



## **NATIONAL REPORT OF AUSTRIA**

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**E.A.N.A MEETING PARIS/ NOVEMBER 2016**

### **1. Primary Healthcare**

The Austrian Ministry of Health has recently released a draft regulation on Primary Health Centres (PHCs). The draft regulation is not in line with the Austrian Medical Chamber's demands for primary care. The main point of criticism is that according to the draft regulation, operators of PHCs would conclude individual contracts with the social insurance providers on the basis of a newly established overall contract ("Gesamtvertrag").

Although there have already been eleven rounds of negotiations concerning the regulation on PHCs between representatives of the Austrian Ministry of Health, the social insurance funds and the federal states no final results have been achieved. The president of the Austrian Medical Chamber emphasizes in this discussion that the general objective should be a better coordination and cooperation of the Austrian general practitioner system. Negotiations are planned to be continued after the summer break.

### **2. "Mystery Shopping"**

At the beginning of the year 2016, a new Act to combat social fraud has entered into force. Among others, the regulation allows representatives of the social insurance funds to check doctors' practices 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 regulation, which puts the trust between the doctor and the patient at risk. The Local Medical Chamber of Vienna even plans to take legal action as they estimate the regulation to be unconstitutional. The reason for this accusation is that the social insurance funds could send their undercover agents to a doctors' practice without justified initial suspicion what is illegal according to expert reports.

Despite these strong protests, a national rollout of the "mystery-shopping" program is planned for 2017.

### **3. 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.