16th European Health Forum GASTEIN
Resilient and Innovative Health Systems for Europe

What are the lessons for & from Austria?

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European Observatory on Health Systems and Policies

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Austria
Health system review

Maria M. Hofmarcher
But..... What is resilience?

- Resilience is the intrinsic ability of a system to adapt and respond to unexpected internal and external pressures and shocks.
- Not only surviving but coming back stronger
- From Physics, Biology and Psychology but also applied to Social Systems
- Resilience rests on strong governance including accountability, transparency, participation and policy capacity
The Questions

1. What are the key strategies to make health system resilient?
2. What are the most important innovations to promote health system performance and resilience?
3. How can decision makers best introduce and implement those innovations?
Voices from Europe

EUROHEALTH
Incorporating Euro Observer

Forum 1 | Mental health
Forum 2 | Investing in health
Forum 3 | Free-Trade Zone EU-US
Forum 4 | Building resilient healthcare systems
Forum 5 | mHealth for innovation
Forum 6 | Non-communicable diseases
1. Strategies

2. Innovations

3. Implementation
1. Key Strategies for HS Resilience

1. Making the case for health as an investment
2. Maintaining stable funding & population coverage
3. Generating savings / enhancing efficiency
   – Rationalising hospital services
   – Strengthening Primary Health Care
   – Enhancing integrated care
   – Linking provider payment to performance
   – Optimal human resource level and skill mix
   – Increasing prevention / Health in All Policies
An ever increasing curve...?

Health Expenditure as % GDP (1975-2012)

Source WHO HEALTH DATA July 2013
Health expenditure growth rates 2000-09 & 2009-11, by OECD country

Note: Les taux de croissance pour l’Australie, le Danemark, le Japon, le Mexique et la République slovaque se rapportent à 2009-10 au lieu de 2009-11.

Public / Private funding in the OECD

Source: OECD 2013
## Response to the Financial Crisis, 2012

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Coverage</th>
<th>Population</th>
<th>Benefits</th>
<th>User Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>No change</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BG HR DE DK EE FI HU IT NL PT RO SK UK | 
DE DK FI LT SK SE SI UK | 
AT BE FR IT | 
AT BE DE DK HU SK |
| Increase   | 
AT BE FR LT SE | 
AT BG BE IT | 
AT BE DE DK HU SK |
| Decrease   | 
CY CZ ES IE | 
CY CZ EE EL ES HU IE LV NL PT RO | 
BG CY CZ IE RO SI |
| Mixed      | 
LV SI | EE EL ES FI FR IT LT LV NL PT UK |

*Thomson S et al 2013*
1. Key Strategies for HS Resilience

1. Making the case for health as investment
2. Maintaining stable funding & population coverage
3. Generating savings / enhancing efficiency
   – Rationalising hospital services
   – Strengthening Primary Health Care
   – Enhancing integrated care
   – Linking provider payment to performance
     • Aligning incentives
   – Optimal human resource level and skill mix
   – Increasing prevention / Health in All Policies
Number of physicians and nursing staff per 1000 inhabitants, 2010 or latest available year

<table>
<thead>
<tr>
<th>Country</th>
<th>Staff per 1000 inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>3.81</td>
</tr>
<tr>
<td>Luxembourg (p:2011/n:2011)</td>
<td>2.79</td>
</tr>
<tr>
<td>Monaco (p:2011/n:2011)</td>
<td>6.62</td>
</tr>
<tr>
<td>Iceland (p:2011)</td>
<td>4.07</td>
</tr>
<tr>
<td>Norway</td>
<td>2.97</td>
</tr>
<tr>
<td>Belgium</td>
<td>3.27</td>
</tr>
<tr>
<td>Denmark (p:2009/n:2009)</td>
<td>3.33</td>
</tr>
<tr>
<td>Ireland (p:2011)</td>
<td>2.33</td>
</tr>
<tr>
<td>Germany</td>
<td>2.33</td>
</tr>
<tr>
<td>Sweden (p:2009/n:no data)</td>
<td>3.00</td>
</tr>
<tr>
<td>Finland (p:2009/n:2009)</td>
<td>9.47</td>
</tr>
<tr>
<td>France (p:2011/n:2011)</td>
<td>9.30</td>
</tr>
<tr>
<td>Austria</td>
<td>4.78</td>
</tr>
<tr>
<td>United Kingdom (p:2011/n:2011)</td>
<td>9.47</td>
</tr>
<tr>
<td>San Marino (p:2011/n:2011)</td>
<td>8.40</td>
</tr>
<tr>
<td>The Netherlands (p:2009)</td>
<td>2.92</td>
</tr>
<tr>
<td>Malta (p:2011/n:2011)</td>
<td>7.66</td>
</tr>
<tr>
<td>Italy (p:2009)</td>
<td>3.59</td>
</tr>
<tr>
<td>Portugal</td>
<td>5.87</td>
</tr>
<tr>
<td>Greece (n:2009)</td>
<td>3.54</td>
</tr>
<tr>
<td>Spain (p:2011)</td>
<td>5.04</td>
</tr>
<tr>
<td>Israel (p:2011/n:2011)</td>
<td>3.01</td>
</tr>
<tr>
<td>Cyprus</td>
<td>5.21</td>
</tr>
<tr>
<td>Andorra (p:2009/n:2009)</td>
<td>4.67</td>
</tr>
<tr>
<td>Turkey</td>
<td>3.55</td>
</tr>
</tbody>
</table>

HII T Austria 2013 M. Hofmarcher
Number of physicians and nursing staff per 1000 inhabitants, 2010 or latest available year

C. Prices and physical resources

Austria: health care indicators
Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg

Quelle: OECD 2010
Potential gains in life expectancy, years

- Life expectancy at birth
- Life expectancy at 65
- Amenable mortality

Most efficient countries

## Table 3.3 Dominant (cost-saving) preventive interventions for non-communicable disease, ACE—Prevention

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Lifetime health impact*</th>
<th>Annual intervention cost*</th>
<th>Strength of evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting health, preventing disease: is there an economic case?</td>
<td>++</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Alcohol drinking age to 21 (with or without indexation)</td>
<td>+++</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Dietary salt reduction</td>
<td>+</td>
<td>+</td>
<td>Limited</td>
</tr>
<tr>
<td>Dietary intake promotion</td>
<td>+++</td>
<td>+</td>
<td>Limited</td>
</tr>
<tr>
<td>Vitamin A supplementation</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Folic acid supplementation to infants born to mothers with folate deficiency</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Calcium and alendronate nutrition to infants born to mothers with low calcium intake</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Restricting smoking</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Tobacco smoking screening</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>Oral health promotion</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
<tr>
<td>ACE, angiotensin-converting enzyme; CVD, cardiovascular disease</td>
<td>+</td>
<td>+</td>
<td>Likely</td>
</tr>
</tbody>
</table>

Cost saving interventions – Vos et al 2010
Fig. 2. Contribution of treatment and risk factor reduction to the decline in global coronary heart disease mortality

Source: Ford et al. (11).
Figure 1 Summary scores for health policy performance, by country
2. Innovations to promote HS resilience

1. Technological, organizational and social
2. Skill mix and task shifting
3. Translating HIAP into practice
4. Ensuring health behavior change
5. Patient centeredness in practice
6. Technological (IT, Ehealth,...) innovation:
   - Will it save the day?
7. Strengthening HTA & regulation
### Innovation: will it save the day?

#### THE “VALUE” PROPOSITION OF INNOVATION IN HEALTH CARE

<table>
<thead>
<tr>
<th>Impact of innovation on outcome</th>
<th>Impact of innovation on total treatment cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DECREASE</td>
</tr>
<tr>
<td><strong>OUTCOME</strong></td>
<td></td>
</tr>
<tr>
<td>IMPROVES</td>
<td>Adds value</td>
</tr>
<tr>
<td>NO CHANGE IN OUTCOME</td>
<td>Adds value</td>
</tr>
<tr>
<td>OUTCOME IS WORSE</td>
<td>Calls for benefit-cost analysis</td>
</tr>
<tr>
<td><strong>OUTCOME</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DECREASE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>NO CHANGE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>INCREASE</strong></td>
<td></td>
</tr>
<tr>
<td>Calls for benefit-cost analysis</td>
<td>Lowers value and should be rejected</td>
</tr>
<tr>
<td>Lowers value and should be rejected</td>
<td>Lowers value and should be rejected</td>
</tr>
</tbody>
</table>
Innovation: will it save the day?

Primary Care Doctors’ Use of Electronic Medical Records in Their Practice, 2009 and 2012

3. Implementing / introducing innovations for performance / resilience

• Governance
• Vision and leadership
• Policy capacity
• Transparency (performance measurement)
  – Provider (e.g. hospitals) benchmarking
• Participation of and communication with
  – Health Professionals e.g. to identify & address waste
  – Consumers e.g. to increase acceptability of reform
3. Implementing / introducing innovations for performance / resilience

- Governance
- Vision and leadership
- Policy capacity
- Transparency (performance measurement)
  - Benchmarking (e.g. hospitals)
- Devolution / Decentralization
- Governance / funding fragmentation
- Regulation complexities
  - Participation of and communication with
    - Health Professionals e.g. to identify & address waste
    - Consumers e.g. to increase acceptability of reform
AUSTRIA LOVES IT´S HEALTH SYSTEM

Question: QD2. How would you evaluate the overall quality of healthcare in (OUR COUNTRY)?
Answers: Good

Map Legend:
- 90% - 100%
- 70% - 89%
- 50% - 69%
- 30% - 49%
- 0% - 26%

Quelle: Eurobarometer 72.2
COMMUNICATION FROM THE COMMISSION

On effective, accessible and resilient health systems