Health services research in Switzerland: the example of oncology.

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Cancer registries, health insurance companies and administrative bodies can contribute important data for health services research (HSR). However, using and combining data from different sources may be challenging.

We study patterns of end-of-life care in Swiss cancer patients deceased in 2006-2008 who were enrolled with a health insurance company (Helsana). During study preparation and data collection, administrative complications and data supplementation issues had to be resolved. First the ethical committees and an advisory body of the Swiss Federal Office of Public Health[1] had to decide on responsibility for granting permission to obtain and combine data. This process lasted almost one year. The identification of eligible patients using cancer registry data from four cantons worked well even with diverse database structures. Retrieving details on in stay resource use -as such information is not available from the insurance database- required additional approvals and a time consuming medical chart review. This applied to 68% of 3873 eligible patients; 94.5% of relevant hospitalization episodes were evaluated in 37 hospitals.

HSR studies in Switzerland with large datasets are possible but need perseverance and may involve labor-intensive processes to complement lacking information. As this type of studies will become more common they may benefit from standardization of obtaining permission and data collection.

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[1] Expertenkommission für das Berufsgeheimnis in der medizinischen Forschung