

Health policy approaches in the 2013 Austrian coalition agreement: *All you need is a health reform!*

Summary review

Health Policy approaches in the 2013 Austrian coalition programme largely reiterates measures defined in the 2013 health reform package. Central to this is a global budget approach through impact-oriented contracts. Tax-funded subsidies for health insurance will be kept in spite of balanced budget sheets. While the programme stresses the importance of prevention for child and occupational health it also recognizes the health sector as a significant employer and economic sector. To address risk factors taxes on alcohol consumption and tobacco will be increased which likely favours better-off groups. The programme confirms to further promote long-term care services rendered at home. While needs-based cash benefits are the most important financing pillar in this area, income and asset tests remain key when nursing home care is utilized.

Key points

- Supports health policy approaches as laid out in the reform earlier in 2013, which defines and details measures to govern the health system by objectives. This involves
 - monitoring the adherence to the global budget cap, which requires public health spending to grow in line with estimated GDP growth latest in 2016. To achieve this an impact oriented federal contract (“Zielsteuerungsvertrag”) details objectives and measures and serves as a model for regional contracts to be concluded between governments of the Federal States and regional health insurers. Newly established administrative layers implement these contracts.
 - renewing of the annual tax-funded endowment of the health insurer’s structural fund in the order of 40 million Euro beyond 2015 and inspecting its governance capacity
 - strengthening the role of primary care physicians with consolidated roles as coordinator of activities for health promotion, diagnoses and treatment
 - establishing multi-professional models of ambulatory care and
 - reducing hospital activity where avoidable through more day care and better linked ambulatory care
 - creation of a reporting mechanism for waiting times including defining target wait time measures for elective surgical interventions
 - strengthened outcome measurement to be included in health planning to enhance regulated quality competition. This involves the construction of disease-specific quality indicators defined from routine data and also region-specific and provider related indicators.
- Recognizes the importance of the health sector as employer and as an economic factor. This involves
 - enhancing cooperation of health professionals through improving vertical and horizontal permeability of skills. This envisions new training models for physicians and extended skill profiles for nurses and other allied personal
 - renewed regulation of the training of mental health professionals
- Admits to implement health goals and “health in all policies”, and making targeted health promotion and prevention a guiding principal to improve health expectancy. This involves
 - developing occupational health promotion within health insurance and establish tax incentives for good quality models

- preparing a national strategy to prevent addiction and focus health promotion to reduce risk factors leading to a high burden of non-communicable disease including measures to early detection of mental health problems
- implementing measures to improve food safety on the basis of a 2011 government resolution
- Acknowledges equal opportunities for children and young people through better access to care and improved health promotion and prevention. This involves
 - improving health promotion at schools including counselling services and healthy food
 - ensuring the full range of dental health free of charge and needs-based capacity for rehabilitation, abolishment of the co-payment for children in acute care hospitals
 - developing of a framework for psychiatric care of children until 2015
- Ensuring needs-based and graduated provision of long-term care services with the aim to enhance choice and services for improving independent living. This involves
 - implementing the long-term care fund to support nursing homes but also aiming at building balanced capacity for mobile services and day care provision
 - establishing Ambient Assisted Living programs focusing sustainable implementation
 - extending and further promoting 24h care at home which includes a legal separation of service providers and agency offering the services.
 - establishing of a “dementia strategy” until the end of 2014 and securing a general rehabilitation strategy so that the pension fund offers those services to all in 2015.

The 2013 Austrian government program for the period 2014-2018

On December 13, 2013 the Austrian grand coalition government between SPÖ and ÖVP released the coalition agreement for the next five-year government period. The health chapter frames four policy objectives. Key points presented in this Fast Track largely follow this structure. Health issues are also addressed in the area of sports and ecology. For example, taxes will be increased for alcohol and tobacco. While no details of health financing issues are discussed the chapter on long-term care policy refers to the long-term care fund as a central cost control instrument in the future.

For more information: <http://www.bundeskanzleramt.at/> (in German).

The Austrian Health Care System

The Austrian health system provides universal coverage for a wide range of benefits and high-quality care at an above EU- and OECD-average GDP share spent on health. Free choice of providers and unrestricted access to all care levels (general practitioners, specialist physicians and hospitals) is characteristic for the system.

The health-care system has been shaped by both the federal structure of the state and a tradition of delegating responsibilities to self-governing stakeholders. On the one hand, this enables decentralized planning and governance, adjusted to local norms and preferences. However this fragmentation of responsibilities frequently results in inadequate coordination. Efforts have been made for several years to achieve more joint planning, governance and financing of the health-care system at the federal and regional level.

There are important structural imbalances in health-care provision, with an oversized hospital sector and insufficient resources available for ambulatory care and preventive medicine. This is coupled with stark regional differences in utilization, both in curative services (hospital beds and specialist physicians) and preventative services such as preventive health check-ups, outpatient rehabilitation, psychosocial and psychotherapeutic care and nursing. There are clear social inequalities in the use of medical services, such as preventive health check-ups, immunization or dentistry.

For more information:

- Hofmarcher M., Austria: Health system review. *Health Systems in Transition*, 2013; 15(7): 1–291.
- OECD Health at a Glance 2013. Released 11/21/2013: <http://www.oecd.org/health/health-systems/health-at-a-glance.htm>