

# **EANA Autumn Meeting 2010**

## **19<sup>th</sup>/20<sup>th</sup> November 2010, Dublin**

### **NATIONAL REPORT – AUSTRIA**

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#### **GENERAL INFORMATION**

In July of this year the Austrian Medical Chamber presented a new model for health care in Austria. In this scheme the (self-employed) physician would act as coordinator in the health care system for the patient. Furthermore, it would be up to the patient to decide whether this physician should be a general practitioner or a specialist. In cases where a patient suffers from a specific disease like cancer etc. it might be worthwhile to nominate a specialist for this coordinating position.

In general and especially also in rural areas, however, it is expected that the general practitioner will have this coordinating role, leading the patient through the health care system.

This new model also foresees that patients can only visit two specialists per quarter without a referral from a general practitioner. Currently, patients in Austria can visit one specialist in each specialty per quarter without a referral. However, every patient would still be able to freely choose his doctor, a gate-keeping system should not be introduced.

The Austrian Medical Chamber expects that this new model would enhance the status of the profession as general practitioner, which could in turn reduce the lack of general practitioners in rural areas and could also increase the number of young doctors deciding to take up a career as general practitioner. Furthermore, a decrease of costs for ambulant hospital care could also be achieved if this scheme is implemented.

This model was presented as proposal from the Austrian Medical Chamber, however, politics still need to be convinced to take the necessary steps for introducing it.

#### **CIRS**

On the initiative of the Austrian Medical Chamber, a critical incident reporting and learning system was introduced in the Austrian health care system in November 2009.

The <http://www.cirsmedical.at/> system, provided by the Austrian Medical Chamber, allows all health care professionals to anonymously report safety-relevant incidents and to have them commented by experts. It is the objective to learn from experiences made by others and thus enhance management of critical events in health care, which in turn improves patient and health care professional safety.

By September 20th, 2010 126 incidents were reported. 88 of these incidents, as they are of general interest, were published. In total the website had more than 23.000 hits in the past year, which shows the high acceptance of this website.

Almost half of the incidents were reported in hospitals (49%), followed by reports coming from practices (33%).

When it comes to the field of medicine in where most safety-relevant incidents were observed the statistic showed that 28% of the reports came out of general practice, which shows the important gateway position of general practitioners in the healthcare system. 17 % of the cases were reported out of the field of general internal medicine. In total the statistic embraced 26 medical specialties and fields.

### **E-MEDIKATION – FIRST IMPLEMENTATION OF ELECTRONIC PATIENT RECORD (ELGA)**

The realization of a long-planned “e-medication-project” (e-prescriptions, list of prescription per patient) was blocked due to severe differences between doctors and pharmacists. Finally an agreement has been reached and the project will be implemented in three pilot regions (Tyrol, Upper Austria and Vienna) until the end of 2010. E-medication throughout Europe: Effective date: end of 2011

The project partners are:

- |  |                                   |
|--|-----------------------------------|
| - Ministry of health   | - Provinces/Hospitals             |
| - Main Association of Austrian Social Security Institutions (Hauptverband) | - Austrian Chamber of Pharmacists |
|  | - Austrian Medical Chamber        |
|  | - ELGA GmbH                       |

E-medication means collection of patients' medication data in databases by physicians and pharmacists (collection of all prescription medication and active ingredients of OTC medicinal products which could cause interactions). Data will be made available in electronic form.

Target group: mainly elderly and multimorbid persons.

The main objective of e-medication is the improvement of patient safety in strict consideration of the legal regulations. Furthermore it will assist in avoiding interactions and multiple prescriptions; target group: mainly elderly and multimorbid persons.

Participation in this project is voluntary, patients have to sign a declaration of consent. All physicians in private practice wishing to participate in the project need to be equipped with an e-card system.

The realization of “e-medikation” is subject to strict observation of data protection. Data will be recalled via e-card, but recorded on capacious server.

### **SURVEY – BURNOUT AMONG AUSTRIAN MEDICAL DOCTORS**

At least 20% of Austrian physicians show symptoms of burnout, 50 % are at risk. This applies especially to employed doctors, but it does not exclude the self-employed sector.

The demands on employed doctors and doctors in free practice are similar. Both categories have the permanent contact of ever demanding patients, necessity of conveyor belt medicine, heavy responsibility and overflowing working time in common.

In the self-employed sector there is a higher risk of isolation, as well as a hard to solve balance between economic survival and necessary recreation.

Heavy responsibility and manifold administrative requirements have a negative impact on the professional situation. Physicians who are engaged in urban areas tend to consider themselves as devalued, since they are subject to a so-called “doctor shopping” due to a missing structure of the health care system.

The Austrian Medical Chamber has recently initiated an online survey regarding burnout-syndrome among Austrian medical doctors, which is under the direction of the Medical University Graz. The survey can be accessed via internet (survey period of approx. two months) and it will take ten to fifteen minutes to complete the questions (immediate reply and evaluation for the participant).

### **ESTABLISHMENT OF “LIMITED LIABILITY COMPANIES” (DOCTORS OF MEDICINE MAY JOINTLY FORM AND OWN A PROFESSIONAL LIMITED LIABILITY COMPANY)**

With the amendment of the Austrian Medical act from 1<sup>st</sup> September 2010 it will be possible to establish group practices in the form of a limited liability company.

Only physicians that are entitled to exercise medical profession independently, as well as members of the dental profession may hold an ownership interest as a member in such a company.

The Austrian Medical Chamber has been demanding the establishment of group practices in this form for years.

The legal reform was one highly controversial subject and led to several negotiations during the last months.

Limited liability companies are considered a major contribution to the improvement of medical treatment – particularly regarding rural areas. These companies will present a facilitation on the one hand for frail and elder patients who are not able to ambulate independently and on the other hand for patients who have to take on long journeys in order to see different medical specialists, as they guarantee better and closer medical treatment and allow for better consultation hours.

Furthermore it will provide relief to the outpatient hospital sector, since group practices serve as an interface between hospitals and self employed doctors.