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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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Report of the Austrian Medical Chamber to the AEMH (European Association of Senior Hospital Physicians)

Introduction

The amendment of the Austrian Medical Act changed the representation structure of senior physicians and empowered the Austrian Medical Chamber to represent the interests of senior physicians at international level.

Representation of senior physicians in Austria

The elections held within the Austrian Medical Chamber in spring and the amendment of the Austrian Medical Act led to structural changes within the Austrian Medical Chamber. These changes substantially improved the representation situation of senior physicians, until then represented by the Regional Medical Chambers in the provinces. The new structure of the Medical Chambers foresees a professional body (so-called "curiae") for both groups: employed/hospital doctors and self-employed doctors. The body of employed/hospital doctors has one chairman and two deputies, however, only one of these three positions has to be filled by a senior physician. Within the Austrian Medical Act, the group of senior physicians is defined as a proper group of physicians.

Health policy

As in the previous year already, health policy is mainly characterised by a health care reform aiming at achieving savings, in order to manage funding difficulties of the health insurance funds. Up-rating of social insurance contributions by 0.15% has not resulted in any improvements. Health insurance funds, in particular the Vienna Regional Health insurance fund, are likely to announce their insolvency soon. Health economists presume that restructuring may bring a 3 billion € savings potential, which the regional governments and hospital experts consider as absolutely unrealistic. The precarious situation of health insurance funds led the Main Association of social insurance institutions to present a savings plan which provides a drastic reduction of benefits through the reduction of physician posts, mandatory generic substitution and sanction measures in the field of prescribing. This resulted already in first severe protests of physicians in autumn 2007. The reason was a government project of introducing out-patient health care centres to compete with self-employed physicians, the abolition of needs assessment for hospitals, likely to imply total liberalisation of the market where the services offered are regulated. It was the declared objective to weaken the position of self-employed specialists and to disburden the field of out-patient departments. It was also planned to totally deprive the Medical Chamber of its competence and influence in the area of quality assurance and the award of health insurance fund contracts to specialists. The vehement protests of the medical profession, including threats of strikes, have been able to prevent these plans from being implemented, for the time being. Basically, politicians strive for a centrally regulated healthcare system, and disempowerment of the (still very influential) medical profession, through direct means of sanctioning of individual physicians (ranging from cancellation of contracts to financial sanctions).

Decisions of the highest courts have generated severe ethical conflicts, in particular in the field of reproduction medicine. Both, a self-employed gynaecologist and a hospital were convicted to pay alimony for the lifetime of a handicapped child (after the foetal

malformation remained undetected). Handicapped interest and church organisations, as well as the Medical Chamber expressed their indignation and resentment. At present, the consequences of these decisions are unpredictable.

ELGA (electronic health file)

The further development of the Austrian electronic health file for the purpose of exchange of medical information continues to be consequently pursued; the medical profession is actively involved in this process. It is planned to implement the following core applications until 2012: hospital discharge information, X-ray results, laboratory findings and e-medication. The main problems concern the regulation of data protection, which requires a new legal basis, as well as access authorizations.

Austrian health structure plan

The Austrian health structure plan indicates not only the number of required hospital beds, but also the number of required large medical equipment and aims at restructuring the hospital landscape. The nine Austrian provinces have to convert and implement the Austrian health structure plan in regional structure plans. This is the mandate of the regional health platforms, having political health decision making power - whereas the mode of implementation is varying from one province to the other. In this area, too, the level of involvement and integration of the medical profession is inadequate and leaves a lot to be improved.

Healthcare across borders

Migration of physicians: Foreign physicians coming to Austria are mainly from neighbouring countries such as Germany, Hungary and the Slovak Republic. Since Romania and Bulgaria have entered the EU, the migration of physicians from those countries has significantly increased. Austrian physicians mainly migrate to Germany, the Scandinavian countries, Switzerland, Great Britain or Australia, and to a lesser extent to the USA and to the United Arab Emirates.

The Austrian Medical Chamber has recently concluded friendship treaties with several German federal states, aiming to promote the bilateral mobility of doctors. Friendship treaties with more German states and maybe other EU countries are to follow. This initiative is also supported by the European Union in the framework of the life long learning initiative.

Migration of patients: Migration of patients has so far not been a subject of major concern in Austria. However, deficits do exist in the execution of existing provisions on the reimbursement of costs, in terms of Regulation 1408/71. We experience longstanding payment delays by the home countries of patients who received treatment in Austria, which accumulate to considerable outstanding debts, the total cover of which does not seem realistic anymore.