

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE EUROPESE VERENIGING VAN STAFARTSEN DEN EUROPÆISKE OVERLÆGEFORENING EYPΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΎΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI DEN EUROPEISKE OVERLEGEFORENING ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIAÇÃO EUROPEA DE MÉDICOS DE HOSPITALES EUROPEISKA ÖVERLÄKARFÖRENINGEN EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA

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VERBAND DER ÄRZTLICHEN DIREKTOREN UND PRIMARÄRZTE ÖSTERREICHS

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1. General Aspects:

In Austria general health care is laid down in constitutional laws on the federal and regional levels. Besides private medicine is also practiced officially.

The majority of hospitals are represented as public institutions (federal, regional). The minority of private hospitals are denominational or owned by private institutions. During the last 20 years the management of public hospitals in different areas (counties/districts/, cities) has been handed over to politically independent companies. However, so far political influence has not yet been excluded completely. As reported in our national report 2004 the Austrian government has initiated new efforts reforming the health care system since its financing was considered too complex with possibilities of cost reduction.

On the federal and regional levels the reorganisation of planning and administrative institutions was started. New measures of cost reduction for medicaments were taken. A significant effect of preventive medicine is expected and regulations of health telematics and quality securing are considered. Increases of contribution fees and taxes, higher self contributions and hospital fees should help to provide a saving potential of additional 300 millions Euro for counties/fed. district and health insurances.

The original idea of the health care reform, focussing on regional health care agencies and one federal health agency could not be realized, but agreement could be reached finally on regional health funds separating strictly between the extramural and intramural sectors. Counties/districts taking care of hospitals, health insurances of the extramural sector. Common decisions are only possible within a "sector of cooperation".

2. Electronic patient card (E-card):

The trial of the E-card has been started in one general practice in eastern Austria (Burgenland) with the idea of stepwise introducing it generally after successful experience. So far the first results are promising, despite some critics there is good acceptance of the E-card in patients and physicians.

3. Working time directive (WID):

Since last years report the situation has not changed, earlier announced stricter regulations have not been enforced (yet ?).

UP Dr. Peter Spath, 13.4.2005