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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## NATIONAL REPORT AUSTRIA

**1. CURRENT NUMBER OF MDs**

	<b>April 1<sup>st</sup> 2010</b>	<b>April 1<sup>st</sup> 2011</b>
Total number of MDs:	(39.356)	40.236
Self-employed MDs:	(15.991)	16.264
General practitioners:	(12.785)	13.028
Medical specialists:	(19.388)	19.973
Employed MDs:	(21.483)	22.091

**2. MINISTRY OF HEALTH**

As already mentioned last year, the current Minister of health, Alois Stöger, was appointed in the year 2009; prior to his appointment as Minister of health he used to work as a trade unionist and was also chairman of the Upper Austrian regional health insurance fund. In the beginning he has taken a very cooperative attitude towards medical doctors, lately there are, however, opposing tendencies.

The new draft bill of the Austrian Medical Act that has recently been introduced, 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.

**4. AUSTRIAN HEALTHCARE STRUCTURE PLAN (ÖSG), REGIONAL HEALTHCARE STRUCTURE PLAN**

The ÖSG is to become the instrument of integrated planning for the whole healthcare field

These structural plans are partially finalized and should help in providing a forward looking framework for the planning of supply of health services in the hospital and in the self-employed sector.

The respective implementation differs from province to province since the Act on medical care establishments and on health resorts is subject to historical and topographic circumstances.

Due to the fact that the respective circumstances have to be considered it is rather difficult to immediately provide a unified structure plan.

#### **5. HOSPITALS**

The Austrian hospital scene is characterized by a high number of beds and small-sized hospitals (compared to other countries), which is subject to constant criticism by health economists.

The closing of hospitals has to be carefully considered and properly thought through, has to meet the requirements of the WHO and must not be justified with merely populist and parochial arguments.

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.

#### **6. 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.

As a matter of fact in some federal regions there are specialist-positions (self-employed as well as employed) that remain vacant (mainly Internal medicine, radiology or psychiatry), even the positions of the head of department prove rather difficult to re-occupy and in some cases even have to be filled by under-qualified doctors.

#### **7. 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.

#### **8. E-CARD (ELECTRONIC HEALTH CARD)**

Meanwhile this electronic device is well established and has proven successful in the self-employed as well as in the hospital sector.

#### **9. EUROPEAN HEALTH RECORDS (ELGA)**

In Austria, a major legal act which aims at establishing a national system of electronic health records (EHR) is currently under review.

The Federal Ministry of Health has recently submitted a draft law for consultation which is harshly criticised by the Austrian Medical Chamber and also other stakeholders. The draft in its present form would not bring about significant

improvement to the current situation, in fact, it will complicate the doctor-patient communication. Furthermore, it does not offer sufficient protection of health data against unauthorized access. Given the highly sensitive nature of health related data, however, it must be ensured that this kind of information is not misused.

The Austrian Medical Chamber would rather await the results and experience gained from the pilot project (eMedication, scheduled to run until the end of 2011) before any decision is taken.

All open questions have to be clarified before the draft is adopted by parliament, particularly questions with regard to costs, benefit, liability or data protection.

#### **10. CIRS**

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 and shortly after its introduction exceeded all expectations.

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.

May 2011, Univ.Doiz.Dr. R . Hawliczek/Prof.Dr. P. Spath