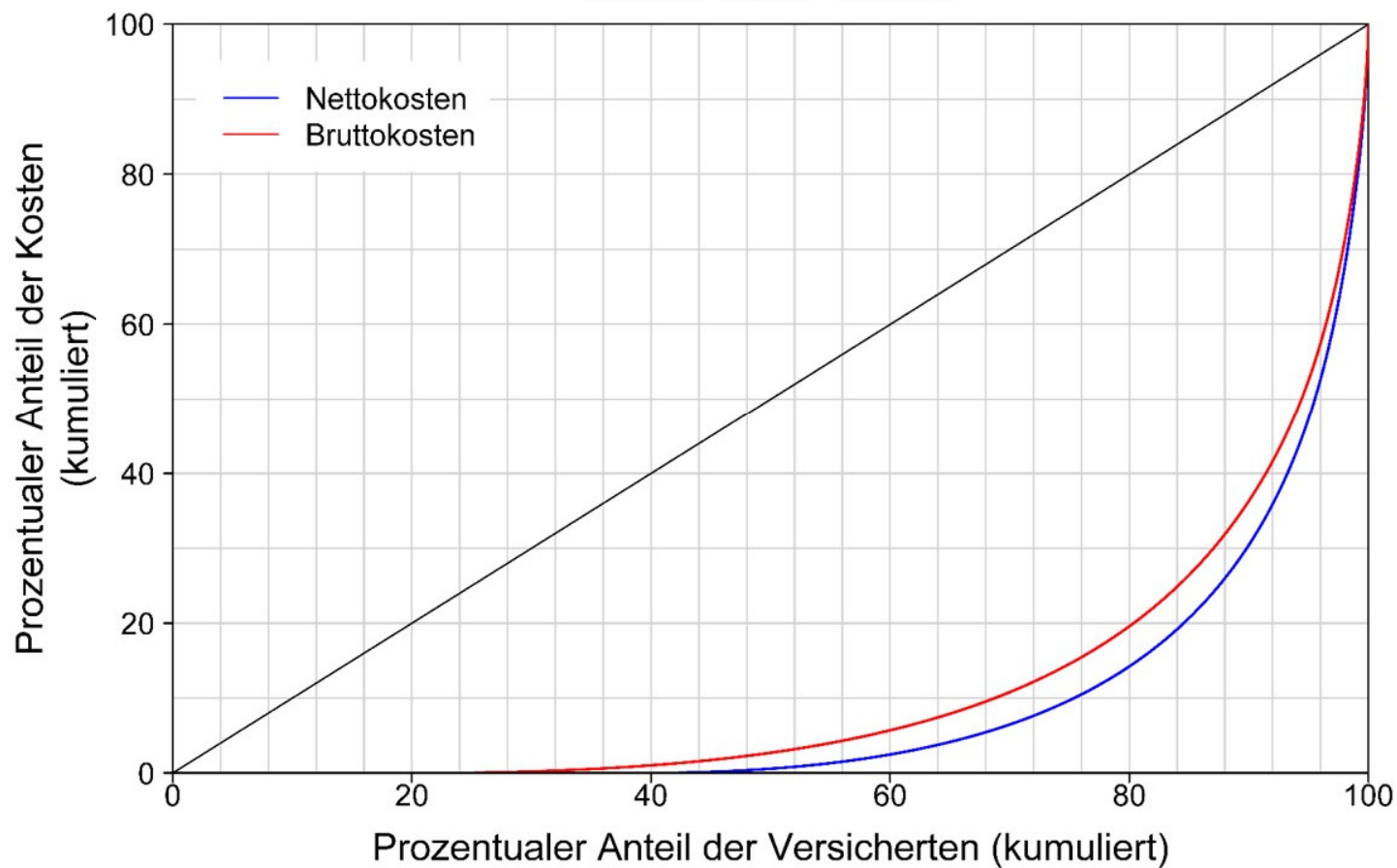
- Full coverage of basic data:
2013 - 2017
- Good data quality
- Single identifier (based on
social security nr.)
- Break in time series:
2013 - 2014 & 2015 - 2017







Wieviel % der Bevölkerung verursacht wieviel % der Kosten



Quelle: EFIND2014 (Leistungen nach Behandlungsdatum, Stichtag 30.06.2015)

Daten: auf 8'378'505 Versicherte berechnet (99.4% der Datenlieferung) - negativ Werte wurden auf 0 gesetzt - Die gesamten Kosten liegen bei 28'485'167'607 CHF für die Bruttokosten und bei 24'609'625'319 CHF für die Nettokosten.

Entwurf: Bundesamt für Gesundheit (BAG), Sektion Datenmanagement und Statistik (DMS); Fachkontakt: bagsan@bag.admin.ch



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Next steps

- Enlarged data set:
 - discussion with parliament on September 7th.
 - enlargement of data and timeline: ?
- Data linkage: 1st data linkage with SILC
- Data availability for research: ?
- Specific analysis





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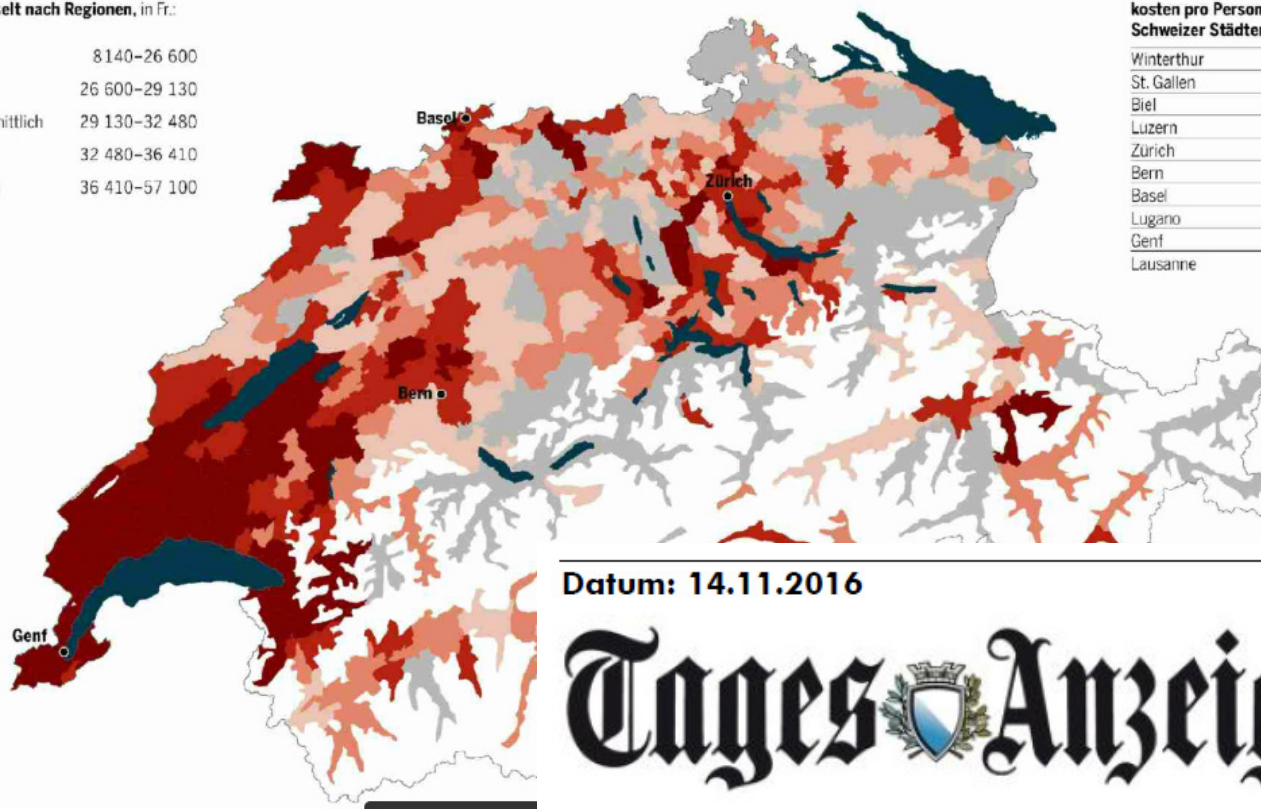
Im Westen teuer, im Osten günstig

Am Lebensende verursachen Versicherte je nach Region sehr unterschiedlich hohe Krankenkassenkosten. In Lausanne sind diese fast doppelt so hoch wie in Winterthur.

Die Krankenkassenkosten im letzten Lebensjahr

Krankenkassenkosten pro Person
aufgeschlüsselt nach Regionen, in Fr.:

sehr tief	8 140–26 600
tief	26 600–29 130
durchschnittlich	29 130–32 480
hoch	32 480–36 410
sehr hoch	36 410–57 100



Durchschnittliche Krankenkassen-
kosten pro Person in den 10 grössten
Schweizer Städten, in Fr.:

Winterthur	26 600
St. Gallen	29 400
Biel	29 800
Luzern	31 800
Zürich	33 900
Bern	34 800
Basel	36 400
Lugano	39 200
Genf	42 600
Lausanne	44 200

Datum: 14.11.2016

Tagesanzeiger



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TOPICS

JOURNAL

RESEARCH ARTICLE

HEALTH AFFAIRS > VOL. 36, NO. 7: ADVANCED ILLNESS & END-OF-LIFE CARE

End-Of-Life Medical Spending In Last Twelve Months Of Life Is Lower Than Previously Reported

Eric B. French¹, Jeremy McCauley², Maria Aragon³, Pieter Bakx⁴, Martin Chalkley⁵, ... [See all authors](#)

AFFILIATIONS

PUBLISHED: JULY 2017 **Free Access**

<https://doi.org/10.1377/hlthaff.20170701>



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