



Completing the Pathway: From Patient Referral to Care -Switzerland





Overview of Switzerland's Health System

Switzerland's universal mixed health care system, which includes both public and private components, is highly decentralized. Health care delivery is primarily managed by the cantons, while the federal government oversees health insurance, disease control, and national medical regulations.⁽¹⁻³⁾ There are 26 cantons, and each cantonal government has its own constitution and is responsible for implementation of policies mandated by the federal government, including licensing providers, coordinating hospital services, and supporting disease prevention.⁽²⁾ To coordinate efforts cantons collaborate through the Conference of the Cantonal Ministers of Public Health (GDK/CDS).⁽⁴⁾ At the local level, municipalities play a key role by providing long-term care and social services to vulnerable populations, while tailoring healthcare delivery to meet specific local needs not covered by cantonal or federal regulations.⁽⁵⁾



Switzerland's health care system was significantly restructured with the introduction of the Health Insurance Law in 1994, which aimed to strengthen equity in access to care, ensure high standards of service, and manage rising health system costs. The system is now governed by the Federal Health Insurance Act (KVG/LAMal), which mandates that all residents purchase basic health insurance. This coverage includes medical treatment, prescribed medications, and hospitalization.⁽³⁾ Approximately 50 federally approved insurers operate within the system, allowing individuals to choose a provider that best suits their needs. Monthly premiums vary based on factors such as place of residence, age, and the chosen annual deductible, which ranges from CHF 300 to CHF 2,500 for adults.⁽³⁾ A standard benefits package, governed by federal law, typically covers most general practitioner (GP) and specialist services, along with inpatient care and treatments from other health professionals when prescribed by a physician.⁽⁴⁾ In addition to basic mandatory health insurance (MHI), individuals also have the option to purchase supplementary coverage.⁽⁶⁾ To ensure affordability, income-based subsidies help reduce premiums, while healthcare allowances lower out-of-pocket expenses for individuals with lower income. Furthermore, some cantons provide tax-free health savings accounts to assist with managing health-related costs.⁽⁷⁾

Additionally, in Switzerland, each insurer offers multiple models of basic insurance and the type of health insurance model an individual selects plays a key role in shaping their care pathway. For instance, the standard model, which is the most common and has the highest premium, provides free choice of doctors and specialists without needing a referral to access services.⁽⁸⁾ Whereas the Family Doctor Model (Hausarztmodell) requires individuals to consult with their chosen GP first (except for emergencies and certain specialists).⁽⁹⁾

Age related vision loss remains a significant public health concern in Switzerland. Approximately 35% of individuals aged 75 to 84 are affected by early stage age related macular degeneration (AMD), while around 5% in the same age group experience its late stages.⁽¹⁰⁾ A recent study also found that sensory impairments are notably common in long term care settings, such as nursing homes, where over 15% of residents exhibit vision impairment (VI). The study emphasized the public health importance of

sensory impairment not only due to its high prevalence but also because of its strong association with cognitive decline.⁽¹¹⁾ These challenges are further compounded by geographic disparities, limited health literacy, and mobility issues, all of which make it more difficult for older adults in Switzerland to access eye screenings and treatment.⁽¹²⁾

Though the MHI plans can range in included services, the federal government has an explicit inclusion and exclusion criteria that all plans must comply to.⁽¹³⁾ For vision care, medical eye care when it is prescribed by a doctor or provided by an ophthalmologist, including eye exams for medical reasons (e.g. glaucoma, cataracts, AMD), treatment for eye diseases or eye injuries, and surgery, are covered by MHI.⁽¹⁴⁾ Routine vision exams for glasses or contact lenses (unless related to a medical condition) as well as glasses or contact lenses are generally not covered by MHI. Individuals may purchase supplementary insurance and/or pay-out-of-pocket for these services.⁽¹⁵⁾ An exception applies to children under 18 years of age, who are entitled to up to CHF 180 per year toward prescription glasses or contact lenses.⁽¹⁵⁾

1. Campaigns and patient education

Several organizations in Switzerland have played important roles in raising awareness about eye care. The Swiss Red Cross, for example, supports a global initiative by the World Health Organization that aims to reduce preventable blindness.⁽¹⁶⁾ Further, Alcon, a global leader in eye care with headquarters in Geneva, has also led several campaigns, including a pioneering initiative called Village de la Vue. This effort brought together industry partners and local eye care professionals to emphasize the importance of regular eye examinations and to raise awareness about critical conditions such as glaucoma and dry eye disease.⁽¹⁷⁾



Although these initiatives can reach broad audiences, their impact may be limited if patients or their caregivers are not connected to, or aware of, the organizations involved. This lack of awareness can hinder access to important information about screening and the steps required to receive treatment for eye conditions.

2. First point-of-care to screening

Within the standard model, individuals can directly access care providers without referrals. However, optometrists often play a primary role by contributing to vision screening programs and refer to ophthalmologists as needed. More recently, there has been a growing trend of optometrists and ophthalmologists sharing clinical spaces to enhance collaboration, streamline referrals, and make more efficient use of equipment and resources.⁽¹⁸⁾

Opticians typically conduct routine vision exams and are responsible for dispensing glasses and prescription contact lenses. However, they are not classified as medical care providers and are not authorized to independently diagnose patients for eye diseases.

3. Referral to specialist and treatment

When retinopathy is suspected, patients consult with a general ophthalmologist, who confirms the diagnosis using advanced imaging technologies such as fluorescein angiography or optical coherence tomography.⁽¹⁹⁾ Subsequently, as needed, a referral to a retinal specialist may be made.

Notably, rehabilitation services for individuals with visual impairment are widely accessible across Switzerland to support individuals during and after treatment processes. These services are offered by various organizations, including the Federation of the Blind and the Swiss Union of the Blind. Rehabilitation centers provide comprehensive support such as low vision care, mobility and orientation training, and social assistance. Some of these services are partially covered by health insurance or supported through public funding.^(20,21)

Barriers throughout the pathway

- Despite mandatory insurance policies, the variability in services and procedures included may result in inequities. In particular, the exclusion of routine eye exams and related vision services from standard MHI may limit access for individuals with lower incomes.
- There is significant fragmentation across the continuum of vision care, from screening to diagnosis and treatment, which can create challenges for patients trying to navigate the system. Additionally, the most common insurance model, standard insurance model, requires individuals to independently identify and navigate to appropriate healthcare providers. While organizations like Retina Suisse offer valuable navigation support, additional coordinated efforts are needed to improve accessibility and continuity of care.
- There is a lack of nationwide consistent screening programs available for adults, which prevents patients from receiving timely identification and diagnosis of eye conditions.
- There is a notable imbalance between the number of ophthalmologists (approximately 830) and optometrists (around 2,200), although their scopes of practice differ significantly.⁽²²⁾ This disparity often contributes to extended waiting times for specialized care, with some patients waiting up to three months to access ophthalmology services.
- Access to vision care in Switzerland varies between urban and rural areas. Rural regions often have fewer optometrists and general practitioners offering screenings, making it harder for residents, especially older adults, to receive timely care.^(5,23)
- Collaboration between eye care providers in Switzerland exists but is not formally systematized. Care coordination often depends on individual efforts rather than standardized processes, leading to inconsistent communication and potential delays in patient care.^(12,24)

Acknowledgement

The International Federation on Ageing (IFA) extends its sincere gratitude to Mr. Stephan Hüsler, Former President and Manager Director of Retina Suisse, for his expert insights and contributions, which informed the development of this note and the referral pathway infographic.

References

1. Health Care Systems in Canada and in Switzerland -- info suisse article (Swiss Canadian Chamber of Commerce) [Internet]. [cited 2025 Jun 29]. Available from: https://www.swissbiz.ca/is_article.php?articleid=104
2. Switzerland | International Health Care System Profiles | Commonwealth Fund [Internet]. [cited 2025 Jun 29]. Available from: <https://www.commonwealthfund.org/international-health-policy-center/countries/switzerland>
3. Health care system [Internet]. [cited 2025 Aug 26]. Available from: <https://www.aboutswitzerland.eda.admin.ch/en/health-care-system>
4. De Pietro C, Camenzind Isabelle, Sturmy P, Crivelli Suzanne, Edwards-Garavoglia Anne, Spranger L, Wittenbecher Wilm, Quentin F. Health Systems in Transition: Switzerland Vol 17 No 4 2015. *Switzerland Health system review*. 2015;17(4).
5. Health Systems in Action Switzerland. 2024;
6. Health care system [Internet]. [cited 2025 Aug 14]. Available from: <https://www.aboutswitzerland.eda.admin.ch/en/health-care-system>
7. How the Poor Afford Health Insurance in Switzerland: A Closer Look [Internet]. [cited 2025 Aug 26]. Available from: https://switzerlandfocusguide.com/blog/how-poor-afford-health-insurance-switzerland/#The_Swiss_Healthcare_System_An_Overview
8. 7 facts about the standard model | Health insurance comparison [Internet]. [cited 2025 Aug 26]. Available from: <https://krankenkassen-vergleich.ch/en/grundversicherung/standardmodell/>
9. The KVG family doctor model | Health insurance comparison [Internet]. [cited 2025 Aug 26]. Available from: <https://krankenkassen-vergleich.ch/en/grundversicherung/hausarztmodell/>
10. The age-related macular degeneration - Medizonline [Internet]. [cited 2025 Aug 25]. Available from: https://medizonline.com/en/the-age-related-macular-degeneration/?utm_source=chatgpt.com
11. Mikos A, Fartdinova N, Seifert · Alexander, Giroud N, Riese F. Association of hearing and vision impairment with cognitive impairment in nursing home residents in Switzerland. *European Journal of Ageing* 2025 22:1 [Internet]. 2025 Aug 7 [cited 2025 Aug 25];22(1):1–10. Available from: <https://link.springer.com/article/10.1007/s10433-025-00880-y>
12. Rawlinson C, Lesage S, Gilles I, Peytremann-Bridevaux I. Healthcare stakeholders' perspective on barriers to integrated care in Switzerland: Results from the open-ended question of a nationwide survey. *J Eval Clin Pract*. 2022 Feb 1;28(1):129–34.
13. Switzerland: health system review [Internet]. [cited 2025 Jun 29]. Available from: <https://iris.who.int/handle/10665/330252>
14. Glasses and Contact Lenses: What Does Swiss Health Insurance Cover? - moneyland.ch [Internet]. [cited 2025 Aug 25]. Available from: <https://www.moneyland.ch/en/health-insurance-glasses-lenses>
15. Glasses and lenses: what does basic insurance cover? | AXA [Internet]. [cited 2025 Aug 25].

Available from: https://www.axa.ch/en/privatkunden/blog/health/healthcare/glasses-lenses-health-insurance.html?utm_source=chatgpt.com

16. Cataracts: a cure for blind children and adults | Swiss Red Cross [Internet]. [cited 2025 Aug 19]. Available from: <https://www.redcross.ch/en/our-commitment/our-priorities/health/eye-care-worldwide>
17. Alcon Leads Pioneering Social Impact Initiative in Geneva to Raise Eye Care Awareness Along with Swiss Partners | Alcon [Internet]. [cited 2025 Aug 19]. Available from: <https://www.alcon.com/media-release/alcon-leads-pioneering-social-impact-initiative-geneva-raise-eye-care-awareness-along/>
18. Around the World in 80 Optometrists: The Swiss View | Conexiant [Internet]. [cited 2025 Aug 19]. Available from: <https://conexiant.com/publications/the-new-optometrist/view-article/?id=a80958b2-ad62-4102-9c26-050affa75ce4>
19. Diabetic retinopathy - The University Hospital of Ophthalmology [Internet]. [cited 2025 Aug 19]. Available from: <https://augenheilkunde.insel.ch/en/our-offer/consultation-hours/retina/diabetic-retinopathy>
20. Campaigns and Activities [Internet]. [cited 2025 Aug 26]. Available from: https://www.euroblind.org/convention/article-26/switzerland?utm_source=chatgpt.com
21. Switzerland | European Blind Union [Internet]. [cited 2025 Aug 26]. Available from: https://www.euroblind.org/convention/article-26/switzerland?utm_source=chatgpt.com
22. Country Data - Switzerland - IAPB Vision Atlas [Internet]. [cited 2025 Aug 19]. Available from: <https://visionatlas.iapb.org/country-data/switzerland/>
23. Urban-rural healthcare divide: fewer doctors in Swiss countryside - SWI swissinfo.ch [Internet]. [cited 2025 Aug 26]. Available from: <https://www.swissinfo.ch/eng/business/urban-rural-healthcare-divide-fewer-doctors-in-swiss-countryside/49006002>
24. Seifert A, Nosch DS. The role of optometry in healthcare for visually impaired older adult populations: a Swiss case study. *Frontiers in Health Services*. 2024 Nov 25;4:1378236.



International Federation on Ageing
1 Bridgepoint Drive, Suite G. 238
Toronto, ON, M4M 2B5, Canada