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## Health system response to Gaming Disorder in Switzerland - A quality approach towards access, identification and management

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**S-7A6****Health system response to Gaming Disorder in Switzerland -  
A quality approach towards access, identification and management***SOPHIA ACHAB*

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In Switzerland, Gaming disorder is of public health concern since mid-2000, with scarce national specialized treatment response being a challenge. The facility ReConnecte established in 2007 served as a national reference and resource for public health entities. Its development followed a Quality approach made of 6 aims in addressing treatment needs and demands for Gaming Disorder (GD). We present this approach concrete implementation for benchmark. Safety. ReConnecte is a voluntary outpatient facility, operating based on alliance with patient without constraint components; despite challenging pressure from social environment for non-voluntary care. Psychotherapy is run by trained professionals in addiction psychiatry, going through an additional clinical training for addictive behaviors (2-3years) and regular supervision (each 1 or 2 weeks). Effectiveness: the care offer adapted to scientific knowledge, with a first care process model in 2014 updated in 2021, presented here.

The assessment covers the spectrum of Gaming related disorders (harmful, hazardous and GD), avoiding over-pathologizing. Underuse of the facility is addressed in 2012 by the creation of an email address for patients (to take advantage of any motivational stage), and in 2017 by offering a webpage with information, self-assessment and easy online option to seek appointment (40 demands from 2021 to 2023). We offered treatment during lockdowns and 2-4 teleconsultations per week since then.

Patient-centeredness. The personalized approach aims at reconnecting patients to themselves, their life objectives, and their social environment- rather than disconnecting them from gaming. All clinical and functioning decisions are made jointly with the patient. Timeliness: the usual timeframe for an appointment is less than 2 weeks. Efficiency: the standardizing care process model along with Flow management of patients and resources, serve this goal. Equity: It is a public offer covered by basic health insurance adapted to meet gender and languages needs.