First steps of a reform process in a social security system – The case of Austria

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Symposium “Guidance for Health Promotion in Primary Health Care”
The case of Austria – starting point

Health care in Austria is hospital-centred, doctors-centred, acute care oriented, bad performing in chronic disease, fragmented, open accessible, highly regarded by the people, expensive, paternalistic, privatizing, good communication, complex, incomprehensible...

PHC and HP has much space for improvement

That’s my institute!

Source: Rechnungshof 2017; „A simplified graph for financing health care in Austria“
The case of Austria – complexity in detail

Real life health care networks in Austria

Gesundheit Österreich GmbH
The „window of opportunity“

» Health care reform prioritizes PHC
» Including health promotion, prevention and health literacy
» Planning the new establishment of 75 multi professional PHC units until 2021
  » Incl. a specific care concept for the catchment area of the PHC unit

➔ The Main Association of Austrian Social Security Institutions & Austrian Health Promotion Fund initiates piloting health promotion, prevention and health literacy in newly established PHC units
The strategy

» **Basis**: study on health promotion in PHC – status quo
» **Building a vision**
» **Defining the concepts** and basic functions
» Be **flexible and opportunistic** within changing policy and public administration contexts
» Be everywhere, establishing a sense of urgency, **communicate the vision** and build a new public discourse
» **Co-producing knowledge**: care concepts and contracts in mutual discussions between research, practice and policy
» **Producing blue prints and practical tools** (short-term wins)
» Building pilots on **change champions** and experienced pioneers
» **Evaluating** pilots
The approach: Integrating macro-, meso- and micro-level developments

Policy development: contracts & discourse
Organis. development: care concept & organisational model
Human resources develop.: networks & tools

Public administration & health policy (makro level)
Primary health care unit (meso level)
PHC-team (micro level)
Barriers and challenges in implementation

After the first five months:

» Doctors & administrators think the know health promotion but mean **individual prevention**
  → setting, community and public health perspective is regarded as not essential
  → long way to go to integrate HP into PHC culture (training!)

» **Task sharing between professions** is very much needed in patient centred communication and building health literacy, but in its infancy

» Multi–professional, **non–hierachical team** spirit is missing mostly

» Will we get the **funding** for at least four years?

» **No good local data** for sound outcome evaluation for health promotion and health literacy

Nowak 2018
Guidance from a beginner

» **Use every communication channel** you can access – be where the people are – mainly the GPs

» Development, understanding and **communicating the vision** is essential

» **Integrate two main health literacy measures** to support the implementation of health promotion:
  » communication skills training &
  » provision of evidence based, simple language patient information

» **Multi-stakeholder cooperation** outside established communication patterns

» You need: **experienced** GPs, **courageous** administrators and **engaged** researchers

» Don‘t forget to **change simultaneously financing**, legal issues, incentives and structures: no „idiotic idealism“
Thank you very much for your attention!

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