

„SZERVEZETI HATÉKONYSÁG FEJLESZTÉSE AZ EGÉSZSÉGÜGYI ELLÁTÓRENDSZERBEN – TERÜLETI EGYÜTTMŰKÖDÉSEK KIALAKÍTÁSA” TÁMOP 6.2.5 B

'HEALTHIER HEALTHCARE' CONFERENCE

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Population health focused Primary Care development

Strengthening Primary Care in a Fragmented Health System: Experiences from Austria

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SZÉCHENYI 2020



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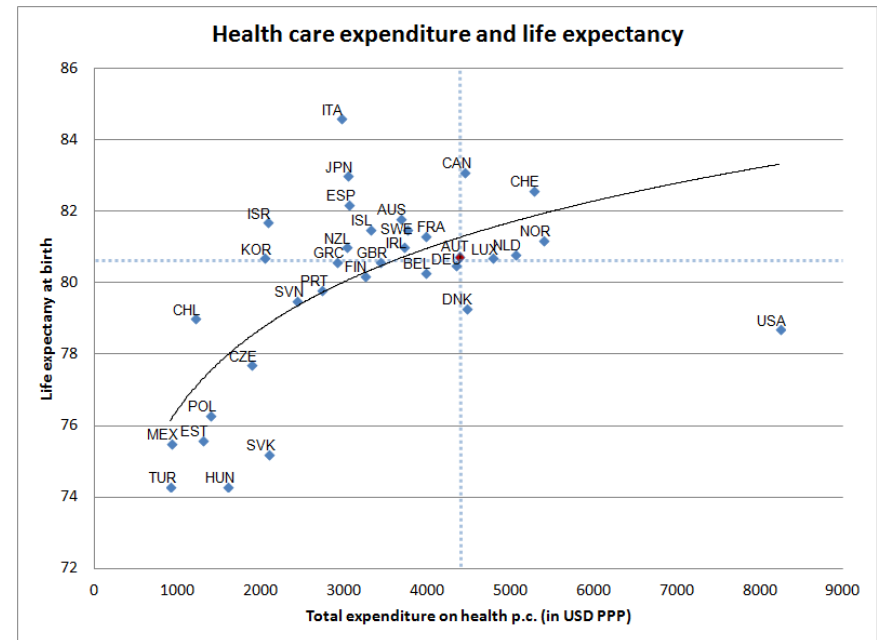
STRENGTHENING PRIMARY CARE IN A FRAGMENTED HEALTH SYSTEM: EXPERIENCES FROM AUSTRIA

- » Introduction
 - » The Austrian health system context
- » Primary Health Care in Austria
 - » Status Quo
 - » Rationale
 - » Reform approach
 - » Strengthening of primary care
 - » Lessons learned

INTRODUCTION

THE AUSTRIAN HEALTH SYSTEM CONTEXT

- » Strengths
 - » Highly appreciated system
 - » Accessibility to all levels of care
 - » Broad coverage due to statutory insurance (99% +)
 - » Productivity (?)
 - » High number of services provided
- » Weaknesses
 - » Resource-intensive system
 - » Capital and labour
 - » Only reasonable outcomes
 - » In terms of LE, HLYs, ...

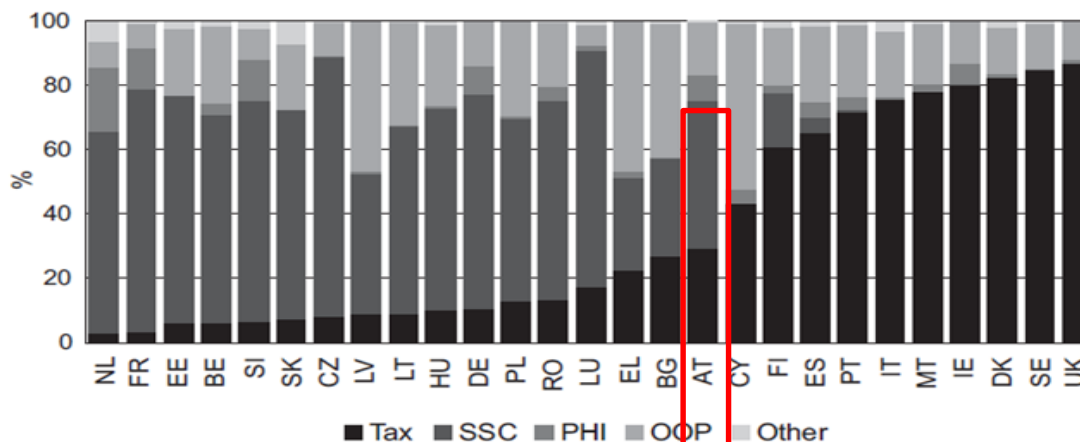


Source: OECD, 2012

INTRODUCTION

THE AUSTRIAN HEALTH SYSTEM CONTEXT (CONT'D)

- » Enhanced integration of care is high in the agenda
 - » Might (in theory) foster efficiency
 - » Impeded by current constitutional layout of health system marked by fragmentation
 - » Generic SHI mechanism for the provision of outpatient care provided by physicians and outpatient clinics
 - » NHS mechanism for the provision of hospital care
 - » Approx. 60% of public hospital expenditure is tax funded
 - » *Länder* in charge of providing hospital care and run majority of public hospitals (79 out of 125)

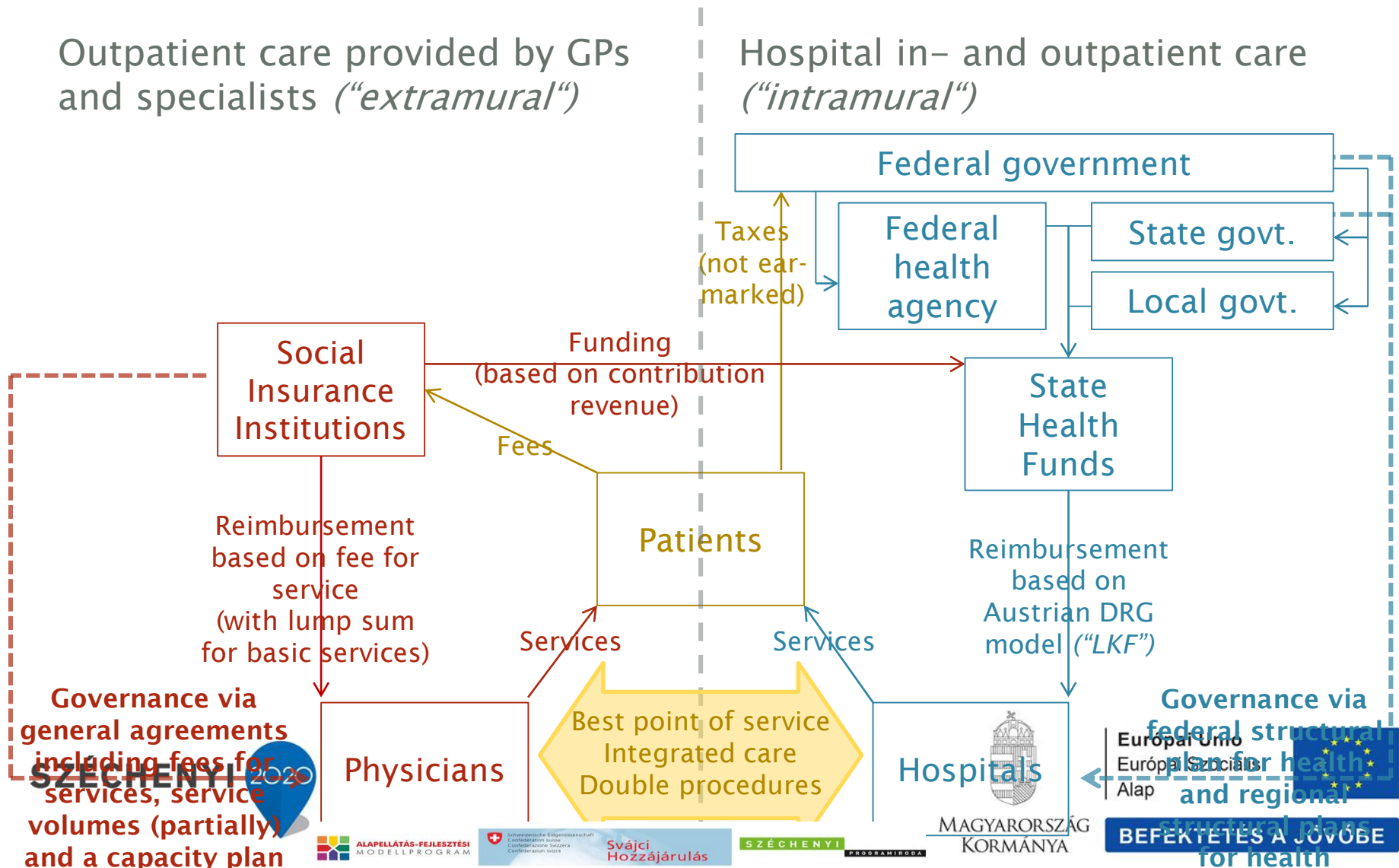


Source: Thomson et al., 2009

Health system governance in Austria (simplified)

Outpatient care provided by GPs and specialists (*"extramural"*)

Hospital in- and outpatient care (*"intramural"*)



PRIMARY HEALTH CARE IN AUSTRIA

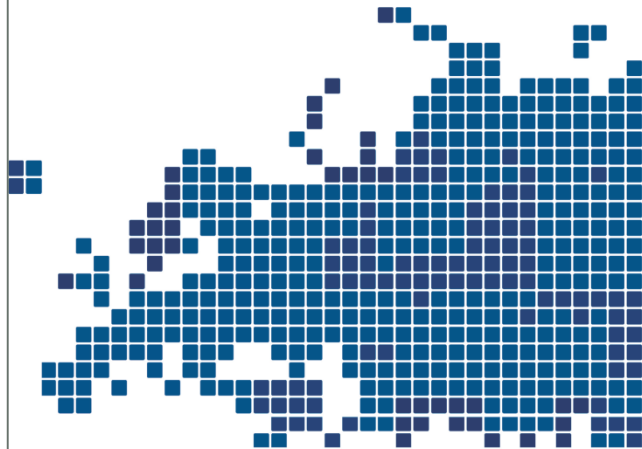
STATUS QUO

Building primary care in a changing Europe

38

Observatory Studies Series

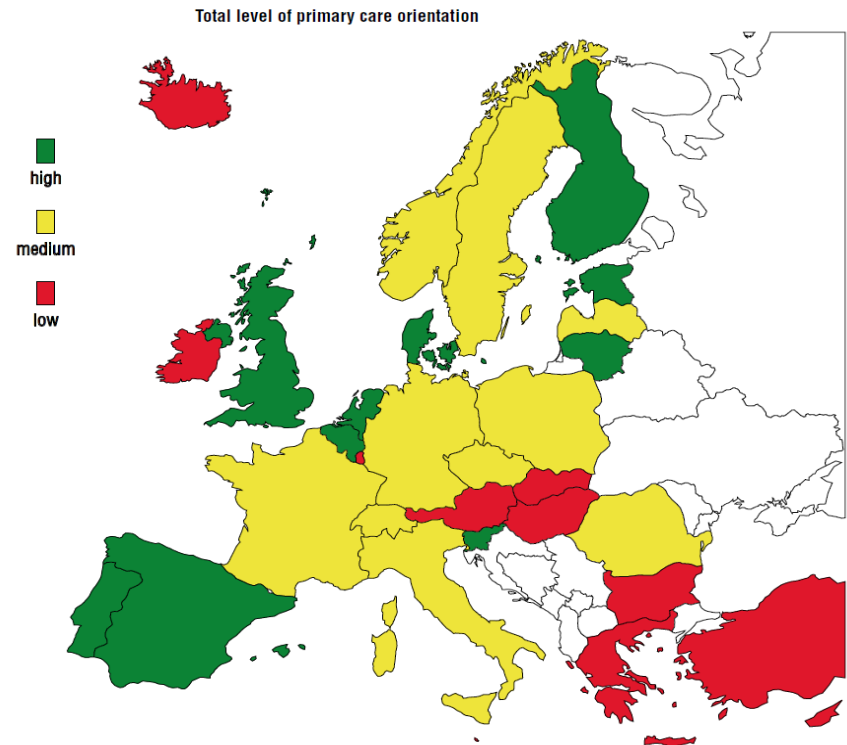
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European
Observatory
on Health Systems and Policies
a programme funded by WHO



Variation in the overall strength of primary care in Europe



Source: Kringos et al., 2015



Svájci Hozzájárulás



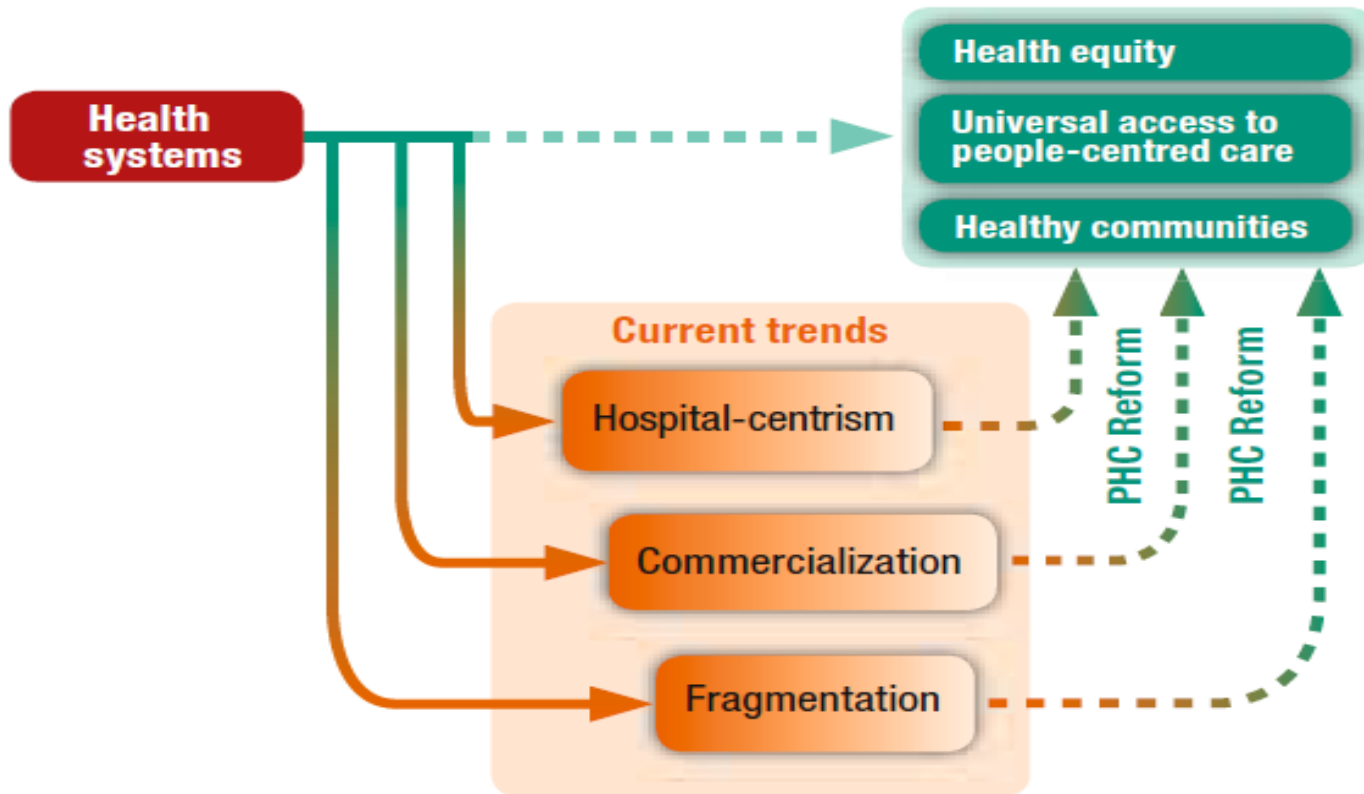
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PRIMARY HEALTH CARE IN AUSTRIA RATIONALE

Figure 1.10 How health systems are diverted from PHC core values



Source: WHO, 2008

PRIMARY HEALTH CARE IN AUSTRIA

REFORM APPROACH

- » Overall (health) targets
 - » Enforcement of prevention and health promotion
 - » Shift of hospital utilisation to ambulatory care facilities
 - » Treatment of chronic diseases
 - » Allocation of resources (regional, personal, financial dimension)
- » Technical approach
 - » Cooperation of main actors in health care (MoH, regional governments, SHI) based on contractual agreements
 - » Due to lacking political support for overcoming fragmentation via constitutional changes
 - » Key elements of governance
 - » Definition of health expenditure targets for each actor
 - » Promotion of integration of care via targets in the areas of health outcomes, health care processes and health care structures
 - » Strengthening of primary care as an essential target
 - » Bi-annual monitoring of health care reform progress

4 Representatives

4 Representatives

4 Representatives

Federal commission on health system governance

Regional commissions on health system governance

- In charge of coordinated and co-operative planning and governance of health service delivery including shared financial responsibility
- Agreement upon common targets via federal and regional impact-oriented contracts in 4 key areas: structure of provision, process of care, health targets, financial targets
- Implementation of measures as defined by impact-oriented contracts via established governance mechanisms (contractual agreements and plans resp.)

1 Representative each

5 Representatives each

5 Representatives each

Federal government

Federal Health Agency

State govt.

Local govt.

Social Insurance Funds

State Health Funds

Patients

Physicians

Hospitals

Funding (based on contribution revenue)

Contributions

Taxes (not earmarked)

Reimbursement

Reimbursement

Services

Services

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PRIMARY HEALTH CARE IN AUSTRIA

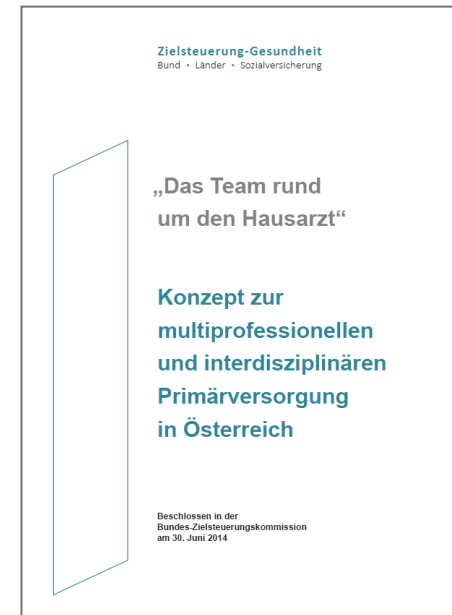
STRENGTHENING OF PRIMARY CARE

» Milestones

- » Basic concept (“policy manual”) approved by 06/2014
- » Pilot projects currently devised (approx. 10)
 - » One entity already in operation in Vienna
- » Legal adjustments intended by 12/2015
- » 1% of the population serviced in PHC entities by 12/2016

» Key elements of the concept

- » PHC networks (rural areas) as well as PHC centres (urban areas)
- » Defined set of minimum criteria
 - » Opening hours
 - » Basic services offered (including health promotion and prevention)
 - » Coordination within PHC entity
 - » Cooperation with other health care providers
 - » Professional competencies must include general medicine and nursing
 - » Inclusion of other competencies / health professionals is optional



PRIMARY HEALTH CARE IN AUSTRIA

STRENGTHENING OF PRIMARY CARE

- » Challenges
 - » Different types of initiatives
 - » GP-led (→ PHC networks) Vs.
 - » Public actor-led (SHI, regional government, communities → PHC centres) Vs.
 - » Private actor-led (→ PHC centres)
 - » Different regulatory requirements for PHC networks and PHC centres
 - » PHC networks → decentralized (GP) group practices
 - » PHC centres → outpatient clinics
 - » BUT: capacity planning is a key issue for both
 - » (Additional) PHC entities can only be permitted if there is sufficient demand
 - » Reluctance within SHI (additional costs → assumption of supplier induced demand) and within physicians' chamber (additional competition, in particular for single handed GPs) to extent capacities

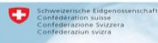
PRIMARY HEALTH CARE IN AUSTRIA

LESSONS LEARNED

- » Focus on actual (and relevant) health policy problem
 - » Determines policy approach and answer
- » Right scale of initiatives
 - » Also in terms of feasibility for stakeholders
 - » Patient behaviour as an indicator for policy success
- » Foster local/regional initiatives & pioneers
 - » Might be faster than legislative processes
- » Build institutional capacity for long-term establishment
 - » Accreditation of PHC units and quality assurance
 - » Regular financing and purchasing mechanisms
 - » Access and capacity planning

THANK YOU FOR YOUR ATTENTION!

TÁMOP-6.2.5-B-13/1-2014-0001 *Szervezeti hatékonyság fejlesztése
az egészségügyi ellátórendszerben – Területi együttműködés kialakítása*



Svájci
Hozzájárulás

SZÉCHENYI PROGRAMIRODA

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