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Ageing Switzerland

Pathways to a resilient healthcare system

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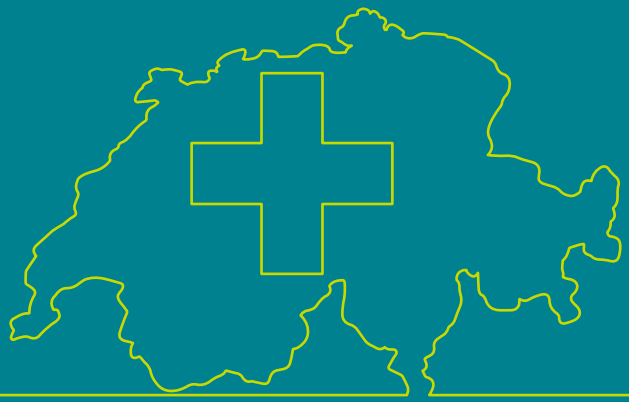

About the study

This in-depth study of healthcare builds on our baseline study "Ageing Switzerland: It's time to act".

The analysis includes interviews with experts from the private sector, academia and policy-making. We would like to thank all our experts for their valuable insights and comments, especially those we quote directly in this report. The analysis and interviews were conducted between November 2024 and March 2025.

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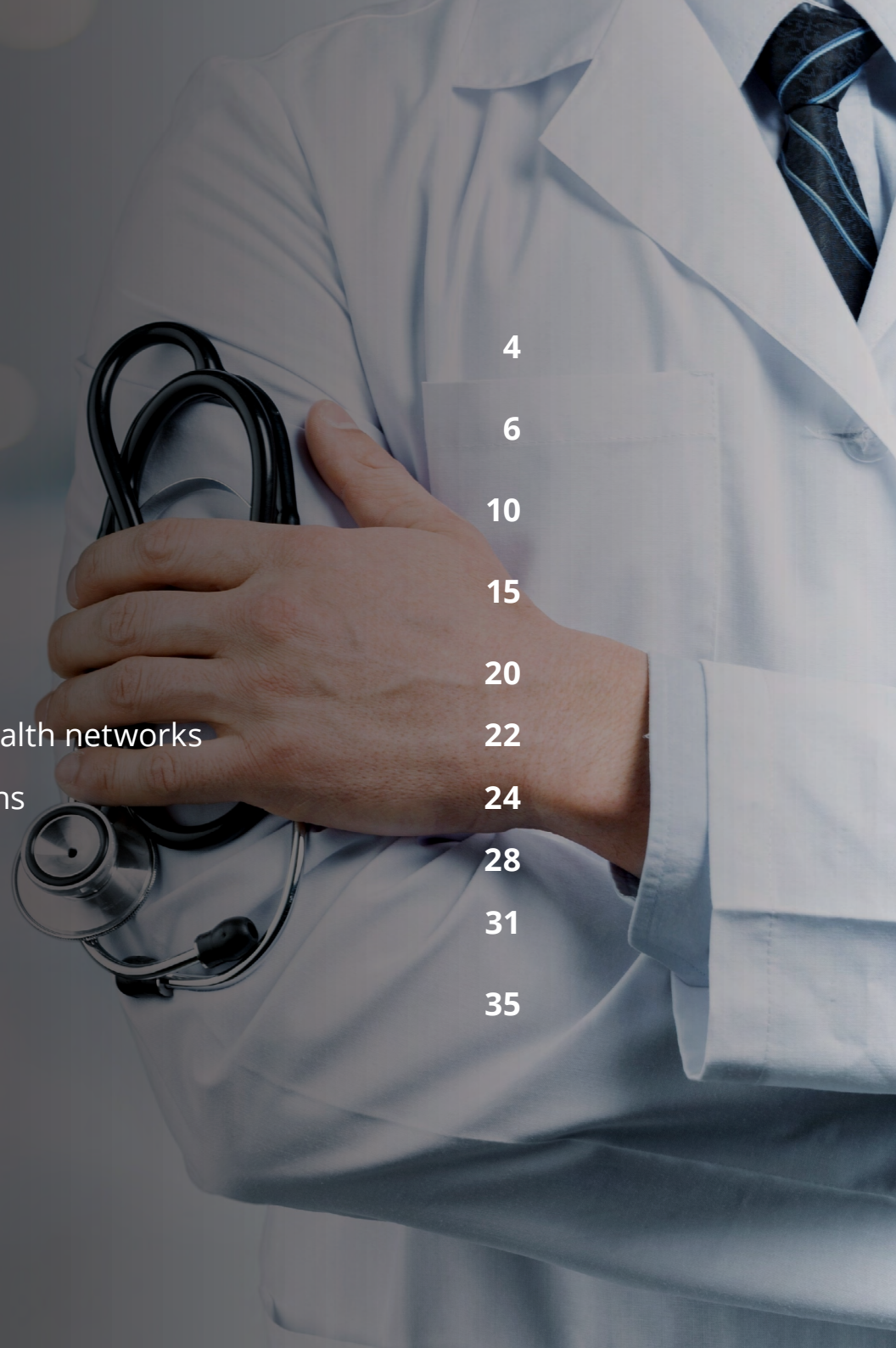


Executive summary

01

Executive summary

Life expectancy is increasing, the population is getting older

Since the 1970s, a longevity revolution has been taking place in developed countries: thanks to improvements in healthcare, medicine and lifestyle, more and more people are reaching old age, and life expectancy is increasing. At the same time, the birth rate is steadily declining. Accordingly, the structure of the population is also changing. In Switzerland, it is expected that by 2050 there will be only two working age people per pensioner.

Shortage of skilled workers in the healthcare sector

Although Switzerland has a high supply of health workers by international standards, it is still struggling with a noticeable shortage of health workers, especially nurses and doctors. Due to population growth, the demand for healthcare professionals will continue to increase in the coming years. However, ageing in particular poses an acute challenge, as many older professionals will retire in the next few years. Neighbouring countries are also struggling with demographic change, and the competition for talent is increasing.

Medical and nursing needs are increasing

With age, health restrictions and chronic diseases become more common, increasing the need for medical and nursing care. Despite longer life expectancy, there is still a gap between life span and health span: men and women in Switzerland live longer but spend many of the additional years of life with health impairments. This leads to a growing need for medical treatment and care, which will come to a head in the course of demographic ageing.

Digitisation is making slow progress

Digital solutions and innovative concepts such as 'Hospital at Home' can help to make healthcare more efficient and patient-centred. The use of AI-supported diagnostic tools and connected health platforms enables early detection and treatment of diseases. However, there are still many hurdles to overcome: trust in and use of digital applications is low, and the exchange of information and access to health data remain difficult.

Healthcare costs are rising

Healthcare costs in Switzerland are already at a very high level and continue to rise every year. Medical progress and greater demand for healthcare services have contributed to this, but demographic ageing is also an important cost driver. Misguided incentives in the healthcare system and the inefficient use of resources exacerbate cost pressures.

Focus on longevity offers potential

An increased focus on prevention and healthy lifestyles can help to improve the quality of life. Early detection and disease prevention enable healthy ageing. Additionally, Switzerland could achieve substantial cost savings: If greater emphasis is placed on prevention, healthcare expenditures in 2040 could be CHF30 billion lower than in a scenario where the current cost structure remains unchanged.

Introduction

02

The 'Fourth Age'

Life expectancy in Switzerland continues to increase year by year, a trend that we now almost take for granted. However, history shows what a huge achievement longer life expectancy is. 150 years ago, the average woman could expect to live to just 42 and the average man to around 38 – less than half the life expectancy of Swiss citizens today.[1] Indeed, for many people today life really begins in their late 30s or early 40s: they may have only recently got married, bought their first house, or had their first child.

The main contributors to longer life expectancy are improvements in health, lifestyle and nutrition, and advances in medicine. Until the 1970s, the main impact of these improvements was to reduce infant and child mortality; but there was then a marked decline in mortality rates in the 65+ age group, creating a 'longevity revolution' in developed countries, benefitting older people in particular.[2]

Individuals in Switzerland reaching the age of 65 can now expect to live on average for a further 20 years: in 1876 the figure was typically just 10 years.[3] Not only are people in better health when they reach the age of 65: many of the diseases that affect older people in particular can now be prevented or treated more successfully. Traditionally, the First Age of childhood and youth and the Second Age of adulthood were followed by old age – the Third Age. Now, however, we are able to distinguish between 'active seniors' (those aged 60 and over) and the very elderly (those aged 80 and over), creating a Fourth Age. It is often said that "75 is the new 65", with older people continuing to enrich society and play an important part in their families and communities.

The face of society is changing

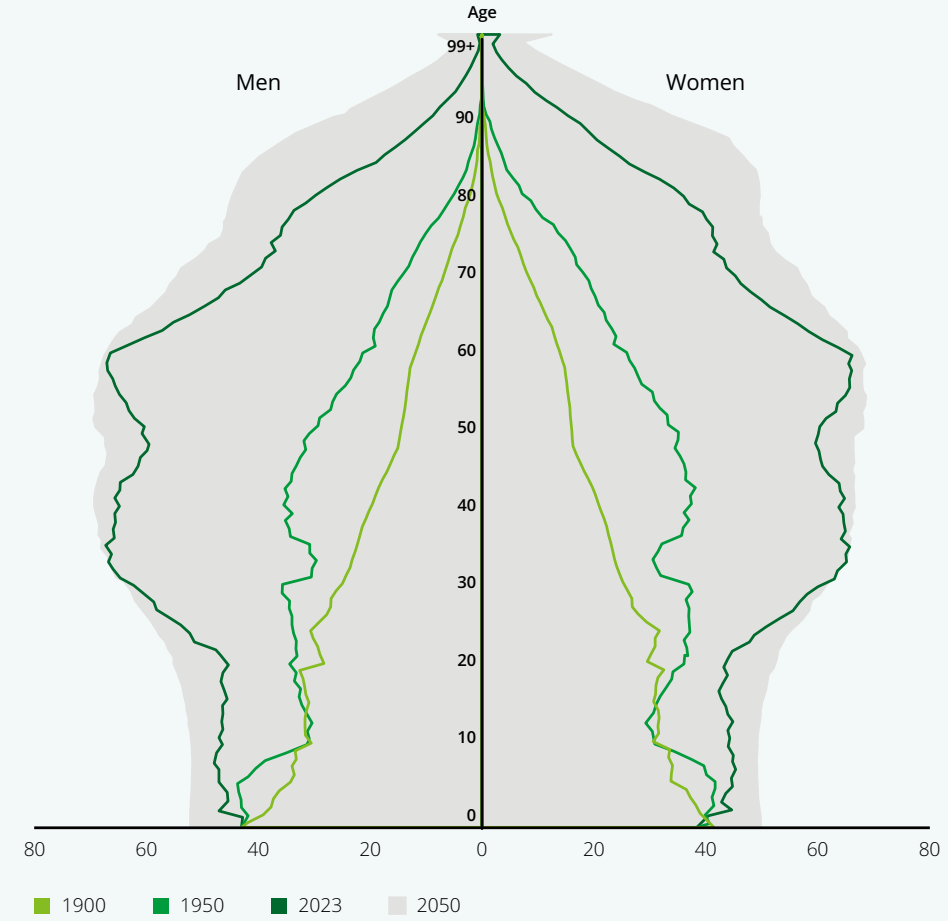
In addition to longer life expectancy, there is also an opposite trend in Switzerland: birth rates have been falling steadily for decades. Maintaining long-term population stability requires a birth rate of 2.1 children per woman, but this has not been achieved in Switzerland since 1970. Birth rates have fallen, fluctuating between 1.4 and 1.6 children per woman for many years, and this fell further in 2023 to 1.3 children per woman.[4]

These trends – longer life expectancy and falling birth rates – are creating an ageing population in Switzerland. Traditionally, the country's population pyramid had a broad base of younger generations tapering to a narrow apex of older generations, but this is now being replaced by an urn-shaped curve (see Chart 1). The large baby boomer generation that makes up the middle section of the 'urn' underpins this change in the pyramid, with smaller younger generations at the base and growing numbers of older people at an ever wider apex. Forecasts suggest that by 2050, the number of over-65s in Switzerland will have risen from around 1.6 million to almost 2.6 million.[5]

By contrast, the numbers of children and young people are likely to grow only very slightly, a trend that will significantly change the country's old age dependency ratio. By 2050, the ratio of over-65s to 20-64 year olds is set to rise from almost 32% to 46.5%. This means that by the middle of the century, there will be just two people of working age for each pensioner in the population, down from three currently.

Chart 1: Age structure of the Swiss population

Population in 1,000s



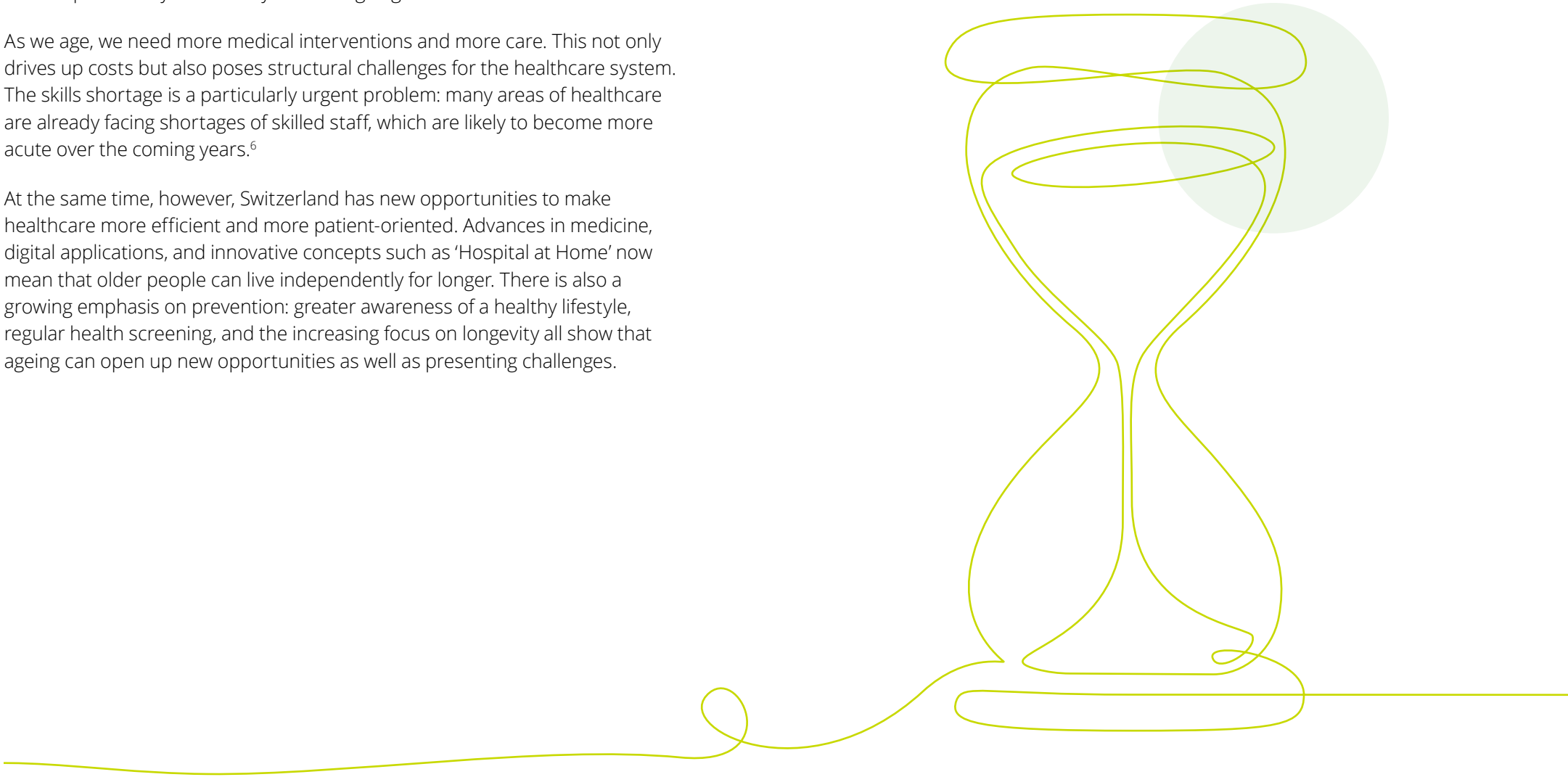
Source: FSO 2024

Switzerland in transition

This demographic ageing in Switzerland is bringing about fundamental changes and presents challenges in many different areas. Our 'Ageing Switzerland' series considers in detail the impact of demographic ageing on business, society and policy-making. This study takes a closer look at health, an area particularly affected by societal ageing.

As we age, we need more medical interventions and more care. This not only drives up costs but also poses structural challenges for the healthcare system. The skills shortage is a particularly urgent problem: many areas of healthcare are already facing shortages of skilled staff, which are likely to become more acute over the coming years.[6]

At the same time, however, Switzerland has new opportunities to make healthcare more efficient and more patient-oriented. Advances in medicine, digital applications, and innovative concepts such as 'Hospital at Home' now mean that older people can live independently for longer. There is also a growing emphasis on prevention: greater awareness of a healthy lifestyle, regular health screening, and the increasing focus on longevity all show that ageing can open up new opportunities as well as presenting challenges.



The rising cost of healthcare

03

Healthcare costs in Switzerland are rising year on year, with an average annual increase of 6.4% since 1960. At that time, annual spending on health was CHF2 billion or around CHF374 per capita, equivalent to 4.5% of GDP (see Chart 2). Now, six decades on, total spending has risen to CHF91 billion or around CHF10,423 per capita (2022 figures), equivalent to 11.7% of GDP.

This makes the Swiss healthcare system one of the most expensive in the world. Of the OECD economies, only the US spends more per capita on health.[7] In terms of health spending as a proportion of GDP, Switzerland ranks seventh among the OECD economies but spends considerably more than the OECD average (around USD5,000 per capita or 9% of GDP).

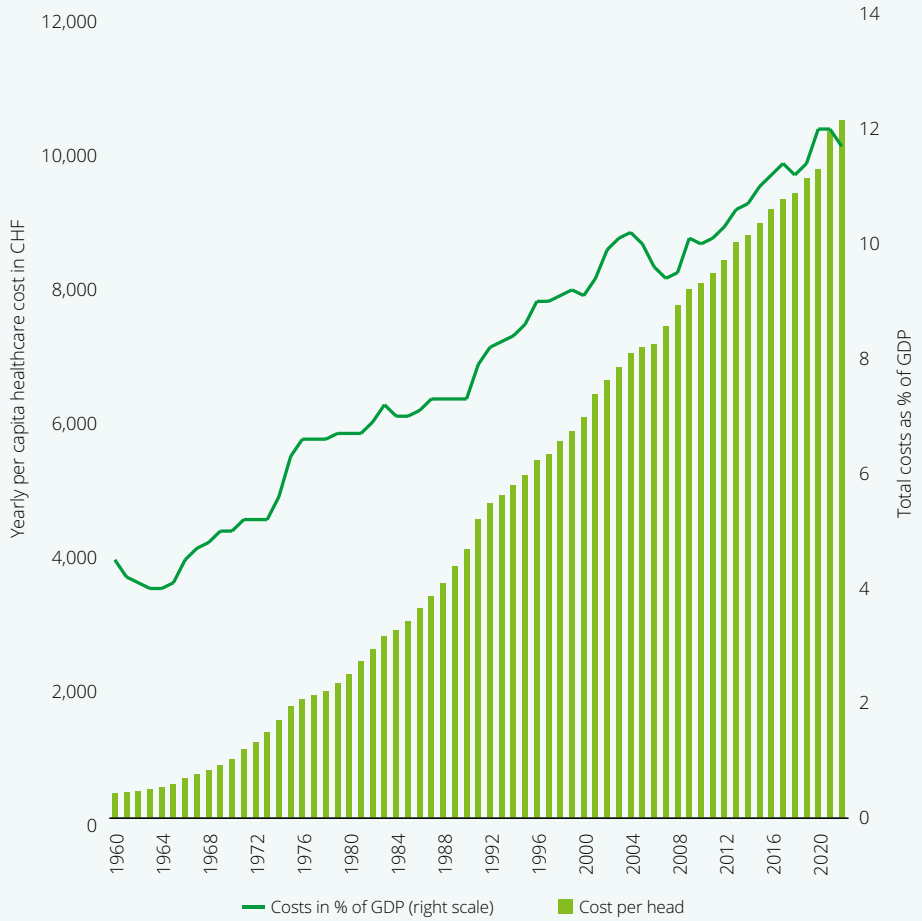
KOF Swiss Economic Institute forecasts assume that these costs will continue to rise and that annual spending on health is likely to top CHF100 billion as early as 2025.[8] Meanwhile the Federal Finance Administration (FFA) estimates that growth in spending on health will accelerate, taking it to 15% of GDP by 2050.[9]

Better medicine for more people

Comparing Switzerland now with the 1960s illustrates the scale of change over the past six decades – and the extent to which this change has driven up spending on health. In the 1960s, the country had an average population of 5.3 million; this has now risen to around nine million, boosting demand for healthcare and placing a long-term financial burden on the health sector.

However, the past 60 years have also seen significant change in what the sector can offer, and many treatments that were unimaginable in the 1960s are now routine. Most new drugs and technologies are more expensive than those they replace, so the cost of treatment is a major factor in the higher overall cost of healthcare. An example of this is the hip prosthesis, which was developed in the 1960s, among others, by a Swiss national, Maurice Edmond Müller. Today hip replacements are one of the most common operations carried out in Swiss hospitals. According to the Swiss National Joint Registry (SIRIS), more than 24,000 people underwent a total hip replacement in 2023.[10] 67% were over the age of 65, and the average patient age was 69.4 years. A hip replacement costs around CHF18,000, half of which is the cost of the surgery itself.[11] The other half is made up of staff costs, drugs and equipment, and administrative costs.

Chart 2: Growth in healthcare costs since 1960



Source: FSO 2024

Age brings higher costs

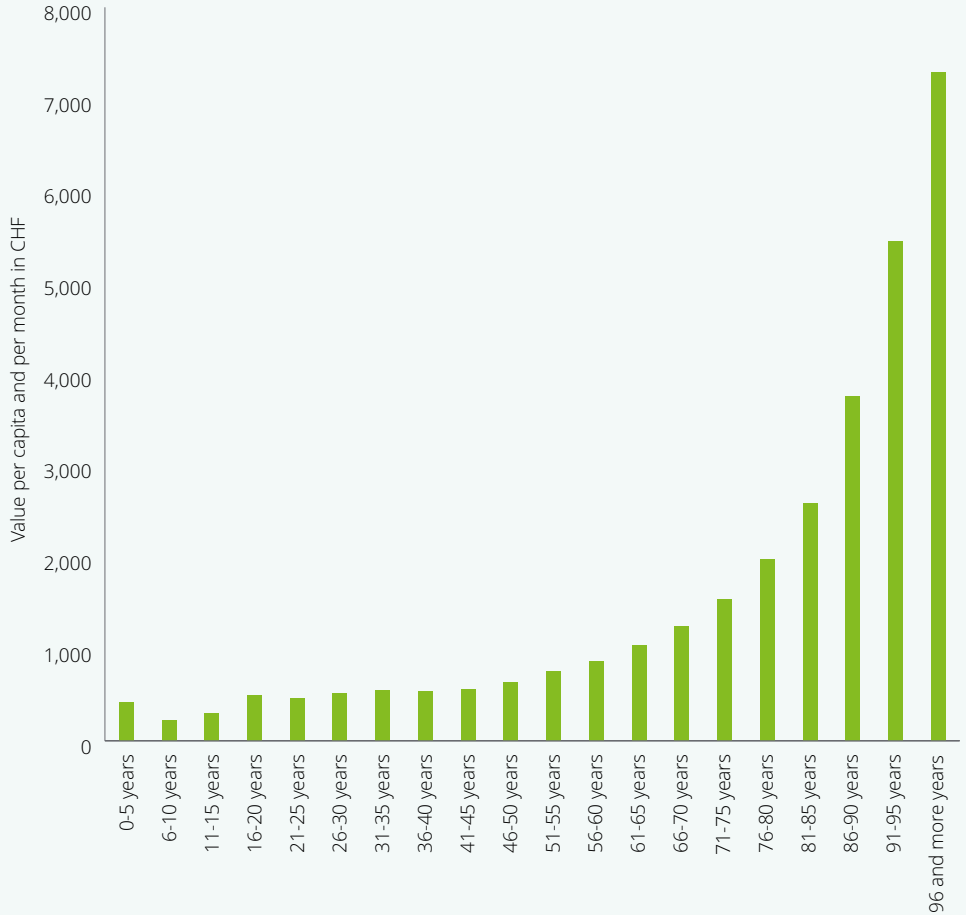
A breakdown of healthcare costs by age group (see Chart 3) shows how they increase with age. In 2022, over-60s accounted for more than half (52%) of the total costs of healthcare but made up only a quarter of the total population.[12]

The cost of caring for older people reflects the fact that they are more likely to have limiting and chronic health conditions. Most people having a hip replacement, for example, need the operation because of osteoarthritis or rheumatoid arthritis – and age is the major contributory factor to these conditions: it is older people that are most likely to be affected and to require hip replacement surgery. Moreover, according to the SIRIS Hip & Knee Report 2024 the number of hip replacement operations carried out over recent years has risen broadly in line with the rise in the number of 50-89 year-olds in the population.[13]

A number of studies, including research conducted by ZHAW and Santésuisse, quantify the impact of ageing on healthcare costs at between 15% and 22% of the total increase in healthcare spending.[14] This makes ageing the third largest driver of increased health spending after higher per-patient costs (44%) and population growth (33%) (see Chart 4).

The 'cost of dying' is often cited in this context. This refers to the healthcare costs incurred in the last few years of life. Because these are often disproportionately high, the impact of ageing on healthcare costs is over-estimated. The argument is that higher costs are not the result primarily of older age itself, but that most people die at a later age and the associated cost of dying inflates health costs in these age groups.

Chart 3: Monthly healthcare costs in 2022 by age group



Source: FSO 2024

Living longer but not necessarily in good health

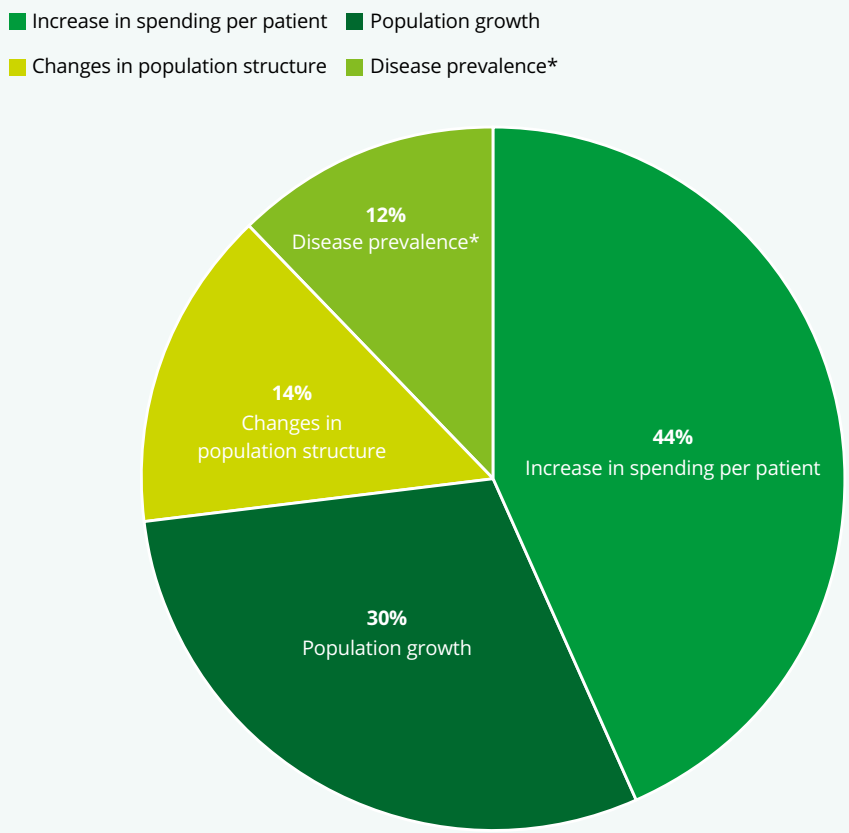
Whatever the specifics, demographic change remains a key driver of the rising cost of healthcare. Older people are more likely to face limiting and chronic health conditions, so longer life expectancy increases the need for healthcare and hence the cost of treating these conditions.

And while life expectancy continues to increase, it has not yet been possible to close the gap between lifespan and healthy lifespan – that is, the period during which an individual lives in good health. The World Health Organization (WHO) estimates average global life expectancy at 71.4 years but healthy life expectancy (HALE) at only 61.9 years. This difference – almost 10 years – is the period during which individuals typically live with limiting or chronic health conditions.[15]

A similar picture emerges in Switzerland. A study by Swiss Medical Weekly found that the average healthy life expectancy of a 65 year-old man increased by 2.1 years between 2007 and 2017; the figure for women was 1.5 years.[16] Unlike in other countries, this increase in HALE was actually higher than the increase in life expectancy. However, a marked gap remains: According to the Swiss Federal Statistical Office (FSO), the difference between overall and healthy life expectancy is 10.8 years for men and 14.2 years for women.[17]

Conditions such as diabetes, cancer, cardiovascular disease, chronic respiratory disease, and musculoskeletal disorders are common among older people, and many of these conditions have become much more prevalent over recent decades. In 1992, for example, 32.6% of men and 38.8% of women over 65 had high blood pressure. Those figures have now risen to 53% and 44.9% respectively. This has also driven up hospital admissions for cardiovascular

Chart 4: Proportion of the increase in healthcare costs between 2012 and 2017



*Disease prevalence is the frequency of diseases in a specific population group.

Source: ZHAW 2023

disease by 20% since 2002.[18] Another example is the number of people with high levels of cholesterol, another risk factor for heart attack and stroke. The percentage of over-65s with high cholesterol rose substantially between 2002 and 2022, by almost 23 percentage points among men and by 12 percentage points among women.

Chronic conditions such as dementia are also more prevalent among older people. It is estimated that 153,000 people in Switzerland currently live with Alzheimer's disease or another form of dementia and that 32,900 new cases are diagnosed each year.[19] A 2022 Lancet study estimates that globally, the number of people living with dementia could top 150 million by 2050, three times as many as in 2019. The numbers in Switzerland are expected to double over the same period.[20]

ZHAW research also confirms that the greatest impact ageing has on health spending can be attributed to the cost of managing and treating neurological conditions and cardiovascular disease (37.1% and 23.4% respectively of the total increase in spending).[21] Dementia accounts for the majority of the cost of long-term in-patient care (82.3% of spending in 2017), while most of the cost of treating cardiovascular disease is accounted for by in-patient treatment (79% of the cost of treating a stroke, for example) and by drugs (46% of the cost of treating hypertensive heart disease).

> Demographic change means we are seeing more older patients with complex health needs. We are planning for continued high levels of demand for in-patient treatment, particularly in acute geriatric care and oncology. And patients requiring long-term in-patient treatment will need more care and greater specialisation.

Martin Gerber
Finance Director, Basel University Hospital

Growing demand for skilled staff

04

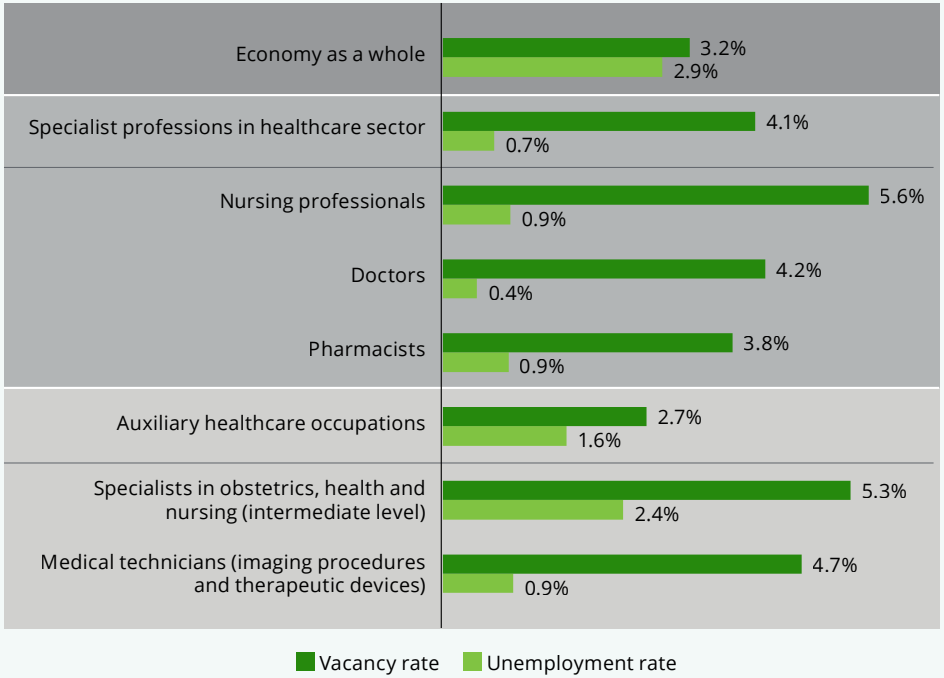
In comparison with other countries, Switzerland has an unusually high number of healthcare staff, especially in nursing. In 2021, the country had 18.4 practising nurses per 1,000 head of population, second only to Finland among the OECD economies.[22] Yet despite this apparently enviable position, the Swiss healthcare system is struggling with skills shortages.

It is already clear how finely balanced staffing levels are. According to an analysis by the Swiss State Secretariat for Economic Affairs (SECO), vacancy rates for healthcare specialists averaged 4.1% between 2019 and 2021, considerably higher than the average vacancy rate across all sectors of the economy (3.2%).[23] The greatest shortages are for nurses and doctors, but there is also an acute shortage of pharmacists (see Chart 5).

As well as specialist shortages, auxiliary medical staff are also in short supply. The vacancy rate for this group as a whole is lower, at 2.7%, but in some occupations it is as high as or even higher than for specialists. For example, the vacancy rate for specialists in obstetrics, health and nursing is 5.3%, and for medical imaging and therapeutic device technicians the rate is 4.7%.

Many different factors are contributing to these shortages. Switzerland's fragmented and decentralised healthcare system plays a key part, but demand for staff is increasing steadily. Demographic ageing and the more intensive treatment older people often need are putting pressure not just on the cost of healthcare but also on the growing demand for – and shortages of – medical and nursing staff.

Chart 5: Job vacancy and unemployment rates in selected health professions between 2019 and 2021



Source: SECO 2023

Labour market potential exhausted

Alongside high vacancy rates, low levels of unemployment among healthcare staff are also an indicator of the shortage of staff in this sector. Together, these two indicators demonstrate that the potential of the labour market has been almost completely exhausted. Unemployment among specialist healthcare staff stands at just 0.7%, and the figure for doctors is lower still at 0.4%. In comparison, the figure for auxiliary medical occupations is 1.6%.

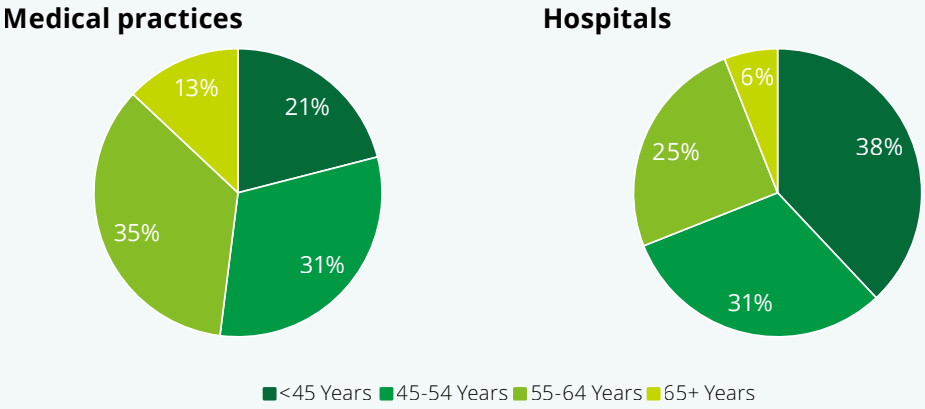
The demand for skilled labour in healthcare is set to continue to grow over the coming years. One reason is the increase in economic participation that naturally results from a growing economy and higher demand for healthcare. However, demographic change also has a part to play: over the coming years, many older healthcare workers will be retiring, and there are insufficient younger workers to take their place. The SECO analysis referred to above estimates that in 2019 and 2021, this demographic replacement demand was an average of 23.9% in the health sector, compared with an average across the Swiss economy of 20.7%. A high replacement demand arises if the people who are about to retire make up a large proportion of all employees in an occupation.

It's time to act

Switzerland's ageing population is already a substantial challenge to the healthcare system. The Swiss Health Observatory (Obsan) calculates that almost half of doctors in specialist practices (48%) are aged 55 or over.[24] Almost a quarter are already at pensionable age. The figures are slightly lower for those working in hospitals but are still around one-third (see Chart 6). Similar ageing is evident among nursing and care staff: in 2019, 20% of this group were aged 55 or over, up from 16.5% just seven years earlier.[25] It can be assumed that the current figure is higher still.

If all pensionable-age doctors were to stop working tomorrow, the country would have a shortfall of around 2,800 doctors. To put this into context, a total of 1,284 Swiss medical degrees were awarded in 2023 and a further 2,071 individuals obtained further or specialist qualifications.[26] The number of new doctors qualifying from Swiss universities would therefore be insufficient to meet demand.

Chart 6: Proportion of doctors in medical practices and hospitals by age



Source: Obsan 2023

High level of reliance on skilled staff from abroad

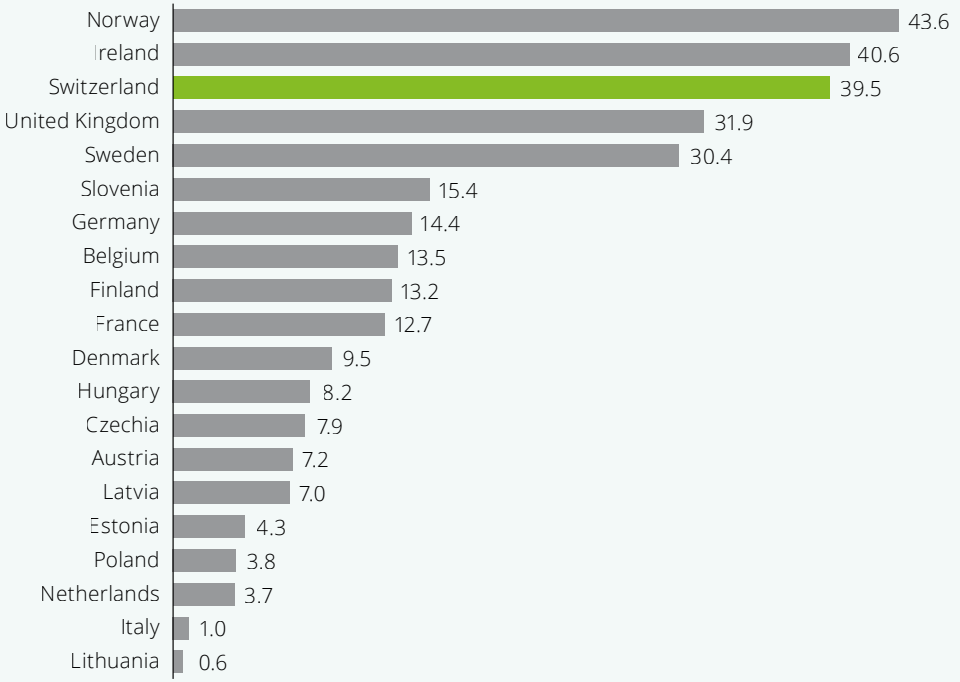
In addition to the domestic young talent, each year Switzerland recognises more than 3,000 foreign qualifications from EU or EFTA countries. This large influx of individuals with foreign qualifications demonstrates how reliant the Swiss healthcare system has become on staff from abroad. At just under 40%, Switzerland has the third-highest percentage of foreign-trained doctors working in its healthcare system (see Chart 7). Most of these doctors were trained in the EU, highlighting the importance for the health sector of the free movement of people.

Obsan forecasts indicate that foreign doctors will continue to be crucial for enabling Switzerland to meet its growing demand for healthcare staff. Obsan researchers estimate that, depending on the scenario used, the demand for specialist doctors will rise by between 15% and 23% by 2032.[27] However, the supply of doctors is also estimated to rise, by between 42% and 53%. This would suggest that Switzerland will be able to meet the demand; however, it will do so only by having continued high levels of migration. Doctors with recognised advanced qualifications make up around 40% of the estimated healthcare labour market entries. If migration were reduced to zero, there would be a shortfall of between 9% and 19% in the numbers required to meet demand.

Relying on migration over the long term is, however, a risky strategy: neighbouring countries, too, are grappling with the impact of demographic change and skills shortages, prompting them to consider how they can improve their own situation.

In Germany, for example, new legislation is being introduced to strengthen the provision of healthcare and to reform hospitals.[28] The aim is to improve both out-patient and in-patient care, reduce bureaucracy, and make the health sector an attractive employer. Along with higher pay, Switzerland has typically offered better working conditions than neighbouring countries, a major reason why medical staff have migrated. However, this may soon change.

Chart 7: Proportion of foreign-trained doctors in %



Note: Data is from 2022 or most recent year available.

Source: OECD 2024

Growing demand for nursing and care

As pointed out previously, the rising incidence of many age-related conditions has also increased the need for nursing and care, especially long-term care. This trend is already evident in the growing numbers of nursing and care staff. Obsan estimates, for example, that between 2012 and 2019, the numbers working in these areas grew by 19% or an additional 29,000.[29] This growth was particularly marked in what is known in Switzerland as 'Spitex' (homecare services) (+39%) and in residential care settings (+17%).

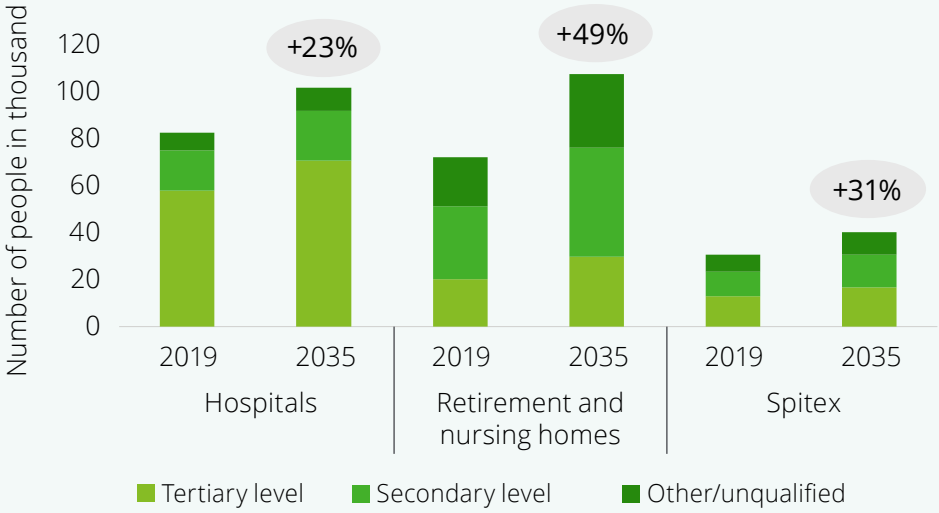
Obsan forecasts that demand for long-term care will continue to rise substantially, by around 30% in the Spitex sector and by 49% in residential care settings (see Chart 8). These increases are clearly attributable to Switzerland's ageing population – and not just because more people will be needing care but also because many of those working in care roles will themselves be retiring and leaving the workforce.

Growth in demand is also expected in hospitals and specialist clinics, where the rise is expected to be almost a quarter (23%) by 2035. Obsan calculates that rehabilitation services and geriatric clinics will see a particularly marked increase, with demand rising by 36%. Acute care is also impacted by ageing but to a smaller extent: here, Obsan forecasts a 23% increase in demand. In psychiatric clinics, by contrast, where patients may range in age between 15 and 64, the increase in demand is expected to be just 12%.

These estimates show that increased demand cannot be met in full by training and recruiting new generations of staff. Obsan estimates that Switzerland is currently meeting 67% of its demand for nursing staff with degree-level qualifications from Swiss graduates. The figure is higher (80%) for those with secondary-level qualifications, working for example as health and social care assistants or in other skilled roles in the sector.

Migration will therefore continue to be crucial. However, net migration in nursing fell in number between 2009 and 2019, causing a slowdown in the growth in the total numbers of nurses.[30] Between 2014 and 2016, and again between 2017 and 2019, net migration accounted for around half of the increase in total numbers, with an impact on hospitals and specialist clinics in particular, where migrant nursing staff most commonly worked.

Chart 8: Growing demand for nursing care between 2019 and 2035



Note: Figures for 2035 are forecasts

Source: Obsan 2023

Future of Health: Solutions for Switzerland

05

In many European countries, technological advances and changing expectations among the population are bringing about change within the health system. Digital solutions, ongoing innovation, and the increasing consumerisation of health are creating new models of care. The use of AI-supported diagnostic tools, for example, is making it easier to diagnose conditions earlier, while networked health platforms give patients direct access to personalised treatment plans. Further, digital solutions are improving processes in hospitals and clinics, relieving some of the load on skilled staff.

These trends are not just improving the quality of care but are also making the healthcare system more efficient. The focus is shifting increasingly to preventive and predictive approaches and to identifying and treating health problems at an early stage, rather than tackling them once they are at a more advanced stage. In the long term, this shift will produce better health outcomes at a lower cost per capita. The role of stakeholders is also shifting, from a centralised funding system to a patient-centred approach more closely tailored to individual needs.

Deloitte analysed these shifts in its Future of Health in Europe report in 2023 and ranked countries into different categories according to the progress they had made.[31] While the Nordic countries and the Netherlands were classified as leaders in the field, Switzerland was one of the 'fast followers'. Its priorities should lie particularly in expanding digital skills and infrastructure and in boosting the population's trust in the security of their health data. The country also needs to focus more on prevention than on in-patient care. This section of the study sets out the obstacles that remain and the steps needed to make progress towards a health system fit for the future.

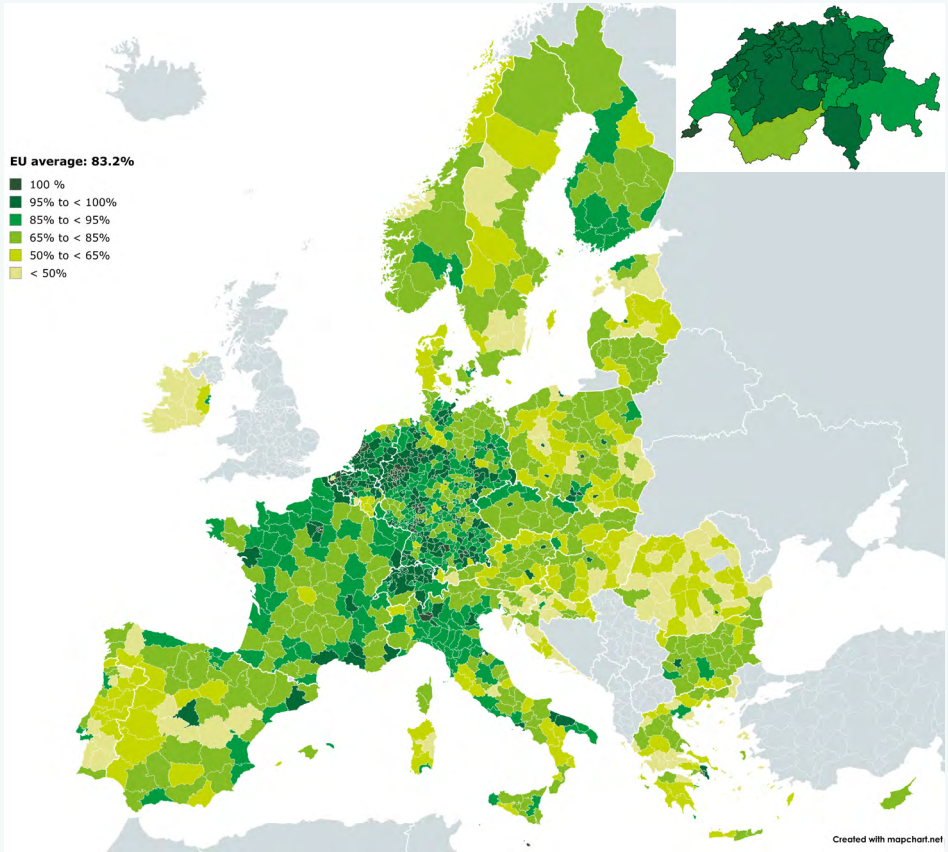
Optimising hospital structures and strengthening regional health networks

Switzerland's current hospital structure relies on extensive staffing and financial resources, and these need to be used in a more targeted way. Hospital-centred in-patient care is unsustainable in the long term, from both an economic and a health policy perspective. If Switzerland is to tackle demographic change, it needs to make more efficient use of resources and to move towards integrated models of care.

With 275 hospitals, Switzerland has a very high hospital density. 101 of these are general hospitals, and the remainder are specialist clinics.[32]

As a comparison, the Netherlands, a country of similar size but with geographical differences, has only 58 general hospitals.[33] It has a much larger population (17.9 million) but, like the Swiss population, around 95% of Dutch nationals are able to get to a hospital by car within 15 minutes (see Chart 9).[34] In Switzerland, however, patients often have a choice between several hospitals.

Chart 9: Population living within 15 minutes driving time of a hospital



Source: Eurostat 2024

This provision of hospitals may be attractive from a patient perspective, but it creates a number of challenges:

- **Skills shortages:** The healthcare system already faces skills shortages, and these are exacerbated by having to staff a large number of hospitals and clinics. This means high vacancy rates and heavy workloads for healthcare staff.

- **Poorer quality:** The more often healthcare staff carry out a procedure, the safer the procedure generally becomes. Hospitals therefore need to treat recommended minimum numbers of cases, but a Santésuisse study of selected categories (e.g. specialised neurosurgery) finds that many hospitals are not meeting this target.[35]

- **Over-capacity:** Hospital admissions are spread across a large number of hospitals, reducing efficiency. Research by the University of Basel finds that in recent years Swiss hospitals have often operated below capacity. In 2021, hospitals were operating on average at around 80% capacity.[36] This means:

  - **High fixed costs:** : A hospital has to meet its operating and staffing costs even if some of its beds are empty. In 2023, total operating costs made up more than a third of total costs, at almost CHF13 billion. Half of this was made up of medical costs, with the remainder being maintenance and administrative costs.[37]

  - **Deficits:** Despite state funding and subsidies, this over-capacity and high fixed costs mean that many hospitals operate at a deficit. In 2023, Swiss hospitals ran a total deficit of CHF784 million.[38]

A solution might be to reduce the number of hospitals in a targeted way. Denmark has done this, almost halving the number of acute hospitals in the country since 2007, from 40 to 21. The remaining hospitals have been reconfigured as 'super-hospitals' that specialise in emergency care and highly specialised treatments.[39]

Alongside this reorganisation of hospitals, Denmark has also invested in creating 'health clusters' around its new 'super-hospitals'. These clusters link hospitals with local health centres, family doctors and social services, providing easy access to health services, promoting prevention and early diagnosis, and relieving some of the pressure on acute hospitals. In remote regions, care is also provided by small emergency units.

Switzerland could adopt a similar strategy. Having more specialised hospitals and outsourcing healthcare to other providers would not only improve the quality of care, it would also reduce costs. Relieving the pressure on hospitals would enable them to improve their treatment of the growing numbers of older patients with health problems.

Switzerland has a federal structure, and healthcare is the responsibility of the cantons; so close cooperation is essential in planning hospital provision. A cross-cantonal approach could also help make care more efficient; and hospitals should also specialise more as well as cooperating more closely with other health providers.

Expanding out-patient care and reducing in-patient admissions

Sustainable healthcare requires a shift away from in-patient care and towards local out-patient solutions. If hospitals are to be consolidated successfully, other healthcare providers need strengthening in a targeted way. Health centres, family doctors, and mobile units are crucial to ensuring comprehensive, patient-centred care and to reducing in-patient admissions to essential cases.

Medical advances in surgery, anaesthesia and pain management mean that many procedures can now be done on an out-patient basis without the need for patients to spend a night in hospital. Minimally invasive techniques also mean that family doctors and specialised out-patient units can now carry out many procedures that would previously have been carried out in a hospital setting. Indeed, only around a quarter of all out-patient procedures in Switzerland take place in hospitals.[40]

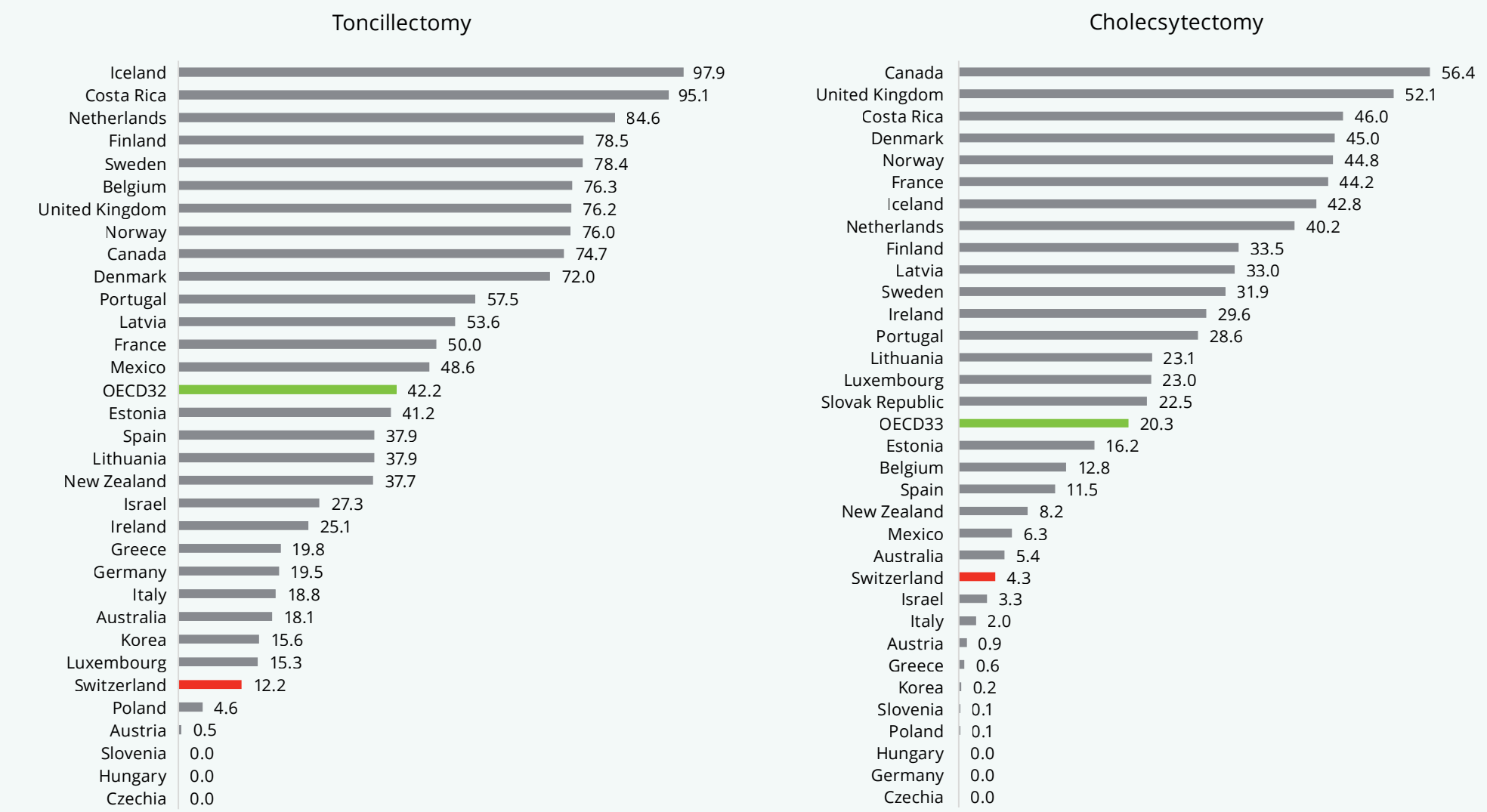
This shift to out-patient treatment brings many advantages. Patients spend less time in hospital settings and are able to recover from their procedure in familiar surroundings. There is also a greatly reduced risk of contracting a hospital-acquired infection.[41] This approach is also very cost-effective: an in-patient admission for a hernia operation, for example, costs CHF5,500. Performing the same procedure for an out-patient costs only half as much.[42]

For some years, Switzerland has been pursuing an 'out-patient over in-patient care' strategy, but it still lags behind many other countries (see Chart 10). Straightforward procedures such as tonsillectomy or gall bladder removal can be carried out on an out-patient basis but are much less frequently carried out in this way in Switzerland compared to the OECD average.[43]

There are a number of reasons for this. One is that the rates charged for procedures performed on an out-patient basis often do not cover the costs incurred by hospitals: whereas with an in-patient admission the hospital loses less money.

The existing funding system has also made it more difficult to shift the focus to out-patient treatments: half of the costs of in-patient treatment was, until recently, met by the cantons, making it less attractive for health insurance schemes and their members to opt for out-patient treatment, even though it is cheaper overall. In November 2024, a reform was adopted to standardise funding, opening the way for negotiations on pricing and for more treatments to be carried out in out-patient settings.

Chart 10: Proportion of procedures carried out on an out-patient (in %)



Note: Data is from 2022 or most recent year available.

Source: OECD 2024

A further obstacle is social: Switzerland is a prosperous country, enabling patients to enjoy maximum safety and post-operative care, often combined with a lengthy hospital stay. Many patients are worried that early discharge risks missing possible complications.

This is where concepts such as 'Hospital at Home' could come in. If a patient needs or would like close monitoring after a procedure, home visits, mobile support and/or digital solutions could help them make the transition from hospital to home. This would facilitate earlier discharge while also continuing to support patient recovery.

The principle is comparable to the experience gained with long-term care through Spitex, which has for many years worked to keep older people at home for as long as possible. In practice, most individuals do not go into care settings until they are very old – and even then, often for only short periods.[44] This means that care homes are able to focus on specialised services such as dementia care or palliative care.

The 'Hospital at Home' concept could see diagnostic procedures, pain management, infusions and even post-operative care being moved to the patient's home and carried out by mobile teams (see Chart 11), enabling hospitals to focus on more complex treatments that require in-patient admission.

Chart 11: Hospital at Home

Source: Deloitte Hospital at Home 2022

The 'Hospital at Home' model is already in place in some countries, including the US, the UK and France. Switzerland has also had some promising results with a pilot project in 2023 involving more than 100 patients: just 3% of these patients required an unplanned re-hospitalisation within 30 days of discharge from hospital or a secondary readmission for further in-patient treatment.[45]

Feedback from participants was also extremely positive, with 88.9% of those taking part reporting that they would opt for 'Hospital at Home' again. Following these promising results, the Swiss Federal Council was tasked to explore the rollout of the concept across Switzerland as part of a postulate, but it considers the timing to be premature.[46] Nevertheless, the pressure from parliament is likely to remain high.

To provide a long-term solution for healthcare, Switzerland needs to implement consistently the principle of prioritising out-patient care over in-patient care and to innovate with models of healthcare. Standardised funding and improved payments for both out-patient and in-patient treatment will create new opportunities to promote these approaches in a targeted way.

The application of concepts like 'Hospital at Home' that provide efficient local care should be extended and the framework should be adapted so that innovative approaches can be trialled at an early stage and promoted. The crucial aim is that pressure should be taken off hospitals and that resources targeted where they are most urgently needed.

> 'Hospital at Home' has to include everything an in-patient stay would give the patient – and with the necessary infrastructure and without any drop in quality or safety. It's time to give serious consideration to adopting this approach in Switzerland.

Dr. med. Bettina Balmer
Member of the National Council (FDP Zurich)
& pediatric surgeon FMH

Technology as the key to patient-oriented treatment

Close coordination between service providers is essential to providing high-quality healthcare and ensuring that patients receive comprehensive care. The public must also have trust in the system and people need to be confident that care will be seamless both within and outside a hospital setting. In a networked but decentralised care structure, no information must be lost and key data must accompany patients throughout their treatment, if they are to receive complete and efficient care.

Digital solutions have a key role to play here, facilitating the sharing of information and giving patients more control over their personal data. Yet Switzerland is lagging behind in terms of the digital transformation of its healthcare system. The ZHAW Digital Health Report 2021 found that the level of digitalisation in the healthcare sector is just 44%, below the 50% average across the whole economy.[47] And Switzerland is also underperforming in comparison with its international competitors: the 2023 BAK Economics Digital Readiness Index 2023 ranks it 16th out of 41 countries surveyed.[48] Switzerland performs particularly poorly on accessibility of health data, where it ranks 21st, although it does rate 9th for its regulatory framework and personalised medicine partnerships.

One particularly weak area is the electronic patient record (EPR). The 2024 Swiss eHealth Barometer found that only 37% of the surveyed Swiss residents knew about the EPR (see Chart 12). Roughly three-quarters (73%) of that group stated they could envision themselves using the EPD.[49] However, eHealth Suisse figures show low levels of actual use: by 31 December 2024, just 86,500 EPRs had been created, equivalent to less than 1% of the Swiss population.[50] A 2022 Deloitte study suggests this can be explained by low levels of trust among the public: people are more likely to be influenced by the potential disadvantages, such as scope for misuse, breaches of privacy, and a lack of control of their personal data, than by the potential advantages.[51] Not much has changed since then: In a follow-up study in 2024, 70% of respondents expressed concerns about data security and data protection in the context of digital healthcare.[52]

Although use of EPRs remains low, other digital applications that gather health data enjoy higher levels of trust and acceptance. It is striking that there is wide acceptance of fitness and exercise apps, for example, which record and analyse users' activity rates, often through the use of wearables. This shows inconsistency in public perceptions of the use of health data and also suggests that there is work to be done on improving acceptance of the EPR.

One way of doing this has been implemented in Denmark, where for several years there has been an opt-out approach to the digital recording of health data. To counter concerns about data protection, the regulatory framework includes strict rules on who has access to data. Patients are able to view the use of their data at any time and have access to legal redress if they believe there has been unauthorised access.

Switzerland should be adopting this approach: better integration of digital applications could relieve the pressure on healthcare staff and optimise monitoring outside the hospital setting, for example as part of the 'Hospital at Home' model. In the UK, digitalisation has been the key to a number of successful projects using digital applications to support patients with musculoskeletal disorders. An app was developed that enables standardised data to be recorded, ensuring seamless digital monitoring from initial diagnosis to conservative treatment and post-operative follow-up.[53]

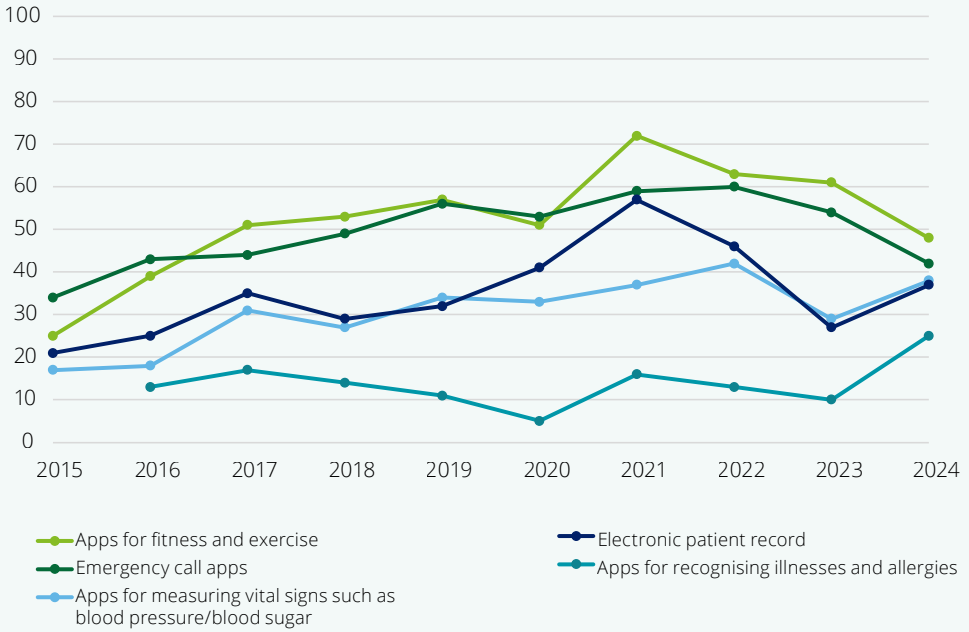
Driving changes forward also requires support from Swiss healthcare providers, but so far they have been slow to commit to the EPR. By August 2024, 82% of hospitals and 57% of care homes were part of the EPR system, but only 3% of Spitex services, for which adoption is voluntary.[54] One reason for this hesitancy is the additional workload for staff, because the EPR is often not integrated properly into internal systems.

> The failure of digitalisation in the Swiss health system is the fault not of the technology but of the lack of incentives and of sluggish implementation. We need a clear regulatory direction and greater courage to digitalise.

Prof. Dr. Alfred Angerer
Professor for Healthcare Management,
Zurich University of Applied Sciences

Chart 12: Awareness of digital solutions

In % of residents aged 18 and over



Note: To 2017 as % of electorate; 2018-2022 as % of inhabitants over 18 (n=approx. 1,310 in both cases)

Source: gfs.bern 2024

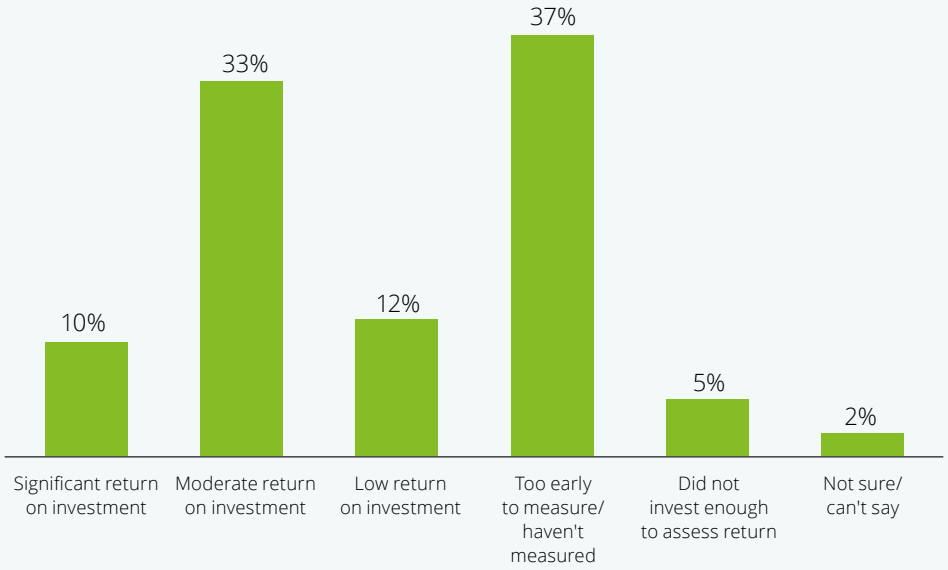
It is true that administrative work places a substantial burden on Swiss healthcare institutions. A 2024 survey of doctors by gfs.bern shows that they spend an average of two hours a day on documentation and record-keeping. This is their second-most time-consuming activity after actual patient care, on which they spend just under three hours a day.[55] The ZHAW Digital Health 2023/2024 report finds Switzerland lagging behind other countries in terms of the administration time spent on data collection and processing, a measure for which Switzerland ranks ninth out of ten countries.[56]

The time spent by healthcare providers on record-keeping is often because of systems that require them to record data more than once. Seamless transfer of data after it has been recorded for the first time would therefore bring major efficiency gains, but this would require reliable interoperability between different service providers across the sector, based on uniform standards and clear guidelines for the use of IT solutions.

If the Swiss healthcare system is to take advantage of the growing volume of health data, there is a crucial need for a 'health data space'. This can be understood as the totality of health data that may legitimately be gathered and shared for the purposes of research, prevention, treatment, long-term care and/or statutory requirements. Once a secure space is created for health data, further technological innovations such as generative artificial intelligence (AI) can also be deployed. Generative AI can facilitate the automated recording of data and analyse large volumes of data to enable more accuracy in diagnosis.

Deloitte's 2025 Global Healthcare Outlook reports that more than 40% of healthcare institution managers around the world are already seeing a moderate or significant return on their investment in generative AI (see Chart 13).

Chart 13: Financial return for health system's generative AI investments



Note: Survey participants n = 121. C-suite executives from health care organisations across Australia, Canada, Germany, the Netherlands, the UK and the USA

Source: Deloitte Global Health Care Outlook 2025

Promoting longevity rather than treating illness

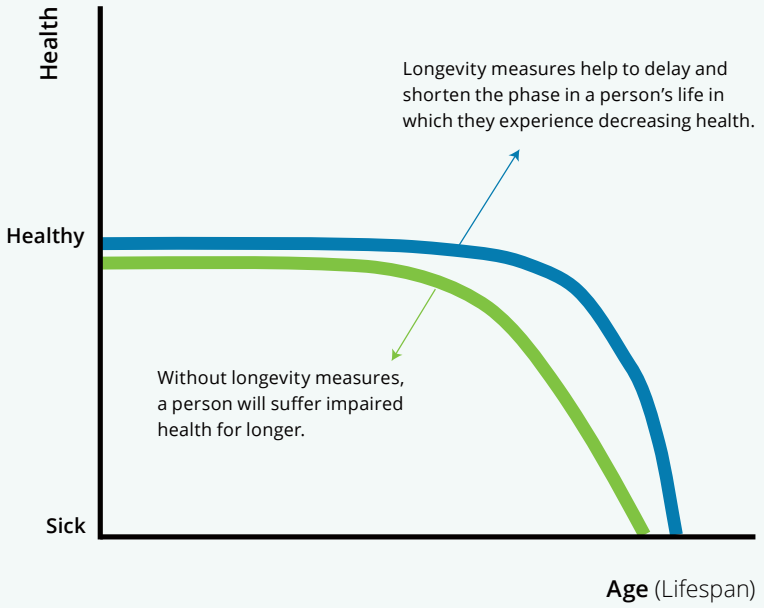
A comprehensive reorientation of healthcare combined with consistent digitalisation offers enormous potential for relieving pressure on Switzerland's healthcare system. Yet the current focus for many areas of provision is on reactive treatment: many interventions take place only after someone has fallen ill and requires treatment. In many cases, however, targeted prevention could mitigate the course of an illness or even prevent someone falling ill in the first place. In an ageing society in particular, it is increasingly important to prevent or identify health problems at an early stage, enabling individuals to remain healthy and live for as long as possible.

The Swiss Federal Statistical Office (FSO) reports that in 2022, the country spent CHF3.7 billion on preventive measures, equivalent to around 4% of all spending on health that year.[57] Almost two-thirds of this money was spent on preventing non-communicable diseases through immunisation and testing. By contrast, Switzerland spent CHF41 billion on therapeutic care and rehabilitation, equivalent to 44% of total spending, and a further CHF14 billion on long-term care (15% of total spending). The majority of spending on health is still focused on treatment rather than prevention.

Prevention means not just enabling people to live longer, but also and above all enabling them to live in better health. Medical advances mean this is now more achievable than in the past, not least as the profile of ageing has also changed and many age-related diseases can now be treated successfully. Hypertension and high levels of cholesterol, for example, can be treated with drugs, significantly reducing the risk of heart attack and stroke. But drugs are not the whole story: lifestyle is a major contributory factor, and regular physical activity helps reduce the risk of diabetes, dementia and musculoskeletal problems. Good nutrition can also counter age-related inflammation, helping older people to retain their cognitive function.

Across the board, early and consistent prevention not only increases lifespan but also the quality of life. This is where the concept of longevity comes in: the aim is to achieve as close a match as possible between an individual's lifespan and their healthy lifespan – the number of those years they live in good health (see Chart 14).

Chart 14: Lifespan and healthy lifespan



Source: Deloitte Health Insurance Study Switzerland 2024

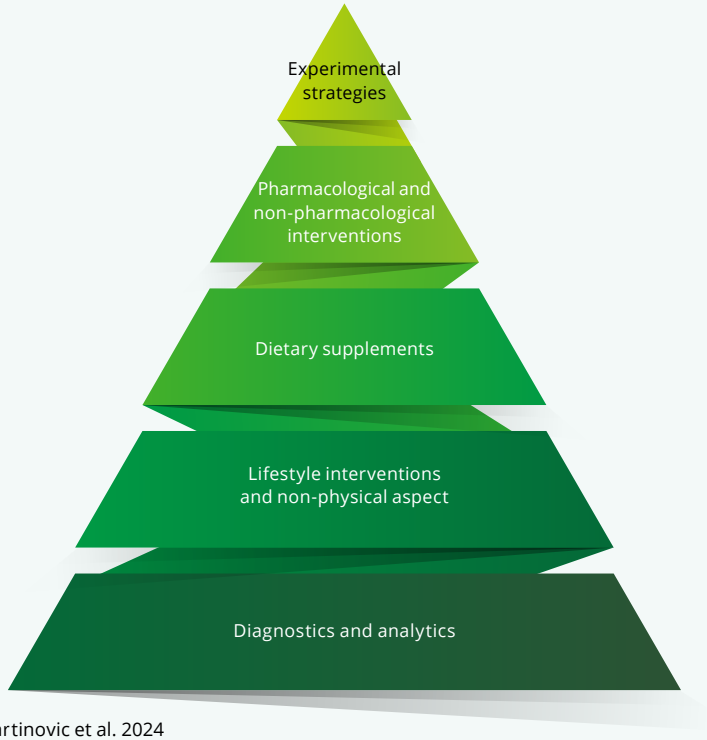
This approach goes beyond traditional prevention to include many other elements (see Chart 17 on page 27), but technological innovations have a key role, from new drugs and wearables and apps that promote a healthier lifestyle to new diagnostic methods such as DNA mapping that enables genetic risk to be identified earlier.

The market for longevity and prevention solutions is growing very rapidly but is difficult to quantify. One indicator of its size, however, is the scale of the investment in this area. A Deloitte analysis shows that the 50 leading companies in the area of longevity raised more than USD1 billion in venture capital up to 2020.[58] The report attributes this to the growing conviction that the longevity market could overtake the existing healthcare market in the long run. It therefore also assumes that there will be a shift within existing health spending from treating sickness to wellness and well-being.

Longevity is like a pyramid: the base represents a healthy lifestyle supported by accurate diagnostics. Higher up the pyramid come targeted dietary supplements and medical interventions. And right at the apex are advanced technologies and experimental strategies. But as with any pyramid, it is the base that is most important.

Dr. Dr. Elisabeth Roider
Partner & Chief Scientific and Medical Officer, Maximon

Chart 15: The longevity pyramid



Source: Martinovic et al. 2024

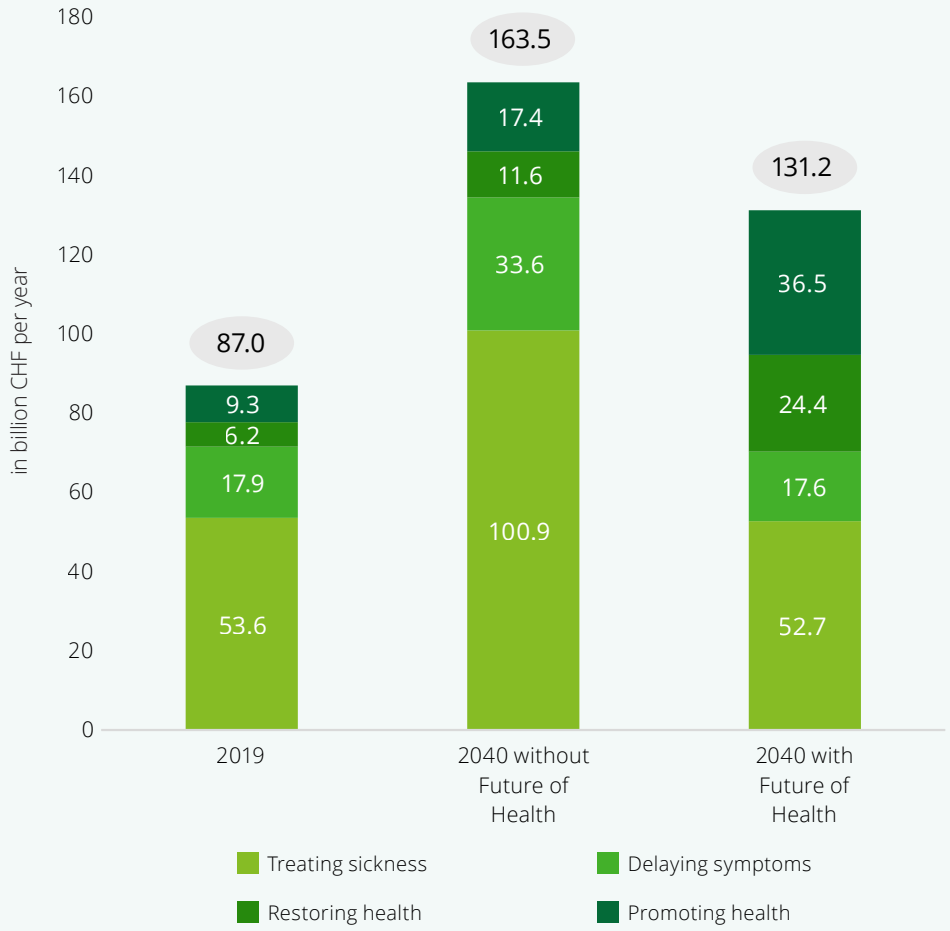
Ageing is not a defect that needs to be fixed. The body changes, and instead of chasing eternal youth, we should age more wisely – with the priorities being an optimisation of life choices, prevention of disease where possible, and a healthy dose of realism grounded in science.

Dr. Dr. Isabell von Loga
Partner & Co-Founder, Nexus Longevity

It is also difficult to quantify the long-term potential savings in cost from these trends to the running the health system. Nevertheless, it is clear that a greater focus on prevention and longevity is not just about improving the quality of life but may also help secure the financial stability of the health system. Deloitte's Future of Health in Europe report calculates the potential savings accruing from shifting the focus of the health system on to prevention.

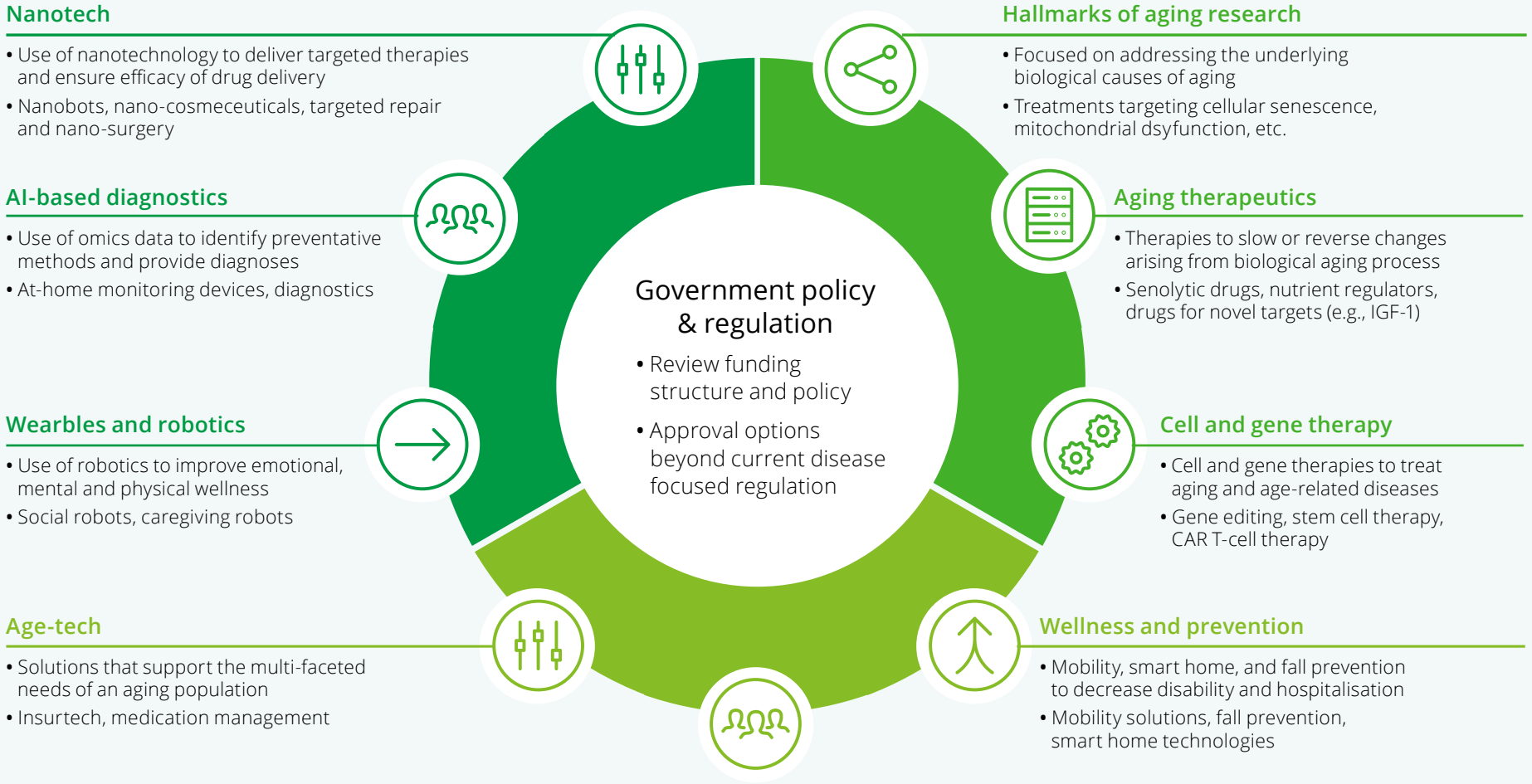
For Switzerland, the authors calculated how healthcare costs would develop until 2040 based on the 2019 cost structure. In a scenario with increased investment in prevention, healthcare expenditures in 2040 could be CHF30 billion lower than in a scenario where the current cost structure remains unchanged (see Chart 16). Although expenditure on prevention and health promotion would be higher than today, the costs of therapeutic care and rehabilitation would be halved. However, an important prerequisite for this outcome is that the potential of new digital applications should be fully exploited.

Chart 16: Potential cost savings represented by 'Future of Health 2040'



Source: Calculations based on Deloitte Future of Health in Europe 2023

Chart 17: The longevity market



Source: Deloitte 2021

Recommendations

06

Strengthening regional health networks for more efficient use of resources

With demographic ageing, the need for medical and nursing services is increasing. This not only drives up costs, but also exacerbates the existing shortage of skilled workers. To counter this, a more efficient use of human and financial resources in the healthcare system is required.

For government players

Strategically consolidating and specialising hospital structures:

Healthcare should be optimised by putting a strong focus on specialised, efficient hospitals so that labour market bottlenecks can be reduced without lowering treatment safety and eliminating services. Small general hospitals that are regularly under-utilised should be converted into specialised centres of excellence or integrated into regional health networks.

Expanding health networks and strengthening cooperation:

An expansion of regional health networks, consisting of family doctors, mobile care services and other service providers, can relieve hospitals. They offer low-threshold access to health services and should be more closely involved in hospital planning so that their role as the first point of contact is further strengthened. Clearly-defined rules regarding referrals to other service providers and cooperation with hospitals ensure seamless care for patients along the entire treatment chain.

Supra-cantonal hospital planning:

Efficient healthcare requires closer cooperation between the cantons and supra-regional hospital planning. This will consider the needs of the population and at the same time avoid over-supply. Resources should be used where they make the most sense.

Avoiding false incentives and promoting innovative care models:

The principle of "outpatient before inpatient" can only be pursued consistently if charges for outpatient treatment are made more attractive and financial incentives in favour of inpatient treatment are reduced. Charging models should be designed in such a way that, after weighing up the medical benefits, the more cost-effective outpatient option can also be chosen without economic disadvantage / financial loss. In addition, charging should be designed in such a way that innovative models such as Hospital at Home will become economically viable and can be implemented nationwide.

For healthcare facilities and companies in the healthcare sector

Expansion of health centres close to home:

By increasing the creation and expansion of health centres close to home, with family doctors, specialists and therapists, patients can consult quickly and receive help with their ailments. Health centres take on a gatekeeper function through early detection and screening and offering initial consultations. Larger health centres should also be equipped to treat minor emergencies themselves.

Shared use of administrative and logistical processes:

By bundling non-medical processes – from purchasing to IT to human resources – fixed costs can be reduced and synergies exploited. This would – improve the efficiency of healthcare and free up medical professionals from administrative tasks.

Strengthening cooperation and coordination:

Medical practices, pharmacies, health centres and hospitals should agree joint processes with clearly defined tasks to make cooperation efficient and guarantee patient-oriented treatment.

Digitisation to relieve the burden on professionals and improve patient care

Digitisation in the healthcare sector not only reduces the burden on the workforce, it also creates the basis for the use of innovative technologies such as AI-supported diagnostics and enables the integration of digital care models.

Patient-centred treatment can address more effectively the growing care needs of an ageing population.

For government players

Increasing trust in data sharing:

Clear and easy-to-comprehend data protection regulations and regular awareness campaigns help strengthen the public's trust in digital health solutions. Patients must be able at all times to understand what data is being collected, how it is protected and who has access to it, and for what purpose it may be used.

Introducing a uniform health data room:

To drive digitisation forward and facilitate collaboration, a Swiss health data room is required. In this data room, data will be anonymised, and uniform rules guarantee that the data is structured, standardised, and easily accessed and analysed for those entitled to access it.

Enabling interoperability:

In addition to creating a health data room, a uniform strategy is needed to facilitate the interoperability of different IT systems in the healthcare sector. This is the only way to avoid any additional effort involved in data collection and exchange and to realise efficiency gains.

Expanding telemedicine in a targeted manner, and support specialists:

In order for telemedicine to develop its full potential, the necessary infrastructure should be expanded nationwide and access to digital health solutions, such as e-prescriptions, should be facilitated. In addition, new professional fields such as tele-nurses or specialised telemedicine coordinators can help to integrate telemedicine more effectively into regular healthcare.

For companies within and outside the healthcare sector

Strengthening trust and highlighting advantages:

Companies that process health data must make it absolutely clear that they comply with information security and data protection standards. They should implement protective measures, such as encryption and access management, and restrict the use of personal data to predefined purposes. This will help increase trust in digital applications. Healthcare providers who already enjoy a high level of trust can act as "digitisation ambassadors" and show patients the opportunities offered by digital applications.

Active promotion of the electronic patient record:

As far as possible, all healthcare providers should integrate the electronic patient record into their internal systems and encourage patients to use it to improve medical care and communication.

Patient care through digital monitoring solutions:

Healthcare providers should increasingly offer programmes such as "Hospital at Home" and use digital monitoring tools to provide patients with flexible and up-to-date methods of care. This can also strengthen trust in decentralised, patient-oriented care.

Supporting professionals with digital applications:

Investing in digital infrastructure and training staff can encourage the use of telemedicine, digital health platforms and AI-powered decision support. Digital scheduling and automated triage processes, for example, can shorten waiting times and reduce the administrative workload for skilled workers.

Digital coordination and collaboration:

Healthcare providers should network with each other to a greater extent and use shared digital platforms to increase care efficiency and exchange information. In doing so, they should always communicate openly with patients and support them in data collection.

Promoting longevity for healthy ageing and cost savings

In an ageing society in particular, it is becoming increasingly important to detect and prevent health problems at an early stage. This not only enables people not only to live longer, but to live healthier lives. This will also reduce costs in the long term.

For government players

Establishing longevity as an integral part of healthcare:

Prevention and longevity should not be treated as separate measures, but as an integral part of healthcare. This requires a holistic approach to treatment, from prevention to care, with a clear allocation of tasks within the health system, so that prevention, early detection and health promotion are given equal priority.

Promoting public-private partnerships to finance innovation in healthcare:

Collaboration between the state and the private sector can speed up the development and financing of innovative solutions. This will accelerate the adoption of new technologies and promote efficient healthcare.

Early detection instead of symptom treatment:

If age-related diseases such as dementia are diagnosed in time, treatment often shows better results. It therefore makes sense to expand screening programmes for groups at risk. In addition to research focusing on other age-related diseases, the creation of innovation clusters for technologies such as AI-powered diagnostics can also help promote health in old age and increase the number of years that people enjoy good health.

For companies within and outside the healthcare sector

Expansion of personalised offers in the field of longevity:

Modern diagnostics and big data analysis can be used to create individual prevention plans that are tailored to personal health risks.

Expand workplace health promotion:

Companies can contribute actively to prevention through targeted physical and mental health programmes. This includes measures such as exercise programmes, ergonomic workstations, healthy eating at the workplace, and stress management workshops.

Encouraging healthy behaviour with digital applications:

Health apps can promote preventive behaviour by motivating users to lead an active lifestyle and by pointing out possible health risks at an early stage. To make better use of their potential, developers should work closely with healthcare providers. Strong networks would make it possible to integrate health data more effectively into care and thus support individual, personalised treatments.

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