

Without systemic reforms there will be no cost containment

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At a glance

- The Roundtable on Cost Containment has adopted six new measures. The areas of focus are clear, but a specific savings target is missing.
- Voluntary agreements do little to address the perverse incentives in the system. Only reforms focused on personal responsibility, competition, and financing (EFAS) will have a lasting effect.
- It remains to be seen how much last year's measures actually saved. It would be desirable to evaluate the earlier proposals rather than constantly proposing new ones.

On October 26, 2026, the Roundtable on Cost Containment met for the fifth time. Representatives from the cantons, the medical profession, hospitals, insurers, the pharmaceutical industry, patient organizations, and the scientific community agreed on six new measures. These measures address the shift to outpatient care, reducing the burden on hospital emergency departments, programs for the chronically ill, greater transparency regarding medical devices, a better-coordinated supply of medications in nursing homes, and more home-based therapies.

It is not surprising that two of the six measures relate to the shift toward outpatient care. Many treatments are still provided on an inpatient basis today, even though outpatient care would not only be more cost-effective but also more comfortable for patients. Better coordination of medication in nursing homes and improved management of emergencies are also reasonable initiatives.

A Setback for Policyholders

Nevertheless, disillusionment prevails. This time, there was a deliberate decision not to quantify the potential savings. The measures are said to be of a “systemic” nature. For premium payers, this is a step backward. Without clear goals, it is impossible to verify whether the proposals are effective—all the more so since the specific reforms are still unknown. There were obvious differences of opinion regarding a proposal on digitization, so digital invoices were not included in the catalog.

The bottom line is this: Voluntary agreements reached at the negotiating table will reach their limits as long as the system creates the wrong incentives. Changing trends in such a large and complex system is difficult. It's no wonder that all healthcare systems worldwide are grappling with similar problems. The results of the first round are also meager. To this day, it remains unclear how much the twelve measures from 2025 will actually save. More coordination is generally a good thing. However, it is no substitute for competition based on quality and efficiency. It is the right approach for the Roundtable to stop putting together annual packages of measures and instead focus on systemic issues. However, it should not become yet another body tasked with drafting new regulations. Genuine systemic reforms start with incentives:

- **Strengthen personal responsibility:** Cost-sharing must be adjusted to reflect cost trends. Those who receive services should always pay a portion themselves. Even small cost-sharing contributions have a steering effect.
- **Allow competition:** Greater tariff autonomy and quality-oriented pricing mechanisms—such as those based on structured data or good quality indicators—lead to greater benefits and efficiency.
- **Eliminate perverse incentives:** Outpatient services are undercompensated compared to inpatient services. As a result, shifting care to outpatient settings is not worthwhile for everyone.
- **Reduce bureaucracy:** Instead of ever-increasing regulations and controls, we need streamlined, digital processes.

economiesuisse welcomes the fact that the stakeholders are working together. However, roundtable discussions alone will not be enough to curb rising costs. Policymakers must establish the framework conditions so that cost-conscious behavior pays off for everyone: service providers, insurers, and the insured.

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