

## How does Austria compare?

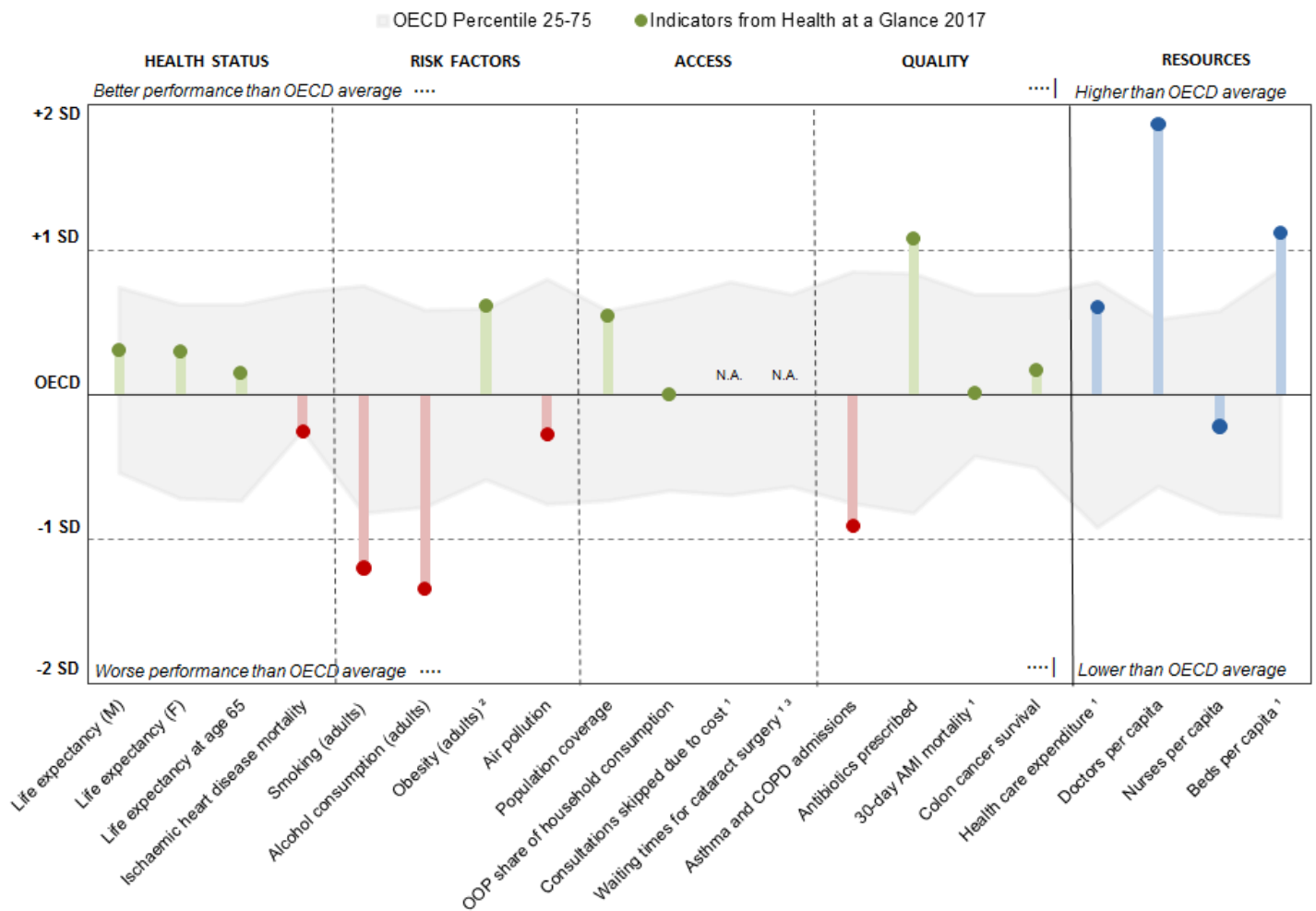


*Health at a Glance provides the latest comparable data and trends on the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in health status and health risks, as well as in the inputs and outputs of health systems. This edition contains a range of new indicators, particularly on risk factors for health. It also places greater emphasis on time trend analysis. Alongside indicator-by-indicator analysis, this edition offers snapshots and dashboard indicators that summarise the comparative performance of countries, and a special chapter on the main factors driving life expectancy gains.*

### Overview of health system performance in Austria

Life expectancy in Austria is close to the OECD average, but Austrian's smoke and drink more than people in other countries. While access to health care is good, quality of care indicators show more mixed results. Austria spends more on health than the OECD average. The figure below shows how Austria compares across these and other core indicators from Health at a Glance.

**Austria – Relative performance compared to the OECD average**



<sup>1</sup> Standardisation of interquartile range excludes outliers (at least  $\pm 3$  standard deviations from the average) that cause biased statistical distributions. <sup>2</sup> Includes measured and self-reported obesity rates. <sup>3</sup> Values for Australia and Canada are reported in median (rather than mean) number of days. AMI = acute myocardial infarction (heart attack), COPD = chronic obstructive pulmonary (lung) disease, OOP = out-of-pocket payments.



## How does Austria compare?

- **Health status:** life expectancy at birth was 81.3 years in 2015, an increase of more than 11 years since 1970. It is slightly higher than the OECD average, but below countries with the highest life expectancy (in Japan, Spain and Switzerland, life expectancy at birth is over 83 years).
- **Risk factors:** certain unhealthy behaviours are more common than the OECD average. In 2015, 24% of adult Austrians smoked daily and adults consumed just over 12 litres of alcohol, the third highest amount across OECD countries.
- **Access:** the health system in Austria offers universal coverage, with out-of-pocket spending close to the OECD average.
- **Quality:** indicators are mixed, with above-average rates of hospital admissions for asthma and COPD (330 per 100 000 population), but below average antibiotic prescribing (14 defined daily doses per 1 000 population per day).
- **Resources:** with 5.1 practising doctors and 7.6 hospital beds per 1 000 people, Austria has the second highest number of doctors and fifth highest number of hospital beds in the OECD relative to its population. Health spending averages \$5 227 per person (adjusted for local costs), compared with an OECD average of \$4 003.

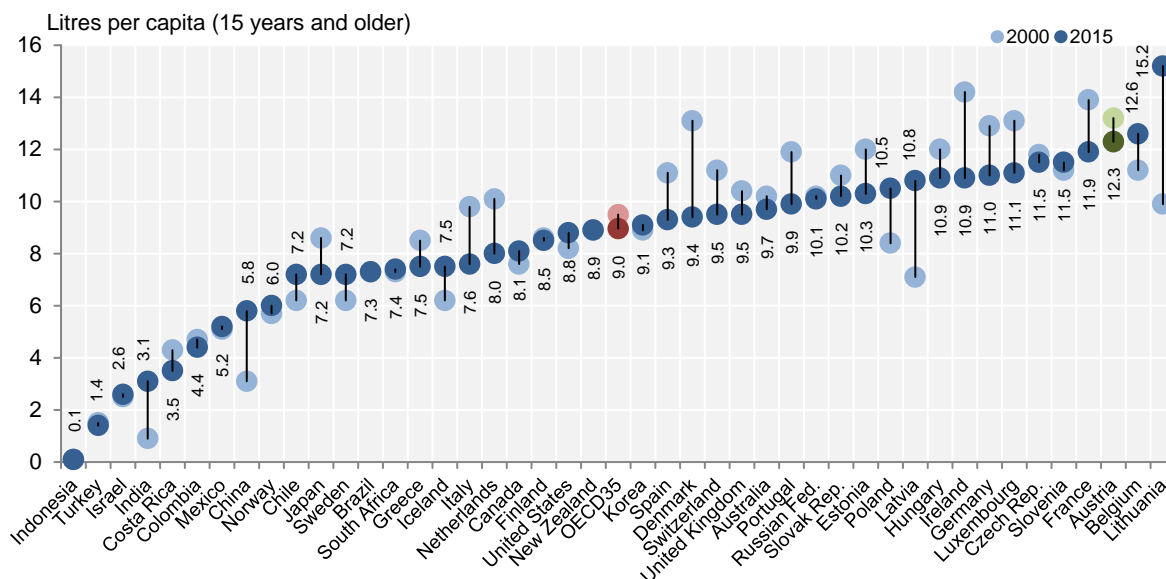
### Selected policy issues

#### Smoking and excessive alcohol consumption remain major public health concerns

Smoking and consumption of alcohol are among the top causes of ill health, disability and mortality in the OECD. In 2015, 24% of adult Austrians smoked daily, considerably higher than the OECD average of 18%. Further, unlike the vast majority of OECD countries, smoking rates have not decreased in Austria in recent decades. The average adult consumed 12.3 litres of alcohol, the third-highest in the OECD (the OECD average is 9 litres).

Smoking bans could be made much more stringent in Austria. A general smoking ban in restaurants and bars is only due to come into force in mid-2018. Other policies that could help lower smoking and harmful alcohol consumption are plain packaging for tobacco, public information campaigns, more support for physician-based counselling, higher age limits and stricter enforcement of drink-driving rules.

Recorded alcohol consumption among adults, 2000 and 2015 (or nearest year)



#### Indicators of quality of care are mixed and primary care could be improved

Whilst certain aspects of Austrian health system indicate good quality of care, primary care could be improved. In particular, hospital admissions for asthma and COPD in Austria are much higher than the OECD average (330 admissions per 100 000 people, compared to an OECD average of 237). Effective care for long-term conditions that limit the ability to breathe, including asthma and COPD, can be delivered in primary care. High-performing primary care, with accessible and quality services, can reduce acute deterioration, thereby reducing hospital admissions for these conditions and also saving costs.

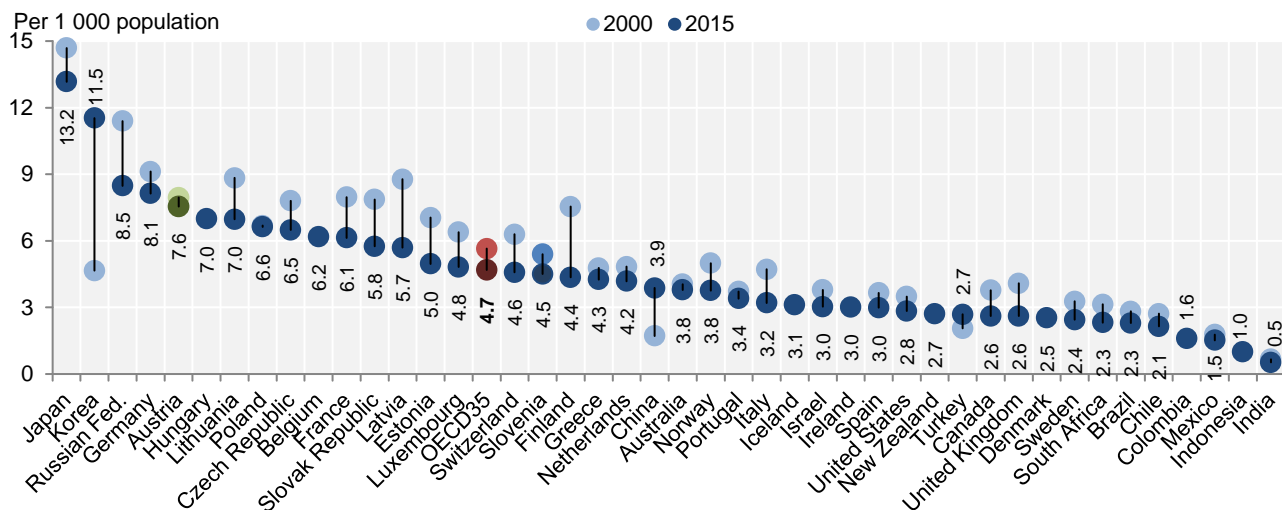
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Recent OECD analysis highlights a range of policies that can improve primary care and better target hospital services. These include investing in out-of-hours primary care, creating interdisciplinary primary care centres that focus on prevention and management of chronic conditions, and improving care coordination across different provider settings. As part of the Austrian 2017 health care reform package, the establishment of multidisciplinary primary care units should strengthen primary care.

### The Austrian health system remains focused on the inpatient hospital sector

Relative to its population, Austria has the second-highest number of doctors (5.1 practising doctors per 1 000 people) and the fifth-highest number of hospital beds (7.6 per 1 000 people) in the OECD. The high availability of expensive inpatient care and the large number of doctors may contribute to Austria's relatively high health spending: \$5 227 per person (adjusted for local living standards), equivalent to 10.4% of GDP. At the same time, the number of nurses, outpatient physician consultations and use of same-day ambulatory surgery are below the OECD average

Hospital beds per 1 000 population, 2000 and 2015 (or nearest year)



Taken together, these indicators suggest a potential over-use of expensive specialist services and under-use of cost-effective primary care. However, the structural separation in Austria between financing of inpatient hospital services (primarily the responsibility of provincial governments) and primary care (funded by social health insurance) hampers a shift from hospital to primary care. Reforming payment systems is one important policy that could address this overuse of specialist services while also encouraging better care coordination.

### Further reading

OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris. <http://dx.doi.org/10.1787/9789264266414-en>.

OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris.

<http://dx.doi.org/10.1787/9789264181069-en>.

Health at a Glance 2017 website: <http://www.oecd.org/health/health-systems/health-at-a-glance-19991312.htm>.

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