CONTENT REPORT

WORKSHOP: **“INTEGRATED CARE IN SWITZERLAND”**

23.09.2021: ONLINE
01.10.2021: LAUSANNE

unisanté
Centre universitaire de médecine générale et santé publique - Lausanne

Swiss TPH
Swiss Tropical and Public Health Institute

UNIVERSITÄT LUZERN

Swiss Learning Health System

Supported by:

SSPH+
SWISS SCHOOL OF PUBLIC HEALTH

For questions regarding this report, please contact: Sarah Mantwill (sarah.mantwill@unilu.ch)

Background

Even though Switzerland is often commended for its healthcare system, there are still many barriers that hinder the efficient and effective delivery of quality care. Among others, the Swiss healthcare system suffers from high fragmentation, and while it is providing highly specialized services, efforts for comprehensive coordination between different providers are still insufficient. Those who suffer the most of it are individuals who have multiple conditions and mental health issues. Further, especially in light of the increase of multimorbidities and a continuously growing older population in Switzerland, the next years will see an increasing demand for medical care, particularly long-term care. This will not only challenge the current financing mechanisms of relevant services but also the essential question on how to provide and guarantee a sufficient workforce.[1]

In light of this, Unisanté, the Swiss TPH and the University of Lucerne, under the framework of the Swiss Learning Health System (SLHS), and supported by the SSPH+ organized a workshop on “Integrated Care in Switzerland”, which took place online and as an in-person meeting in Lausanne on September 23rd and October 1st, 2021.
Initially planned as a workshop that would focus on two out of the eight objectives described in the FOPH´s health policy strategy Health2030, internal discussions led to the decision to focus specifically on the topic of “Integrated Care in Switzerland”, which is still in line with the line of action “Enhancing coordinated care” described under one of the initial objectives “Improve quality of care”, which states:

> *“Enhancing coordinated care (LoA 5.1)*
> *Over-provision, under-provision and inappropriate provision of care have a significant impact on health costs and quality of care. Targeted incentives can lead to better coordination between service providers; payment systems should be based as far as possible on the success of treatment rather than on the number of steps taken in the examination and treatment process. Duplication needs to be avoided, treatment more evidence based and quality must be assured.” (FOPH, p. 22)*

[1] Federal Office of Public Health (FOPH) (2020). The Federal Council’s health policy strategy for the period 2020-2030

First day of the workshop (23.09.2021)

The first day of the workshop on September 23rd, 2021 was organized as an online event to allow for a broad audience to attend the event. It took place during the morning of which the first part was open to the public, who had the opportunity to register beforehand, and the second part was held as a closed event for invited participants only. (For full agenda, please see appendix.)
During the first part, a group of invited expert speakers presented on different aspects of integrated care. After each presentation, the audience had the opportunity to ask questions and shortly discuss the presentation.
During the second part, which was open to invited experts only, participants developed a list of topics in the field of integrated care that were considered to be important to be addressed by knowledge translation activities.

Objectives

The objective of the first part of the workshop was to:

(1.) provide a comprehensive introduction to the topic of integrated care in Switzerland by covering the following aspects in keynote and input presentations:
   a. international perspective on integrated cared;
   b. general perspectives of integrated care in Switzerland;
   c. integrated care and interprofessional collaboration;
   d. complex patients and integrated care;
   e. organizational and financing aspects of integrated care.

The objective of the second part was to:

(2.) develop and start prioritizing a comprehensive list of topics in the field of integrated care to be addressed through knowledge translation activities in Switzerland.

First part of the first day: public session

The first part of the morning was open to the public, who had the opportunity to register beforehand. The workshop had been advertised through the SSPH+ distribution list, as well as the respective networks of the institutions involved in the workshop. Overall, 73 participants registered and last-minute links were sent out in the morning of the workshop, leading up to a number of about 75 participants during the first part.

Keynote presentations

Keynote Presentations	
08:15 – 08:30	**Welcome and Introduction** Prof. Dr. Stefan Boes, Department of Health Sciences & Medicine, University of Lucerne
08:30 – 09:00 Keynote I	**Integrated Care - an International Perspective** (*tentative title*) Speaker: Prof. Dr. Viktoria Stein, Leiden University, Medical Center; Editor-in-Chief, International Journal of Integrated Care
09:00 – 09:30 Keynote II	**Integrated Care in Switzerland – General Perspectives** Speaker: Lea von Wartburg, Head of the Section National Health Policy (FOPH)

1. **Keynote: Integrated Care – an International Perspective**
   Speaker: Prof. Dr. Viktoria Stein, Leiden University, Medical Center; Editor-in-Chief, International Journal of Integrated Care

The first keynote was given by Prof. Viktoria Stein from Leiden University. Drawing from international examples, she focused on the difficulties of moving from a fragmented system to an integrated system, for which she presented six reasons that were highlighted using different examples and (theoretical) frameworks:

(1.) Lack of system understanding
(2.) Question of trusted relationships
(3.) Lack of shared culture and organizational learning
(4.) Lack of competencies for managers of integrated care
(5.) Need of senior leadership and top/down/bottom-up approach
(6.) Need for shared data analysis and indicators

She also referred to four quality paradigms in integrated care (Empirical, Reflective, Reference, Emergence: Research in Integrated Care: The Need for More Emergent, People-Centred Approaches (ijic.org)) and provided an example of integrated care in Finland (http://www.eksote.fi/sites/eng/Sivut/default.aspx).
Prof. Stein ended her keynote by highlighting the people-centered approach in integrated care to assure sustainability and that design needs to meet users` needs. Integrated care should focus on people’s goals, assets and outcomes.

2. **Keynote: General Perspectives of Integrated Care in Switzerland**
   Speaker: Lea von Wartburg, Head of the Section National Health Policy, FOPH

Lea von Wartburg from the FOPH presented coordinated (integrated) care within the framework of the Federal council’s health policy strategy Health2030, highlighting positive trends, such as higher life expectancy or generally good health in Switzerland, as well as negative trends, such as increase of chronic, care intensive or non-communicable diseases. Further, she briefly described the state of the

Swiss health system, including the provision of high-quality care and good infrastructure but also highlighting rising health costs and, for example, the shortage of qualified health professionals. In light of these trends, “enhancing coordinated care” is one of the line of actions described in Health2030. Before moving to the current state of integrated care in Switzerland, Ms von Wartburg briefly described the current backdrop referring to the rejection of the amendment to the federal health insurance act in 2012, the cost containment program to ease the burden on mandatory health insurances, as well as the distribution of responsibilities in a federal system such as Switzerland.
She highlighted that over the last years, there had been a positive trend to more coordinated and integrated care in Switzerland, when looking, for example, at integrated care initiatives as well as the increasing number of physicians working in group practices. However, the situation still remains heterogeneous, as there are many individual models and projects, mostly organized by dedicated individuals and teams. Interprofessional collaboration remains an issue, which also becomes evident when Switzerland is compared to other countries. Further, digitalization is still an issue, even though some substantial progress has been made over the last years.
Federal measures that aim at addressing coordinated care are included in the cost containment program / Art.35 KVG, and the FOPH’s support program “Interprofessionality” (2017-2020) were referenced.
Ms von Wartburg concluded her keynote stating that for coordinated care efforts all stakeholders are needed: patients, service providers (e.g., through new models of care, interprofessional collaboration), municipalities and cantons (e.g., through care planning), insurers (e.g., contracts and insurance models), and the federal government (e.g., through creating favourable conditions).

Input presentations

Input presentations	
09:45 – 11:00 Short input presentations	**Integrated Care in Switzerland – Challenges and Opportunities** **Intro:** • **Is the Swiss healthcare system ready?** • **Brief input from recent multiple case studies in Swiss primary care** Speakers: Prof. Dr. Isabelle Peytremann Bridevaux and Tania Carron, Département Epidémiologie et Systèmes de santé, Unisanté **Challenges and opportunities to address…:** • **… interprofessional collaboration in integrated care** Speaker: Dr. Thomas Ihde, Medical Director Psychiatry, fmi AG Hospitals • **… needs of complex patients in integrated care** Speaker: Dr. Séverine Schusselé Filliettaz, La Source School of Nursing, HES-SO • **… organizational and financing aspects of integrated care** Speaker: Dr. Felix Huber, President mediX schweiz, mediX zürich **Wrap up and closing:** Prof. Dr. Kaspar Wyss, Swiss Centre for International Health, Swiss TPH

Introduction: Is the Swiss healthcare system ready?; Brief input from recent multiple case studies in Swiss primary care
Speaker: Prof. Dr. Isabelle Peytremann Bridevaux

In their presentation, Prof. Isabelle Peytremann Bridevaux (presenter) and Tania Carron laid the ground for the three following input presentations by discussing the question whether the Swiss healthcare system is ready for integrated care. Prof. Peytremann Bridevaux highlighted that overall the situation in Switzerland is rather favorable for the development of integrated care. She went on to present the results of a survey study that was conducted in Swiss primary care. The survey used the SCIROCCO tool, which has been designed to identify the maturity of healthcare systems for the adoption and scaling up of integrated care initiatives.[2] Along 12 dimensions, the survey found the lowest ratings for the following dimensions: “Structure and Governance”, “Funding”, and “Breadth of Ambition”, and the highest for : “eHealth services”, “Removal on Inhibitors”, “Population Approach”, “Citizen Empowerment”, and “Evaluation Methods”. (Figure 1 & Figure 2)
Overall, the results of the study highlighted a still limited maturity of the Swiss healthcare system for integrated care, also when compared to other countries.

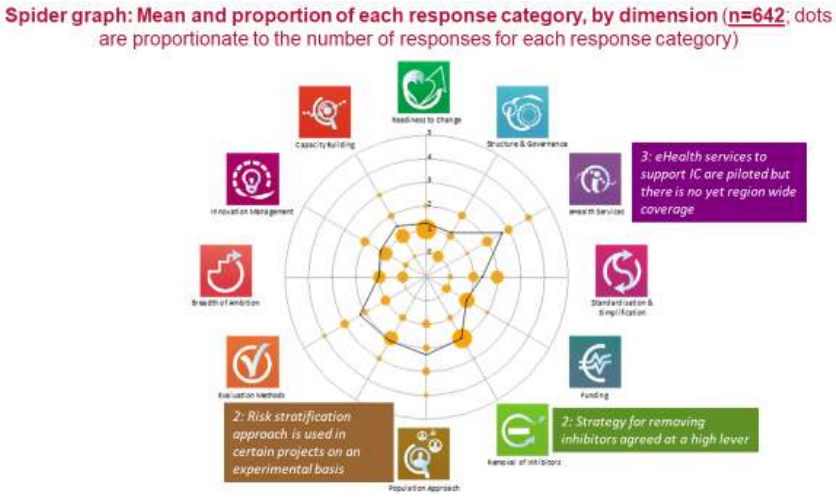


Figure 1

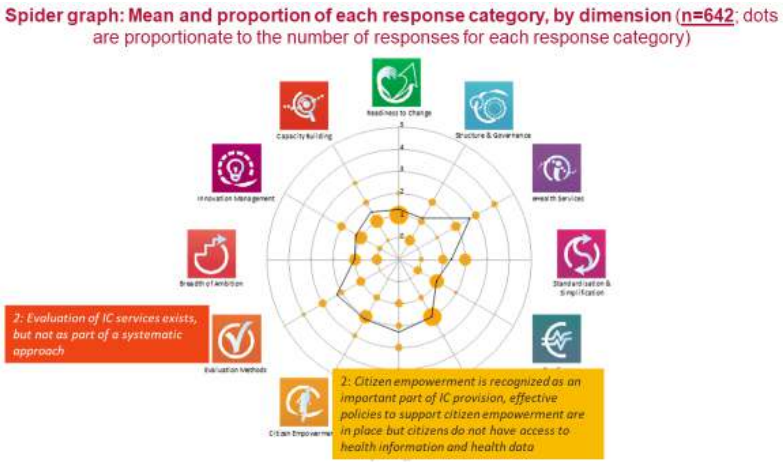


Figure 2

[2] Peytremann-Bridevaux, I., Filliettaz, S. S., Berchtold, P., Grossglauser, M., Pavlickova, A., & Gilles, I. (2021). Healthcare system maturity for integrated care: results of a Swiss nationwide survey using the SCIROCCO tool. *BMJ open*, *11*(2), e041956.

In the following, the presentation focused on the discussion and comparison of different coordinated care models (CoCM) from Switzerland, grouped into three different categories:
Type A: Independent multi-professional GP practices,
Type B: Multi-professional GP practices/health centers that are part of larger entities, and
Type C: Regional integrated delivery systems.
The presentation highlighted barriers (e.g., the lack of interoperable information systems) and facilitators (e.g., the existence of case conferences and managers) for interprofessional collaboration within each type of coordinate care models. Further, it focused on remuneration and financing issues that apply to these models (e.g., payment of coordination and APNs services unclear/not regulated, or no uniform reimbursement from health insurance companies).

In the following, short input presentations addressed challenges and opportunities in….
(1.) … interprofessional collaboration in integrated care
(2.) … needs of complex patients in integrated care
(3.) … organizational and financing aspects of integrated care

1. Input presentation: Challenges and opportunities to address interprofessional collaboration in integrated care
Speaker: Dr. Thomas Ihde, Medical Director Psychiatry, fmi AG Hospitals

In his presentation, Dr. Thomas Ihde provided an overview of the work conducted at the fmi AG hospitals and the region of the Berner Oberland in the field of mental health. In his introduction he provided a brief recount of his own professional training and experience in the US. He highlighted how in the US he experienced a system in which services were fully integrated. Teams were taken to the community, as mental hospital / capacities had been reduced. The teams consisted of leaders, who were typically social workers or nurses, and other team members, who usually were mental health technicians or psychiatric nurses. Teams had their own global budget, which led to the fact that doctors and psychologists (as the most expensive professions) were used as little as possible. The limited budget also led to the fact that money had to be spent creatively.
Dr. Ihde highlighted that once he came to Interlaken, which was back then a heavily underserved area, there was an opportunity to build up new structures from scratch. Currently, as mental health providers within the area of the Berner Oberland, they have a catchment area of about 90’000 people with relatively large distances. Central phone triage is in place. When a person is in need he/she will have a call on the same or next day with a responsible person for the triage. Together they will decide which services should be used. Services include inpatient care, outreach crisis units and community support programs, a total of 9 teams is in place within the area. Each team consists of many different specialties but every specialty can also function as a case manager. The triage will decide which team and which case manager is the best fit for the situation. The case manager will then have the initial contact with the person (typically face-to-face, ca. 60-90 min), often already with family members. During that meeting the case manager with the person in need will decide which services that he/she can choose from fit best with his/her needs, e.g. a nurse for regular check-ins, ADHD specialist, job coach, etc. The case manager will organize all these services. Unusual for Switzerland, the case manager can be of any profession, he/she can be a physician, a nurse, a social worker or even a peer. Each case is discussed within the team using the whole team to give input (crowd intelligence), e.g., physician gives input on medical issues, social worker on social issues, using shared decision-making and responsibility. Each team has leaders, most of them are not physicians, but rather nurses, social workers or psychologists. Peers are individuals that themselves have a lived experience with mental health issues, and they make up to 10% of the employees across all teams. They reinforce professionals to look at the problem from the perspective of the person in need. Including peers in

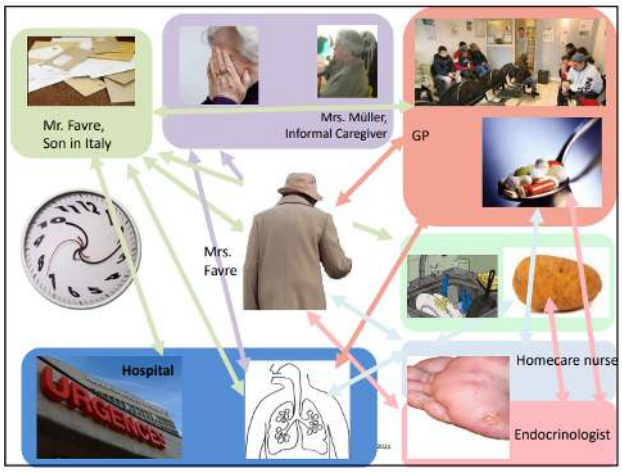
the process helps providing patient centered care. Further, they also force the professions out of power struggles.
Dr Ihde concluded his talk by referencing a model from Finland, the so called “open dialogue”, which includes the close and extended (natural) network of a person in need. This model is also used in the Berner Oberland to create a network and support system for a person in need. Each network consists of family members, friends, employers, etc. and they are invited to network meetings (2 professionals and 9 other members form a network).

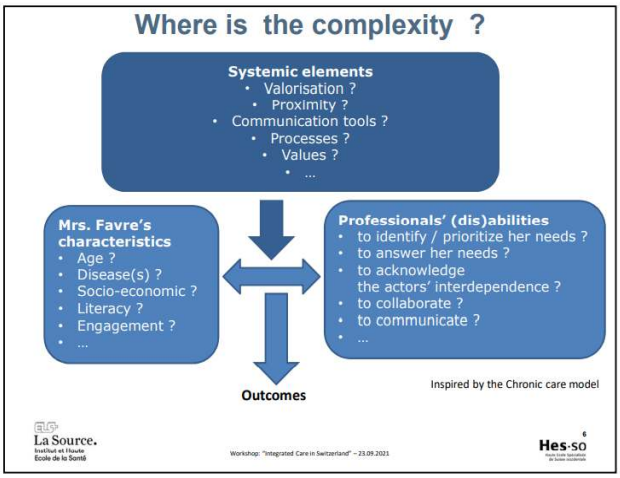
Discussion points:

- In how far is the success of the described approach also based on the fact that is set within the area of mental health, a field in which it has been already a bit more common to include more diverse professions? - This seems to be indeed the case, as power levels are bit more leveled. However, it is not entirely clear why other fields, such as somatic hospitals do not try to use these models. Also including more peers into the process might be beneficial, e.g. hip replacement patients.
- Are described teams fixed or modular? - The speaker highlighted that they work in collaboration with other organizations, such as Spitex or job placement agencies. It is also possible to work with other people who are not part of the team.
- How is the program financed? - Financing is usually difficult but for this specific program, costs are covered by health insurances and the Canton of Bern, which developed a model that covers costs for services that health insurances do not usually pay, e.g., the canton can be billed for translation services or if visits need to be made long distances, also coordination meetings can be billed.

2. Input presentation: Challenges and opportunities to address needs of complex patients in integrated care
Speaker: Dr. Séverine Schusselé Filliettaz, La Source School of Nursing, HES-SO

Dr. Séverine Schusselé Filliettaz started her presentation with introducing the example of a complex patient, namely Ms Favre, who is an elderly woman suffering from multiple chronic conditions. She relies largely on her husband to manage her daily life, until he suddenly passes away. After that Ms Favre starts having problems dealing with her daily life, including mixing up medication or having trouble to deal with administrative issues. She further starts to suffer from other medical issues, such as a wound on her foot due to diabetes and has trouble breathing. Lastly the coordination between formal and informal caregivers starts to be troublesome and she eventually ends up in the hospital.





Dr. Schusselé Filliettaz highlighted the contributing factors to the complexity of Ms Favre’s situation, that includde the characteristics of Ms Favre, as well as the (dis)abilities of the health professionals to properly identify or acknowledge her needs, for example. Also, systemic elements contribute to complexity, e.g. how to valorize collaboration between health professionals and patients, as well as how to create proximity (mutual acquaintanceship) between healthcare professionals and patients.

It is important to keep in mind that complexity is not only on the patient’s side, as complexity is an emergent property, meaning that many elements interact with another. This means complex patients is possibly not the right term, an one might rather refer to “complex needs”. Dr. Schusselé Filliettaz concluded that integrated care would mean that complex needs have to be met with adequate systems. This will require systems thinking, focusing on the system at large. Further, all actors involved will have to be supported in:

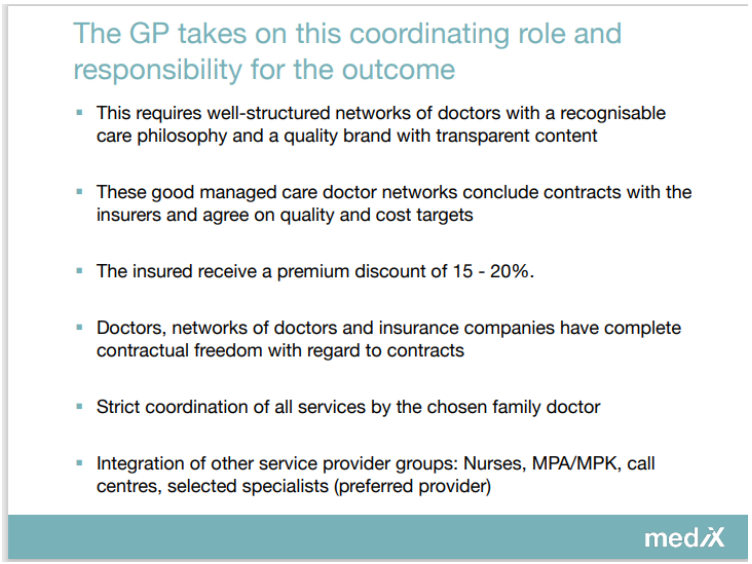
- including patients-as-partners,
- differentiating between needs of patients, using patient-evidence based processes and solutions,
- improving team processes, and
- facilitating change management.

Discussion points:

- Are there any examples available from Swiss hospitals where there is a pathway from emergency in terms of complex care/approach, e.g. in the US social workers are available in the emergency departments? - There are official and quite a number of unofficial pathways in place in Switzerland. For example in Geneva, where a nurse that changes floors can play the role of a patient navigator or case manager. Unofficial pathways are available because there is a strong link between a doctor or a nurse and a patient.
- Systems thinking, patient as partners, change management are three concepts that often are not considered in integrated care in Switzerland, need to develop suggestions on how to move practically and rapidly forward.
- Financing remains an issue, hence it is important to shift from the idea of complex patients to systems that can address complex needs.

3. Input presentation: Challenges and opportunities to address organizational and financing aspects of integrated care
Speaker: Dr. Felix Huber, President mediX schweiz, mediX zürich

Dr. Felix Huber started his presentation with the question on what is meant when one talks about integrated care, followed by a discussion about who takes responsibility for the overall quality of the results and the costs. He stressed the point that a general contractor is needed to take on the responsibility for quality and costs. In good managed care, this role is assumed by the family doctor with an interprofessional team. He also mentioned that a good managed care network can reduce overall treatment costs by 15-20% through careful use of resources. If the general practitioner is taking on the coordinating role, this requires a well-structured network of doctors with a recognizable care philosophy and a quality brand with transparent content. Further, those networks include contracts with the insurers and agreements on quality aims and cost targets. However, the coordination of all services is strictly done by the chosen family doctor, while integrating other service provider groups, such as nurses, MPAs/MPKs or selected specialists.
Dr. Huber concluded that Switzerland has been making great progress in coordinated care but that still further freedom is needed to continue development and that financing mechanisms have to be adapted. More support is needed from the federal government.



Discussion points:

- Potential paradigm shift, from a focus of the family doctor as main responsible person to shifting responsibility also to other professions.

Wrap up and closing
Prof. Kasper Wyss closed the first part of the morning, thanking the speakers for their high-quality input. He summarized the most important points as follows:

1. Drivers for integrated care
Some of the drivers for integrated care highlighted during the session were:

- stronger emphasis of/shift to prevention and link to social care
- person-centered care
- coordination allows for cost control and “optimize” quality of care

2. Experiences from Switzerland and other countries
The workshop provided an overview of experiences with integrated care in Switzerland and other countries.

- experiences with integrated care in Switzerland are ongoing, e.g.:

  - stronger in “more rural cantons”
  - within the field of mental health and psychiatry
  - example of Medix

- Scirocco 12 dimensions for integrated care measurement in Switzerland
  - E-health
  - Risk stratification
  - Citizen empowerment

- many countries have set-up or are testing integrated care models (Finland, Germany, Netherlands, etc.) Switzerland can still learn from

3. Trusted relationships

Trusted relationship across different health services providers are of major importance

- structured relationships and shared culture, coordination is important
- management culture, explicitly managing different actors in the health system
- importance of team work
- electronic medical records (digitalization) needs to be further developed

4. Complexity of needs requiring systemic solutions

The complexity of needs requires systemic solutions and it is not an easy “sell”.

5. Important to link health and social services, specifically for care for the elderly

6. Interprofessional collaboration is essential for integrated care

- case manager holds essential role, e.g. GPs or APNs
- interoperable software is essential
- resistance to change remains an issue
- time pressure is still barrier to interprofessional collaboration

7. Incentives for integrated care are important

- in Switzerland, about 70% are insured through HMO or similar models
- different health care providers are reimbursed through different payment mechanisms, including health promotion activities
- global budgets?

8. Switzerland as a political economy and multi-stakeholder environment

9. Further evaluation and research on integrated care will have to focus on the following:

- impact assessment of “integrated care pilot schemes” needs to be supported by research activities, in order to generate evidence for scaling-up
- sufficient time, and realistic assessment of time is needed in order to provide results
- contextual factors have to be considered (e.g., Covid-19 pandemic)

Prof. Stefan Boes thanked all speakers again and closed the session by pointing participants to the second part of the workshop that would take place in person in Lausanne on October 1st, 2021.

Second part of the first day: closed session

11:20 – 11:30 Plenary	**Introduction to the workshop and the discussion groups**
11:30 – 12:30 Discussion groups, including break	**Discussion on integrated care in Switzerland** Development of a list of topics as well as initial prioritization of topics within the discussion groups (breakout sessions), led by moderator(s)
12:30 – 12:55 Plenary	**Summary of discussions and preliminary prioritization**
12:55 – 13:00 Plenary	**Closing remarks and next steps** Information on the second part of the workshop (on 01.10.2021 in Lausanne)

Objectives and methods

After the open session a closed session for invited experts only took place, with the aim:

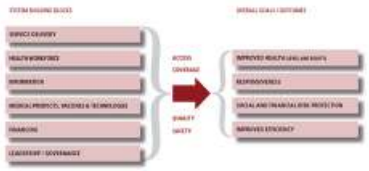
(1.) to identify issues that are important to be addressed in the field of integrated care in Switzerland, and

(2.) to prioritize issues in terms of their importance and urgency.

Prof. Wyss briefly introduced participants to the second part of the workshop and its aims. After this, participants were moved into breakout sessions for group discussions, split according to language preferences (French or German). Participants in this session included, among others, experts from the FOPH, FMH, Obsan, FMC, as well as participants from academic institutions. Overall 12 experts participated in the group discussions. Discussions were led by Prof. Boes (German) and Prof. Peytremann Bridevaux (French), supported by note takers.

After the group discussion, the discussion groups presented their identified topics and discussion points within the plenum. The results were summarized (please see below), and subsequently a topic list was further developed and sent out for additional feedback to the participants (Slide 1 & Slide 2).

Summary of working groups



Governance

- Integrated care strategy and why integrated care (consensus); equal presence and communication; paradigm shift (MD not always in the center)
- Stakeholder perspectives on integrated care, including those of patients or health insurances
- Legal basis for integrated care, namely in respect to financing
- Participation and understanding of population/patients on integrated care

Financing and payment

- Incentives for integrated care (payments). Explore incentives to cooperate (or not to cooperate), including financing rules in the current system (i.e. state of the situation); then understand which ones are effective and how they impact the budget of all entities
- Harmonized and coordinated financing models. Need for new financing models; understand their impact on costs and income distribution (across health providing entities)
- Financing of coordination/management of integrated care (reimbursement)
- Project based funding of integrated care projects. Funding recognition and leverage for scientific expertise; use of “new” (i.e. less standard) methods (i.e. realist evaluations, implementation sciences)

Slide 1

Summary of working groups

Health (and social) workers

- Training for interprofessionality
- Role and differences across case managers (clear roles and responsibility, legal issues)
- Shortages of health workers and integrated care
- Incentives for working together
- Support harmonized training of APNs in order to improve recognition and support responsibility taking in those new roles

Information and technology

- E-records piloting solutions facilitating information flows and monitoring (data access, availability, quality and sharing)
- E-prescription
- Data sharing and exchange as well as missing standards
- User friendliness
- Show evidence that IC improves health outcomes for the patient

Service delivery

- Quality criteria and outcome monitoring of integrated service delivery
- «Hubs» such as health centers
- Clear and consensual definition of IC among professionals and agreement on the goal of an IC mode – shared vision of what IC is and what we aim at (with IC)

Use also new research approaches (e.g. realistic evaluation)

Slide 2

Output first part of the workshop

The following list was sent out for review to the participants of the closed session of the first day of the workshop, and consequently adapted.

Integrated Care in Switzerland

Thank you again for your availability and willingness to participate in the workshop on “Integrated Care in Switzerland”, which took place online on September 23, 2021.

Please provide your feedback

Based on your input during the closed session, we compiled a list of issues (see next page).
To assure that the list correctly reflects the discussions and your opinions, we kindly ask you to review the list and to comment and add any additional thoughts/input you would like to give on the issues listed.
Each heading describes the issue area, whereas the boxes provide additional information (more concrete issues) that was collected during the workshop. **Feedback is welcome on all levels, including headings and information in the boxes.** You can use the comment function or directly insert your feedback into the document.
Please send your feedback the latest by 30.09.2021 to sarah.mantwill@unilu.ch.

Next steps

During the second part of the workshop (01.10.2021, Lausanne), the aim will be (1.) to further discuss and specify the issues listed (for time reasons focusing on selected aspects), and (2.) to create a list of concrete questions to be addressed through knowledge transfer activities.
Finally, based on your input and the input from the second part of the workshop, a short survey will be created to be shared across stakeholder groups, including you, to further prioritize issues and to finalize the list.

List of issues

1. Lack of (sustainable) financing of coordination/management of integrated care

Lack of harmonized and coordinated financing models

- different health care providers are reimbursed through different payment schemes, which are also partly incomplete along the continuum of care (e.g., health promotion with limited reimbursement)
- lack of legal basis for integrated care and especially its financing
- new tariff structures would have to be created and case MGMT would have to be remunerated correctly
- differentiate between amendments to existing tariff structures (which may offer short-term solutions) and reforms of health care financing for a more long-term and systematic inclusion of integrated care in reimbursement

No incentives

- no strong incentives for increased coordination; staff has too little time and time is not or only partly compensated (this includes patient and non-patient time)
- explore incentives to cooperate (or not to cooperate), including financing rules, in the current system (i.e., state of the situation); then understand which ones are effective and how they impact the budget of all entities

No sustainable financing

- project-based funding of integrated care is often too short-term, and no sustainable funding options are available after projects are finished
- need for new financing models; understand their impact on costs and income distribution (across health providing entities)

2. Limited interoperability of electronic data exchange/ missing standards

Issues concerning electronic medical records/data exchange

- missing standards for software providers
- lack of interoperability and possibility for migration (data sharing and exchange)
- software solutions are often not very user-friendly (for both health care providers and patients, must incorporate the needs of all users)
- e-records established in a limited way and e-prescription systems absent

Existing gaps between IT platforms

- connections and the exchange of information is difficult and time consuming

3. Resistance to implementation of integrated care at (local) operational level

Resistance to change

- resistance to change, paradigm shift needed (MD not always in the center, management culture)
- teamwork: lack of definitions of clear roles and responsibility-legal issues
- lack of equal presence and communication

Limited trust

- need for understanding role and differences across case managers
- need for structured relationships and shared culture
- need to divide legal responsibilities in a shared decision-making model

Limited infrastructure

- no sufficient infrastructure (hubs for integrated care, “health centers”)
- learning from lighthouse projects as inspiration (e.g., INSPIRE)
- missing communication platforms between health care providers to share information in an efficient and timely manner

4. Limitations in interprofessional training to support and strengthen integrated care

Lack of shared culture

Topics to be addressed in education

- social work for nurses and vice versa
- integration of peers in care of chronically ill patients
- stronger integration of psychological components of a chronic illness in care and cooperation with psychologists/psychiatrists/psychiatric Spitex
- support harmonized training of APNs in order to improve recognition and support responsibility taking in those new roles
- Absence of emphasis on IC in training curricula

5. Lack of linkages between health and social services

Lack of shared culture

- linking health and social services is highly important specifically for care of elderly

Lack of systematic inclusion of all stakeholders in developing (structures, policies, etc. for) integrated care (see also point 7)

6. Lack of quality criteria and outcome monitoring of integrated service delivery

No (sufficient) data

- show evidence that IC improves health outcomes for the patient
- absence of monitoring mechanisms on IC

Disregard for/no incentives to use new or different methods

- focus should not only be on quantitative data/outcomes but also on new methods how to implement integrated care and qualitative assessment
- “new” (i.e. less standard) methods (i.e. realist evaluations, implementation sciences)

7. Lack of systematic inclusion of all stakeholders in developing (structures, policies, etc. for) integrated care

Patients are not stakeholders

- patient-as-partner governance (within project, institution and in education)
- lack of participation and understanding of population on integrated care

Lack of shared culture

8. Limited (usage of) data exchange (independent of e-health) to support efforts in integrated care

Need for more piloting solutions facilitating information flows and monitoring (data access, availability, quality and sharing)

No useful communication platform for providers available

No sufficient usage of e-prescription/ shared medication plans

9. Shortages and unequal distribution of health workers

- geographic differences are not always accounted for (ex. urban vs. rural)
- more thorough assessment is needed about supply of health care providers, taking into account local context and demand for care; assessments of potential over-/undersupply need to be verified with stakeholders/providers

10. Lack of consensus on the meaning of integrated care in Switzerland

No clear and consensual definition of integrated care (IC) available

- various understandings on IC and no agreement among professionals on the goal of an IC mode
- shared vision of what IC is and what we aim at with IC

11. Participation and understanding of population on integrated care

- ….

Second day of the workshop (01.10.2021)

The second day of the workshop took place on October 1, 2021 in Lausanne at Hotel Aquatis. (For full agenda, please see appendix.)
Participants came from a broad range of backgrounds and organizations, including cantonal health departments, cantonal hospitals, group practices, as well as research institutions.
After a short welcome by Prof. Peytremann Bridevaux, Dr. Sarah Mantwill introduced the participants to the wider framework of the workshop, highlighting the funders of the workshop, and their commitment to bridging the gap between research, policy and practice in the field of health services research. She further gave a couple of examples of knowledge translation activities in the field of health services research that are already in place in Switzerland, such as the COVID-19 platform from the SSPH+, the COVID-19 Sciences Task Force, or the Swiss Learning Health System (SLHS) and introduced participants to the objectives of the workshop.

Objectives and methods

The overarching aim of the second day of the workshop was to identify important topics and questions for which evidence is still needed in Switzerland and that can be addressed through knowledge translation activities, such as the development of policy briefs and/or conduct of related stakeholder dialogues.

The specific objectives were:

(1) to prioritize the topic areas collected during the first day of the workshop, and
(2) to develop and discuss questions related to the topics and to discuss how they can be answered.

In a first round, participants were introduced to the topic areas identified during the first part of the workshop and were asked to prioritize those topics. Slides with individual topic areas were hung up around the room and participants had about 10 minutes to walk around the room to assign a maximum of five stickers according to what they deemed to be the most important topic areas.

Topic areas that were given the highest priority were:

1. Lack of linkages between health and social services
2. Shortages and unequal distribution of health workers
3. Limitations in interprofessional training to support and strengthen integrated care
4. Lack of sustainable financing of coordinated/integrated care
5. Lack of quality criteria and outcome monitoring of integrated care service delivery
6. Limited interoperability of electronic data exchange/missing standards

The first three topic areas were discussed in the German speaking and the last three were allocated to the French speaking group trying to achieve a good mix of language skills and to match sufficient expertise within each group. The group discussions were led by one moderator and one facilitator each.

The overarching aim of the group discussions was to develop concrete research questions within each topic area for which evidence is still needed in Switzerland and that can be addressed through knowledge translation activities. Each discussion group was asked to develop about 5 questions for each topic area. While developing research questions, groups were asked to think about (1.) the context and contextual factors of the topic area, and (2.) who would be interested in the results/who would be the target group.
Initially, the moderators asked participants to take 5-8 minutes to silently think about potential questions, which then were collected by the moderator one after the other from the participants, while the facilitator took notes on flipcharts/slides. Once no new questions emerged, participants were asked further discuss and if possible prioritize questions.

After the group discussions the two groups met in the plenary, which was moderated by Prof. Wyss, and presented each the results of their discussions. The second day of the workshop ended with closing remarks and the explanation of the next steps.

Outcome of group discussions

As previously mentioned, each discussion group was asked to develop about 5 questions for each topic area. While developing research questions, groups were asked to think about (1.) the context and contextual factors of the topic area, and (2.) who would be interested in the results/who would be the target group.
In the following, questions that were developed within the two discussion groups are listed.

German-speaking group

Topic area 1: Lack of linkages between health and social services

1. **What is the problem of collaboration between the social and the health sector?** Explore and characterize the problem: **In what areas is there a lack of collaboration and how does it manifest itself?**
2. Needs and wants: **How is the lack perceived among the different actors?**
3. **What are the influencing factors** (barriers and opportunities) **to the collaboration between the social and the health sector?**
4. Define outcomes: **How can outcomes of good collaboration be measured?**
5. **Which framework is necessary for good collaboration?**

Topic area 2: Shortages and unequal distribution of health workers

1. Needs and wants: **In what areas does the problem exist? What would be the competencies of health workers?**
2. **Context/ setting-based impact assessment/ scenario analysis**: layout of different scenarios (e.g. with pharmacies, Spitex, etc.; compare to systems abroad, availability of solutions with regard to task shifting?)
3. **How can cooperation models contribute to good/better care for the population?** (also in urban areas)
4. **How do the different professional profiles develop? How could they be strengthened?** What could be outcomes of interdisciplinary collaboration? What could be new tasks?
5. **How to ensure in education that integrated care becomes possible? What forms of organization are needed to make integrated care possible?**

Topic area 3: Limitations in interprofessional training to support and strengthen integrated care

1. **Inventory and impact analysis of offers already in place** (openness for models of integrated research)
2. **Evaluation of existing offers:** Inventory and specific targets for interventions
3. **What skills and competencies are currently lacking among professionals for good integrated care and how are they taught and trained in (continuing) education and professional practice?**
4. Developing new approaches to interprofessional education: **How can learning situations of interprofessional collaboration be designed in education, training and continuing education so that this approach can be experienced positively?**

French-speaking group

Topic area 4: Lack of sustainable financing of coordinated/integrated care

1. Status
   1.1. **What are the essential activities/provisions in the field of integrated/coordinated care?**
   1.2. **Which activities/provisions are currently reimbursed by the obligatory health insurance and at what level?**
   1.3. **What are the practices of health care providers to bill for services not explicitly included in the Swiss tariff system?**

2. Definition of roles and activities to be funded
   2.1 **What are the roles and responsibilities of the different integrated care providers?**

3. Financing models
   3.1 **Which financing models should be developed, implemented and evaluated in Swiss health care systems?**
   3.2 **How can current tariff systems be adapted to ensure the financing of integrated care?**

Topic area 5: Lack of quality criteria and outcome monitoring of integrated care service delivery

1. **What are the current tools for identifying people who can benefit from integrated/coordinated care, and/or stratify the population? Which ones could be used in Switzerland?**

2. **What is the minimum set of indicators to be considered in the field of integrated/coordinated care? Which of these are available and in what format?**

Topic area 6: Limited interoperability of electronic data exchange/missing standards

1. **Which incentives would be appropriate to improve minimum data collection for integrated care?**
2. **Which incentives should be considered to collect data/improve data sharing among care partners?**
3. **How to combine financing and quality aspects in integrated care?**
4. **How to reconcile the positions of the different actors in the field of medical data sharing?** (insurers, providers, patients, the state, etc.)

Next steps

The workshop provided an opportunity:

1. to gauge and discuss the current state of integrated care in Switzerland,
2. to develop a list of topic areas and topics that are relevant to be addressed in the field of integrated care in Switzerland,
3. to prioritize those topic areas, and
4. to identify relevant questions to be addressed through knowledge translation activities by the academic community, in collaboration with actors from policy and practice.

Lastly, the workshop also provided an opportunity for actors who have an interest and expertise in the field of integrated care in Switzerland to connect.

In the following months, it is planned to further specify the lists, potentially reviewing the first list of topic areas developed during the first day of the workshop and to further refine the list of questions developed during the second day of the workshop. Questions should be further prioritized and refined (potentially using survey or additional group discussions) and finally be shared with the SSPH+ community (format and date to be decided) as well as within the SLHS network.
Within the SLHS it is planned to address at least two topic areas and related question(s) by means of a policy brief and stakeholder dialogue, and if feasible to integrate the topic of “integrated care” as one of the main foci of the SLHS.

Appendix

Swiss Learning Health System

Workshop: "Integrated Care in Switzerland" – 23.09.2021

Increasing multimorbidity and a growing elderly population in Switzerland do not only lead to an increasing need for medical care, but also to a steadily growing need for coordination in order to meet the multidimensional needs of patients.

In order to ensure comprehensive integrated care, networked service providers are needed who work together to ensure the well-being of patients. This requires structures that enable patient-centered care. However, these structures are not always in place, and questions about the how and what often remain unanswered. How can integrated care be practically implemented across all levels and sectors? How can integrated care work best? What works and what does not, and what structures are needed?

Associated decision making is often limited by a lack of information or the usability of this information. To address this challenge, the Swiss Learning Health System (SLHS), supported by the Swiss School of Public Health (SSPH+), cordially invites you to a workshop that aims at bringing together Swiss researchers, practitioners and other decision makers who have an increased interest in integrated care in Switzerland. Topics in the field of integrated care will be discussed and prioritized, and the resulting priority list will serve as a guide to prioritize activities that seek to transfer knowledge from research to practice.
Promoted by the SLHS and the SSPH+, the long-term goal is to support decision makers in implementing integrated care in Switzerland by providing scientific recommendations. Thus, to ensure an efficient and effective healthcare system in Switzerland.

Supported by:
SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

Swiss Learning Health System

Program
23.09.2021, 08:15 – 11:10

Zoom link: https://unilu.zoom.us/j/66480545439
Meeting-ID: 664 8054 5439
Password: 679170

08:15 – 08:30	**Welcome and Introduction**
08:30 – 09:00 Keynote I	**Integrated Care - an International Perspective** (*tentative title*) Speaker: Prof. Dr. Viktoria Stein, Leiden University, Medical Center; Editor-in-Chief, International Journal of Integrated Care
09:00 – 09:30 Keynote II	**Integrated Care in Switzerland – General Perspectives*** Speaker: Lea von Wartburg, Head of the Section National Health Policy (FOPH)
09:30 – 09:45	**Break**
09:45 – 11:00 Short input presentations	**Integrated Care in Switzerland – Challenges and Opportunities** **Intro:** • **Is the Swiss healthcare system ready?** • **Brief input from recent multiple case studies in Swiss primary care** Speakers: Prof. Dr. Isabelle Peytremann Bridevaux and Tania Carron, Département Epidémiologie et Systèmes de santé, Unisanté **Challenges and opportunities to address…:** • **… interprofessional collaboration in integrated care** Speaker: Dr. Thomas Ihde, Medical Director Psychiatry, fmi AG Hospitals • **… needs of complex patients in integrated care** Speaker: Dr. Séverine Schusselé Filliettaz, La Source School of Nursing, HES-SO • **… organizational and financing aspects of integrated care** Speaker: Dr. Felix Huber, President mediX schweiz, mediX zürich **Wrap up and closing:** Prof. Dr. Kaspar Wyss, Swiss Centre for International Health, Swiss TPH
11:00 – 11:10	**Closing Remarks**

*Presentation will be held in German; slides will be made available in French and English.

Supported by:
SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

Swiss Learning Health System

Program: Closed workshop
23.09.2021, 11:20 – 13:00

https://unilu.zoom.us/j/62592981813
Meeting-ID: 625 9298 1813
Password: 558055

11:20 – 11:30 Plenary	**Introduction to the workshop and the discussion groups**
11:30 – 12:30 Discussion groups, including break	**Discussion on integrated care in Switzerland** Development of a list of topics as well as initial prioritization of topics within the discussion groups (breakout sessions), led by moderator(s)
12:30 – 12:55 Plenary	**Summary of discussions and preliminary prioritization**
12:55 – 13:00 Plenary	**Closing remarks and next steps** Information on the second part of the workshop (on 01.10.2021 in Lausanne)

Supported by:
SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

Swiss Learning Health System

Program[1]

01.10.2021, 08:30 – 13:00

Hotel Aquatis
Route de Berne 148, 1010 Lausanne

Plenary	
From 08:30	*Welcome Coffee*
09:00 – 09:05	**Welcome**
09:05 – 09:20	**Introduction to the objectives of the workshop and brief summary** of the first part of the workshop (23.09.2021)
09:20 – 09:30	**First topic prioritization** based on first part of the workshop
Break out: Discussion Groups (including breaks)	
09:30 – 09:45	**Second topic prioritization** within discussion groups
09:45 – 11:20	**Development and discussion of questions** to be addressed through knowledge transfer activities
11:20 – 11:45	*Break*
Plenary	
11:45 – 12:15	**Summary and presentation of identified topics and questions**
12:15 – 12:50	**Discussion and refinement of topics and questions**
12:50 – 13:00	**Closing remarks and next steps**
13:00	*Lunch at Aquatis Hotel*

Note: Plenary sessions will be held in English language. Discussion groups will be divided according to language preferences (German, French or/and English).

[1] Slight variations in content might still apply.

Supported by:
SSPH+ SWISS SCHOOL OF PUBLIC HEALTH