

Performance des österreichischen Gesundheitssystems im internationalen Vergleich

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Fokus der Diskussion: Was zeigt die Evidenz?

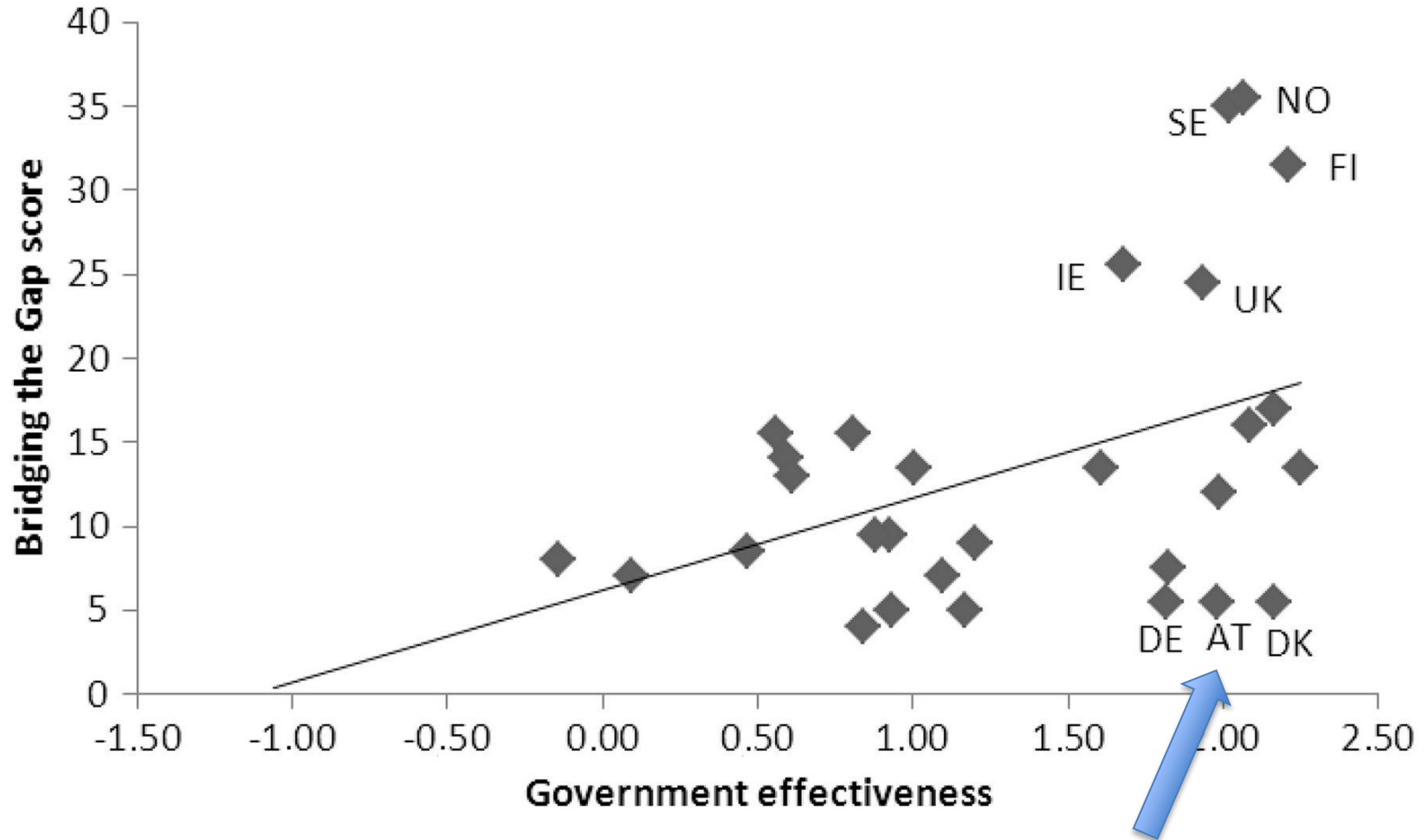
Österreichs Gesundheitssystem wird weit überdurchschnittlich von der Bevölkerung geschätzt (Eurobarometer).

Es ist eines der teuersten Systeme der Welt aber nur oberer Durchschnitt in der OECD und EU was Performance (Leistung, Qualität) betrifft (OECD Analyse, Consumer Powerhouse).

Bei Public Health Leistungen und Indikatoren nur unterer Durchschnitt oder sogar in der untersten Quintile der OECD angesiedelt (OECD, WHO Analysen).

Wir könnten, wenn wir wollten...

Association between government effectiveness and alcohol policy score.



Health NOT in All Policies in Austria: Bedenkliche Gesundheitsdeterminanten

- Höchster Nikotinkonsum von 15 Jährigen
- Höchster Zuwachs von Alkoholkonsum bei unter 15 jährigen
- Zweithöchste Alkoholkonsumation per capita in der OECD (nur hinter Estland)
- Niedrigste Früchte und Gemüse Konsumation bei 15 Jährigen
- usw.

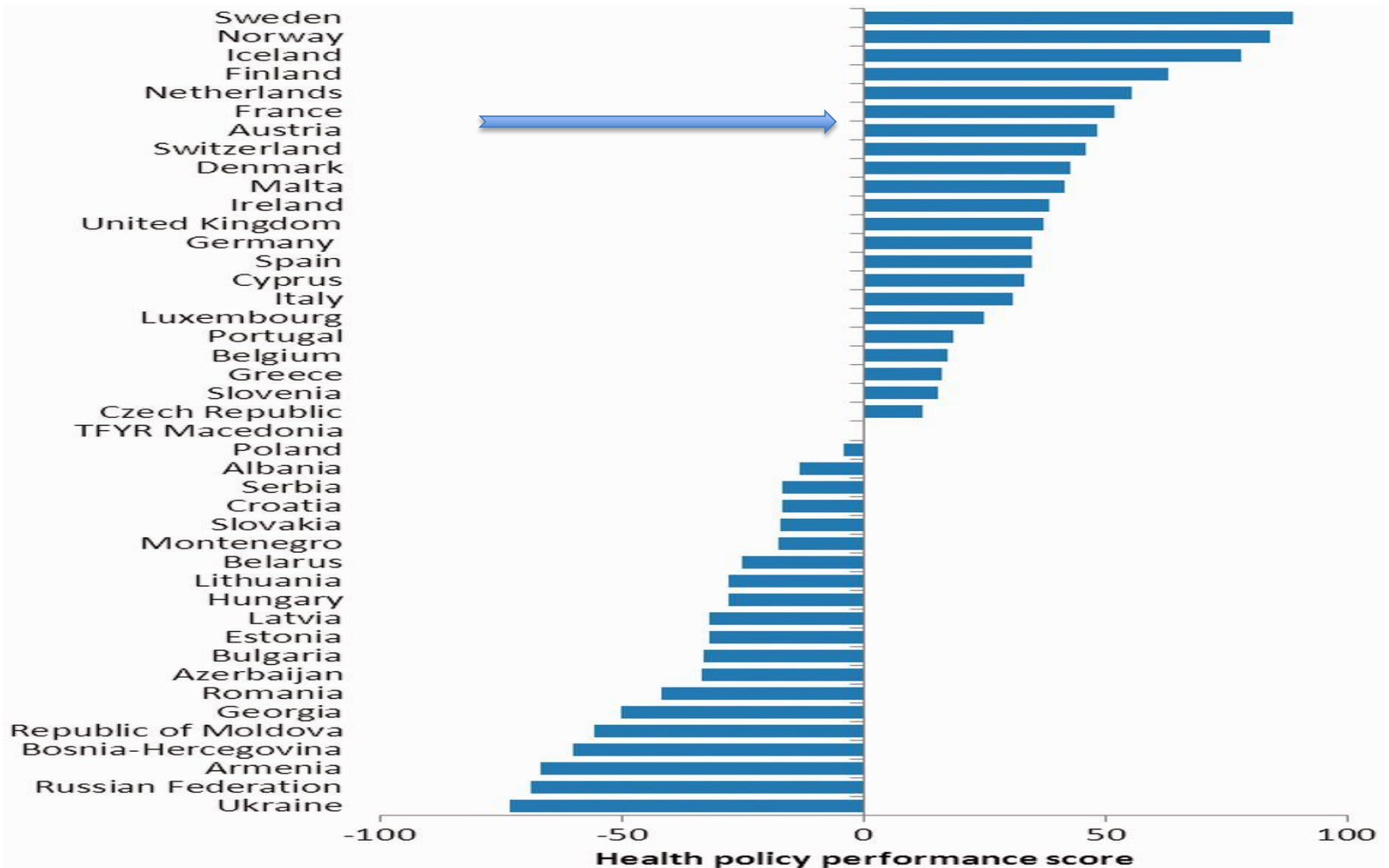
Die Diskussion zum Ärztemangel...

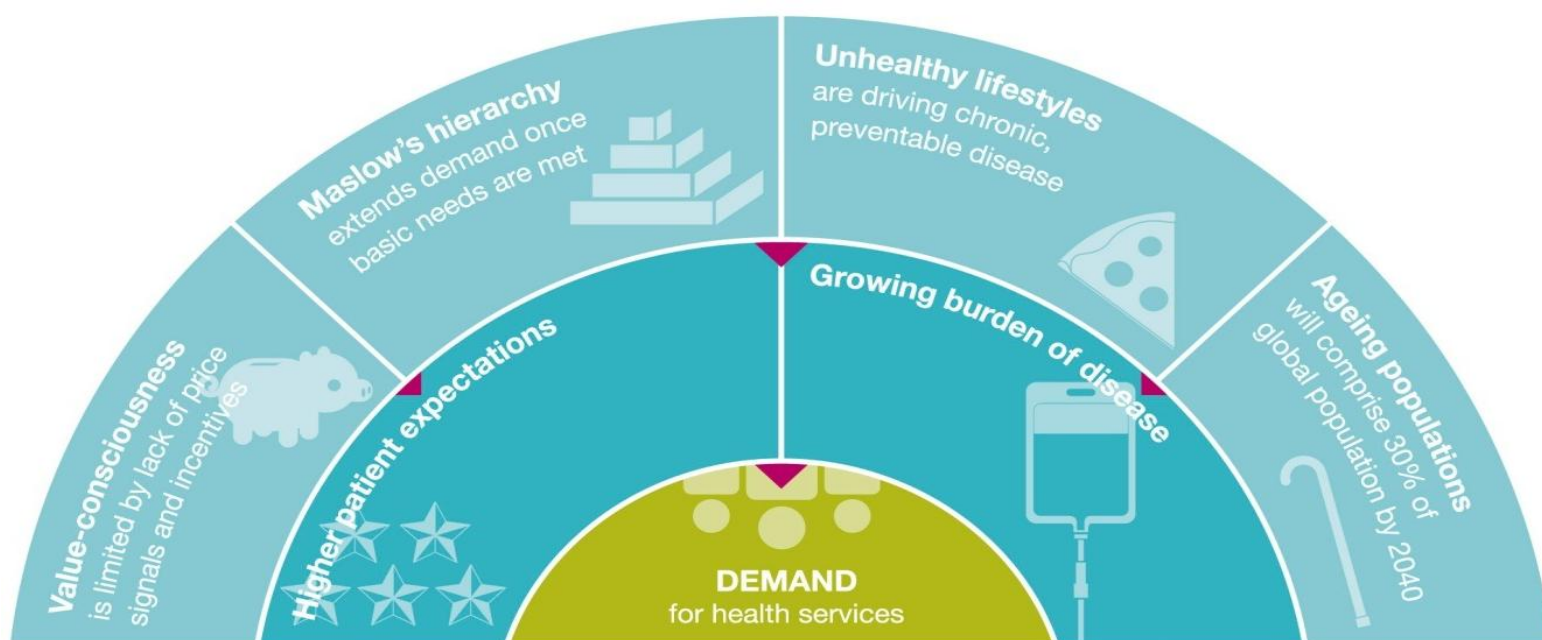
- Zusammen mit Griechenland höchste Ärztedichte der EU
- Aber eine der niedrigsten Raten von Konsultationen pro Arzt
- Zweithöchste relative Entlohnung von Ärzten als Proportion des Durchschnittslohns (3-4x)
- Niedrige Ratio von Krankenschwestern und Hebammen zu Ärzten
- ...sicherlich aber ein Verteilungsproblem!

Krankenhaus – Technologie lastig?

- Sehr hohe Technologie Prävalenz (MRI und CT)
- Top bei KH Betten und Nummer 1 bei KH Aufenthalten
- Top bei Hüft und Knieersatz, nur hinter den USA
- Top 3 bei COPD und Asthma KH Aufnahmen
- Top beim Mammographie Screening, unteres Drittel bei 5-Jahres Überlebensrate bei Mamma CA
- Schlusslicht bei Impfungen nur vor Indien und Indonesien

Trotzdem: Scores for health policy performance.



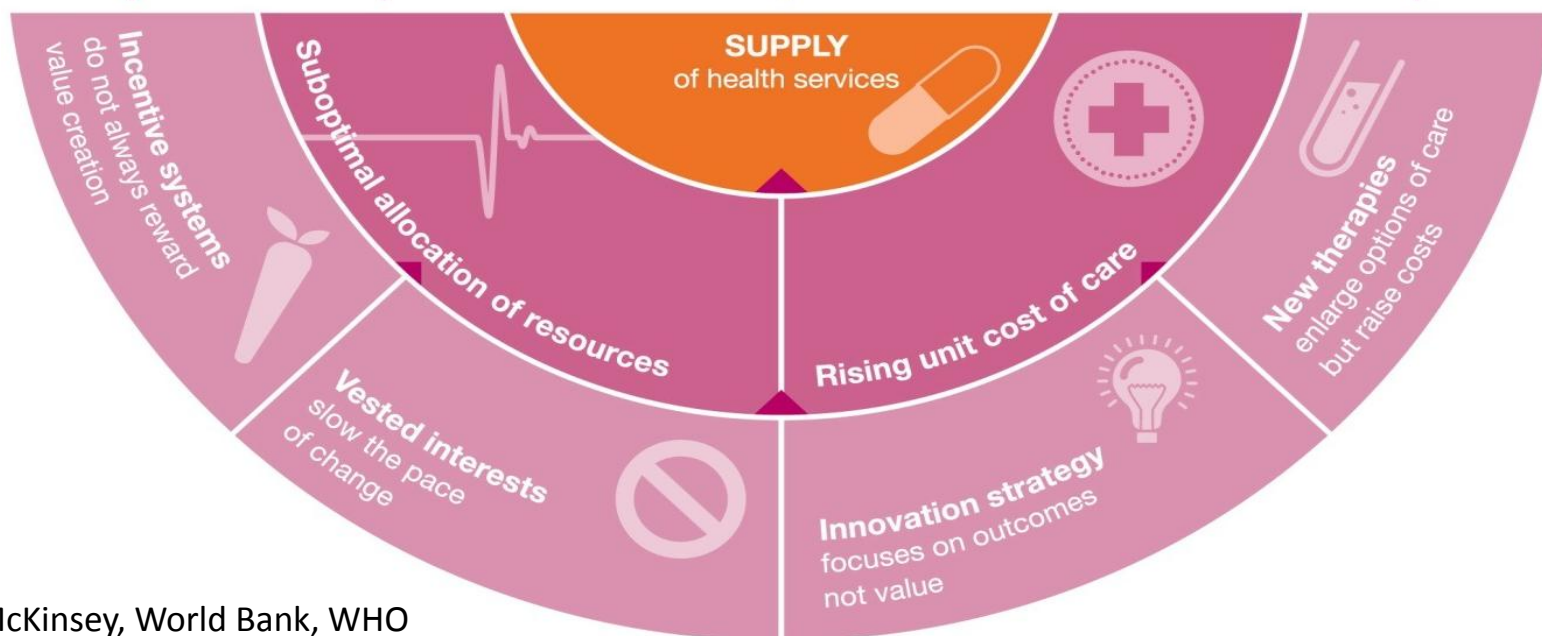


Payment systems offer little financial incentive for patient to minimise cost

Increasing capacity induces demand

Lack of performance transparency prevents matching demand to the most productive supply

Improved survival rates imply more years of treatment



Critical choices for governments and society:

DO LESS

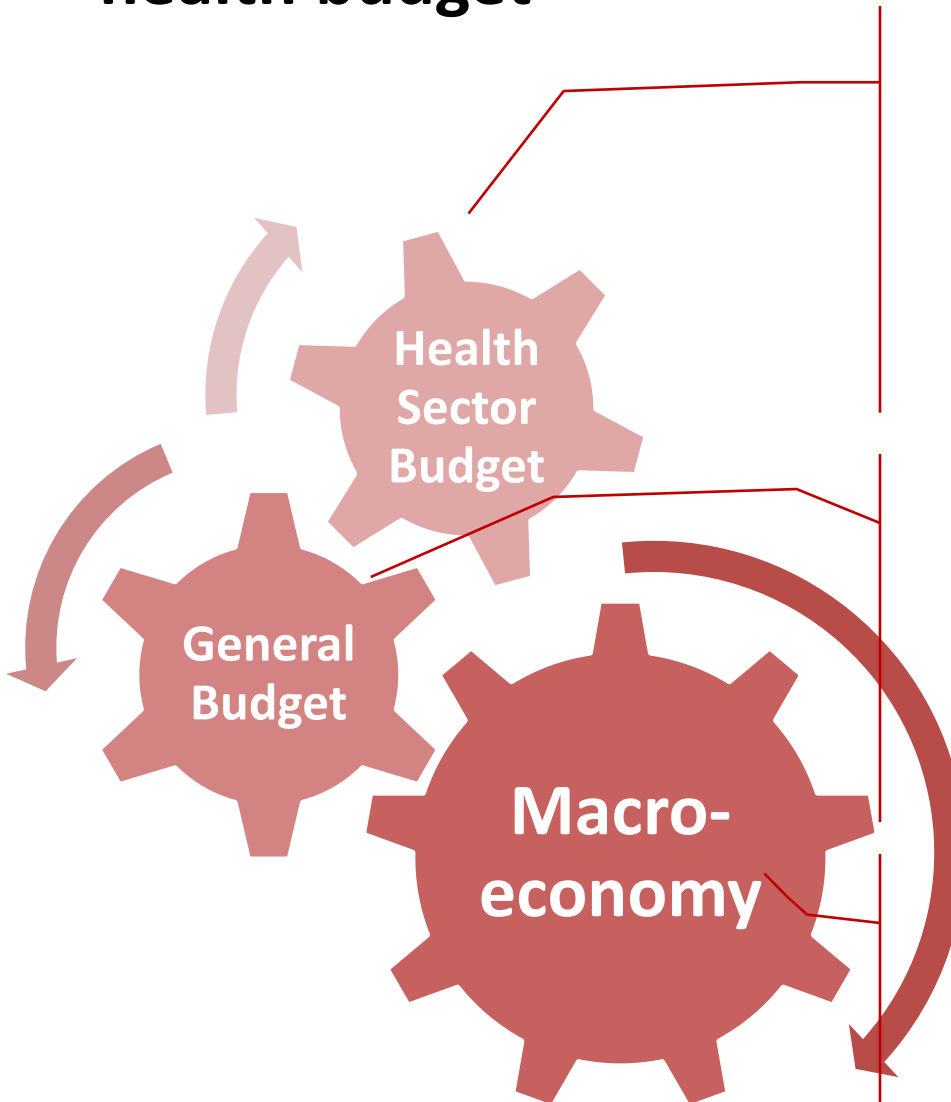
- Ration access to care by restricting coverage or narrowing benefits
- Impose cash-limited budgets and allow wait times to rise
- Shift more of the burden to employers or households

DO MORE

- Increase financing to health by raising general taxation
- Boost health budget by prioritizing over other publicly funded services

- Transform healthcare to radically raise productivity

Macroeconomy, fiscal space and implications for the health budget



INTRA-SECTORAL ALLOCATION EQUITY vs. EFFICIENCY

- Public Health Budget to GDP Ratio
- Public Health Budget to GGB Ratio

Transmission: *Ceteris paribus*, when GGB grows, the public health budget could increase.

Questions: *What are the revenue and expenditure elasticities of public health sector spending? How are private sector expenditures affected?*

INTER-SECTORAL ALLOCATION PREFERENCE & POLITICAL ECONOMY

- General Government Budget (GGB) to GDP Ratio
- Growth in GGB/GDP Ratio

Transmission: *Ceteris paribus*, when GDP grows, the general government budget is to increase.

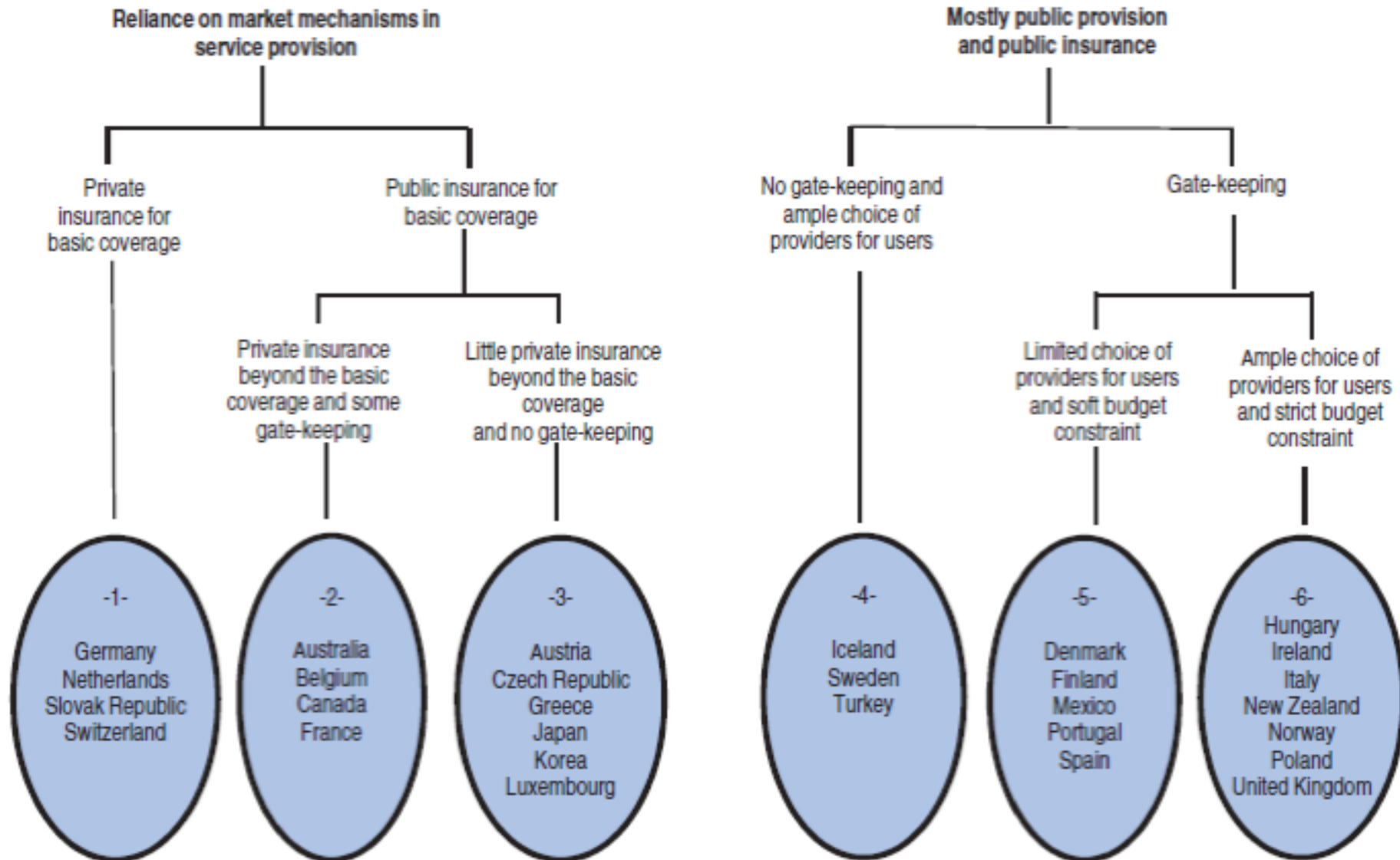
Questions: *What is the income elasticity of GGB? How do health sector budget allocations compare to other sectors?*

MACRO EFFECT (EXOGENOUS)

- GDP per capita
- Real GDP Growth Rate
- Fiscal Capacity Growth

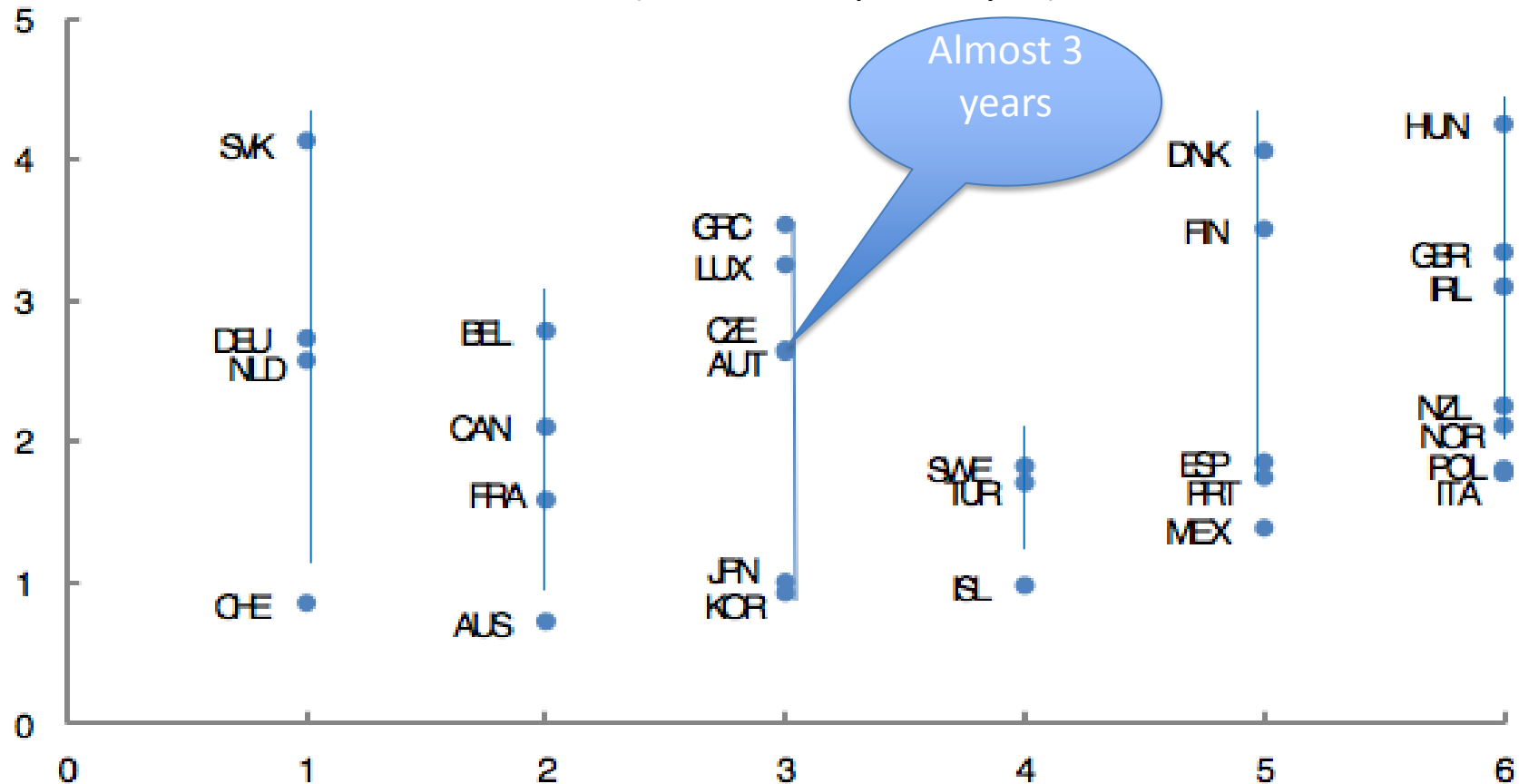
Transmission: *With increase in the per-capita GDP the revenue base increases.*

Which model performs best in the OECD?

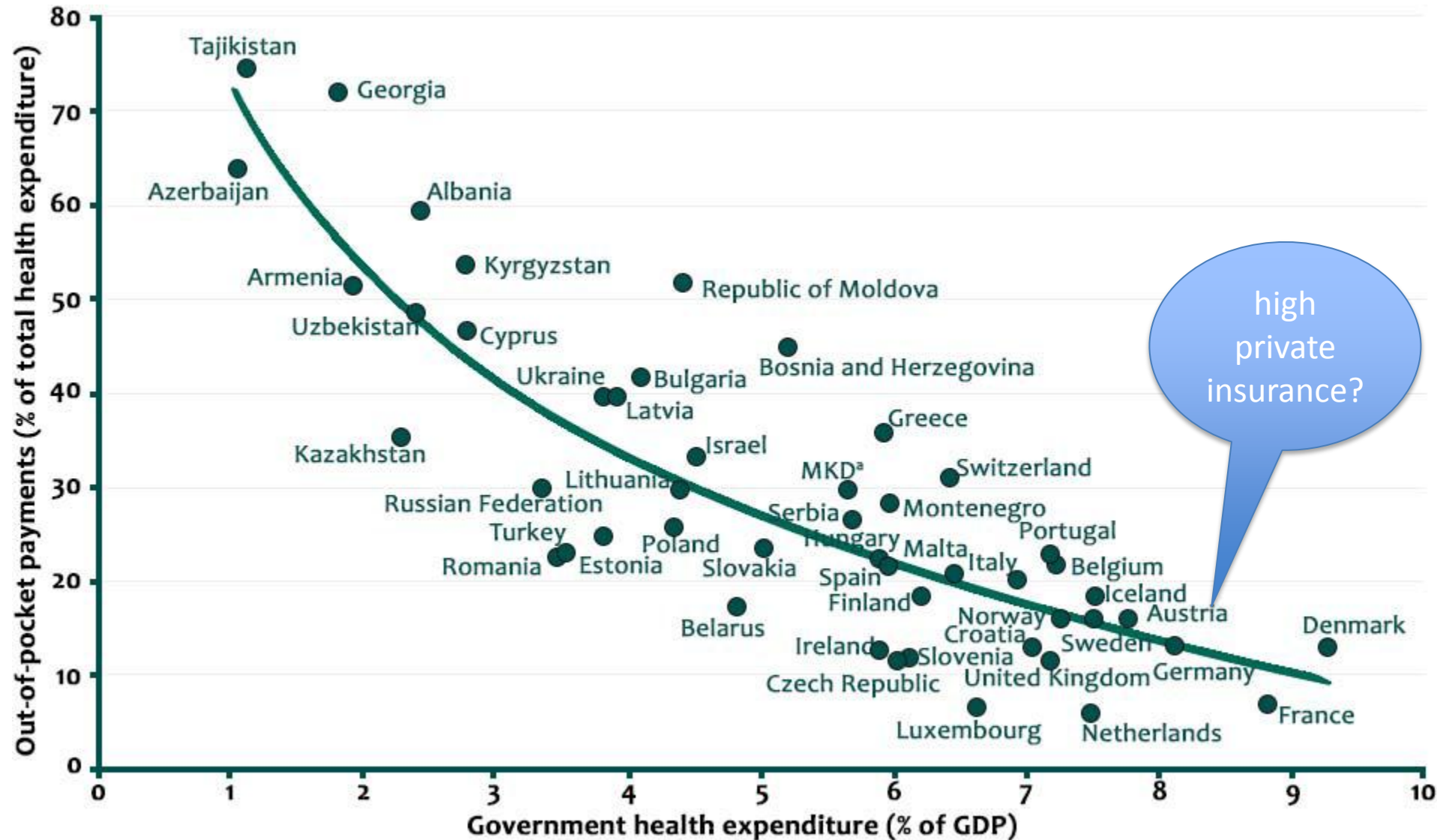


Performance and efficiency varies more within groups of countries than across them...

Potential gains in life expectancy (years, DEA) (Data envelope analysis)

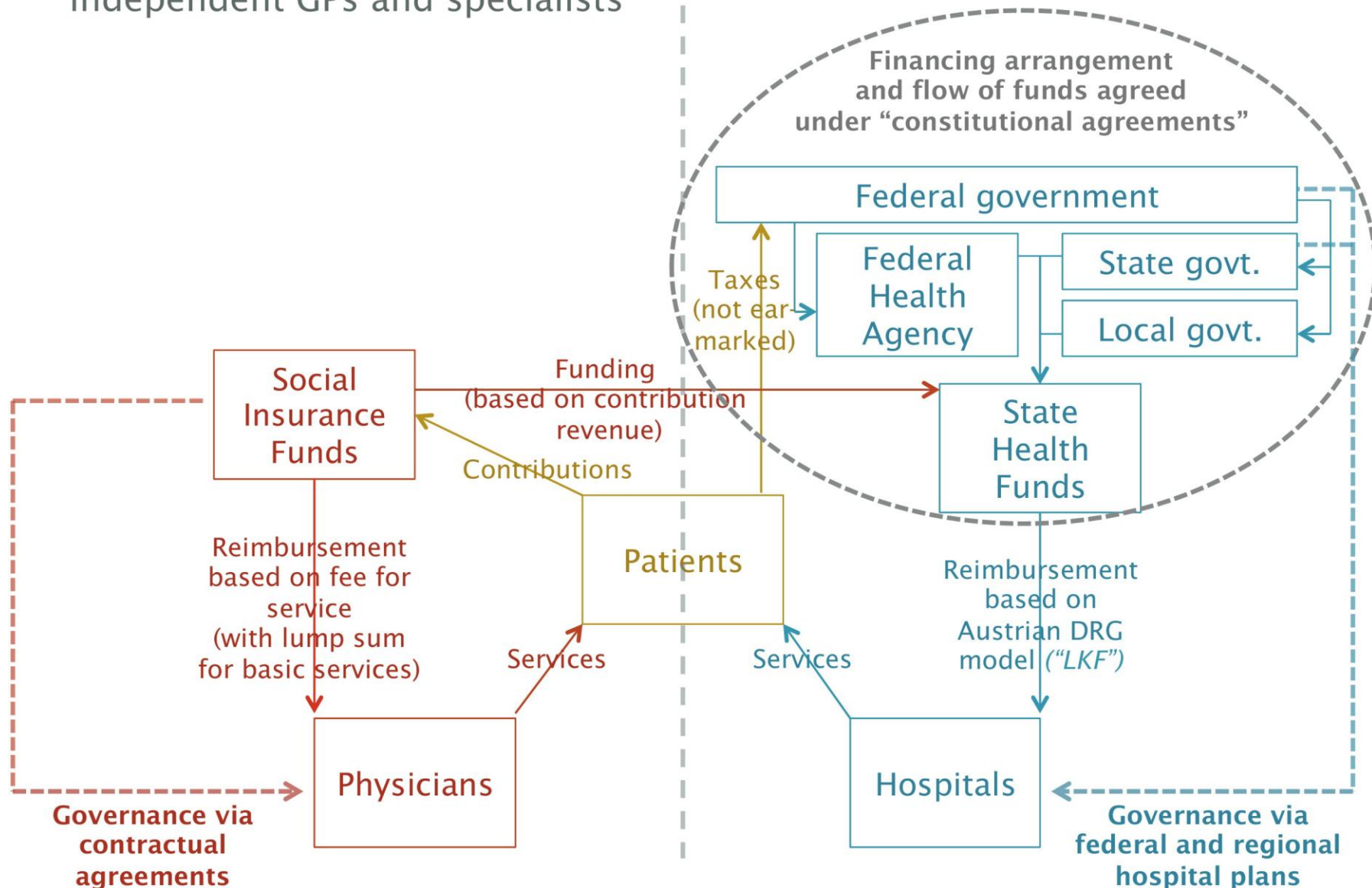


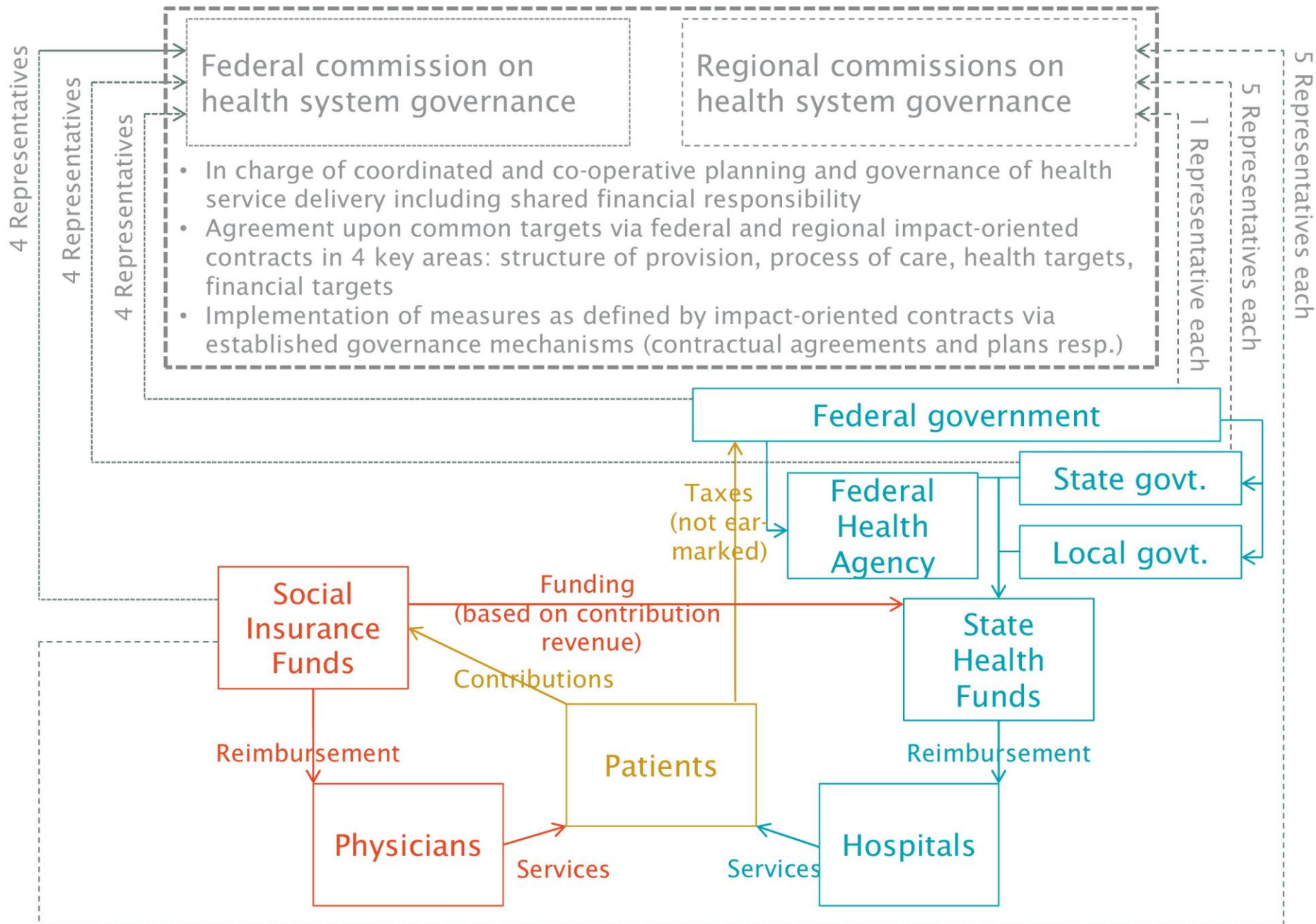
High Government expenditures - Low OOPPs



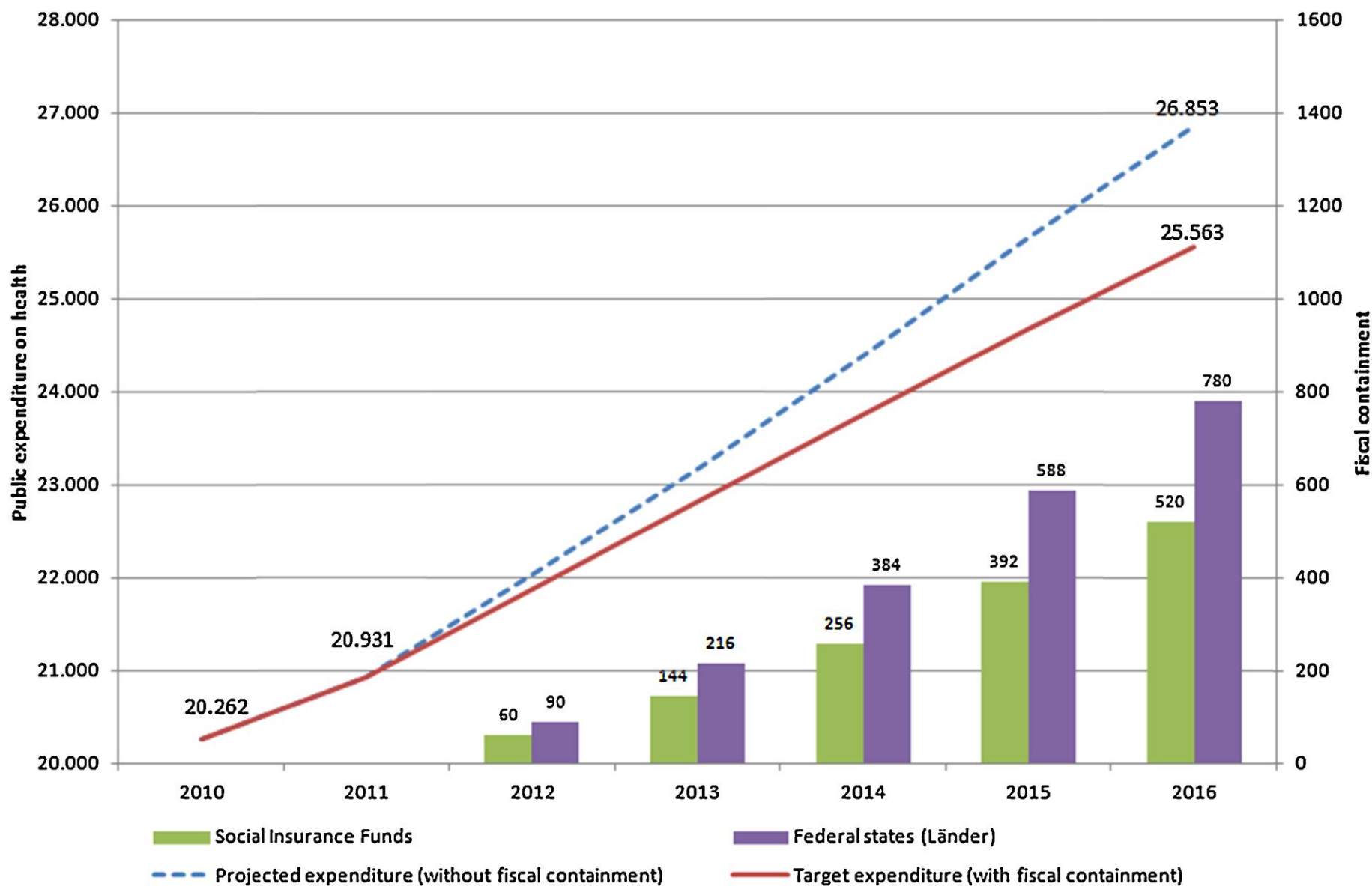
Outpatient care provided by independent GPs and specialists

Hospital in- and outpatient care





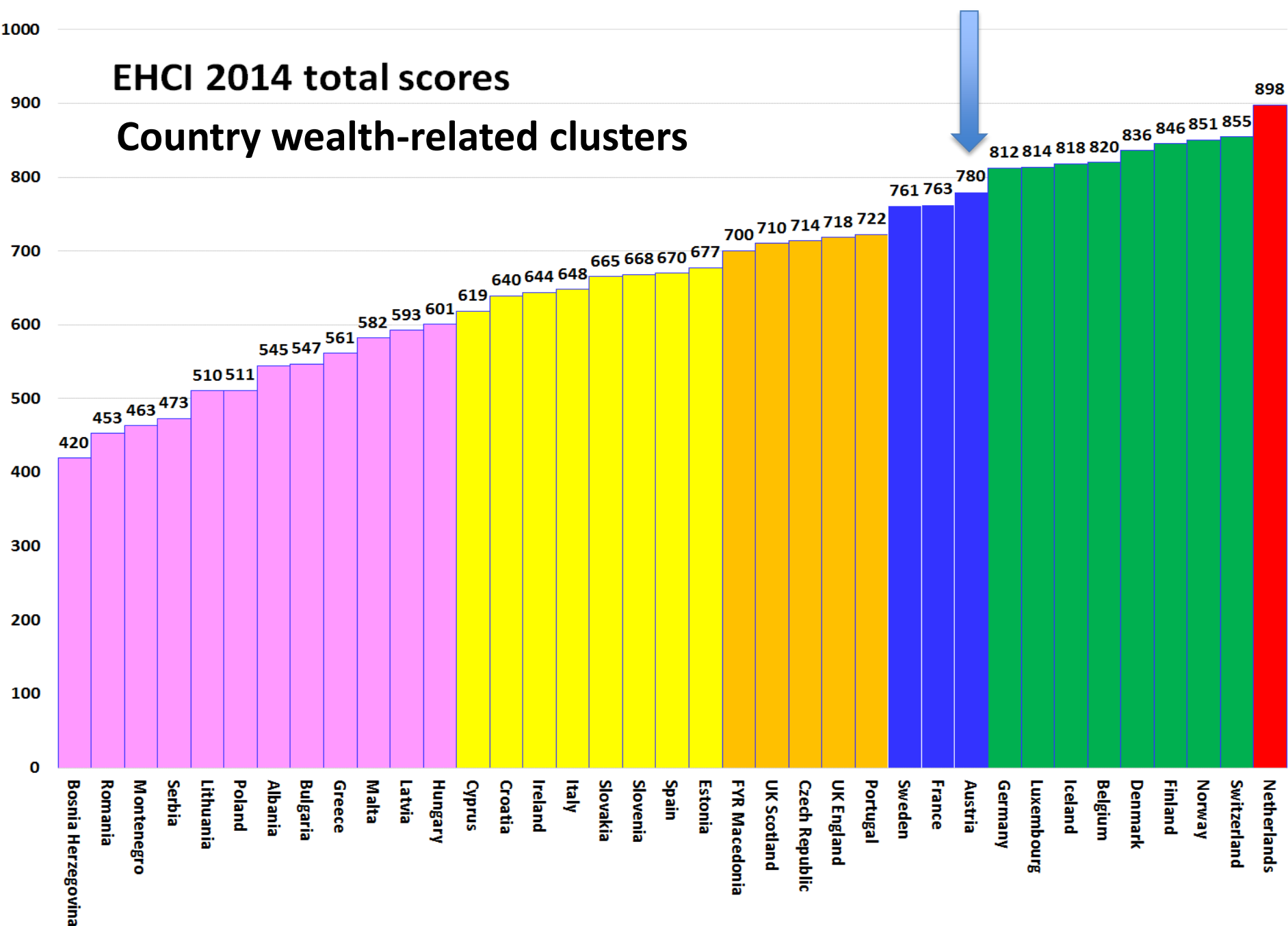
Source: Ostermann 2014.



Source: Ministry of Health (BMG), M. Hofmarcher

EHCI 2014 total scores

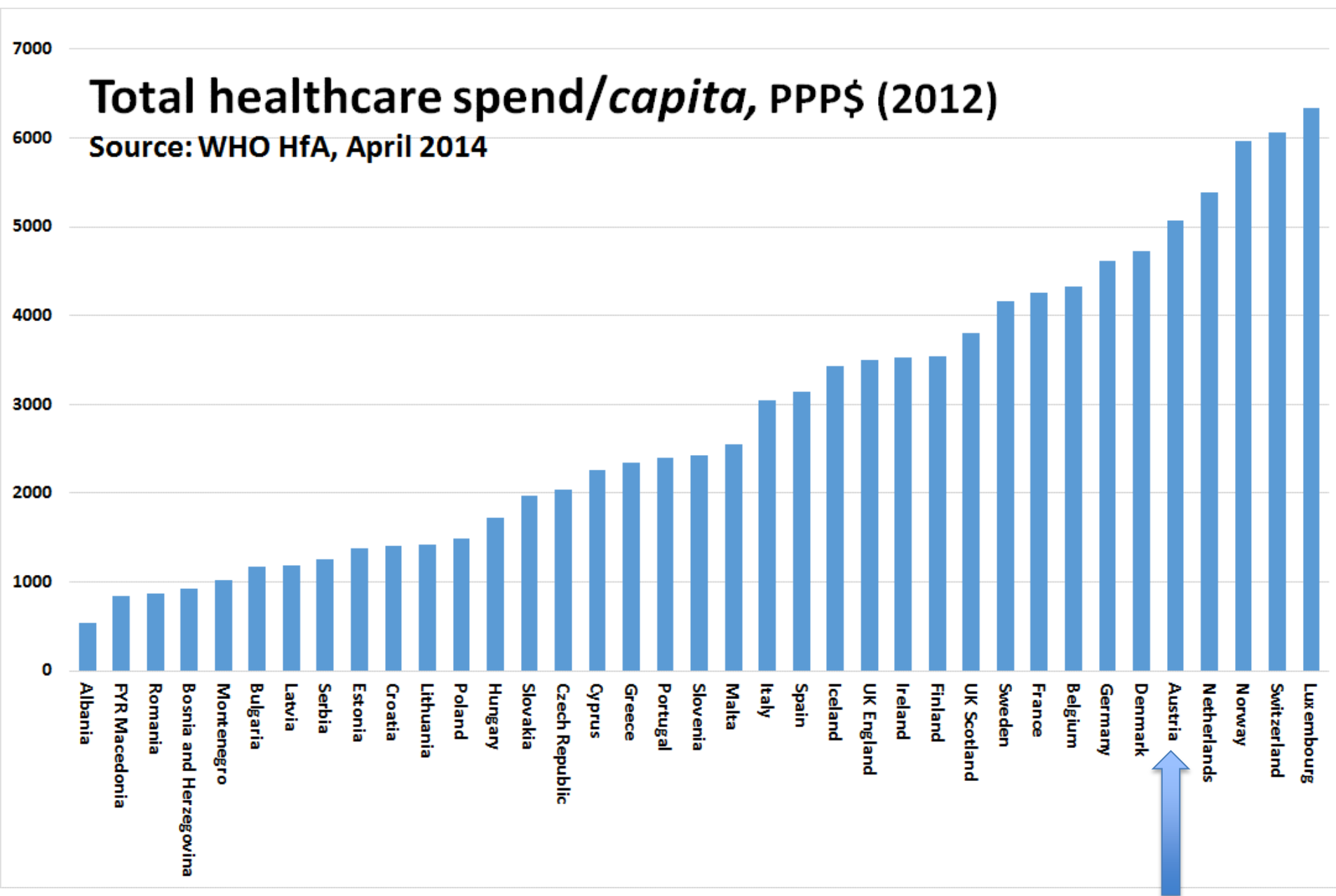
Country wealth-related clusters



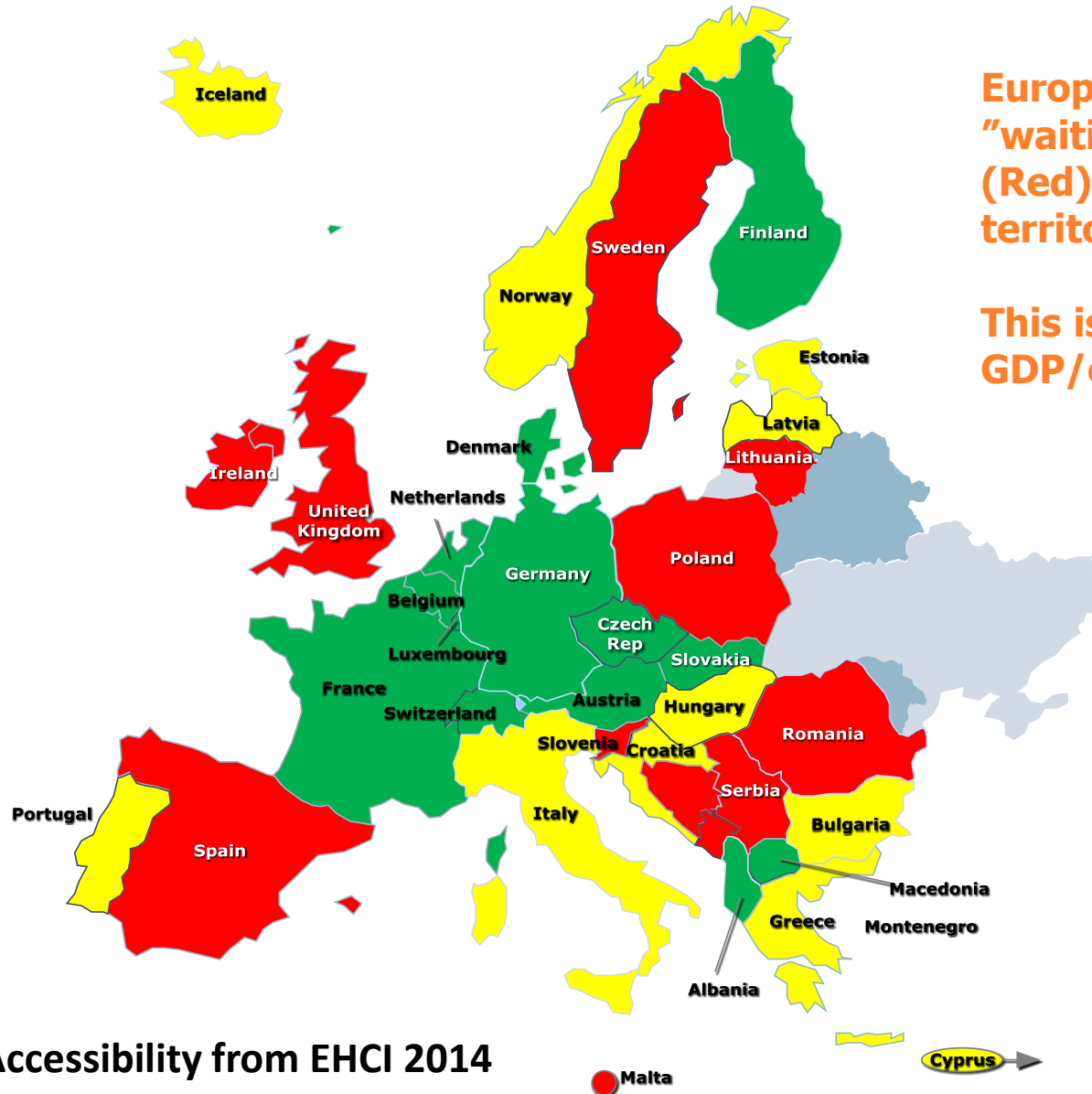
- The Euro Health Consumer Index (EHCI) 2014 is the eighth study made by Health Consumer Powerhouse (based in Sweden) on healthcare systems in 36 European countries.
- Since 2006 comparison of key values in healthcare, taking the patient and consumer point of view

Total healthcare spend/*capita*, PPP\$ (2012)

Source: WHO HfA, April 2014



Accessibility of European healthcare

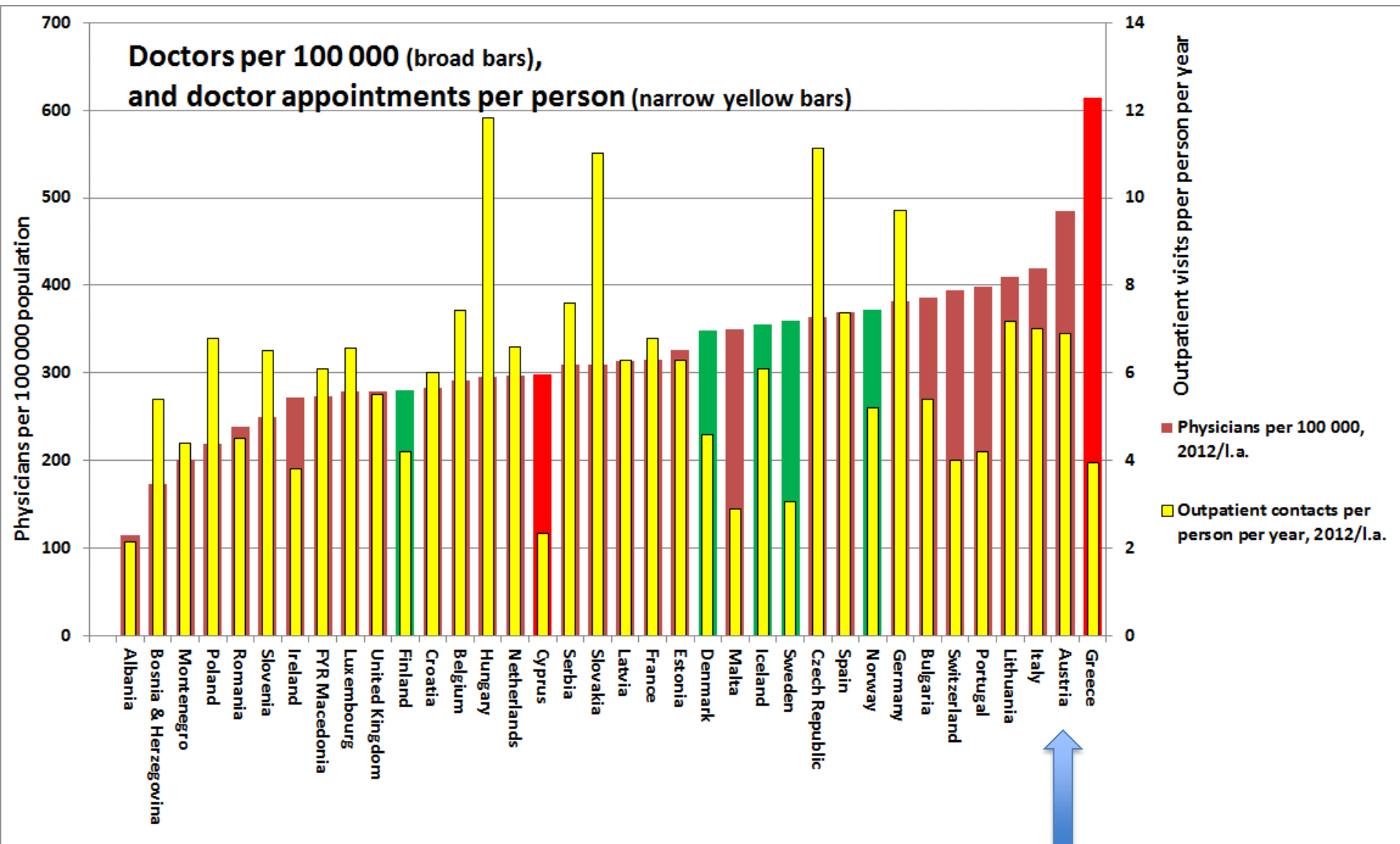


Europe is divided into "waiting list territory" (Red) and "non-waiting list territory" (Green).

This is independent of GDP/capita.

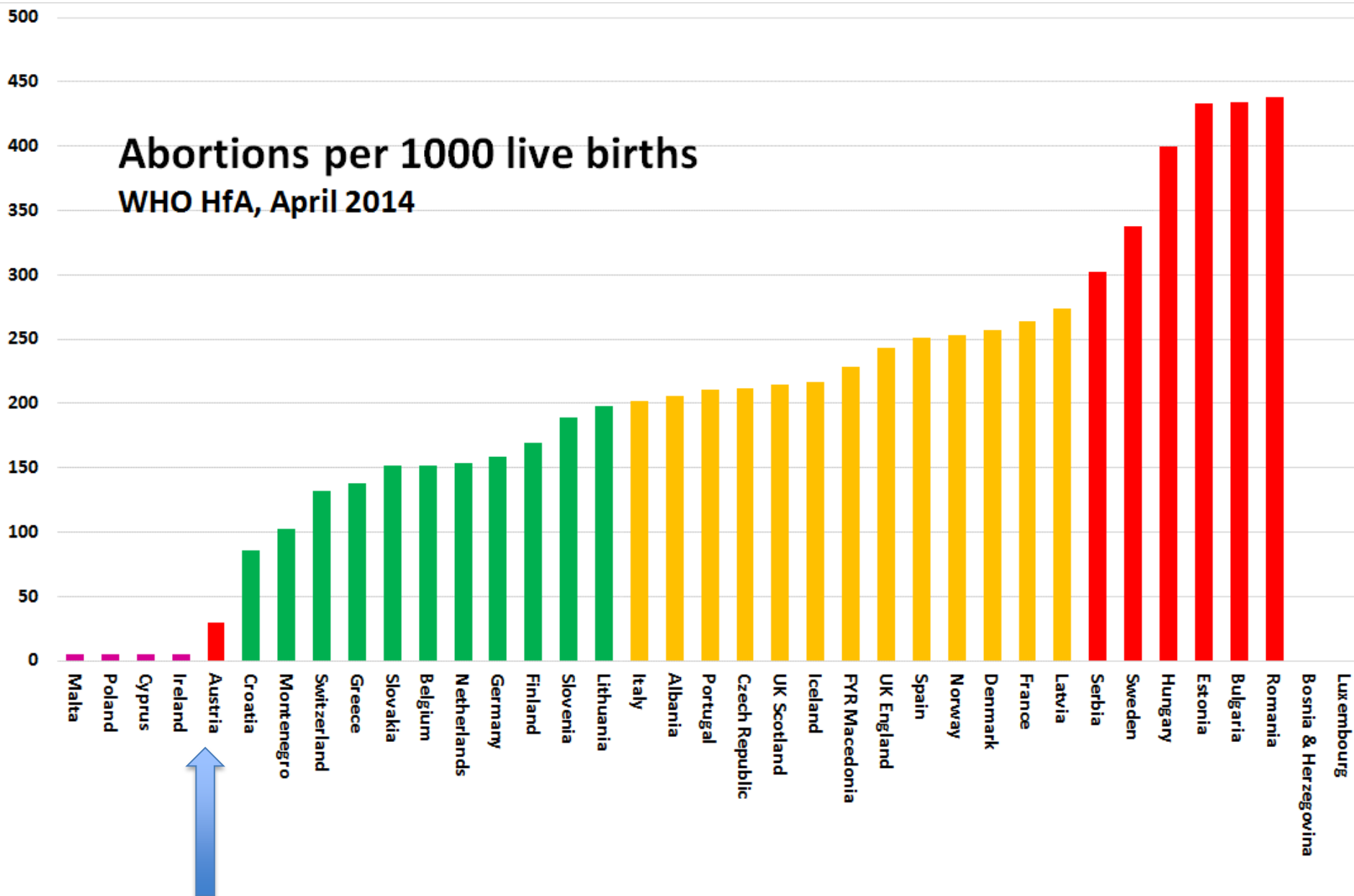
Accessibility from EHCI 2014

Accessibility not related to number of doctors!



Abortions per 1000 live births

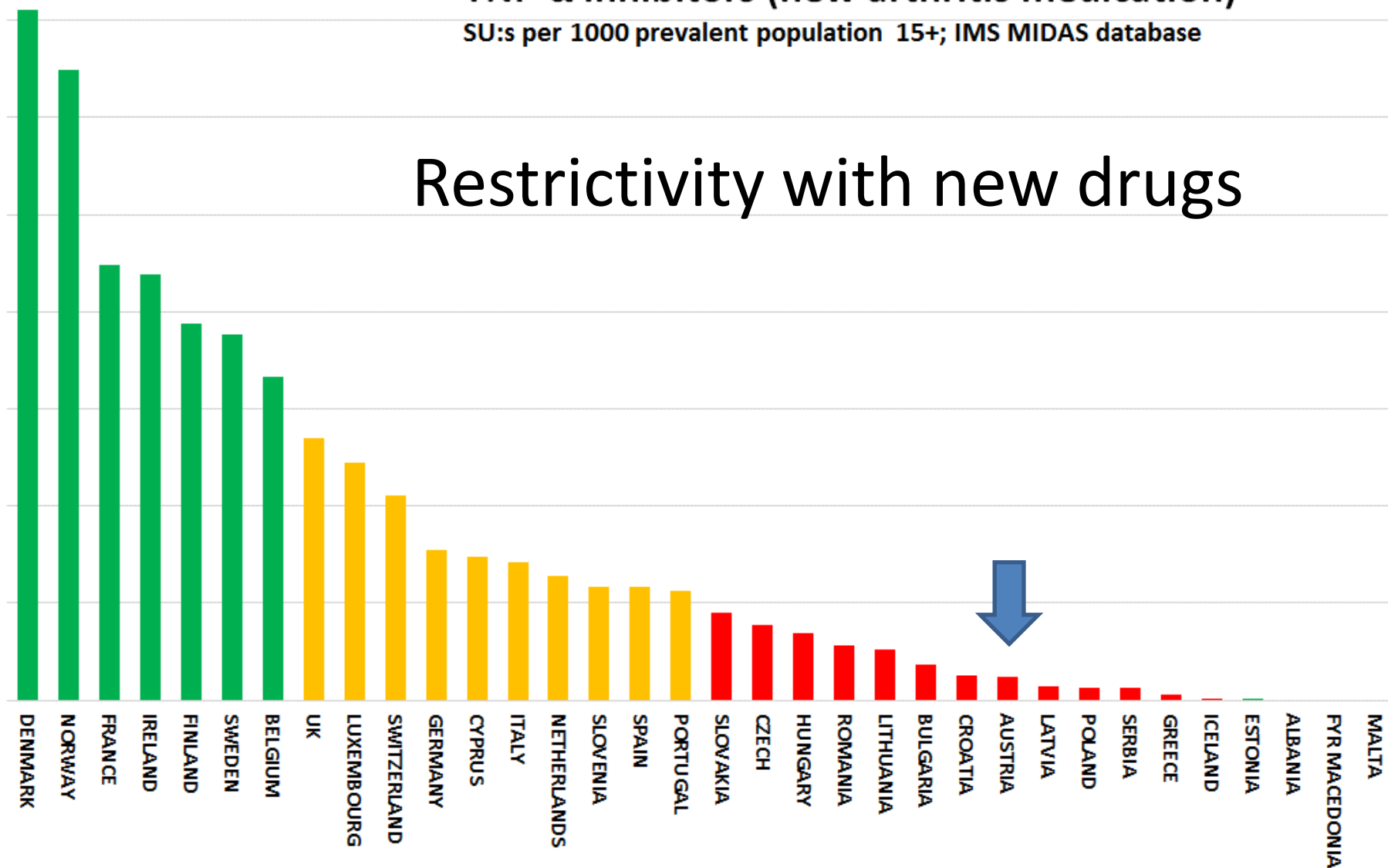
WHO HfA, April 2014



TNF- α inhibitors (new arthritis medication)

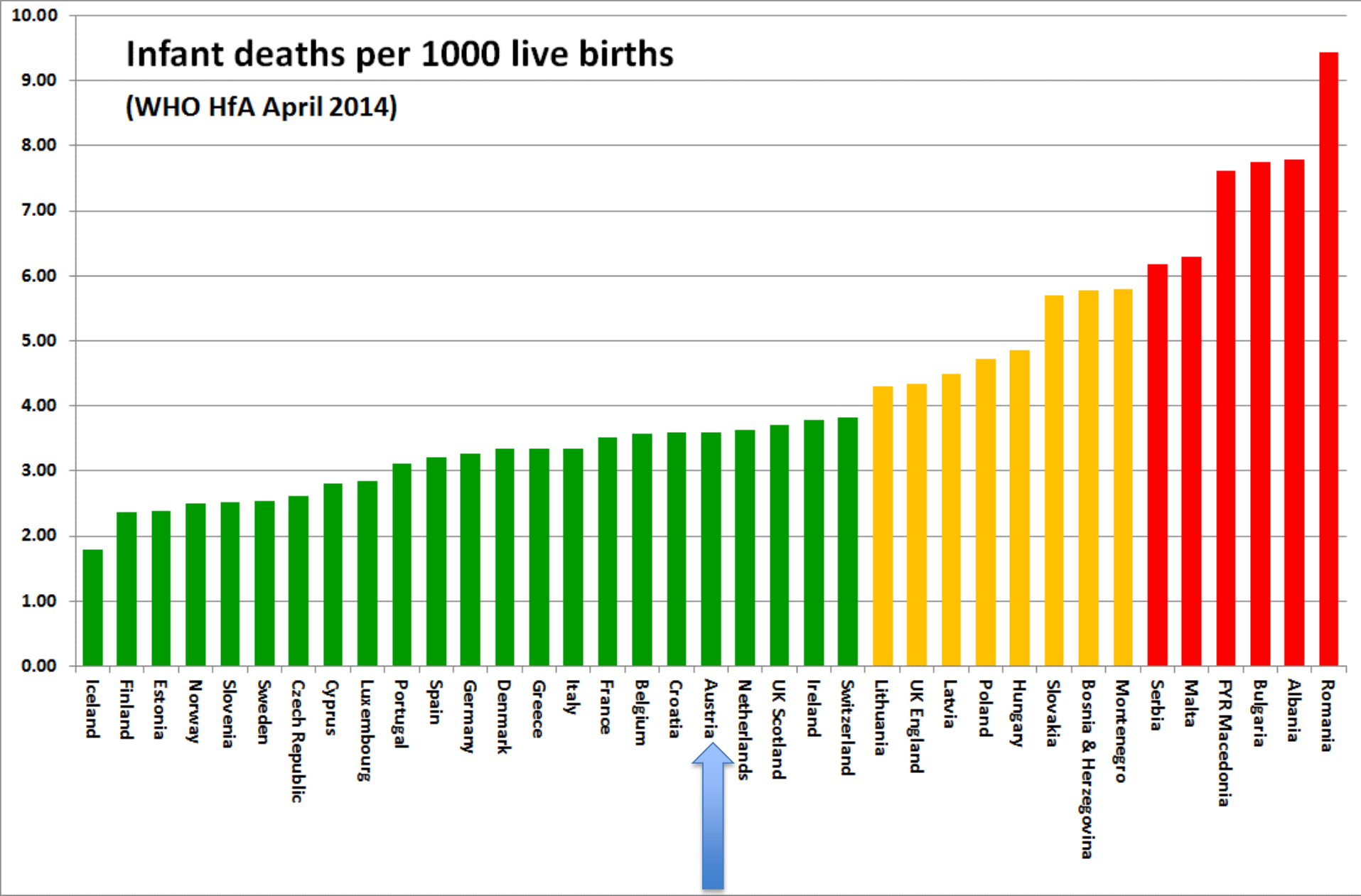
SU:s per 1000 prevalent population 15+; IMS MIDAS database

Restrictivity with new drugs



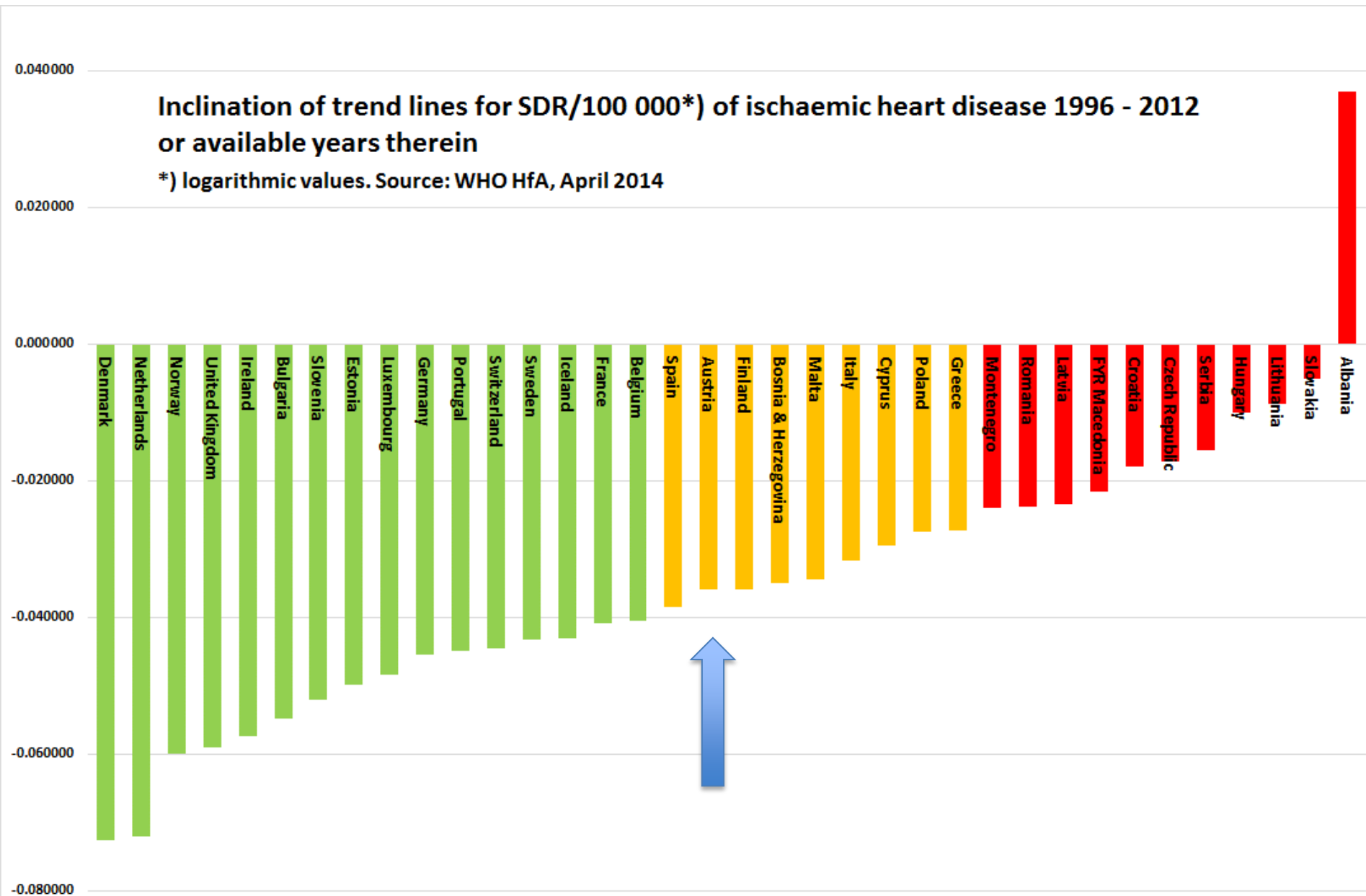
Infant deaths per 1000 live births

(WHO HfA April 2014)



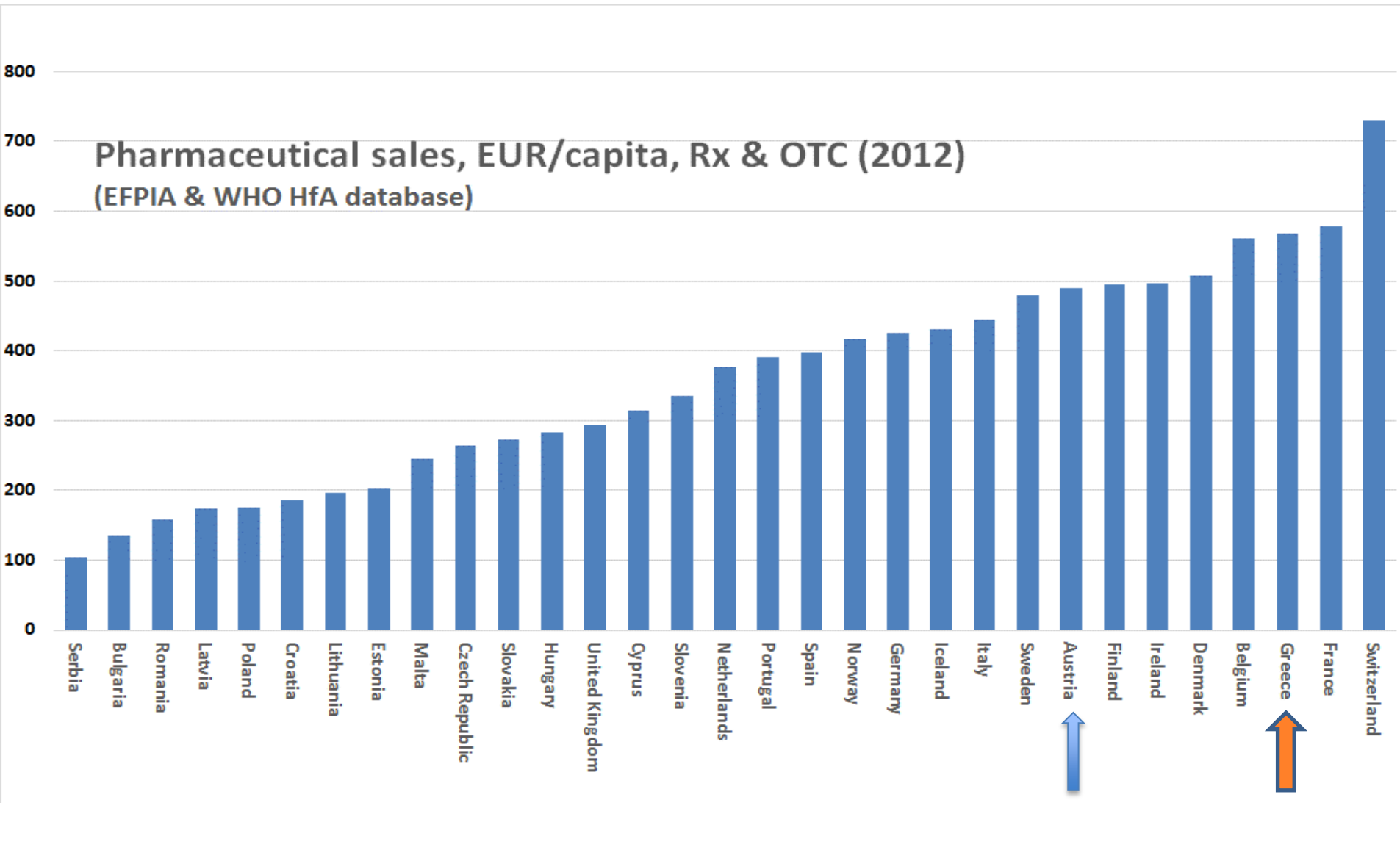
Inclination of trend lines for SDR/100 000*) of ischaemic heart disease 1996 - 2012 or available years therein

*) logarithmic values. Source: WHO HfA, April 2014



Pharmaceutical sales, EUR/capita, Rx & OTC (2012)

(EFPIA & WHO HfA database)

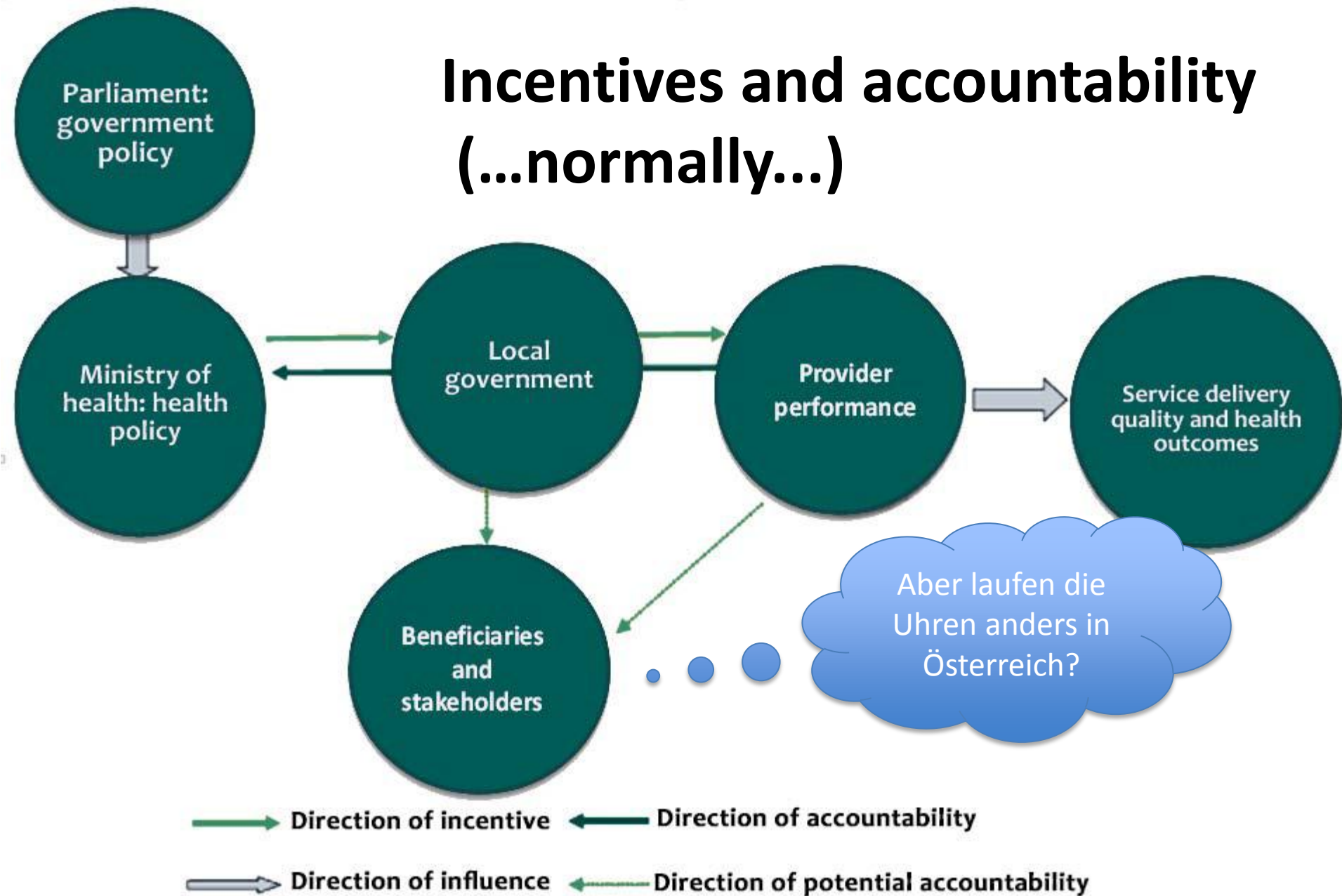


Wealthy countries have better Outcomes – ...but not all...!

Outcomes scores in EHCI 2014



Incentives and accountability (...normally...)



Fazit Österreich – und Quo Vadis?:

- Ein teures aber von der Bevölkerung geschätztes System ohne Zugangsprobleme.
- Riesige Sparpotentiale wenn Verschwendung und Parallelversorgung eingedämmt werden könnte.
- Intransparenz bei der Qualität der Leistungen – Im Allgemeinen mit nur durchschnittlichen Ergebnissen.
- Kein Performance Benchmarking – Permanente Nabelschau ohne sich international zu orientieren.
- Schlusslicht bei Public Health Policies und in vielen Bereichen außerhalb der Kurativmedizin auf Entwicklungsländerniveau.
- Reform hat richtige Ansätze, könnte aber – wie so oft – an Politik und Interessenskonflikten scheitern...

Beyond “Repair Medicine”: Levers to raise productivity, sustain financing and improve health outcomes

01

Measure value and invest for the greatest returns

02

Foster skills and will to create value conscious consumers

03

Pay for value not for volume or based on “norms”

04

Proactively reach out to predict and prevent ill health and manage disease

05

Reinvent the delivery system with evidence-based models of care

06

Invest in technology innovations lowering cost and raising quality of care

07

Implement modern management practices and focus on performance

...and don't forget the concept of health in all policies...!

Source: Modified after McKinsey, World Bank, WHO