



Press release: 15th European Health Forum Gastein, 3 – 6 October 2012

EHFG President Leiner – cutting costs and securing better treatment by hospital concentration and specialisation

This autumn will mark the 15th anniversary of the European Health Forum Gastein, which will convene in Bad Hofgastein, near Salzburg, on October 3 – 6. The focus could hardly be more topical: “The crisis as an opportunity? Health in times of austerity.” EHFG President Prof. Leiner argues that the best way of saving money is not to reduce services for patients. Cutting the number of hospitals, and upping specialisation of clinics would improve both efficiency and quality of care.

Vienna/Bad Hofgastein, July 5, 2012 - Restricting medical services should not be the answer to stretched health budgets, the president of the European Health Forum Gastein Prof. Dr. Günther Leiner said when he announced the programme for this year's Congress. “Rather, we need profound changes in the way hospitals are structured if we are to achieve both savings and a better quality of treatment. This is above all a matter of hospital density. In many European countries – and in this respect Austria and Germany are at the forefront – there are still too many hospitals. Too many hospital beds. Too many people admitted to hospital. And the structure of the hospitals themselves is too much of a patchwork. This is a formula for consuming resources which are urgently needed elsewhere in the health services. It's a problem in terms both of patient safety and quality of care.”

In many European health systems this paradoxical situation was being aggravated by the current economic crisis, said Prof Leiner. "In more and more countries there is little reluctance about slashing services. But considerable potential for savings and efficiency – which would actually improve the quality of care – is not being tapped. It is both economically inefficient and problematic for patient safety when there is a large number of hospitals offering the whole range of services, but no specialisation. A number of recent studies have convincingly demonstrated that this principle applies to medicine too: whatever you do only rarely you will do less well because you lack the specialised experience.”

The scientific results speak for themselves

- A new study from Stanford Universityⁱ (USA) shows that in treatments ranging from aortic aneurysm to bypass or gastric banding surgery, the frequency with which they are carried out in a centre stands in clear inverse relation to the rate of complications.
- In hospitals with fewer than six heart transplants a year, the mortality risk associated with patients at risk is 67% higher than in centres with a high volume of surgery (more than 15 operations a year). This was shown by a Johns Hopkins University studyⁱⁱ.



- The benefit of large numbers of operations does not just apply to operations. As a U.S.ⁱⁱⁱ study shows, the risk of dying as a result of a heart attack is 11% lower in large centres where there are many cases than in smaller hospitals; 9% lower for heart failure; and 5% for pneumonia. .
- An Austrian study^{iv} has shown that more patients per year per intensive care significantly reduces the risk of dying in hospital.
- A German study^v showed similar results for cardiac interventions: the more interventions every year, the fewer deaths or complications, and vice versa. The research concerned new drug-eluting stents, and it was found that emergency surgery and mortality after 30 days in centres with a low volume of operations were significantly more frequent.

Hospital ‘champions’ no better than others

Among the hospital ‘champions’ in Europe, Austria (7.7 hospital beds per 100,000 population), Germany (8.2) or the Czech Republic and Hungary (7.1) bed density is not just substantially over the European average, but well above the level in reform pioneer states like Sweden (2.8), Norway (3.3) or the Netherlands (4.7)^{vi}. “Such massive differences cannot be for sensible medical reasons,” said EHFG President Leiner. “The quality of health care in countries which have carried out long-overdue closures, mergers, and division of labour among specialised clinics, is certainly no worse,” Thus Holland, a pioneer in cutting the number of hospitals, was at the same time the model for many quality indicators, for example in the fight against multi-resistant hospital germs.

“We must not solve the economic problems facing European health systems by depriving sick people of treatments they need,” said Prof. Leiner. “The way forward is make long-term structural changes to sustainable structures. That does not have always to mean hospital closures. But it does mean we need specialisation and division of labour: every little clinic does not have to offer every everything.”

European health policy: crisis and health are the central focus

The European Health Forum Gastein is Europe's leading health policy conference. During the first week in October every year more than 600 politicians, policy makers, stakeholders, and experts from policy and administration, business and industry, civil society, and science and research from around 40 countries meet to discuss current developments in European health policy. The 15th European Health Forum Gastein from October 3 – 6 in Bad Hofgastein has taken as its theme “Is the crisis an opportunity? Health in times of austerity” (see current programme at www.ehfg.org).

As in previous years, ministers and secretaries of state from around the world are expected at the EHFG. The following keynote speakers have already confirmed they will be taking part:

- John Dalli, EU Commissioner for Health and Consumer Policy
- Federal Minister Alois Stöger, Austrian Federal Ministry of Health



- Zsuzsanna Jakab, Regional Director, WHO Europe
- Martin McKee, Professor, London School of Hygiene and Tropical Medicine

Among the issues being highlighted this year:

- The effects of the economic crisis and the budget savings for the healthcare
- Health 2050: Challenges for health systems
- Non-communicable diseases
- Medicine of the future – personalised medicine
- Modern health communications

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ⁱ Hernandes-Boussard, Health Service Red 2012

ⁱⁱ Arnaoutakis, American Association for Thoracic Surgery 2011 Annual Meeting

ⁱⁱⁱ Ross, NEJM, 2010

^{iv} Metnitz et al

^v Circulation 2009, 120:600-606

^{vi} OECD, Health at a Glance 2011