AUDIT

Audit of the further development of the electronic patient record

Federal Office of Public Health

KEY FACTS

Anyone residing in Switzerland can now choose to open an electronic patient record (EPR). The EPR contains their health-related documents such as hospital discharge reports, assistance and care at home (Spitex) reports and medication lists. This information can be accessed at any time via a secure internet connection by both the EPR holder and any healthcare professionals expressly authorised by them.

The EPR has not yet been successfully rolled out. Fewer than 80,000 people had opened an EPR in 2024.[7] Not even all hospitals and care homes are connected, despite this being a legal requirement since 2020 and 2022, respectively. Taking the situation seriously, the Federal Council in 2022 tasked the Federal Office of Public Health (FOPH) with making two changes to the law. Firstly, it wanted to put transitional funding in place quickly to support the continued existence of the EPR and promote its dissemination by the "core communities". Secondly, the Federal Department of Home Affairs (FDHA) was to conduct a fundamental review of the Federal Act on the EPR (EPRA). Based on the findings, the Federal Council decided to initiate a revision of the EPRA, which is to be submitted to Parliament in 2025.

The Swiss Federal Audit Office (SFAO) examined the effectiveness of the planned reconfiguration of the EPR, as envisaged in the draft revision proposal. It concluded that, at the time of the office consultation in January 2025, the documents relating to the revision of the law were not yet sufficiently sound to assist the Federal Council and Parliament in making an informed decision. Key information was missing, making it impossible to assess the effectiveness, appropriateness and cost-effectiveness of the measures and their impact on the healthcare system. The SFAO already communicated findings from its audit to the relevant units during the regular office consultation process.

The SFAO identified several elements showing a continued lack of clarity regarding the EPR's status. Consequently, there are a number of risks involved in pushing ahead with the project without further clarification: an overly expensive transitional solution as well as considerable additional expenses for healthcare facilities, rather than any contribution to reducing healthcare costs. The way the EPR project is set up, there is a risk that, without digitalised end-to-end processes, the benefits will remain limited and subsequent systems could be incompatible. To prevent this, the FOPH would need to pause any further roll-out of the EPR until the design of DigiSanté has advanced to the point where it is sufficiently clear whether and how data can be automatically incorporated into the EPR. This would enable an efficient and integrated solution.

Gaps in the decision-making basis as at January 2025

According to the FOPH, the EPR will entail significant additional costs, but these have not been adequately quantified. These costs must be borne primarily by healthcare facilities and core communities. The Confederation will cover a small portion, i.e. an amount in the tens of millions of Swiss francs, if the planned centralised EPR infrastructure is built from scratch.[8] An additional CHF 2 million per year is earmarked for its further

[7] FOPH factsheet "Das elektronische Patientendossier in Zahlen" [The EPR in numbers], 27 September 2024 (link). According to eHealth Suisse, 110,000 EPRs had been opened by the end of April 2025 (link).

[8] The SFAO is not disclosing the budgeted amount because of the future procurement tender.

development. In January 2025, the FOPH was unable to quantify the new expense items that would be incurred by the other parties involved.

For example, the additional expenses incurred by inpatient and outpatient healthcare facilities and by providers were merely described as "significant". The FOPH had only estimated the additional expenses on an illustrative basis, e.g. the annual additional expenses for the 17,500 outpatient doctors, which total between CHF 5 million and CHF 350 million. The substantial difference between these two figures shows the high degree of uncertainty surrounding the cost implications. For many other types of the approximately 55,000 affected healthcare facilities, there were no expense estimates at all.

The documents for the office consultation carried out in January 2025 did not make clear whether and how the promised – and only roughly outlined – benefits of the reconfigured EPR would be achieved. Given the complexities of the healthcare system, it is understandable that the benefits cannot be estimated in precise monetary terms. However, there was no meaningful demonstration of the specific benefits to be achieved by the various measures as a result of particular impacts.

Without any further clarification of costs and benefits, neither the Federal Council nor Parliament has the information needed to make an informed decision about the revision.

Uncertainty around data protection and the centralised IT infrastructure

At the time of the office consultation in January 2025, there were further weaknesses in the proposal in relation to data protection and data security, as well as in the design of the planned centralised infrastructure. For example, connecting all outpatient service providers and allowing healthcare applications to access the EPR creates a much larger attack surface. In addition, having large volumes of highly sensitive data stored in one place makes them a more attractive target for cyberattacks. This gives rise to new security requirements, which must be addressed by means of sound infrastructure design and architecture, for example, as well as clearly defined responsibilities. Many questions remain unanswered in this regard.

The SFAO also raised these points as part of the office consultation. Owing to the initially very tight schedule, the FOPH was unable to clarify all the details and develop the foundations and blueprints for the revision of the law. The SFAO therefore welcomes the FDHA's decision in late February to push back the timetable for the Federal Council decision from April to November 2025. It remains to be seen whether this will provide sufficient opportunity to tighten up the bills for the Federal Council and Parliament.

Procedure for further development and implementation must be adjusted

The centralised management of this legislative revision is a highly complex undertaking with many interdependencies. The Confederation or the FOPH must involve and coordinate all directly affected stakeholders and develop the necessary specifications for them. These include cantons, communes, EPR providers, hospitals, care homes, outpatient medical practices and the assistance and care at home service (Spitex). Suppliers and operational managers must also be involved in the new centralised EPR infrastructure.

In order to successfully complete this project, whose implementation has already begun, the FOPH must set up a suitable project organisation. In addition, the FOPH should establish practical governance arrangements for the set-up, subsequent operation and further development of the centralised EPR infrastructure as soon as possible. Without a suitable project organisation as well as governance arrangements and formalised involvement for all stakeholders, orderly and effective implementation cannot be guaranteed.