Distribution of Healthcare Providers and Health Workforce in Slovenia

The institutional framework – The case of Austria

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Institutional framework in Austria

» Health care system is highly segregated

» The responsibility for financing, planning and controlling is strictly parted between
  » the federal level (esp. MoH),
  » 9 provinces,
  » 22 public social insurances as well as
  » cities and municipalities

» The Federal Government has a central role (eg. legislation), but many competences are delegated

» Joint responsibility for structural policies and planning (agreements under Art. 15a of Austria’s Constitutional Act)

» Need for cooperation of a large number of actors
Health Reform 2006

» Strengthen integrated health care – measures to overcome the strict separation of health care sectors and improvement of coordination of planning, financing and governance
  » Reform of Institutions on federal and regional level *(Federal Health Care Agency, Regional Health Care Funds)*

» Integrated Health Care Structure Plans for the federal level *(Austrian Health Care Structure Plan – ÖSG)* and for the regional level *(Regional Health Care Structure Plans – RSG)*

» Improve quality of health care – measures to built up a uniform nationwide system of quality measurement and quality management as well as quality assurance *(Act on Health Care Quality, Federal Institute for Quality Assurance in Health Care – business unit of GÖG)*

» Ensure economic stability – sustainable financial security of the health care system

» Is a **deepening concretization** of the health reform 2005 → sustainable financial security of the health care system

» **Gradually reducing growth of public health expenditure** in relation to projected growth of GDP → definition of health expenditure targets

» **Governance by objectives**, via targets in the areas of
  » health care **structures**
  » health care **processes**
  » health **outcome**
  » **financial** development

» **Equal partnership** between federal authority, 9 regional authorities (provinces) and public health insurances under the condition of unchanged responsibilities

» **Federal and 9 regional** 4–year contracts (2013–2016) and yearly working programs

» **Monitoring** of health care reform progress in the 9 provinces
Health Reform – period 2 (2017–2021)
Consolidation in targets

» Focussing the efforts
» Reduction of strategic and operative targets
» and operationalisation via target dimensions

» Better health service provision
» Demand-oriented provider structure
» The right care (also HWF)

» Better quality
» Better coordination of care
» Treatment when you need it
» Healthier population
» Staying healthy
» Healthier lifestyle

» Better value
» Ensuring financials sustainability
The future of HWFP

» Integrated view on HWFP high on the agenda
  » Key issue in the new “contract on health targets” (2017–2021) between federal government, regional government and sickness funds
    » joint supraregional planning and governance, development of competence–profiles, establishing a new skill–mix
    » involvement of additional stakeholders is challenging

<table>
<thead>
<tr>
<th>Operatives Ziel 2</th>
<th>Verfügung und Einsatz des für die qualitativol versorgung erforderlichen Gesundheitspersonals (Skill-Mix, Nachwuchssicherung, demographische Entwicklung) sichern</th>
</tr>
</thead>
</table>
| Messgrößen und Zielwerte | (7) Anzahl der besetzten und genehmigten Ausbildungsstellen AM/FÄ  
Keine Zielvorgabe (Beobachtungswert)  
(8) Ärztliche Versorgungsdichte  
Keine Zielvorgabe (Beobachtungswert)  
(9) Relation DGKP und PFA zu Ärztinnen in FKA (“Nurse to Physician Ratio”)  
Keine Zielvorgabe (Beobachtungswert) |

» Data issues are persisting; health professionals register is set up for Nurses, Assistant Nurses and Higher medical–technical Professions

» New methodological approach → from static modelling to microsimulations–based models (“IT–Tool”)

» Implementing a nation–wide monitoring
Institutional Framework
Federal level: Commission – Training of physicians

» Agreement between federal and regional governments on the organisation and financing of the healthcare system (2013)

» Article 44 “Training of physicians”
  » setting up a commission
  » including regional governments, social insurance funds, medical chamber, medical universities, hospital management
  » chaired by the MoH

» Task: giving advice concerning training of physicians
  1. Planning
  2. Governance
  3. Quality management
  4. Development
Medical education and training system – Physicians

- **Basic medical education at university** (6 years)
- **Post-graduate training as a specialist** (6 years) or **generalist** (3.5 years) in teaching hospitals and practices (GP)
- **Exam and/or approval as physician by medical chamber**
  - Contract with SHI and/or
  - Salaried in hospital and/or
  - Non-contracted in private practice

**Joint responsibility for education of physicians** (legislation)

*University*: Federal Ministry of Science, Research and Economy

*Post-graduate training*: Federal Ministry of Health (MoH) + Medical Chamber
Medical education – university – current capacities

» Institutional setting
  » 3 public medical universities (Vienna, Graz, Innsbruck) + 1 public medical school (as part of the University of Linz, since 2014) run by the federal government
  » 3 private universities offering medical education
Physicians: Access to medical education

» Until 2002
  Unlimited access for Austrians, South Tyrol + LUX;
  Access for EU member states only if access was granted in country of origin

» 2002 onwards
  First attempt to regulate number of students by the implementation of “integrated tests” at the end of year 1

» 2005
  Decision of European Court of Justice that same access criteria have to apply to all EU residents → Massive **inflow of German students**

» 2006 onwards
  Introduction of **standardized EMS-test** as access criteria + introduction of **quota**:
  » 95% of study places for EU (in total)
  » 75% for A, South Tyrol & LUX
  Treaty violation proceedings (EC) and subsequent moratorium ended 2017.
Physicians: Post-graduate training

» **Reform** of the education of physicians (2015)
  » improvement of **quality** and **attractiveness**
  » introducing **common basic training**
  » and compulsory **GP training in ambulatory setting** (GP teaching practices)

» **Institutional setting**
  » **Residency places** offered by (public) hospitals
    » based on **quality criteria** (e.g. sufficient number of procedures performed)
    » places **approved** and monitored by **medical chamber**
  » **Access** organised by **training institutions**, applications by medical graduates
  » for **GP** a minimum numbers of graduates per year and province is stipulated by the “Art.44 commission”
  » for **specialists** no regulation
Physicians: Licensing and contracting

» Licensing
  » Entry into physicians’ register (run by medical chamber) after GP/specialty exam or approval
    » Exams for GP and specialists organised and held by medical chamber
    » Approval of foreign-trained doctors organised by medical chamber
  » Continuous training organised by medical chamber

» Contracting with sickness funds
  » Number of contracts contracted between SHI and medical chamber (restricted number)
  » Applicants are put on a “waiting list” run by the medical chamber
    » MoH/parliament can define ranking criteria

» Contracting not essential to open up private practice
  » Constitutional right to practice for every physician (1867)
  » Patients are reimbursed 80% of the regular fee if consulting a non-contracted physician → number is increasing
# HCP in Austria – Overview (1): Higher Education on Academic Level

- **Doctor of Medicine**
  - General Practitioner
  - Specialised doctor – medical specialties
- **Dental Practitioner**
- **Healthcare Psychologist**
- **Clinical Psychologist**
- **Pharmacist**
- **Veterinary Surgeon**
- **Exercise Therapist(*)**
- **Midwife**
- **Higher medical–technical Professions**
  - Physiotherapist
  - Biomedical Analyst
  - Radiological Technologist
  - Dietitian
  - Occupational Therapist
  - Speech Therapist/Logopedist
  - Orthoptist
- **Qualified Nurse(**)**
- **Music Therapist**
- **Psychotherapist**

University:
- Academic Grade varies between Bachelor/Master/Dr./PhD,
- followed by education and training in clinical setting, except (*).

University of Applied Sciences:
- Academic Grade: Bachelor
- in combination with education and training in clinical setting.
- (**) Partly!

Different and variable!

*Condition for Practice*

Source: Federal Ministry of Health, Healthcare Professions in Austria, 2016; Illustration: Gesundheit Österreich GmbH. Regina Aistleithner, GÖG
HCP in Austria – Overview (2): Other Types of Education

<table>
<thead>
<tr>
<th>Professional Category</th>
<th>Level of Qualification</th>
<th>Duration</th>
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<tbody>
<tr>
<td>Qualified Nurse (*)</td>
<td></td>
<td>3 Years</td>
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<tr>
<td>Qualified Nursing Assistant</td>
<td></td>
<td>2 Years</td>
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<td>Nursing Assistant</td>
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<td>1 Year</td>
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<tr>
<td>Qualified Cardio-technician</td>
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<td>Medical Assistant Professions</td>
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<td>Disinfection Assistant</td>
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<td>Plastering Assistant</td>
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<td>Laboratory Assistant</td>
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<td>Assistant Prosector</td>
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<tr>
<td>Operating theatre Assistant</td>
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<td>Doctor's surgery Assistant</td>
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<tr>
<td>Radiology assistant</td>
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<tr>
<td>Qualified medical Assistant</td>
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</tbody>
</table>

(*) School of Nursing (until 2023): 3 Years

School/Course: 2 Years

Course: 1 Year

Training within framework of employment: 18 Months
- Professional requirements for admission to training:
  - Radiological Technologist
  - Biomedical Analyst
  - Nurse Specialist: Intensive care or anaesthetic care

School of medical assistant professions or course: 650 to 2500 (Qualified medical Assistant) hrs

Source: Federal Ministry of Health, Healthcare Professions in Austria, 2016; Illustration: Gesundheit Österreich GmbH. Regina Aistleithner, GÖG
HCP in Austria – Overview (3): Other Types of Education

- Medical Masseur
- Therapeutic Masseur

- Emergency Medical Technician (Paramedic)
  - First-level Emergency Medical Technician
  - Second-level Emergency Medical Technician
  - Second-level Emergency Medical Technician with special emergency qualifications

- Dental Assistance

Training:
- Medical Masseur: two modules, 1690 hrs
- Therapeutic Masseur: +800 hrs

Training:
- First-level: 1260 hrs
- Second-level: 2480 hrs
- Special emergency qualifications:
  - Pharmacology: 50 hrs
  - Venous access and infusion: 50 hrs
  - Artificial respiration and intubation: 110 hrs

Course and within framework of training employment: 3 Years, 3600 hrs
- Specialization in prophylaxis assistance: +144 hrs

Source: Federal Ministry of Health, Healthcare Professions in Austria, 2016; Illustration: Gesundheit Österreich GmbH.
Regina Aistleithner, GÖG
International context – WHO/Global strategy

Global strategy on human resources for health

Unanimously adopted by Member States at the 69th WHA in May 2016

1. **Optimize** the existing workforce in pursuit of the Sustainable Development Goals and UHC (e.g. education, employment, retention)

2. **Anticipate** future workforce requirements by 2030 and plan the necessary changes (e.g. a fit for purpose, needs-based workforce)

3. **Strengthen** individual and institutional capacity to manage HRH policy, planning and implementation (e.g. migration and regulation)

4. **Strengthen** the data, evidence and knowledge for cost-effective policy decisions

http://who.int/hrh/resources/pub_globstrathrh-2030/en/
Objective 3

Build the capacity of institutions at subnational, national, regional and global levels for effective public policy stewardship, leadership and governance of actions on human resources for health

Milestones:

• 3.1 By 2020, all countries will have inclusive institutional mechanisms in place to coordinate an intersectoral health workforce agenda.

• 3.2 By 2020, all countries will have an HRH unit with responsibility to develop and monitor policies and plans.

• 3.3 By 2020, all countries will have regulatory mechanisms to promote patient safety and adequate oversight of the private sector.
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