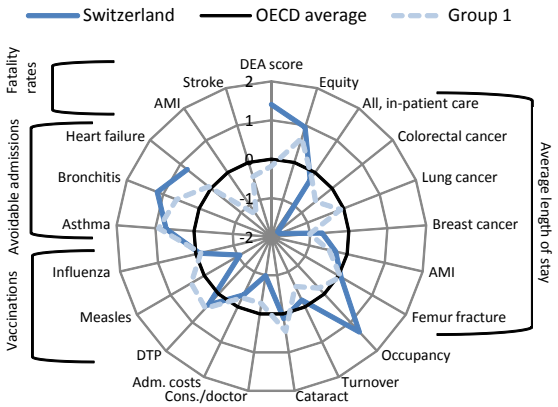
Switzerland: health care indicators

Group 1: Germany, Netherlands, Slovak Republic, Switzerland

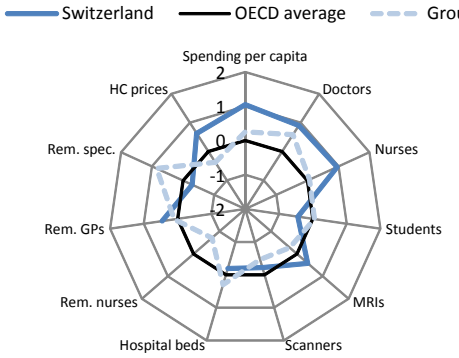
A. Efficiency and quality



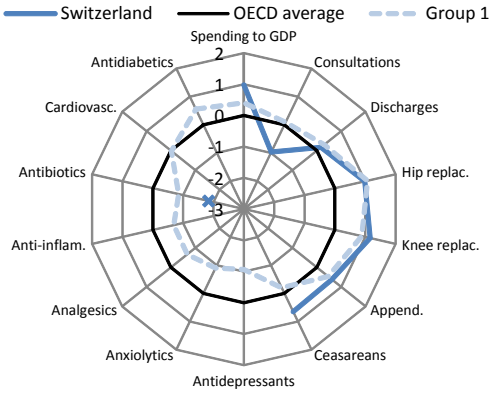
B. Amenable mortality by group of causes

Data not available

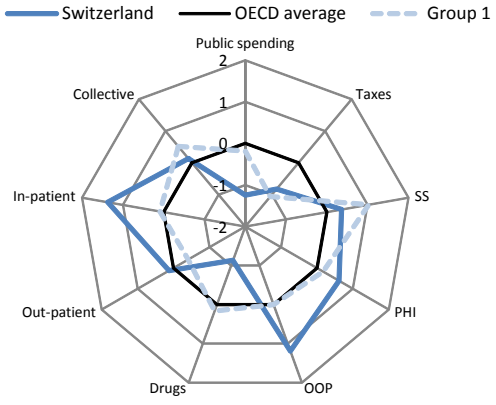
C. Prices and physical resources



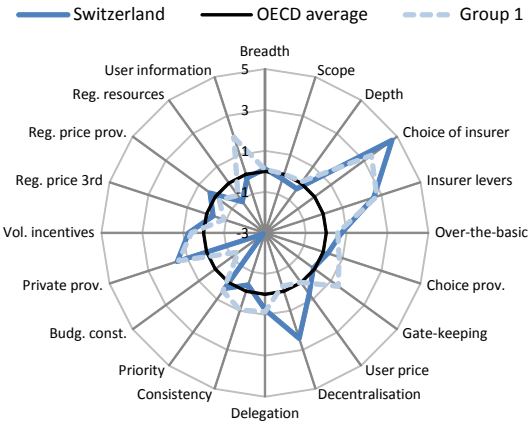
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

SWITZERLAND

GROUP 1: Extensive reliance on market mechanisms in regulating both basic and "over-the-basic" insurance coverage and abundant private provision of health care.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
High DEA score and low inequalities in health status	High health care spending *per capita* and as a share of GDP		Large share of out-of-pocket payments	Less levers for competition for insurers offering basic insurance cover as they are not allowed to contract selectively with providers	Assess the potential merits of selective contracting clauses
Mixed scores on output/hospital efficiency	More high-tech equipment and less acute care beds		Higher in-patient share	Less information for users on the quality and prices of services	More information on the quality and prices of services could raise competition and contain health care prices
High quality of out-patient and preventive care	More doctors and nurses *per capita*	Less doctor consultations *per capita*	Low drug share	Less gate-keeping and more out-of-pocket payments	The balance between gate-keeping and out-of-pocket payments, as mechanisms to avoid excessive demand, could be examined
Administrative costs are broadly in line with the group average	High health care prices			More decentralisation but less consistency in responsibility assignment across levels of governments	Improved consistency in the allocation of responsibilities across levels of government could help exploiting efficiency gains