



AUSTRIA

DEMOGRAPHIC & SOCIO-ECONOMIC INDICATORS		2012	2013	2014
A1	<u>Mid-year population</u>	8,426,311	8,477,230	8,516,916
A2	<u>Area (square km)</u>	83,879	83,879	83,879
A3	<u>Average population density per square km</u>	100	101	102
A4	<u>Live births per 1,000 population</u>	9.4	9.4	9.6
A5	<u>Crude death rate per 1,000 population</u>	9.4	9.4	9.2
A6	<u>Estimated life expectancy</u>	80.8	81.1	81.4
A6a	<u>Estimated life expectancy, female</u>	83.3	83.6	83.8
A6b	<u>Estimated life expectancy, males</u>	78.2	78.5	78.9
A7	<u>Gross domestic product (GDP) US\$ per capita</u>	48,324.0	50,558.0	51,148.0

HEALTHCARE SYSTEM		2012	2013	2014
B1	Healthcare coverage of population	The statutory social health insurance system covers 99% of the population. About one third of the population have taken out (additional) private health insurance.		
B2	Gate keeping system	There is no gate-keeping system. However, the general practitioners (GPs) act as referring doctors to specialised doctors, and in turn they both act as referring doctors to hospital care. Patients may also address most of the specialised doctors as well as hospitals' outpatient departments directly without referral.		
B3	<u>Total health expenditure, PPP\$ per capita, WHO estimates</u>	4,863.0	4,889.0	5,039.0
B4	<u>Public sector health expenditure as % of total health expenditure</u>	75.4	75.2	77.9
B5	<u>Total health expenditure as % of GDP, WHO estimates</u>	11.2	11.1	11.2
B5a	<u>Public-sector expenditure on health as % of GDP, WHO estimates</u>	8.4	8.4	8.7
B5b	<u>Private-sector expenditure on health as % of GDP, WHO estimates</u>	2.8	2.8	2.5
B6	<u>Expenditure on inpatient care, PPP\$ per capita</u>	1,720.0	1,775.0	1,828.0
B7	<u>Public inpatient expenditure as % of total inpatient expenditure</u>	84.9	85.0	85.1
B8	<u>Total inpatient expenditure as % of total health expenditure</u>	39.6	39.8	40.2
B9	Public funding	Healthcare system in total: Shared funding by statutory social insurance contributions (59.2%) and taxes (40.8%). Hospitals only: Shared funding by statutory social insurance contributions (52.9%) and taxes (47.1%). Source: Statistik Austria (2017). Health expenditure according to the System of Health Accounts (SHA 2011). Percentages refer to 2015.		

HOSPITAL GOVERNANCE		2012	2013	2014
C1	Administration and management	Public owned hospitals (55%) belong to the Länder; to local or district authorities; to social insurance institutions; to companies owned by the above mentioned institutions. Hospital management may be provided by public or private operators. Hospitals in private ownership (45%) may be not-for-profit (34%) or for-profit (6%) and belong to religious orders or their companies; to private associations, private persons or private companies. In the last case, hospital management is provided by private operators.		
C2	Surveillance authority	The Federal Government is in charge of framing the legislation on operation and management of hospitals, patients' rights and funding regulations; surveillance of health-related hospital issues. The Regional (Länder) Governments are in charge of the special legislation on implementation and execution thereof, including the assurance of sufficient hospital care; surveillance of hospitals' economic issues. Many hospital-related issues (such as the framework for hospital planning, the system of DRG-based hospital funding, quality of hospital care issues, guidelines for integrated care) are jointly regulated and supervised by the Federation, the Länder, and the social health insurance.		

HOSPITAL FINANCING		2012	2013	2014
D1	Hospital financiers	Hospitals are financed by the social health insurance system and by federal, regional and local taxes, and, in case of private hospitals, by the hospital owner; additionally, socially insured patients pay a flat amount whereas private patients pay themselves.		
D2	Modes of payment	In public acute hospitals and private not-for-profit acute hospitals, operation expenses are reimbursed on the base of DRG systems by the Regional (Länder) Health Funds which draw upon the resources of the social health insurance system and of (federal, regional and local) taxes. Additionally, patients pay a flat amount per day (up to a maximum of 28 days per year). In private for-profit short-term hospitals, services for socially insured patients (which are covered by social insurance) are reimbursed on the base of DRG system by the Private Hospitals Fund which draws upon the resources of the social health insurance system. Hospital services not covered by the social insurance as well as services for private (privately insured) patients are paid by the patients or their private insurance, respectively. Rehabilitation centres are funded (not DRG-based) mainly by social insurance institutions. Additionally, patients pay a flat amount. Long-term hospitals draw upon various public and private funding sources subject to their focus and activities.		
D3	Use of DRGs	DRG-based documentation is obligatory for all hospitals since the early 1990s. The Austrian DRG-based hospital funding system (LKF) has been implemented in 1997 in all public acute care hospitals and all private not-for-profit acute hospitals and is applied on all kinds of inpatient acute care (including day care and psychiatric care). In 2002, this system was introduced to private for-profit short-term hospitals for the funding of services rendered socially insured patients. The DRG-system is based on service weights calculated upon average actual costs for procedures and the length of stay. The pricing system is based on points and is evaluated and fixed ex post subject to the treatments occurred each year (however there are only little differences between ex ante and ex post prices). The value of a DRG-point depends on the budgets of the Regional Health Funds. In 2017, a DRG-based funding system for outpatient hospital services has been introduced on a voluntary basis. Its application will be obligatory from 2019.		
D4	Hospital investments	Investments are paid by the hospital owners, partly supported by regional (Länder) government grants (subject to the legal status of the hospital) based on hospital development plans.		

TOTAL HOSPITAL CARE PROVISION		2012	2013	2014
E1	Public/private ownership	Public ownership: 55% (2014) Private ownership: 45% (2014)		
E1a	% of hospitals private for profit	66% of private hospitals (2014)		
E1b	% of hospitals private not for profit	34% of private hospitals (2014)		
E2	Categories	Legally defined categories: general hospitals, specialised hospitals (including rehabilitation and convalescence hospitals), hospitals for the chronically ill, sanatoriums (private for profit), and independent outpatient clinics. General hospitals may be standard hospitals, regional main hospitals, and central hospitals (incl. university hospitals).		
E3	Total number of hospitals	273	277	278
E4	Hospitals per 100,000	3.3	3.3	3.3
E5	Total number of hospital beds	64,691	64,825	64,815
E5a	Number of public inpatient hospital beds	45,090	45,053	44,852
	Public inpatient hospital beds as % of all hospital beds	69.7	69.5	69.2
E5b	Number of private inpatient hospital beds	19,584	19,796	19,992
	Private inpatient hospital beds as % of all beds	30.3	30.5	30.8
E6	Hospital beds per 100,000	768.0	765.0	759.0
E7	Number of all hospital discharges	2,278,592	2,251,959	2,244,340
E8	Inpatient care discharges per 100	27.0	26.6	26.3
E9	Average length of stay, all hospitals	7.9	8.1	8.2

ACUTE CARE HOSPITAL PROVISION		2012	2013	2014
F1	Number of acute (short-stay) hospitals	127	124	122
F2	Acute (short-stay) hospitals per 100,000	1.5	1.5	1.4
F3	Number of acute care hospital beds	50,541	49,792	49,395
F3a	Acute care hospital beds as % of all hospital beds	78.1	76.8	76.2
F4	Acute care hospital beds per 100,000	600	587	578
F5	Number of acute care hospital discharges	2,138,774	2,106,981	2,092,479
F6	Acute care hospital discharges per 100	25.4	24.9	24.5
F7	Average length of stay, acute care hospitals only	6.5	6.5	6.5
F8	Bed occupancy rate (%), acute care hospitals only	83.0	80.0	83.0

HEALTHCARE WORKFORCE		2012	2013	2014
G1	Number of general practitioners	6,550	6,523	6,614
G1a	General practitioners per 100,000	78.0	77.0	77.0
G1b	Population per one GP	1,286.5	1,299.6	1,287.7
G2	Number of physicians	41,268	42,302	43,126
G2a	Physicians per 100,000	490.0	499.0	505.0
G3	% of physicians working in hospitals	57.1	56.0	55.9
G4	Number of nurses	67,330	68,080	69,772
G4a	Nurses per 100,000	799.0	803.0	817.0
G5	% of nurses working in hospitals	100.0	100.0	n.a.
G6	Number of nurses per physician	1.6	1.6	1.6

* Quantitative information has been extracted in January 2018

** Last updated qualitative information has been provided by HOPE LO in 2018