

# E.A.N.A. Spring Meeting 2016

29<sup>th</sup> & 30<sup>th</sup> April 2016, Brussels

## NATIONAL REPORT – AUSTRIA

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### 1. New training regulations

As of 1<sup>st</sup> June, 2015, new training regulations went into force in Austria. The specific training in general medical practice as well as the specialist training were newly organized and structured. According to the new regulations, prospective GPs and specialists have to undergo a 9 months basic training period (common trunk) prior to the medical training.

The training in general medical practice now has a duration of 42 months in total, and includes 6 months of mandatory teaching practice, i.e. practical training in a GP practice or an outpatient hospital department.

### 2. Primary Health Care

The Austrian minister of health is currently drafting a regulation on Primary Health Centres (PHCs) which could radically transform the Austrian system of primary care. The intended regulation would introduce a system in which the economic, organisational and medical responsibility for primary healthcare would be handed over to centres whose functioning would be defined by the state. The following changes would be introduced, among others:

- A new, nationwide contract (“Gesamtvertrag”) for medical services in the new PHCs would be introduced
- It would be possible for the PHCs to conclude individual contracts with the social insurance providers on the basis of this new overall contract
- This individual contract is planned to be much more important than the overall contract; it would contain detailed regulations such as the scope of services provided and the entire remuneration of medical services delivered in the PHC.
- Health insurance funds would have the possibility to terminate the contract if demand or the organisational concept changes, or if service agreements are not met.

From the point of view of the Austrian Medical Chamber, the intended regulation would weaken the role of doctors within primary care. The new proposal also contradicts an earlier concept paper which was agreed upon with the Austrian Medical Chamber. In this paper entitled “The Team around the GP” (“Das Team rund um den Hausarzt”), it was made clear that GPs should be at the centre of the multiprofessional team and should also assume final responsibility. In any case, the question of how new models of interprofessional cooperation could look like is an important topic among the medical profession, especially among young colleagues.

### **3. Drug costs**

After moderate increases until 2013, drug costs have risen sharply within the last two years. According to the ministry of health, there was an increase of 8% within the second half of 2014 alone. At the same time, there was only a moderate increase in social insurance contributions. This imbalance led to discussions between the Main Association of Austrian Social Security Organisations, the Ministry of Health and the pharmaceutical industry on how to cope with the rising costs. A proposal of the minister of health, Sabine Oberhauser, to commit pharmaceutical companies to grant compulsory discounts is heavily opposed by representatives of the pharmaceutical industry.

### **4. Mandatory cash registers for doctors**

The Austrian Tax Reform Act of July 2015 stipulates that from 1.1.2016 entrepreneurs are obliged to register their cash incomes by way of an electronic cash register. The regulation applies if the annual turnover is higher than 15.000 € and cash incomes exceed 7.500 € per year.

Doctors are not exempt from this new regulation. Private doctors will be particularly concerned, but GPs will also be affected when they offer additional services such as vaccinations and dispensaries.

### **5. “Mystery Shopping”**

A new regulation to combat social fraud entered into force on 1.1.2016. Among others, the Act allows representatives of the social insurance funds to examine doctors' practices and outpatient hospital departments covertly. The aim of the so-called “mystery shopping” is to detect, for example, unjustified sick leaves.

The Austrian Medical Chamber is strongly opposed to this new regulation, arguing that it puts the trust between the doctor and the patient at risk.

### **6. Refugees and medical care**

During the last months, Austria has seen a large flow of refugees, most of them crossing the country on their way to Germany. Upon arrival in Austria, refugees in need of medical attendance receive basic medical care. For those showing symptoms such as strong coughs, fever or poor overall health condition, specific diagnosis and treatment is provided.

Influenza and various infectious diseases are common among refugees, however the national epidemiologic reporting system show that there has not been any significant increase in infectious diseases among the general population.

### **7. Lack of Country Doctors**

A lack of doctors continues to be evident in Austria's rural areas. Many vacant practices on the countryside cannot be refilled. On the one hand, there is a general lack of young doctors, on the other hand, living in the country is not a suitable option for many young colleagues. Furthermore, 80% of country doctors are male, although at present women outnumber men among doctors in training.