Health system governance via health targets: Promoting eHealth activities within the Austrian health reform framework

IHE Day 2017 | Vienna | 8 Nov 2017

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The issue

» Highly regarded system ...

» ... with high input of resources and number of services delivered ...

» ... with mediocre outcomes ...

» ... and with above average health expenditure

Source: Gönenc et al., 2011
The (or: one) reason for the problem: Fragmentation

Outpatient care provided by GPs and specialists ("extramural")

- Social Insurance Funds
  - Reimbursement based on fee for service (with lump sum for basic services)
  - Governance via general agreements including fees for services, service volumes (partially) and a capacity plan
- Patients
  - Services
- Physicians

Hospital in- and outpatient care ("intramural")

- Federal government
  - Federal health agency
  - Regional govt.
  - Communities
- Regional Health Funds
  - Reimbursement based on Austrian DRG model ("LKF")
  - Governance via federal structural plan for health and regional structural plans for health
- Hospitals
  - Services

Funding (based on contribution revenue)

Taxes (not earmarked)
The 2013 reform framework:
Two-tier health reform approach

» Public health targets
» Health target system
  Overall health targets
    » broad scope than mere (public) health goals
    » encompass all areas of social life influencing health (e.g. education, working conditions)
  Public health targets (tbd)
» (Public) Health targets as a framework for determining adequate
  » Health care processes
  » Health care structure

» Financial targets

Overall goal: + 2 yrs of HLE over the next 20 years

"Right Care": Providing health services at best point of service

"Financial sustainability" based on contracted budget constraints and expenditure moderation targets
The 2013 reform framework: The institutional setting

» Establishment of joint commissions including
  » Federal government (MoH and MoF)
  » Regional ministers in charge of health issues
  » Senior representatives of self-governing bodies of social insurance institutions

» As well as:
  Various working committees (directorate level)

» Establishment of periodical contracts between federal govt, regional govs and social insurance institutions
  » Specifying health and financial targets as well as
  » Setting measures

» Establishment of a monitoring system
The results:
Expenditure targets (1\textsuperscript{st} reform period: 2012–2016)

\begin{itemize}
  \item \textbf{Länder}
    \begin{itemize}
      \item Annual deviation from expenditure target
      \begin{itemize}
        \item 2012: -174 Mio. Euro
        \item 2013: -315 Mio. Euro
        \item 2014: -344 Mio. Euro
        \item 2015: -368 Mio. Euro
        \item 2016: -209 Mio. Euro
      \end{itemize}
    \end{itemize}
  \item \textbf{Sickness funds}
    \begin{itemize}
      \item Annual deviation from expenditure target
      \begin{itemize}
        \item 2012: -226 Mio. Euro
        \item 2013: -370 Mio. Euro
        \item 2014: -409 Mio. Euro
        \item 2015: -370 Mio. Euro
        \item 2016: -307 Mio. Euro
      \end{itemize}
    \end{itemize}
  \item \textbf{Länder and sickness funds}
    \begin{itemize}
      \item Annual deviation from expenditure target
      \begin{itemize}
        \item 2012: -400 Mio. Euro
        \item 2013: -685 Mio. Euro
        \item 2014: -753 Mio. Euro
        \item 2015: -738 Mio. Euro
        \item 2016: -516 Mio. Euro
      \end{itemize}
    \end{itemize}
\end{itemize}
The results:
(Public) health targets (1st reform period: 2012–2016)

» Domain of health outcomes
  » E.g. addressing health literacy, patient safety, PROMs
  » 3/9 attained targets

» Domain of health care processes (i.e. integrated care)
  » E.g. addressing integrated care, e-health, quality standards and guidelines
  » 3/7 attained targets

» Domain of health care structures (i.e. service provision)
  » E.g. addressing primary care, reduction of hospital discharge rates, increase of day care
  » 1/9 attained targets
Lessons learned for 2\textsuperscript{nd} reform period (2017–2021): Too many targets…

<table>
<thead>
<tr>
<th>Domain</th>
<th>Strategic targets</th>
<th>Operative targets</th>
<th>Measures</th>
<th>Indicators (federal level)</th>
<th>Indicators (regional level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care structures</td>
<td>3</td>
<td>10</td>
<td>30</td>
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<td>Health care processes</td>
<td>2</td>
<td>7</td>
<td>25</td>
<td>28</td>
<td>4</td>
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<tr>
<td>Health outcomes</td>
<td>4</td>
<td>9</td>
<td>34</td>
<td>36</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9</strong></td>
<td><strong>26</strong></td>
<td><strong>89</strong></td>
<td><strong>106</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

» PLUS:
Measurement of target attainment mostly via the implementation of measures
   » Indicators mostly linked to measures (instead of targets)
      » E.g. development of a white papers, establishment of regulatory prerequisites
         → binary indicators 0/1
   » Indicators often lacking public health relevance
Lessons learned for 2\textsuperscript{nd} reform period (2017–2021): Consolidation in targets

» Reduction of strategic targets (from 9 to 4) and operationalisation via target dimensions
  » Better health service provision
    » Demand–oriented provider structure
  » The right care
  » Better quality
    » Better coordination of care
    » Treatment when you need it
  » Healthier population
    » Staying healthy
    » Healthier lifestyle
  » Better value
    » Ensuring financials sustainability

» Reduction of operative targets (from 26 to 15)
Lessons learned for 2nd reform period (2017–2021): Consolidation in design: Sample target on health promotion

1st reform period (2012–2016)

2nd reform period (2017–2021)

[Table and figure with details on strategies and targets]
Lessons learned for 2nd reform period (2017–2021): Consolidation in working committee setup
Conclusion
The Austrian health reform: success or failure?

» Key insights from the 1\textsuperscript{st} reform period (2012–2016)
  » Financial target attainment was more straight forward
    » Clearer indicators
    » Established working structures (clear definition of financial responsibilities in hospitals, regional health funds and social insurance institutions) and accountability
  » (Public) health target attainment was complex and resource intense
    » Joint working committees
    » Indicators lacking relevance
  » Overall: Political commitment to stick to the regime

» Key issues for the 2\textsuperscript{nd} reform period (2017–2021)
  » Consolidation in design still needs proof of concept
    » Indicators might have public health relevance but are not always directly linked to measures
      » Might limit accountability for implementation of measures
      » How will policy makers deal with failure in target attainment?
        → Complex/multidimensional system
    » Consolidation in targets must not necessarily lead to less complex working structures
  » Unique opportunity due to continuity of the reform, but pressure to demonstrate reform success is increasing
Thank you for your attention!