

60th Annual Meeting AEMH

Structural Change in the
Public Health Sector

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Prim.Univ.Prof.MD Reinhart Waneck



Structural Change in the Hospital

Awakening – slowly but steadily

European Development

The State's Transition from Providing Services to Ensuring them:

- *The state exerts less and less influence on the Public Health Sector – a gradual shift from being the provider to being the insurer.*
- *WHO-European Recommendation from the year 2000*
- *The state cannot excuse itself from its responsibility for the Public Health Sector, but it should abstain from too much direct involvement.*

- a) The number of state-funded hospitals within the 15 long-time membership countries has gone down 17 % in the past 10 years.*
- b) The number of so-called non-profit hospitals (hospitals for the public benefit) some of them under public law (from an Austrian point of view) has increased by 56 % and*
- c) The number of (totally) private hospitals has even increased by 72 %.*

This is a turn of events which won't stop crossing into Austria which will most likely lead to the state's transition from being the provider to being the insurer.

Quality and Care in open Competition

- *Private partners in the Public Health Sector will gain significantly in importance. In this new „healthy competition“ hospitals will distinguish themselves by their quality and the care-standard they offer, and the market will act as a regulator. The primary challenge lies in achieving the right results.*

Networking – a modern Health Concept

- *Basic economical conditions are changing, and there is also a change in the philosophy of how we look at MAN and his potential illnesses.*

FROM AN INSURANCE FOR THE SICK TO AN
INSURANCE FOR THE HEALTHY

Multidisciplinary Treatment

Patient's Mobility

- *Patients become increasingly mobile.*

Patients will vote with their feet and walk to wherever they get better and quicker Care.

The Emancipated Patient as a Regulator

- Made-to-Measure Offers

More than 80 % of the population would prefer local treatment.

Hospitals have to standardize their procedures and documentations and have to size-up and compare standards in their medical care results.

Patients will be asking for made-to-measure and integrated offers.

Networks

- *For this it will be necessary for Doctors-in-Residence to network and co-operate with the local hospitals. Hospitals will establish themselves as cross-border facilities and will also organise themselves in some sort of clinic-chains and patient's awareness of the market will also increase.*

The Importance of Personal Care

- *One major point playing the vital role in this future, more competitive market. As the emancipated patient's information and knowledge of service-offerings in the medical sector is already high and will be more so in the future, the medical standard can be presumed as a mere pre-requisite.*
Make all the difference will be the quality of personal care.
Personal care and the patient's very subjective sense of contentedness which scored the highest ranking.

Despite Rationalization – Focus on the Human Factor

- *A certain economical rationalization, but based on this frame – and I want to stress this – will never, and should never be detrimental to the patients, either now or then.*
- *Specialising will also lead to a reduction in the number of installations and facilities, - but let us not forget – the best ranking will always be achieved in the pre-main- and post care of patients entrusted to us.*

The European Health Sector

- *The future looks positive*

The future prospects of the European Health Sector are by far not as negative as government representatives in several European countries want us to make believe.

Is it not also one of the major pillars of a common context in European Health Policy far reaching across national borders?

The answer is blowing in the wind.

**Thank You very much
for Your Attention.**

Prim. Univ. Prof. MD. Reinhart Waneck