

## Health at a Glance 2015

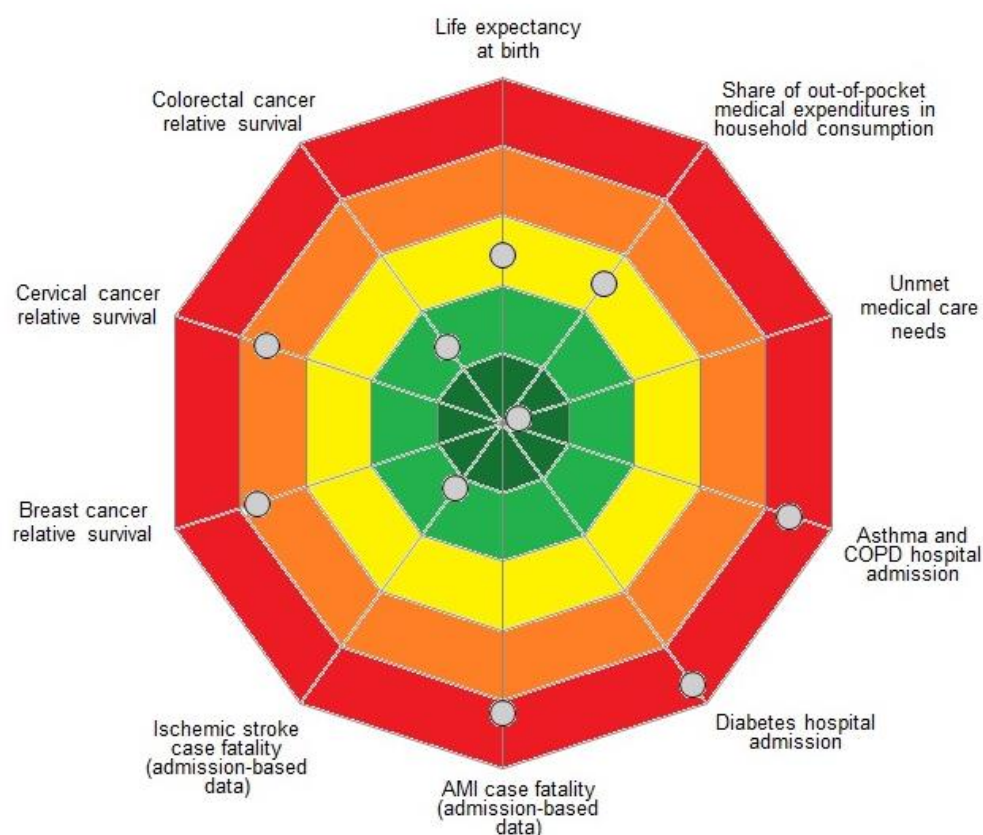
### How does Austria compare?

#### KEY FINDINGS

- The Austrian health system generally provides good access to care, but the quality of care might be improved in the area of cancer care and in reducing hospital admission rates for chronic conditions by strengthening primary care.
- The Austrian health system continues to have a strong focus on inpatient care in hospitals, and is lagging behind in the development of ambulatory surgeries.

Life expectancy at birth in Austria (81.2 years in 2013) has increased by 11 years since 1970 and is slightly higher than the average across OECD countries. Austria is, however, still lagging behind other OECD countries that have much longer life expectancy (Japan, Spain and Switzerland all have a life expectancy of 83 years or more).

#### How Austria compares with other OECD countries on selected indicators of health status, access to care and quality of care (2013 or nearest year)



Note: The closer the dot is to the centre “target”, the better the country performs. Countries in the inner circle are in the top quintile of the best performing OECD countries, while those in the outer circle are in the bottom quintile.

Source: OECD Health at a Glance 2015 (chart design: Laboratorio MeS).

## Access to care is generally good...

The Austrian health system does well in ensuring access to health care services. Although out-of-pocket medical spending as a share of total household consumption is somewhat above the OECD average, a relatively small share of the population reports unmet care needs for a medical examination due to financial reasons, waiting times or long distance to travel to get access to services.

## ...but results are mixed in terms of quality of care

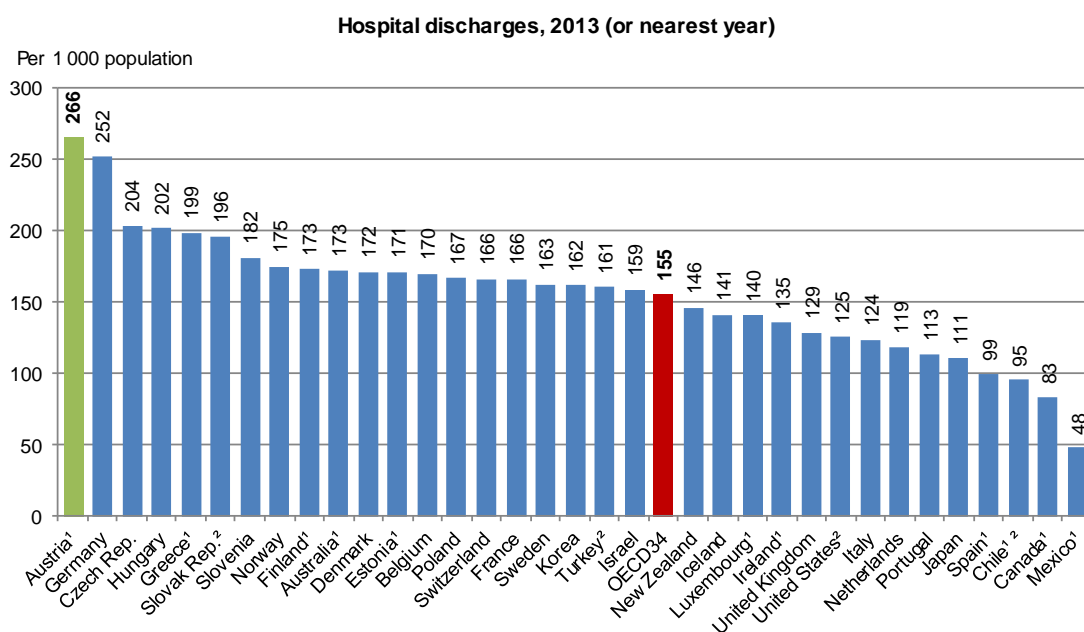
Austria is generally doing well in providing acute care for people admitted to a hospital following a stroke, with a higher percentage of patients surviving this life-threatening condition than in most other OECD countries. On the other hand, the performance appears not so good in providing acute care for people admitted for a heart attack (AMI), with case-fatality rates higher than the OECD average.

Cancer survival is an important measure of the effectiveness of cancer care systems, taking into account both early detection of the disease and the effectiveness of treatment. While Austria does relatively well in having high survival of people following diagnosis of colorectal cancer, survival rates are below the OECD average for people following cervical and breast cancer diagnoses.

The quality of primary care in Austria, as measured by potentially avoidable hospital admissions for chronic conditions, is lower than in many other OECD countries. Hospital admission rates for chronic conditions such as asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure and diabetes are considerably higher than the OECD average. Greater efforts are needed to improve the continuity of care for the growing number of people living with one or more chronic diseases to reduce unnecessary hospital use.

## The Austrian health system is still very much focussed on hospital services

The number of hospital beds per population in Austria is 60% greater than the average across OECD countries. With 7.7 hospital beds per 1 000 inhabitants, Austria has the fourth highest number of hospital beds among all OECD countries, after Japan, Korea and Germany. Consistent with this greater availability of hospital beds, the hospital discharge rate in Austria is the highest among all OECD countries, being 70% higher than the OECD average (266 discharges per 1 000 inhabitants in 2013 compared with an OECD average of 155). This cannot be explained by a different population structure in Austria; Nordic countries such as Finland and Sweden have a higher proportion of people aged over 65 than Austria, but much lower hospital admissions and discharges.



1. Excludes discharges of healthy babies born in hospital (between 3-10% of all discharges).

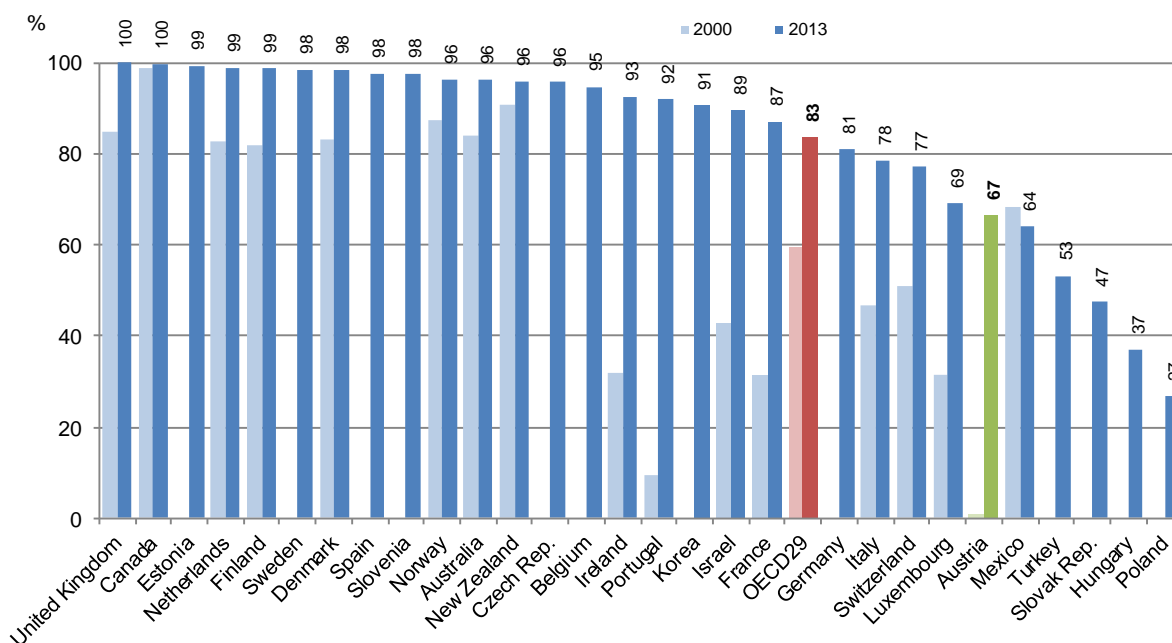
2. Includes same-day discharges.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

## Development of ambulatory surgery in Austria is lagging behind

Part of the high hospitalisation rate in Austria can be explained by the fact that it is lagging behind in the development of ambulatory surgeries. Although the share of cataract surgeries performed on a same-day basis has grown rapidly over the last decade - rising from 1% only in 2000 to 67% in 2013 - it is still considerably lower than in a majority of OECD countries where nearly all cataract surgeries are performed on an ambulatory basis, with the patient going back home the same day. In Austria, virtually no tonsillectomy (the removal of tonsils, an operation mainly performed on children) is performed on a same-day basis as it stands now, whereas this intervention is carried out mainly as a same-day surgery in many other OECD countries. This suggests there is room for further growth in day surgery for cataract, tonsillectomy and other surgical interventions to reduce unnecessary and costly hospitalisations.

Share of cataract surgeries carried out as ambulatory cases, 2000 and 2013 (or nearest years)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

**Health at a Glance** provides international comparisons of health status, risk factors to health, health expenditure, access to care and quality of care. For the first time in 2015, the publication also includes a set of dashboard indicators summarising the comparative performance of OECD countries on these different dimensions of population health status and health system performance.

More information on **Health at a Glance 2015** is available at <http://www.oecd.org/health/health-at-a-glance.htm>.

For more information on OECD's work on **Austria**, please visit <http://www.oecd.org/austria>.