Universität St.Gallen
School of Medicine

What drives regional heterogeneity in hospital reform? Insights from more than ten years of Swiss hospital capacity planning implementation.

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dggö

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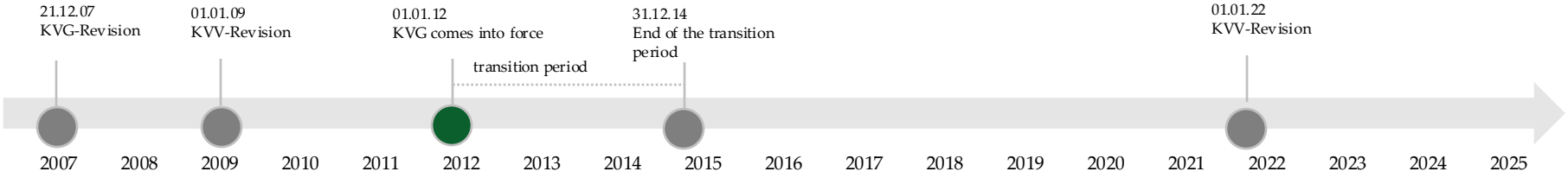
From insight to impact.

Background: Revision of the Health Insurance Act in response to a sharp rise in healthcare costs



Financing	Extended choice	Information	HCP

What?	The core idea behind the revision was to intensify competition between hospitals by increasing transparency and giving insured persons greater freedom of choice. At the same time, the management of hospital capacities through cantonal hospital capacity planning (HCP) was clarified and made mandatory.

Background: With the revision of the Health Insurance Act, HCP became demand-, quality- and performance-oriented.

bed capacity

Medical services

Assessment of need-for-care, quality and costs

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The Swiss hospital capacity planning: An empirical evaluation of its impact on hospital service delivery, quality and costs

Alexander Geissler

01.10.2024 – 30.09.2027

Summary

Scientific abstract

Background and rationale: Switzerland has the highest health care expenditure in Europe and the second highest worldwide. The large Swiss hospital sector (276 hospitals at 579 locations) accounts for more than 30% of the expenditures. As the costs continuously rose over the last decades, a revision of the Swiss Federal Law on Compulsory Health Insurance (KVG) has been agreed on in 2007 with the major objective to introduce ...

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Overview

Grant number

10001646

Funding scheme

Project funding

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Project funding (02.10.2023)

What influences regional heterogeneity in the implementation of hospital reform?

Research question

How was the federal hospital reform implemented at the subnational level and why may implementation vary across subnational governments, using the Swiss reform as a case study.

Method

1 **Document analysis**

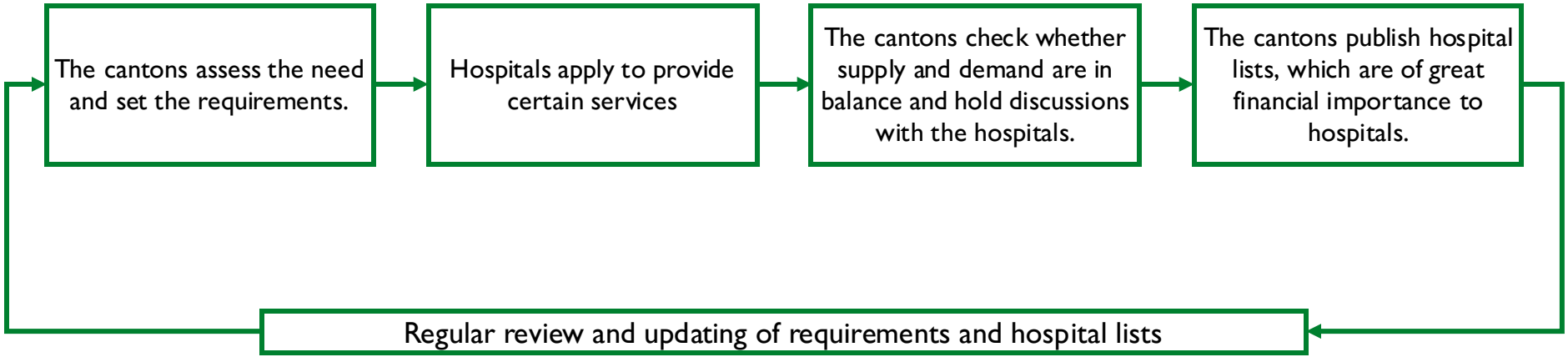
2 **Interviews & qualitative content analysis**

- 20 interviews with health departments
- 6 written responses from the cantons
- 5 expert interviews

3 **Exploratory cluster analysis**

Background: How does hospital capacity planning work in practice in Switzerland?

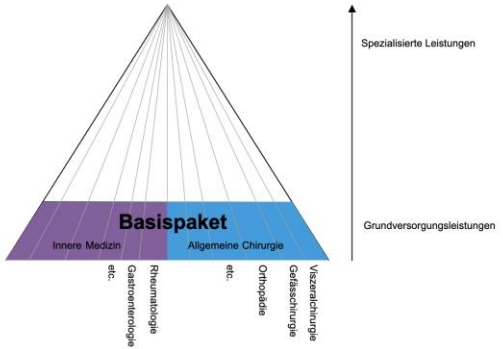
Illustrative



Background: All service groups were clearly defined on the basis of ICD & CHOP codes.

Leistungsbereich	Leistungsgruppe
Basispaket	BP Basispaket Chirurgie und Innere Medizin
	BPE Basispaket für elektive Leistungserbringer
Dermatologie	DER1 Dermatologie (inkl. Geschlechtskrankheiten)
	DER1.1 Dermatologische Onkologie
	DER1.2 Schwere Hauterkrankungen
	DER2 Wundpatienten
Hals-Nasen-Ohren	HNO1 Hals-Nasen-Ohren (HNO-Chirurgie)
	HNO1.1 Hals- und Gesichtschirurgie
	HNO1.1.1 Komplexe Halseingriffe (interdisziplinäre Tumorchirurgie)
	HNO1.2 Erweiterte Nasenchirurgie mit Nebenhöhlen
	HNO1.2.1 Erweiterte Nasenchirurgie, Nebenhöhlen mit Duraeröffnung (interdisziplinäre Schädelbasischirurgie)
	HNO1.3 Mittelohrchirurgie (Tympanoplastik, Mastoidchirurgie, Osikuloplastik inkl. Stapesoperation)
	HNO1.3.1 Erweiterte Ohrchirurgie mit Innenohr und/oder Duraeröffnung
	HNO2 Schild- und Nebenschilddrüsenchirurgie
	KIE1 Kieferchirurgie
Neurochirurgie	NCH1 Kraniale Neurochirurgie
	NCH1.1 Spezialisierte Neurochirurgie
	NCH2 Spinale Neurochirurgie
	NCH3 Periphere Neurochirurgie

Quelle: Gesundheitsdirektion Zürich, 2026; Gesundheitsdirektion Zürich, 2011



Background: There are general requirements ...

General requirements

- Guidelines and treatment concepts
- CIRS
- Quality and risk management
- Quality measurements
- Hygiene management
- Therapeutic management
- Coordinated care

Quelle: Gesundheitsdirektion Zürich, 2026

… and service group-specific requirements

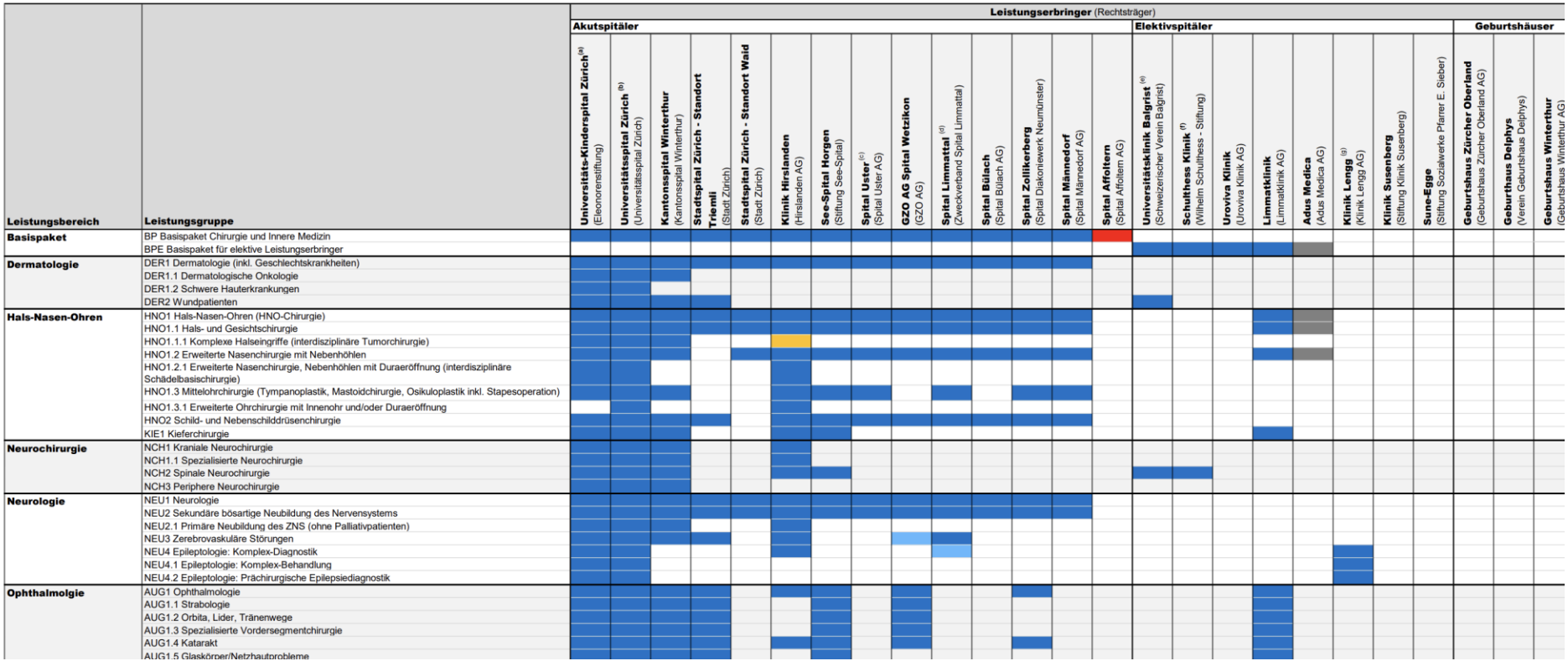
Leistungsbereiche und Leistungsgruppen			Fachärztin / Facharzt				Verknüpfung			
Abk.	Bezeichnung	Basis-paket	FMH Facharzttitel / Schwerpunkte	Zeitliche Verfüg-barkeit	Notfall-station	Intensiv-station	nur Inhouse	Inhouse oder in Kooperation	Tumor-board	Mindest-fallzahlen
KAR3.1.1	Komplexe interventionnelle Kardiologie (strukturelle Eingriffe)	BP	Kardiologie Herz- und thorakale Gefässchirurgie	3	3	3	HER1.1			S:75

Quelle: Gesundheitsdirektion Zürich, 2026

Kanton Zürich
Regierungsrat

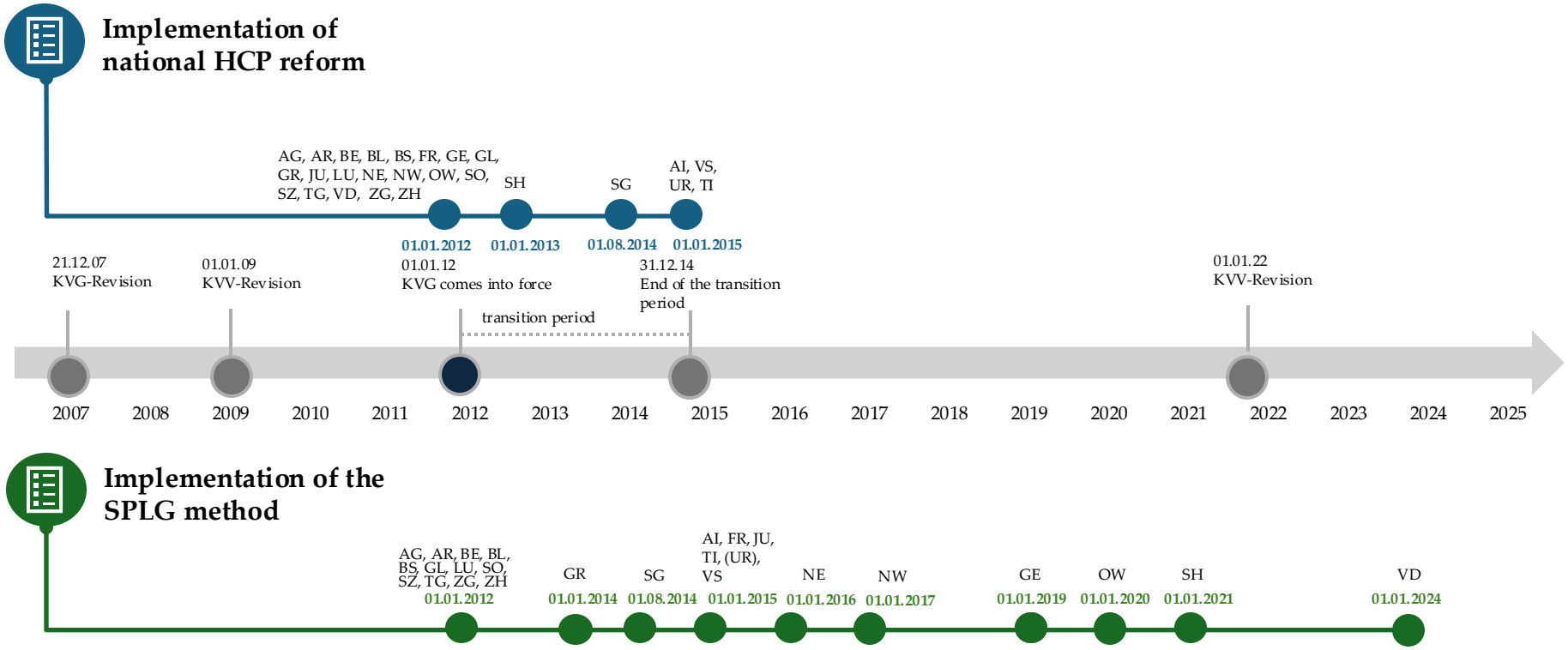
Zürcher Spitalliste 2023 Akutsomatik

(Version 2026.3; gültig ab 1. Januar 2026)



Quelle: Gesundheitsdirektion Zürich, 2026

Results: Implementation of the reform and the SPLG methodology



Quelle: Walker et al., 2025

Results: Variation in SPLGs and requirements due to two reasons

The basis is an earlier version of the Zurich planning documents.

"In Zurich, there is an entire department dedicated to hospital capacity planning and data analysis. In other cantons, one person has to do everything, and the available resources vary greatly."

Active modifications

"If, for example, Zurich, a city canton, says that acute geriatric care requires a geriatrician, and we then find that our hospitals do not have this specialist, we adjust the requirements for this service mandate as long as the quality remains the same."

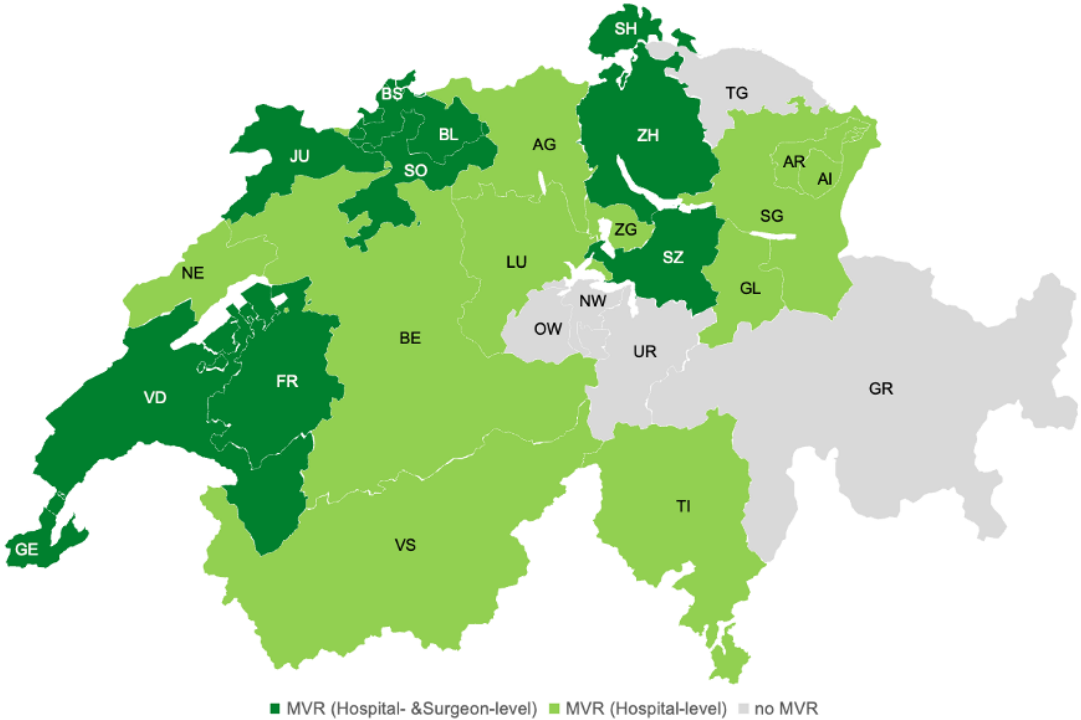
Quelle: Walker et al., 2025

Results: Active modifications in service-group-specific requirements

Canton	SPLG requirements in use	Basic packages	Medical specialist qualifications	Availability of Medical Specialists	Emergency levels	Intensive Care Unit levels	Cooperation (inhouse)	Cooperation (inhouse or cooperation)	Tumour board	Minimum volume requirements (MVR)	Degree of deviation from ZH
AG	ZH2023	Less strict	Stricter	More and less strict and add. levels	More and less strict	More and less strict	More and less strict	More and less strict	Stricter	Less strict (no surgeon-level)	**High**
AI	ZH2023			Stricter and add. level	Stricter		Stricter	Stricter	Stricter	Less strict (no surgeon-level) and more strict (higher threshold)	**High**
AR	ZH2023			Stricter and add. level	Stricter		Stricter	Stricter	Stricter	Less strict (no surgeon-level) and more strict (higher threshold)	**High**
BE	ZH2025		Stricter	More and less strict and add. level	More and less strict	More and less strict		More and less strict	Stricter	Less strict (no surgeon-level and lower threshold)	**High**
GR	ZH2016									Less strict (no MVR)	**Low**
LU	ZH2019*									Less strict (no surgeon-level)	**Low**
NW										Less strict (no surgeon-level)	**Low**
OW										Less strict (no MVR)	**Low**
SG	ZH2023			Stricter and add. level	Stricter		Stricter	Stricter	Stricter	Less strict (no surgeon-level) and more strict (higher threshold)	**High**
TG	ZH2023				Add. level				Stricter	Less strict (no MVR)	**High**
ZG	ZH2020									Less strict (no surgeon-level and lower threshold)	**Low**

Quelle: Walker et al., 2025

Results: Minimum volume requirements are implemented differently



"In some cases, we deviated slightly from the minimum number of cases, as we realised that we did not have the required number of cases across the entire county."

"We know that many health directors run the risk of being voted out of office if they close hospitals."

"A hospital has voter potential because it is often an important employer in the region, and that creates a certain amount of political pressure."

Quelle: Walker et al., 2025

Clustering results

Cantons were grouped into three structural clusters:
(1) high-alpine, sparsely populated
(2) highly urban, densely populated
(3) remaining cantons with near-average characteristics.
Clusters differed mainly in topography, population density, hospitalization rates, and length of stay.

No systematic relationship was found between cluster membership and the degree of deviation from the ZH HCP requirements.

Implication: Easily observable structural factors do not explain variation in implementation across cantons.

Findings

- **Convergence despite autonomy**: Most cantons adopted similar planning approaches over time, with the Zurich (ZH) HCP model becoming the de facto national baseline.
- **Limited variation in service groups**: The number and definition of SPLG were largely consistent across cantons; deviations mainly reflected local hospital structures.
- **Greatest variation in minimum volume requirements (MVR):** Thresholds and implementation levels differed, primarily due to access concerns, political feasibility, and protection of local hospitals.

Implication: Findings illustrate vertical fragmentation in federal systems, where subnational governments adapt national reforms according to political incentives and administrative capacity.

Our recommendations

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- Centralisation
- Costs
- Quality
- Travel times

Thank you!

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Appendix

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