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Provision and remuneration of psychotherapeutic services in Switzerland

Summary

Objectives: To establish the number of psychotherapists with professional backgrounds; psychotherapeutic provision and its cost; change in cost in case of integration of non-medical psychotherapy into the mandatory minimum health care benefit.

Methods: A population-based survey using computer-assisted telephone interviews in a randomly selected sample of medical and non-medical psychotherapists (NMP), stratified by professional status and language regions.

Results: 1633 psychiatrists, 2332 general practitioners and 2616 NMP provide psychotherapy in Switzerland. NMP by training: 1674 (64%) hold a university degree in psychology; 539 (21%) hold a professional school degree in psychology; and 403 (15%) have various backgrounds. In 2000, 146000 patients utilised 4.52 million hours of medical psychotherapy, which cost CHF 579 million, CHF 396 million of which were reimbursed by mandatory health insurance (MHI). Reimbursement of NMP by MHI would result in additional expenditures of CHF 102–252 million.

Conclusions: NMP provide 46% of psychotherapy which is currently partly reimbursed by the MHI. An integration of NMP into the MHI benefit package would incur additional costs to MHI of CHF 102–252 million.

Keywords: **Psychotherapy – Provision – Non-medical – Cost – Mandatory health insurance – Switzerland.**

Since 1945, several different psychotherapeutic schools have developed in Switzerland. Both, physicians and non-medical professionals started to work as psychotherapists. This situation called for regulation with respect to licensure to practise as psychotherapist and in order to establish whose services could be reimbursed by Swiss mandatory health insurance (MHI) and according to which criteria.

Since 1980, non-medical psychotherapists (NMP) have been permitted to practise independently throughout Switzerland and have been declared medical professionals, quasi equal to physicians or pharmacists. But MHI has persistently not been covering these services till today unless a NMP was employed and supervised by a licensed physician or psychiatrist. There are two professional organisations that have been seeking, for many years, to have NMP included into MHI coverage: the Swiss Association of Psychotherapists (SPV) and the Swiss Federation of Psychologists (FSP).

To better understand the economic consequences of NMP integration into the MHI minimum benefit, the Federal Social Insurance Office (BSV) commissioned the authors to perform an analysis of the current modes of provision of psychotherapeutic services and to estimate the cost of its integration into MHI under various assumptions.

Studies so far performed were aimed at analysing the current provision of psychotherapy (PT) in selected areas of Switzerland; at comparing training differences of the different professional providers of PT; at assessing the preferred methods applied; and at understanding the impact of patient characteristics. Ruckstuhl et al. (1984) conducted a population study in the Canton of Zurich in 1980; Hobi (1990) undertook a similar study in the Canton of Basle; and Hutzli and Schneeberger (1995) performed a similar analysis in the German speaking part of Switzerland.

Baltensperger (1996) estimated the cost of PT in Switzerland by using data from the literature. Relevant results of these studies in comparison to our inquiry will be discussed later.

Because there is no recent data available concerning the provision and costs of PT services for the whole of Switzerland, we performed a cross-sectional analysis to address the following questions.

Objectives

1. How many psychotherapists are at work in Switzerland in the year 2000? What are their professional and educational backgrounds?

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2. How many sessions (i.e., 45-to-60-minute hours) of PT are performed in Switzerland? What are the costs incurred?
3. What proportion of psychotherapeutic services is reimbursed? By whom?
4. What additional cost is to be expected for MHI, were NMP services integrated into the MHI minimal benefit package under various assumptions?

Methods and data sources

Population and study design

In June 2000, a cross-sectional analysis of office-based psychotherapists was performed by way of computer-assisted, structured telephone interview. The interviews were applied to a random sample of medical psychotherapists, i.e., psychiatrists, general practitioners (GP), and NMP within the three language areas of Switzerland (German, French, and Italian), stratified by professional status (medical vs. non-medical) and by language regions. NMP were divided into two subgroups: psychologists with a university degree in psychology (NMPP) and other non-medical mental health professionals (NMPO), including the graduates of the Professional School for Applied Psychology (Zurich) and a group with various backgrounds. The sample was randomly assembled from directories of medical and psychological associations. A sample size was attained so as to be sufficiently large to ensure that the 95% confidence interval (CI) for estimates of the proportion of psychotherapists who exhibit any particular characteristic will be no wider than ±3.8%.

Structured interview

The main purpose of the interview was to collect data allowing us to estimate the total cost of psychotherapeutic services. We asked the sampled psychotherapists how many hours of PT they provided per week; how much they charge for a session; to what proportion their services are reimbursed by MHI, by private health insurance, or by patients themselves; how many different patients they were seeing and how frequently those were being seen.

In the interview "providing psychotherapy" was explained as a method to treat psychological behavioral disorders by psychological means. It was clearly explained that no other methods were included in this definition. We also queried information on the psychotherapeutic training and demographic data of the interviewees.

The interview was started with the question whether the professional is providing PT at all. It was curtailed if this question was answered in the negative. Thus, GP who do not provide PT, were excluded from the main analysis.

Estimation of the number of psychotherapeutic providers

Because all licensed physicians, including psychiatrists, are statutory members of the Swiss Medical Association (FMH), their numbers are known exactly. The number of GP providing PT, or rather billing the MHI for PT, was, however, unknown. It was estimated by subtracting the extrapolated number of curtailed interviews from the total number of GP, assuming that the curtails represented GP who do not provide PT.

The number of practicing NMP in Switzerland had to be estimated from information of different sources. Compulsory registration of psychotherapists is not instituted in all the Cantons. Most NMP are members of at least one of the three main professional associations: FSP, SPV, and the Swiss Professional Association for Applied Psychology (SBAP). Only part of the membership of FSP and SBAP are psychotherapists, since these associations also admit psychologists who work in other fields.

To validate the number of psychotherapists we also asked Santésuisse, formerly Concordat of Swiss Sickness Funds (KSK, i.e., the Swiss Association of insurers admitted to sell MHI policies) for the number of registered NMP who are permitted to work on behalf and under supervision of a licensed physician.

Data analysis and cost estimation

Data were analysed with SPSS® 10.0 and Excel 97. Continuous variables are described by means and their 95% CI, or by median where the distribution is skewed; discrete variables are rendered in absolute counts and percentages.

To estimate the cost incurred for the provision of PT in Switzerland over the course of a full year, we assumed 44 working weeks and used the mean of the weekly number of 45-to-60-minute psychotherapeutic sessions ("hours") or the mean of charges with their respective 95% CI. For each MHI-insurer obliged to reimburse providers for PT, the mean percentage of weekly psychotherapeutic hours it is responsible to pay was calculated and used to estimate cost share by payor group.

Costs were estimated for seven different scenaria: In scenario I, the cost to the principal payors were calculated with respect to the provision and reimbursement system currently in place. Under this system, psychiatrists and GP are reimbursed by MHI, whereas NMP are reimbursed only if they are working on behalf and under supervision of a licensed physician.

All other scenaria were compared to this reimbursement system. In scenario IIa, the number of GP and psychiatrists

providing PT is kept constant while MHI reimbursement is extended to NMPP. Further, it is assumed that the service volume remains unchanged.

Scenario IIb assumes, in addition to scenario IIa, that the number of PT sessions provided by NMPP – who are now billable to MHI – rises to levels equal to that of psychiatrists. Charges are assumed to remain constant, coverage is not extended to services by NMPO.

Scenaria III and IV, in incremental additions, assume the integration of the two groups of NMPO into MHI in a stepwise fashion, bifurcated into two sub-scenaria each. Scenario III assumes the integration of merely the graduates of the Professional School for Applied Psychology while scenario IV adds the group with various backgrounds to the total of PT providers. Scenaria IIIa and IVa are cost estimations without change in provision volume levels for NMPO, while scenaria IIIb and IVb assume an increase in psychotherapeutic sessions provided by NMPO up to levels seen with psychiatrists.

Results

Study sample

After elimination of all incorrect addresses, sample size was 1975 psychotherapists, of which 670 agreed to be interviewed (34% = compliance rate). Of the interviewed, 215 (33%) were psychiatrists; 227 (33.8%) GP; and 228 (33.9%) NMP. Interview compliance differed across language areas and professions. In the German speaking area 32% responded; in the French and Italian speaking areas the compliance rates were 35% and 48% respectively. 33% of those not agreeing to be interviewed gave no interest as reason, 15% lack of time, and 10% not wanting to answer questions over the phone. Grouped by professional background the interview compliance of mental health professionals was as follows: 47% of psychiatrists, 19% of GP and 59% of NMP in the sample participated.

Within the study sample, psychiatrists and GP in the French speaking area are underrepresented but there is no difference in the distribution of NMP in this stratum (see Tab. 1). Psychiatrists were of a mean age of 50.2 years (95% CI: 49.1–51.3) with a median work experience of 15 years (25th and 75th percentiles: 10 and 21 years): GPs were on average 50.4 years old (95% CI: 49.3–51.4) with a median work experience of 14 years (25th and 75th percentiles: 10 and 20 years). NMPP were of 49.9 years average age (95% CI: 48.7–51.2) and their median work experience was 16 years (25th and 75th percentiles 10.75 and 20 years); finally, NMPO were 54.2 years old on average (95% CI: 51.8–56.6) and had a median work experience of 16.5 years (25th and 75th percentiles: 12 and 21.5 years).

Providers of psychotherapy in Switzerland

The professional associations of psychologists count 2616 unique members providing PT (corrected for dual membership), 1674 of whom are NMPP, 539 are NMPO graduates of Applied Psychology, while 403 are NMPO with various other backgrounds. Including data on licensure as received from Cantonal authorities, we estimated a slightly higher total of 2774 NMP. Comparable data are given by Santésuisse/KSK which supplied a list of 2580 NMP licensed to work on behalf and under supervision of licensed physicians.

According to 1999 data from FMH there are 1633 psychiatrists and 6287 GP licensed to practice in their own medical office. Based on the number of curtailed interviews with GP, an estimated 37.1% of those provide PT; 131 (57.7%) of GP practicing PT say they have received recognised psychotherapeutic training. When asked about their training, only 32 (14%)

Table 1 Comparison between Study Sample and All providing Psychotherapists

Health profession	Language area	Sample		Switzerland	
		count	%	count	%
GPs	German	182	80	4617	73
	French	34	15	1394	22
	Italian	11	5	276	4
	Total	227		6287	
Psychiatrists	German	165	77	1104	68
	French	33	15	483	30
	Italian	17	8	46	3
	Total	215		1633	
NMPs	German	181	79	2240	81
	French	33	14	401	14
	Italian	15	7	133	5
	Total	229		2774	

(GP: general practitioners, NMP: non-medical psychotherapist), due to rounding error some figures do not add up to 100%.

actually named a specific, known recognized training. From these data we estimate that there are 2332 GP in the whole country providing PT, 326–1346 of whom actually received psychotherapeutic education, depending on the definition.

Training

Asked whether they had undergone any recognised psychotherapeutic training, 181 (84%) of psychiatrists, 131 (58%) of GP, 174 (100%) of NMPP, and 47 (87%) of NMPO answered in the positive. Further break-down of psychotherapy training can be gleaned from Figure 1.

Provision of psychotherapy

Patient visit frequencies are shown in Table 2. There is a highly significant and positive association between the type of mental healthcare professional and the patient visit frequency (Chi^2 (15 df) = 973.72, $p < 0.001$).

Providers differ most noticeably in the proportion of patients they see every week. NMP see half of their patients once a week, whereas psychiatrists and GP see a smaller proportion of their patients as frequently. In this respect, GP differ to the greatest extent from other mental healthcare professionals.

In the month of June, 2000, in the whole of Switzerland, 146000 (95% CI: 129 000–164 000) persons are estimated to have received psychotherapeutic services. That corresponds to 2.0% (95% CI: 1.8–2.3) of the Swiss population. 40% (95% CI: 39–41) of those receiving PT visited a psychiatrist; 24% (95% CI: 23–25) a GP; 25% (95% CI: 25–26) an NMPP; and 11% (95% CI: 10–12) an NMPO.

On average, psychiatrists provide 25.25 hours of PT per week (95% CI: 23.35–27.15); GP provide 7.64 hours (95% CI: 6.45–8.82); NMPP 17.81 hours (95% CI: 16.04–19.59); and NMPO 14.76 hours (95% CI: 11.96–17.55).

In Switzerland in 2000, an estimated total of 4.6 million hours of PT were provided by all psychotherapists of whom 1.7 million hours (95% CI: 1.6–1.9) were provided by psychiatrists; 0.8 million (95% CI: 0.7–0.9) by GP; 1.4 million (95% CI: 1.2–1.5) by NMPP; 0.4 million (95% CI: 0.32–0.44) by NMPO that are graduates of Applied Psychology; and 0.3 million (95% CI: 0.24–0.33) by the other NMPO.

Current and assumed costs of psychotherapy

The mean percentages of charges related to PT as currently reimbursed by the different payors are shown in Table 3. The providers to whom the greatest proportion of their charges are reimbursed by MHI are psychiatrists. 27–30% of non-medical PT is paid for already today by MHI.

Psychiatrists on average charge CHF 150 per session of 45–60 minutes (95% CI: 147–154); GP charge CHF 110 (95% CI: 104–116); NMPP CHF 116 (95% CI: 112–120); and NMPO CHF 112 (95% CI: 104–120). The annual charges of the different providers of PT are shown in Figure 2. With these charges the estimated total cost for Scenario I are on average CHF 579 million (95% CI: 559–601), of which CHF 396 million are billed to MHI (95% CI: 383–410).

The total cost remains equal in scenaria IIa, IIIa, and IVa. However, the distribution of costs across providers differs: In scenario IIa billings to MHI rise up to CHF 498 million (95% CI: 482–516); in IIIa they rise to CHF 523 million (95% CI: 506–543); and in IVa to CHF 542 million (95% CI: 523–563). In scenaria IIb, IIIb and IVb, again, the total cost of the provision of PT is increasing since the service volumes are assumed to increase. In scenario IIb total cost are

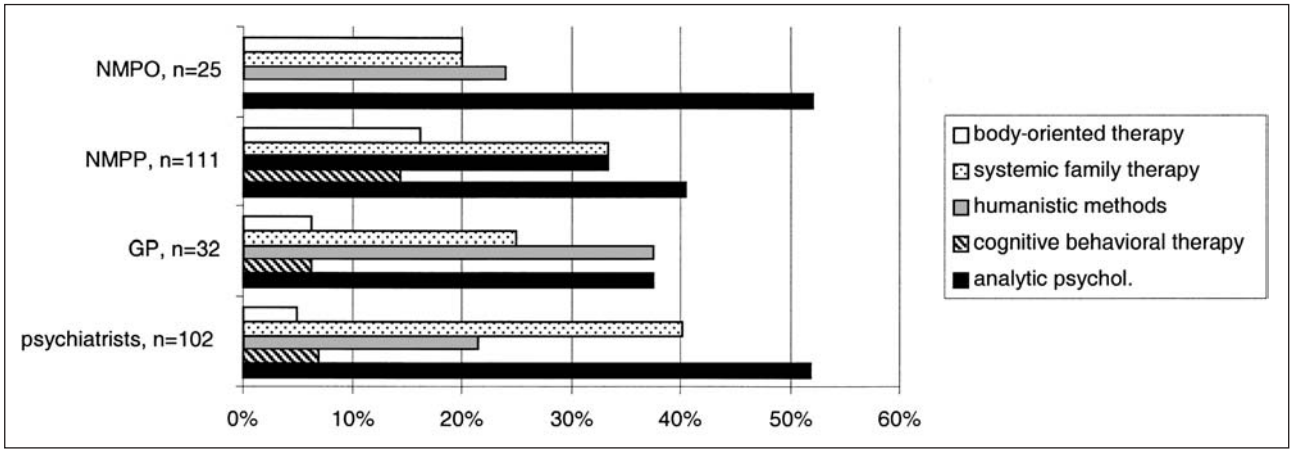

Figure 1 Psychotherapeutic training of mental health professionals in Switzerland. GP: general practitioners; NMPP: non-medical psychotherapists with university degree in psychology; NMPO: non-medical psychotherapists with various professional backgrounds

Table 2 Frequencies of patient visits

Number of patients with	Psychiatrists, n = 197				GPs, n = 215				NMPP, n = 162				NMPO, n = 53			
	mean	95 % confidence interval		%	mean	95 % confidence interval		%	mean	95 % confidence interval		%	mean	95 % confidence interval		%
		lower	upper			lower	upper			lower	upper			lower	upper	
< 1 visit per month	2.8	2.2	3.4	8	2.2	1.4	3.0	15	1.4	0.9	1.8	6	0.6	0.2	1.0	3
1 visit per month	5.8	4.5	7.2	16	4.0	3.2	4.7	26	2.8	2.0	3.6	13	1.4	0.8	2.0	8
2–3 visits per month	12.0	10.2	13.8	34	5.2	3.7	6.7	35	6.3	5.1	7.4	28	4.5	2.9	6.0	26
1 visit per week	12.5	10.9	14.2	35	3.1	2.4	3.8	21	10.3	9.0	11.5	47	9.3	7.3	11.2	54
2 visits per week	2.1	1.4	2.7	6	0.5	0.3	0.7	3	1.3	0.8	1.8	6	1.3	0.7	1.8	7
> 2 visits per week	0.5	0.2	0.7	1	0.1	0.0	0.1	0	0.1	0.0	0.1	0	0.3	0.0	0.6	2
total number of patients	35.7	32.4	39.0	100	15.0	12.7	17.3	100	22.0	20.0	24.0	100	17.2	14.0	20.5	100

(GP: general practitioners, NMPP: non-medical psychotherapists with university degree in psychology, NMPO: non-medical psychotherapists with various professional backgrounds)

assumed to rise to CHF 643 million (95 % CI: 621–680); in scenario IIIb to CHF 671 million (95 % CI: 647–697); and in scenario IVb) to CHF 692 million (95 % CI: 666–724). The increasing share of charges the MHI would have to pay can be seen in Figure 3.

Discussion and policy implications

This study was performed on behalf of the BSV to furnish a quantitative basis for regulatory decision making with respect to the reimbursement of PT by MHI. The current provision and cost of PT have been estimated for Switzerland based on data drawn from a cross-sectional analysis of 670 office-based psychotherapists by means of computer-assisted telephone interviews. We calculated scenario estimations of costs under various possible legal changes to the reimbursement system. In scenaria IIa, IIIa, and IVa we assumed no immediate change in service volume of psychotherapeutic provision following a change to the reimbursement rules. In scenaria IIb, IIIb, and IVb an increase in service volume instigated by NPM is assumed, driving service volumes per provider up to the levels detected in psychiatrists. To simulate this increase we had to change the assumed work load of all psychotherapists currently in practice. Their free capacity could be assessed easily, supposing that all NPM are willing to provide more services than they do at present.

A major limitation of this study is that it does not provide estimations of the development of the cost for psychotherapeutic services over the next few years. Taking into account the existing demand for PT, there is evidence that the population's demand is not fully met. According to different analyses, 12.3–15.6 % of the population has demand for some kind and volume of psychotherapeutic treatment (Bebbington et al. 1997; Linden et al. 1996). Schepank (1990) found that 35 % of those with an expressed need for treatment will accept it if constraints such as co-payments are eliminated. This implies that 307 568 people would be ready or glad to accept PT services in Switzerland supposing a population of 7 144 444 people (Statistisches Jahrbuch der Schweiz 2000). The development of cost will thus be largely a function of supply, i. e., the number of providers.

Legislation in form of a proposed federal decree regulating who will be accepted as MHI-billable mental health professional was not yet passed. A liberal decree could attract medical psychotherapists and NMP from neighbouring countries to apply for work permits in Switzerland – now facing significantly lower hurdles than before because of the European Union – Switzerland bilateral treaties taking effect on 1 July, 2002. It could also act as an incentive on fully trained

Table 3 Mean percentage of the financial contributions to charges from psychotherapeutic services

	MHI	Private insurance	Patients	Disability insurance	Accident insurance	Employer	Others	Total
Psychiatrists	94.2 %	1.4 %	2.9 %	1.2 %	0.4 %	0 %	0 %	100 %
GPs	90.4 %	3.5 %	3.9 %	0.8 %	1.0 %	0 %	0.4 %	100 %
NMPP	26.9 %	33.0 %	27.5 %	7.2 %	0.9 %	0 %	4.4 %	100 %
NMPO	29.8 %	33.1 %	33.9 %	2.1 %	0.7 %	0 %	0.5 %	100 %

Table 4 Comparison of data from the Swiss literature

	Year of Data collection	Weekly sessions (hours)				Average charges (CHF)				Percentage charged to mandatory** health insurance			
		Psychi-atrist	GP	NMPP	NMPO	Psychi-atrist	GP	NMPP	NMPO	Psychi-atrist	GP	NMPP	NMPO
Our data	2000	25.3	7.6	17.8	14.8	150	110	116	112	94 %	90 %	27 %	30 %
Hutzli & Schneeberger	1995	21.0		15.4	14.5	150	n.d.	114	110	84 %		19 %	14 %
Hobi	1988	24*		24	24	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.	n.d.

* Number of patients instead of number of sessions.
** Health insurance has turned mandatory in 1997.
n.d. = no data available.

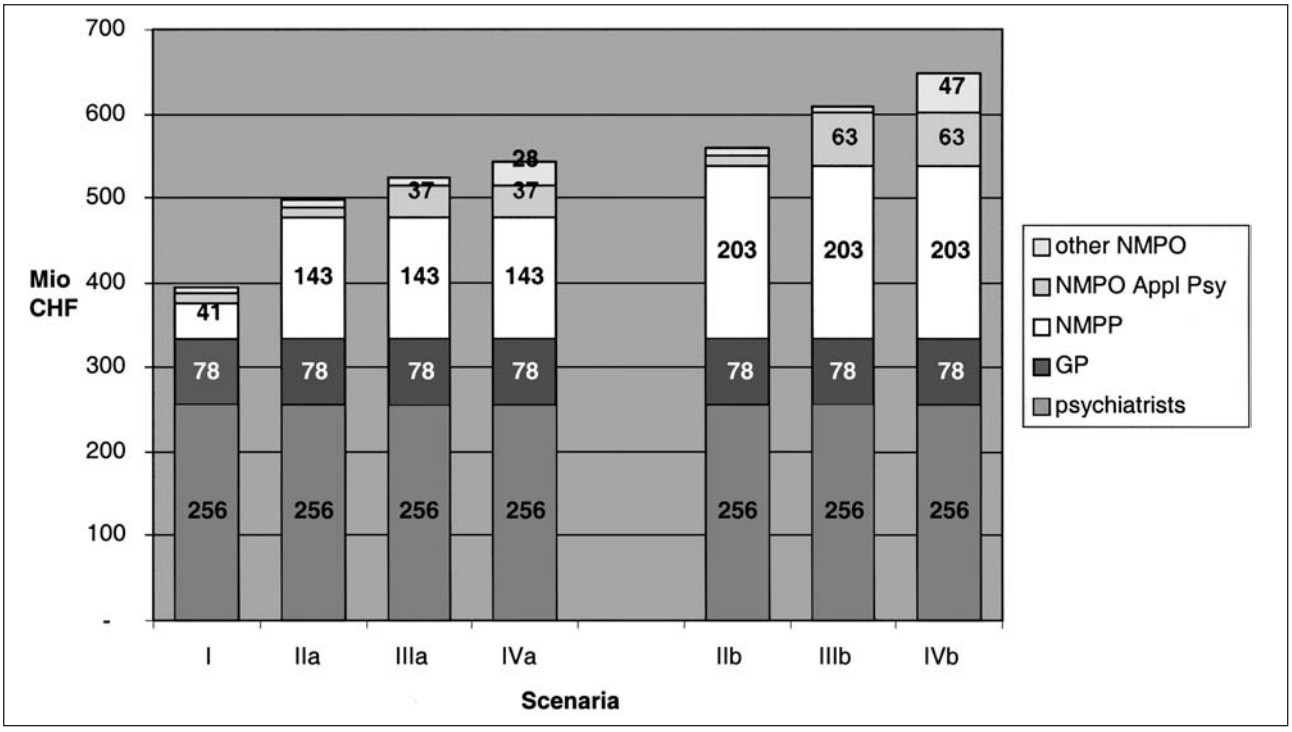

Figure 2 Annual charges by different providers of psychotherapy. Projected total expenditure for psychotherapy in Switzerland under seven different sets of assumptions (scenaria I – IVb) as provided by different groups of psychotherapists. Scenarios include assumptions as follows. I: current system, psychiatrists and GP are reimbursed directly, NMP only when under supervision of a psychiatrist or GP; IIa: in addition to scenario I, reimbursement of NMPP is introduced with utilisation levels constant; IIb: as IIa but with utilisation of NMPP rising to the levels seen in psychiatrists; IIIa: additive to IIb, reimbursement of NMPO Appl Psy is introduced with utilization levels constant; IIIb: as IIIa but with utilization of this group rising to the levels seen in psychiatrists; IVa: finally, additive to IIIb, reimbursement of the balance of NMPO is introduced with utilisation levels constant; IVb: as IVa but with utilisation of this group rising to the levels seen in psychiatrists.
Legend to groups of psychotherapists: GP: general practitioners; NMPP: non-medical psychotherapist with a university degree in psychology; NMPO Appl Psy: non-medical psychotherapists with various professional backgrounds who graduated from the Professional School of Applied Psychology; NMPO: non-medical psychotherapists with various professional backgrounds, other graduates.

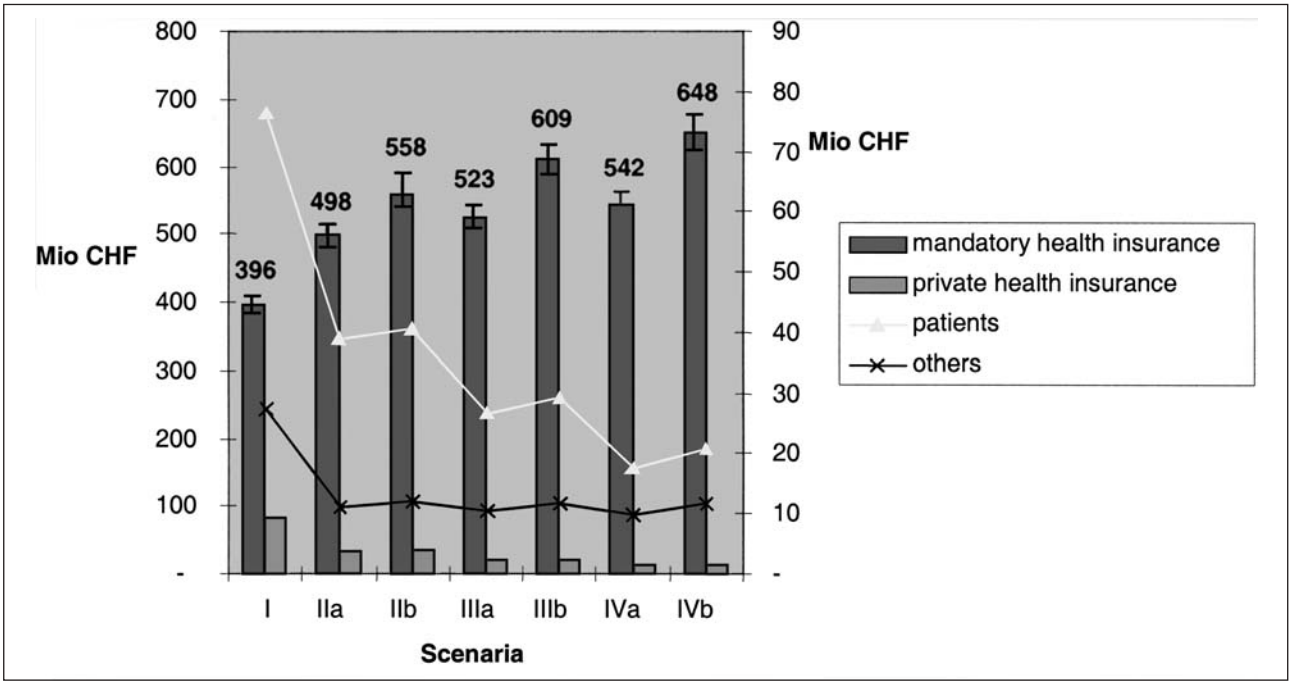

Figure 3 Annual cost of psychotherapy services to different payors. Projected total expenditure for psychotherapy in Switzerland under seven different sets of assumptions (scenaria I – IVb) as paid for by mandatory health and private insurance. Scenarios include assumptions as follows. I: current system, psychiatrists and GP are reimbursed directly, NMP only when under supervision of a psychiatrist or GP; IIa: in addition to scenario I, reimbursement of NMPP is introduced with utilisation levels constant; IIb: as IIa but with utilisation of NMPP rising to the levels seen in psychiatrists; IIIa: additive to IIb, reimbursement of NMPO Appl Psy is introduced with utilization levels constant; IIIb: as IIIa but with utilisation of this group rising to the levels seen in psychiatrists; IVa: finally, additive to IIIb, reimbursement of the balance of NMPO is introduced with utilisation levels constant; IVb: as IVa but with utilisation of this group rising to the levels seen in psychiatrists.
Legend to groups of psychotherapists: GP: general practitioners; NMPP: non-medical psychotherapist with a university degree in psychology; NMPO Appl Psy: non-medical psychotherapists with various professional backgrounds who graduated from the Professional School of Applied Psychology; NMPO: non-medical psychotherapists with various professional backgrounds, other graduates.

but currently inactive psychotherapists to reuptake their profession and it could influence those who are attending university or intend to do so to move into clinical psychology. Therefore, future cost may initially be close to our estimations but may soon become much higher.

Another important aspect we did not consider in this study is the issue of medical cost offset. Can psychotherapeutic treatment reduce costs? There is some evidence that PT has a mitigating effect on costs by reducing inpatient treatment and by lowering indirect costs from work impairment, decreased productivity, and absenteeism. Frei & Greiner (2001), commissioned by FSP, calculated an estimated CHF 2 051 million worth of possible savings for Switzerland if surgical patients, people suffering form anxiety disorders, affective disorders, alcohol use disorder, schizophrenia and functional disorders could freely receive PT. Gabbard et al. (1997) found in their review of the literature that PT appears to have a beneficial impact on a variety of cost drivers when used in the treatment of the most severe psychiatric disorders. It might therefore, in the medium to long term, well be that the additional cost of integration of NMP into MHI would be rather lower than our estimates because of cost-offset effects and substitution of other medical services.

Another limitation of our study is a potential selection bias. The highest survey compliance rate was seen in NMP (59%), the lowest in GP (19%). Of the contacted psychiatrists, 47% responded. The main reasons for refusing to answer our questions were no interest and no time. From this we infer that those who answered were more interested and/or had more time than those who refused. It may be that data on weekly sessions, numbers of patients and cost in the NPM and psychiatrists groups are in fact slightly higher than our estimates because of the fact that those who found time to answer may provide less services than those who did not. Due to their assumed greater interest it is also likely that we oversampled GP who provide more PT than the average of GP. Their estimated sessions, numbers of patients and cost may therefore be overestimated. Because the response rate of GP was so low, we validated our estimations with data from the Swiss Physicians Clearinghouse (Schweizerischen Ärztekasse). This organisation processes the claims of 21.3% of all GP in the country. According to these data each

GP on average bills the MHI a total of CHF 8800 per year for PT services, implying costs of CHF 55 million for the whole country. As presumed here, our initial estimation of CHF 86 million seems to be somewhat too high which is in line with the overestimated number of patients receiving PT by GP. Although the number of patients treated by GP may have been estimated slightly too high, we argue that GP are important providers of PT. Reviewing their PT training there is a remarkable difference between GP and other mental healthcare providers: Only 58% of the GP state to have received specific, recognised psychotherapy training, whereas 84–100% of the other mental healthcare providers state to have done so. We need further study to decide whether requirements concerning psychotherapeutic training have to be adapted to meet patients needs.

We applied the methods of telephone interview for our analysis. As a qualifying remark it may be said that some of the questions might have been difficult to answer over the phone. But other studies using questionnaires mailed to recipients show comparable results (Tab. 4), although here comparability is limited due to the difference of the samples. Hutzli & Schneeberger (1995) included institutions in their analysis. Hobi (1990) did not consider GP as providers of PT at all.

Different results produced earlier by Hutzli & Schneeberger (1995) with respect to the estimation of the percentage of claims made to MHI are certainly to a large part due to the reform to the Swiss healthcare system by way of the 1996 Health Insurance Law (KVG). Baltensperger (1996) calculated the cost of NMP-integration into the MHI on the basis of the data by Hutzli & Schneeberger (1995). She arrived at estimated costs of CHF 81209 per psychotherapist and additional costs to the MHI of CHF 168 million per year for 1995.

Reviewing the situation concerning the provision and costs of medical and non-medical PT in other countries, we found mainly reports on provision and very few on costs (Meyer et al. 1991; Tantam 2001). In Germany in 1990, about 6500 independent working psychotherapists had contracts with the MHI and, on average, billed 9–14 hours per week. Among the 6500 psychotherapists there were 60% medical psychotherapists (licensed physicians) and 40% NMP. Additionally, there were 740 specialised psychotherapists providing PT to children and teenagers. The number of working psychotherapists without contracts with the MHI was unknown. In 1993, the number of psychotherapists permitted per number of inhabitants was fixed by federal decree (Bundesausschuss der Ärzte und Krankenkassen 1993), and in 1999, a new law on PT came into effect. Since then, non-medical psychotherapist is a separate, licensable, free profession in Germany associated with the permission to work independently and to be reimbursed by MHI. Density of psychotherapists is regulated: in urban areas one psychotherapist (medical or non-medical) per 2577 inhabitants is the maximum density. In Switzerland the average density of medical and non-medical psychotherapists is one per 1086 inhabitants or, if GP are excluded, one per 1681 inhabitants. According to Tantam (2001) there are currently 20000 psychotherapists licensed and entitled to bill the German MHI, and 30000 without contracts with health insurance companies, serving a population of 81 million.

With these examples in mind we recognise that Switzerland today is facing the same challenges concerning the provision of psychotherapeutic services and the question of its reimbursement as other European nations. We are confident that our analysis, in spite of its limitations, might contribute valuably by inserting quantitative evidence into the discussion on future regulation of psychotherapy in Switzerland.

Zusammenfassung

Psychotherapeutische Versorgung und deren Finanzierung in der Schweiz

Fragestellung: Feststellung der Anzahl praktizierender Psychotherapeuten und ihres beruflichen Hintergrunds; der mengenmässig geleisteten Psychotherapie und ihrer Kosten; der zusätzlichen Kosten bei Integration nicht-ärztlicher Psychotherapie (NMP) in die Grundversicherung.

Methoden: Computerassistierte Telefoninterviews einer Zufallsstichprobe ärztlicher und nicht-ärztlicher Psychotherapeuten, stratifiziert nach Sprachregion und psychotherapeutischen Berufsgruppen.

Ergebnisse: Psychotherapie leisten in der Schweiz 1633 Psychiater, 2332 Grundversorger und 2616 NMP. 1674 (64%) NMP besitzen einen universitären Psychologieabschluss, 539 (21%) einen Psychologieabschluss der Hochschule für Angewandte Psychologie und 403 (15%) unterschiedliche Ausbildungen. 146000 Patienten beanspruchten 4,52 Mio. Psychotherapiestunden im Jahr 2000 zu Kosten von CHF 579 Mio., auf die Grundversicherung entfielen CHF 396 Mio. Erhöhung der Kosten für die Grundversicherung bei einer Integration der nicht-ärztlichen Psychotherapie in das Leistungspaket der Grundversicherung um 102–252 Mio. CHF.

Schlussfolgerungen: NMP erbringen 46% der psychotherapeutischen Behandlungen, welche die Grundversicherung teilweise bezahlen. Eine Integration der NMP in die Grundversicherung würde für diese einen zusätzlichen Kostenaufwand von CHF 102–252 Mio. pro Jahr bedeuten.

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Résumé

Prestations psychothérapeutiques et leur financement en Suisse

Objectifs: Quel est le nombre de psychothérapeutes praticiens et leur formation professionnelle? Quelles sont les prestations psychothérapeutiques fournies quantitativement et leurs coûts? Quelles sont les coûts supplémentaires en cas d'intégration de la psychothérapie non médicale dans le paquet de prestations de l'assurance de base?

Méthodes: Sondage effectué au hasard par téléphone et assisté par ordinateur auprès de psychothérapeutes médicaux et psychothérapeutes non médicaux (NMP) répartis selon la région linguistique et les groupes professionnels en psychothérapie.

Résultats: 1 633 psychiatres, 2 332 prestataires de base et 2 616 NMP fournissent des prestations psychothérapeutiques. 1 674 (64 %) NMP ont un diplôme universitaire en psychologie, 539 (21 %) un diplôme en psychologie d'une haute école de psychologie appliquée et 403 (15 %) diverses formations. En 2002, 146 000 patients ont eu recours à 4,52 mio. d'heures de psychothérapie, ce qui représente un coût global de CHF 579 mio. dont CHF 396 mio. sont supportés par l'assurance de base. Augmentation des coûts de l'assurance de base de CHF 102 à 252 mio. par an dans le cas d'une intégration de la psychothérapie non médicale dans le paquet de prestations de l'assurance de base.

Conclusions: Les NMP fournissent 46 % des traitements psychothérapeutiques que l'assurance de base paie en partie. Une intégration des NMP dans l'assurance de base signifierait pour cette dernière des coûts supplémentaires de CHF 102 à 252 mio. par an.

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