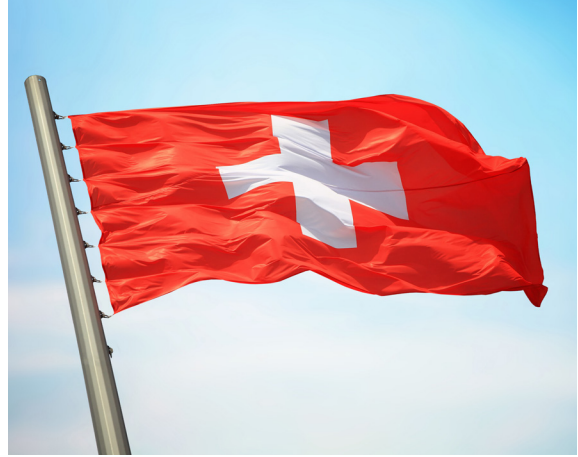


Questionnaire on Rehabilitation scheme that Social Insurance gives for victims of accidents at work and occupational diseases in Switzerland



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Author and Institution: Swiss National Accident Insurance Fund (SUVA)

1. General regulation of rehabilitation in the Social Insurance Do(es) the Accident Insurance carrier(s) of your country provide this?

Yes, according to the statutory regulations, accident insurers cover the costs of medical rehabilitation if this becomes necessary as a result of an accident or occupational disease (basis: Art. 10 of the Federal Law on Accident Insurance (UVG)).

The criteria of cost-effectiveness, appropriateness and scientific validity must be met for all treatment measures.

Precise the name of the organization(s) responsible for it.

Suva and private accident insurers cover the costs of the necessary rehabilitation measures. In addition to Suva, 21 insurance companies offer compulsory accident insurance.

Suva runs two rehabilitation clinics of its own. The two Suva clinics specialize in complex accident rehabilitation, but also treat patients who are not covered by accident insurance. There are other rehabilitation clinics that also offer rehabilitation measures for accident victims but are not part of an accident insurance scheme.

There are corresponding tariff agreements for the remuneration of all rehabilitation measures, in which the cost rates are agreed. These contracts regulate the assumption of costs between the various rehabilitation clinics and all cost bearers of compulsory accident insurance.

If not, who is responsible for it?

It should also be mentioned that people who do not have an employer are insured against accidents through compulsory health insurance, which also covers the costs of necessary medical rehabilitation.

2. What does “Rehabilitation” mean in your country:

**Does it involve: health care? Social, vocational, medical measures?
Reintegration? Reeducation of people? Other...**

Rehabilitation in the narrow sense has a multimodal, interdisciplinary approach, i.e. the interdisciplinary measures are coordinated with one another. A common treatment goal is defined for the rehabilitation phase. Rehabilitation must be distinguished from monodisciplinary care. For example, medical therapy and occupational assessments can be combined as part of multimodal, interdisciplinary rehabilitation. Accordingly, retraining in and of itself does not correspond to rehabilitation in the narrower sense.

Treatment takes place on an inpatient or outpatient basis. The aim of medical therapies is to improve the patient’s state of health to such an extent that social reintegration is achieved as far as possible.

The medical phase of rehabilitation is also used as preparation for professional reintegration and can be combined with professional measures towards the end of medical rehabilitation.

3. Does the term “rehabilitation” refer to specialized centers dedicated to victims of accidents at work and occupational illnesses? Is it shared with the health insurance scheme?

In Switzerland, various clinics have a service mandate to provide rehabilitation services. Some clinics are grouped together to form rehabilitation centers with several locations. The clinics or centers generally focus on one or more types of injury or illness. There are no rehabilitation clinics that only treat patients with the consequences of accidents or occupational illnesses. The two Suva clinics also treat patients with the consequences of illnesses.

4. How is it financed? (Within the general contribution for occupational injuries? Special contributions?..)

The benefits of compulsory accident insurance (UVG) are financed by wage contributions from employees and employers.

The benefits of compulsory health insurance (KVG) are financed by per-person premiums (so-called “per capita premium”) for the entire population, which are independent of wages.

For inpatients, the services of the clinics are remunerated via a flat rate per case (analogous to DRG). For outpatients, an individual service tariff is used for billing.

5. Which cash benefits and benefits in kind are included in the process of rehabilitation?

Benefits in cash:

The patient receives cash benefits to compensate for the loss of earnings during the period in which he is unable to work.

Benefits in kind:

The patient receives benefits in kind, including medical therapies, aids such as orthoses, prostheses and shoe fittings, etc. Travel costs for the journey from home to the clinic are also covered.

The invoices for these services are submitted directly to the cost bearer.

6. What do you think is special about rehabilitation in your country? (e.g. support in returning to work? Home improvements? Special programs? Case manager? D-Artz as in Germany?..)

Two rehabilitation clinics specializing in complex accident rehabilitation are run by Suva. All other clinics are independent institutions under private law. In addition to medical measures, the two Suva clinics focus on occupational reintegration. Early on in the medical phase, rehabilitation can be combined with occupational assessments and job-specific therapies. There is good cooperation between the Suva clinics and the state disability insurance (IV), which is responsible for occupational reintegration. One of the two Suva clinics also offers rehabilitation measures for injured persons who require monitoring. For example, patients with craniocerebral injuries can be transferred from the acute clinic to rehabilitation despite being ventilated.

Case management

A case manager takes over the care of the person who has had an accident or professional disease. His or her task is to assess how accident victims can best be supported in order to make it easier for the employer to re-integrate them into the workplace. The state disability insurance (IV) also plays a major role in the reintegration process. The case manager involves them in the specific case as quickly as possible so that they can investigate the entitlement to measures.

7. What are the latest developments in your country in the field of rehabilitation?

Until recently, most rehabilitation measures were carried out in an inpatient setting. Increasingly, work-oriented rehabilitation measures are being offered in an outpatient setting.

8.1. What could be improved in the communication of the provision of rehabilitation measures between the countries?

Too little is known about what is available in the respective country. Information must be sought out.

8.2. How does it work if a worker insured in a foreign country (EU, EWR, Switzerland) has to be rehabilitated in your country? Competent Institution sends DA002 (Declaration of cost coverage). You are the institution of the place of residence or stay. What can you do?

The patient receives exactly the same benefits as a patient who is insured in Switzerland. ●

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The European Forum of Insurance against Accident at Work and Occupational Diseases:
Working Group Communication

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