Preface

Good health is an invaluable asset. Illness and impairment due to disease may reduce people’s quality of life to a considerable extent – especially if they have no access to adequate medical care.

Austria has had a health care system based on solidarity for a long time. It ensures high-quality medical care for all citizens, independent of their social status or income. Building such a health care system has not been easy: it is the result of a long, hard road; many people have fought for it. We should never forget this when we talk about our health care system, which is often praised at international level.

Being ill is never pleasant. Therefore it is crucial for the people to know that they can rely on the Austrian health care system and that medical care does not depend on their financial means.

Alois Stöger
Federal Minister of Health
Facts & figures

Key information

Austria is a democratic republic situated in central Europe. It covers a territory of about 84 000 square kilometres. As a federation, Austria has nine provinces (Länder) including Vienna as its capital.

Since 1955 Austria has been a member of the United Nations. Austria joined the European Union in 1995 and adopted the Euro (EUR) as its currency in 2002.

Economy

With a gross domestic product (GDP) of EUR 35 710 per capita (2011) Austria is one of the richest countries in the world. Between 1991 and 2011 average growth of GDP was 3.7%. In 2011 total GDP amounted to EUR 300.7 billion.

Between 2010 and 2011 Austria faced a nominal decline in GDP of 5% (in real terms: 0,6%). Austria ranked 19th in the UN Human Development Index of 2010, which reflects a high standard of living.

Demography

In 2011 Austria had 8.42 million inhabitants. Demographic forecasts predict that the population will grow to more than nine million by 2030.

The chances for a long and healthy life in Austria have never been as good as today. In 2011 a newborn girl had a life expectancy of 83.4 years and a newborn boy of 78.1 years. Over the past 30 years life expectancy has increased by more than eight years whereas infant mortality has decreased by more than 75%. The infant mortality rate corresponded to 3.6 deaths per 1 000 live births in 2011. In 2011 a 60-year-old man had a remaining life expectancy of 21.7 years, and in the same
year a woman aged 60 could expect to live for an additional 25.6 years. Like the majority of the industrialised countries Austria faces the challenge of an aging population. On the one hand, life expectancy is increasing, and on the other, the fertility rate is falling. In 2011 the number of children per woman was 1.43. In the same year women’s average age at first birth was 28.5 years.

Austria has one of the most generous systems of social security services for children and families within Europe. In 2011 expenditure for these services (e.g. maternity benefits, child-care benefits, benefits for students, kindergarten) amounted to 2.82% of GDP.
Families living in Austria have the opportunity to choose among five models of childcare allowance: one income-related model and four models offering different amounts of fixed monthly allowances. Combined with other benefits such as family allowance, maternity allowance and hardship relief for families, these federal measures help reconcile job and childcare duties.

<table>
<thead>
<tr>
<th>Demographic figures</th>
<th>Year</th>
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<tbody>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>Population*</td>
<td>8 011 566</td>
</tr>
<tr>
<td>Men</td>
<td>3 874 717</td>
</tr>
<tr>
<td>Women</td>
<td>4 136 849</td>
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<tr>
<td>Life expectancy at birth</td>
<td>78.1</td>
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<tr>
<td>Men</td>
<td>75.1</td>
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<tr>
<td>Women</td>
<td>81.1</td>
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<tr>
<td>Population older than 65 years*</td>
<td>1 235 840</td>
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<tr>
<td>Population younger than 20 years*</td>
<td>1 850 715</td>
</tr>
<tr>
<td>Fertility rate</td>
<td>1.36</td>
</tr>
</tbody>
</table>

* Annual average

Source: Statistics Austria 2012

As a consequence of the growing share of elderly people the percentage of those in need of long-term care has increased. This is also reflected in the number of persons receiving long-term care benefits. Between 2000 and 2011 their share in the population went up by about 31%, thus amounting to 442 251 persons at the end of 2011.

**Health care resources**

The Austrian health care system is characterised by a high density of **easily accessible health care facilities**. In 2011 a total of 273 hospitals with about 64 000 beds were available for in-patient care. At that point in time about 23 000 physicians and more than 85 000 other health care professionals were employed in hospitals. About 80% of the 85 000 other health care professionals worked in nursing care.
The **density of physicians** in Austria is above the European average and amounted to 4.7 physicians (excluding dentists) per 1,000 inhabitants in 2011. In the same year the total amount of practising physicians was 43,693, thereof 12,857 were general practitioners, 19,502 worked as specialists and 4,418 as dentists. In addition, about 6,900 physicians were in training. Some overlap may exist between the different aforementioned groups due to physicians having multiple training. By the end of 2011 about 19,500 physicians (general practitioners and specialists) were self-employed physicians working in their own practices. In addition to close to 900 out-patient clinics they ensure high-level out-patient health care.

Close to 70% of the Austrian population older than 15 say that their general state of health is either very good (30.6%) or good (38.3%).

**Morbidity and mortality**

The most common discharge diagnosis in Austria are malignant neoplasms (80% cancer) for women and diseases of the circulatory system in the case of men. The latter is also the **most frequent cause of death** in Austria, followed by cancer and respiratory diseases.

<table>
<thead>
<tr>
<th>Most frequent diagnoses at hospital discharge 2011</th>
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<tbody>
<tr>
<td>Malignant neoplasms</td>
<td>394,003</td>
</tr>
<tr>
<td>Diseases of the circulatory system</td>
<td>303,362</td>
</tr>
<tr>
<td>Diseases of the musculoskeletal system and connective tissue</td>
<td>272,546</td>
</tr>
<tr>
<td>Injury, poisoning and certain other consequences of external cause</td>
<td>272,074</td>
</tr>
<tr>
<td>Diseases of the digestive system</td>
<td>234,002</td>
</tr>
<tr>
<td>Diseases of the genitourinary system</td>
<td>166,105</td>
</tr>
<tr>
<td>Diseases of the respiratory system</td>
<td>161,889</td>
</tr>
<tr>
<td>Mental and behavioural disorders</td>
<td>147,985</td>
</tr>
<tr>
<td>Diseases of the eye and adnexa</td>
<td>129,485</td>
</tr>
<tr>
<td>Pregnancy, childbirth and childbed</td>
<td>116,886</td>
</tr>
</tbody>
</table>

Source: BMG 2012, calculations: GÖG/ÖBIG
Health care in Austria is characterised by the cooperation of a large number of actors. Competencies in the health care sector are generally regulated by law.

The main actors with regard to health at federal level are the Austrian Parliament (which consists of the National Council and the Federal Council), the Federal Ministry of Health (BMG), the Federal Ministry of Labour, Social Affairs and Consumer Protection (BMASK), the social security institutions and advocacy groups (social partners: employers’ and employees’ representatives, as well as professional associations).

As far as legislation and its enforcement are concerned, the Federal Government plays a central role; however, many competencies are delegated to the provinces or to the social security institutions. The Federal Ministry of Health prepares laws, is responsible for the protection of the public health as well as overall health policy and functions as facilitator between the different players in the health care system, and also as decision maker and supervisory authority.

The Federal Government is in charge of defining the legislation for outpatient care (physicians in individual practices). Responsibility for structural policies and planning of in-patient care (provided in hospitals) is a joint undertaking of the Federal Government, the provinces and the social security institutions. The Federal Government lays down the legislative framework whilst the provinces are in charge of defining legislation on enforcement as well as ensuring implementation. All regulations regarding pharmaceuticals, pharmacies and medical devices as well as health professions (for example education of physicians) and structural policy are the responsibility of the Federal Government.

Public health services and administration are jointly provided by federal, provincial and local authorities. In addition, the provinces are in charge of
ensuring hospital care for their inhabitants as well as offering health promotion and prevention services. The local governments are in charge of social welfare benefits and services.

**Social insurance in Austria**

The Austrian social insurance system is based on the principles of compulsory insurance, solidarity and self-governance and is primarily funded through insurance contributions. It includes the branches of health, accident and pension insurance and consists of 22 social security institutions with the Main Association of Austrian Social Security (HVB) as their umbrella organisation.

![Organisation of the Austrian social insurance system](image)

Source: Austrian Museum for Social and Economic Affairs on behalf of HVB 2013

**Compulsory social insurance** means that insurance is statutory, i.e. based on legislation. Apart from a few exceptions, it is not possible for an insured person to choose their social security institution. There is no competition between these institutions. This guarantees that the risk is spread effectively.
Insurance is usually linked to gainful employment and thus begins automatically; some groups (self-employed and voluntarily insured people) have to apply for insurance, however. The amount of insurance contributions to be paid is independent of the personal risk of the insured.

Health insurance is compulsory in Austria; affiliation to a certain health insurance fund depends on the profession of the insured and on their place of work.

The principle of solidarity means that there is a compensating system for balancing out differences between persons with a higher need of protection and those in less need of protection for example between low and high income earners, employed and unemployed people, etc. In many cases, close dependants may be insured free of charge. Usually half of the contributions are paid by the employer and half by the employee. The total contribution rate is 7.65% of the contribution base in the majority of cases.

Intensified cooperation in the health care sector

There are a number of instruments and approaches aimed at improving the cooperation among individual actors in the health care system and also between the different levels of health care provision. Cooperation between out-patient care and in-patient care is promoted by means of a coordination and sanctioning mechanism, defined in an agreement according to Article 15a of the Federal Constitutional Act, concluded by the Federal Government and the provinces – with involvement of social insurance.

The Austrian Health Care Structure Plan (ÖSG) and the Regional Health Care Structure Plans (RSG) are key planning instruments in the health care sector. These plans include planning of resources across all levels of service provision. The staffing plan for physicians who are in a contractual relationship with health insurance funds is another planning instrument.
At federal level the **Federal Health Agency** with the Federal Health Commission as its executive body – and at regional level the Regional Health Funds – with the Regional Health Platforms as their executive bodies – were created to promote joint trans-sectoral planning, steering and uniform funding in the health care sector. One of the tasks of the Federal Health Agency is to monitor developments taking place in the Austrian health care system and to take an active part in planning and steering by defining principles for work in this area.

The Federal Health Agency is composed of representatives of the Federal Government, the provinces, the social security institutions, representations of the municipalities and the local governments, the Austrian Medical Chamber, church-owned hospitals, patient representatives as well as several other appointed representatives. The Federal Health Agency is managed by the Federal Ministry of Health.

Coordination activities between health care actors are aimed at ensuring a high level of service quality as well as the most efficient use of available resources.

At provincial level the **Regional Health Funds** are responsible for implementing instructions and principles communicated by the Federal Health Agency and for distributing funds to public and private non-profit hospitals. The **Regional Health Platforms** are composed of representatives of the respective province, the social security institutions, the Federal Government, the Main Association of Austrian Social Security Institutions (without voting rights), the Austrian Medical Chamber, representations of local governments as well as hospital organisations.

Patients are directly represented in numerous bodies. Patient advocacy groups play an important role in decision making.
Further relevant actors in the health care system include a number of providers of health care services, health care institutions, other ministries, public authorities (for example the Austrian Agency for Health and Food Safety, AGES), patient representatives (see The Austrian health care system), charities, planning- and research institutions such as Gesundheit Österreich GmbH (GÖG) and a large number of private actors.

In order to enable a balanced supply of high quality care also in the future, an efficient and transparent use of existing resources (e.g. human resources, beds, medical equipment) must be ensured. This is especially important when taking into consideration the acute scarcity of resources in the health care sector. Crucial steps towards meeting the before mentioned aspirations were taken by defining ten national health targets for health and by agreeing on a health care reform in 2012.

The health care reform based on governance by objectives (Zielsteuerung-Gesundheit) enables joint cross-sectoral steering, planning and organisation of the health sector, thereby reducing the present fragmentation of responsibilities in the Austrian health care system. Based on existing competences the system partners Federal Government, provinces and social insurance institutions sign contracts, which are aimed at ensuring a coordinated provision of services at the “Best Point of Service”. The key aim is to strengthen ambulatory care and thereby especially primary care. Objectives to be reached by the year 2016 are defined in measurable terms, the achievement of the objectives is constantly monitored.

At federal and regional level comissions (Bundes-Zielsteuerungs-kommission and Landes-Zielsteuerungskommissionen) for the implementation of the governance by objectives were established in 2013.
The Austrian health care system

Easily accessible, affordable and equitable

The main principles of the Austrian health care system are solidarity, affordability and universality.

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.

Comprehensive social health insurance coverage is a major feature of the Austrian health care system: 99.9% of the population is protected.

The Austrian health care system is based on compulsory social insurance. Access to services is regulated by law, the most important legislative basis being the General Social Insurance Act (ASVG). All insured people have a legal right to a large number of benefits.

Patients have access to a variety of services:

- primary health care services provided by contract physicians of the Austrian social health insurance funds
- specialised in-patient and out-patient care
- emergency care
- maternity services
- psychotherapy
- health technology such as X-ray and laboratory tests
- physiotherapy, ergotherapy, speech therapy, curative massage and similar therapies provided by health professionals other than physicians
- dental services
- prescription medicines
- medical devices such as walking aids, wheelchairs or blood glucose strips
- ambulance services
The Austrian health care system

- mobile care and home care
- preventive and health promotion services including vaccinations or screening examinations
- rehabilitation and long-term care services
- care for people with disabilities.

Patients can choose their family physician and have **free access** to most other forms of medical care. Family physicians usually have a contract with the social health insurance funds. In contrast to many other countries, there is no obligation in Austria to enrol with a specific physician or to consult them prior to accessing specialised (in-patient) treatment, that means physicians have no gate-keeping function. It is also possible to consult out-patient departments of hospitals without prior consent of the family physician or one’s health insurance fund.

Apart from the main public payer, i.e. the Austrian social health insurance funds, major funders of the aforementioned benefits include the Federal Government and the provinces, other social security institutions or local governments, which also provide social welfare services.
Take-up of selected health care services may be linked to special conditions or prerequisites such as age or type of illness or may also involve co-payments. These may be fixed rates (e.g., a prescription fee for medicines, in 2013: EUR 5.30) or percentages (e.g. a 20% co-payment for persons insured with certain health insurance funds).

Patients will also be faced with out-of-pocket payments when using health services which are not included in the benefits catalogue of their social health insurance fund. These include, for instance, payments for OTC medicines, daily allowances for in-patient care, expenditure for certain dental services or for the services of physicians who have no contract with the social health insurance fund in question. Payments made for the latter may partially be refunded to the insured person by their social health insurance fund.

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.

**Equitable health care for all patients** is of great importance for Austria: therefore individuals whose income is below a defined monthly threshold (2013: EUR 837.63 for single persons; when suffering from a chronic illness EUR 963.27) are exempt from paying the prescription fee for medicines and from paying the daily allowance that is charged for in-patient treatment. In addition, exemptions exist for individuals with certain notifiable infectious diseases such as tuberculosis. The same applies to individuals fulfilling alternative military service and their dependants as well as asylum seekers under government care.

Another group of persons exempt from the prescription fee for medicines are those whose payments exceed a defined yearly limit (a person’s annual expenditure for prescription medicines is limited to 2% of their annual income).

For further information on financing see Financing and expenditure.
In-patient care

Health care in Austria traditionally shows a strong emphasis on hospital care. In 2011 about 2.8 million in-patient stays (including in-patient stays for one day or less) were registered.

With regard to the number of in-patient stays (acute care, excluding in-patients stays for one day or less) Austria ranks first in Europe: 26.1 acute care hospital discharges per 100 inhabitants were registered in 2010. The average length of stay is 6.6 days with the EU-average being 6.0 days.

In 2011 about **64 000 hospital beds** in **273 hospitals** (129 of these are
public and non-profit hospitals) were available for in-patient care.

51 000 of these beds were assigned to acute care. The **density of acute care beds** per 1,000 inhabitants was around 5.5. Austria also provides about 8,800 places for **rehabilitation** and more than 70,000 places in residential facilities and **nursing homes** (2009).

In 2011, Austria had 273 hospitals including psychiatric institutions, therof 70 rehabilitation centres, close to 900 out-patient clinics, 844 nursing homes, as about 2100 places in geriatric day centres and 11 hospices.

**Out-patient care**

Out-patient care for the Austrian population is mostly provided by self-employed physicians running their own-practices. About half of them have signed a contract with social health insurance. These contract physicians provide the majority of out-patient care services.

In addition close to **900 out-patient clinics** exist in Austria, which are run by the social health insurance funds or by private owners. To a certain extent, out-patient care is also provided by the out-patient departments of hospitals, which however, are regarded as part of the in-patient sector, both financially and as far as their organisational structure is concerned. Out-patient services are also provided by other health care professionals such as psychotherapists or physiotherapists.

**The density of physicians** working in practices (excl. dentists) is subject to regional variation. Whereas the province of Burgenland had 2.1 physicians per 1,000 inhabitants in 2011, Vienna had twice as many, namely 3.2 physicians per 1,000 inhabitants.

To improve out-patient care and to grant more patient-friendly opening hours as well as reducing waiting times, **group practices** for physicians of the same or different medical specialties were introduced in 2010.
## Health care resources

### Health workforce in hospitals per 31 December 2011

| Health care professionals in hospitals (without physicians) | 85,449 |
| Higher-level services for health care and nursing | 55,594 |
| Nursing assistants and auxiliary medical care staff | 14,462 |
| Higher-level and special medical and technical workers, massage therapist | 14,055 |
| Midwives | 1,338 |

### In-patient care per 31 December 2011 (approx.)

| Hospital beds | 64,000 |
| Acute care beds | 51,000 |

### Places in residential facilities and nursing homes per 2009 (approx.)

| 70,000 |

### Practising physicians per 31 December 2011*

| All practising physicians | 43,693 |
| General practitioners | 12,857 |
| Specialists (without dentists) | 19,502 |
| Dentists** | 4,418 |
| Physicians in training *** | 6,916 |
| Employed physicians**** | 28,762 |
| Physicians working in (individual) practices | 19,449 |
| Physicians in practices with a contract with social health insurance | 10,430 |

### Number of medicines for human use (including homeopathic products) per 31 December 2011

| 9,821 |

### Dispensaries for prescription-only medicines per 31 December 2010

| Public pharmacies | 1,276 |
| Hospital pharmacies | 46 |
| Dispensing doctors | 940 |

### Medical technology per 31 December 2011

| ETC/Gamma cameras | 100 |
| Computed tomography scanners | 248 |
| Magnetic resonance imaging units | 157 |
| Positron emission tomography scanners | 17 |

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* Including dentists and physicians in training, excluding multiple specialisations of physicians

** Dentists include: specialists for dental-, oral- and maxillo-facial surgery, Dr.med.dent.

*** Excluding those physicians training to be a specialist, who already have their ius practicandi and also practice based on it (are counted as general practitioners)

**** Employed in hospitals, ambulatory clinics and other institutions including physicians in training

Health care personnel

Health care services in Austria are provided by about 350 000 people working in the health and social care sector, the share of women is larger in nearly all professional groups.

In 2010, Austrian hospitals employed about 23 000 physicians, close to 56 000 nurses, about 14 500 nursing assistants and auxiliary medical care staff, 14.000 higher-level and special medical and technical workers such as radiological staff or physiotherapists more than a 1 300 midwives.

Easy access to health services is ensured by a nation-wide patient transport and emergency ambulance service with 2 040 ambulance cars and about 35 helicopters.

Provision of medicines

Production, sales, marketing, pricing and reimbursement as well as dispensing of medicines is subject to specific legal regulations which are characterised by an orientation towards health policy and consumer protection. Austrian legislation is based on European Union-framework regulations.

The Austrian Medicines and Medical Devices Agency (BASG) is in charge of marketing authorisation and post-marketing surveillance of medicines and medical devices as well as the approval of clinical studies. AGES PharmMed reports to the Federal Ministry of Health (www.basg.at).

Only pharmacists with a management permit are entitled to open and run a pharmacy in Austria. The Pharmacy Act regulates the material preconditions for opening a pharmacy. Neither vertical nor horizontal integration is allowed. All pharmacies are privately owned and serve as community pharmacies. Drugstores or supermarkets are not permitted to dispense medicines including OTC (over-the-counter) medicines.
To guarantee quick access to medicines also in rural areas around 940 family physicians are allowed to dispense prescription medicines and OTC medicines to their patients.

Comprehensive protection by social health insurance as well as free choice of physician and a large variety of affordable high-quality therapies.

The provision of the comprehensive range of health services across regions is ensured by various mechanisms:

- central and regional health care planning
- a high degree of protection through compulsory social health insurance for 99.9 percent of the population
- provision of selected health care services for people who have no social health insurance
- access to first-rate medical care
- free choice of physician and therapy
- a comprehensive range of health promotion services and preventive services
- a high density of hospitals and physicians holding contracts with social health insurance funds
- social insurance contributions which are independent of the individual risk of the insured person
Financing and expenditure

Fair funding based on solidarity

Equal access to health care services for all Austrian inhabitants, independent of their income, age, sex or origin, is guaranteed by the solidarity-based funding principle of the Austrian health care system.

The Austrian health care system is primarily financed through a combination of income-based social insurance contributions, public income generated through taxes and private payments in the form of direct and indirect co-payments.

Social insurance is the most important source of health care funding, contributing around EUR 13.8 billion in 2011, which corresponds to about 45% of current health expenditure. Whereas out-patient care is almost entirely financed by social health insurance funds, expenditure for in-patient care is shared between the public sector and social insurance. Long-term care services are mostly funded through taxes (see Facts & figures).

In 2011, 10.8% of gross domestic product was spent on health. This corresponds to about EUR 32.4 billion or EUR 3,848 per capita.

In 2011, about 76% of total health expenditure was generated from public sources. This includes expenditure by social health insurance funds as well as the Federal Government, the provincial and the local governments. The remaining 24% is accounted for by private health expenditure: out-of-pocket payments by households, expenditure of private health insurance companies and other private non-profit organisations as well as expenditure by companies for services provided by occupational health physicians.
The largest share of health expenditure is spent for in-patient care, followed by out-patient care. The figure above shows the distribution of total health expenditure across its individual service areas in 2011.

Like the majority of the industrialised countries Austria has faced increases in health expenditure. Between 2001 and 2011 total health expenditure per capita rose by an average of 3.7, meaning that Austria ranks below the EU-15 average rate of 3.8% (2011).
In addition to its societal and social relevance, the Austrian health care sector also represents a significant economic factor. According to a publication by the Institute for Advanced Studies (IHS) health care expenditure in 2006 resulted in a net product of EUR 22.5 billion, which corresponds to a share of about 9.7% of Austria’s entire value added, i.e. 445,000 fulltime equivalents.
The sum of public and private expenditure may deviate from the total sum due to rounding differences or unclear sectoral attribution.

Source: OECD 2010
High-quality patient-centred care
Core elements of optimum health care provision

Quality, transparency and patient orientation are key elements of the Austrian health care system. The safety of patients and health care professionals as well as the health care system in general are central.

Patient rights are not only legally defined but can also be enforced by law. Specialised patient advocacies in all provinces ensure patients’ rights, represent their interests and mediate in conflicts. More than 1600 support groups help patients come to terms with disease and distress – in addition to the wide range of professional health care services that is available.

All Stakeholders developed the Austrian Quality Strategy in a participatory and cooperative way. The strategy stipulates the guiding principles for the numerous quality related activities, which are pursued in all health care institutions. Health care should be safe, effective and easily accessible, regardless of where and in which institution services are provided.

Patients are informed and actively involved in the implementation process of all measures taken to increase patient safety. The National Patient Safety Strategy provides the framework for any cross-professional or cross-sectoral activities.

National Quality Reporting deals with socially sensitive topics and presents these in a transparent and objective way to the experts and to the public. The first quality report in this context focuses on health care services related to COPD (chronic obstructive pulmonary disease), a previously underestimated threat to a large population group.

Quality of care – structurally and as far as processes and structures are concerned – has to be scientifically based. Therefore it is neces-
sary to look at the outcomes. Measuring outcome quality, documentation and analysis are preconditions for the further development and improvement of care. Monitoring of health care services provides the indications, which enable structure and process optimization. In this context Health Technology Assessment (HTA), quality registries or the definition of national quality standards, such as for example the national standard for the early detection of breast cancer, make significant contributions.

**Patient surveys**, which are in the future planned to take place across the different health care sectors, collect information on the perspective of the patient, which can give indications for a better and more intelligent strategic management of the health care system.

Integrating all relevant actors, coordination of the **implementation of the Quality Strategy** is overseen by the Federal Institute for Quality in the Health Care System (BIQG), a business unit of the National Health Institute, Gesundheit Österreich GmbH (GÖG). These actors include social security institutions, federal ministries, provinces, professional societies, chambers and professional representations, patient advocacies and patient support groups.

The Austrian Society of Medical Quality Assurance and Quality Management LLC (ÖQMED, www.oeqmed.at), which is fully owned by the Austrian Medical Chamber, is responsible for the evaluation of physician practices and publishes the results of the evaluation in the “Medical Quality Report”.

**E-Health** has become an integral part of the health system. In Austria any activities related to e-health are known under the term ELGA, which means electronic health file. The introduction in 2005 of an electronic health insurance card (e-card) for all persons insured with a social health insurance fund was a key prerequisite for ELGA. The legal basis for the electronic health file – the ELGA Act - was adopted at the end of the year 2012 by the National Council. The primary objective is to improve the flow of information in the health care sector for the
Austrian citizens. ELGA will enable all authorized health care providers to consult important health related information of their patients. Thereby multiple investigations and any adverse events or waiting times potentially resulting thereof should be prevented. The ELGA-Act envisions the possibility of “opting out”, which means that each citizen can decide whether they would like to participate in ELGA and if they would like to participate fully or only in part, e.g. only for e-medication.

The public health internet portal www.gesundheit.gv.at offers reliable and independent health care information as well as many other services, such as a search function for physicians or hospitals.

Information on how to lead a healthy lifestyle can be found on websites of public institutions in the health care sector (for example www.ages.at or www.fgoe.org). This information is provided in line with the needs of the population.

The high degree of quality and patient orientation contributes to overall satisfaction among the population. According to a health survey performed in all European Union-Member States 95% of the Austrian population believes that the quality of the health care services provided in Austria is either very good or good – this is the second highest rating among European Union Member States, after Belgium (Eurobarometer 2010).
Health promotion and lifestyle choices
Towards a healthy future

Public health, health promotion and prevention are significant matters for Austria.

People living in Austria should not only have a longer life expectancy but should also spend these additional years in a high subjective quality of life. Apart from high-quality medical care, also preventive services and health promotion activities are thus gaining significance.

It is the responsibility of the Austrian state to ensure equitable health chances for all citizens and to provide the best possible health care services to all citizens, irrespective of their income or social status.

Health promotion

Health promotion in Austria has strongly been influenced by activities of the World Health Organization, WHO (Ottawa Charta for Health Promotion 1986). The Health Promotion Act of 1998 strengthened the role of the Fund for a Healthy Austria (FGÖ) and was an important step to boost health promotion in Austria. Health promotion is also a key topic of the national health targets.

Health promotion aims to address people in their individual living environments. Measures taken focus on the following settings: workplaces, cities/communities, hospitals, schools and families.

Numerous Austrian towns and cities, hospitals, health care institutions, schools and companies are represented in a wide range of national and international health promotion networks.
Initiatives which target specific population groups (children and young people, the elderly, women, people employed in small- and medium-sized enterprises and immigrants) were started; in 2011 for instance a national strategy for child and adolescent health was defined. It lists a range of measures to improve child and adolescent health which were agreed on by all involved stakeholders. Furthermore activities orientated towards defined themes (diet, exercise, cardiovascular health and mental health) have increased. Since 2012 the promotion of health equity has received more attention. The topic is an integral part of the health targets, the national strategy for child and adolescent health and one of FGÖ’s guiding work principles.

**Prevention**

The Austrian population is offered a variety of preventive services. One of them is the **mother-child-pass examination programme**, which women living in Austria may join free of charge. This programme has existed since 1974 and assists mothers and their children during pregnancy and up to the 62nd month of the child’s life. In addition parents receive a **vaccination certificate** for their children. Since 1998 expenditure for defined vaccinations has been covered by the Federal Government, the provinces and social insurance, based on the **Austrian child vaccination programme**.

Since 1974 social health insurance funds have offered annual preventive health check-ups to the Austrian adult population (18 years and older) free of charge, which focus on a detailed case history, early detection of illness as well as promoting a healthy lifestyle and providing individual counselling.
In 2011, more than one million Austrians had a free preventive health check-up.

Further preventive measures include annual health examinations of students at schools, health examinations for Army recruits as well as caries prophylaxis and initiatives aimed at improving care for chronically ill persons. In 2014 a systematic and quality assured (following EU-recommendations) National Breast Cancer Screening Programme is launched.

Lifestyle

Like many other European countries Austria faces a number of significant challenges when it comes to promoting a healthy lifestyle within its population. The share of Austrians who smoke regularly amounts to 23.3% of the total population (OECD 2011), exceeding the EU-15-average of 22.1%.
While the number of male smokers has continuously decreased in the last few decades, the shares of young and female smokers have shown an increase. Compared to other EU-countries, Austria has one of the highest shares of young smokers (11,13 and 15 years) (Currie et al 2012). In cooperation with the Austrian social security institutions and the provinces, the Federal Ministry of Health, besides other initiatives, established the Austrian Smoker’s Phone Hotline to support those who want to quit smoking.

About 16% of the Austrian population (men: 21%, women: 10%) show harmful levels of alcohol use or suffer from alcoholism (Uhl et al. 2009). The patterns of behaviour of young people indicate a worrying development. These trends have been identified and they are now being addressed by means of targeted measures. As planned in their programme for the XXIV legislation period, the The Federal Government has taken first steps to define a national strategy for addiction prevention.

Based on OECD-data 47.7% of the Austrian adult population is overweight (12.4% of these are obese). Men are affected far more often than women.

In the context of the Austrian health survey 2006/07 49% of men and women older than 15 years reported that they exercised at least once a week. One third of all men and close to one quarter of all women exercise at least three times a week. Promoting physical activity is a key topic in Austria and is pursued in a variety of activities and projects. In 2012 a National Action Plan for exercise (NAP.b) was presented.

The typical diet of the Austrian population contains too much fat, saturated fatty acids and salt. In addition, the consumption of complex carbohydrates and fibres as well as certain vitamins and minerals could be improved.
The National Action Plan on Nutrition (NAP.e), which was presented in February 2010 and is revised regularly, should raise awareness of healthy diet in the population. By means of coordinated targeted measures, changes in behavioural patterns and settings should be brought about in order to make the healthier choice the easier choice. NAP.e is the first national strategy on nutrition. In addition, the nutrition report is an integral part of health reporting and an important steering instrument for Austria’s nutrition policy. It is published every four years. The nutrition report of 2012 is the first one to include comprehensive data on the dietary status of the Austrian population. The nutrition report of 2012 is the first one to include comprehensive data on the dietary status of the Austrian population.

Health policy is a cross-sectional issue. Planning and implementation processes need to involve all disciplines and sectors.

In the field of health promotion the Federal Ministry of Health undertakes great endeavours on the one hand to improve the living conditions of the population and on the other hand to increase public awareness of a healthy lifestyle. Health promotion and prevention are understood as public responsibilities which are aimed at improving the health and quality of life of the Austrian population.

In 2011 a national health promotion and prevention strategy (“Vorsorgestrategie” was defined which since is implemented in cooperation of the Federal Government, the provinces and social insurance institutions. Nutrition is the first focus of the strategy.
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Imprint

Published by
Österreichisches Bundesministerium für Gesundheit / Austrian Federal Ministry of Health
Radetzkystrasse 2, 1030 Vienna, Austria

Editor
Gesundheit Österreich GmbH
Joy Ladurner, Florian Bachner, Katharina Habimana, Isabel Stadler
Stubenring 6, 1010 Vienna, Austria

Proof reading
phoenix Übersetzungen
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Geusaugasse 47/1, 1030 Vienna, Austria

Order
Order service of the Austrian Federal Ministry of Health
By phone: +43 810 81 81 64
Download: www.bmg.gv.at

Photos
BMG/Grebe, Fotolia.com/AVAVA, SVC

Graphic design
GÖG, Bettina Engel / Jörg Gaisbauer

Printed by
Federal Ministry of Health
Radetzkystrasse 2, 1030 Vienna, Austria

ISBN
978-3-902611-38-3

Updated version, August 2013