Universität Zürich[UZH]

From prevention to highly specialized care: What choices does our healthcare system face in the years ahead?

SAMW Symposium „Welche Entscheidungen für das Schweizer Gesundheitssystem?“

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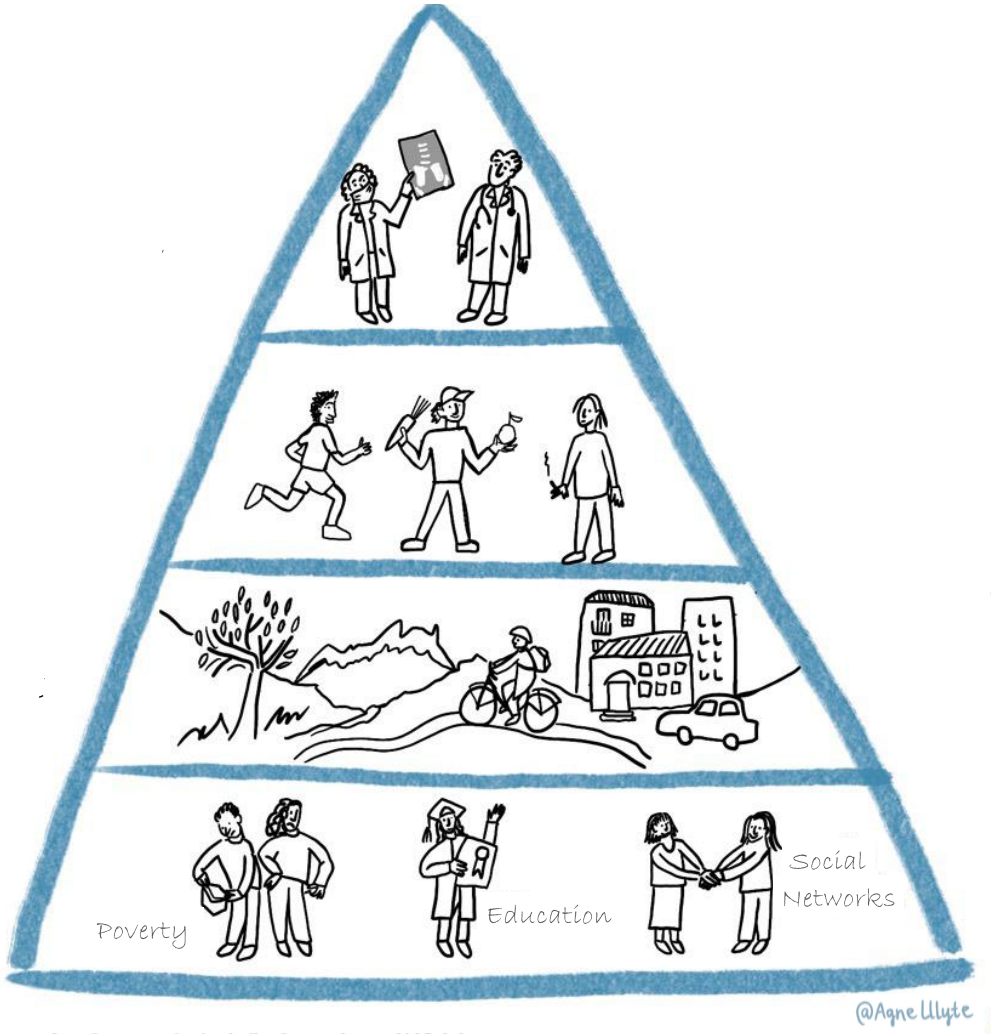
From the “Causes of the Causes” to prevention and highly specialized medicine

From society and the environment to the individual

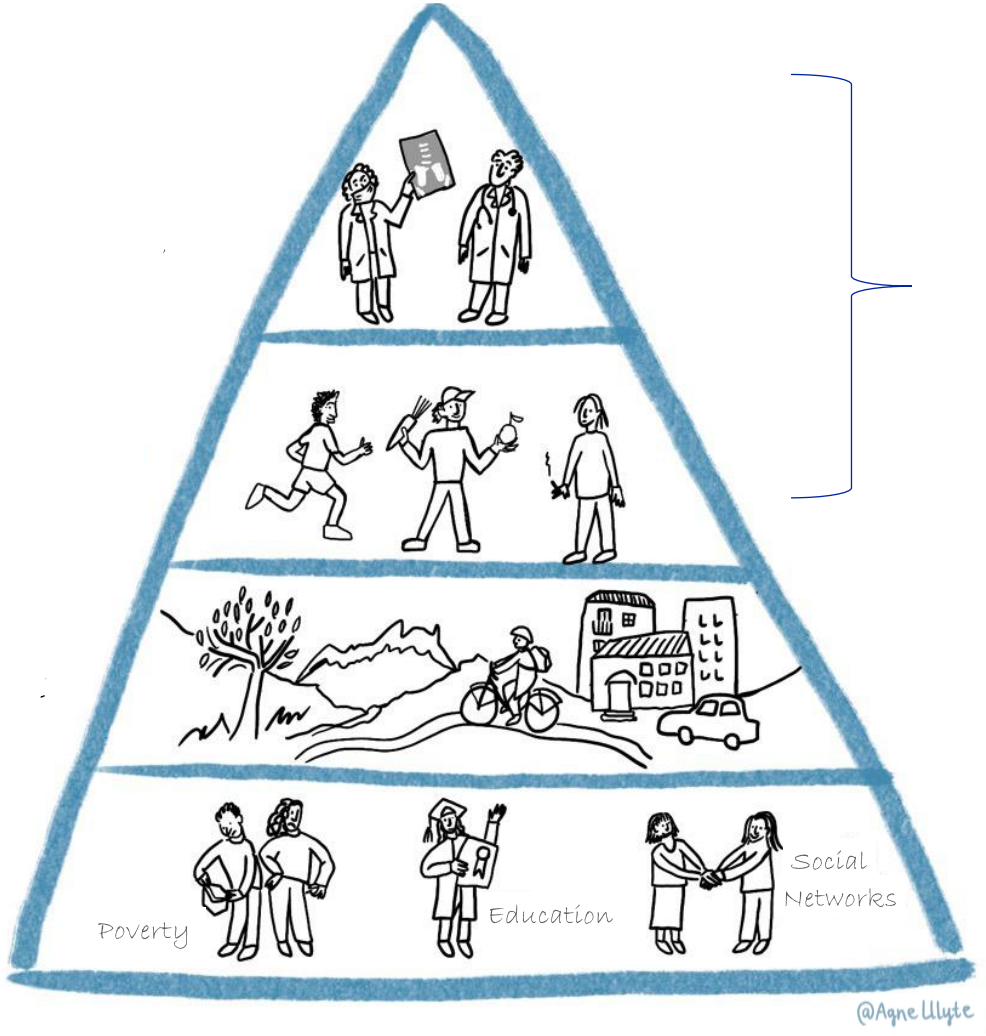


From smaller to greater impact on health

Adapted from T. Frieden, Direktor Centers for Disease Control & Prevention USA, AJPH https://doi.org/10.2105/AJPH.2009.185652

Public Health & healthcare

Prevention & Health Promotion (P&HP) through Social and Environmental Conditions



Healthcare and individual P&HP

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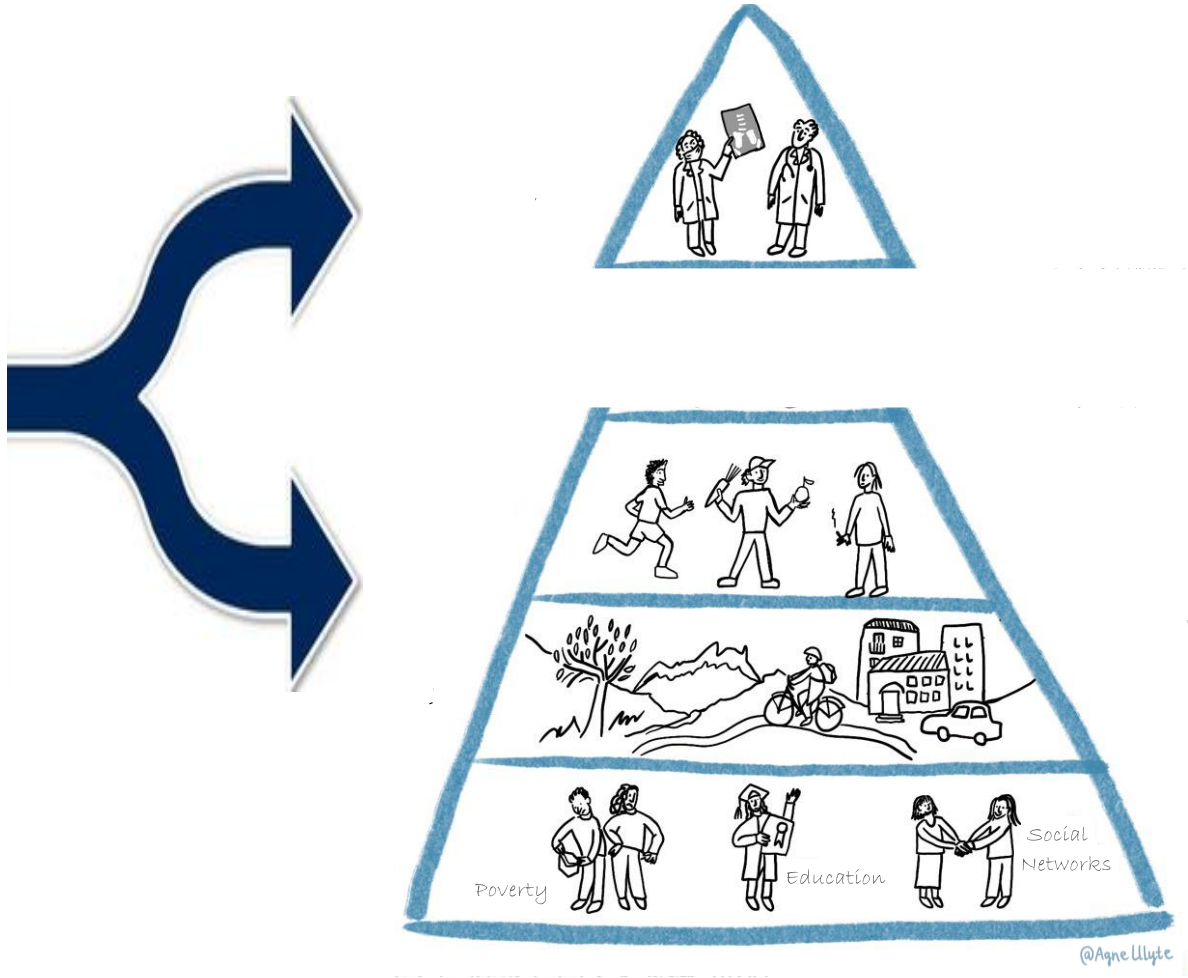
Century-old divide: Public Health and healthcare delivery evolved separately

Key drivers: hospitals as the center of care delivery and reimbursement systems



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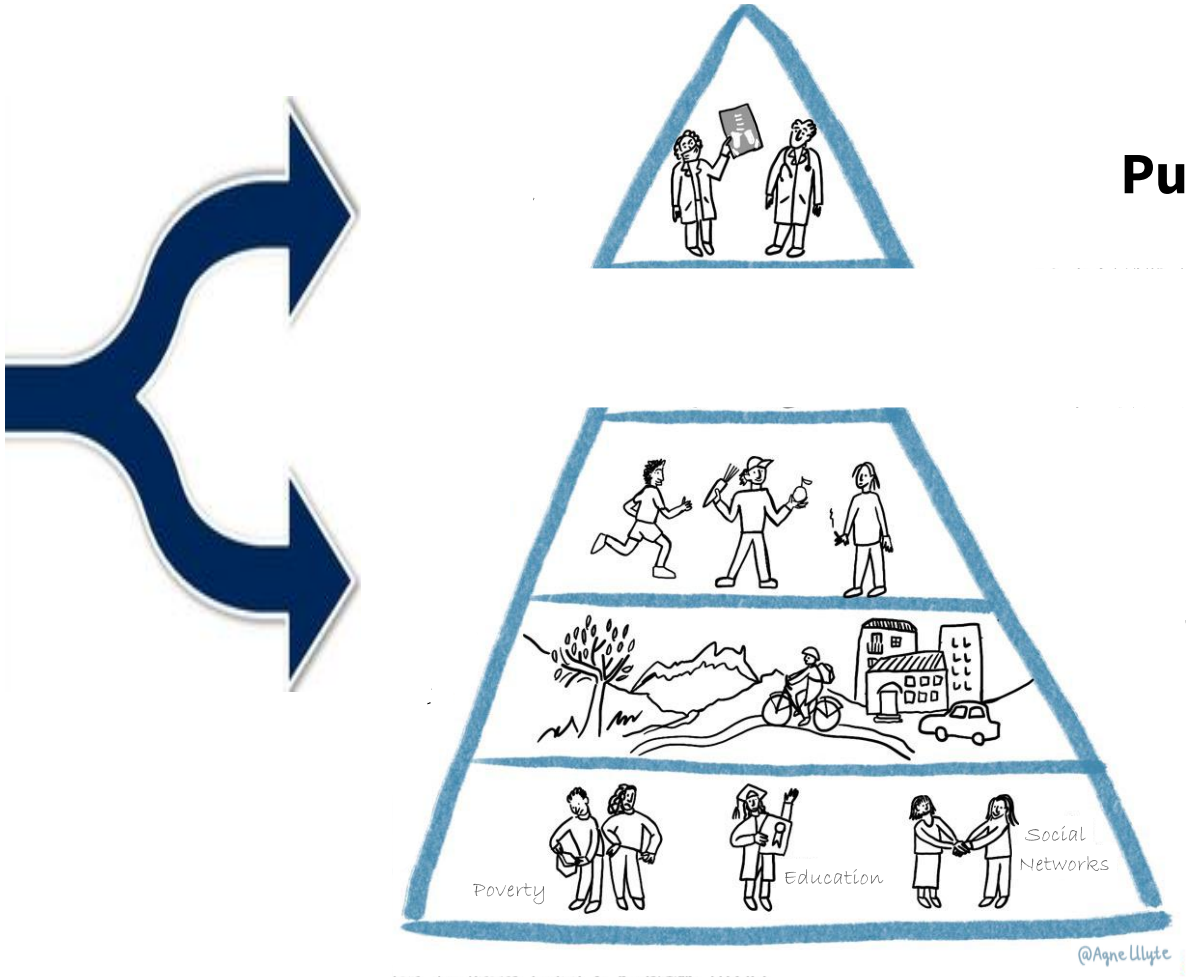
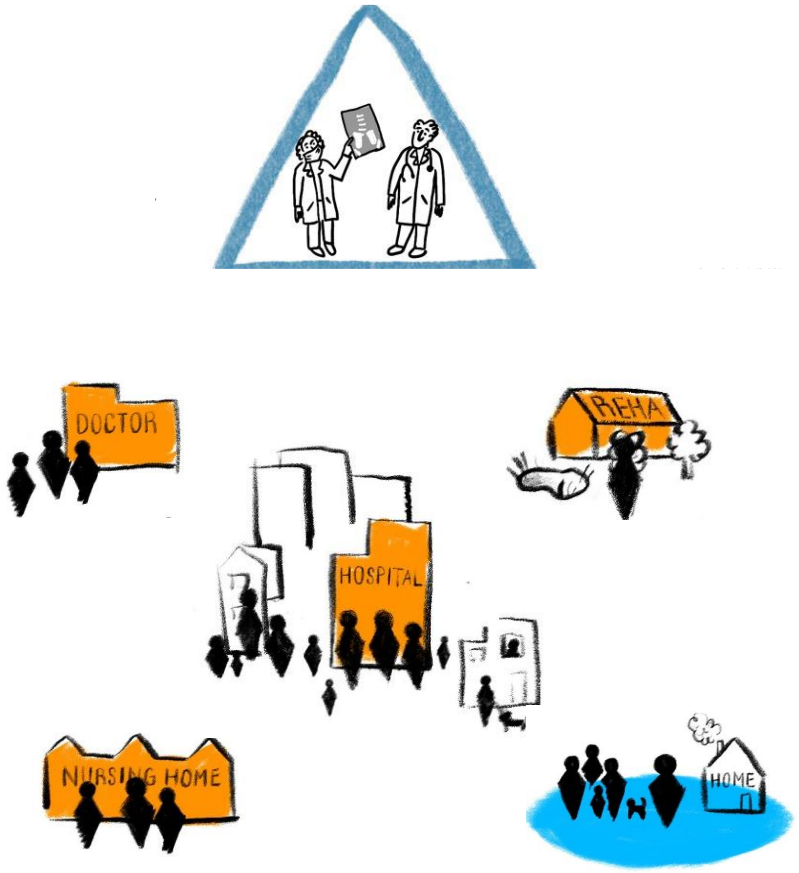


Public & private

Public

To date, healthcare delivery and governance have remained centered on institutions and professionals

The current system is strongly ..

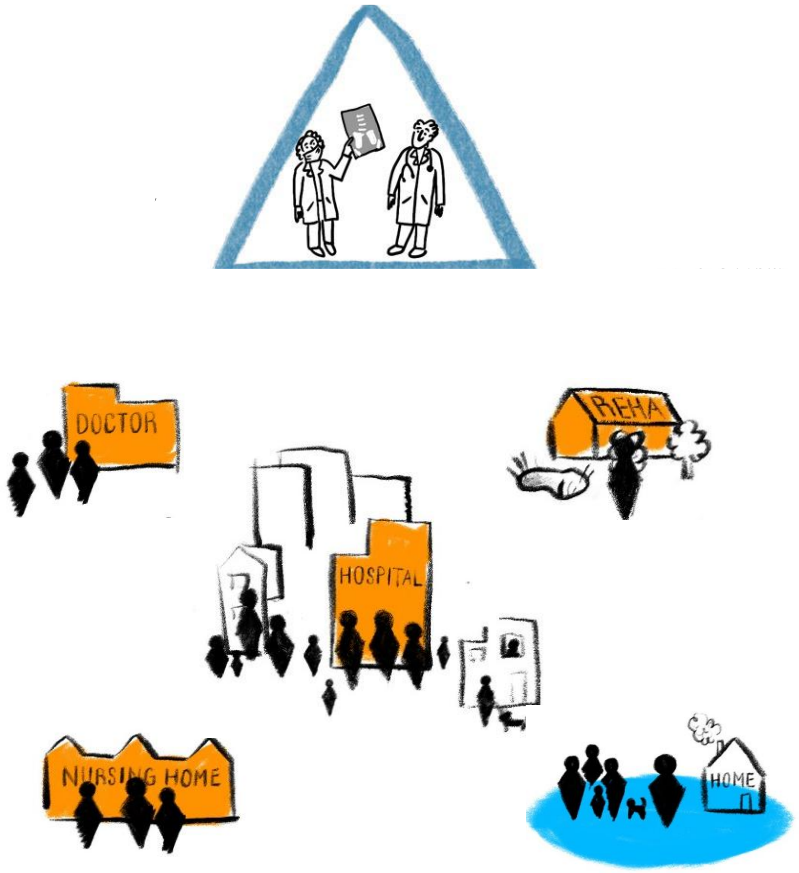


- diagnosis- and treatment-focused
- optimized for acute hospital care
- provider-centered in design and decision-making

- fragmented and siloed
- poorly aligned for interdisciplinary and cross-organizational collaboration
- funded through sector-based payment models (e.g., DRGs and physician tariffs)

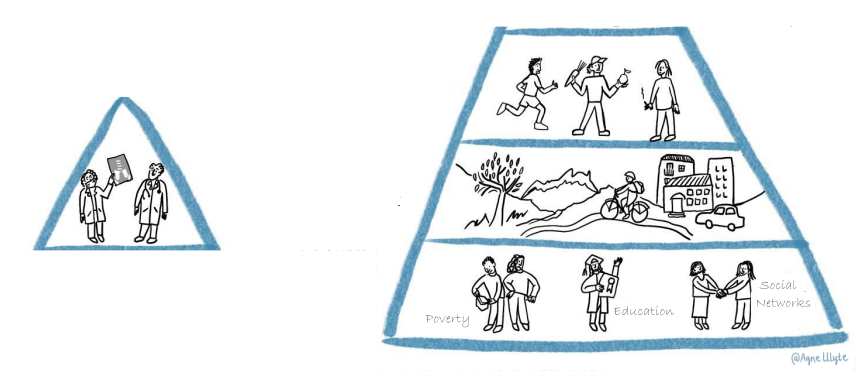
Das Schweizer Gesundheitssystem neu ausrichten. DOI: 10.21256/zhaw-36164

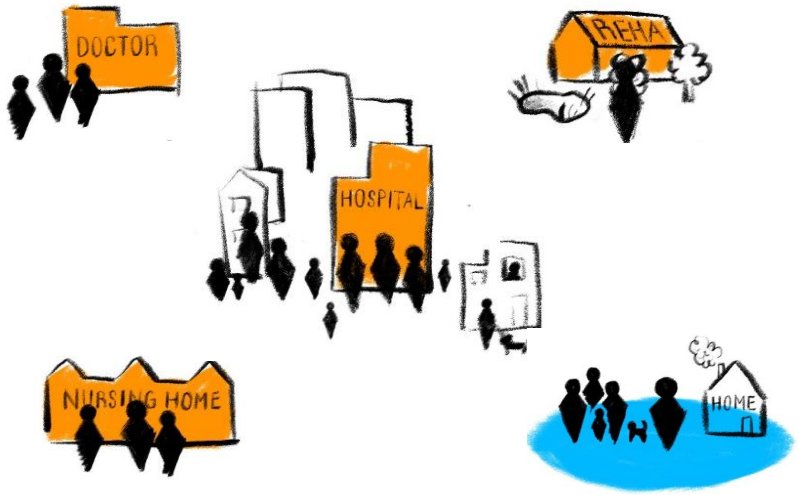
but overlooks…

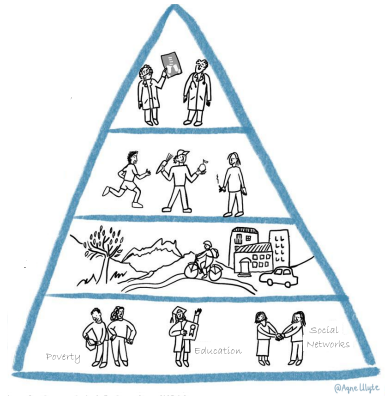


- the voice and lived experience of patients and citizens
- prevention, health promotion, and early intervention
- continuous care for people with chronic conditions
- coordination across healthcare and social care
- cross-sector payment and reimbursement models
- patient outcomes across the full care pathway
- a whole-system perspective across the entire Health Impact Pyramid

Discussions in recent years: Towards systemic integration with people at the center







www.nfp74.ch www.health2040.ch/ www.sciananetwork.org DOI: 10.21256/zhaw-36164
www.samw.ch/de/Projekte/Uebersicht-der-Projekte/Bundesgesetz-ueber-die-Gesundheit.html

Key recommendations

- People, their needs, resources, and social context at the center
- Empower individuals for shared responsibility for health
- Promoting and maintaining health
- Focused on longevity and quality of life
- Integrated care across clinical pathways, professions, sectors, and support functions (e.g., IT and reimbursement)
- A Health Act to strengthen prevention and health promotion, integrated care, Health in All Policies, One Health, and a clearer division of responsibilities between federal and cantonal levels

From prevention to highly specialized care: What choices does our healthcare system face in the years ahead?

- **Should the system be consistently designed around people and their needs, or should it remain centered on healthcare professionals and institutions?**

From prevention to highly specialized care:
What choices does our healthcare system face in the years ahead?

– **Should we build a true health system, or continue to operate a sickness-oriented system?**

From prevention to highly specialized care: What choices does our healthcare system face in the years ahead?

- **Should the Health Impact Pyramid be considered as an integrated whole, or should care continue to be organized in separate silos?**

From prevention to highly specialized care: What choices does our healthcare system face in the years ahead?

- **Are we prepared to develop payment models that put people and their needs at the center, or will we maintain the current reimbursement system?**

From prevention to highly specialized care: What choices does our healthcare system face in the years ahead?

- **Should quality be measured through outcomes and care processes, or will we continue to rely on surrogate measures of quality?**

From prevention to highly specialized care: What choices does our healthcare system face in the years ahead?

- Should the system be consistently designed around people and their needs, or should it remain centered on healthcare institutions?
- Should continue to operate a system?
- Should the Health Impact Pyramid be considered as an integrated whole, or should care continue to be organized in separate silos?
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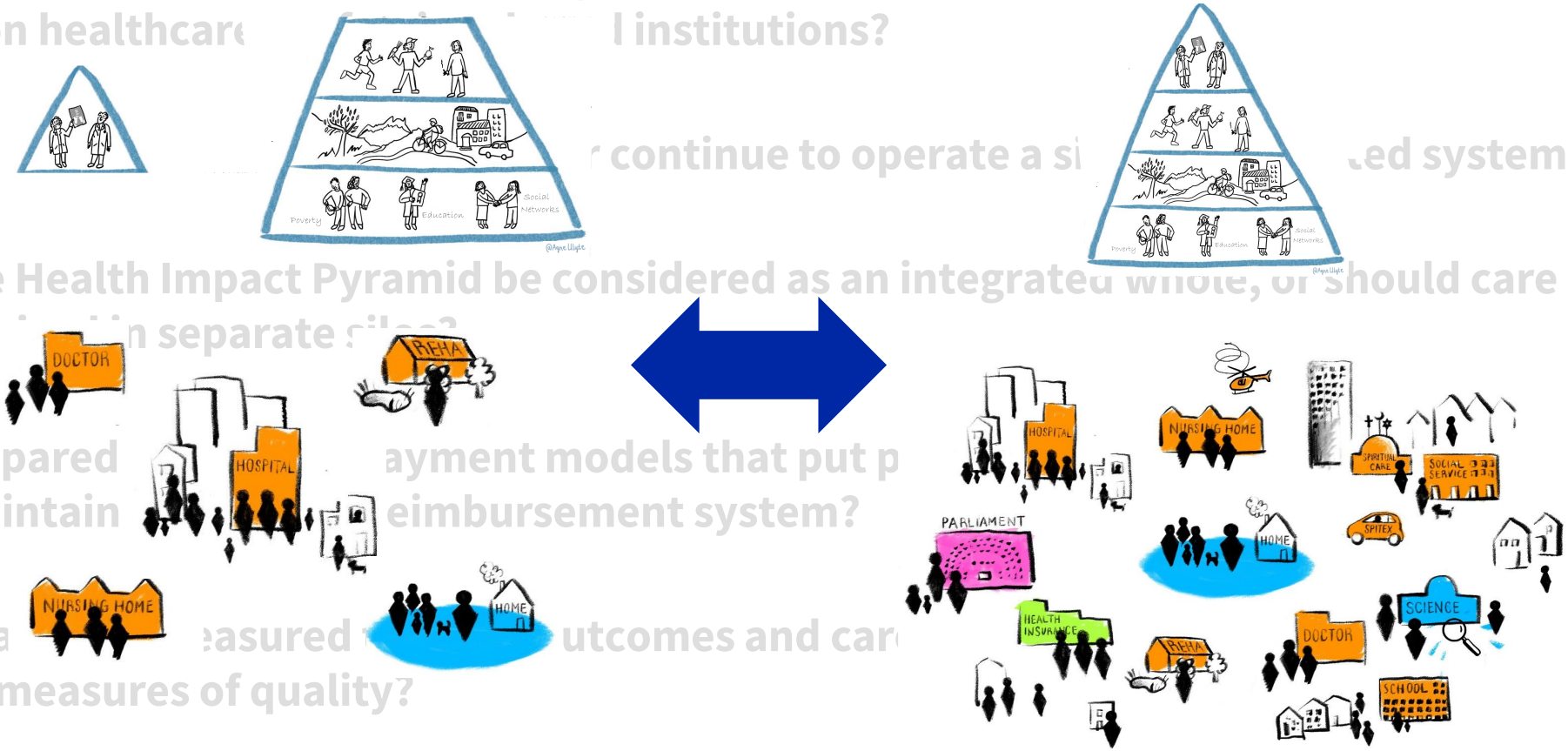
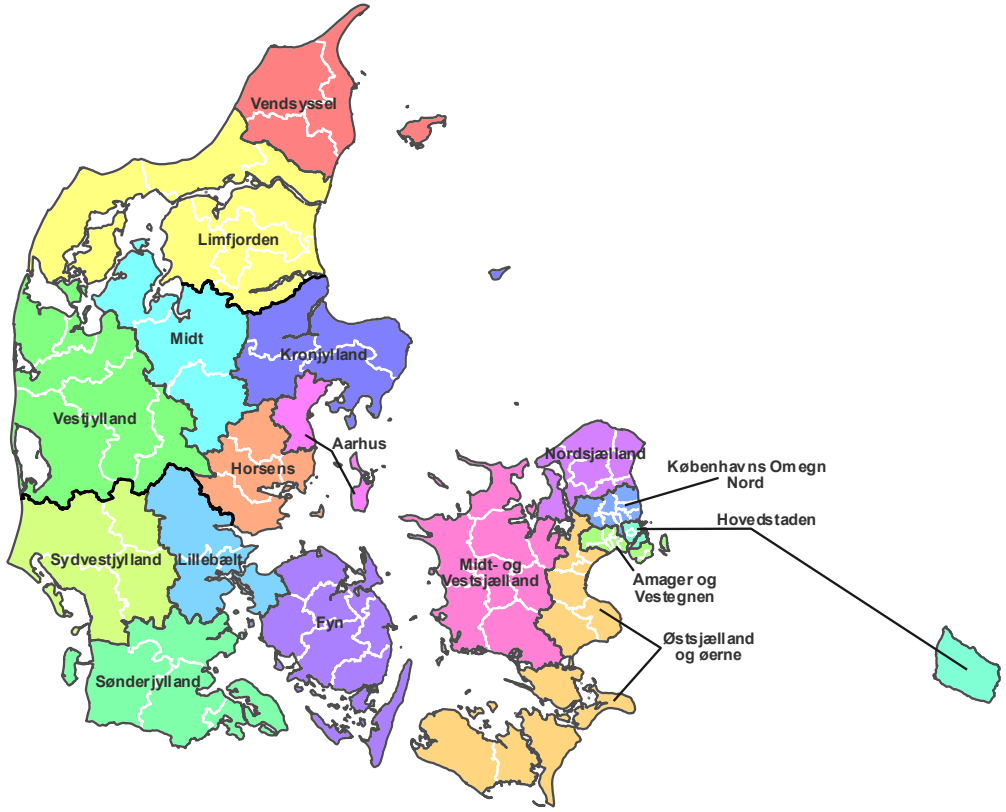


Denmark has long served as a model, but now comes the Danish Health Reform 2024

„Bringing Health Closer to You“



WIKIMEDIA COMMONS

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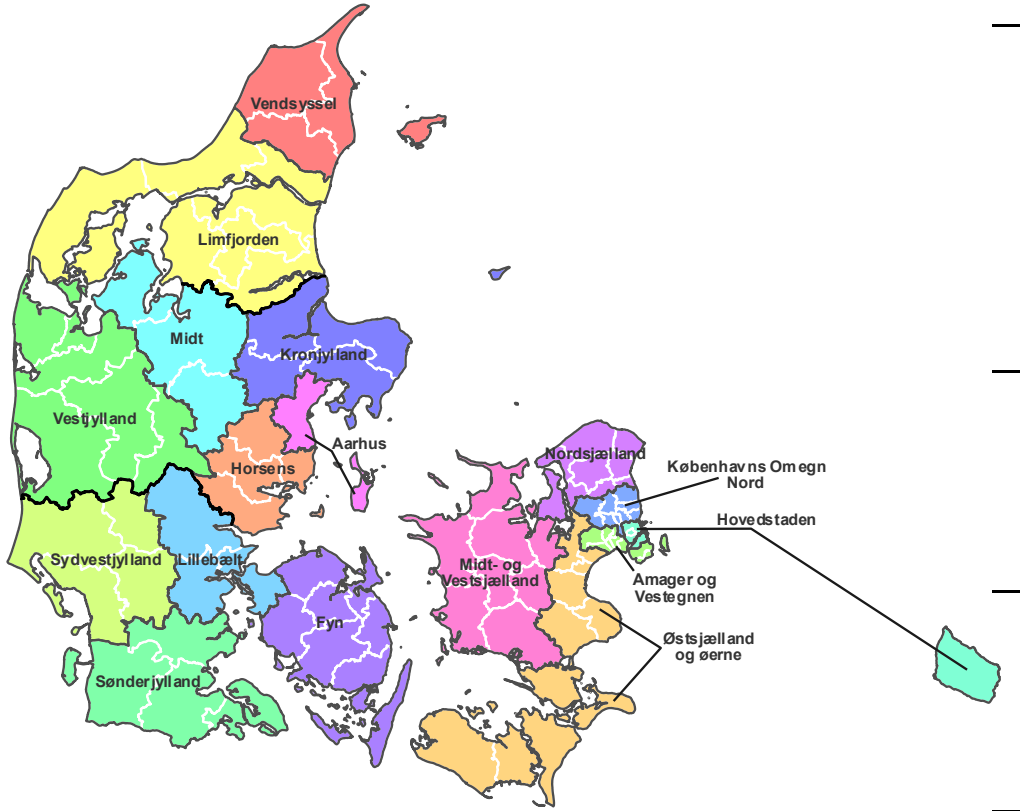

WIKIMEDIA COMMONS

Key Elements

- **17 Health Councils:** Shift responsibility from hospitals and central authorities to the regional level. Councils are accountable for the overall performance of the healthcare system serving the population within their respective jurisdictions
- **Public Health Law:** Transforms prevention and health promotion from a voluntary activity into a mandatory national responsibility of the entire healthcare system
- **Care Pathway Packages:** Patients receive treatment and prevention services. Rollout begins in 2027, initially focusing on COPD and low back pain
- **Digital Health Denmark:** Consolidates national digital health platforms from 1 January 2027 to accelerate telemedicine and digital care delivered at home

HEALTH BL 2030 also reflects the shift toward a systems perspective

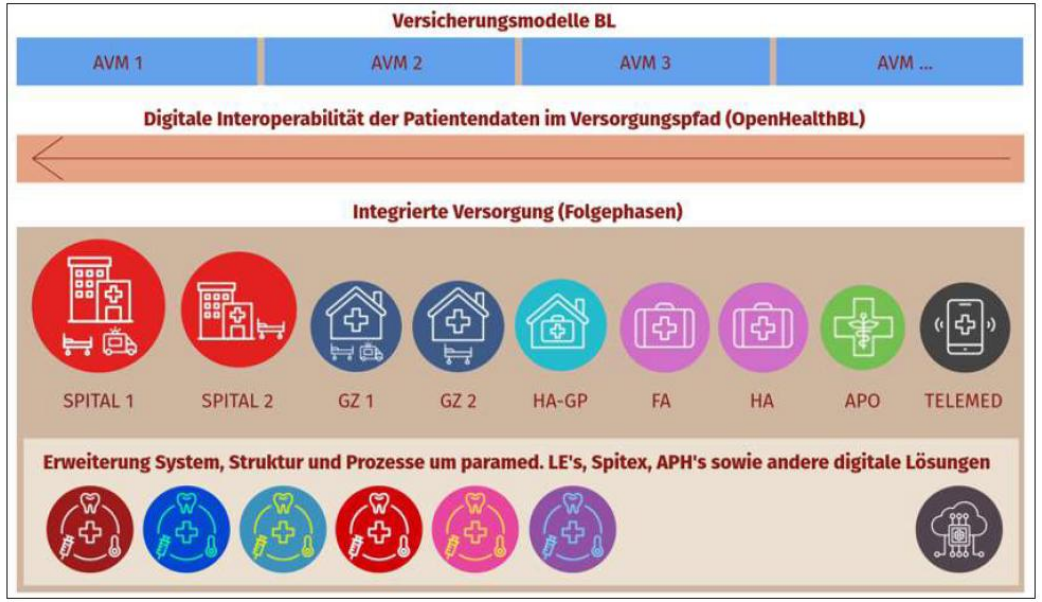

Abbildung 5: Ausgangskonzept «Versorgungsmodell BL»

- Focused on population health
- Built on dialogue and collaboration
- Progressive and continuously evolving
- Integrated and interactive
- Designed as a learning system

→ Enabling Co-Creation of Care (CCC)

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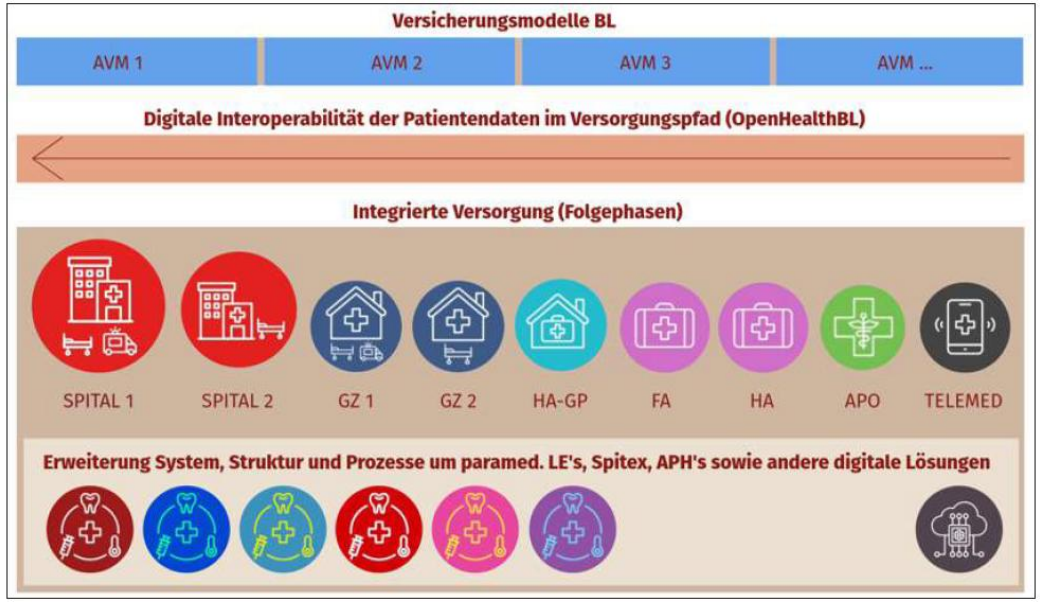

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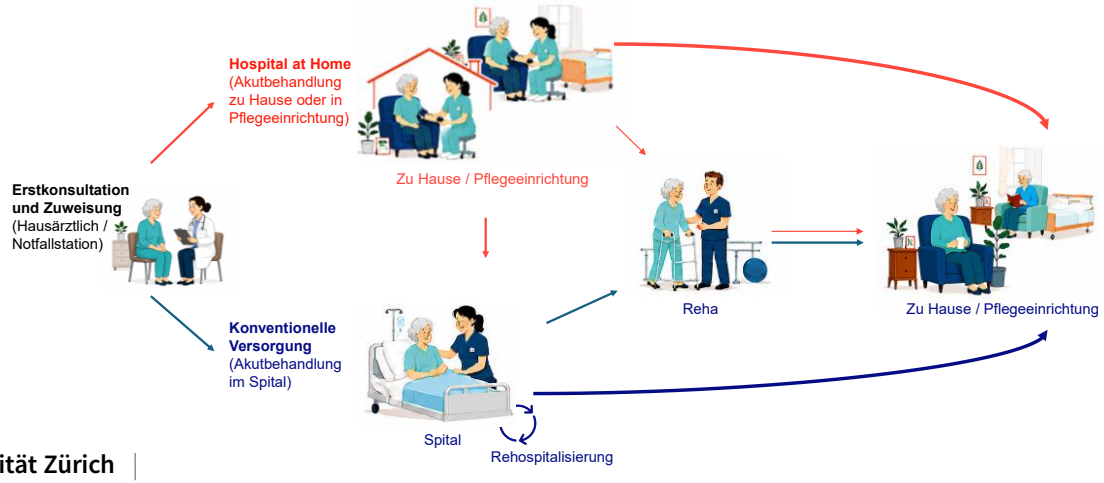

- Hospital at Home as a use case
- Identifies system-wide challenges and co-creates solutions (interdisciplinary collaboration, payment models, data foundations, and more)

Dialogue & Co-Creation

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- Enable co-creation
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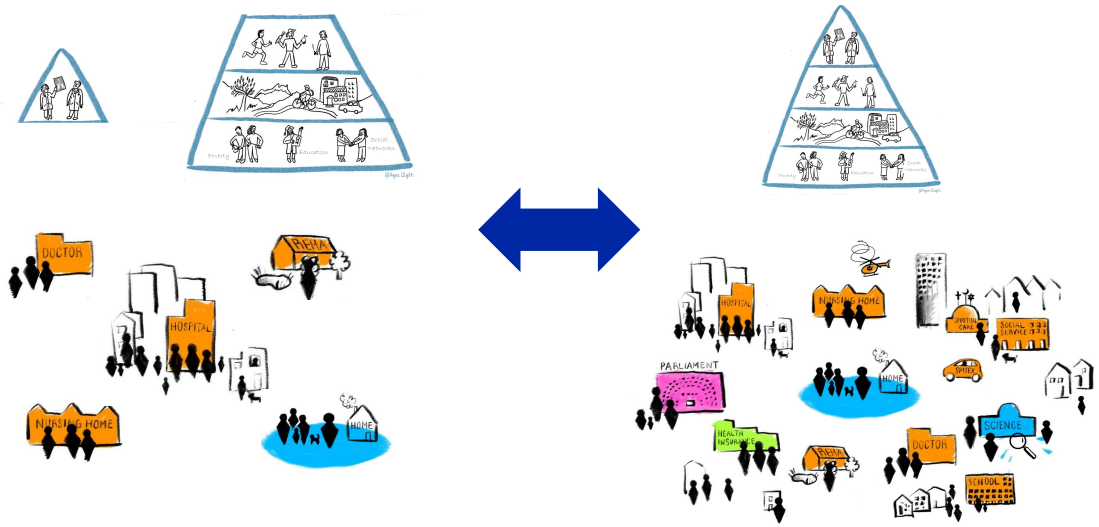
From prevention to highly specialized care:
Our healthcare system faces these decisions (among others) in the years ahead



Provider-centered **or** people-centered?

Sickness system **or** health system?

Fragmented care delivery **or** an integrated Health Impact Pyramid?

Traditional reimbursement **or** person-centered payment models?

Surrogate indicators **or** outcome-based quality measurement?