

## Report of my Hippokrates Exchange Experience:

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Dates the Exchange took place: From 01/11/2010 to 14/11/2010

The exchange coordinator of Switzerland has been very helpful and has introduced me to a Swiss GP with Italian origin. He works in Zurich in his private practice, in what's originally was the Italian district of the city so most patients are Italian speaking.

The GP has been very friendly since the first moment. When he has started to work as GP there were only private practices but now there are also public practices in Switzerland. His working hours are Monday to Friday from 8 am to 5 pm, except Tuesday afternoon when he's visiting patients at their home and Thursday afternoon when he has medical meetings with doctors of the same district to discuss clinical cases.

Patients choosing a family doctor in a public practice are not free to choose the GP which they can when using a private GP.

The biggest difference between Swiss and Italian health care is a private health insurance. Any person taking up residence in Switzerland has to have a health insurance within 3 months of their arrival. Health insurance premiums in Switzerland are not dependent on income, but are calculated based on your personal risk profile. Health insurances cover the costs of medical treatment and hospitalization of the insured. However, the insured person pays part of the cost of treatment: an annual excess chosen by the insured person (called franchise) starting from CHF 300, and a charge of the costs over and above the excess. Policy holders can agree to limit their choice of GP or to increase their amount of franchise to pay a reduced premium.

Physicians are obliged to inform patients when a treatment is not reimbursed, if not informed the patient can ask the GP to reimburse the cost.

The positive aspect of this private health insurance is the efficiency of the healthcare, there are no long waiting list if the patient needs to run a test or a specialist visit. The family doctor can run blood tests for the first screening of the most common pathologies, laboratory control of anticoagulant therapy, ECG but also, if he wants, X-ray, ultrasounds, PAP-tests, small surgery (surgical suture, remove warts). If the family doctor needs to run a more accurate blood test the nurse of his practice use to send the sample to a laboratory that keeps it for a month, in case the doctor needs to run other tests on the blood of the same patient.

Another positive aspect of being a GP in Zurich is the communication between the doctors. If the GP considers necessary to go to the hospital he is the one contacting the right service and introducing the case, then the hospital agree a time with the patient.

Every time the GP sends a patient to a specialist or to the hospital he gets back a letter from the colleague who's been visiting the patient where they explain the clinical situation.

While I was there the hospital has also called the GP to find out more about the health status of patients who was brought unconscious to the emergency service. The good communication between doctors is an important step in the good taking care of the patients!

The only thing I was a bit surprise to hear is regards to the screening programs that are not as organized as in Italy and they depend from the GP and the patient's request.

It has been a great experience and I hope that many others of my colleagues will enjoy a similar experience. It is always very interesting to discover how the same work can be carried out!

Dr. Simona Chiarappa