The Healthcare System of Austria in 2029

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Challenges in Transformation
Austria, as many other countries, has already for some time faced general developments, which have also had a major impact on and are posing great challenges to hospitals and health systems.

These impacts include:
- The increasing proportion of the elderly and the decreasing share of younger people due to an increasing life expectancy combined with a low reproduction level
- A growing conurbation with simultaneous lessening and aging of inhabitants in remote and/or structural weak regions
- Ever faster scientific and technical progress

The observed demographic shift is expected to further increase the prevalence of especially chronic diseases, such as diabetes, cardiovascular disease, cancer and dementia. While the demand for health services due to aging will grow, the proportion of those in working life will not increase. This effect will increasingly lead to bottlenecks regarding the health workforce.

The persistent decline in population density and the increasing aging of people living in remote and/or structurally weak regions makes it more difficult to ensure an evenly distributed, close to home provision of adequate health services across the country.

Due to more complex and differentiated requirements, progress in medicine is forcing and accelerating specialization. Excellence requires continuous education and the opportunity to gain sufficient practical experience through adequate patient numbers. New and better diagnostic procedures require more sophisticated equipment. New drugs are constantly being developed.

The Austrian health care system has a strong focus on hospital inpatient care. Through constant efforts to reduce the number of hospitals and hospital beds, Austria still has the second highest hospital discharge rate.

Opportunities and Solutions
To cope with the quoted challenges, new approaches must continually be considered and alternative paths be taken. To name just the most important:
- Establishing and strengthening broad primary health care
- Increasing outpatient service provision, bundling specialized services
- Initiating multi-professional working models in which medical tasks and competences are taken over by other health professions than doctors
- Fostering interdisciplinary structures such as interdisciplinary wards
- Last but not least, making the best possible use of the potential of digitization (networking, telemedicine etc.)

Uncertainties
Accordingly, profound upheavals for hospitals are to be expected. A multitude, as in Austria, of “tiny” hospitals that can only offer a relatively small and more or less exchangeable range of services is no longer up-to-date. The model of the future is a graduated regional network of, in relation to their tasks assigned, well-equipped health care facilities (like central and regional hospital, primary health care units etc.) that work together in a structured and close manner. Such a model demands that hospitals also increasingly rely on multi-professional and interdisciplinary teamwork and engage more in work across sectors.

An essential element to make a division of tasks and cooperation work is structured and targeted communication that ensures a continuous exchange of relevant quality-assured information. Hence, digitization will be a key to improving as well as simplifying the necessary management and exchange of data.

Moreover, information and communication technologies open up new opportunities in the field of health care itself by overcoming spatial distances. Remote diagnostics and remote treatments are no longer science fiction. This requires a remarkable degree of health-related knowledge and responsible cooperation of the patients and thus the improvement of the population’s health literacy.

However, one has as well to be aware that digitization is not just about opportunities but also bears risk. System and data security will be a constant issue.

Change is by no means automatically perceived as something positive. It needs to be made clear to the public that, for example, closing down certain wards or even entire hospitals is not about saving money, or that transparency created by digitization is not about controlling employees, it is about ensuring quality. Even if the benefits for the individual and/or the whole system are clearly and rationally comprehensible, people and systems tend toward “inertia”. Significant changes are requiring a rethinking and a reassessment of the established roles. Thus, we are facing the need of a change in culture, an era of disruption, which challenges health policy and health care providers as well as patients fundamentally and will take a generation to implement innovation in a sustainable way.

About the Federal Ministry Republic of Austria, Labour, Social Affairs, Health and Consumer Protection
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The Ministry was first created in 1917 as the Ministry of Social Welfare (Ministerium für soziale Fürsorge). In its modern form, it dates back to the 1987 establishment of the Ministry of Labor and Social Affairs (Ministerium für Arbeit und Soziales). As of January 2020, the Ministry’s official name is Ministry of Social Affairs, Health, Care and Consumer Protection (Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz). It is responsible for welfare, senior citizens affairs, health care, care and consumer policy.