

# Austrian National Report 2018

## Spring meeting – Berlin, 15<sup>th</sup>-16<sup>th</sup> June

### **1. Lack of doctors in Austria**

In Austria, there is a certain number of positions available in each federal province for doctors who plan to work self-employed in their own practice with a contract with one or more health insurance funds. Based on the so-called overall contract ("Gesamtvertrag") the social insurance funds and the local medical chambers are responsible for announcing these positions, but currently 60 of them for general practitioners are vacant. Furthermore, as the salary is not very attractive, there is also an alarming lack of paediatricians and pathologists.

### **2. More appreciation and better working conditions in general medicine**

A study published in June 2017 by the Graz Institute for General Medicine and Health Care Research in cooperation with the Austrian Medical Chamber shows a low interest of students and young doctors to work in the field of general medicine. This sentiment is also reflected in the increasing difficulties in filling posts for general practitioners under the current conditions. However, for one in two of the interviewed students general medicine is still an interesting option and for more than half of the students, self-employment is an attractive objective. The Austrian Society for General Medicine therefore urgently calls for measures to increase the low attractiveness of the profession of general practitioners. These include investment and support programmes for practices in regions that are difficult to fill, a fair remuneration and the recognition of the professional title "Specialist for General Medicine" for more appreciation among specialist colleagues.

Furthermore, already existing practice models such as job sharing, group practices or transitional practices should be promoted more efficiently to attract young doctors. These models were established to reach more flexibility with manageable duties and a balanced mix of family, leisure time and professional commitment. The job sharing practice model allows two self-employed doctors to share one fulltime position in a practice as well as the contract with the health insurance fund. In consequence, both of them are able to work part-time and are more flexible.

A federal law on primary healthcare (Primärversorgungsgesetz) was passed in June 2017. Healthcare units according to this new law function in the form of group practices, independent outpatient clinics (Ambulatorien) or networks, with a team of GPs, nurses and other healthcare professionals providing a wide spectrum of healthcare services. It is planned to establish 75 such primary healthcare units until 2021. However, up to now no new primary

health centres have opened on the basis of the new law, as no overall contract („Gesamtvertrag“) at federal or provincial level could be negotiated so far. Currently, some federal countries are running pilot projects for PHCs on the basis of individual agreements between the competent medical chamber and the social insurance fund.

The Austrian Medical Chamber has committed to a modern primary healthcare system, but criticises some aspects of the law, such as the fact that it does not allow doctors to employ other doctors and makes it difficult for doctors to return to their individual contracts with statutory insurance providers.

### **3. E-Health: the introduction of E-Medikation and e-referral**

The main association of social insurance providers and the Austrian Medical Chamber have signed a contract for the introduction of “e-Medikation” as a feature of the electronic health record (ELGA). E-Medikation is an application in the form of a database containing information on the medications that have been prescribed and dispensed. However, e-Medikation is not equivalent to purely electronic prescribing, and the patient will continue to receive an ordinary paper prescription. A national roll out of e-Medikation has started at the beginning of 2018. It is mandatory for all self-employed doctors under contract with a health insurance fund. Patients have the possibility to opt out from the e-Medikation feature, or from ELGA as a whole.

The electronic communications service eKOS is also regulated in this contract. The aim is to introduce e-assignment, e-referral and e-prescription in the course of 2018. By the end of the year, these applications are intended to be used nationwide by all contract doctors.

### **4. Chronic underfinancing in the Austrian health care sector**

According to a recent publication by Statistik Austria, Austria spent 36,876 million euros in 2016, 10.4 % of the gross domestic product on ongoing health care. This represents an average increase of 3.8% of current health expenditure over the period 2004 to 2016. In an OECD comparison, Austria is ranked tenth with a 10.4% share of GDP, almost on a par with Belgium and Denmark and in the upper midfield of the 35 OECD member states. The OECD comparison is again led by the USA with a current health expenditure of 17.2% of GDP, followed by Switzerland with 12.4% and Germany with 11.3%.

Representatives of the Federal Body of self-employed Doctors of the Austrian Medical Chamber take a very critical view of the low increase in health expenditure and demand an adjustment of the expenditure to comparable countries such as Germany or Switzerland. Additional funds could be used, for example, for the urgently needed 1,300 additional practices with a health insurance contract, the improvement of attractiveness of general medicine, better conditions for country doctors, or the overdue adjustment of health insurance fees. The Austrian Medical Chamber sees this as a challenge for politicians and

warns of exaggerated cost-cutting measures, which in the worst case could lead to an undersupply of the country.

## **5. Reform of the social insurance system**

The current reform plans of the new Austrian Federal Government envisage a fusion of the current 21 social insurance institutions into four or five. In total, three separate funds are planned for employees, the public sector and the self-employed sector. In addition, the pension insurance institution (PVA) and possibly also the accident insurance will continue to exist. The nine regional health insurance funds are to be merged into one Austrian Health Insurance Fund (Österreichische Gesundheitskasse). The government expects the planned reform of the social insurance system to save one billion euros by 2023 and plans to reinvest the saved budget in health care.

The Austrian Medical Chamber regards the argument of cost savings as quite critical and sees the nationalisation of the health insurance system as the primary motive of the government, which would make it easier for politicians to take influence. Furthermore, the Medical Chamber doubts that a revolution from above will lead to a sustainable result in this project and stresses that the solidarity-based financing, social medicine and self-government of the health insurance funds must not be called into question or even be abolished. The reform plans are also causing great concern among doctors.