

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

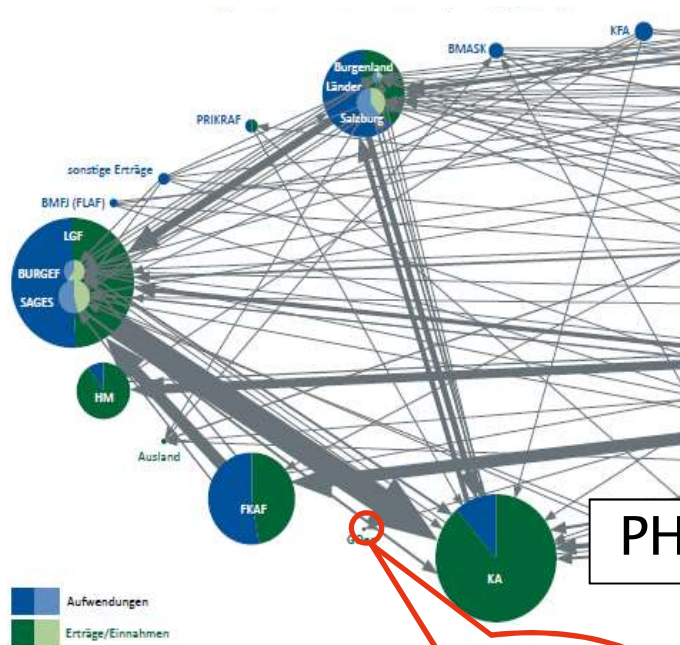
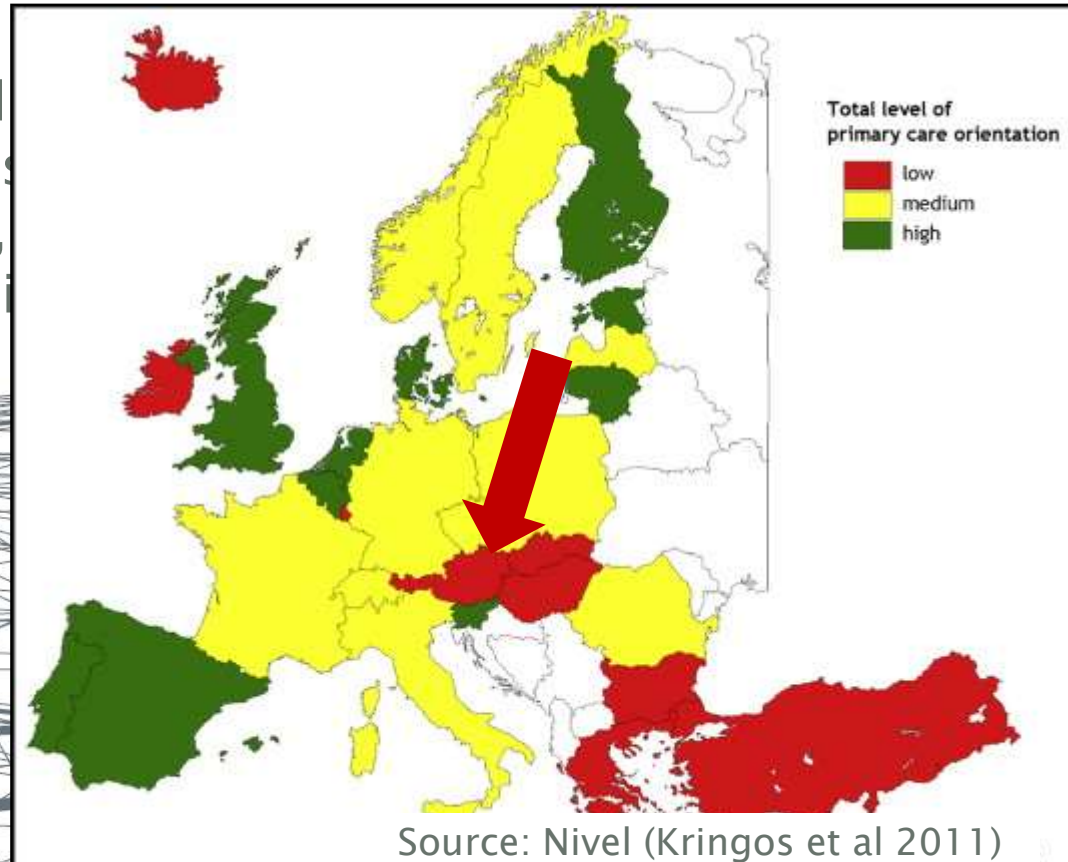
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Symposium “Guidance for Health Promotion in Primary Health Care”

## The case of Austria – starting point

**Health care in Austria is** acute care oriented, badly fragmented, open access, expensive, paternalistic, complex, incomprehensible



That's my institute!

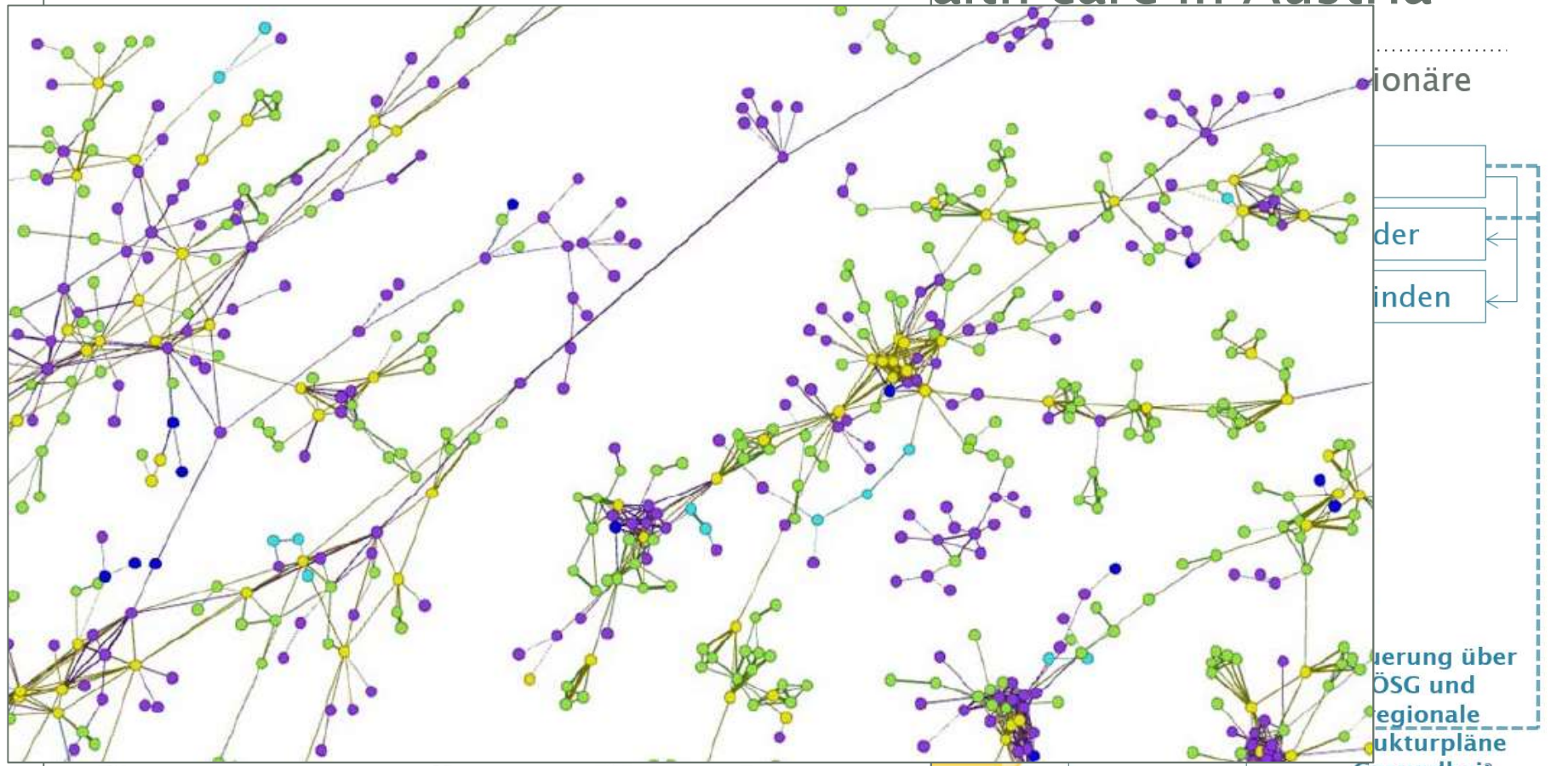
PHC and HP has **much space for improvement**

Source: Rechnungshof 2017; „A simplified graph for financing health care in Austria“

# The case of Austria – complexity in detail

Real life health care networks

Health care in Austria



- Allgemeinmediziner
- Apotheken
- Kinderärzte
- restliche GDAs
- Krankenanstalten

## The „window of opportunity“

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- » 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**

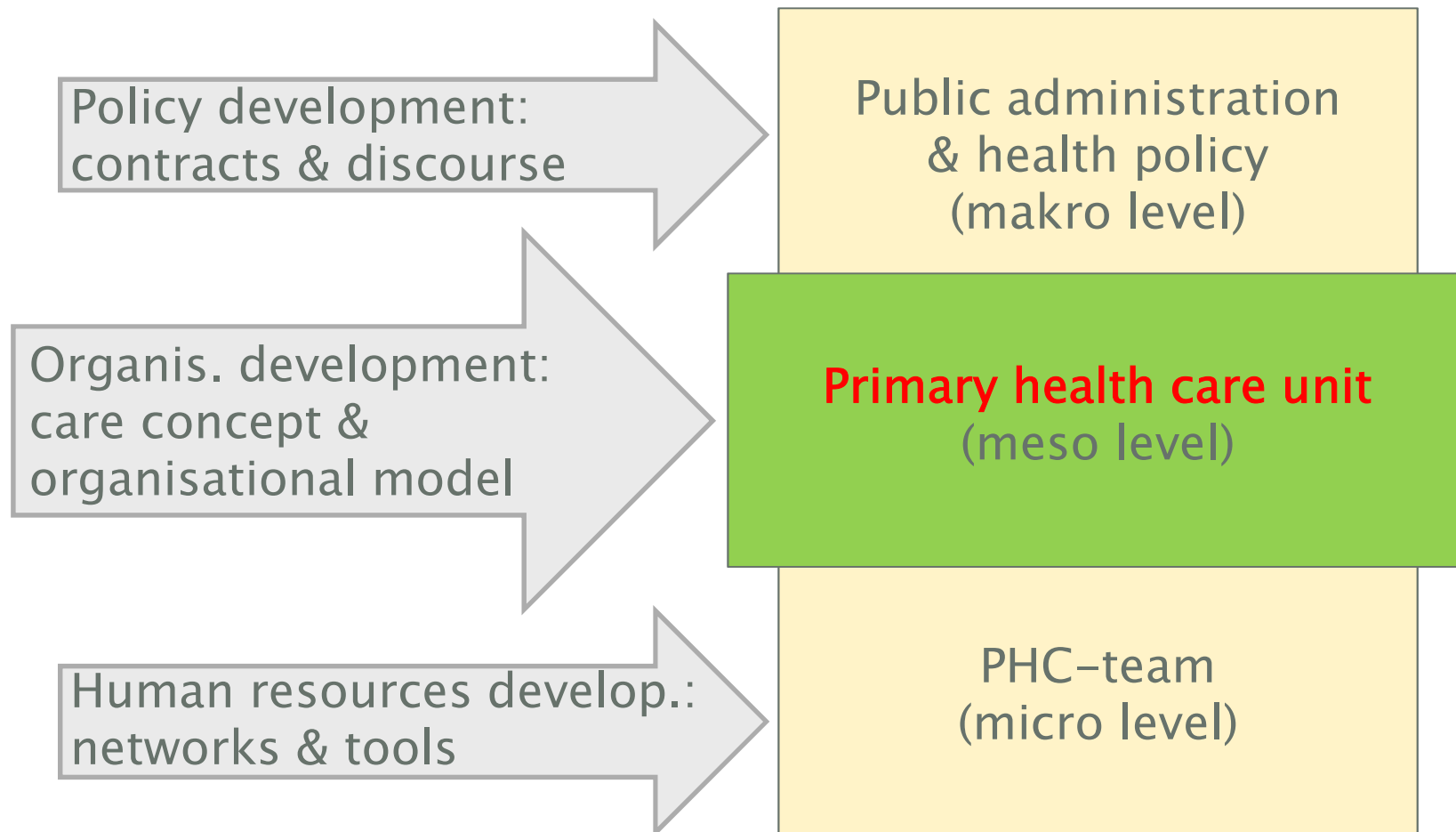
## The strategy

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- » **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

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## Barriers and challenges in implementation

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After the first five months:

- » Doctors & administrators think they 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-hierarchical 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



## Guidance from a beginner

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- » **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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