

PaRIS 2024 survey: Selected results for Switzerland

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Note concerning this document

This document is a working and discussion aid for the stakeholder dialogue on 29 April 2025 on the Swiss results of the PaRIS survey. It is intended to help participants identify relevant themes, identify initial findings and formulate questions that can be explored in greater depth during the dialogue.

This document is not intended to be exhaustive. A detailed analysis of the results and their implementation will be necessary.

This will be carried out following dialogue between stakeholders.

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1 Context and method

Aim of the PaRIS survey

The PaRIS (Patient-Reported Indicator Surveys), coordinated by the OECD, is a standardised survey of the health status and experiences of people living with one or more chronic diseases in primary care. In this way, it provides internationally comparable indicators to guide health policies towards better, more patient-centred care.

The survey also makes it possible for the first time to cross-reference the characteristics of family medicine practices with data from patients' questionnaires, thus making it possible to identify potential new links or formulate hypotheses.

Implementation in Switzerland

In Switzerland, 130 primary care practices took part in the survey. The practices were evenly split between cities (35%), suburbs (32%) and rural areas (33%). The majority were group practices with non-shared patients (39%), or shared patients (25%), while the remainder were individual practices (22%) and multidisciplinary practices (12%) (see Appendix 2). The breakdown of patients by language region was as follows: 28.5% in Latin Switzerland, 33.2% in the north-west region, 12.0% in the centre and 26.0% in the east (see next page for definition of regions).

Patients were recruited consecutively as they visited the practice over a 3-month period. This method of recruitment - although effective in incorporating the reality of practice - can generate certain biases (for example, under-representation of patients who do not consult a doctor). regularly or less comfortable with online surveys). A total of 4,178 patients-es aged-es 45 or over completed the questionnaire. Certain groups (e.g. patients-es on low incomes, of foreign origin, or in highly vulnerable situations) may be under-represented.

The results presented are adjusted, i.e. they take into account differences in age, gender, level of education, income, health literacy, mental and physical health, nationality and health insurance characteristics (model chosen, deductible level). This type of analysis makes it possible to isolate the specific effects of the services provided.

The ten PaRIS10 indicators

The OECD has defined ten key indicators ("PaRIS10"), five of which are measures of health status as reported by patients-es (Patient-reported outcome measures - PROMs) and five of which are measures of care experience (Patient-reported experience measures - PREMs). The results of these 10 indicators are presented in Tables 1 and 2. Statistically significant differences are indicated by colours in the tables. In these tables, Switzerland is also compared with four countries selected for their proximity in terms of healthcare system: France, Belgium, the Netherlands and Canada.

Towards a repeat of the survey?

The OECD is currently assessing the feasibility of repeating the PaRIS survey on a regular basis. Such an iteration would make it possible to monitor changes in the results over time. Switzerland's decision as to whether it will participate in future editions of the survey is still open.

To find out more

Detailed results, including by region, gender, income level and type of practice, are available in the OECD's main report (*Does Healthcare Deliver?*) and in the country fact sheet for Switzerland.

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2 National and international comparison of key indicators

2.1 Patient-Reported Outcome Measures (PROMS)

Table 1: Patient-Reported Outcome Measures (PROMS), % ¹

	Health physics	Health mental	Social life	Wellbeing	Health general
Switzerland	84	92	91	82	80
Zone : Urban	82	91	90	81	78
Suburb	85	92	91	81	81
Rural	86	94	93	84	82
Region²: Latin	81	92	93	79	85
Northwest	87	93	91	83	81
Centre	89	94	91	86	81
East	82	91	89	81	76
Switzerland (standardised by age and sex)	82	91	90	88	79
OECD (average)	70	83	83	71	66
France	62	87	91	67	76
Netherlands	74	85	82	79	64
Belgium	68	83	85	71	72
Canada	77	87	87	74	83

Comments

- People³ living in rural areas report a better social life.
- People living in the central region report slightly better mental health and well-being than in the other regions.
- In an international comparison, Switzerland is in first or second place among the countries in which participants-es report the best results for 4 out of 5 PROMS (except general health).

¹Explanation of tables: In all tables, the highest percentage is in bold. Differences that are statistically significant in the multivariate analyses are shaded (grey, yellow or green depending on the context - green indicates a higher or more positive value, and yellow or red a lower or less positive value). See Appendix 4: Supplementary figures for visual results of the multivariate analyses.

²The 'regions' refer to the territories of the regional conferences of the Conference of Health Directors (GDS): Latin: Fribourg, Geneva, Jura, Neuchâtel, Ticino, Valais, Vaud; North-West: Aargau, Bern, Basel-City, Basel-Landschaft, Solothurn; Central: Lucerne, Nidwalden, Obwalden, Schwyz, Uri, Zug; East: Appenzell-Outer, Appenzell-Outer, Glarus, Graubünden, St. Gallen, Schaffhausen, Thurgau, Zurich.

³The term "persons" here refers to users of family medicine services aged 45 and over, who were represented in the PaRIS survey. These are people who were able to complete a questionnaire in German, French or Italian.

2.2 Patient-Reported Experience Measures (PREMS)

Table 2: Patient-Reported Experiences (PREMS), %.

	Confidence in self-management	Perceived coordination	Person-centred care	Perceived quality	Confidence in the healthcare system
Switzerland	69	81	97	97	70
Zone : Urban	69	83	97	97	70
Suburb	70	79	96	96	71
Rural	68	82	98	97	68
Region¹: Latin	56	83	98	96	70
Northwest	76	83	97	97	71
Centre	75	71	91	94	62
East	72	81	97	98	71
Switzerland (standardised)	67	81	97	97	71
OECD (Average)	59	59	85	87	62
France	92	61	92	91	61
Netherlands	78	49	90	92	71
Belgium	63	67	93	95	94
Canada	59	71	63	94	61

Comments

- When it comes to confidence in self-management and in the healthcare system in general, Switzerland is not among the best OECD countries, although its results remain above the OECD average.
- Confidence in self-management is reported to be lower in the Latin region of Switzerland; it is also significantly higher in France than in Switzerland.

3 Appropriate care for patients

3.1 The health status of different groups of patients

Table 3: Association between patient characteristics and PROMs.

	Health physical	Menta l health	Socia l life	Well- bein g	Genera l health
Socio-demographic characteristics					
Women (vs men)	Worst			Worst	
Older (vs. younger)	Better	Better	Better	Better	Better
Training: tertiary (vs primary)					
Nationality: Non-Swiss (vs. Swiss)		Worst			
Income: low (vs. high)	Worst	Worst	Worst		Worst
Health literacy: high (vs. low)	Better	Better	Better	Better	Better
State of health					
Chronic somatic illness (vs 0 chronic illness)	Worst	Worst	Worst	Worst	Worst
Mental health disorder (vs 0 chronic illness)	Worst	Worst	Worst	Worst	Worst
Insurance features					
Model: family medallion (vs standard)	Better			Better	Better
Model: HMO (vs standard)	Better			Better	
Franchise: high (vs. low)	Better	Better		Better	Better

Table 4: PROMs by gender and income, %.

	Type		Net monthly income		
	Woman	Men	<3630 CHF	3630-6050 CHF	> CHF 6050
Physical health	83	87	75	85	90
Mental health	92	93	89	92	95
Social life	91	91	86	92	94
Well-being	79	86	77	82	85
General health	80	82	72	80	87

Comments

- Women report poorer physical health and well-being than men
- Older people report better health than younger people
- Higher education does not seem to have a clear influence on respondents' state of health.
- Lower income is associated with poorer PROM results among participants
- People who report a mental health problem (e.g. anxiety, depression) report poorer PROMs results.
- People reporting good health tend to choose a high deductible, as well as family doctor and HMO models. The quality of social life and mental health do not seem to have any influence on the choice of insurance model.
- The results reflect gender differences in the prevalence of chronic diseases, with more men reporting hypertension, cardiovascular disease and diabetes, and more women reporting a diagnosis of arthritis and mental health problems (see Appendix 2).

3.2 The care experience of different patient-es groups.

Table 5: Association between patient-es characteristics and PREMS.

	Confidence in self- management	Perceived coordinati on	Person- centred care	Perceiv ed quality	Confidence in the healthcare system
Socio-demographic characteristics					
Women (vs men)	Better	Worst		Worst	Worst
Older (vs. younger)		Better	Better	Better	Better
Training: tertiary (vs primary)	Worst				
Nationality: Non-Swiss (vs. Swiss)					
Income: low (vs. high)		Better			Worst
Health literacy: high (vs. low)	Better	Better	Better	Better	Better
State of health					
Chronic somatic illness (vs 0 chronic illness)	Worst				
Mental health disorder (vs 0 chronic illness)	Worst				
Insurance features					
Model : Telmed (vs standard)		Worst			
Model: family medallion (vs standard)		Better	Better		
Franchise: high (vs. low)		Worst			

Table 6: PREMS by gender and income, %.

	Type		Net monthly income		
	Woman	Men	<3630 CHF	3630-6050 CHF	> CHF 6050
Confidence in self-management	72	66	66	70	69
Perceived coordination	80	86	85	83	80
Person-centred care	96	97	98	97	97
Perceived quality	96	97	96	98	97
Confidence in the healthcare system	66	74	63	71	76

Comments

- While women rated care less positively in several areas, they reported greater confidence in self-management.
- On the other hand, a higher level of education is associated with less confidence in self-management.
- Better health literacy is linked to higher scores on all dimensions patient experiences.
- Low income seems to have a limited influence on the experience of care among people who have consulted a family doctor, but it is associated with less confidence in the healthcare system as a whole.

3.3 Focus on mental health

Table 7: Swiss PaRIS10 indicators, by presence of a mental health disorder (e.g. depression, anxiety, bipolar disorder), %.

PROMs	Mental health disorder		
	Total	No	Yes
Physical health	84	87	64
Mental health	92	95	64
Social life	91	93	74
Well-being	82	86	48
General health	80	83	62
PREMs			
Confidence in self-management	69	70	56
Perceived coordination	81	82	76
Person-centred care	97	97	95
Perceived quality	97	97	95
Confidence in the healthcare system	70	70	69

Table 8: PROMs for people with mental health problems, by region and zone, % (bivariate analysis without controlling for additional factors)

	Total	Region				Zone		
		Latin	Northwest	Centre	East	Urban	Suburb	Rural
Physical health	64	60	73	69	56	59	63	69
Mental health	64	67	64	74	55	56	63	72
Social life	74	78	74	74	67	68	71	82
Wellbeing	48	47	53	59	39	45	51	46
General health	62	63	66	61	54	53	59	71

Comments

- People with mental health problems report significantly poorer health in all areas of health
- There is a significant gap in terms of confidence in self-management, which is much higher at low in people with mental health problems.
- Health scores are significantly lower in urban areas, particularly for social life and general health.
- The physical health of people reporting mental health problems varies between regions, with a lower score in the East region.

4 Approaches to care and influence on experience

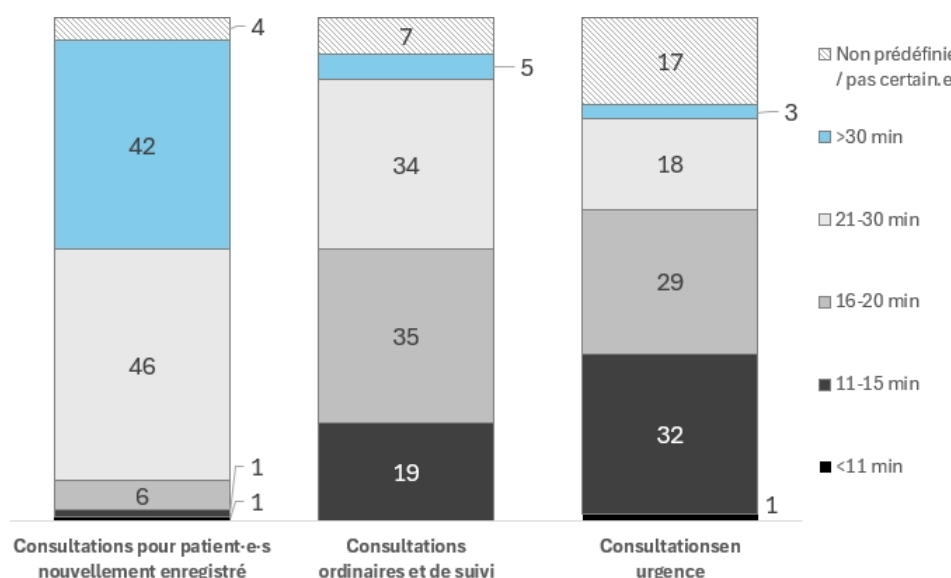
4.1 General comments on the services offered by the firms

42% of practices offered services to patients without prior appointments - the majority for urgent medical problems, for both registered (93%) and unregistered (60%) patients. The options offered to patients outside normal opening hours were leaving a message on an answering machine or writing an email to be called back (45%), contacting a doctor or nurse directly by phone or email (43%), consultations before or after normal opening hours (29%) and weekend consultations (19%).

- Almost all the practices surveyed offered home visits (90%).
- Almost all the practices had electronic medical records (95%), which were available throughout the year, the consultation and retained generally for toutes les patient·es (74%).
- While telephone consultations were offered by the majority of practices (82%), the use of video (8%) was rarer.
- **There were no statistically significant differences in patients' experiences according to the type of practice** (group, solo, etc.), with the exception of poorer coordination for the patient·es from interprofessional practices.

4.2 Average consultation time

Figure 1: Breakdown of practice responses regarding average expected duration by type of medical activity (carried out by one doctor), %.



Comments

- For regular and follow-up medical consultations, around three-quarters of practices allow 16 minutes or more.
- In two out of five practices, the average consultation time exceeds 20 minutes.
- Consultations lasting an average of 10 minutes or less are virtually non-existent in Swiss family medicine practices.
- **None of the five dimensions of patient experience is statistically associated with length of stay, average number of consultations** (see Table 16 below).

4.3 Remuneration

A large majority of doctors were paid on a fee-for-service basis (57%), followed by a fixed salary (31%), performance-based payment (10%), sessional payment (6%) and capitation (1%). Very few of the practices surveyed reported additional payments, linked to achieving targets as part of cost containment (7%), caring for patients-es with specific chronic illnesses (4%) or disadvantaged-es (3%).

Table 9: Relationship between type of remuneration and PREMs

Method of financing	Confidence in self-management	Coordination perceived	Centred care on the person	Perceived quality
Salaries	Worst			
Per session		Better		

➔ Confidence in self-management is lower on average among patients in practices where the doctors are salaried.

4.4 Use of medical information systems

Figure 2 Ability to use a computer system for administrative tasks, %.

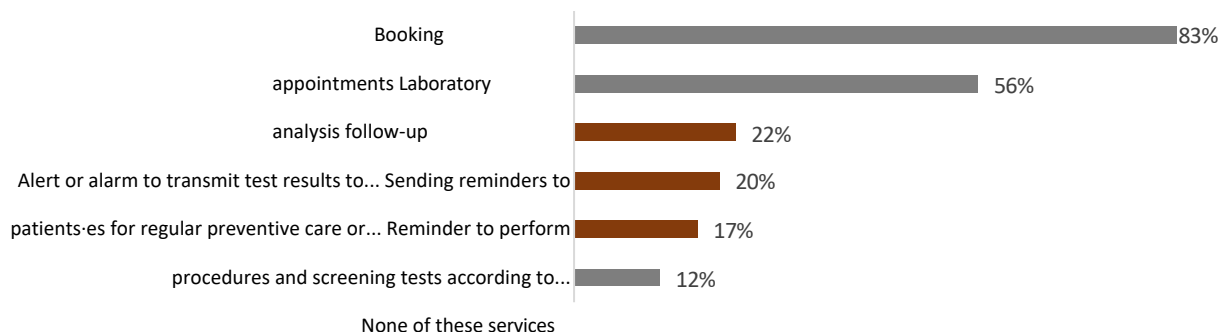
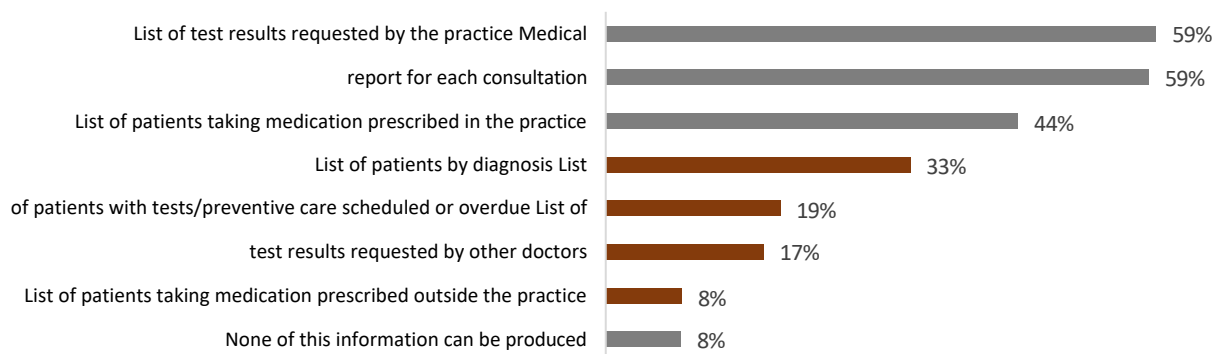


Figure 3 Ability to generate automated lists, %.



Comments

- Only one in five practices is able to use its practice software to send reminders to patients-es or team members - whether for sending results, scheduling routine consultations or preventive measures.
- A third of practices can use their software to generate a list of patients with a specific diagnosis, and one in five can draw up lists of patients requiring screening tests.

4.5 Data analysis (quality monitoring)

Table 10: Percentage of practices reporting reviews of different aspects of care, by region, %.
(bivariate analysis without controlling for additional factors)

	Total	Region			
		Latin	NO	Centre	East
Compliance with prescribed treatment	27	19	21	40	37
Clinical outcomes (e.g. % of diabetic or asthmatic patients with their disease under control)	22	12	33	60	20
Patient satisfaction or feedback on care (surveys)	22	4	35	60	23
Hospital admissions or use of emergency services	11	10	15	10	10
of patients who have received recommended preventive care (e.g. vaccinations), screening for cervical cancer, etc.)	8	8	9	10	7
None of this information is examined	47	67	35	20	33

Comments

- Practices in Latin Switzerland report far fewer types of data analysis than those in German-speaking Switzerland: only 4% of practices conduct patient surveys and 12% analyse clinical results; according to their own statements, two-thirds of practices in French-speaking Switzerland and Ticino do not carry out any data-based monitoring.
- In the central region, the use of data relating to chronic diseases and surveys with patients seems to be much more widespread.

4.6 Care coordination

Table 11: Percentage of practices well prepared for coordination with other care providers/social partners, by region, % (bivariate analysis without controlling for additional factors)

	Total	Region			
		Latin	NO	Centre	East
Patients needing coordination of their long-term care	73	62	85	80	70
Patients with chronic illnesses	63	50	79	90	67
Patients in palliative care	51	35	68	50	60
Patients requiring coordination of social services	51	31	65	80	60
Patients with severe mental health problems	35	21	44	60	67
Patients with dependency or addiction problems	20	8	38	10	20
Patients requiring translation during consultations	11	10	12	30	10

Table 12: Relationship between factors relating to care coordination and PREMS

Cabinet prepared for coordinating needs...	Confidence in self-management	Perceived coordination	Person-centred care	Perceived quality
in mental health		Better		Better
long-term care	Better	Worst		
social	Worst			
translation	Better			

Comments

- In Latin Switzerland, far fewer practices say they are well prepared to coordinate the care of patients in different situations - often by almost 40 percentage points compared with Central Switzerland.
- In the north-west, practices seem to feel more prepared to provide palliative care and care for people with dependency problems, while Central Switzerland stands out (at least subjectively) in most other areas.
- The overall quality of care is perceived to be better in practices that feel able to coordinate the care of patients with mental health problems.
- In practices that said they were well prepared for long-term care and/or the management of situations requiring translation, patients reported that they were better able to manage their own health. The opposite is true in practices that report good coordination with social services.
- The percentage of patients-es reporting good care coordination did not vary according to the degree to which practices were prepared to coordinate the care of patients-es with chronic conditions.

4.7 Care plans

Table 13: Systematic development of care plans for patients-es with chronic disease, according to region, % (bivariate analysis without controlling for additional factors)

	Total	Latin	Northwest	Centre	East
Systematic development of care plans for specific patients with chronic illnesses	27	10	38	40	33

Table 14: Associations between the existence of a care plan as reported by patients-es or practices, and PREMs (bivariate analysis without controlling for additional factors).

	Total	Patient-es declaring to have a plan of care			Practices declaring that they use care plans	
		Not sure-e	No	Yes	No	Yes
Confidence in self-management	69	59	68	69	66	72
Perceived coordination	81	73	71	97	82	80
Person-centred care	97	94	95	99	97	96
Perceived quality	97	96	96	98	97	96
Confidence in the healthcare system	70	62	70	75	70	69

Comments

- The systematic development of care plans varies significantly between regions - in the Latin region, according to the practices, care plans are developed in only 10% of practices.
- Only a minority of practices (27%) reported drawing up care plans systematically for patients with chronic illnesses.
- Patients-es who say they have a care plan have a better experience of care in the five PREMs.
- Patients-es in practices that report developing care plans are more confident-es in their ability to self-manage than patients-es in practices that do not develop care plans; this association disappears in multivariate analyses.

Drawing up and using care plans: Major discrepancy between the perception of practices and patients

The OECD compared the responses of primary care practices and patients-es regarding the use and availability of care plans (Table 15). In Switzerland, 25% of patients-es report that their practices use care plans, while their practices report not using them; and 20% of practices report using them, while their patients-es report not using them.

Table 15: Utilization and availability of care plans reported by primary care practices and patients with chronic illnesses

Practices reporting that care plans are used and their patients-es with-es chronic conditions.
reporting that care plans are used and available (% of patients in each group)

Country	Practice no, patient no (1)	Practice yes, patient no (2)	Practice no, patient yes (3)	Practice yes, patient yes (4)	Yes reported by cabinets (2+4)	Yes reported by patients (3+4)
OECD	41.2	34.7	14.1	10.0	44.7	24.1
Switzerland	45.6	19.1	25.1	10.1	29.2	35.2
France	59.8	6.3	30.2	3.7	9.9	33.9
Netherlands	56.3	36.4	4.2	3.1	39.5	7.4
Belgium	57.4	20.2	17.0	5.4	25.6	22.4
Canada	59.4	18.1	16.6	5.9	24.0	22.5

4.8 Overview: Association between practice factors and patient-es experiences.

Table 16: Association between practice characteristics and care experience (PREMS)

	Confidence in self-management	Coordination perceived	Centred care on the person	Perceived quality	Confidence in the health system
Type of practice	-	-	-	-	-
Financing model					
per capita	(Worse)	(Better)			
salaries	Worst				
per session		Better			
Offer: telephone consultation				Worst	Worst
Interprofessional: personnel other than doctors who play a role in education or disease management		Worst			
Length of consultation: longer (16min+) vs. shorter (-15min)	-	-	-	-	-
Reviews	-	-	-	-	-
Systematic care plans	-	-	-	-	-
Cabinet prepared to coordinate needs...					
in mental health		Better		Better	Better
long-term care	Better	Worst			Worst
social needs	Worst				
translation requirements	Better				

Comments

- PREMs do not vary according to the length of the consultation
- Patients-es cared for-es by practices better prepared to coordinate mental health needs report better PREMs.
- PREMs do not vary according to the type of practice (group, solo, etc.), nor according to the systematic development of care plans or the examination of data (reviews).
- Patients-es in interprofessional practices report poorer coordination. Patients-es whose practices are financed by capitation or with sessional fees report better coordination, and less confidence in their ability to self-manage.

5 Support for self-management

Switzerland is among the best-performing countries in seven of the ten key indicators in the PaRIS survey. For the other three indicators - general health, confidence in self-management and confidence in the healthcare system - it is above average, but not among the very best.

This section focuses on confidence in self-management, and the ways in which practices can support patients in this area.

Figure 4: International comparison of the 10 PaRIS indicators

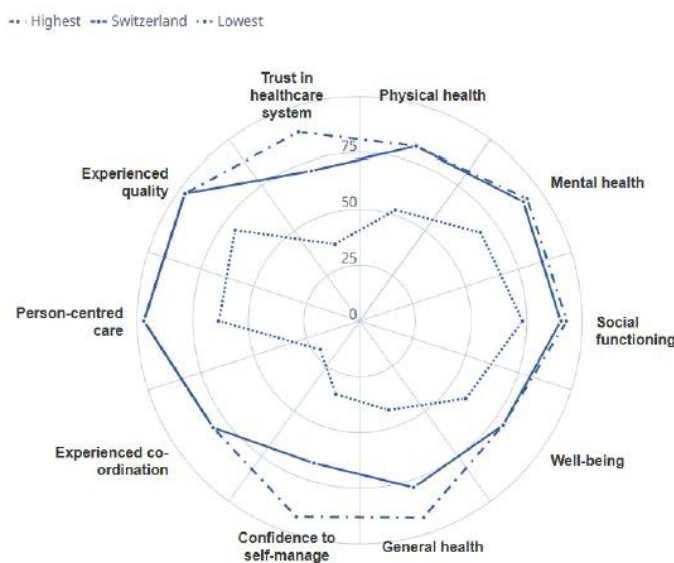
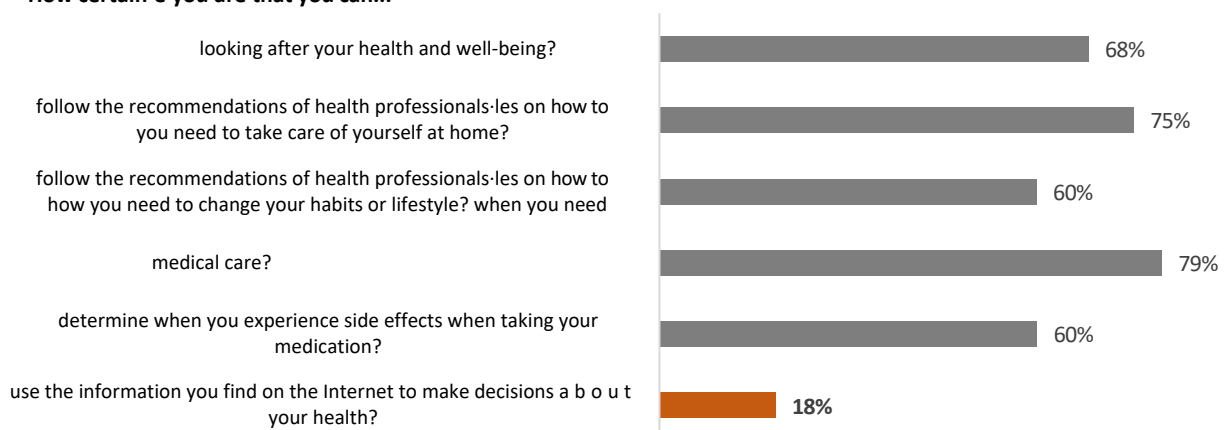


Figure 5: Ability to manage health

How certain-e you are that you can...



Observation

- In Switzerland, patients' confidence in their ability to make decisions about their health is low. of self-managing their health, based on information found on the internet, is particularly low.

5.1 Support provided by primary care practices

Figure 6: Support for self-management

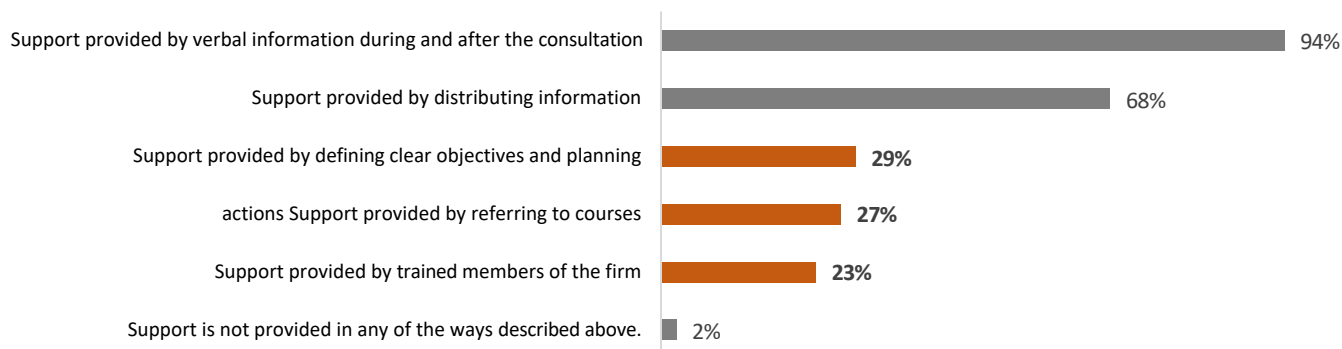


Table 17: Support for self-management, by region (bivariate analysis without controlling for additional factors)

	Total	Region			
		Latin	Northwest	Centre	East
Transmission of verbal information	94	96	94	90	93
Written information	68	62	74	80	70
Definition of objectives and actions	29	21	35	40	30
Orientation towards self-management courses	27	42	24	20	7
Support by trained cabinet member	23	4	47	60	17

Table 18: Percentage of patients-es confident-es in their ability to self-manage, according to the type of support offered by the practices (bivariate analysis without controlling for additional factors)

Reporting firms :	Confidence in self-management (%)	
	Yes	No
Transmission of verbal information	69	70
Written information	67	70
Definition of objectives and actions	69	69
Orientation towards self-management courses	65	70
Support by trained cabinet member	74	67

Comments

- Support for the self-management of patients with chronic illnesses was most often provided by verbal information at the time of the consultation, and by written information.
- This is followed by support provided by setting goals and actions with the practice team, referral to self-management courses or support provided by a-e trained practice member.
- Only the support offered by a-e member of the practice trained-e in patient-es empowerment is associated with greater confidence in self-management reported by patients-es.

Could Switzerland learn from other countries?

In the OECD analyses relating more specifically to people suffering from several chronic illnesses, we find that in Switzerland, referral to courses or educators and the explicit setting of objectives are below the OECD average.

Among the comparable countries that took part in the PaRIS survey, Switzerland could potentially draw inspiration from certain approaches implemented in the Netherlands and Canada, and test them in its own context.

Table 19: Percentage of patients with two or more chronic conditions in primary care practices offering different self-management support types across countries; multiple responses were allowed

	OECD	Switzerl and	France	Netherland s	Belgium	Canada
Transmission of verbal information	89	96	79	86	85	84
Written information	68	78	24	77	51	75
Orientation towards self-management courses	39	28	26	35	16	61
Definition of objectives and actions	35	31	17	46	31	43
Support by trained cabinet member	25	26	16	48	7	34

Appendix 1: Definition of PaRIS10 key indicators

Patient-reported outcome indicators-es (PROMs).	
Physical health	Average percentage of patients-es reporting "good" physical health. Based on answers to 4 questions measuring physical state, function, pain, and Fatigue, PROMIS® Scale v1.2 - Global Health
Mental health	Average percentage of patients-es reporting 'good' mental health. Based on responses to 4 questions on mental health, quality of life, emotional distress and social health, PROMIS® Scale v1.2 - Global Health
Social life	Percentage of patients-es reporting 'good', 'very good' or 'excellent' social function Based on answers to 1 question on how they carry out their usual social activities and functions, PROMIS® Scale v1.2 - Global Health
Wellbeing	Average percentage of patients reporting "good" well-being Based on answers to 5 questions about feeling happy and in a good mood, calm and relaxed, active and energetic, fulfilled in daily life, fresh and rested, well-being index WHO-5
General state of health	Percentage of patients-es reporting 'good', 'very good' or 'excellent' general health. Based on responses to 1 question on how they would say their health is in general, PROMIS® Scale v1.2 - Global Health
Indicators of self-reported patient-es experience (PREMs).	
Confidence in self-management	Percentage of patients-es 'confident' or 'very confident' in their ability. self-management Based on responses to 1 question how confident they are-es in their ability to manage their health and well-being, P3CEQ questionnaire
Perceived coordination	Average percentage of patients-es with one or more chronic diseases making reports a "positive experience" with coordination Based on responses to 5 questions on care coordination (coordinated care, designated single contact, comprehensive care plan, self-management assistance, information for self-management purposes), P3CEQ questionnaire
Person-centred care	Average percentage of patients-es with one or more chronic conditions reporting a 'positive experience' with the person-centred approach to care Based on responses to 8 questions on person-centred care (definition of important aspects, participation in decisions, consideration of the whole person, no need to repeat information, coordination of care, help with self-management, information for self-management purposes, confidence in ability to manage one's health), P3CEQ questionnaire
Perceived quality	Percentage of patients-es reporting 'good', 'very good' or 'excellent' care Based on responses to 1 question about their assessment of the overall quality of medical care they received in the last 12 months in Their primary care centre, adapted from the Commonwealth Fund's International Health Policy Survey
Confidence in the healthcare system	Percentage of patients-es who have "confidence" or "strong confidence" in the healthcare system. Based on responses to 1 question on agreement with the statement that we can have confidence in the healthcare system

Appendix 2: Characteristics of the sample

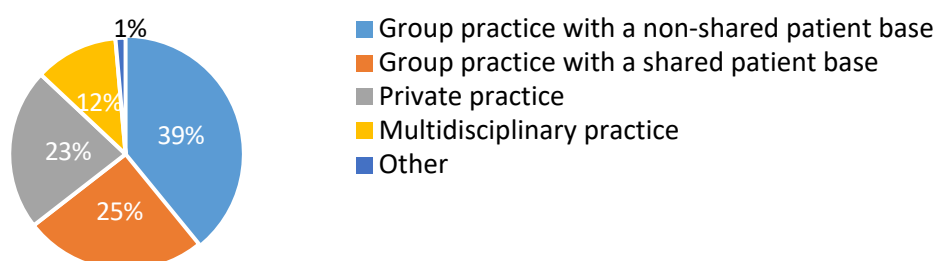
Offices

130 practices responded to the survey of primary care practices. The practices were evenly split between cities (35%), suburbs (32%) and rural areas (33%). 40% of these practices are in the Latin region (Fribourg, Geneva, Jura, Neuchâtel, Ticino, Valais, Vaud), 28% in the north-west region (Aargau, Bern, Basel-Stadt, Basel-Landschaft, Solothurn), 8% in the central region (Lucerne, Nidwalden, Obwalden, Schwyz, Uri, Zug) and 24% in the eastern region (Appenzell-Outer, Appenzell-Outer, Glarus, Graubünden, St. Gallen, Schaffhausen, Thurgau, Zurich).

The breakdown of *patients* by language region was as follows: 28.5% in Latin Switzerland, 33.2% in the north-west region, 12.0% in the centre and 26.0% in the east (see next page for definition of regions).

The majority of these are group practices, with non-shared patients (39%) or shared patients (25%), while the remainder are individual practices (22%) and multidisciplinary practices (12%) (Figure 7).

Figure 7 Cabinet type



Patient-es

51% were women and 48% men, with a fairly even age distribution between 45 and 85 and over (Figure 8).

Just over half were retired (52%) and 92% were Swiss nationals.

The vast majority of respondents-es (81%) reported at least one chronic disease (Figure 9): 35% reported 1 chronic disease, 26% reported 2 chronic illnesses, 20% reported 3 or more chronic illnesses.

Figure 8 Age distribution of respondents-es

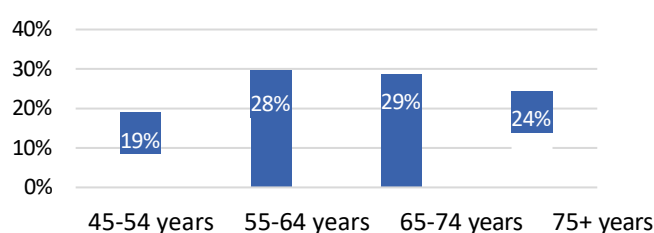
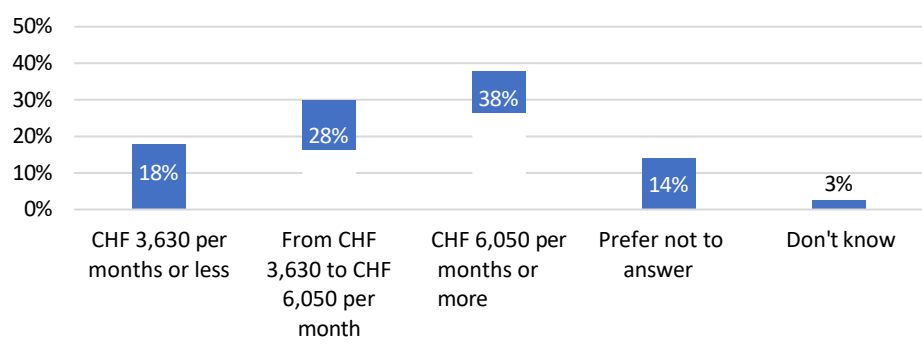


Figure 9 Number of chronic diseases



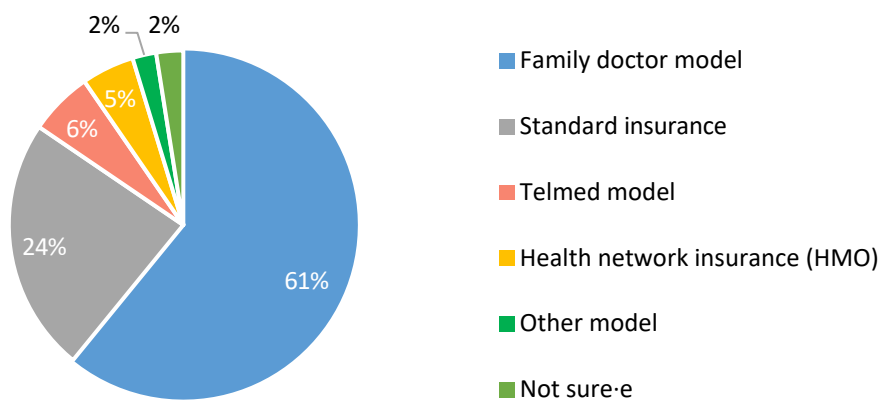
While 38% of respondents reported household incomes above CHF 6,050, 18% reported incomes below CHF 3,630 (Figure 10); 13% said they always or often had difficulty buying healthy food, paying their rent and meeting other expenses.

Figure 10 Net household income



As for the health insurance model, 61% had the 'family doctor' model and 24% had standard health insurance (Figure 11), with an excess of CHF 300 for 57% of respondents and CHF 2,500 for 17% of respondents-es.

Figure 11 Health insurance model



Appendix 3: Additional results

Characteristics of firms associated with PREMS (international analysis)

Exploratory regression analyses by the OECD on all countries showed that three characteristics of practices were associated with one or more of the five PREMS: the time allowed for consultations (more than 15 minutes), the availability of remote consultation (including telephone, video and other options) and the perceived degree of readiness of the practice to coordinate care (*Table 20*).

Table 20 Characteristics of firms associated with PREMs according to OECD analyses

	Time scheduled for consultation (more than 15 minutes)	Availability of remote consultation	Practice well-prepared to co-ordinate care
Patient-Reported Experience Measures (PREMs)			
Confidence to self-manage (% with favourable experience)			
Experienced co-ordination (scale score 0-15)	+	+	+
Person-centred care (scale score 0-24)	+		
Experienced quality (% people with favourable experience)		+	
Trust in healthcare systems (% people with favourable experience)			+

Note: + denotes positive and significant coefficients in multi-level regression analysis, controlled for age, gender, education, number of chronic conditions, health expenditure per capita, and GDP per capita.

Chronic diseases by type

Table 21 Type of chronic illness by gender, in %.

	Type		
	Total	Woman	Men
Hypertension	44	37	51
Arthritis	24	28	20
Cardiovascular or heart disease	19	13	24
Diabetes	12	7	16
Mental health disorder	11	13	8

Impact of multimorbidity

OECD analyses have shown that people living with several chronic diseases generally have a lower quality of life. In all countries, people with two chronic conditions are in poorer physical and mental health and are less likely than people with a single chronic condition to report a good social life and well-being. People suffering from three or more chronic illnesses have even poorer health and are less likely to report a satisfactory social life and well-being. In terms of PREMs, people suffering from multiple chronic illnesses are less likely to have confidence in their ability to manage their health than people suffering from a single chronic illness.

Avoidance of care

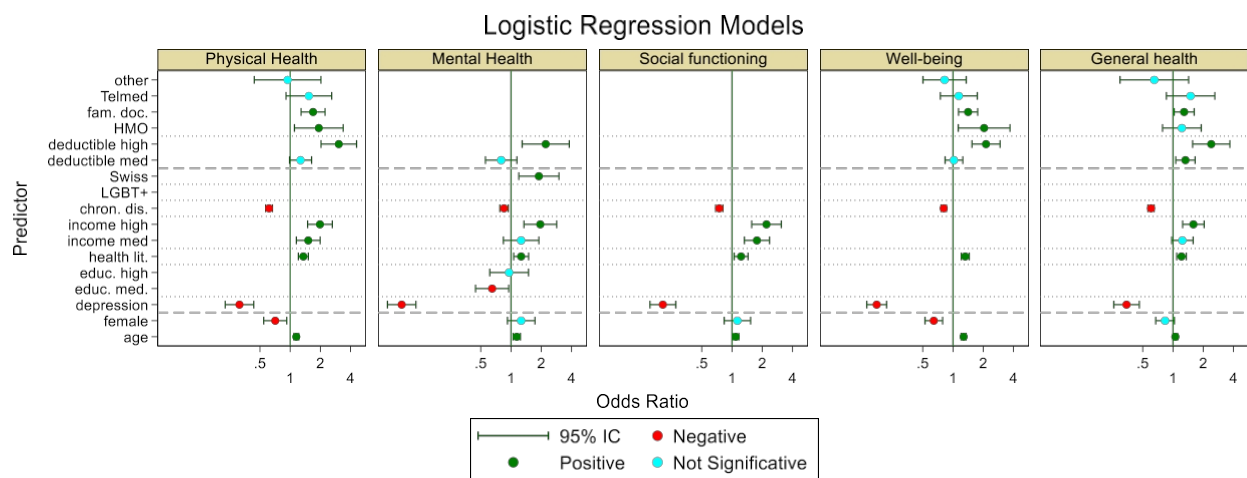
Around 19% of respondents with a chronic disease reported that they had given up seeking care because of difficulties in getting to the surgery, and 17% because of the cost, in the past year (*Table 22*). In addition, 6% of people with a chronic disease reported having encountered difficulties in paying medical expenses in the past year. Refusal of care varies by region, and is more common among people on low incomes, non-Swiss and those with a high deductible.

Table 22: Patients-es who have refused care and have financial difficulties, by region, %.

	total	Region			
		Latin	NO	Central	East
Refused treatment because of difficulties in getting to the surgery	19	21	17	21	18
Not seeking care because of cost	17	18	15	20	16
Difficulties in paying medical expenses in the past year	6	8	4	4	6

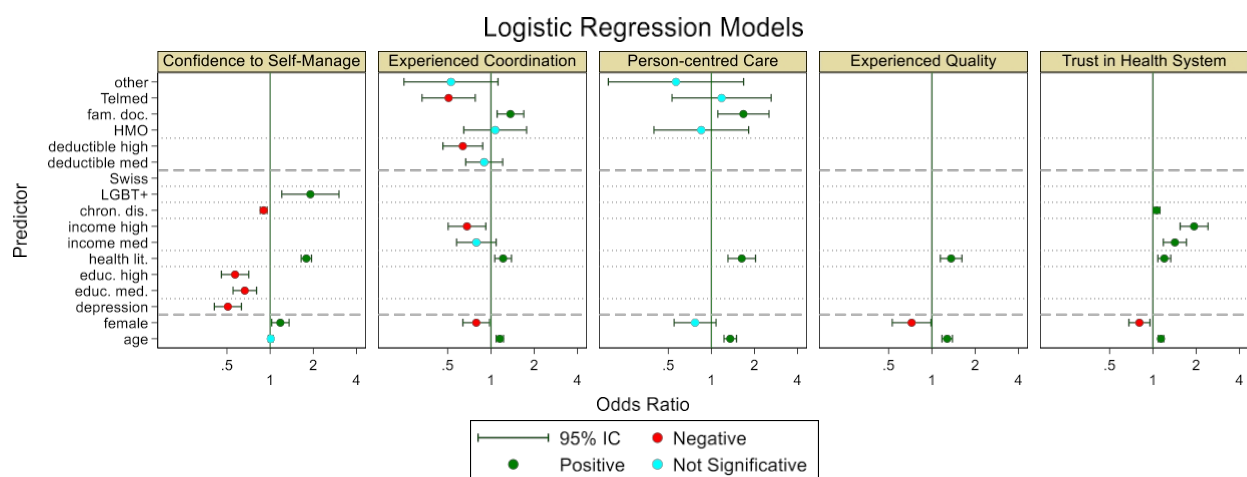
Appendix 4: Additional figures

Figure 12: Patient-es factors associated with the 5 PROMs.



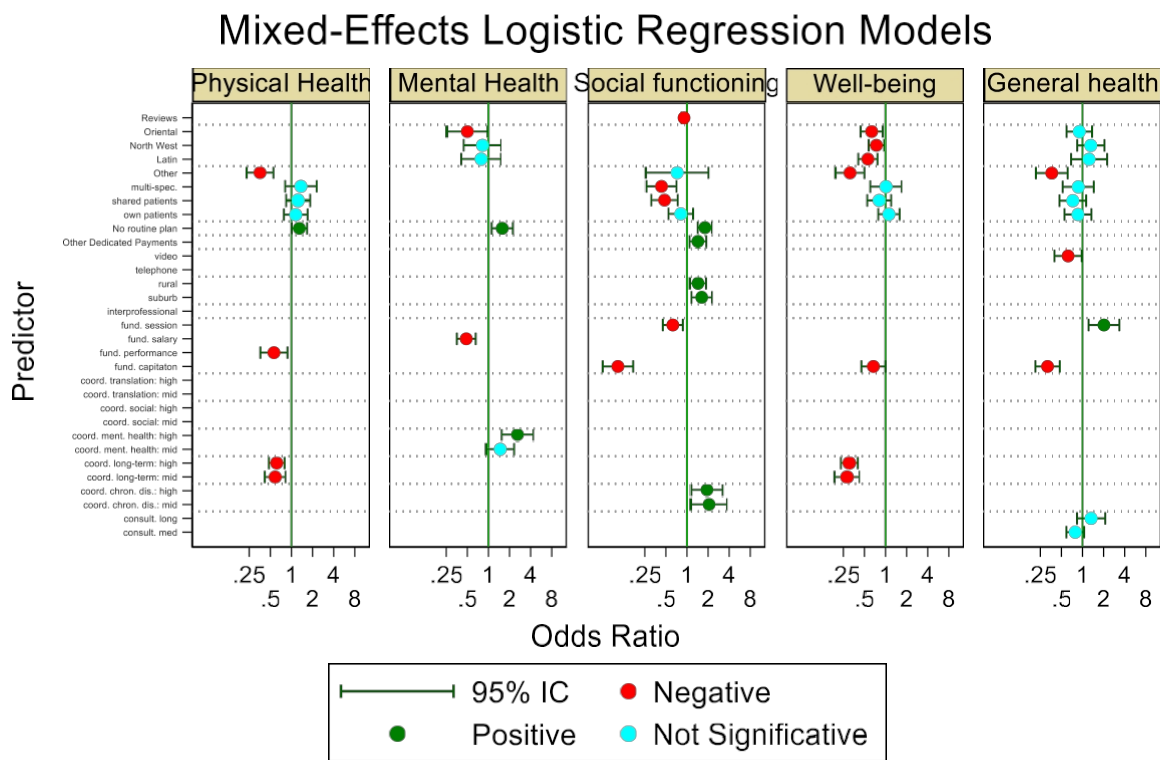
Results from logistic regressions adjusting for patient characteristics: age, gender, depression, somatic chronic condition, education, income, health literacy, LGBT+, Swiss nationality, insurance deductible, insurance model

Figure 13: Patient-es factors associated with the 5 PREMs.



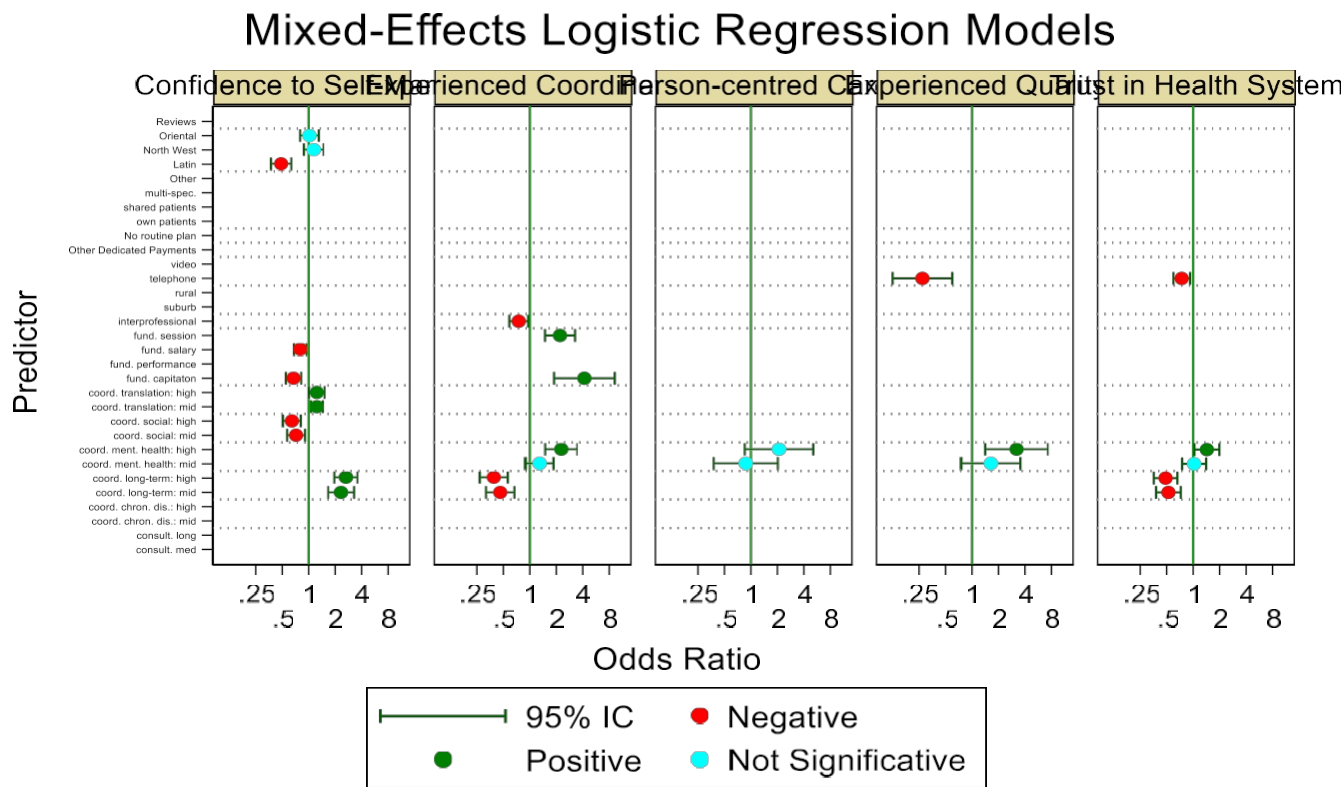
Results from logistic regressions adjusting for patient characteristics: age, gender, depression, somatic chronic condition, education, income, health literacy, LGBT+, Swiss nationality, insurance deductible, insurance model

Figure 14: Practice factors associated with the 5 PROMs



Results from logistic regressions with mixed effects, considering primary care practices as primary sampling unit and adjusting for patient characteristics: age, gender, depression, somatic chronic condition, education, income, health literacy, LGBT+, Swiss nationality, insurance deductible, insurance model

Figure 15: Practice factors associated with the 5 PREMs



Results from logistic regressions with mixed effects, considering primary care practices as primary sampling unit and adjusting for patient characteristics: age, gender, depression, somatic chronic condition, education, income, health literacy, LGBT+, Swiss nationality, insurance deductible, insurance model