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

European Health Policy and Austria Achievements and intentions

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Vienna 9 April 2015

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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 clears 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

- Monitoring
- Annual Growth Survey
- Country Specific Recommendations
- Drawing up of National Reform Plans
- Policy Guidance to MS

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Health System Objectives for EU Member States

- Access
- Leadership
- Quality
- Sustainability

Adapted from:

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

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Number of health CSRs

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Thematic analysis of CSRs

Number of CSRs for the period 2011-2014 (n=43)

- Access
- Quality
- Sustainability

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A new order for European health systems

Sustainability

Access

Quality

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Slides from OECD showing expenditure stagnation and decline
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.  
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

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What do these countries have in common?

• High rate of public health expenditure

• National Health Service type health system
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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