



Press release: 13th European Health Forum Gastein, 6 – 9 October 2010

EHFG President Leiner: Decentralized decision-making structures slowing down health care reform

The 13th European Health Forum Gastein (EHFG) opened today in Bad Hofgastein. Discussions at the congress will center on the future of European health care systems. EHFG President Leiner criticized that decentralized and federalist decision-making structures often pose barriers to health care system reform. A system structured around small hospitals is problematic in terms of cost and quality.

Bad Hofgastein, October 6, 2010 – The 13th European Health Forum Gastein opened today in Bad Hofgastein, Austria. Discussions at this year’s congress will focus on the future of European health care systems. EHFG President Professor Dr. Günther Leiner said at the opening of the high caliber conference: “As elsewhere in the EU, we in Austria must accept that far-reaching structural reforms will be needed to keep our health care system fit for meeting future challenges. Decision-making responsibilities in health care policy play a role in this context. Many European countries must face the fact that decentralized and federalist structures are problematic for financing and for providing quality care.”

The EHFG is the most important conference on health care policy in the EU. This year it will attract about 600 decision-makers from the fields of health care policy, research, science and business and from patient organizations from more than 40 countries.

Leiner noted that special criticism should be leveled against a system structure based on small hospitals. It is often local interests, not health care interests, that lead to hospitals with the full range of medical specialties being built right next to each other and not achieving optimum sizes. For example, Austria has 6.4 intensive-care hospital beds per 1,000 inhabitants, a figure substantially higher than the average of 3.8 beds in the 15 “old” EU member states. Fifty of the 130 Austrian hospitals categorized as “Fondskrankenhäuser”, in fact public hospitals, have fewer than 200 beds. More than 80 have fewer than 300 beds.

Small structures give rise to greater complications

“An expensive duplication of structures is one result,” Leiner explained citing data material from current studies. “A second is that because of the smaller number of patients, quality does not reach the level it would with a higher frequency of treatments.” Several studies have shown that the number of complications increases in smaller hospitals with fewer operations and not just with respect to surgical interventions. A recent study by the Mount Sinai School of Medicine (New York) published in the New England Journal of Medicine presented evidence of this trend for treatment of heart attacks, heart failure or pneumonia. For heart attacks, for instance, the 30-day mortality rate fluctuated between 23 percent in the smallest hospitals and three percent in the hospitals with the largest number of cases.

Specialization and division of labor – also internationally

EHFG President Leiner said that specialization of individual institutions and an appropriate division of labor with other hospitals should be the order of the day. And he added that this should be done not just within individual EU member states but also as part of cross-border cooperation arrangements. There are already highly promising projects of this nature. One example is collaboration between the cities of Gmünd in Austria and České Velenice in the Czech Republic involving health care treatment for hospitalized patients. Leiner: “The only way we can ensure efficient and well-run health care in Europe in the future is if we think internationally in this field, too.”

Regions in which hospitals are shut down or merged do not have to worry about a loss of jobs or about becoming less attractive as a residential or business location, EHFG President Leiner said, noting: “It is certain that residential facilities will have to be transformed into day clinics and facilities for outpatients or long-term care.”

EHFG Board Member Neisser: EU competence in healthcare policy

Prof. Dr. Heinrich Neisser, expert in European law and EHFG board member, deems a debate about broadening EU competences in public health policy to be essential. "It is about time that European public health policy be institutionalized. This requires the further development of transnational cooperation and incremental convergence for a start, until a significantly enhanced EU competence in questions of health care can emerge," Neisser said. "This competence is very limited at present and that has to change. The absence of common public health policy does not suit current requirements."

Opening plenary session: "Future health trends and the priority setting": Wednesday, October 6, 2010

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