



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG
Bundesamt für Statistik BFS



DigiSanté and the SwissHDS at the Digital Health Projectathon

Simon Walther, SwissHDS Project Lead
Katrin Crameri, Co-Lead DigiSanté
Division Digital Transformation
Federal Office of Public Health

Tuesday, 22 September 2026

Agenda

1. DigiSanté - a short Introduction
2. Swiss Health Data Space (SwissHDS)
3. SwissHDS MVP & Use Cases
4. E-HR as integral part of the SwissHDS
5. Digital Health Projectathon: its current and future role
6. Take-away messages

THE STARTING POINT

The Swiss Paradox

#2

Global Healthcare Quality

Bloomberg Health Index — Switzerland ranks among the world's very best in clinical outcomes and life expectancy

#14 (of 17)

Digital Health Index

Bertelsmann — Switzerland lags behind peers in digital health infrastructure adoption and readiness; Too many silos, not enough connectivity

THE PROBLEM

Silos Cost More Than Money



Medication Errors

Fragmented medication plans cause preventable adverse drug events every day



Admin Overload

Substantial amount of clinical staff time spent on redundant data re-entry across systems



Duplicate Diagnostics

Patients re-tested across institutional boundaries because records don't follow them



COVID Blind Spots

Pandemic exposed critical gaps: no unified surveillance, no real-time national picture



System Fragmentation

Multiple incompatible hospital information systems lacking common standards



Lost Research Value

High-quality patient data locked in silos, inaccessible for research, AI-training and policy making

THE ANSWER

The Federal Programme: DigiSanté

Planned Budget: CHF 382 M

Duration: 2025-2034

Currently 23 running projects

① PREREQUISITES

Standards · identifiers · frameworks · legal foundations · trust architecture — the soil before the seeds

② NATIONAL INFRASTRUCTURE

Federated “Swiss Health Data Space”
SwissHDS · governance · establishment of basic digital services and reform of their foundations — tidying up at grassroots level

③ DIGITISING PUBLIC SERVICES

Systematic digitisation of public services — digital products that meet the requirements for harmonisation, agility, scalability and sustainability

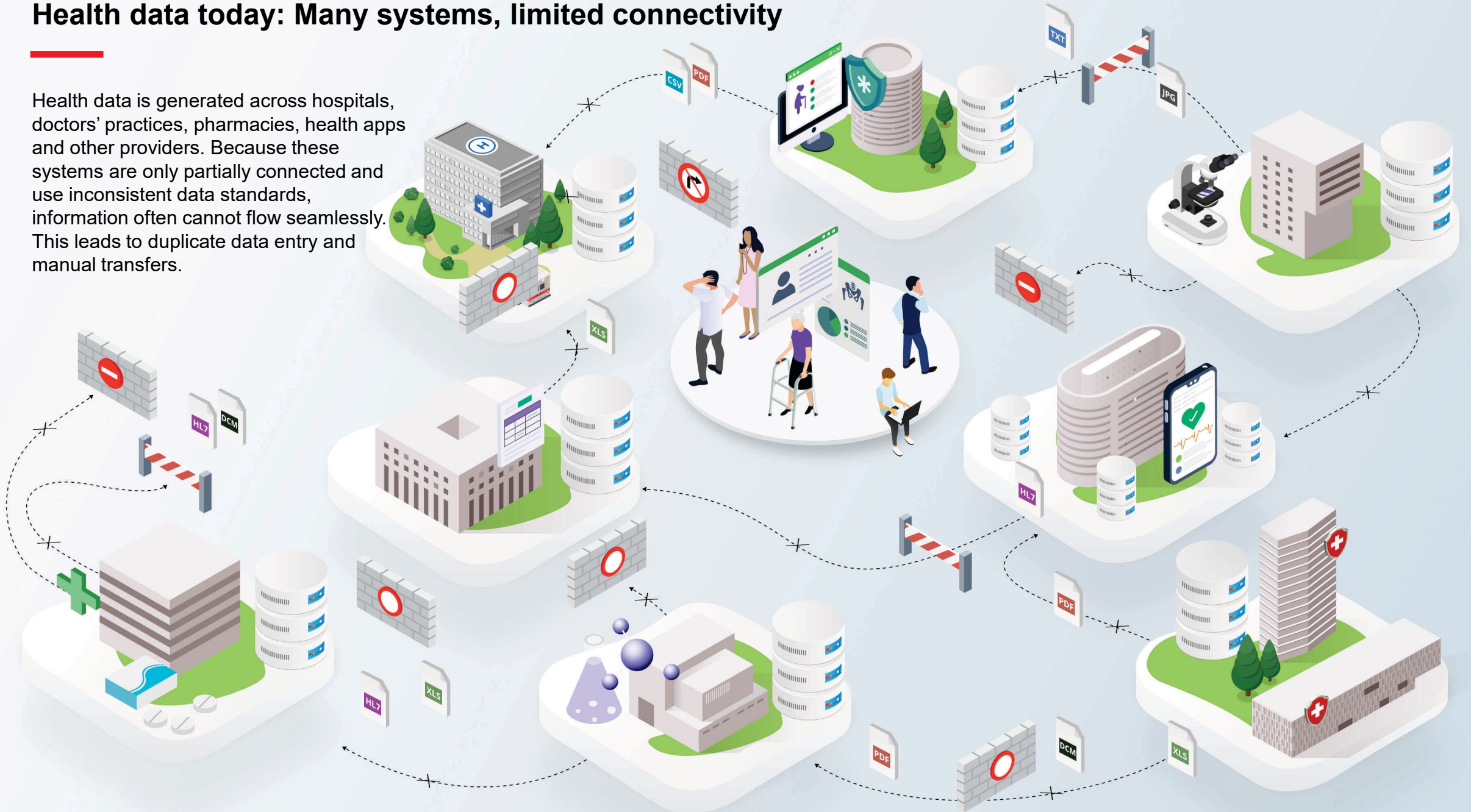
④ SECONDARY DATA USE

Infrastructure and services for re-use:
research · health system planning · population analytics — turning care data into health intelligence

DigiSanté: a short introduction

Health data today: Many systems, limited connectivity

Health data is generated across hospitals, doctors' practices, pharmacies, health apps and other providers. Because these systems are only partially connected and use inconsistent data standards, information often cannot flow seamlessly. This leads to duplicate data entry and manual transfers.



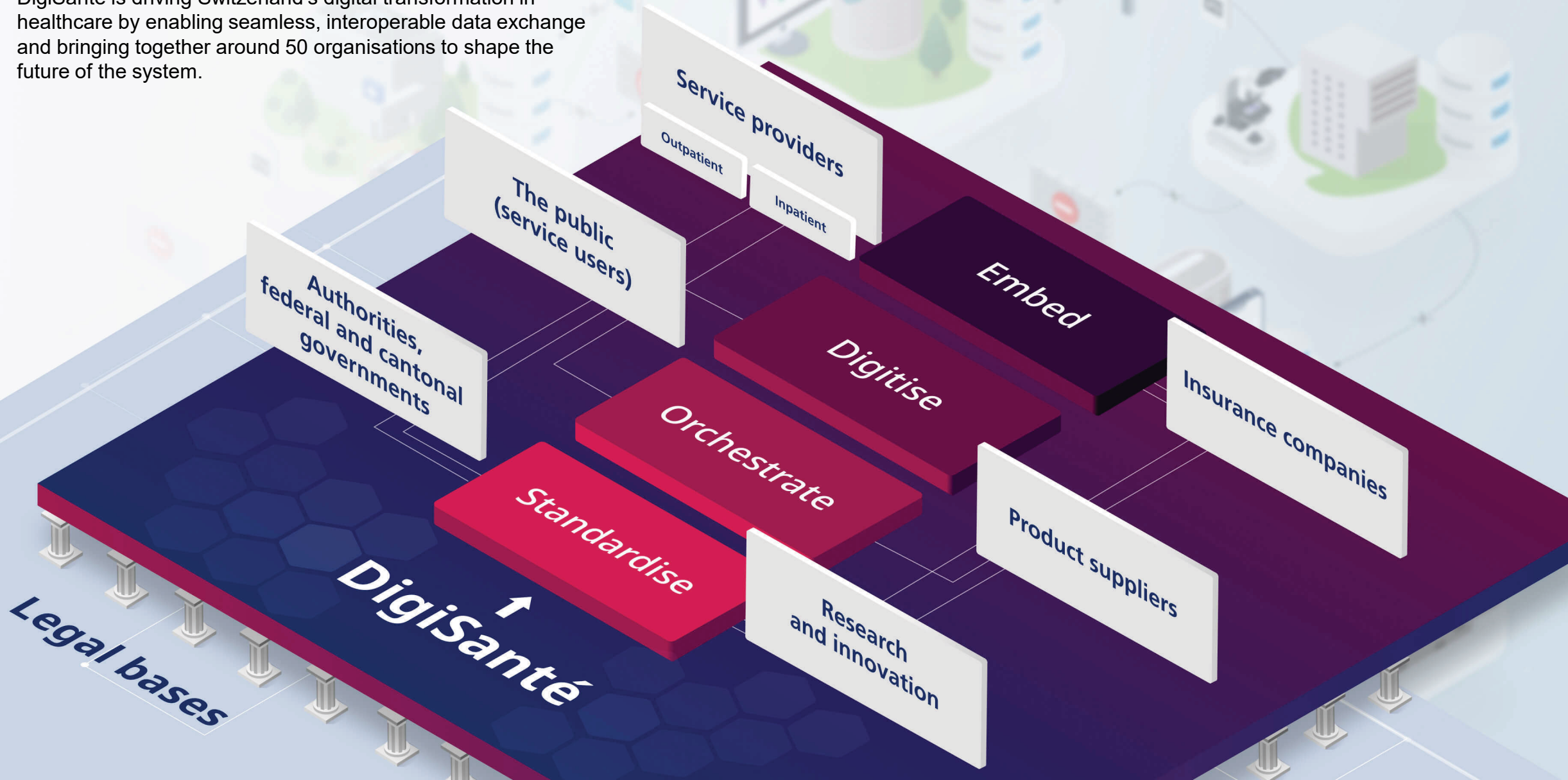
Legislative foundations: Establishing the legal framework

The federal government is establishing a common legal framework for secure, standardised and interoperable digital healthcare—enabling the responsible exchange and use of health data.



DigiSanté coordinates the digital transformation

DigiSanté is driving Switzerland's digital transformation in healthcare by enabling seamless, interoperable data exchange and bringing together around 50 organisations to shape the future of the system.



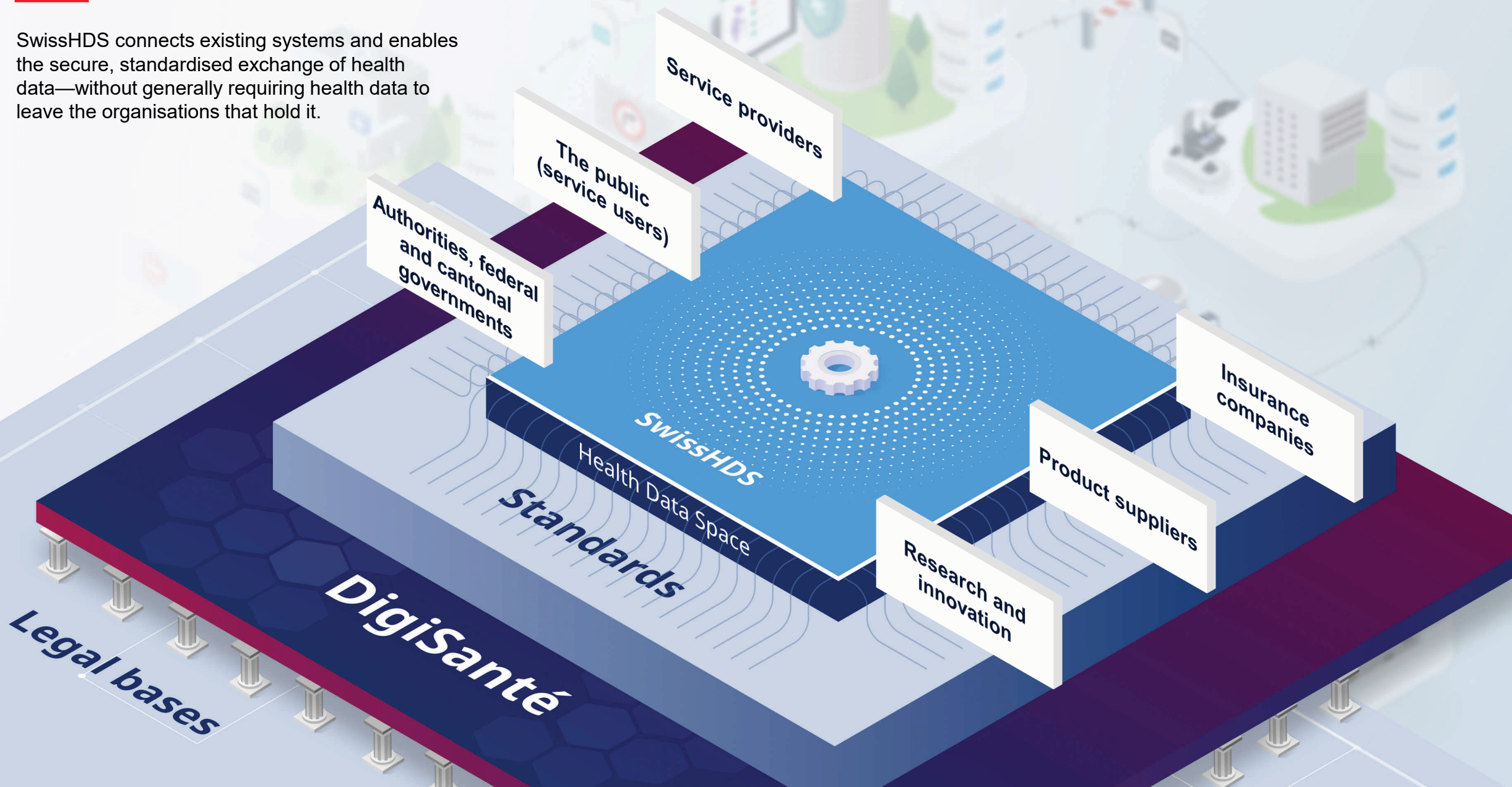
Standards: Ensuring that systems speak the same language

Standards create a common language for healthcare systems, enabling health data to be recorded, understood and exchanged consistently.



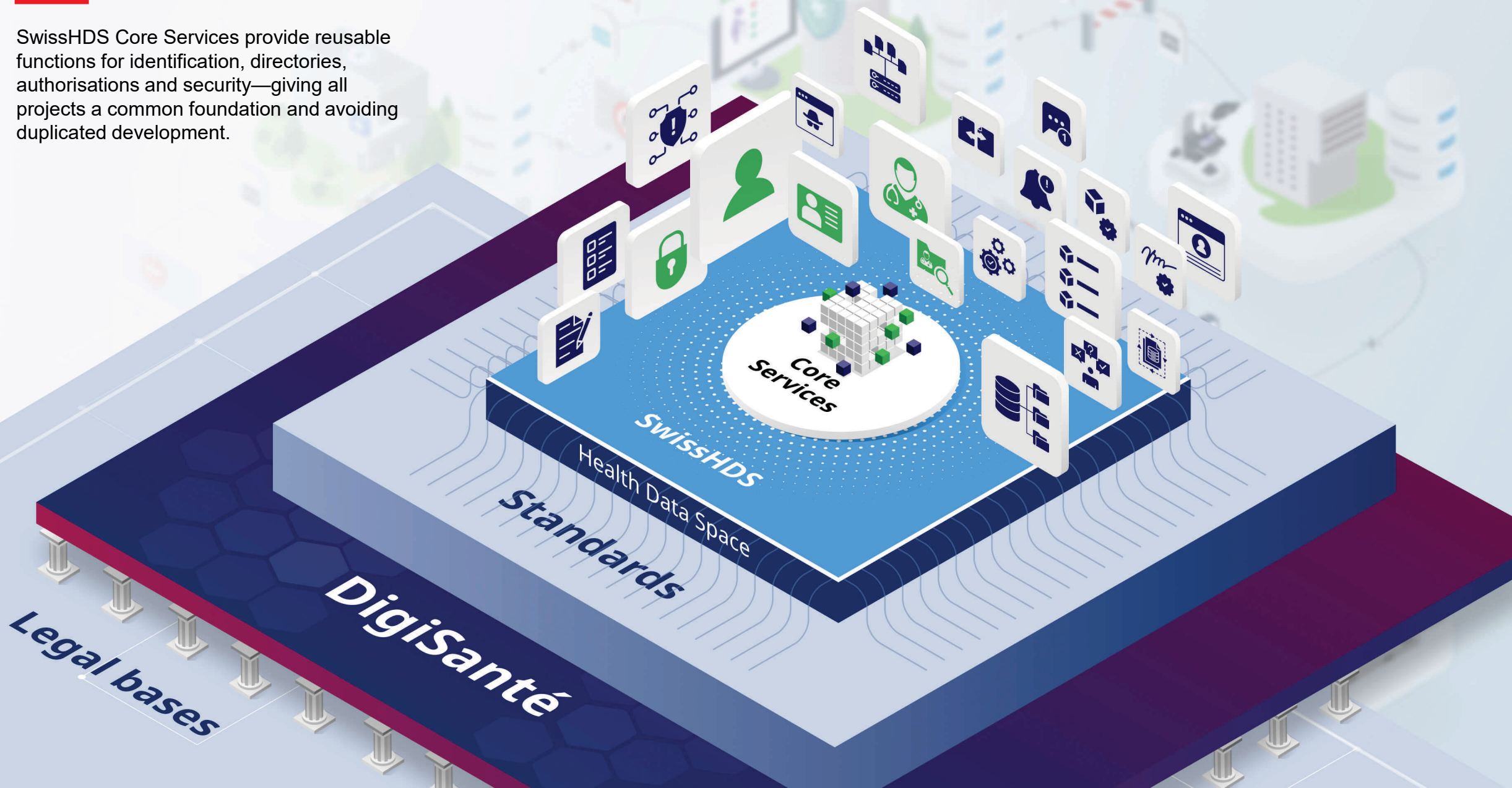
Swiss Health Data Space: Connecting organisations while keeping health data where it belongs

SwissHDS connects existing systems and enables the secure, standardised exchange of health data—without generally requiring health data to leave the organisations that hold it.



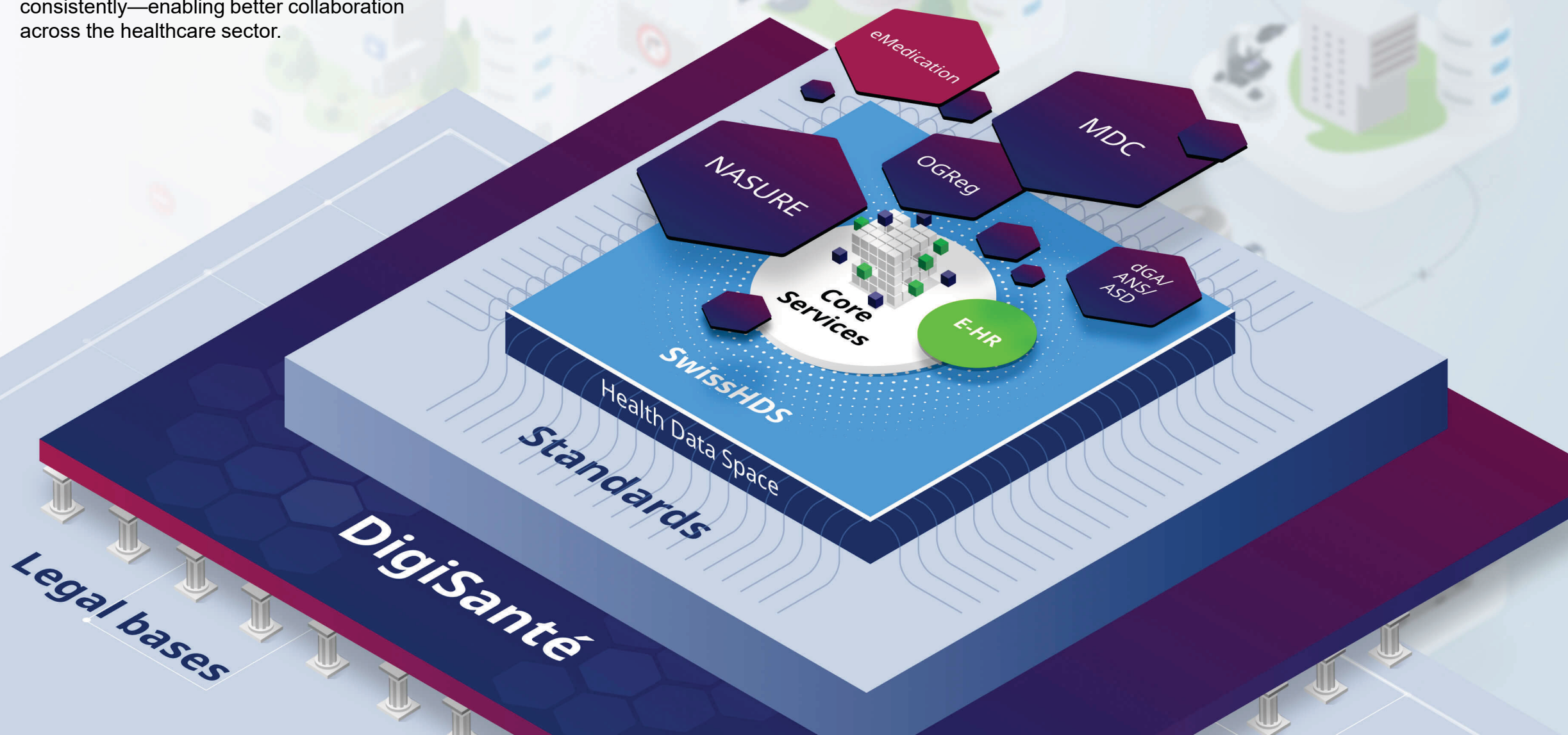
SwissHDS Core Services: A shared foundation for all projects

SwissHDS Core Services provide reusable functions for identification, directories, authorisations and security—giving all projects a common foundation and avoiding duplicated development.

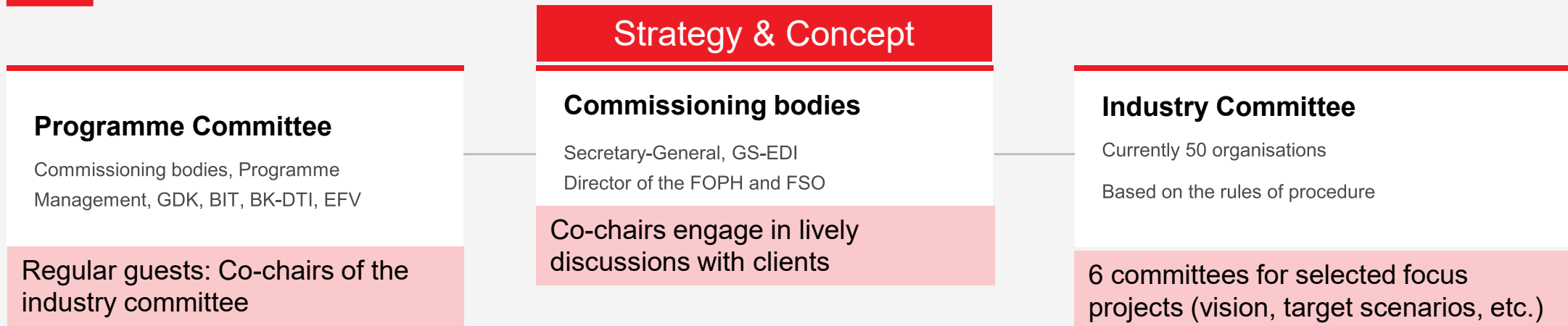


Projects and specialist applications: Building on shared services

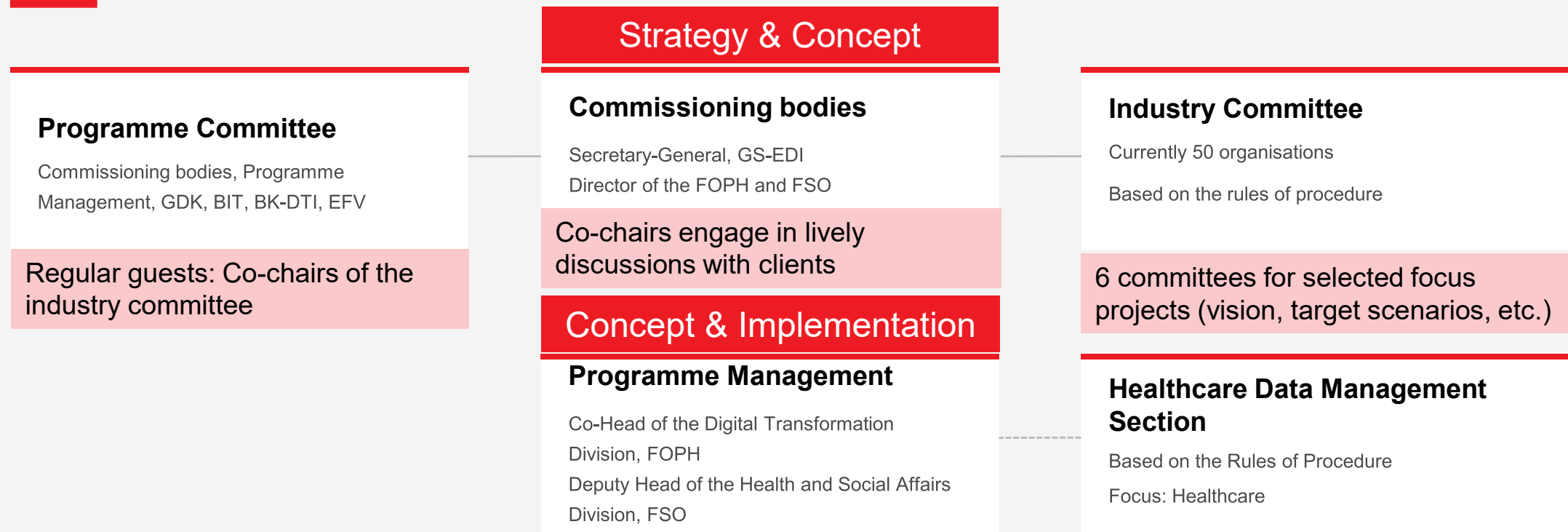
Digital applications use shared services to exchange health data securely and consistently—enabling better collaboration across the healthcare sector.



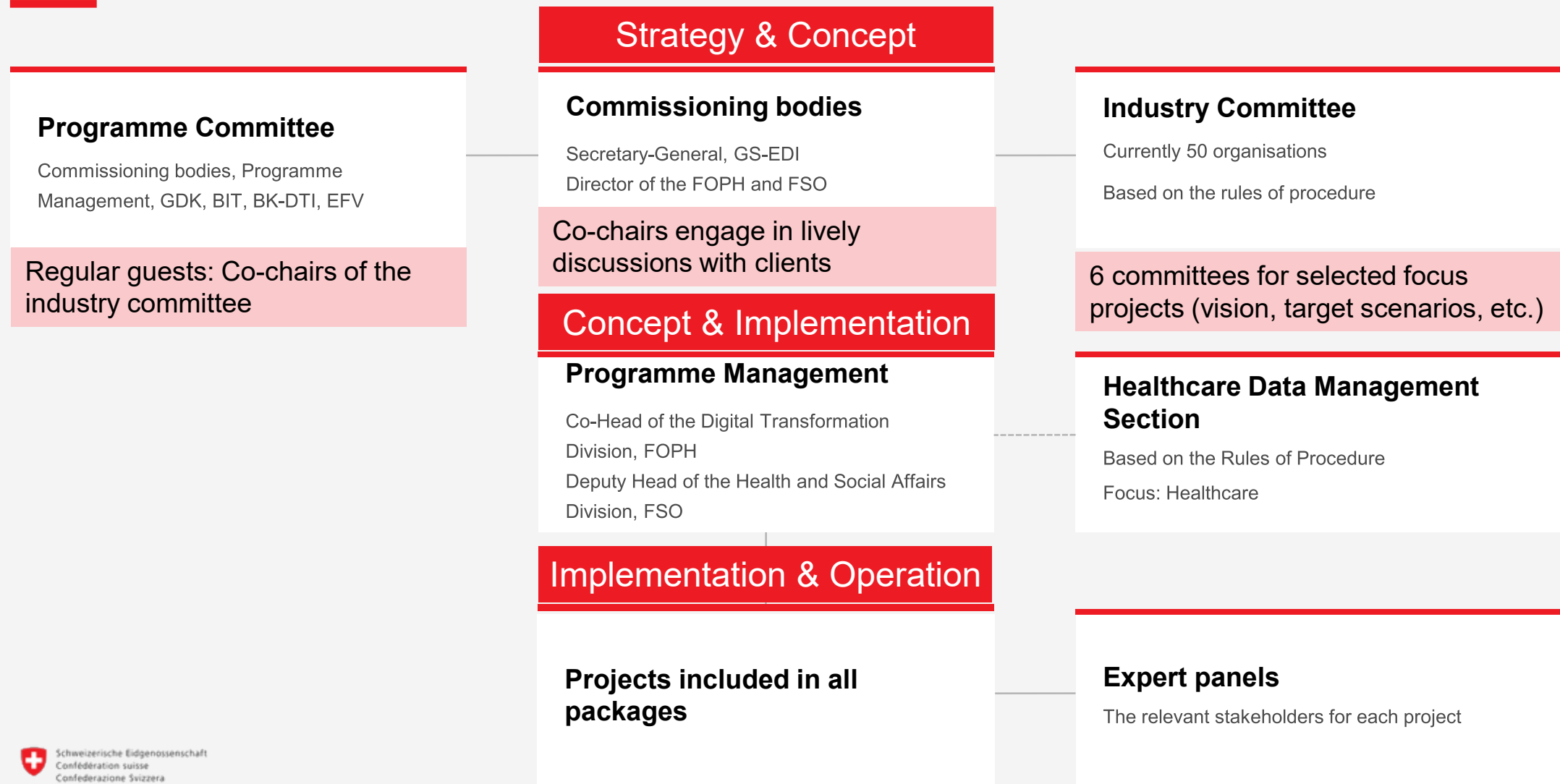
Organisation of the Programme and main Tasks



Organisation of the Programme and main Tasks



Organisation of the Programme and main Tasks



Swiss Health Data Space (SwissHDS)

Background and Objectives

Why do we need a Health Data Space?

>> Much of the Swiss healthcare sector is already digital – but far too little of it is interconnected:

- we still have **countless media breaks** and time-consuming manual processes that require far too many clicks
- to significantly reduce **the administrative burden** on healthcare professionals, we need automation within the system

>> By **setting up and operating** a Swiss Health Data Space

- the federal government is providing **national services and infrastructure** for seamless, media-break-free data exchange: between the federal government and stakeholders, and amongst the stakeholders themselves

Vision

The SwissHDS is a secure and interoperable data space that enables seamless health-data exchange across Switzerland. It supports the efficient and responsible primary and secondary use of data, fostering connected care and innovation.

The Swiss Confederation is developing it together with the healthcare sector stakeholders.



The Swiss Health Data Space (SwissHDS)

- Health data remains decentralised with the data producers
- HL7®FHIR® is mandatory for interfaces and transactions (for treatment-relevant data)
- Shared data products (e.g. a medication plan) can be edited jointly
- Automated and standardised exchange of data products possible across the board in accordance with a governance model
- E-HR as integral part of the SwissHDS containing copies of health data stored over the course of a lifetime

To setup a Health Data Space, we need...

Responsibility of the
federal government

Standards

**Technical
infrastructure**

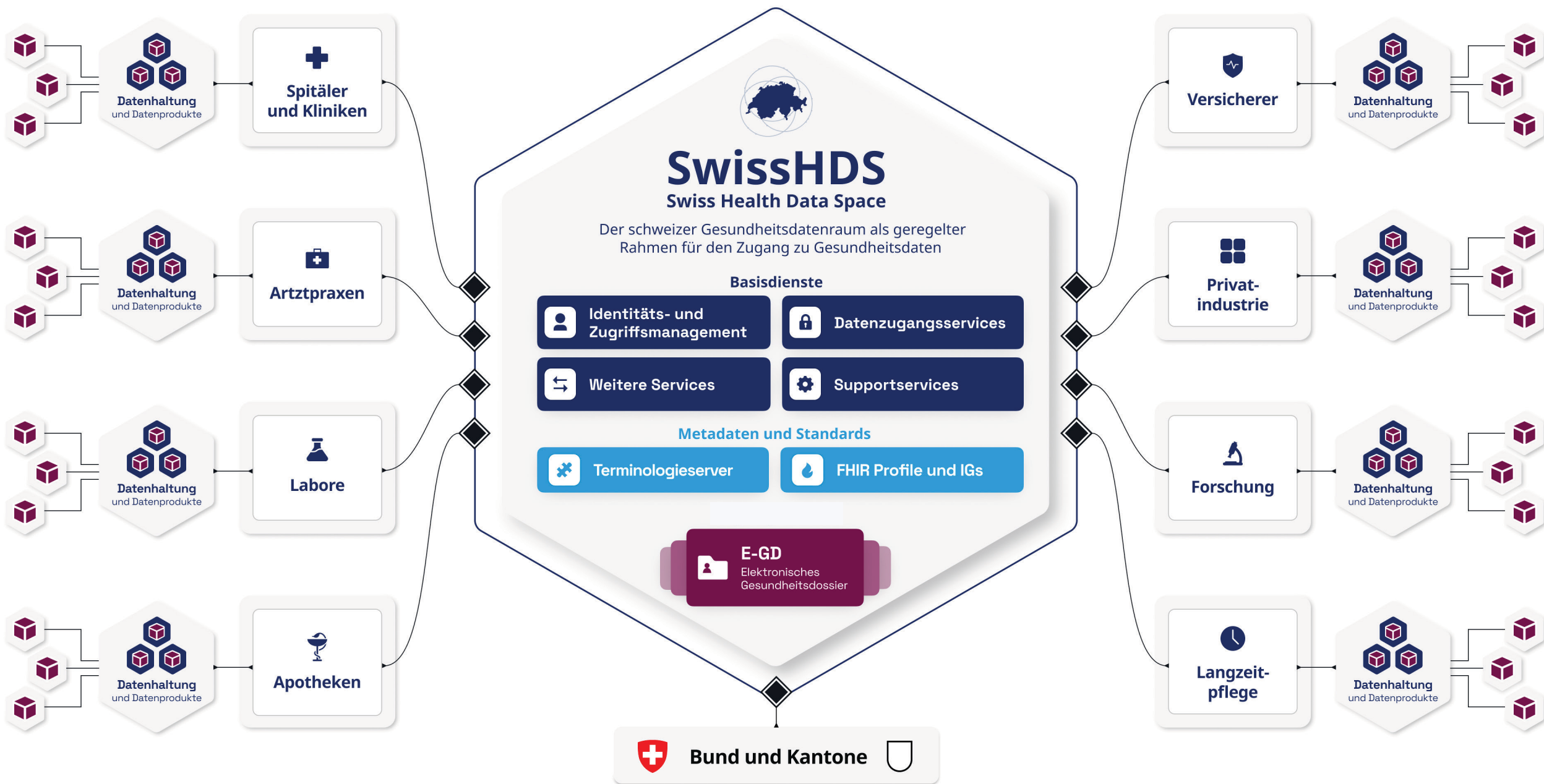
**Governance
structure**

Responsibility of the
stakeholders

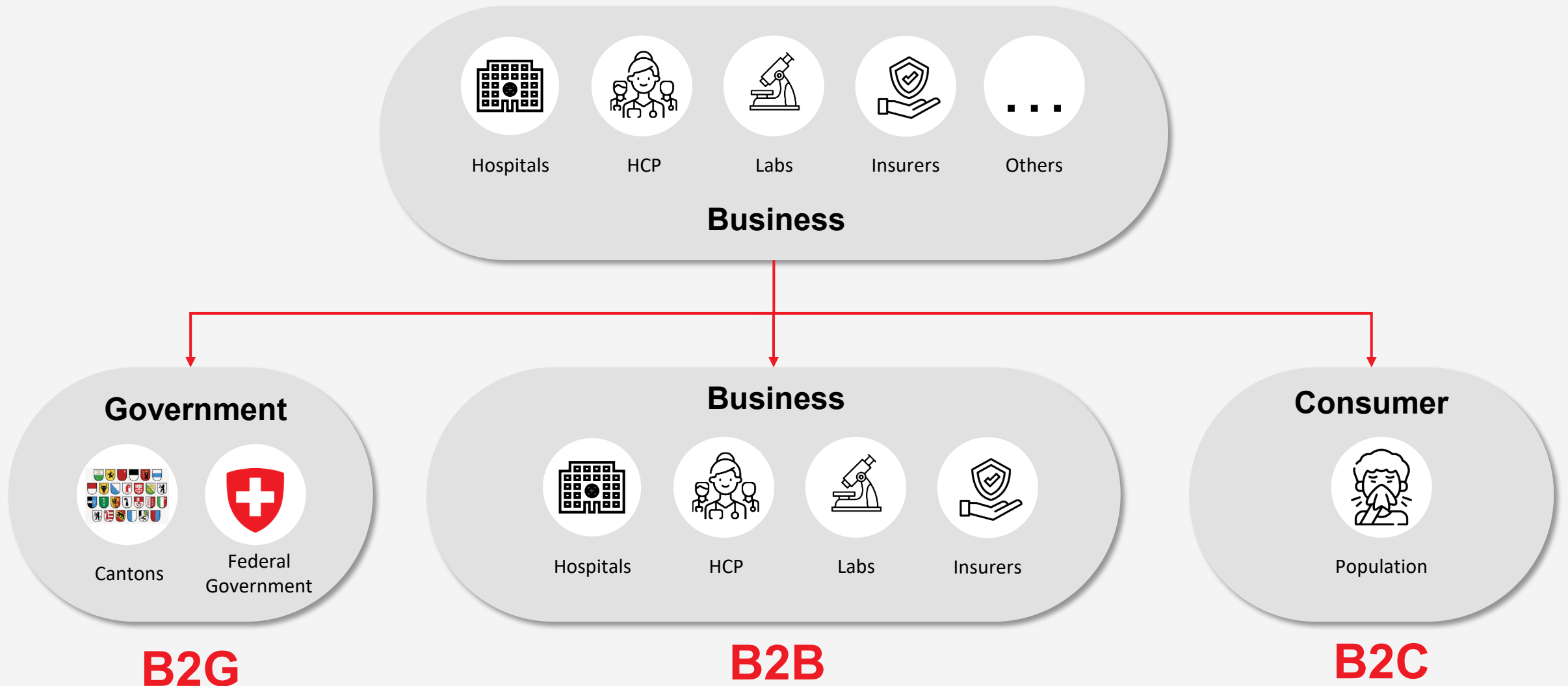
**Technical
integration**

**Process
integration**

**Provision and
use of data**



Data Flows in the Swiss Health Data Space

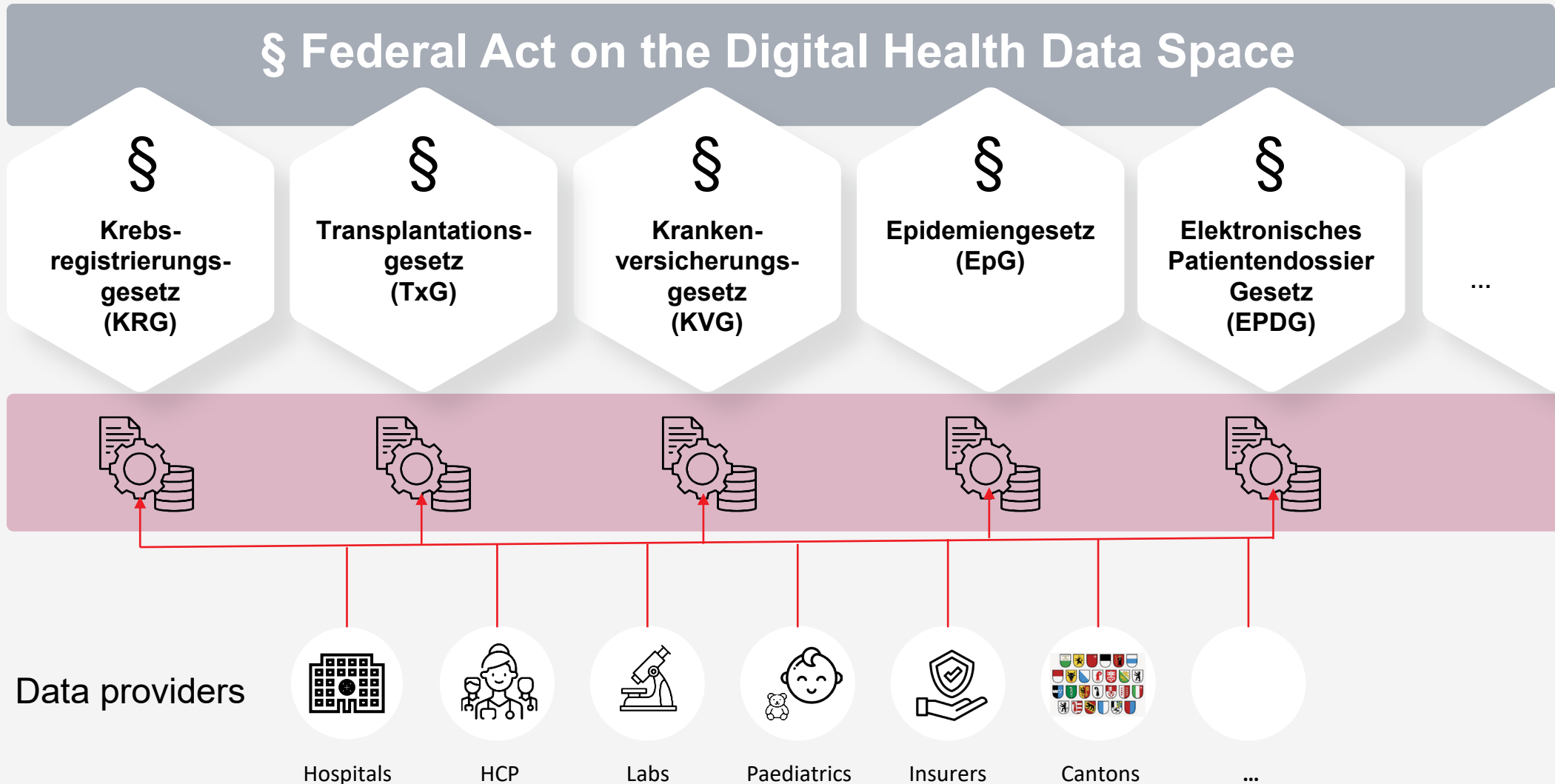


New Rules on the Exchange of Information

Governance,
infrastructure
and standards

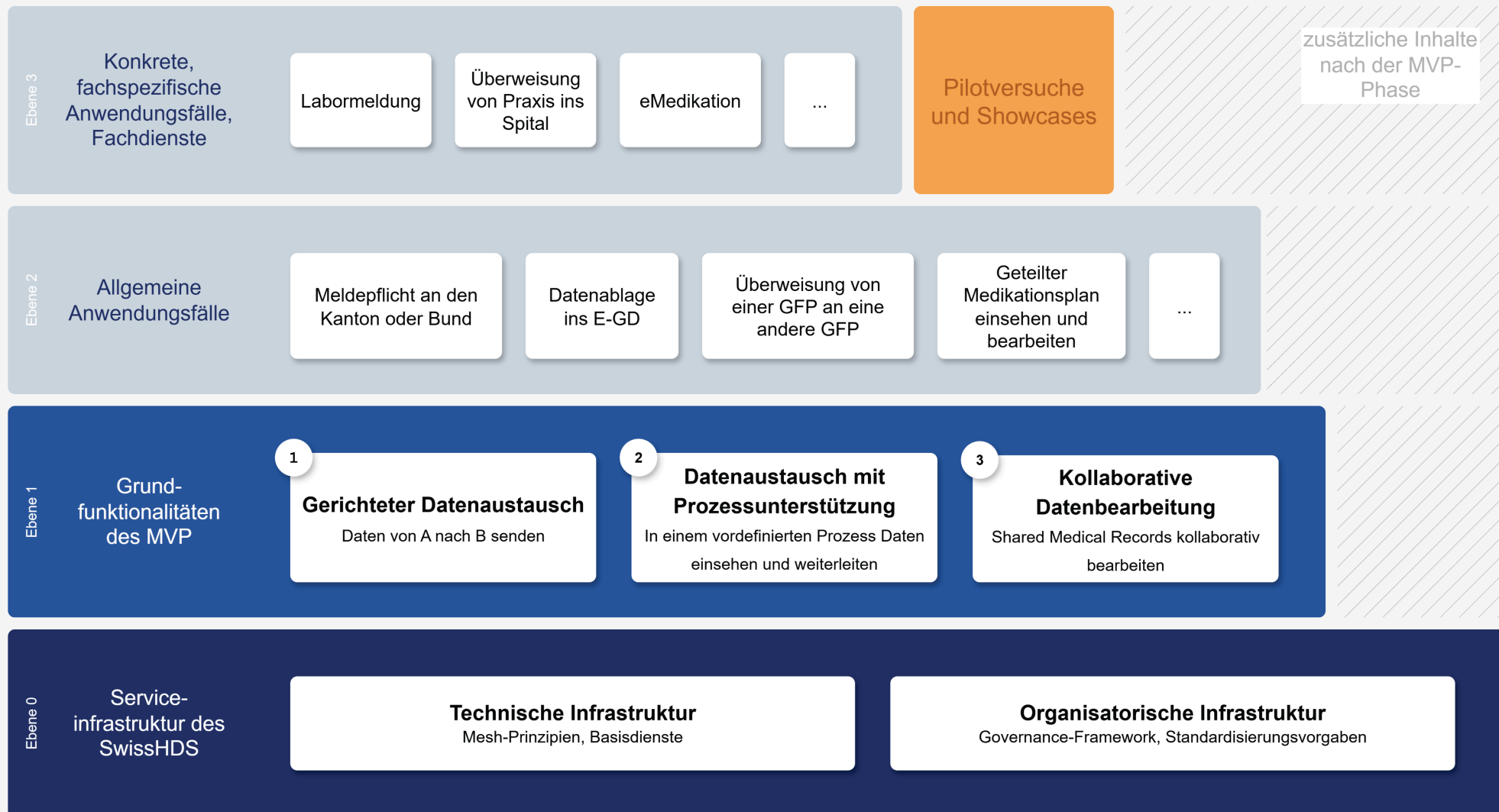
Requirements
for data and
transmission

Harmonised
standard
requirements



SwissHDS MVP & Use Cases

SwissHDS «Minimum Viable Product»



Governance Layer

Standards

Governance-Framework SwissHDS

Law & all (EGDG, BGD, HMG, ...)

International

Feature Layer

Data

Use Cases

E-HR Search
Data Product

Save Document
to E-HR

Workflow

Use Cases

Referral
GP >> Hospital

Transfer
GP >> Medical Specialist

Transfer

Fallbeurteilung

Request Data Product

Collaboration

Use Cases

View / Edit MediPlan

View / Edit Emergency
Passport

View / Edit
healthPass xy

Standards & Frameworks

FHIR® Task Pattern

Handle Singleton Products

Clinical Order Workflow (COW)

Query & Retrieve Participant Data

Read, Write and Notify Data Products

Define & Publish Data Products

FHIR®

Infrastructure Layer

Plattform

Core Services

Identity & Access Management

VD-PI

HAOD

MPI

PPD

Fraud Detection

Data Access Management

standards only

Data Access API

Policy Repository

PDP

PEP

Support Services

Data Catalogs

Terminology Server

System Notifications

Audit Log

Convenience Services

Verification Service

Signature Service

...

Special Services

eMedication

Emergency Passport

E-HR

Basic Functions SwissHDS

Directed data exchange

Sending data from A to B

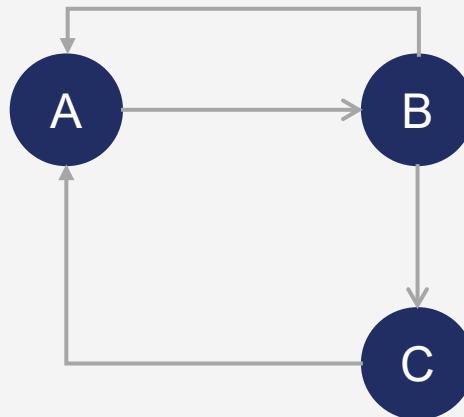
*e.g. referral (B2B),
mandatory reporting (B2C)*



Data exchange with process support

Viewing and forwarding data within a predefined process

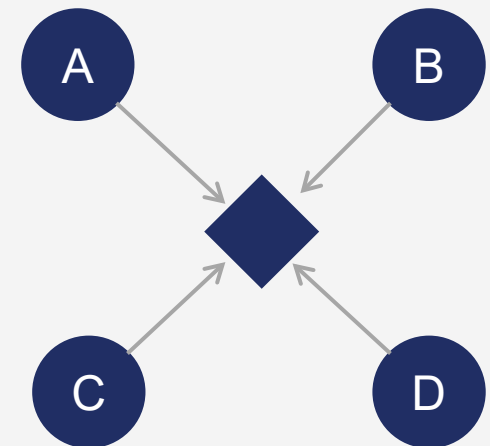
*e.g. a process in
integrated care*



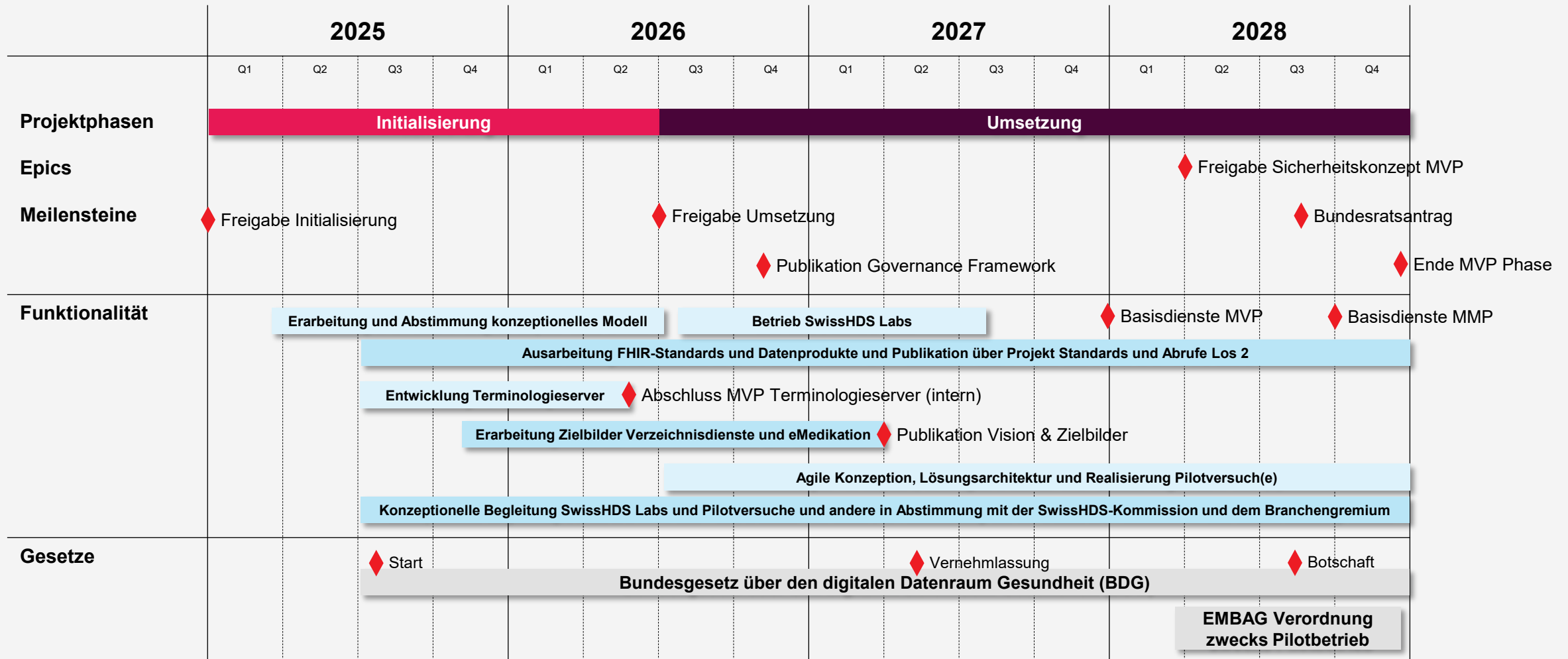
Collaborative data editing

Collaboratively editing shared medical records

*e.g. jointly editing a
medication plan*



Roadmap SwissHDS «Minimum Viable Product»



MVP: Minimal Viable Produkt

MMP: Minimum Marketable Product

Deep dive #1

How does the SwissHDS support the referral of patients within the Swiss healthcare system?



Example: Referral to a follow-up care provider



Mrs Smith, aged 67, is having hip surgery at a university hospital.

Example:

Referral to a follow-up care provider

Three days after the procedure, Mrs Smith is due to be transferred to a facility providing follow-up care.

To this end, data relevant to the treatment must be forwarded.



Example:

Referral to a follow-up care provider

At present, data exchange is characterised by:

- Different communication channels
- Duplicate data entry
- Missing or delayed information



Example: Referral to a follow-up care provider

The SwissHDS addresses these issues by ensuring that data communication is:

- standardised
- API-based
- and interoperable



Example: Referral to a follow-up care provider

Relevant data is made

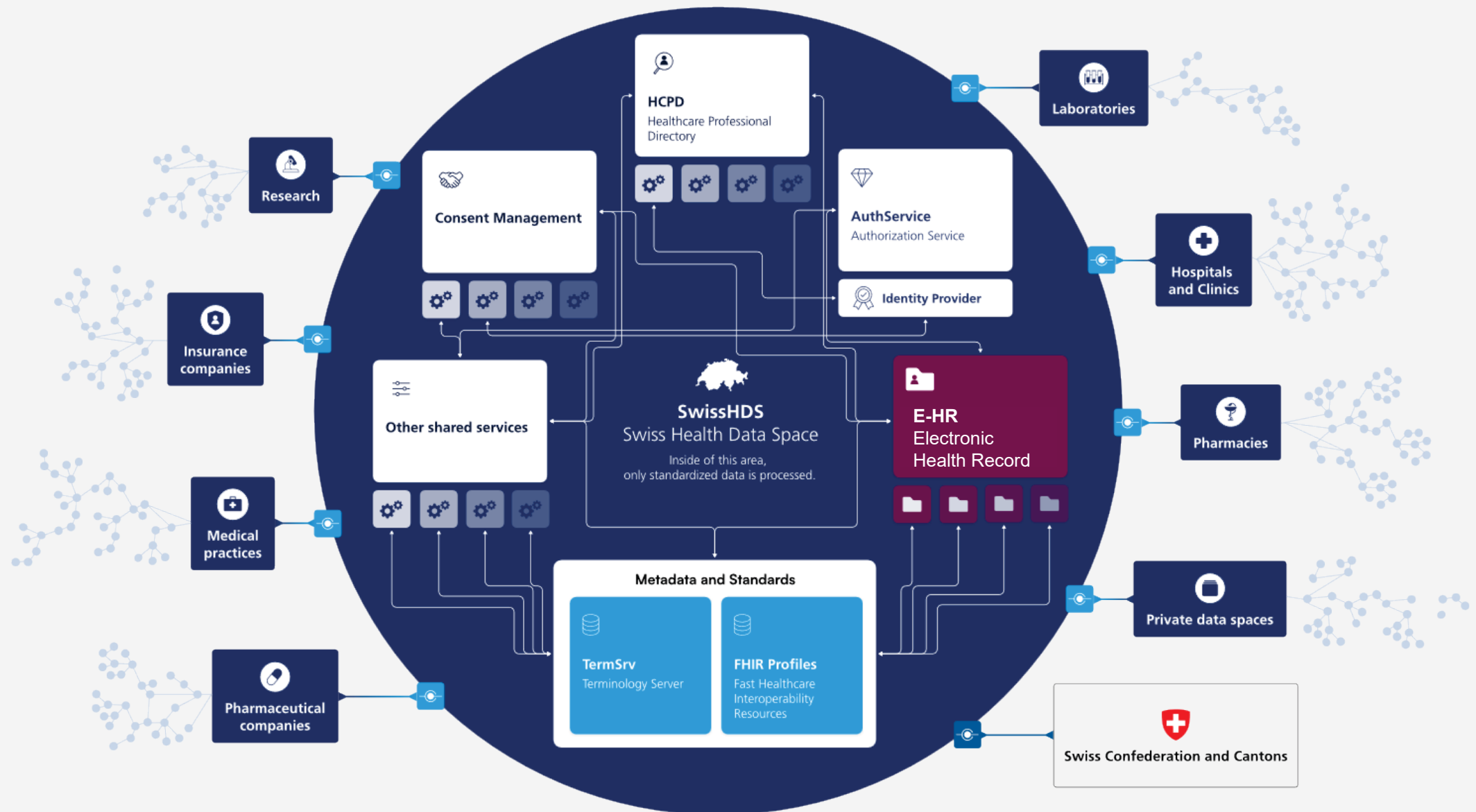
- **available** and can be
- **retrieved** and
- **viewed** by authorised personnel.

This leads to an improvement
in efficiency and patient care.



E-HR as integral part of the SwissHDS

The E-HR functions as an integral part of the SwissHDS



E-HR: Focus on the population

- E-HR stores important treatment-related information over a long period
 - Provision of information throughout the treatment process
 - Transparency and autonomy for data subjects regarding treatment-related information provided by healthcare professionals
- Provision of personal health data ('secondary/private vault' containing copies of the data / documents)
 - HCP and patients can upload data, patients grant access to digital health applications
- Informational self-determination, strengthening health literacy and reducing information asymmetries
 - The E-HR is a repository for providing patients access to their data
 - The E-HR is a platform for B2C2B communications in case it is not known who will need the information next
 - The E-HR could also be the platform for collaborative data processing

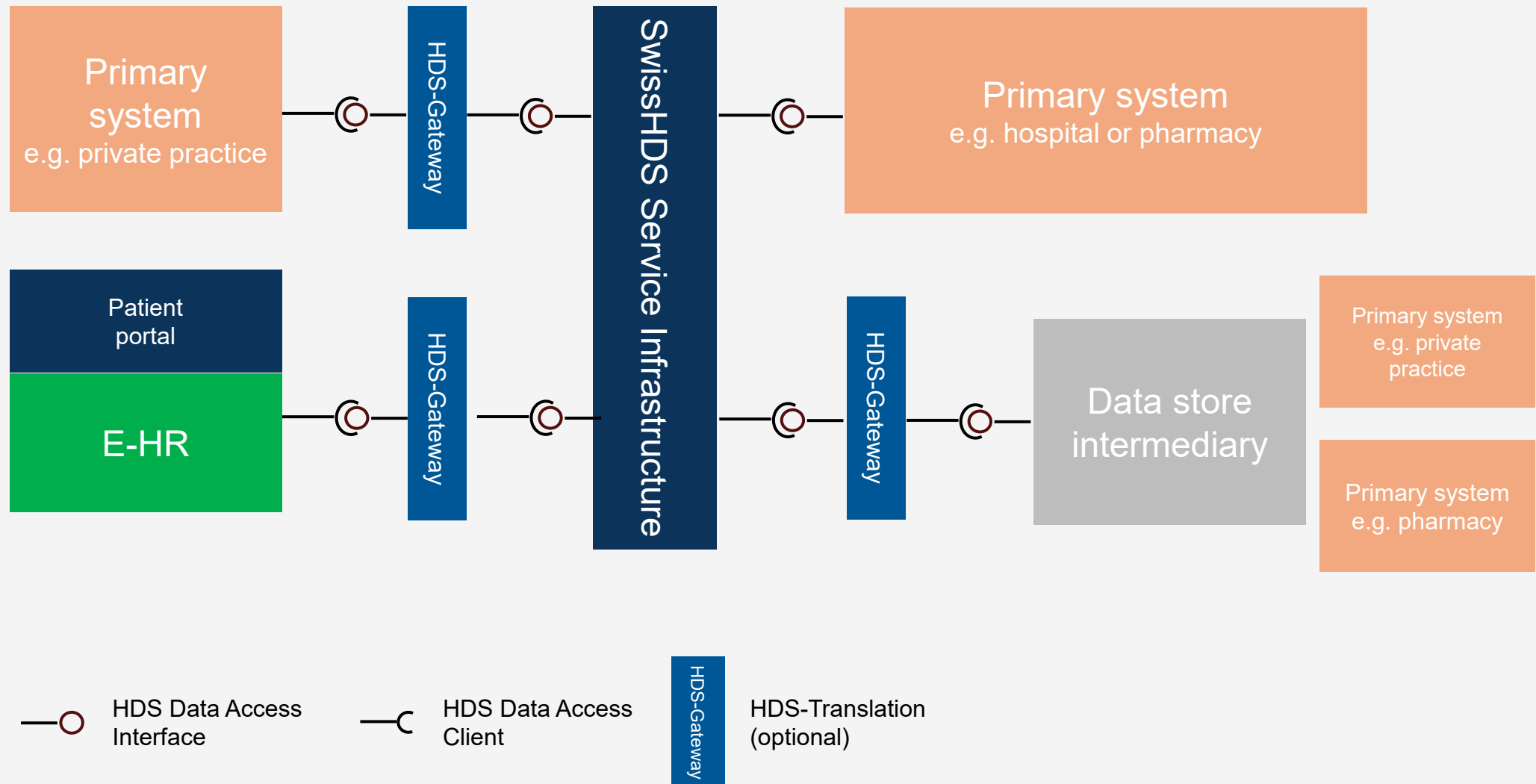
SwissHDS: Focus on B2B

- Structured and automated data exchange (via API) between institutional stakeholders (B2B) and between them and the federal government (B2G)
 - Targeted B2B communication (including workflow-supported data exchange) in the areas of care provision, billing and public services
 - Automatic data flow into the E-HR (without significant additional effort)
 - The possibility of secondary use (planning, management, research) of the data (via Mesh) has been consistently factored into the planning from the outset
-
- Direct system integration is essential (working with the primary system manufacturers)
 - Support for collaborative data processing at the interface with the E-HR
 - Efficiency in day-to-day processes

Structures, standards and interfaces

- Identical standards for E-HR and SwissHDS
 - Technology: HL7[®] FHIR[®] (international standard), DICOM (images), etc.
 - Advantages: heterogeneous system environments can communicate with one another (in real time or asynchronously, depending on the use case and the infrastructure of the institutions involved).
- E-HR will be implemented as a fully integrated component of the SwissHDS; both are deliberately coordinated and being developed simultaneously
- E-HR and SwissHDS have the same technical interfaces and shared set of basic functions and services
- Federal specialist services (Fachdienste) are to be linked to the E-HR wherever possible (B2C2B)

Primary systems and E-HR in the SwissHDS



A dark blue arrow pointing to the right, which serves as a background for the text.

Digital Health Projectathon: Its current and future role

Digital Health Projectathon: its current and future role I/II

- The Projectathon is 'project-agnostic' in its function
- Instead of technical EPR services, it will in future be used to bring DigiSanté services and data products (content profiles) closer to production readiness
- Also, in DigiSanté the focus remains on the relevant clinical data sources (primary systems resp. data stores)
- The Projectathon is well-suited to testing a large number of technical connections from relevant data sources for technical compliance
- The FHIR standard is the common 'heart' of the EPR, EHR and SwissHDS projects (transition, investment security)

Digital Health Projectathon : its current and future role II/II

- The more-day testing events make a decisive contribution to community-building within DigiSanté
- This is achieved through the testing efforts and through a themed supporting program that effectively connects the stakeholders

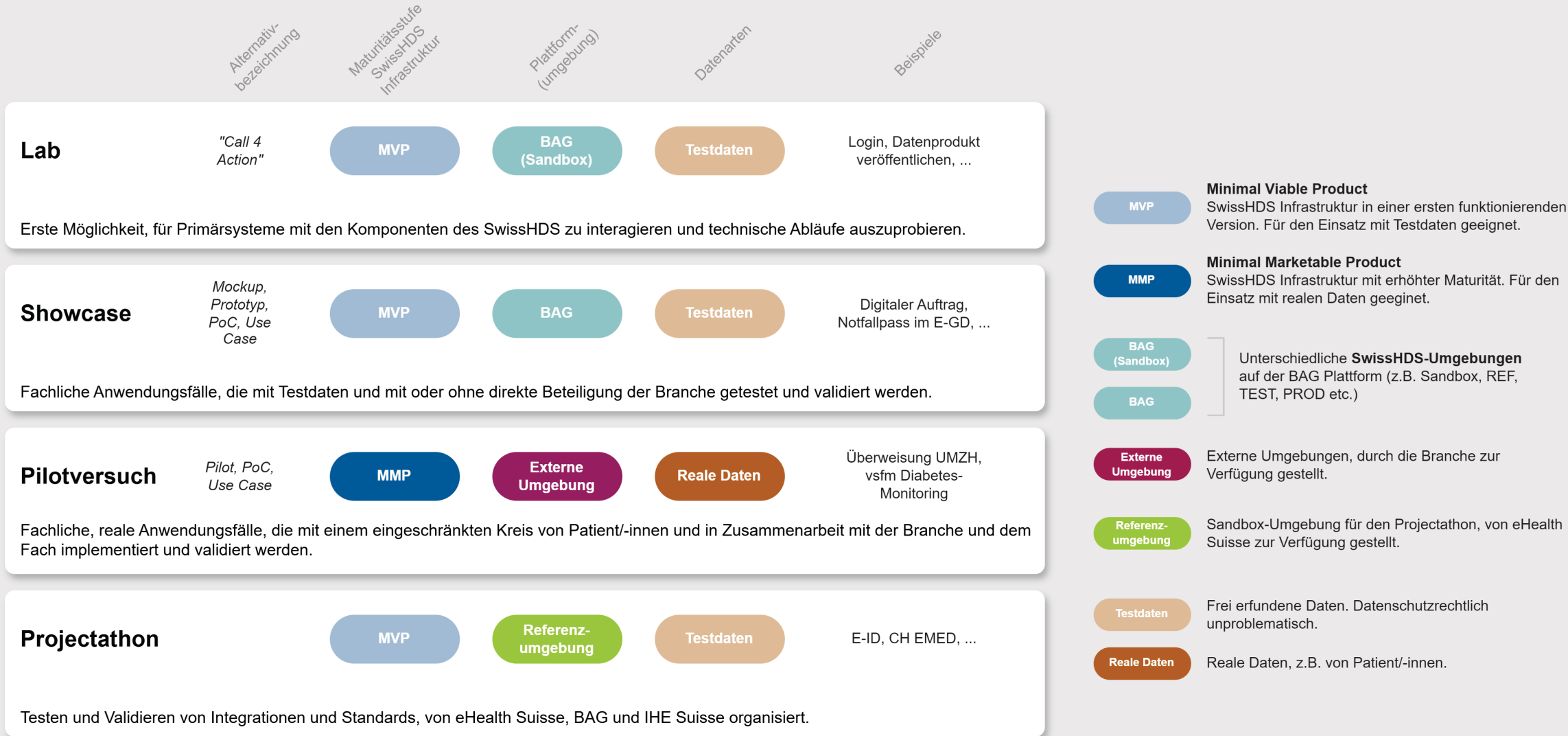
Fostering connections and synergies



The Projectathon today and tomorrow

Past Projectathons	Future Projectathons (the journey has already started)
Reference environment with shared tooling (simulators, validators)	«Bring your own software»: testing across multiple service-specific test systems
Health sector focused	Cross-sector oriented (eHealth, eGovernment, and beyond)
From the EPR testing...	...to an expanding SwissHDS service-testing ecosystem, including cross-sector interoperability testing
Service-focused testing	Larger scale interoperability testing
FOPH leadership	DVS patronage (cross-government patronage)
Health-policy driven	Public-service driven

SwissHDS: Try and Learn



Various benefits of a Projectathon

- Benefit for FOPH: Technical ripeness for wanted services and content, testing platform flexible for all kind of use cases (services)
- Benefit for vendors (technical providers): Technical ripeness and conformity to official requirements – mutual support at Projectathon (expertise)
- In the future: Vendors could get a label «SwissHDS approved» (to be detailed)
- Requirements level: Basic specs of a service become better with each test (as well as the tooling in the test environment)
- Community building and spirit (also applicable for PPP constellations)

Outlook: DigiSuisseathon 2027

- Venue: Kursaal Bern
- Date: September 27 to October 1, 2027
- Surely will be offered for testing: EPR (if demand), E-ID/AGOV (verified credentials), terminology server SwissHDS, more services coming from DigiSanté (currently under evaluation)
- Prominent thematic conference program planned
- Key issues therein: trustworthy national infrastructure, its benefits for authorities and citizens and the need of interoperability
- Also planned: High-level meetings with political decision makers



Takeaway

THE OPPORTUNITY

Six Reasons Switzerland Can Succeed



Nationally Funded

CHF 392 M offered —
broad political and
stakeholder support



Political Consensus

Cross-party agreement in
Parliament — stable
mandate through 2034



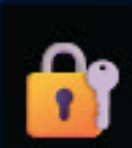
Research Excellence

Aligned with ETH/EPFL,
Universities, SPHN, etc.



Industry Strength

World-class partners with
skin in the game



Privacy as Asset

Data protection, federated
design - competitive trust



Late-Mover Advantage

Learning from e.g. DE,
DK, FI, CA — CH benefits
from pioneering work

Takeaway messages

Adopt an **overall view**: It is not “only” about digitalisation, but about a digital transformation process (creating added value) with an end-to-end perspective, synergy utilisation and a transversal view.

Standards and interoperability requirements are key and are to be defined within the framework of the programme.

Complex programme with multiple axes, heterogeneous stakeholder groups and many interdependencies: **skilful cooperation** between all stakeholders will be key to success.

The **Projectathon** remains important in the future for the testing and validation of systems connecting to the **SwissHDS** and the **E-HR**.



THE FINAL STATEMENT

“Healthcare digital transformation isn’t solely an expense – it’s an investment in system modernisation that will determine whether our healthcare remains affordable, resilient, and high-quality in the decades ahead”

Thank you for your attention



katrin-crameri-phd-mpH-673741197/
<https://www.linkedin.com/in/siwal/>



Katrin.Crameri@bag.admin.ch

Simon.Walther@bag.admin.ch

Digisante@bag.admin.ch



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Eidgenössisches Departement des Innern EDI
Bundesamt für Gesundheit BAG
Bundesamt für Statistik BFS



DigiSanté
Movie



DigiSanté
Website

