



**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
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1. Organisation of the medical profession:

The organisation of physicians including dentists (M.D.) is based on the relevant federal law (physicians law = "Ärztegesetz", 5th amendment).

For all medical doctors (M.D.s) including dentists membership at the Austrian Medical Chamber (AMC) is compulsory. AMC consists of one federal Medical Chamber (MC) and 9 regional MCs corresponding to the 9 federal districts/counties ("Bundesländer"). These MCs take care of the professional, social and economic interests of the members.

The total number of members is in the range of 35000, representing practicing physicians (general practitioners, specialists), self-employed and employed M.D.s, the latter working mostly in hospitals.

At the present time the MC consists of 3 sections ("Kurien"):

a) Employed M.D.s, b) Self-employed M.D.s, c) Dentists (M.D.s)

The majority of senior hospital physicians belong to the section of employed M.D.s (a) together with junior hospital physicians. Because of some obvious significant divergent interests between senior and junior hospital physicians, the senior hospital physicians are aiming at an independent section in the MC.

More than 51% of all practicing physicians are working on a salaried basis, the majority being employed in hospitals.

Hospital-physicians are feeling overcharged, spending more than 1/3 of their time with bureaucracy, 63% of time remaining for patient care. At the same time the average length of stay in the hospital is reduced and more intense with permanent economical pressure is enforced.

Beside compulsory membership at the MC, most doctors are belonging as voluntary members to one or more medical societies in various fields and different medical specialities. There are also different professional associations on a voluntary basis, as the "Verband der Ärztlichen Direktoren und Primärärzte Österreichs" (Austrian Association of Senior Hospital Physicians) being the Austrian representation at AEMH since decades.

2. Current aspects of general health care:

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 in 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".

3. 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.

4. 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, 21.4.2005