

# *Re-thinking Health Policy: From Austria to Europe and back*

## European Health Policy and Austria Achievements and intentions

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# “European Health Policy”

## How did it all start?

- Long ago.....in a little town called Maastricht right in the heart of Europe
- Maastricht Treaty in 1992 bestowed some competence for public health to the European level.....



# Or was is it even earlier in Rome?

- Treaty of Rome in 1957 established the four freedoms:
- Goods
- Persons
- Services
- Capital



# 1995

## Austria joined the European Community

- First attempts at cooperation in public health
  - Research
  - Networking
  - Health Promotion
  - Health Information
  - HIV/AIDS, Cancer, Communicable Disease
- Advanced regulatory framework for medicines, health care professionals



# 9/11/2001

Impetus for health protection of Europe's citizens  
from health threats leads to

European Centre for Disease Control in  
Stockholm



# ECJ rulings on cross border care

After more than a decade of debate

- Is this applicable?
- To all kinds of health systems?
- How does it affect the sovereignty of MS to take decisions on health systems where the Treaty clearly mentions the national competence in this regard?



# Health stakeholders were very busy and distracted

- Mobility affects small percentage of the population
- Most people prefer to be treated closer to their own home
- General unhappiness with this Directive but it was deemed safer than allowing further health incursion by the ECJ

**Austria voted against the Directive**



# In the meantime.....

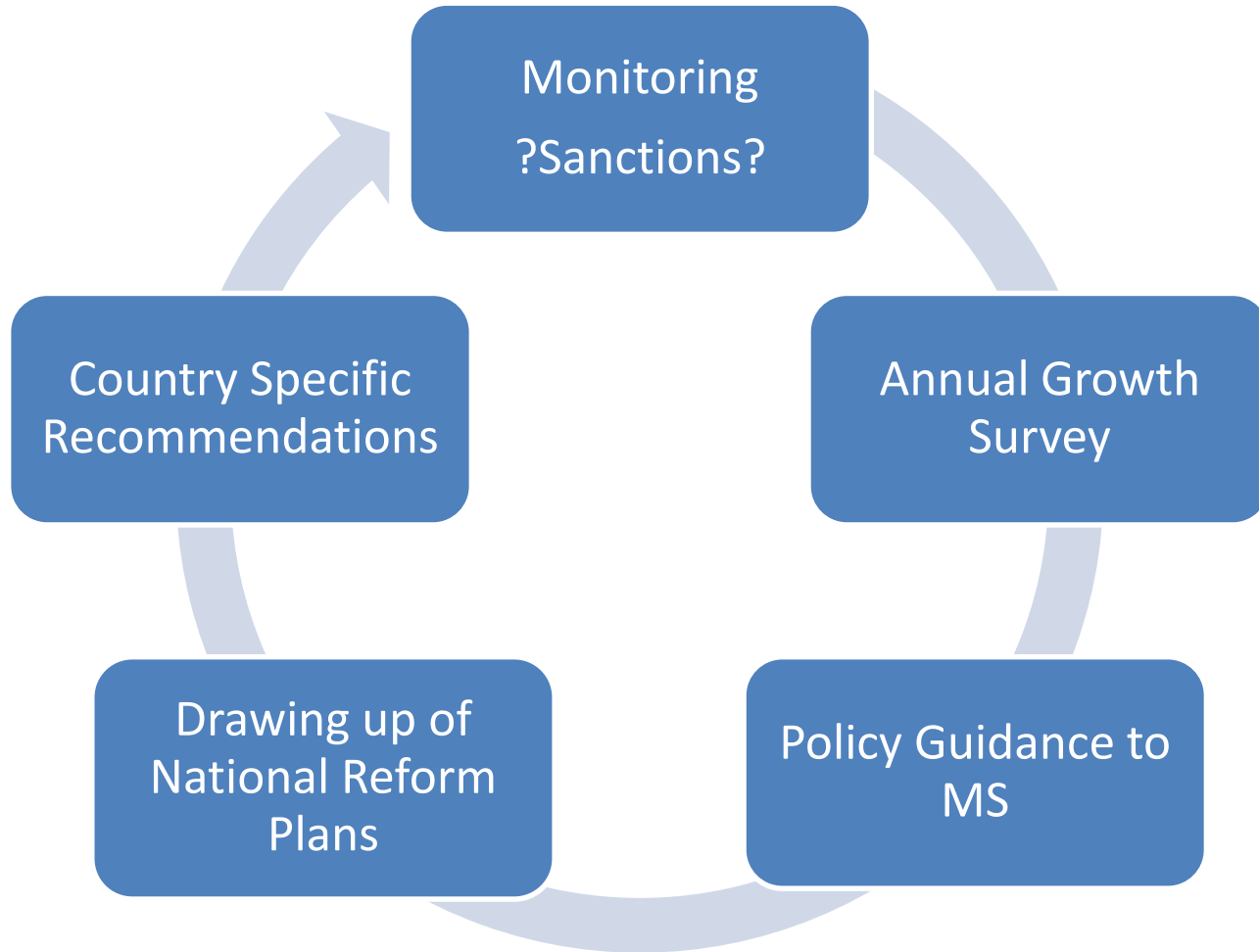
- A financial and economic crisis was ravaging Europe
- A series of important fiscal governance reforms were introduced
- Nobody asked whether these would impact upon MS sovereignty when it comes to health systems

**Welcome to the European Semester!**

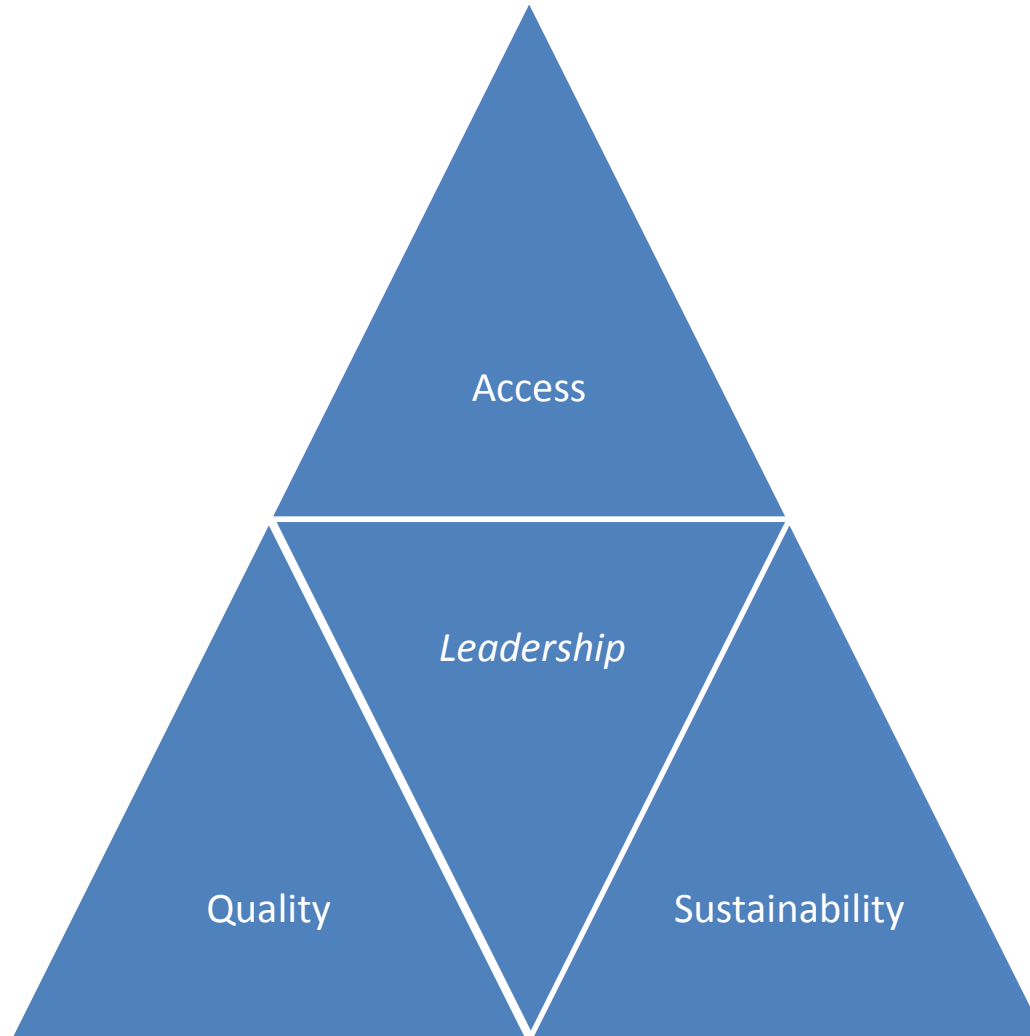




# The European Semester



# Health System Objectives for EU Member States

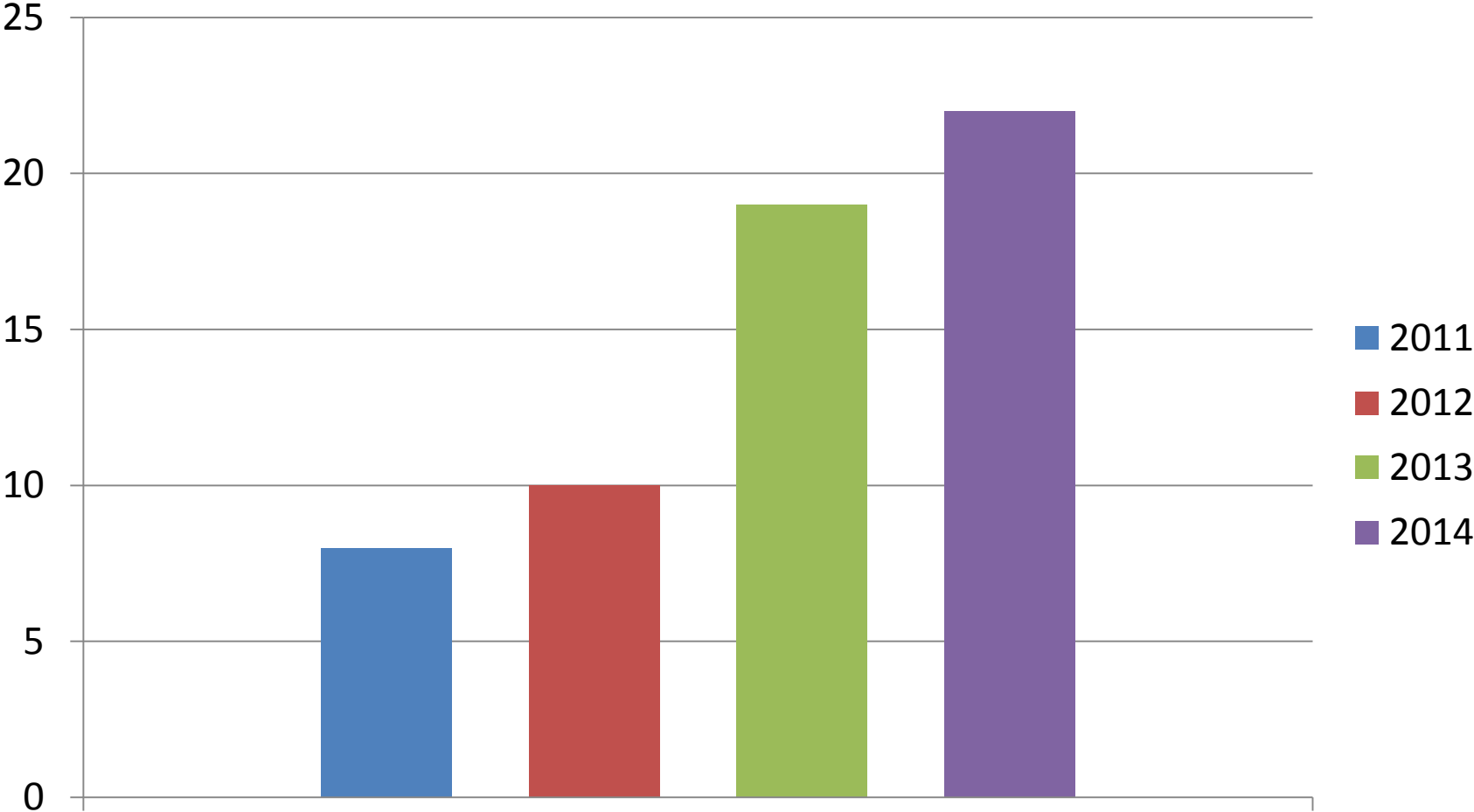


Adapted from:

The future of health care and care for the elderly: guaranteeing accessibility, quality and financial viability COM (2001) 723



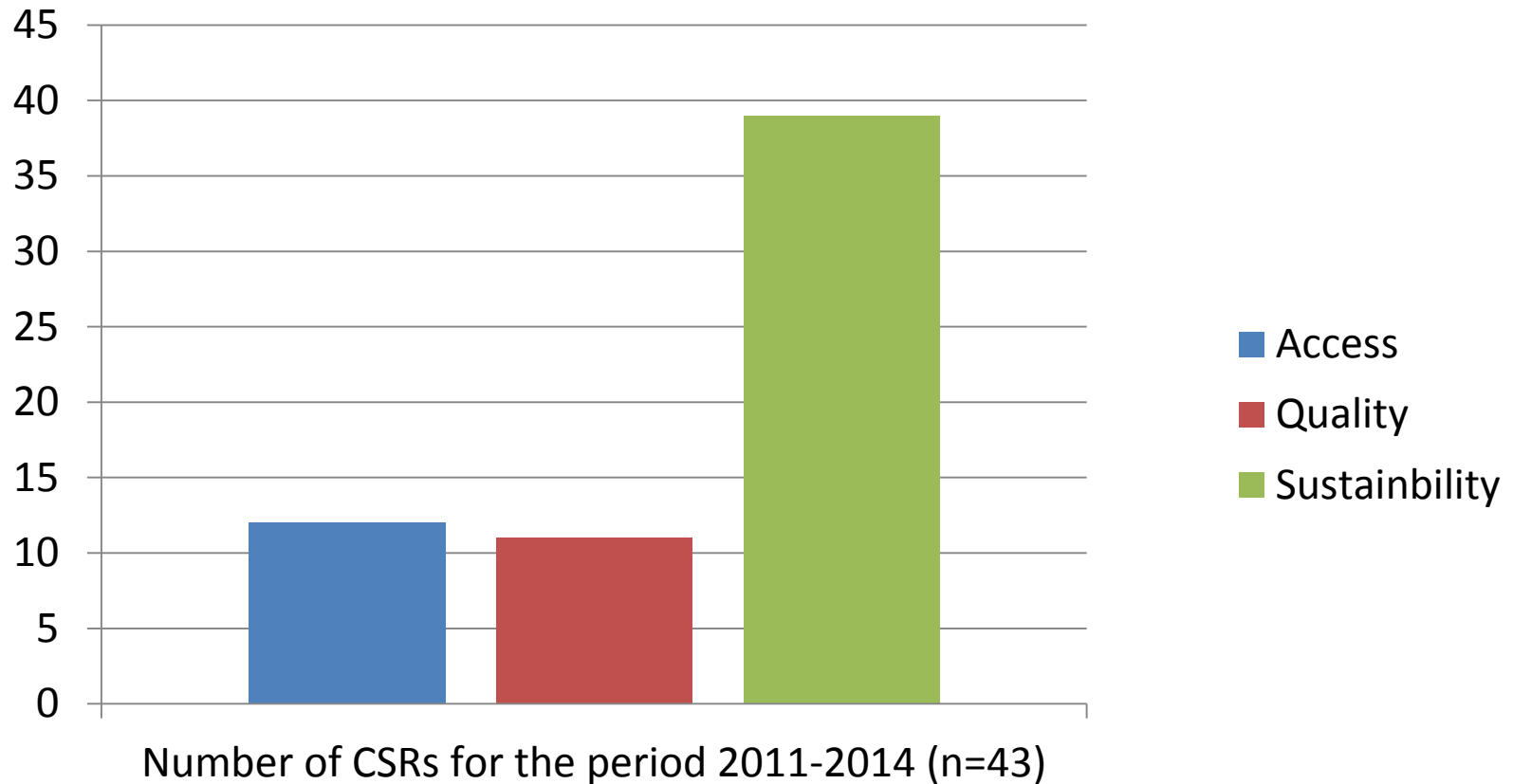
# Number of health CSRs



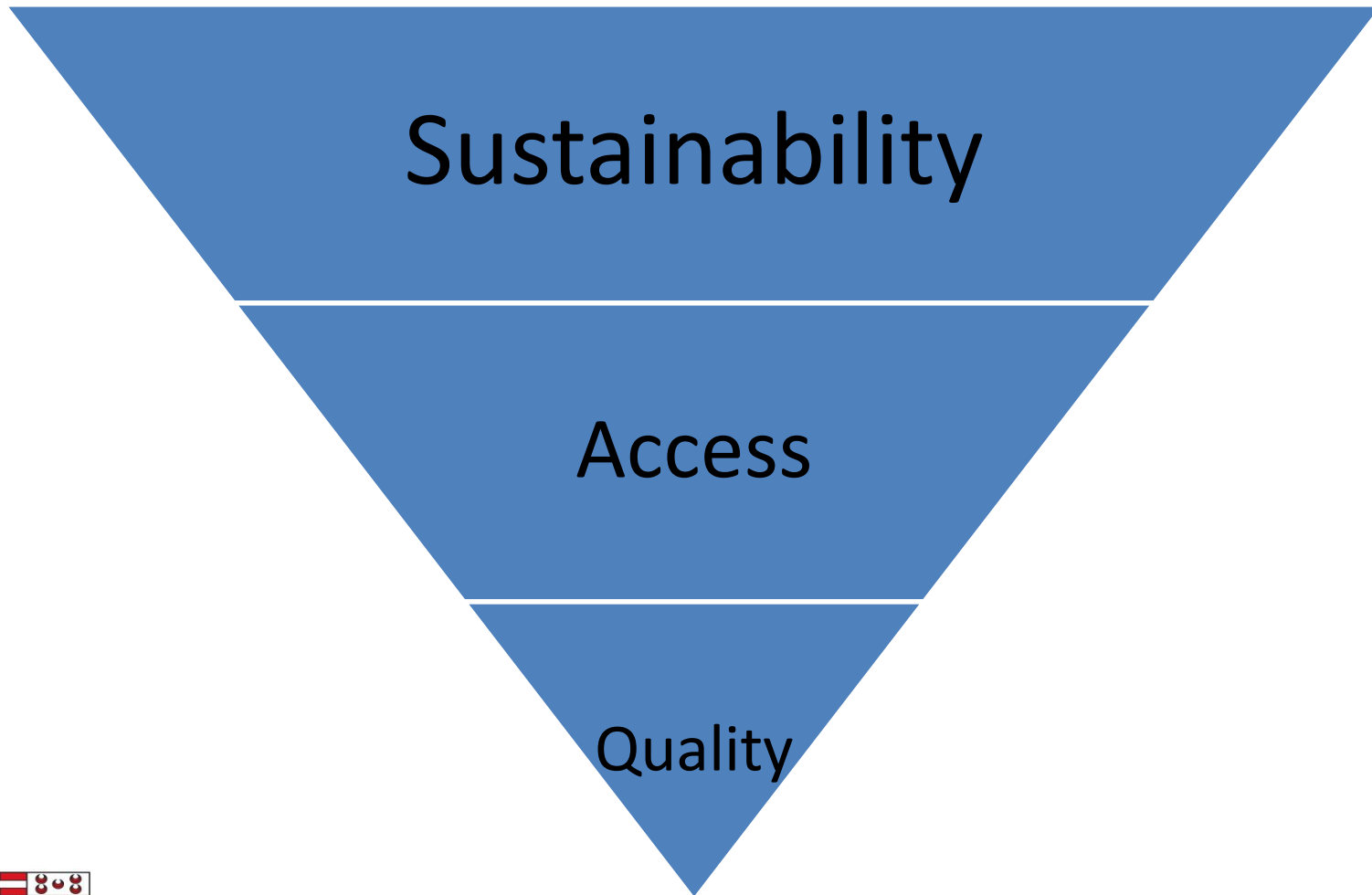
Number of Health CSRs



# Thematic analysis of CSRs

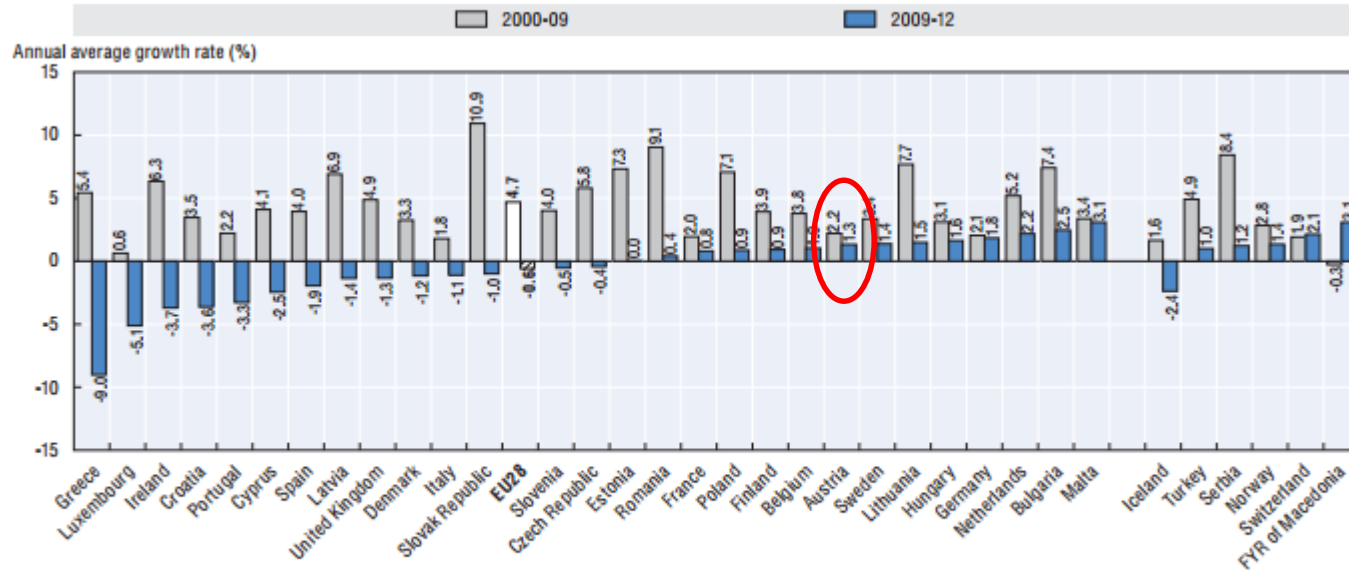


# A new order for European health systems



# Slides from OECD showing expenditure stagnation and decline

6.1.2. Annual average growth rate in per capita health expenditure, real terms, 2000 to 2012 (or nearest year)



Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database; WHO Global Health Expenditure Database.

StatLink <http://dx.doi.org/10.1787/888933155816>



# 2013 CSRs for Austria



Implement the budget for 2013 as envisaged and ensure financial sustainability



**Effectively implement the recent health care reforms to achieve cost efficiency gains**



Harmonise retirement age for men and women



Improve educational outcomes



# 2014 CSRs for Austria



Improve the sustainability of the pension & **healthcare systems**



Keep the general government debt ratio on a downward path



Reduce taxes for low-income employees



Improve the labour market prospects for migrants



Remove market barriers – setting up companies, regulated professions



Advance the restructuring of nationalised banks





# How to react when you land a health CSR?



# How is the European Semester process received in Austria?

Not easy to establish a real picture but overall the process is seen in strong connection with the reform steps

- Welcome top-down support for ongoing reform efforts
- Criticism on the focus on fiscal issues, less people-centred (quality of care or access)



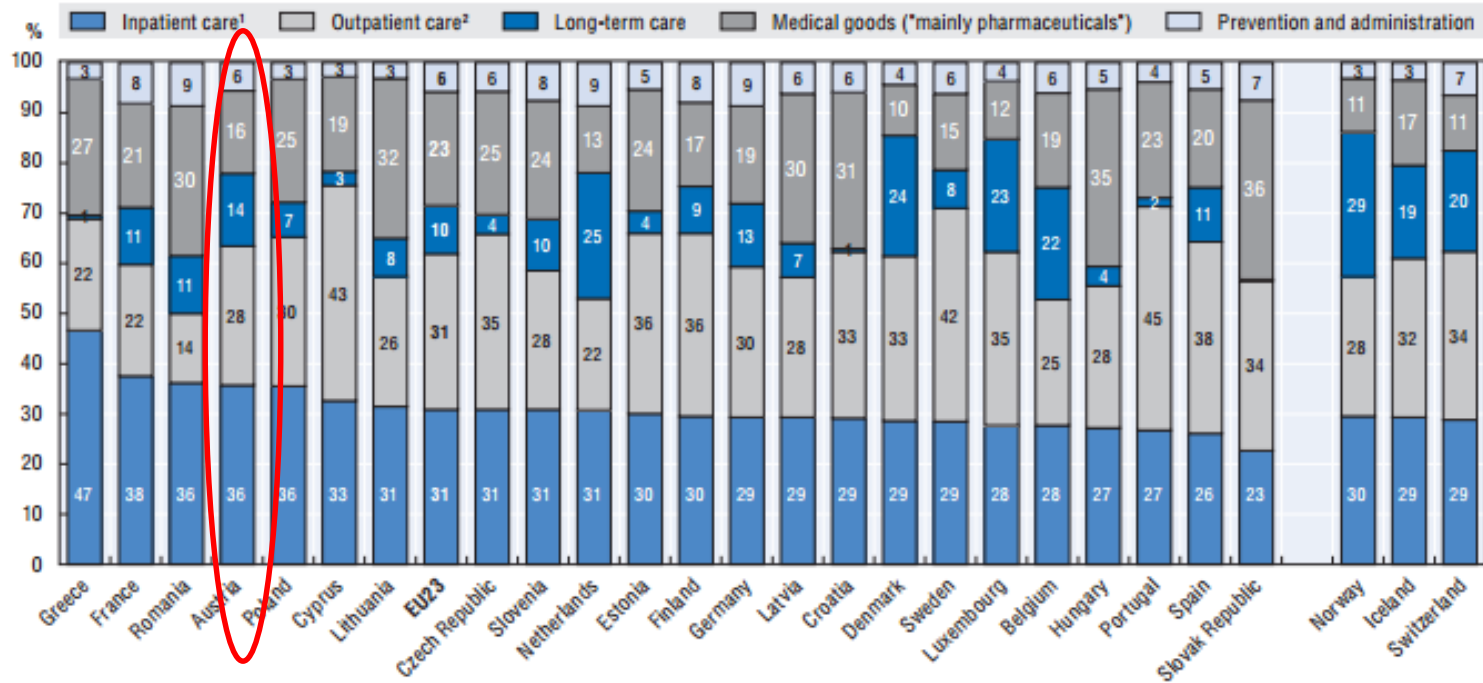
# How did the Austrians react to the 2013 CSRs?

- Continuation of structural reforms on pensions, health policy, administration, subsidies and labour market
- Health reform was passed in National Assembly
- A joint, integrated and cross-sectoral governance and financing of the healthcare system is planned
- Growth of health expenditures should not exceed growth of the nominal GDP.



# Restructuring health care expenditure

6.3.1. Current health expenditure by function, 2012 (or nearest year)



Note: Countries are ranked by inpatient care as a share of current health expenditure.

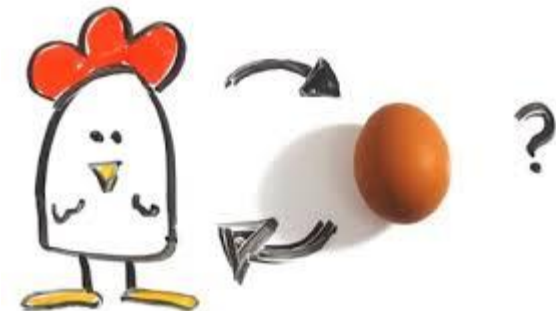
1. Refers to curative-rehabilitative care in inpatient and day care settings.
2. Includes home-care and ancillary services.

Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database for non-OECD countries.



# Austrian bottom up health system reform Or the push from the CSR: What came first?

- Already before the financial crisis a health systems reform was needed.
- More pressing reform agenda with the financial crisis
- The topic of a reinforced primary health care sector was on the agenda before – new momentum?
- Awareness: A fiscally sound state needs a fiscally sound health care sector.



# Can we learn from others?

- Peer review and best practice
- Benchmarking
- Health System Performance Assessment
- Joint Assessment Framework for Health
- OECD reports (quality of care)



# How to avoid getting a health CSR?

Who should we ask?

Denmark

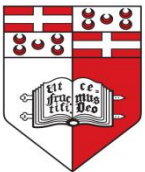
Estonia

Hungary

Italy

Sweden

UK



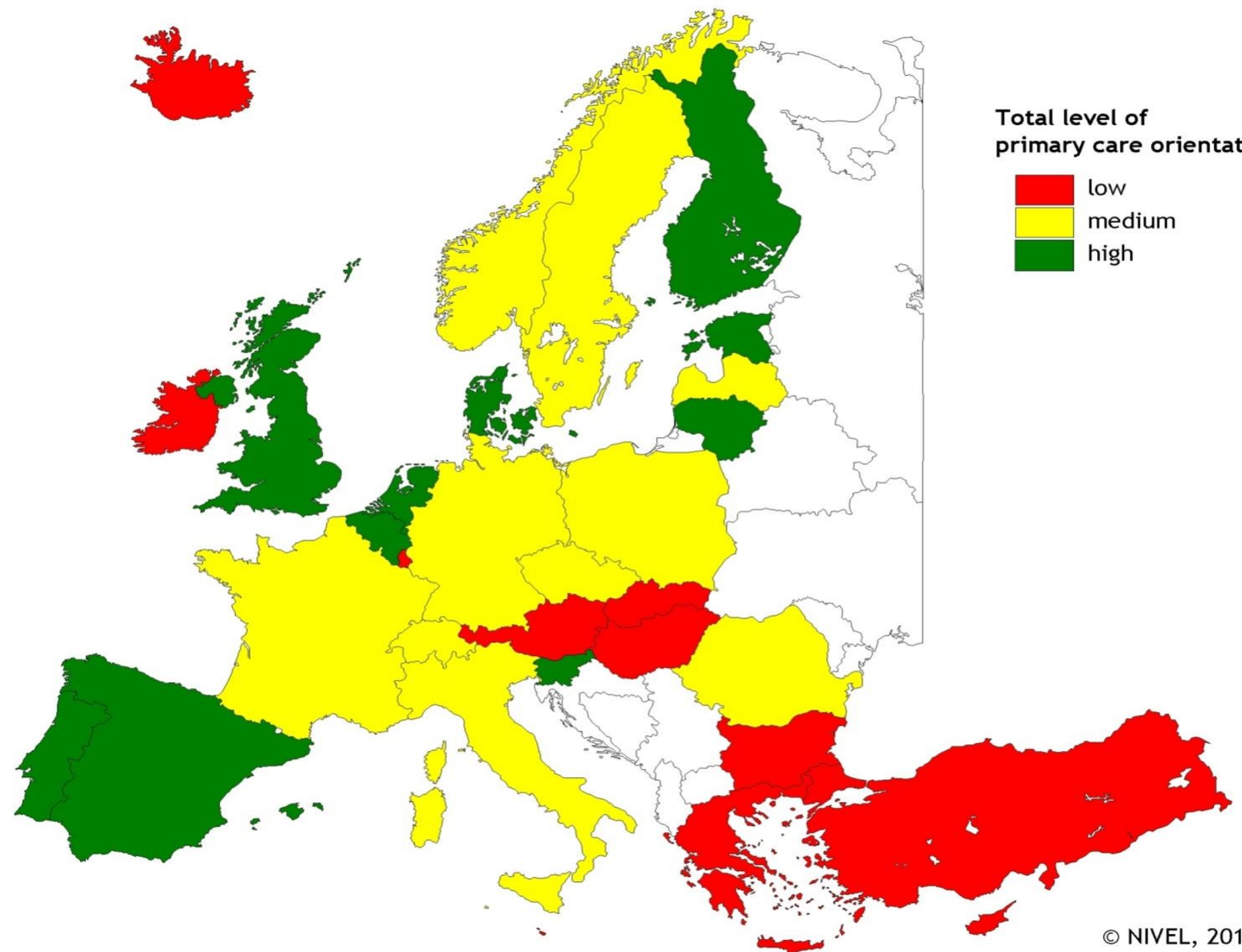
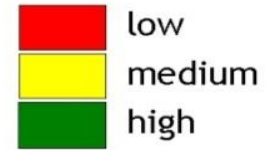
# What do these countries have in common?

- High rate of public health expenditure
- National Health Service type health system





Total level of  
primary care orientation



# What can the European Union offer to Austria?

- Support for health system reform
- Guidelines, best practice, external peer review
- Economies of scale – rare diseases
- Development of European Reference Networks  
– (Austrian participation)
- Support for cross border health threats
- Legal framework to tackle the commercial determinants of health



# What can Austria bring to European Union health policy?

- High level of ethics and standards
- Success stories (diabetes disease management)
- Focus on long-term care
- Debate @ Gastein Health Forum
- Links with International Organisations



# Time to start thinking about the Austrian EU Presidency 2019

- What is important for Austria?
- How is this relevant for the EU?
- Building on success
- Support for tackling key challenges



# Health stakeholders must seek to engage

- To shape the direction European Union policies are taking
- To keep access and quality high on the European agenda
- To embrace European level action for health and steer it vigorously themselves



Thank you for your attention!  
Let us continue the debate

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