

Welcome!



Andreas H. Birner – Austrian Public-Health-Institute (GÖG)
Study Visit of SMA-PEMBA, Vienna, 14th June 2018

- » **Austrian Public-Health-Institute (GÖG)**
- » **Austrian Health Care System (at a Glance)**

Gesundheit Österreich GmbH

Austrian Public–Health–Institute

GÖG (Gesundheit Österreich GmbH) was established in its current form by federal law on 1 August 2006.

It is THE National Planning and Research Institute in Health Care System

3 Business units are integrated in GÖG (owner is MoH Austria):



ÖBIG (Österreichisches Bundesinstitut für Gesundheitswesen – **Austrian National Institute for Health Services Research**), a well-known research institute established in 1973 by federal law to plan, regulate and promote the Austrian Health Care System



FGÖ (Fond Gesundes Österreich – **Austrian Health Promotion Fund**), established in 1992 with the task to improve health promotion and prevention in Austria



BIQG (Bundesinstitut für Qualität im Gesundheitswesen – **Austrian National Institute for Quality in Health Care**), established in July 2007 to guarantee the quality of health services rendered in Austria by for instance maintaining quality registers and reports and performing Health Technology Assessment (HTA)

Austrian Public-Health-Institute Facts and Data

- » Since 2006 a limited company in 100%-ownership of the Republic of Austria (federal law)
- » Legal representation of the owner: Ministry of Health
- » About 200 employees
- » Non profit organisation
- » Independence in science

- » Austrian Public-Health-Institute (GÖG)
- » **Austrian Health Care System (at a Glance)**

Austrian Health Care System (at a Glance)

Contents

- » **Data and Facts**
- » Institutions
- » Strengths, Weaknesses and Challenges
- » Control of Health Care System
- » Satisfaction und Effectiveness

Austria



Federal republic with
9 federal states
(provinces) and 9
federal governments

Status Quo 2016

area:

84,000 km²

inhabitants:

8.7 Millionen

female:

51 %

60 years and older:

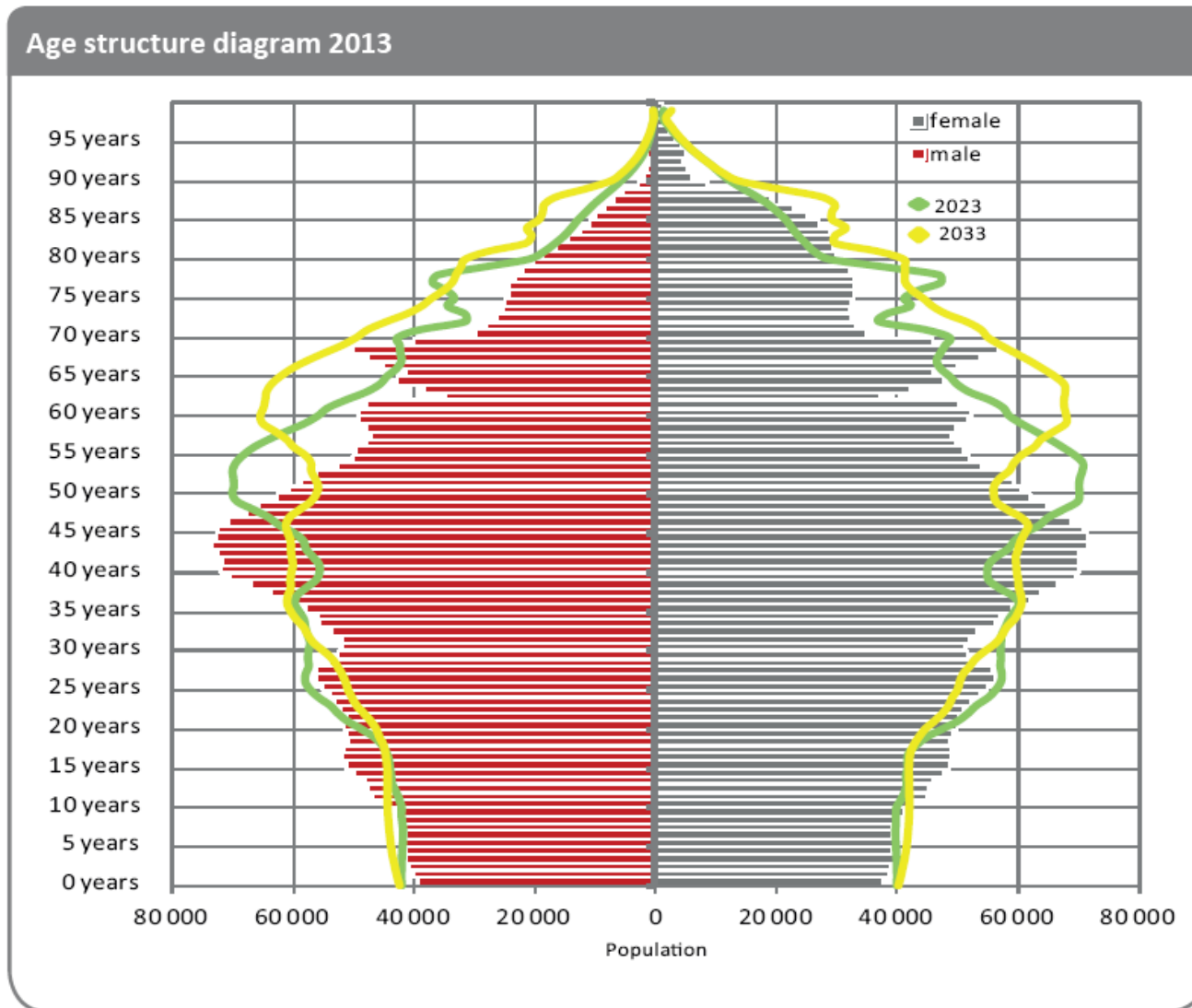
24 %

younger than 15 years:

14 %

Austrian Health Care System (at a Glance)

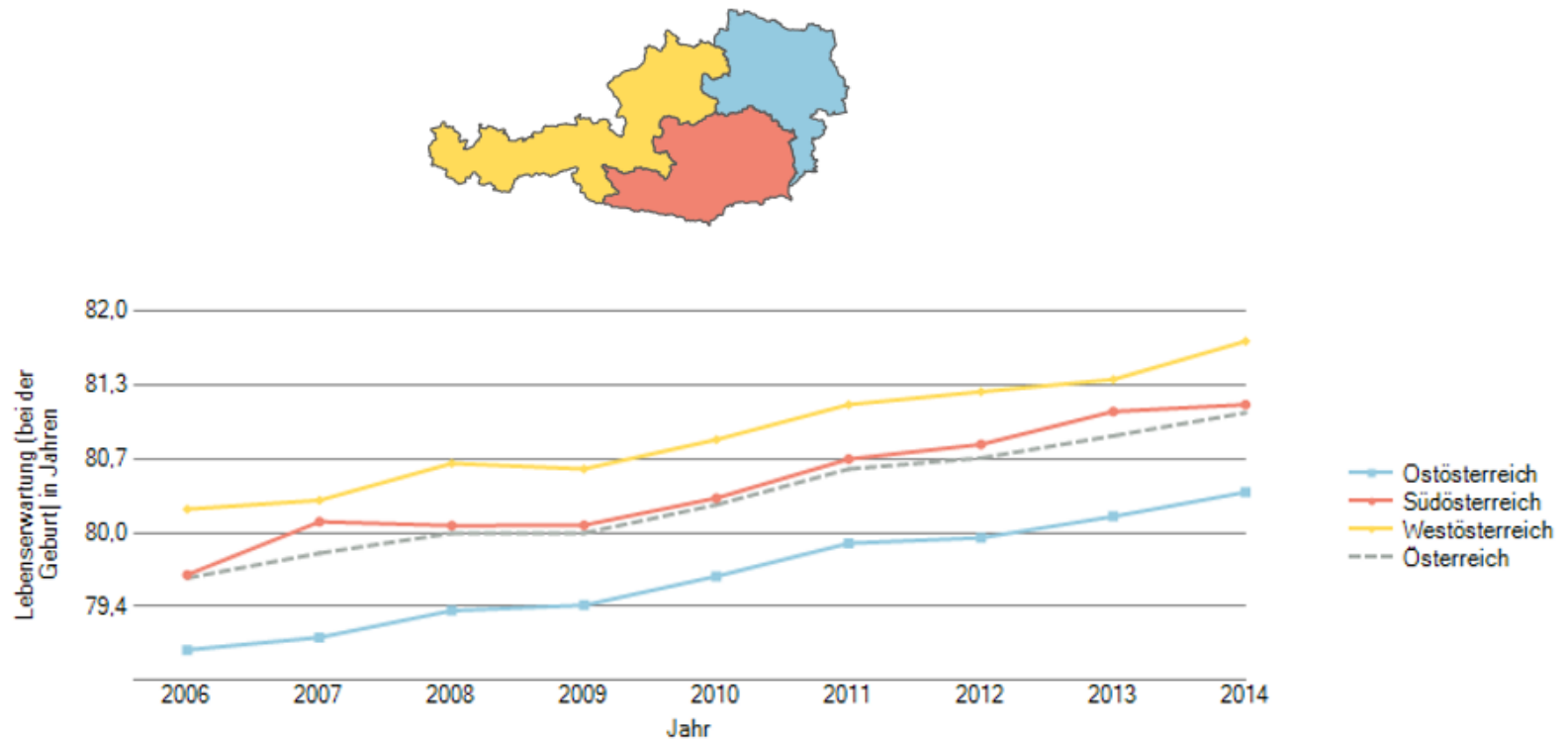
Data and Facts – Demographic Challenge



Austrian Health Care System (at a Glance)

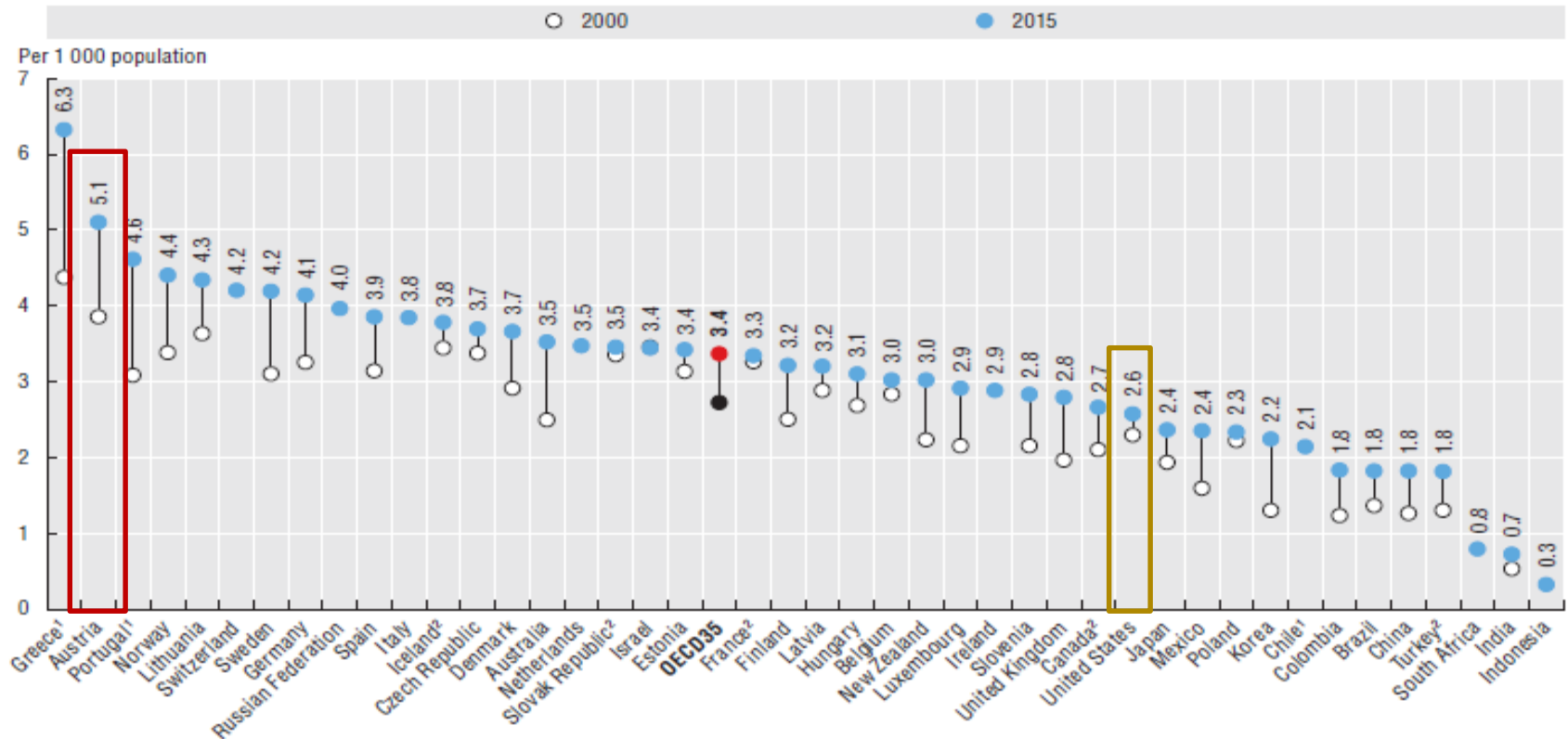
Data and Facts – Life Expectancy

Life Expectancy (at birth) by NUTS-1-Regions, 2006 – 2014
(male and female)



Austrian Health Care System (at a Glance) Data and Facts – Physician Density

8.3. Practising doctors per 1 000 population, 2000 and 2015 (or nearest year)



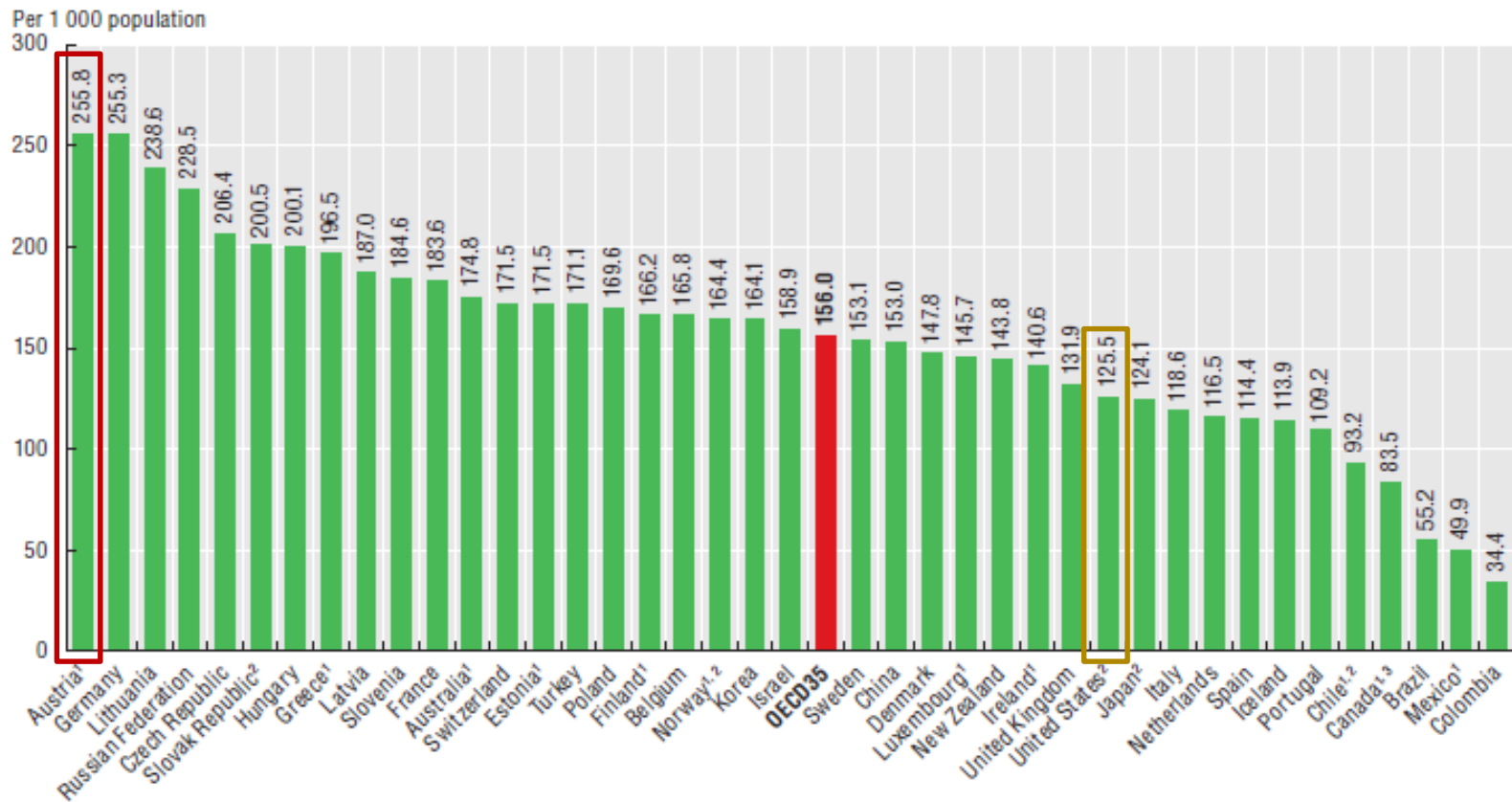
1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: OECD Health Statistics 2017.

Austrian Health Care System (at a Glance)

Data and Facts – Hospital Frequency

9.10. Hospital discharges, 2015 (or nearest year)



1. Data exclude discharges of healthy babies born in hospital (between 3-10% of all discharges).

2. Data include same-day discharges.

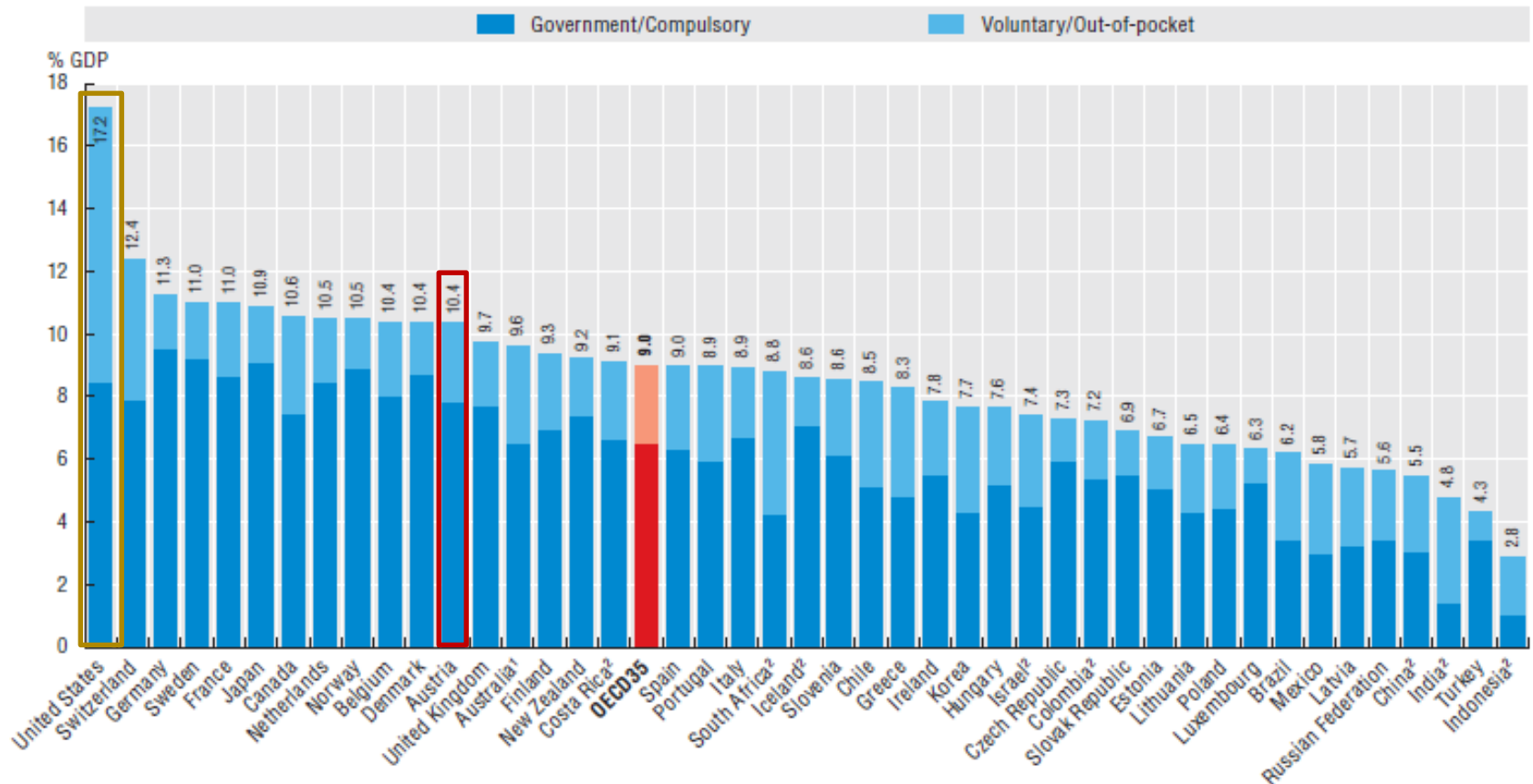
3. Data for Canada include discharges for curative (acute) care only.

Source: OECD Health Statistics 2017.

Austrian Health Care System (at a Glance)

Data and Facts – Health Expenditure in % of GDP

7.3. Health expenditure as a share of GDP, 2016 (or nearest year)

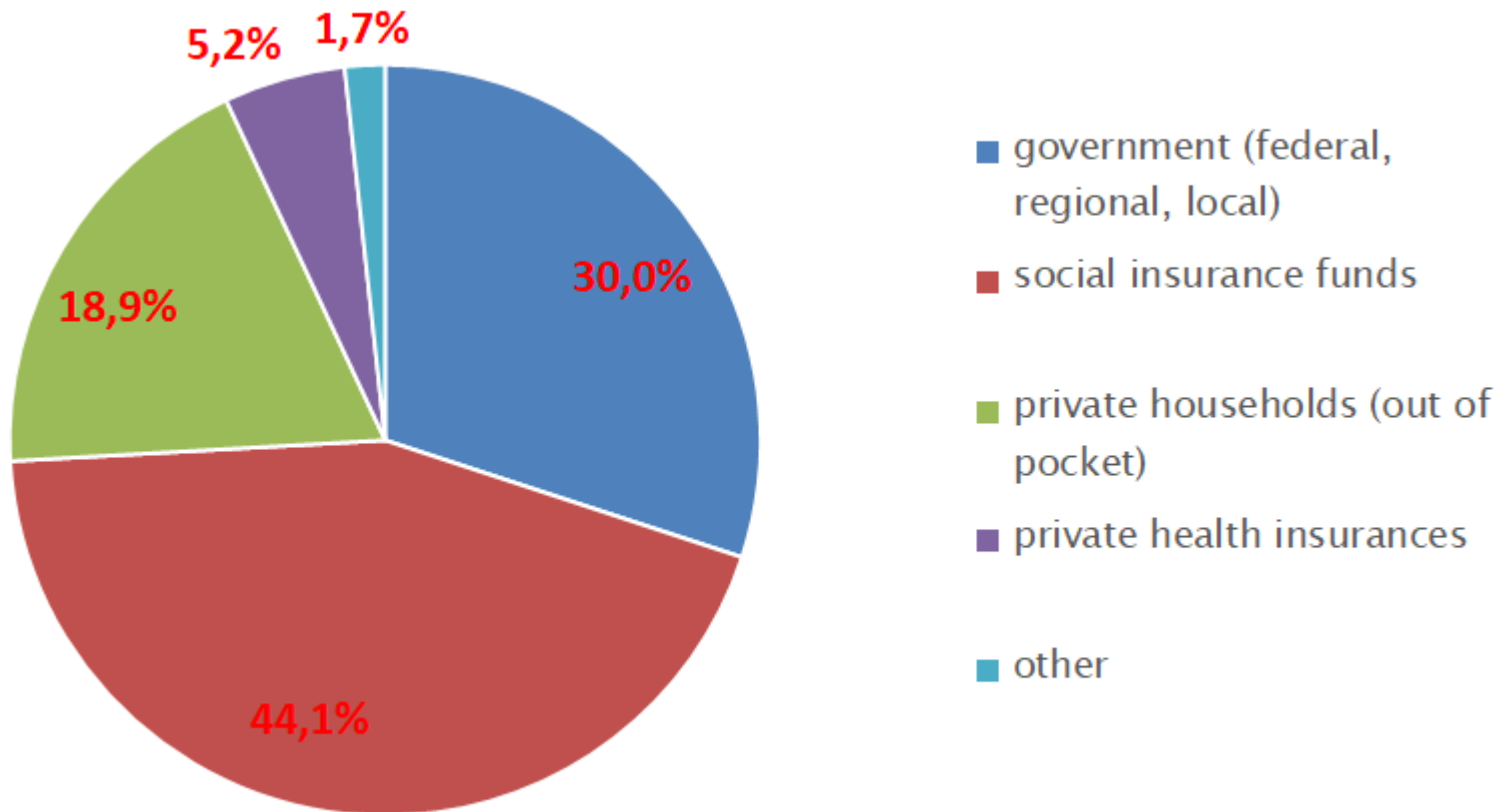


Note: Expenditure excludes investments, unless otherwise stated.

1. Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.
2. Includes investments.

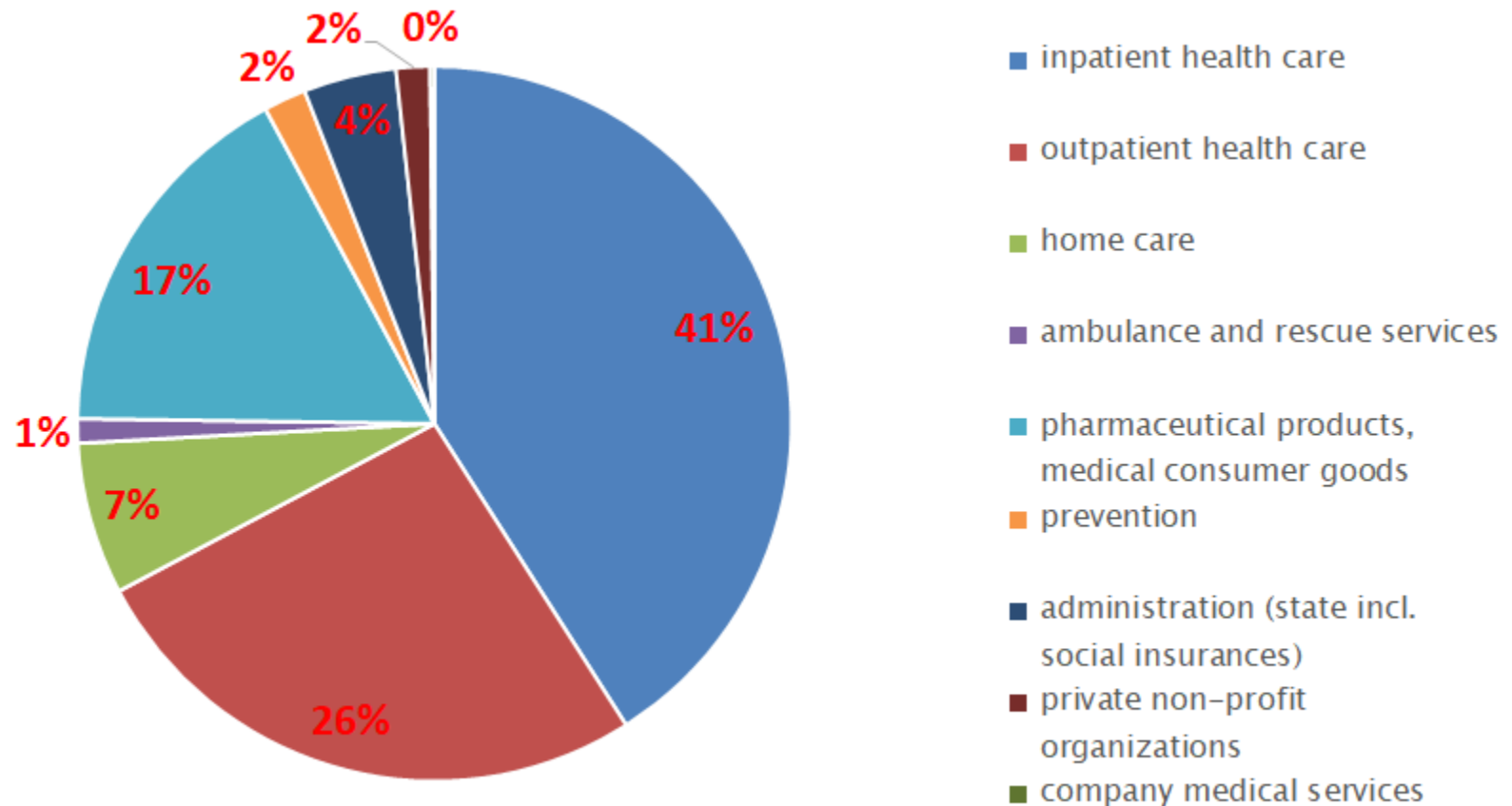
Source: OECD Health Statistics 2017, WHO Global Health Expenditure Database.

Austrian Health Care System (at a Glance) Health Expenditure 2016 – Source of Funds



Source: Statistik Austria 2018; own calculations of GÖG

Austrian Health Care System (at a Glance) Health Expenditure 2016 – Allocation of Funds



2015 (or nearest year)	Life Expectancy	Health Expenditure			Supply		Health Behaviour		
	Life expectancy at birth in years	Current health expenditures in % of GDP	Current health expenditures per capita in US\$ purchasing power parities	Out-of-pocket expenditure % of current expenditure on health	Physician density: Physicians per 1.000 inhabitants	Hospital bed density: hospital beds per 1.000 inhabitants	Tobacco consumption % of population 15+ who are daily smokers	Alcohol consumption, Liters per capita (age 15+)	Obese population, self-reported, % of total population
Switzerland	83,0	12,1	7 536	28,3	4,2	4,6	20,4	9,5	10,3
France	82,4	11,1	4 530	6,8	3,3	6,1	22,4	11,9	15,3
Sweden	82,3	11,0	5 266	15,2	4,2	2,4	11,2	7,2	12,3
Netherlands	81,6	10,7	5 297	12,3	3,5	4,2	19,0	8,0	12,8
Austria	81,3	10,3	5 100	17,9	5,1	7,6	24,3	12,3	14,7
United Kingdom	81,0	9,9	4 125	14,8	2,8	2,6	17,8	9,5	20,1
Germany	80,7	11,2	5 353	12,5	4,1	8,1	20,9	11,0	16,4
<i>OECD Average</i>	<i>80,6</i>	<i>8,9</i>	<i>3 851</i>	<i>20,3</i>	<i>3,4</i>	<i>4,7</i>	<i>18,8</i>	<i>9,0</i>	<i>16,5</i>
USA	78,8	16,9	9 507	11,1	2,6	2,8	11,4	8,8	30,1

Austrian Health Care System (at a Glance)

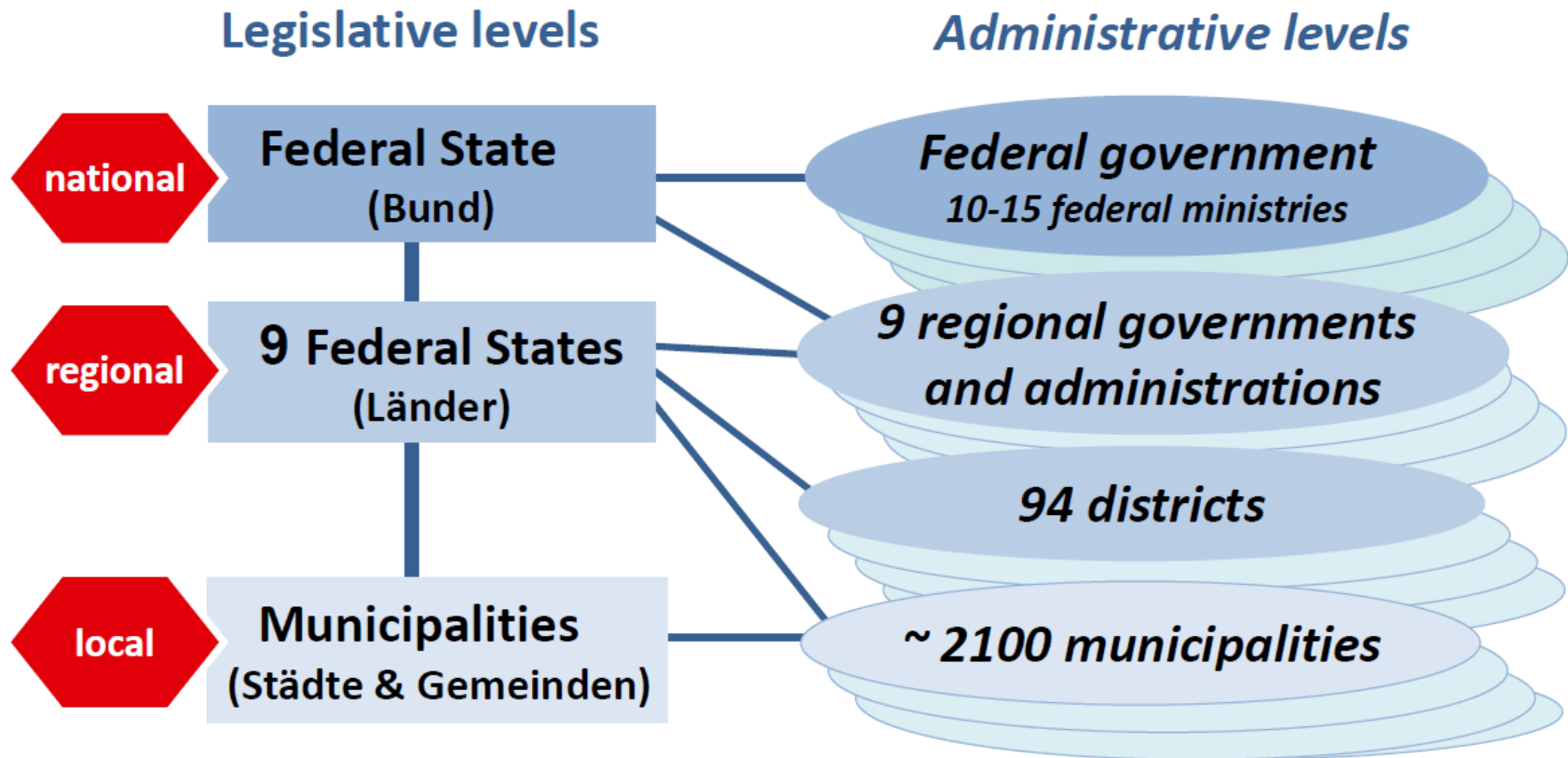
Contents

- » Data and Facts
- » **Institutions**
- » Strengths, Weaknesses and Challenges
- » Control of Health Care System
- » Satisfaction und Effectiveness

Austrian Health Care System at a Glance

Institutions: Austrian a Federal Republic

federal structure → various areas and levels of competence



Austrian Health Care System at a Glance

Institutions: Competences and Responsibilities

Government

Federation (*national level*):

Ministry of Health and other ministries

- Public health issues
- Hospital framework legislation
- **HEALTHCARE FUNDING**

Federal States (*regional level*):

Regional governments incl. districts & municipal governments

- Hospital care
- Social care
- **HEALTHCARE FUNDING**

Self-governed

Social insurance

on national & regional levels:

21 independent self-governed social insurance institutions

- extramural healthcare
- rehabilitation
- **HEALTHCARE FUNDING**

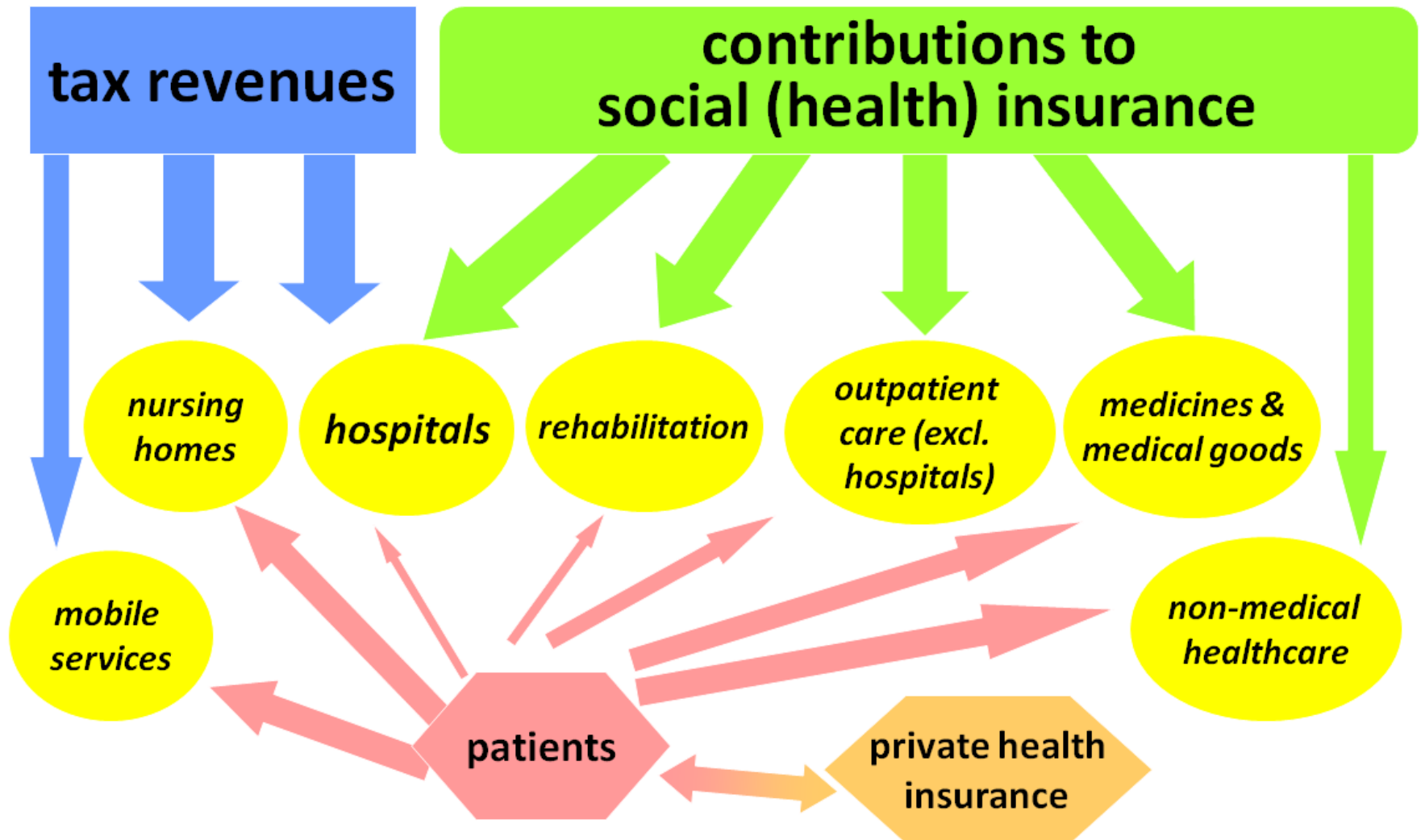
Interest groups with public mandates

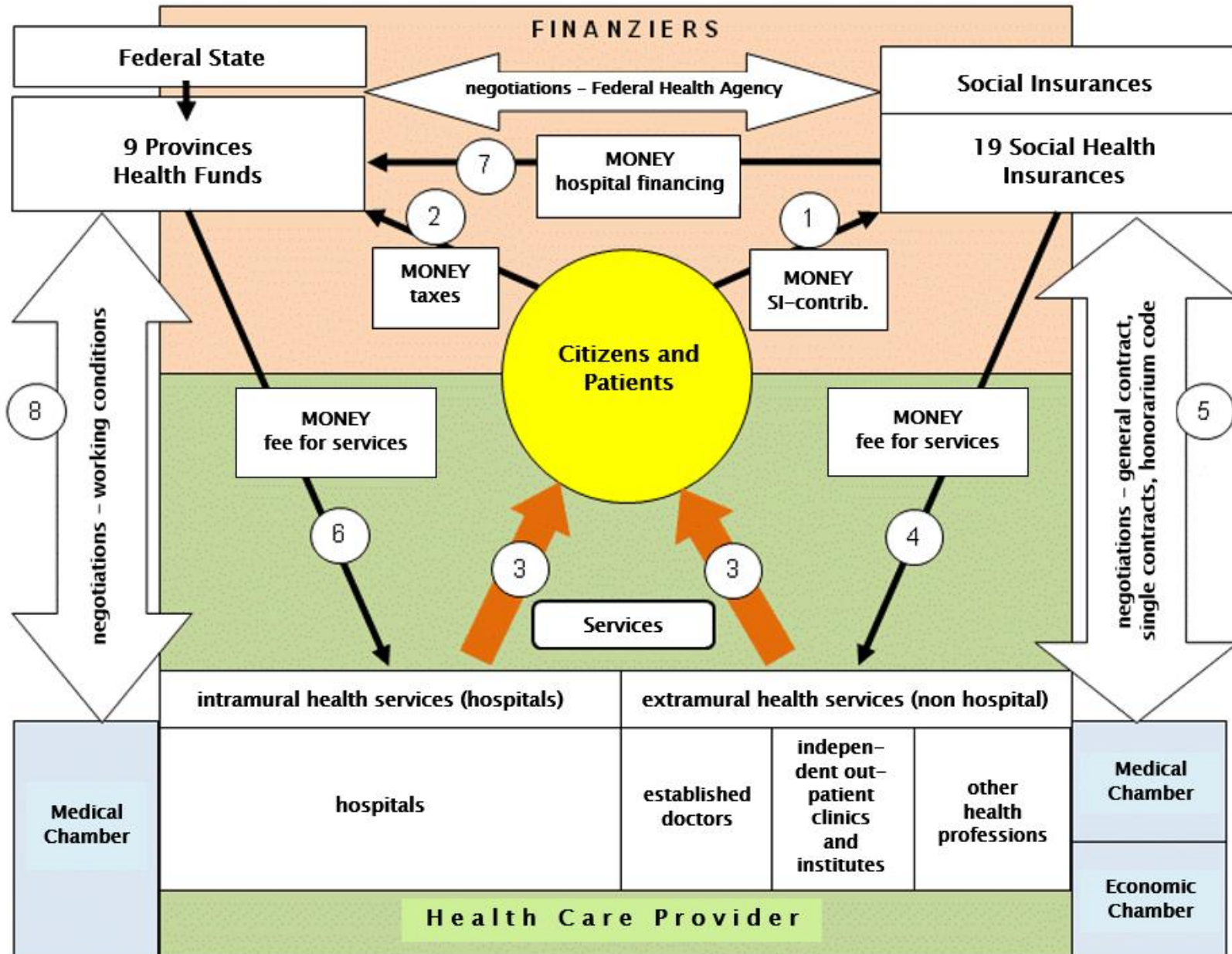
Chambers of physicians and other interest groups

on national & regional levels

Austrian Health Care System at a Glance

Health Care Funding





Austrian Health Care System (at a Glance)

Contents

- » Data and Facts
- » Institutions
- » **Strengths, Weaknesses and Challenges**
- » Control of Health Care System
- » Satisfaction und Effectiveness

Austrian Health Care System at a Glance

Strengths of the Austrian Health Care System

- » In Austria, health care is based on a social insurance model that guarantees all inhabitants equitable access to high quality health services – irrespective of their age, sex, origin, social status or income. → **Solidarity**
- » Comprehensive social health insurance coverage is a major feature of the Austrian health care system → **99.9 % of the population is protected.**
- » **Mainly public financed system** (taxes and social insurance) → 73 % of the health expenditures are public financed (2016: 8,1 % of GDP)
- » Health care system is based on **compulsory social insurance**; access to services is regulated by law (General Social Insurance Act – ASVG); **all insured people have a legal right to a large number of benefits**
- » For **persons with special needs or persons who are chronically ill a wide range of exemptions from co-payments exist.** About a quarter of the insured population e.g. is exempt from paying the prescription fee for medicines.
- » Patients are directly represented in numerous bodies. **Patient advocacy groups play an important role in decision making.**

Austrian Health Care System at a Glance

Weaknesses and **Challenges** of the Austrian Health Care System

- » The **responsibility (financing, planning, controlling) is parted** between the federal level, 9 „Länder“ (regional level) and 21 public social insurances as well as cities and municipalities
- » **Therefore a high need for coordination exists;** for that purpose special institutions on federal and regional level has been created
→ Bundesgesundheitsagentur (federal health agency) and 9 Landesgesundheitsfonds (regional health funds)
- » **Macroeconomic inefficiencies:** incentives for shifting treatments from one sector to another because of microeconomic advantages
- » Despite achievements in reducing hospital beds and shifting acute capacities to nursing, geriatric and palliative care, **acute bed capacities and utilization remain high, particularly in urban areas**
- » **The institution- and structure-orientation of the system is too strong** instead of more patient- and process-orientation
- » A **uniform nationwide system of quality measurement** and quality management as well as assurance is **under development yet**
- » **Health promotion should be strengthened.**

Austrian Health Care System (at a Glance)

Contents

- » Data and Facts
- » Institutions
- » Strengths, Weaknesses and Challenges
- » **Control of Health Care System**
- » Satisfaction und Effectiveness

Austrian Health Care System: Challenges and Reforms

- » The **responsibility for financing, planning and controlling is strictly parted** between the federal level (esp. MoH), 9 „Länder“ (provincial level) and 22 public social insurances as well as cities and municipalities
 - » hospital sector: MoH and provincial governments in sovereign administration → laws, regulations, etc.
 - » non hospital sector: public social insurances and Austrian Medical Chamber in joint self-government → negotiations
 - » there is no real pragmatic possibility to change this framework of responsibility.

- » **Two substantial items of the health reforms 2005 and 2012**
 - » **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**
 - Federal Health Agency (BGA)
 - Provincial Health funds (LGF)
 - **integrated Health Care Structure Plans**
 - Austrian Health Care Structure Plan (ÖSG)
 - 9 Regional Health Care Structure Plans (RSG)

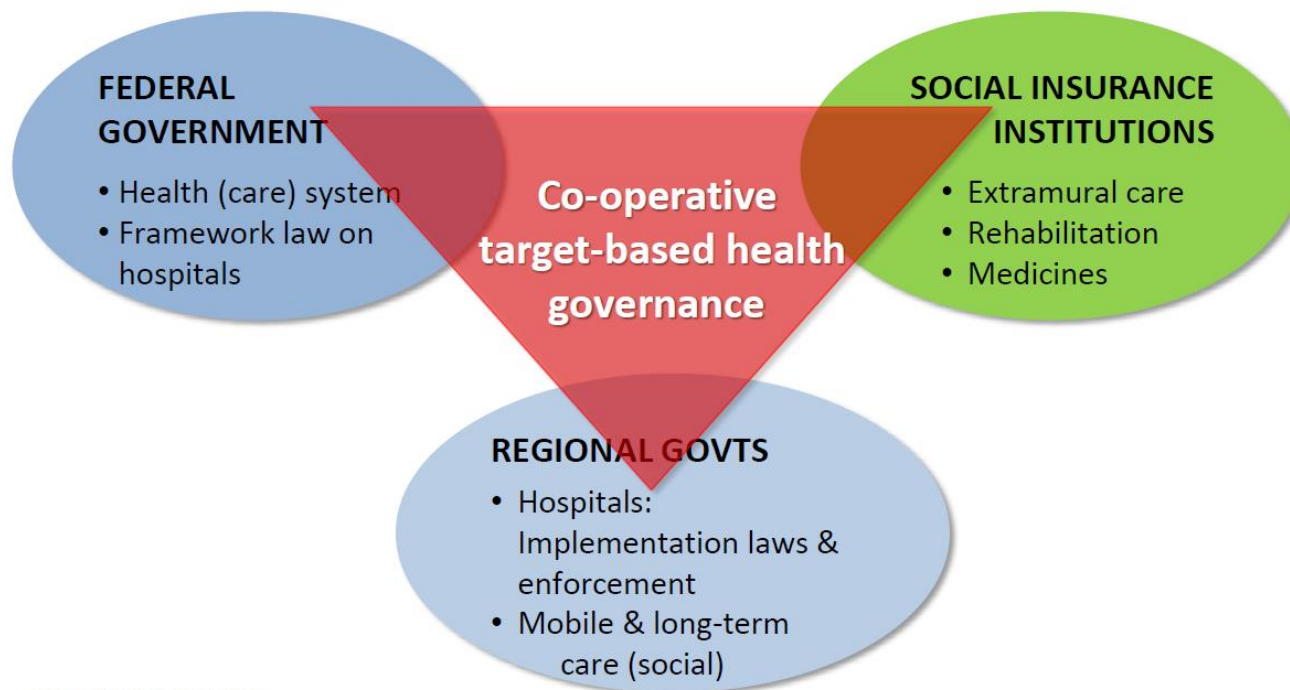
 - » **Governance by objectives starting 2012** as an complementary controlling instrument of the health reform 2005 and its deepening concretization
 - **Government by objectives in partnership**
 - » outcome-orientation,
 - » health care structures,
 - » health care processes,
 - » and financial development

Health Reform 2012

- » Gradually reducing growth of public health expenditure to projected growth of GDP by 2016 (+ 3.6 %) → **sustainable financial stability of the health care system.**
- » Sensible costdampening for ensuring the **excellent access** to the health care system and the **high quality of treatment**
- » Therefore the health reform 2012 is an **complementary controlling instrument** of the health reform 2005 and its **deepening concretization**
- » **Governance by objectives**
 - » outcome-orientation,
 - » health care structures,
 - » health care processes,
 - » and financial development

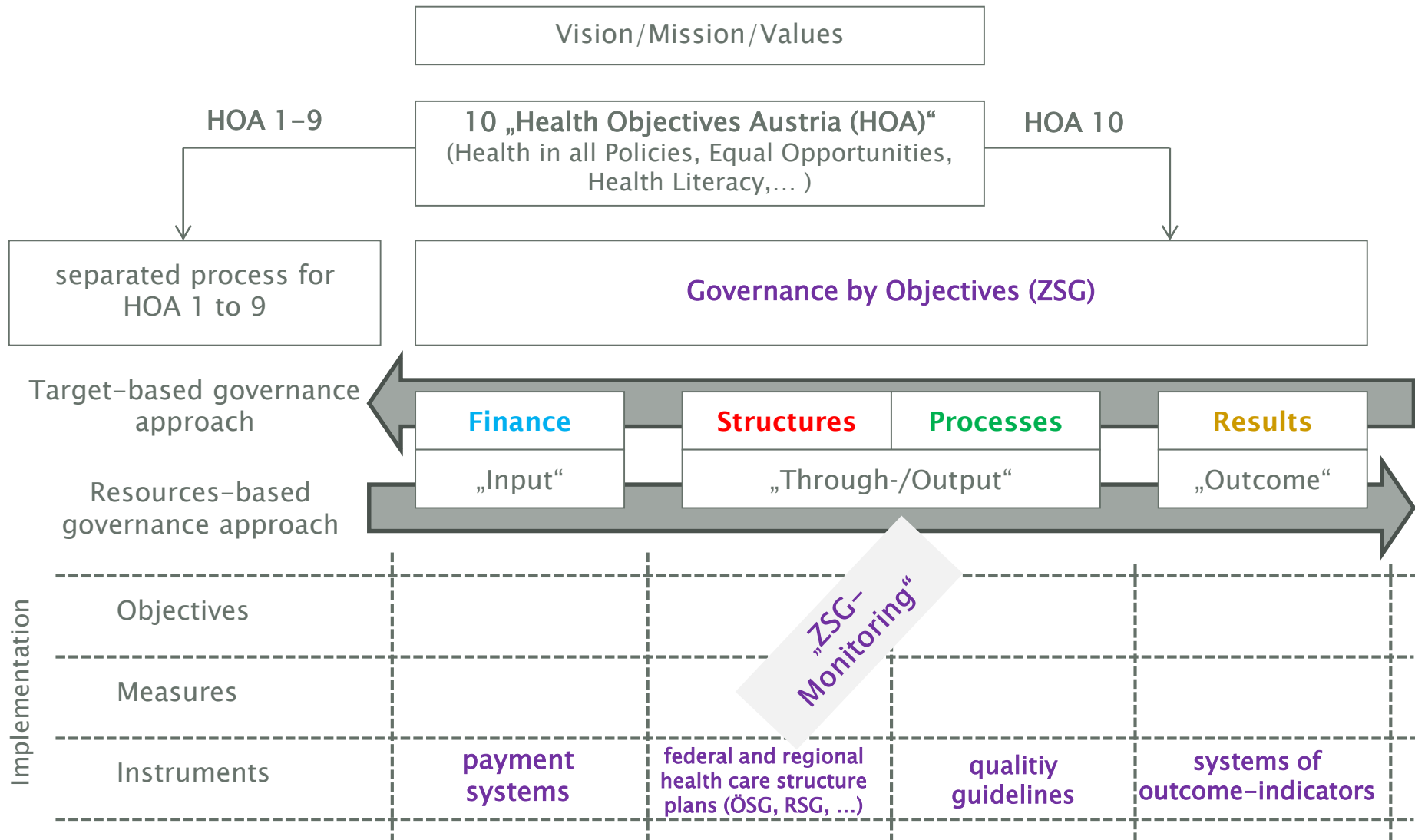
Austrian Health Care System at a Glance System Control: Governance by Objectives

Governance by Objectives: equal partnership between federal authority, 9 regional authorities and public health insurances under the condition of unchanged responsibilities



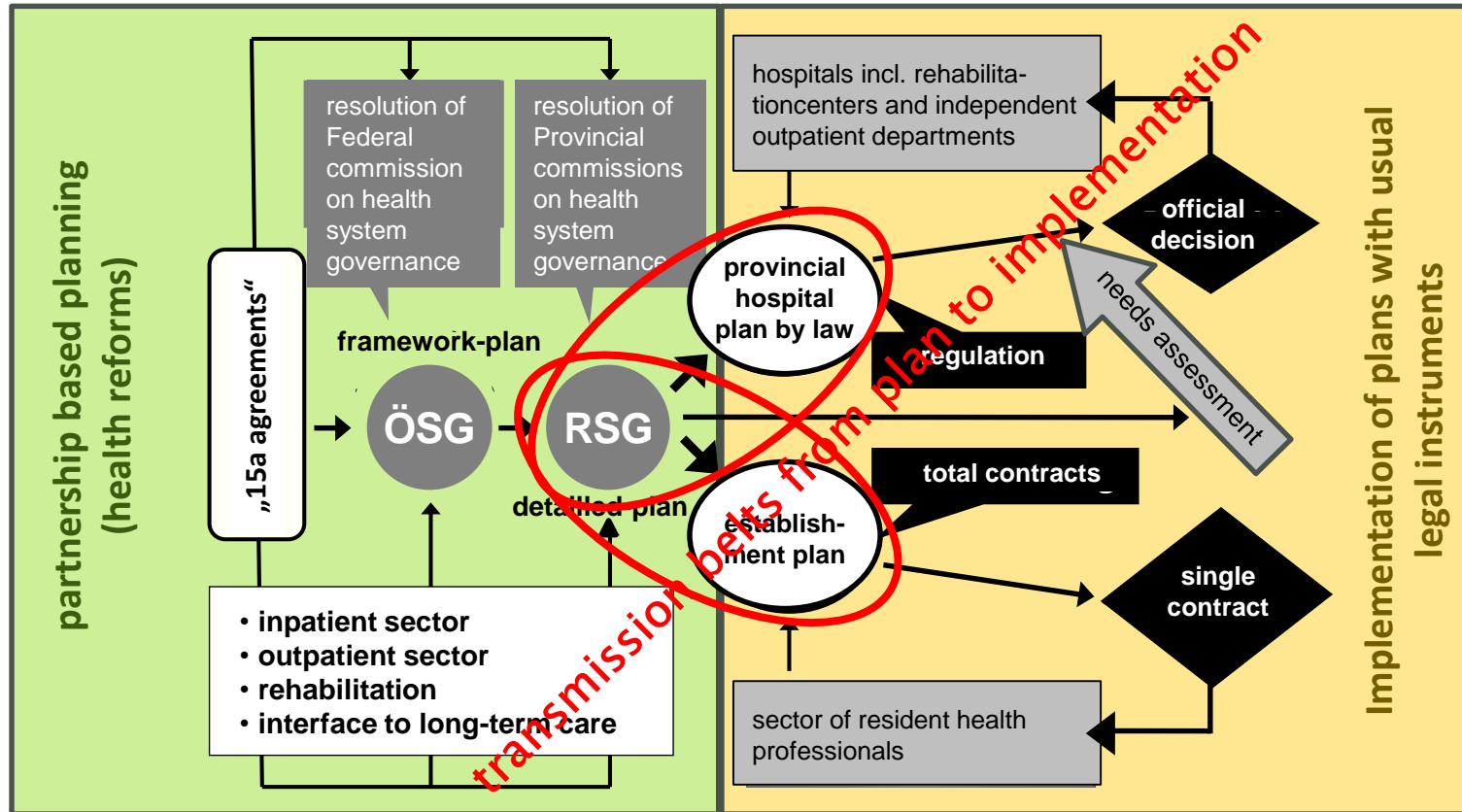
Austrian Health Care System at a Glance

System Control: Governance by Objectives



Austrian Health Care System at a Glance

Legal Implementation of Integrated Health Care Planning (ÖSG, RSG)

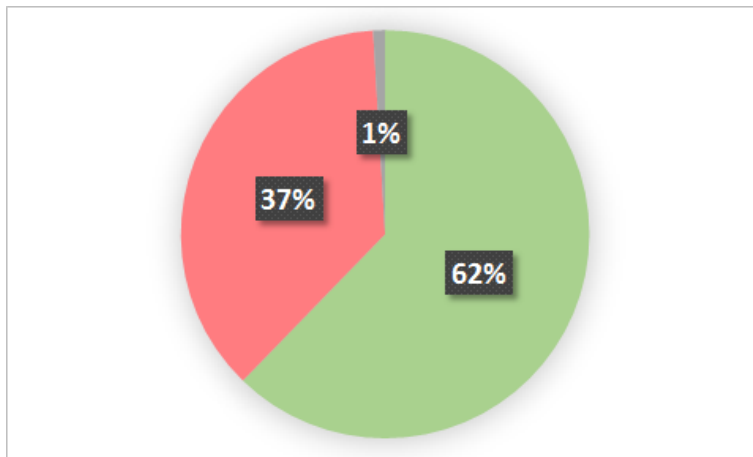


there are two “15a agreement” = intra-state agreements between national and provincial governments)

Realization of Government by Objectives

Results: Period 2012 – 2016 (Monitoring-Report I/2017)

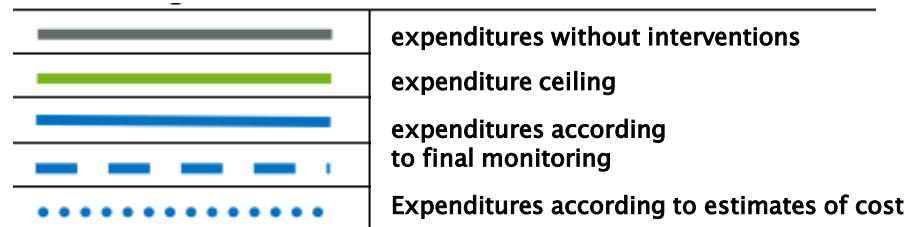
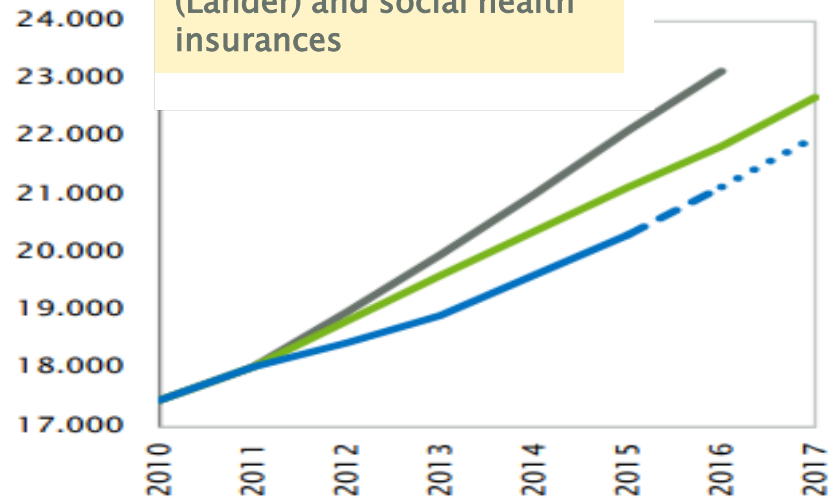
Rate of success: areas of control in total (finance excluded)



- 66 measured variables: goal achieved
- 39 measured variables: not implemented as planned
- 1 measured variable: discarded

Controlling of financial objectives

Cost damping effects in Mill. Euro of provinces (Länder) and social health insurances



Continuence Government by Objectives 2017 –2021

Prioritisation / Specification / Implementation Orientation

Art. 15a-agreement, Government by Objectives Act

Federal (National) level

1 Federal-Contract

strategic objectives
operative objectives
measured variables /
target values



Federal annual work programmes

operationalization
through measures

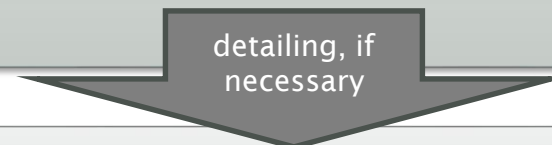
Provincial level

9 Provincial Arrangements

operationalization
through measures

detailing, if
necessary

Provincial annual work programmes



Austrian Health Care System (at a Glance)

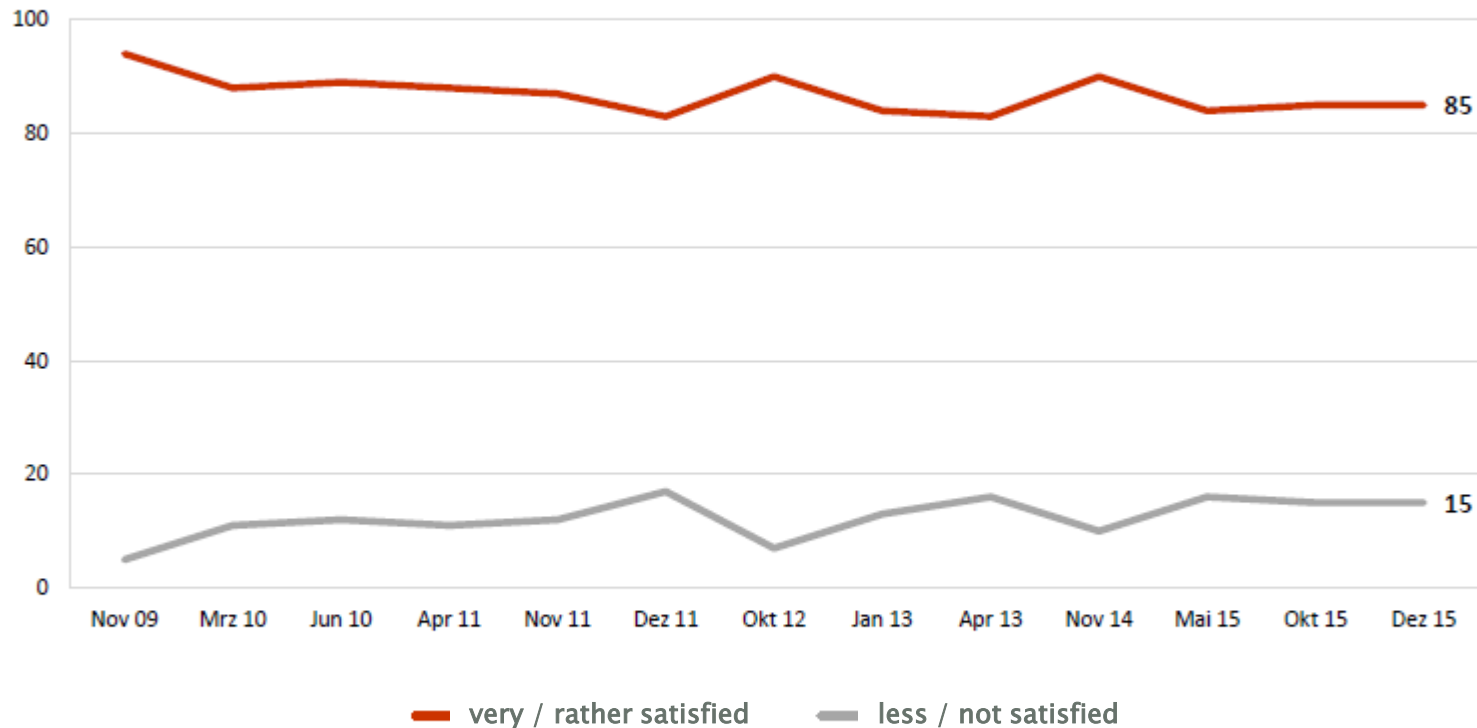
Contents

- » Data and Facts
- » Institutions
- » Strengths, Weaknesses and Challenges
- » Control of Health Care System
- » **Satisfaction und Effectiveness**

Austrian Health Care System at a Glance

Satisfaction of the Austrians with the Austrian Health System

Generally speaking, how satisfied are you with the overall health care in Austria?
 (in %, n = 1.004)



Vergleichsdaten: Gesundheitsbarometer 2009-2011, 2014, 2015, Gesundheitsversorgung in den Bundesländern 2012/2013, Sonderwelle Herbst 2013; n=1.002/1.004/1.001/1.007/1.003/1.001/308/308/302/1.021/1.003/ 990/1.007.



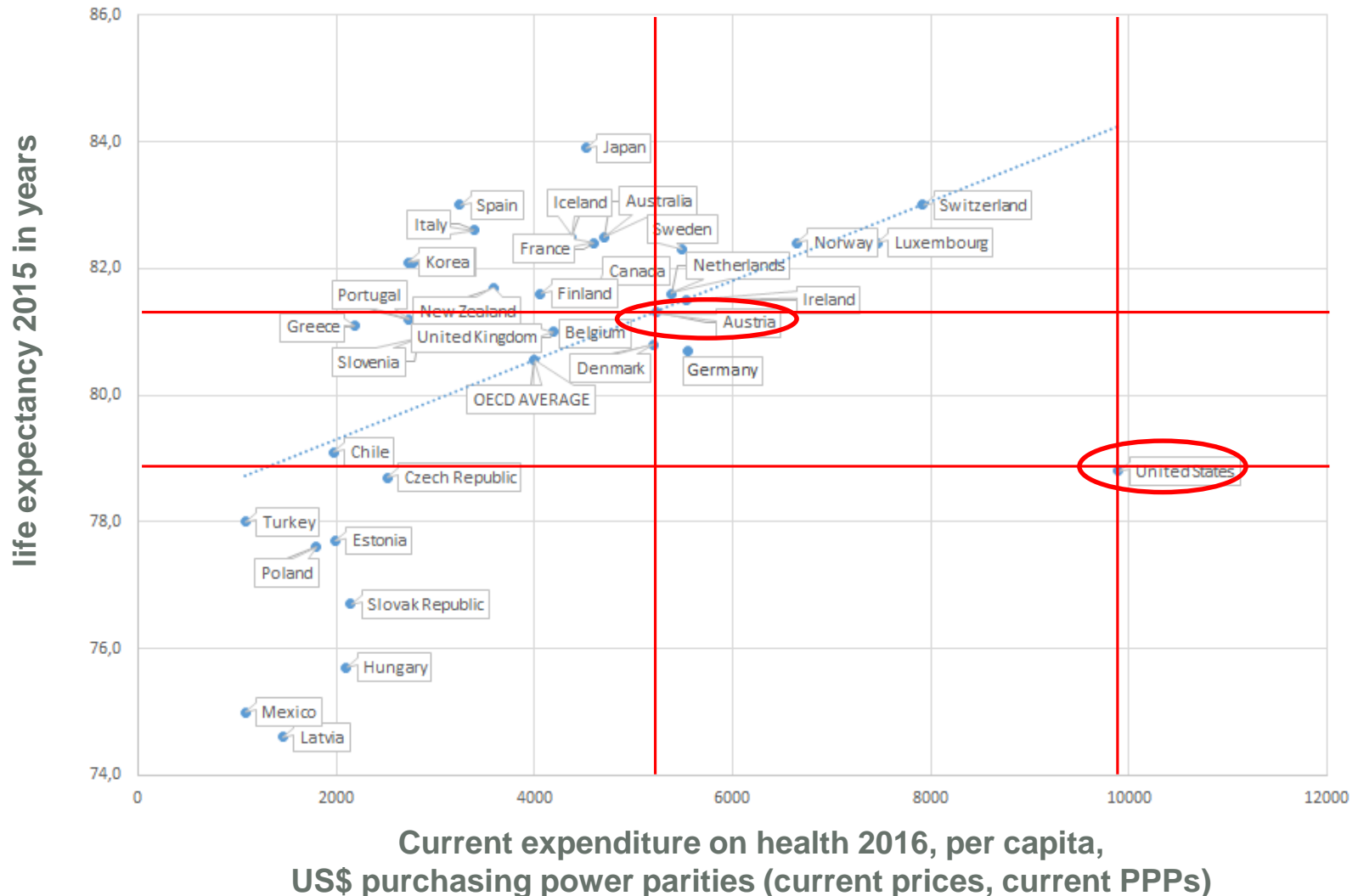
Quelle: ISA im Auftrag des BMGF; Gesundheitsbarometer 2015

https://www.bmgf.gv.at/cms/home/attachments/6/3/8/CH1066/CMS1309944715628/gesundheitsbarometer_2015.pdf

Austrian Health Care System at a Glance

Effectiveness of the Austrian Health Care System

(Approximation over Life Expectancy and Current Expenditure on Health)



Contact

Many thanks for your attention!

Andreas H. Birner

Stubenring 6

1010 Vienna, Austria

T: +43 1 515 61-345

F: +43 1 513 84 72

E: andreas.birner@goeg.at

www.goeg.at

