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IT and Austrian Healthcare

Healthcare IT has an unusually high official profile in Austria. The Federation Board, which manages the Austrian social insurance system has four Advisory Committees. Three of these are typical in much of the EU – on work and accident insurance, on old age, and health insurance. But alongside, one committee is dedicated wholly to IT.

Drivers of Change

Overall, healthcare IT in Austria is driven by a combination of technology- and regulatory-push factors, alongside pressures for cost-containment. The latter, in turn, coupled to demands for greater quality, transparency and efficiency in the delivery of healthcare.

Austria's Health Reform Act 2005 established the legal framework for devising quality strategies and setting national standards – both for health services and professionals (and including technical staff). It also provided hospitals with incentives for attaining higher quality in healthcare delivery, and laid the groundwork for key programs such as the successful Austrian eHealth Initiative (EHI).

The EU Commission's i2010-Initiative also led Austria to establish a comprehensive IT programme – within which e-Health is a key application.

The Austrian authorities, on several occasions, have reaffirmed their commitment to harmonise e-Health and closely-related eGovernment systems and methodologies. The Austrian eGovernment Strategy itself is considered by some to be a European trendsetter, and places special emphasis on identity management – which, in turn loops synergistically into its e-Health plans as well as those of the EU.

Emphasis on Healthcare Quality

The federal government has financed a multitude of quality-related projects. These include areas with direct relevance for IT such as interface management and quality reporting as well as patient orientation and safety.

Since the mid-1990s, the Austrian Institute for Technology Impact Assessment (ITA) has been devising methods to conceptualise and disseminate health technology assessments across a cross-section of disciplines, including information systems. The ITA's work, in turn, has been bolstered by the Major Medical Equipment Plan, which was integrated into the Austrian Hospitals Plan in 1997. Interestingly, this provides an analysis of the demand (rather than cost-benefit) aspects of health technology.

Emedication and EPrescription: Steps to E-Health

Meanwhile, as mentioned above, the EU's e-Health program remains integral to the promotion and deployment of new healthcare IT care systems in Austria, where a voluntary eMedication System is seen as the first step to an ePrescription System.

The ePrescription project expects to quickly demonstrate an increase in efficiency and quality improvements to benefit both patients and payers. Austria has established an information management system which includes the following steps:

- î An infrastructure reporting system
- î The economic evaluation of technology projects
- î The evaluation of the social effects of the use of technology.

Discussions on the above have been held between the federal Health Ministry and all stakeholders in the health care system (including private companies).

The goal of this e-Health initiative is to concentrate and synergise experiences from isolated clusters of prior experience and lay down the basic form and content of a national eHealth strategy.

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The e-card System is aimed at providing the network and security backbone for Austria's emerging e-Health infrastructure. In the interim, the authorities have also defined the establishment of a National Electronic Health Record

(ELGA), with adjustment of existing legislation foreseen, if this is necessary, as the diverse internal elements of the e- Health superstructure continue to evolve.

The Contours and Content of E-Health in Austria

Rather than a high-octane techno-policy buzzword, e-Health is seen in a relatively down-to-earth manner by Austrians. There are official reference to e-Health as "a set of new business models and tools to enhance the delivery of healthcare services".

The e-Health application field is affected by legislation, and in turn, through stakeholder forums such as the Austrian eHealth Initiative (EHI), impacts and influences lawmakers and legislation.

Austria's Health Reform Act 2005, which established a framework for quality strategies and national standards, also provides the legal basis for e-Health. Other relevant elements of the legislative/ regulatory framework include the Health Telematics Act, which aims at the secure exchange of individual health data, as well as the eGovernment Act, which predates the Health Reform Act by one year.

Key stakeholders and activities encompassed within the broad framework of Austria's e-Health Strategy are seen as:

î Citizen-patients

î Healthcare providers and other actors

• Hospitals, doctors, dentists, pharmacies, nurses, mid-wives, physiotherapists, occupational therapists, etc.)

î Financiers

• Social insurance companies

• Private health insurance companies

• National and provincial health care agencies

î Science

• Health economics, including quality of care

• Epidemiology

î Politics

• Planning

î Public

• Information

EHI: A Living Model of Stakeholders in Dialogue

In 2006, Austria released its first draft for a National e-Health Strategy. After a process of consultation with concerned groups and the general public, the Austrian eHealth Strategy was officially unveiled in January 2007. It consists of the following facets:

î Interoperability-standardisation

î Patient identification and archiving

î Network of the health care and social system, infrastructure

î Customer related information systems

î Health care system related information systems

î Telemedicine

Within working groups dedicated to each of the above, EHI brings together over a hundred participants from the government, hospital organisations, social and private insurance companies, universities IT vendors and professional chambers - of doctors, pharmacists and universities). A living example of the meaning of stakeholders, EHI's aim is to achieve a workable strategy and best-practices roadmap to deploy IT and communications technology in the Austrian healthcare system. On its part, the EHI has set up study groups and pilots to make recommendations in a variety of areas: e-cards for patient identification; establishment of an electronic directory of health service providers in

Austria.

Closed and Open: The Health Information Network

Austria is also building a health information network to facilitate data exchanges, including medical/lab examination results and ePrescriptions. It has been conceptualised as a 'closed network' with 'open architecture' – with the former limiting access (for privacy and security reasons) to a defined group of users, while the latter permits the seamless extension of services to the future medical information highway (including payments to physicians by health insurance funds and access by private physicians to databases). The network is, however, not related to the e-card and envisages a separate communications pathway.

The general consensus is, however, towards a service-orientated technological and organisational infrastructure, which is not only in tune with the realities, requirements and specificities of the Austrian health care system but also dovetails into the evolving national and EU-level e-Health programmes. EHI has made recommendations on using SOAP, XML, SAML for messaging. In addition to IHE, XDS has been proposed as the fundamental architectural framework for data interchange. For semantic structuring of the health records, CEN prEN 13606, HL7 (V3), CDA, UN/CEFACT CoreComponents, and DICOM (for graphic data) are under consideration and evaluation.

Further down the horizon, as discussed, is the electronic health file and the ePrescription – which would plug into the health information network. A feasibility study has been evaluating the context and content of these initiatives – alongside technical and legal issues as well as costs of development and implementation.

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