Quality under control: the new role of regulatory bodies in Swiss healthcare

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ABSTRACT

From Article 58 KVG to national targets: how the relationship between quality, safety and innovation is changing In recent decades, healthcare systems have faced increasing challenges:...

From Article 58 KVG to national targets: how the relationship between quality, safety and innovation is changing

In the last few decades, healthcare systems have been facing increasing challenges: an ageing population, rising costs, the arrival of new technologies and increasingly high patient expectations. In this scenario, the quality of care cannot be left to chance. We need shared rules, tools and responsibilities.

Switzerland, with its federal and pluralistic model, is an interesting case. Each canton retains wide margins of autonomy, but at the same time there is a national framework that aims to balance freedom of choice, competition between actors and public guarantees of quality. The revision of the Federal Law on Health Insurance (KVG) and the introduction of the new Article 58 are the most concrete proof of this.

A federal and complex healthcare system

The Swiss healthcare system is based on a mixed model, in which the public and private sectors coexist. Some features make it unique:

- Mandatory insurance: every person living in Switzerland must take out basic insurance with a recognised insurer. The benefits package is uniform and defined by the KVG, but premiums are individual. There are cantonal subsidies for the most vulnerable.
- Role of the federal government: through the Federal Office of Public Health (FOPH), it defines the catalogue of compulsory benefits, supervises insurers and coordinates national policies on quality and safety.
- The role of the federal government is to ensure that the health insurance system is not

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subject to any form of discrimination.

- The role of the cantons: responsible for hospital planning, co-financing care with insurers and supervising providers. Federalism generates territorial differences, but also room for innovation and local experimentation.
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- Plurality of actors: scientific societies and professional associations play an important role in the development of guidelines, clinical recommendations and in consultation with state and insurers.
- High perceived quality: Switzerland often ranks among the countries with the most satisfied patients and world-class clinical outcomes. But it is also one of the most expensive systems in the world: an ongoing challenge for sustainability.

This complexity explains why quality has become a central issue. Only shared tools can guarantee common minimum standards in such a fragmented and competitive environment.

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From the first initiatives to the legislative breakthrough

The culture of quality in Switzerland has developed in parallel with the international debate.

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A symbolic milestone was 1999 with the American report *To err is human*, which showed the impact of medical errors on public health. Here, too, the urgency of addressing the issue systematically emerged.

In 2003, the Foundation for Patient Safety Switzerland was established, the first national instrument dedicated to awareness-raising, education and improvement projects. In 2009, the Federal Council adopted the first national quality strategy, which was accompanied two years later by an implementation plan with indicators and pilot projects.

The real change of pace was the creation of the Swiss Patient Safety Foundation.

The real change of pace came with the revision of the KVG, which came into force in 2021: quality went from being a general principle to a legal obligation, with clear control instruments and responsibilities.

The first national quality strategy was adopted in 2009 by the Federal Council.

Article 58 KVG: the new driver of quality

The heart of the reform is the new Article 58 KVG, which introduces three innovative elements:

1. Four-year national targets
   Every four years the Federal Council defines binding targets for the development of quality performance. This makes it possible to set a common course for the whole country, while respecting cantonal differences.
2. The Federal Council has also set binding national targets.

- Federal Commission for Quality (CFQ)
  An independent extra-parliamentary commission that supports the Federal Council in the development of quality; it can propose indicators, commission studies/programmes and grant financial aid for innovative projects. In practice, it is the link between federal policy and concrete implementation in health care facilities and medical practices.

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- Quality Conventions;

Signed between federations of providers and insurers, they stipulate how quality is to be measured (today with indicators promoted by ANQ, the national centre for quality measurement in hospitals and clinics), what improvement measures are to be taken and how their implementation is to be verified. The conventions stipulate that these measures are to be implemented according to the PDCA cycle (Plan–Do–Check–Act), an approach that makes quality a dynamic and systematic process based on continuous improvement. There are also verification systems and possible sanctions for non-compliance.

Practical Implications

The novelties introduced do not remain on paper, but have concrete effects on hospitals, professionals and patients.

- **Hospitals and clinics:** must strengthen internal quality management systems, adopt recognised measures and document progress with standardised indicators. As of 2026, moreover, self-certifications will be flanked by binding external audits.

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- These audits will be carried out by the hospital or clinic.
- **Health care professionals:** also in the outpatient sector, they are called upon to align themselves with common guidelines and to participate in continuous improvement programmes.
- **Patients have new tools for orientation and participation:** the results of audits and the status of implementation of measures will be published in dedicated portals (e.g. *info-hospitals.ch*). The CFQ also promotes the systematic involvement of citizens in decision-making processes, with the aim of integrating their perspective into quality strategies and enhancing the safety of care.

Opportunities and Criticisms

On the one hand, Article 58 creates the conditions for a systemic, measurable and transparent quality culture. It makes it possible to harmonise different practices and to strengthen citizens' confidence.

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On the other hand, there is no shortage of challenges: the risk of excessive bureaucracy, the complex need for coordination between the Confederation and the cantons, and the tension between uniform rules and the freedom of clinical innovation.

Success will depend on the ability to translate general objectives into tangible actions, with clear indicators and real impacts on care pathways.

Quality on the way

Switzerland has taken a decisive step: quality of care is no longer just a voluntary commitment, but a responsibility enshrined in law. With Article 58 of the KVG and the Federal Commission for Quality, the country now has concrete tools to measure results, monitor progress and involve patients.

The challenge is to ensure that the quality of care is not only a voluntary commitment, but also a legal responsibility.

The challenge is to translate these rules into visible improvements in everyday life: safer care, clearer pathways, more trust between citizens and institutions. Without forgetting that too much rigidity can put the brakes on the innovation that has always characterised Swiss health care.

In the end, quality is not a set of rules, but a daily commitment: to make care safer, pathways clearer and patients more involved. The challenge will be to maintain this balance between control and innovation, without losing the most important compass: the person at the centre.

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