

Key Messages

Background and Context

Knee osteoarthritis (KOA) is a prevalent and costly condition in Switzerland, affecting 12.4% of the population and nearly one-third of those over 75. The direct medical costs in 2017 reached 1.5 billion CHF. Despite strong and consistent international clinical guideline recommendations, an evidence-performance gap exists. Conservative, non-pharmacological treatments are underused, while Switzerland has the highest knee replacement surgery rate among OECD countries. Economic factors and regional variations suggest that surgery rates may not solely reflect patient needs, highlighting the urgency of addressing the evidence-performance gap. Previous policy efforts have addressed guideline implementation, but more work is needed. This policy brief continues those efforts, proposing suggestions based on stakeholder dialogues and scientific literature to improve knee osteoarthritis management in Switzerland.

The Issue

A repeated stakeholder dialogue revealed three main challenges in KOA management in Switzerland. First, patient pathways lack standardization: despite international guidelines, care remains inconsistent and fragmented. Second, interventions are often driven by patient expectations rather than evidence, leading to unnecessary imaging, early referrals, and low acceptance of conservative care. Third, providers struggle to manage expectations and motivate patients for nonsurgical treatments. A national survey confirmed patient disinterest and demand-driven referrals as major barriers to exercise-based management. These issues highlight the urgency of closing the evidence-performance gap in Swiss KOA care.

Recommendations for Action

The key results of the repeated stakeholder dialogue led to the formulation of three recommendations to address the evidence-performance gap:

1. **Implement a Model of Care** with consensus-based treatment algorithm grounded in international guidelines to promote multidisciplinary and evidence-based care.
2. **Strengthen the health literacy** of individuals with KOA through targeted education initiatives.
3. **Facilitate patient navigation** through evidence-based treatment options using effective communication and **shared decision-making** practices.

Implementation Considerations

Implementing the recommendations requires strategies tailored to the Swiss context. A joint project proposal to the Federal Quality Commission aims to develop a national Model of Care, with a systematic context analysis as a core element to identify barriers and facilitators. Strengthening health literacy demands co-designed, accessible education across diverse groups, while shared decision-making requires professional training, digital integration, and supportive incentives. Implementation should be continuously evaluated through indicators such as referral rates, surgery trends, patient-reported outcomes, and satisfaction. International examples, including GLA:D® and Australian Models of Care, show how structured monitoring can ensure sustainable, evidence-based improvements.