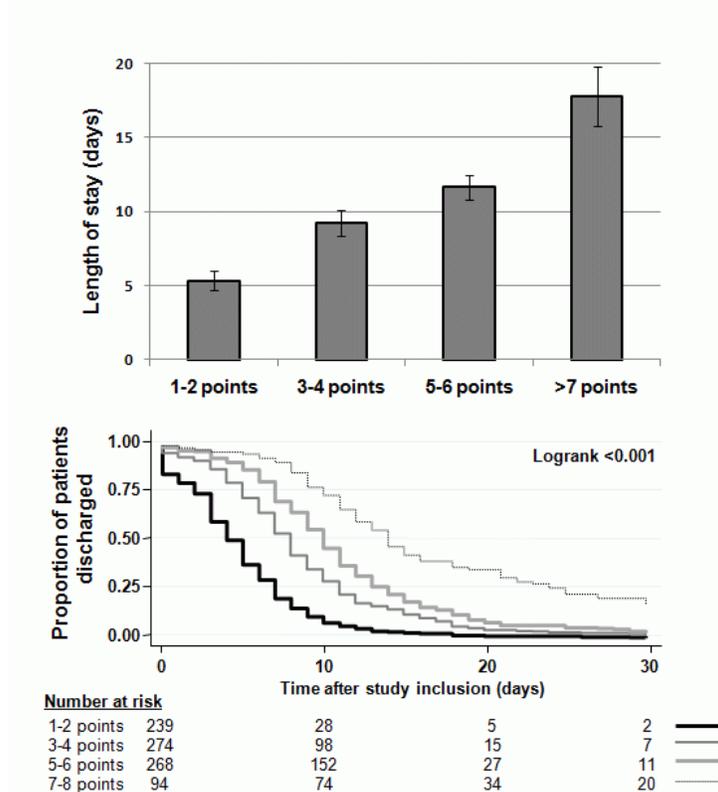


## B. Overall risk score



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### Monitoring of primary health care in a fee-for-service with universal coverage country: the Swiss cheese situation

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Background: Monitoring primary health care (PHC) is essential for public health, health authorities and care providers in order to achieve a high quality of efficient care. Switzerland has a unique consumer-driven fee-for-service with universal coverage health system. Very few studies have attempted to describe the Swiss PHC system. We investigated the challenges of applying an international monitoring tool for PHC in Switzerland.

Method: We analyzed the strengths and weaknesses of the Swiss PHC system by practicing a standard monitoring tool developed for Europe. We investigated the availability and quality of data and identified the indicators most relevant to describe the Swiss PHC health system.

Results: From the 91 project indicators, 37 (41%) were built on directly available data, 14 (15%) required major adaptations of existing data and 40 (44%) were based on expert opinion as no data were available. Whereas 33 out of 39 (85%) indicators describing the structure of PHC (governance, economics and workforces) relied on existing data, only 7 out of 37 (19%) indicators describing the process of PHC (access, continuity physician-patient, coordination and comprehensiveness) were based on existing data. More than half (55%) of the available information came from the governmental sector, 33% came from PHC providers, 10% came from private health insurances and 2% came from other sources. The most relevant indicators describing the Swiss PHC system were the following: 1) 26% (15 b\$) of health expenditures was spent on PHC. 2) 2.3% was spent on prevention 3) 63% of private practices are single handed. 4) Number of GP visits per year and per capita was 2.8. 5) Mean duration of PHC consultation was 17 minutes. 6) 3.2% of the time of consultations was spent for home visits. 7) 5.8% of the time of consultation was spent for telephone.

Conclusion: In Switzerland, which has a consumer-driven fee-for-service with universal coverage health care system, almost half of data were not available to built standard indicators for monitoring PHC. The information describing the operational activities of PHC is dramatically lacking especially in regards to the health status of patients, health care management and patient's satisfaction. This might reflect the relative autonomy of PHC providers in their practice, which are predominantly single handed. It seems however urgent to implement information systems to fill these Swiss cheese holes.