



Universität St.Gallen

School of Medicine

Empowering patients to choose and providers to improve. A focus group study on quality information needs in Switzerland's in- and outpatient somatic care.

*17. dggö Jahrestagung 2025*

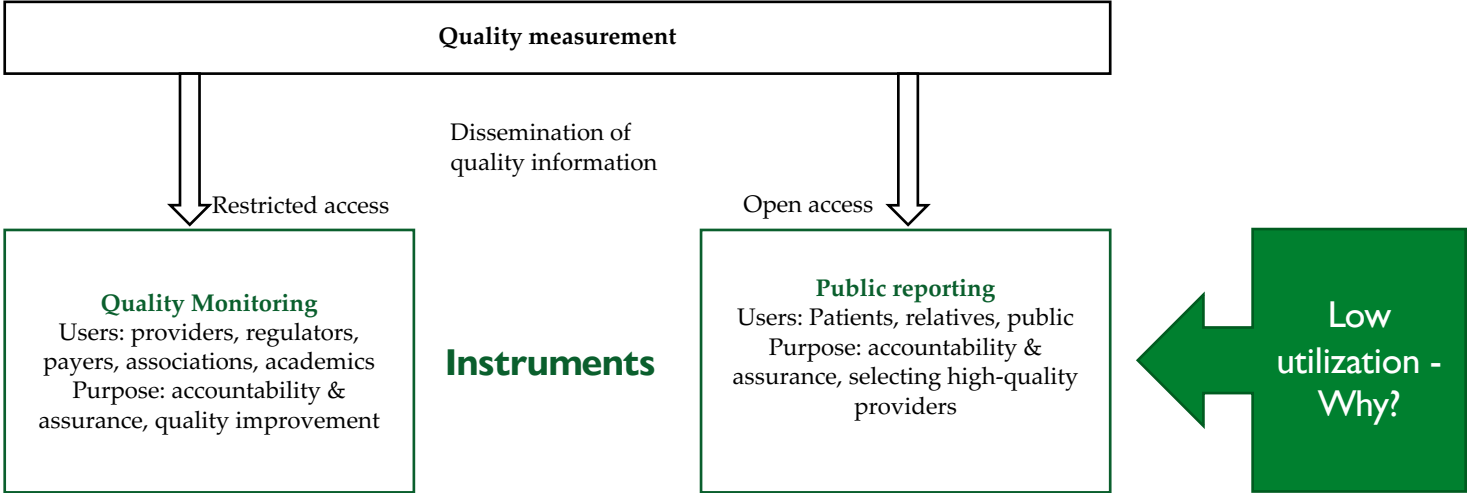
*Carla Walker*

*Author Team: Maxime Sapin, Dr. Sarah Mantwill, Dr. Justus Vogel, Dr. David Kuklinsik, Prof. Dr. Alexander Geissler*

*March 25<sup>th</sup>, 2025*

From insight to impact.

# Measuring quality is important, as healthcare quality varies between countries, regions, and providers



Source: own illustration

# Background | Indicators are perceived as inadequate, documentation process as burdensome & acceptance is low



On average, healthcare professionals spend **52.3 minutes** per working day on quality registrations.



Only **36%** quality measures were perceived as useful for improving quality in everyday practice.

Source: Zegers et al., 2020

# Background | There is a lack of relevant, well-structured, and comprehensible information



## Ihre Spital-Bestenliste

Die 20 besten Spitäler zu Ihren gewählten Qualitäts-Indikatoren (Akutsomatik):

Distanz zu 9010 St. Gallen - wichtig		Patientenzufriedenheit Akutsomatik - wichtig	
1. Rang:	Clinique de la Plaine, Genève	★★★★★ 5,0 ⓘ	4321 km
2. Rang:	Clinique Générale-Beaulieu, Genève	★★★★★ 4,7 ⓘ	4320 km
3. Rang:	Hôpital de La Tour, Meyrin	★★★★★ 4,7 ⓘ	4325 km
4. Rang:	Clinique de La Source, Lausanne	★★★★★ 4,6 ⓘ	4354 km

Source: welches-spital.ch, 2025

# Research | We systematically investigate the quality information needs of stakeholders in in- and outpatient somatic care



What quality information needs exist for different stakeholders in in- and outpatient somatic care in Switzerland?



What do stakeholders perceive as facilitators and barriers to quality monitoring and public reporting?



What factors need to be considered from the perspective of the stakeholders when selecting quality indicators for quality monitoring and public reporting in Switzerland?



GPs and outpatient specialists

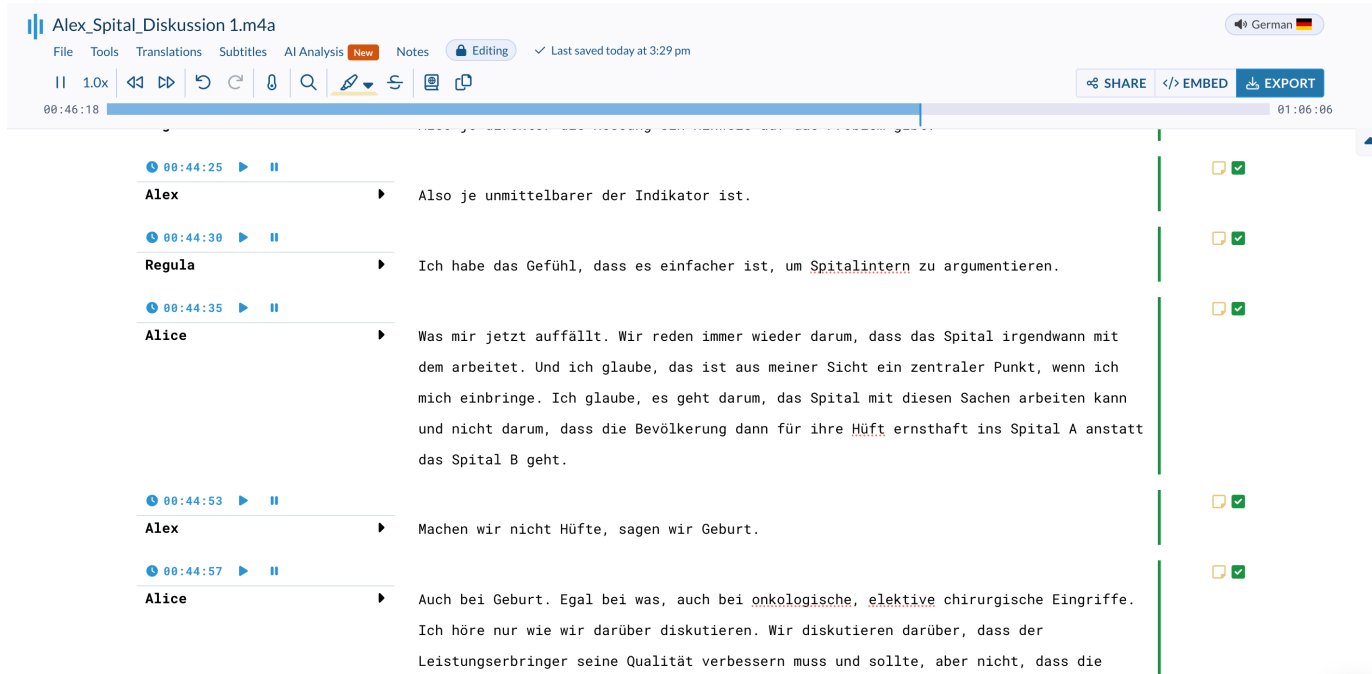
Hospitals

Patients, relatives, public

# Methodological approach | We conducted 9 focus groups with 50 participants



# Transcription | Technology helps us, but has difficulty with Swiss German



Alex\_Spital\_Diskussion 1.m4a

File Tools Translations Subtitles AI Analysis **New** Notes Editing Last saved today at 3:29 pm

00:46:18 01:06:06

SHARE EMBED EXPORT

Timestamp	Speaker	Transcription	Status
00:44:25	Alex	Also je unmittelbarer der Indikator ist.	✓
00:44:30	Regula	Ich habe das Gefühl, dass es einfacher ist, um Spitalintern zu argumentieren.	✓
00:44:35	Alice	Was mir jetzt auffällt. Wir reden immer wieder darum, dass das Spital irgendwann mit dem arbeitet. Und ich glaube, das ist aus meiner Sicht ein zentraler Punkt, wenn ich mich einbringe. Ich glaube, es geht darum, das Spital mit diesen Sachen arbeiten kann und nicht darum, dass die Bevölkerung dann für ihre Hüft ernsthaft ins Spital A anstatt das Spital B geht.	✓
00:44:53	Alex	Machen wir nicht Hüfte, sagen wir Geburt.	✓
00:44:57	Alice	Auch bei Geburt. Egal bei was, auch bei onkologische, elektive chirurgische Eingriffe. Ich höre nur wie wir darüber diskutieren. Wir diskutieren darüber, dass der Leistungserbringer seine Qualität verbessern muss und sollte, aber nicht, dass die	✓

9 focus groups

Transcribing of the recordings

# Coding | For inductive, thematic coding, we used Atlas.ai

The screenshot displays the Atlas.ti software interface. On the left is a 'Navigator' pane with a search bar and a list of categories: Dokumente (3), Kodes (9), Memos (9), Netzwerke (0), Dokumentgruppen (0), Kodierungsgruppen (0), and Memogruppen (1). The main workspace shows a document titled 'Helping patients choose and providers im...' with a transcript of a conversation. The transcript includes the following text:

10 **Alex:** [00:02:57] Also Vorteil heißt, dass du beispielsweise eine Behandlung?

11

12 **Sylvia:** [00:03:00] Eine Information, eine Verbesserung.

13

14 **Alex:** [00:03:06] Verbesserung, eine Verbesserung des Gesundheitszustandes. So?

15

16 **Justus:** [00:03:35] Okey fällt dir noch mehr ein?

17

18 **Sylvia:** [00:03:38] So dass ich mich verstanden fühle. Ist für mich auch Qualität.

19

20 **Alex:** [00:03:42] Okay, also von deinem Gegenüber? Wie auch immer das ist. Wer will ergänzen? Katharina?

21

22 **Katharina:** [00:03:53] Ich habe ja einen völlig anderen Gedanken mit der Qualität. Also wenn ich nicht richtig verstanden habe, soll ja das dazu führen, dass ich weiß, zu welchem Arzt oder in welche Klinik ich möchte? Was für Qualitäten die haben und anbieten. Aber im heutigen System sind wir ja so eingeschränkt diesbezüglich von den Krankenkassen. Also ich wünschte mir da schon, dass ja, ich kann ja nicht mehr wählen wohin ich also bin ich im Call Med System oder bin dann beschränkt auf meinen Hausarzt. Den muss ich ja angeben. Für mich fängt es da schon an. Da müsste eine andere Qualität, oder? Ich müsste dort schon Möglichkeiten haben, aber ich orientiere mich. Das wäre ein gut behandelnder Arzt. Und der kann nicht wirklich was.

23

24 **Alex:** [00:05:02] Was bringt denn zusätzliche Transparenz, wenn du eh nicht auswählen kannst.

25

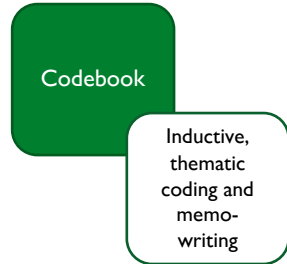
26 **Katharina:** [00:05:05] Ja im Prinzip.

27

28 **Alex:** [00:05:29] Ja, das ist so und wir sehen ja auch bei uns, wir machen ja viele Datenanalysen und so, wir schauen uns ja auch an, in welchen Vertragskonstellation sich beispielsweise die Versicherten befinden und der Anteil jener, die so einen ganz offenen freien Vertrag haben, wo sie frei wählen können zwischen den unterschiedlichen Leistungserbringer, die nimmt kontinuierlich ab und immer mehr Leute gehen rein in die Hausarztmodelle, in die Telemedizinmodelle. Einfach auch weil die...

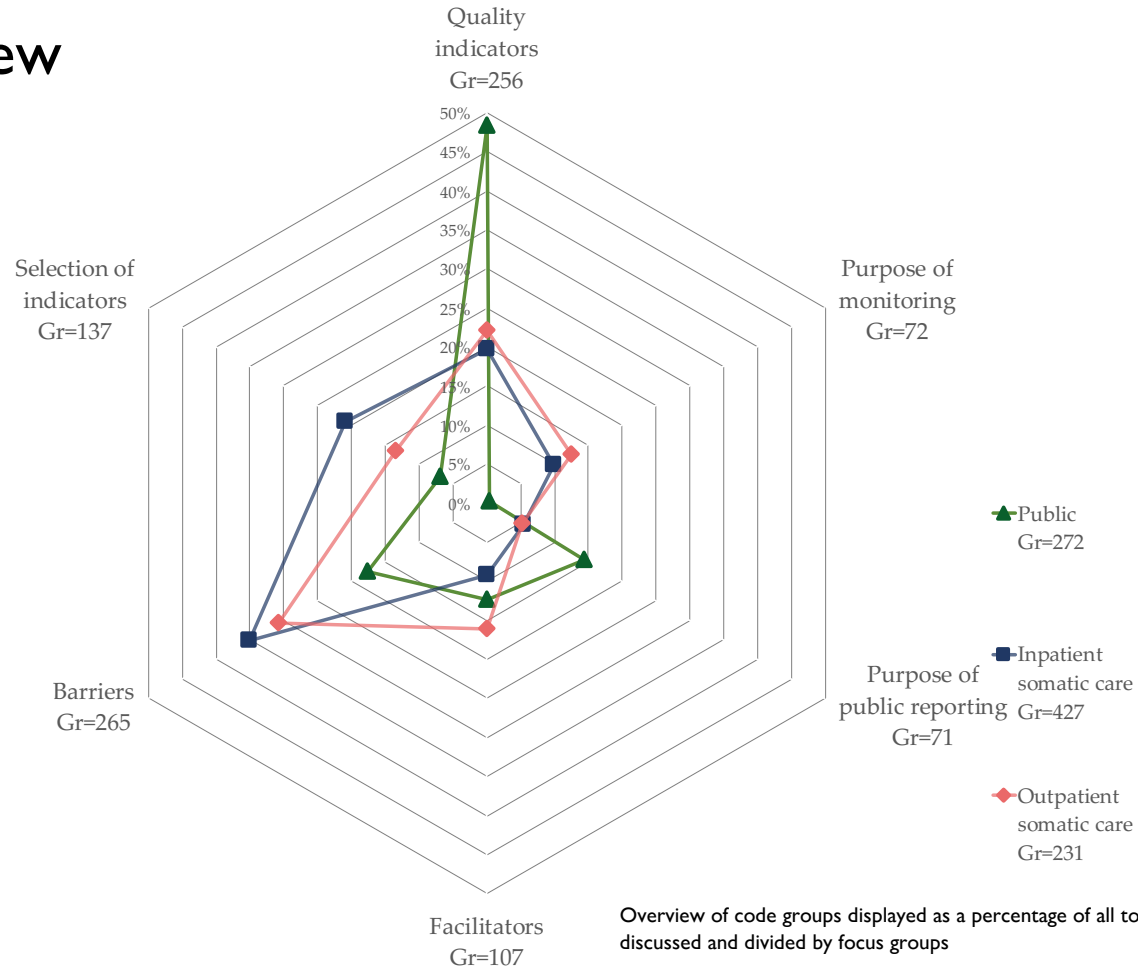
On the right side of the main workspace, a codebook is visible with the following entries:

- Patient expectations
- Barriers: no free choice



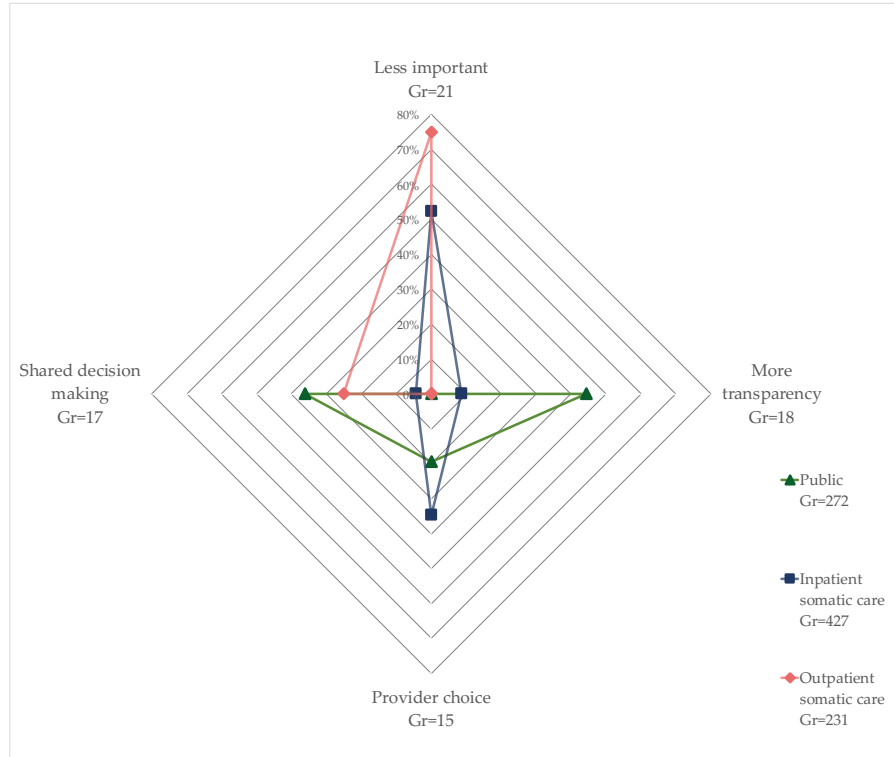


# Results | Overview

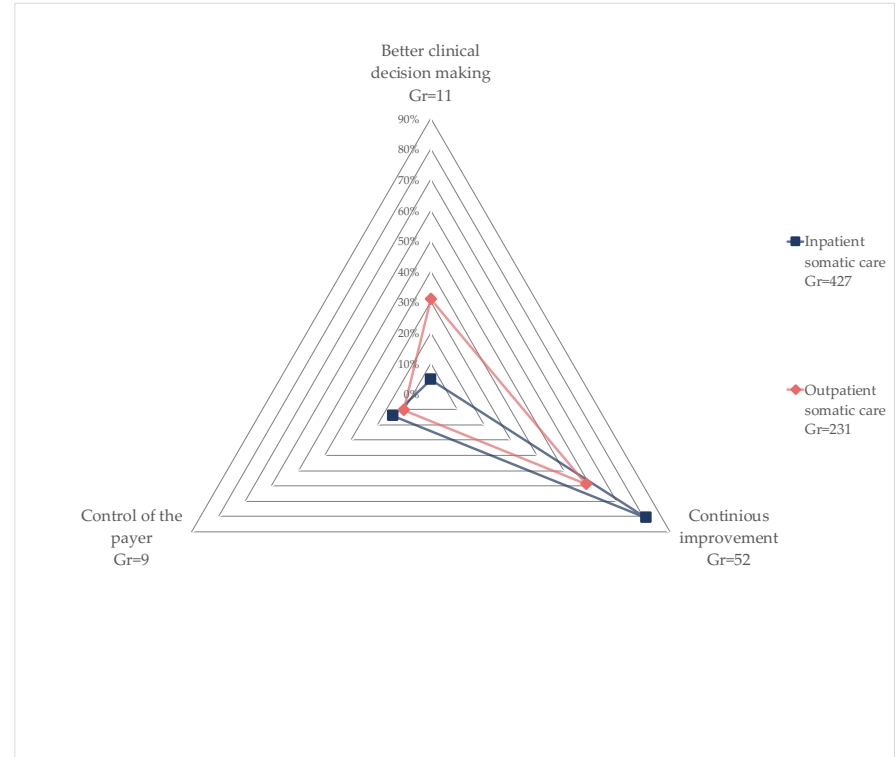


Overview of code groups displayed as a percentage of all topics discussed and divided by focus groups

# Deep Dive | Purposes



Overview of codes related to the purpose of public reporting displayed as a percentage of all purposes discussed and divided by focus groups



Overview of codes related to the purpose of quality monitoring displayed as a percentage of all purposes discussed and divided by in- and outpatient somatic care focus groups

“Care. And patient-centered, right? That's what everyone claims, but it doesn't happen at all. In other words, that patients are really involved on an equal footing - that still doesn't happen in Switzerland”

Patient, public

“As a canton, I simply want them [patients] to feel comfortable, feel safe and not worry about whether, if someone is on this [hospital planning] list. We are responsible for ensuring that they are good service providers. The population doesn't need to know much more than that. ”

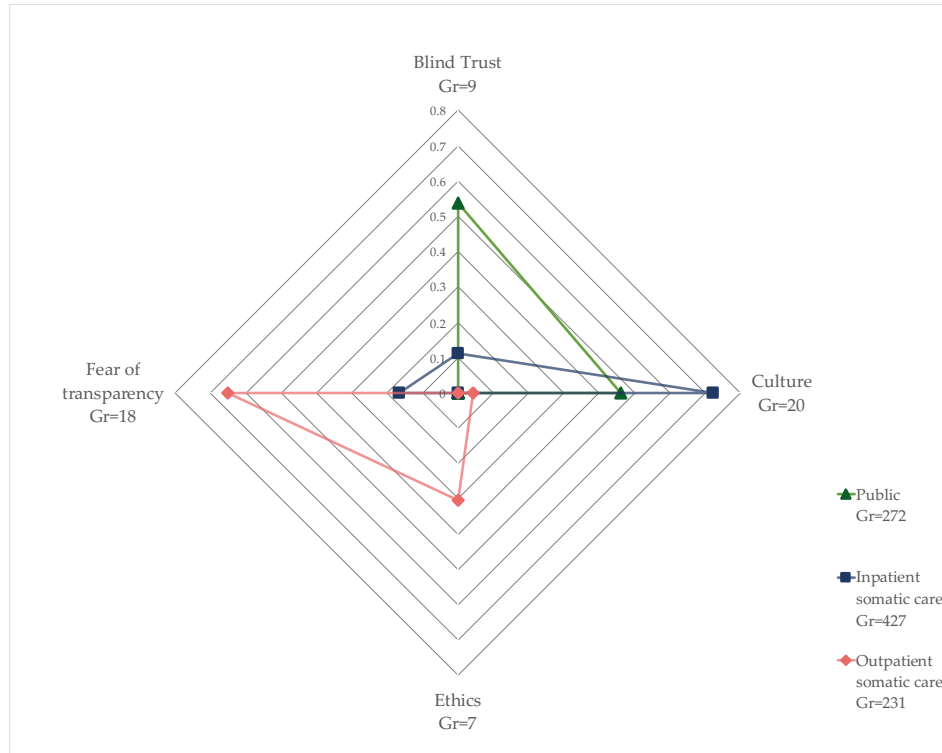
Regulator, inpatient somatic care

# Deep Dive | Quality indicators



Overview of quality indicator groups displayed as a percentage of the quality indicator theme, discussed and divided by focus groups

# Deep Dive | Socio-cultural barriers



*“And that would be a barrier, a fear of transparency. And that's also something I've noticed a lot. With our healthcare providers, we had to reassure them and say we don't want to compare the data. And now we only have box plots, anonymous ones. Because we're interested in starting the processes of improving.”*

Provider, outpatient somatic care

# Results | Public reporting and quality monitoring serve distinct purposes and target different audiences

## Public reporting

### Public

- Priorities: Clear, accessible information to support shared-decision-making. Public demands more involvement and ownership of health data.
- Information needs: Capacity, staffing & distance
- Key unmet need: A single point of contact to navigate the healthcare system.
- Barriers: perceived insurance limitations, display and interpretation of data & blind trust

### Experts

Less focus on public reporting

## Quality monitoring

### Experts

- Priorities: quality improvement
- Inpatient experts → PROMs, PREMs, indication quality, mortality rates.
- Outpatient experts → Guideline adherence, cost transparency, indication quality.
- Key barriers: administrative burden of data collection (esp. non-routine data), system fragmentation and transparency concerns

### Cross-cutting Themes

Agreement on the need for scientifically valid, actionable indicators.

# Discussion | Public and expert priorities for quality information differ

## Key challenge

How to balance public transparency needs with provider concerns?



## Implications:

- Public must be recognized as a key audience for public reporting.
- Shifting toward an open learning and reflection-oriented culture.
- Data management challenges require a coordinated national strategy.
- Experts and patients should be involved in selecting indicators.
- Quality monitoring and public reporting platforms should be kept separate, ensuring that each stakeholder group can access information in a format and context that is relevant to their needs.



# Thank you!

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# Appendix

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# Characteristics of the public focus group participants

<b>Total number of participants of the public focus group</b>		<b>24</b>
<b>Gender</b>	Female	20
	Male	3
	Neutral	1
<b>Age groups</b>	18-30	1
	31-40	3
	41-50	8
	51-60	7
	61-70	5
<b>Residence (Canton)</b>	Vaud	11
	St.Gallen	9
	Zurich	2
	Berne	2
<b>Health-related (multiple responses possible)</b>	Chronic disease	16
	Acute illness and/or surgery in the last 6 months	12
	Active in a patient organization	3
	Relative of a patient (suffering from chronic illness, acute illness, or elective surgery)	13

# Overview of experts by healthcare area and organization category

Healthcare area	Organization (descriptive)	Category
Inpatient somatic care	Quality Expert, University Hospital	Provider
	Associate Physician & Lecturer, University Health Institute	Provider
	Quality Manager, Regional Hospital	Provider
	Head of Quality, Clinical Safety & Process Management, University Hospital	Provider
	President, National Nursing Leadership Association / Nursing Director, Hospital	Provider
	Head of Hospital Administration, Public Health Service, Cantonal Health Directorate	Regulator
	Legal Advisor, Cantonal Health Directorate	Regulator
	Quality Manager, Cantonal Health Directorate	Regulator
	Data Management and Statistics Specialist, Federal Health Agency	Regulator
	Specialist in Medical Standards, Health Insurance Company	Payer
	Head of Acute Care, Deputy Management, National Quality Development Association	Association
	Project Manager, Quality & Health Technology Assessment, Health Insurers Association	Association
	Head of Policy & Deputy Director, National Health Insurance Association	Association
	Project Manager, Quality & Patient Safety, National Hospital Association	Association
Head of Advisory Services & Specialist in Internal Medicine, Patient Advocacy Organization	Association	
Professor, Institute for Social and Preventive Medicine, University	Academic	
Outpatient somatic care	Physiotherapist & Representative, Medical Quality Committee, Healthcare Provider Network	Provider
	Co-Chief Physician, Orthopedics & Trauma Surgery, Head of Sports Medicine, Regional Hospital	Provider
	Medical Network Manager & Executive Board Member, Physician Network	Provider
	CEO, Health Research & Consulting Firm	Provider
	Head of Integrated Care, Health Insurance Organization	Payer
	Managing Director, Independent Quality Certification Foundation	Association
	Vice President, National Association of Medical Practice Professionals	Association
	Expert in Medical Service Quality, Health Insurance Association	Association
	Expert in Healthcare Tariffs, National Pharmacy Association	Association
	Head of Primary Care Research & Senior Physician, University Institute of Family Medicine / Representative, General Internal Medicine Society	Academic