

# Nothing about us without us – Preferences of the general population for current developments in outpatient primary healthcare

**Zora Föhn, University of Lucerne**

Primary outpatient healthcare is the first point of contact for most people and plays a key role in addressing health challenges. Societal trends like demographic change, workforce shortages, digitalisation, and rising costs are driving major changes in this sector. To ensure successful implementation of these changes and based on the concept of patient-centred care, it is crucial to know the preferences of the general population for current developments in outpatient primary healthcare.

Zora Föhn's dissertation addressed this need by examining public preferences for current and emerging models of outpatient primary healthcare. Based on a nationwide survey of 4,745 Swiss residents conducted in autumn 2020, preferences were measured using a discrete choice experiment (DCE). The results have been published in academic articles as well as in a policy paper by the Swiss Health Observatory (Obsan).

Key findings reveal that the Swiss population highly values continuity of care, ideally blending both personal and informational continuity. When personal continuity is not guaranteed, electronic patient records become particularly vital. General practitioners are generally preferred as the first point of contact and care coordinators, though registered nurses also enjoy broad acceptance. Most individuals wish to participate actively in medical decision-making and tend to favor face-to-face consultations, yet many are open to digital alternatives such as video calls. The research further indicates that preferences vary according to factors like health status, age, education, and socioeconomic background. Those in poorer health place greater emphasis on continuity and physician-led care, whereas younger, healthier individuals are more open to task-shifting and the integration of digital tools in healthcare and place a greater emphasis on being involved in shared decision-making. Lastly, there is strong support for risk and income solidarity in healthcare financing, shaped more strongly by belief factors than self-interest.