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Healthcare IT Policy in Austria

Interview



Stefan Sauermann

To obtain an overview of policymaker's perspectives on healthcare and IT in Austria, HITM's Catalina Ciolan interviewed Stefan Sauermann from the University of Applied Sciences Technikum Vienna.

Dipl.-Ing. Dr. Stefan Sauermann lectures at the University of Applied Sciences Technikum Vienna (www.technikum-wien.at) and is Associate Director of Studies of its Biomedical Engineering Bachelor and Master programs. Since 2003, he heads the Committee for Medical Informatics of the Austrian Standards Institute and the working group on Medical Devices. He also contributes to international standardisation work within CEN, ISO and IEEE. Since 2005, he is moderator of the Working Group on 'Interoperability – Standards' of the Austrian e-Health Initiative, initiated by the Federal Ministry of Health and Women, and is contributing to the Austrian Electronic Healthcare Record project (ELGA).

HITM: Healthcare IT has an unusually- high official profile in Austria. The Federation Board, which manages the social insurance system in your country has four Advisory Committees. Three of these would be typical in much of the EU – on work and accident insurance, on old age, and health insurance. But could you explain why, alongside, one entire committee is dedicated to IT?

SS: Austria's 'Main Association of Austrian Social Insurance Institutions (Hauptverband der Österreichischen Sozialversicherungsträger) has a legal assignment to perform administrative tasks for the State. It has been doing so for a long time, and as a result of this, the healthcare reimbursement processes in Austria are steadily getting more support from IT solutions. One of the main activities over the last few years has been the introduction of the Austrian social insurance card, the ecard. The Main Association will also be contributing to the Austrian electronic healthcare project (ELGA). Information technology has therefore been an issue for social insurers in Austria for a long time, and will be even more so in the future.

HITM: Would you believe that such foresight also underlines a university in Tyrol which is one of Europe's first to offer a comprehensive sweep of bachelors' and masters' programs in healthcare IT?

SS: There are a number of high level study programs in the field of healthcare IT, in Innsbruck/Tyrol, Graz/Styria, and also in Vienna. All of these do have a longstanding tradition in healthcare IT, and they are all recognised at an international level. Recently, the introduction of the Bachelor and Master system, following the Bologna process, and the newly formed "Universities of Applied Science" have added new educational offerings, as well as many other organisations in Austria. In brief, healthcare IT has been around in Austria for a long time, and the big hospital groups have decades of experience with IT systems in clinical practice. Research and educational institutions across Austria, like those elsewhere in Europe and the world, are responding very actively to new challenges. In the Biomedical Engineering programs at our university, we also have major elements of IT instruction, so that our graduates can help specify and implement IT systems in healthcare, communication on both sides. We see a very strong exchange of students from all over the world, and specialised knowhow exists in many different places.

Today's students are growing up in a world of IT, and they will help shape healthcare in very useful ways. Things are very interesting, and as a teacher I do frequently experience my students knowing more than me. This is a good thing, and in a fast-moving world like ours, anything else would be a problem.

HITM: On a broader level, do you believe there is something, which may be called an Austrian healthcare model – in terms of financing, organising and delivering healthcare? What are its key differences vis-à-vis similar countries like Switzerland or even Germany?

SS: The German system is in a way similar to Austria: The social insurance companies pay for healthcare for citizens, and in many places, municipalities, regions or the State own and manage hospitals, and contribute to overall funding. There are also elements of autonomous administration in both (Austria and Germany).

One main difference is the number of social insurers: In Austria, we have about 25 of them, while in Germany there are a few thousand. We all know that it takes some time to learn management and process details of the healthcare system in a state. Before we can introduce cross-border healthcare processes, those involved will inevitably have to learn more about each other, and find out with who to clarify the many issues that turn up as cross-border projects continue to evolve and take increasingly concrete shape.

HITM: Given commonalities in language (and if one may so, in culture), are there any formal structures in place for coordinating efforts and initiatives between Austria, Switzerland and Germany?

SS: Speaking for the standards area, of course there are formal international bodies who contribute to coordination. However, healthcare IT is designed in many different ways, by many different types of people. Recently, the states have been occupied getting things going internally, so we still do not see many active, nation-wide initiatives. A lot is on the move, but those involved have so much to learn and organise, that cross-border cooperation has not reached the attention it deserves. Additionally, experience shows that things get even more complicated when patients or data start crossing borders. However, national projects do emerge, and there are things like the "Large Scale Pilots". These initiatives form points of reference, and all stakeholders start to get involved.

Overall, there is light on the horizon, and many new contacts between persons do emerge daily, as we begin to learn who is actually responsible for what. The international standardisation bodies CEN, ISO, HL7, and IHE have continued their efforts to join forces, both formally and also in numerous small cooperation projects. This variety of steps will finally improve things. However, there still is a lot of communication and coordination required in the years ahead.

HITM: We know that, given your federal structure, the Austrian healthcare system is rather complex. There are considerable degrees of both autonomy and cross-stakeholding, as well as a move towards privatisation of operations since 2002. As all these factors evolve – both due to demographics and the need for closer convergence with the rest of the EU - do you believe IT will have to play an even more central role than it is now?

SS: First and foremost: Within medicine, IT is not intended to play a central role. It shall support caregivers, and optimal care for patients has to be the central thing. At the moment, there is a big change as IT moves into healthcare, and this causes irritation on both sides. Over the next few years, caregivers and IT providers will have to learn how to cooperate efficiently, and will cooperate to make IT “elegantly invisible”. In the old days a jukebox was big and heavy, and offered a very limited number of songs. Today, a music player may be updated wirelessly, and we can share music around the planet from everywhere, and even I can learn how to do it. The same thing remains to be done in healthcare: We will add functionality, and we reduce the amount of visible technology. Sounds simple, but beware!

Things are only beginning: In 2005, a major reform of the healthcare system was started in Austria. One of the main targets is to improve cooperation between resident caregivers and hospitals. All these partners join forces to care for patients, and this causes additional requirements for communication between those involved. The documentation efforts are increasing, and medicine itself constantly gets more diverse and complex. This causes additional work for caregivers, and IT systems will have to do their best to reduce this workload.

A lot needs to be done, both in the basic healthcare record infrastructure, and also within the medical workflows itself. IT people will have to learn much more about the many ways healthcare is delivered, and healthcare providers will have to guide and help them, insisting on useable, user-centered and helpful systems. Things will become easier when modular, standards-based systems reach the market. These can then adapt to specific needs. Things will get cheaper. As the healthcare record infrastructures become stable, we all will be able to focus our work even more on medicine itself, building on reliable systems, and slowly improving their functionality and performance.

HITM: Hospital IT departments are at the centre of many changes – e- Health and e-business are new developments alongside their traditional roles in administration and operations. Are these forces having an impact on hospital IT departments in Austria?

SS: Austria's hospital IT departments are doing fine. They know exactly what they want, and they are getting better and better in getting it. A lot of the knowledge that is used to design the Austrian EHR comes from there. From my own experience, I know what happens if a hospital IT system crashes, when queues get longer, when data gets lost etc. If you have been through that, you try to avoid it, upfront. You learn a lot and you exploit your full potential. As a result of this, hospital IT people are a very select and efficient breed. They know what e-Health means, and they are prepared to do their part.

HITM: What are the key challenges and priorities for traditional healthcare IT in Austria (that is, over and above those connected with e-Health)? For example, interoperability and new standards, legacy systems, skills availability, budgets?

SS: All of these, many more that we have already heard of, and many more that we never have heard of. It is a hugely complicated venture, and as people are lifting more stones, they also find increasing complexity creeping out from the dark. This is true for many areas, for IT, legal issues, management, etc. We all will have to do our best to make this come true. However, you can watch people learn very fast, and most of them grow to the challenge. The motivation is high, and I am optimistic.

HITM: In the face of all these changes in the Big Picture, do you think Austrian and European IT managers

need a common voice?

SS: Yes. It is always good to have organisations do networking for a certain group of specialised people. We need networking on all places, horizontally and vertically. Networking is one of the main challenges. There are so many people around, and they all have to be involved. We have to take care that communication is not restricted – within groups: It only gets hot when groups from different areas get in contact with each other. Seeing things from different angles brings up the real issues, and things turn emotional.

Emotion is energy, and we will definitely need a lot of that.

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