

avenir analysis

Digital Healthcare: Standards Instead of a State Dossier

Switzerland is lagging behind in digitalization. Policymakers now want to make up for lost ground with a new attempt centered on an Electronic Health Dossier. But the real problem is the lack of data exchange between health care providers. This is where the federal government should focus all its efforts.

A patient is discharged from the hospital after surgery. One week later, she is sitting in her family physician's office. The physician should be able to see the discharge report, the current medication list, and the laboratory results in his system, or at least retrieve them electronically. In Switzerland, however, this is often not the case. When it comes to electronic data exchange, Switzerland ranks alongside Germany at the bottom among European comparison countries.

Attempts have been made to address the problem for some time. So far, however, they have mainly been costly: The federal government alone has invested more than CHF 80 million in the Electronic Patient Record (EPR), but it has not caught on. Only slightly more than one in every hundred people has opened an EPR, and only a fraction of physicians take part. The federal government is now planning its next major project: the Electronic Health Dossier (E-HD).

But this is the wrong priority. The shortcomings in electronic data exchange show that it is not the absence of an electronic dossier that stands in the way of digitalization, but rather the ability of information systems to exchange health data securely. To digitalize the health care system, three steps are therefore needed:

1. The federal government should define binding standards and interfaces for data exchange, finance this work and monitor compliance. Interoperability among information systems is crucial.
2. Information systems and connectivity solutions must comply with these government requirements. They should be certified by private and/or nonprofit certifying bodies.
3. Once standards and interfaces have been defined and information systems certified, health care providers, private companies and, where appropriate, cantons should develop digital applications and advance networking among the various actors.

Under such a framework, the family physician would already have the discharge report available when the patient arrives for her follow-up visit after a hospital stay, or could retrieve it in real time. Health care providers would be able to coordinate processes along the continuum of care digitally and therefore more effectively than they do today. In this way, the federal government would enable data exchange without mandating it.

The advantage of such an approach is that only projects that promise value for participants and patients would be undertaken. This reduces the risk of wasting money, as happened with the EPR.

The analysis shows that countries such as Denmark and the United States, which are pioneers in the digitalization of health care, have one thing in common: They created the technical foundations, and the applications came later. In Switzerland, by contrast, the cart is being put before the horse: The E-HD is now before Parliament, while a law on the data infrastructure for health care is to follow later. Yet for digitalization to succeed, the foundation is what matters – not any single application.

The authors of the analysis therefore recommend a clear division of responsibilities. As Christoph Eisenring puts it: *“The federal government should focus on what only it can do: define binding standards and interfaces together with the relevant sectors. Competition can then produce the solutions that deliver the greatest benefits to citizens in their everyday healthcare.”*

avenir analysis: “Digitales Gesundheitswesen: Standards statt Staatsdossier” (*Digital Healthcare: Standards Instead of a State Dossier*), by Christoph Eisenring, Diego Taboada and Emilie Dousse, 10 pages, available online from September 10, 2026, at 5:00 a.m. in German and French at www.avenir-suisse.ch/en/.

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