



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVNIKOV
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΙ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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| National report – Austria |
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1. Current number of MDs:

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| Total number of MDs: | 38.764 |
| Self-employed MDs: | 15.832 |
| General practitioners: | 12.616 |
| Medical specialists: | 19.117 |
| Employed MDs: | 21.099 |

2. Ministry of health

Before his appointment as Minister of Health, Alois Stöger used to work as a trade unionist and was also chairman of the Upper Austrian regional health insurance fund.

Although his attitude towards medical doctors can be described as favorable, there are still influential forces which try to undermine the professional autonomy.

Altogether he seemed to appear indecisive and did not attempt to tighten Austrian tobacco laws (which are not stringent enough) because he was afraid of the negative reaction of the restaurant owners.

The new draft bill of the Austrian Medical Act that has been introduced recently, foresees the autonomy of the medical quality assurance to be subject to ministerial rule, which is considered unacceptable for the medical profession in Austria.

3. Financial discussions

In Austria, the subjects of the ongoing discussion related to the health care system are: increasing hospital expenses and the financial shortfall of the health insurance funds.

The nine different regional health insurance funds, despite their different balance sheets, needed to provide compensation payments to each other, now show an overall negative balance.

The “Main Association of Austrian Social Security Institutions” (Hauptverband) and the Austrian Medical Chamber have concluded an austerity agreement.

After long negotiations the government has provided the necessary financial resources that are subject to the aims of the saving plans.

Due to the fact that this “austerity package” was not entirely implemented by the Government, there are difficulties with the medical doctors.

One controversial subject which is required by medical doctors is the establishment of group practices (in the form of so-called limited liability company), particularly because the federal government wants to introduce an economic needs test which on the one hand would threaten the freedom of establishment for medical doctors in Austria and on the other hand would undermine the existing mechanisms between the Austrian Medical Chamber and the social security funds.

In this regards there are further negotiations in progress.

Although already negotiated, the financial relief of the health insurance funds by means of cancellation of all costs that are outside the intended scope of payments of the insurance funds has not been provided yet.

4. Shortage of medical doctors

In a few years Austria might have to face a shortage of doctors as well.

The number of graduates is decreasing due to the limitation of university places. Besides, it is not clear to what extent foreign medical graduates are subsequently going to remain in Austria and engage in a medical activity.

As a matter of fact in some federal regions there are specialist-positions (employed and self-employed) that remain vacant (mainly Internal medicine, radiology or psychiatry), even the positions of the head of department have proved difficult to re-occupy and in some cases have to be filled by under-qualified doctors. In one of the nine regions a whole department of internal medicine had to be closed partially due to shortage of doctors.

As a consequence the long waiting periods have disappeared in nearly all regions (except for Vienna).

5. Anti-corruption law

A new anti-corruption-Act has been introduced in Austria.

However, this law was exaggerated and would have led to suppression of medical training and CME. Besides it might have inhibited any serious collaboration with the pharmaceutical industry. In the course of re-negotiations, relaxation of the law was accomplished.

The decisions concerning benefits for medical doctors through pharmaceutical firms lies solely within the competence of the hospital providers

6. E-health:

ELGA (electronic patient record):

Work on the electronic patient record was resumed and is proceeding according to plan.

The legal form of the working group was changed into the form of a limited liability company, under the direction of a doctor with many years of experience in hospital management which at the same time means better representation of the medical profession. Also the technical management was transferred to another person, but there are no experiences so far.

We can therefore essentially assume that there will be better user involvement giving equal consideration to the interests of patients and doctors.

E-medication

The realization of the “e-medication-project” (e-prescriptions, list of prescription per patient) has been blocked due to several disputes between doctors and pharmacists.

Finally an agreement has been reached and the project therefore will be implemented in three pilot regions until the end of 2010.

Hospitals

The Austrian hospital scene has been a favourite target of the critics because of its high number of beds and small-sized hospitals. However, there are only very few closings of hospitals, as a matter of fact the revival of populist-politics cultivates the further extension of these structures.

The possibility of relief of the hospitals via doctors in free practice is undermined because of the saving plans of the health insurance funds that go along with the reduction of jobs in this sector.

“Structural health plan”:

According to the Austrian structural health plan it is the duty of the federal regions to make sure that the regional plans are implemented.

These structural plans are partially finalized and should help to determine the planned target regarding capacities in the hospital and in the private practice sector.

The respective approach differs from province to province i. e. in Vienna the pressure exerted by the insurance funds has led to reduction of jobs in the sector of private practice and to a reduction of beds in the hospital sector at the same time.

Hospitals operated by religious orders, on the other hand, were able to increase their number of beds, with the consequence of a subtle privatization.

CIRS – Critical incident reporting system

On the initiative of the Austrian Medical Chamber, a critical incident reporting and learning system was introduced in Austrian health care system in November 2009 which allows all health care professionals to anonymously report safety-relevant incidents and to have them commented by experts.