

E.A.N.A. Spring Meeting 2011

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NATIONAL REPORT – AUSTRIA

In the Austrian health care system – which is often presented by our politicians as a role model – there are growing disruptions caused by ever shrinking resources.

This is, however, not the only reason. The Austrian health care system suffers from:

- 1) exaggerated federalism characterized by obscurities regarding competencies between countries, local communities and state
- 2) the highest density of acute care beds or hospitals in the entire EU-area.
- 3) one of the highest density of medical doctors with an exuberant cost growth in the hospital sector to the disadvantage of self-employed doctors.

This leads to multiple resolution methods, none of these, however, were able to provide effectiveness in the sense of acceptable redimensioning but failed to prevent the further expansion/formation of the inpatient sector.

Especially self-employed specialists are the target of so-called health-economists, this goes even so far that there are demands to eliminate self-employed specialists in areas of high population density in favour of employed doctors in outpatient clinics.

As already mentioned during the last meeting in Dublin it is a true novelty that established positions for GPs, especially in rural areas, are rather difficult to be filled and there is a tendency that there is less interest in areas of high population density, although there are more than enough medical doctors either in a waiting position or in positions which effectively contribute to health care provisions. There are multiple causes for this phenomenon:

- 1) shortcomings in education which is often criticized and which leads to the fact that medical doctors only take up the position of a General medical practitioner because they are not able to find a specialist training position.
Even highly lucrative positions in well known tourist resorts remain vacant over a longer period of time.

- 2) the financial compensations lag behind higher costs since 10 years, GP-services were transferred to hospitals or specialists, which led to an unattractiveness of these positions.
- 3) ever since an amending law in the year 2006 regarding dispensing doctors more and more dispensing practices have to shut down for the benefit of the establishment of public pharmacies.

In spite of all arguments of the politicians, to improve the reputation and the attractivity of general medical practitioners in rural areas, nothing has been done regarding this matter. Medical doctors who are interested to engage in a medical activity as self employed doctors migrate to Germany or other countries with a shortage of doctors, so that now we have the situation that a medical shortage is to be expected in spite of the high medical density.

MAMMASCREENING

In some regions there is currently a prevention project regarding breast screening under way (to the full satisfaction of patients and medical doctors) where on the one hand a mammography will be performed according to scientific conditions and on the other hand depending on the specific findings under supervision when investigations have produced ambiguous or suspicious results.

Evaluation of these projects has shown that the quality of processing and results is very high and that the costs are covered, there are, however, tendencies to eliminate ultrasound mammography as a screening parameter and mammography shall only be reserved for specific centres.

This will lead to the fact that especially patients from remote areas have to cover a possibly long distance (several times), which will result in a quality deterioration.

This is an example of solely economically based acquisition of sensible and of high quality services of self-employed doctors in favour of outpatient/inpatient centres.

Dr. Loh