

## Health Quality Law

**Country:** Austria

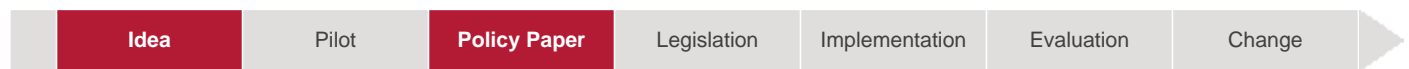
**Partner Institute:** Institute for Advanced Studies (IHS), Vienna

**Survey no:** (4)2004

**Author(s):** Maria M. Hofmarcher, Monika Riedel

**Health Policy Issues:** Quality Improvement, Responsiveness

### Current Process Stages



### 1. Purpose of health policy or idea

The main goals and principals of the proposed law are:

1. Sustained development, implementation and evaluation of an area wide comprehensive quality assurance and improvement program in the Austrian health sector based on transparency, effectiveness and efficiency and in particular oriented towards patients safety.
2. It is the MoHs reponsibility to establish a nationwide Quality System which spans across states, across levels of care and across professions. The Quality System contains structural, process and outcome quality.
3. To ensure that the principals will be achieved the MoH has to make sure that all stakeholders and providers are involved and committed to this initiative. Further the MoH carries the responsibility to coordinate quality provisions nationwide in order to guarantee the national and international comparability of health services.
4. Unless individual data are required to achieve concrete goals they will be psyeudonymous and administered confidential within a new institution.

The MoH may (financially) support the promotion of quality and he/she may initiate the promotion and incentives to improve and to sustain the quality of health services.

All actors, i.e. providers will be affected.

#### Main objectives

Sustained development, implementation and evaluation of an area wide comprehensive quality assurance and improvement program in the Austrian health sector based on transparency, effectiveness and efficiency and in particular oriented towards patients safety.

#### Type of incentives

The MoH may (financially) support the promotion of quality and he/she may initiate the promotion and incentives to sustainably improve the quality of health services.

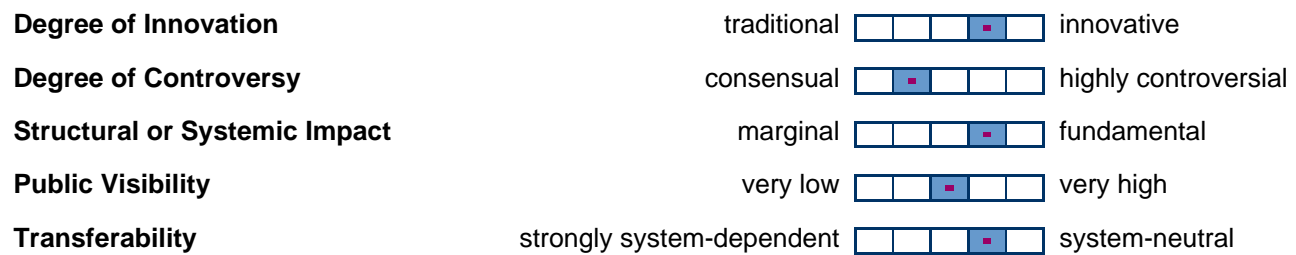
Non-Compliance with federal quality provisions will be sanctioned and a penalty pay may be effected in the order of € 70 000 up to € 100 000. The MoH may publish violations.

**Groups affected**

All certified health professions and accredited providers, Patients who demand information on structural, process and/or outcome quality

---

**2. Characteristics of this policy**



The proposal touches to some extent on the professional freedom especially with respect to doctors. However, patient agents claim that doctors have to treat according to guidelines based on medical science anyway; if they do not comply with this, treatment failure may occur. Finally patients have to decide whether they want to be treated or not; thus there is not much space for professional freedom. This approach is been a quite new development in Austria as generally doctors successfully resisted this in the past. Transparency may increase substantially and the impact on patient choice may be high. In particular, the innovative character of this initiative is due to the stipulation that patients are granted a right with respect to transparency in all quality dimensions.

---

**3. Political and economic background**

Quality assurance in the Austrian health sector has been quite fragmented. Standardized quality assurance is been implemented in inpatient care along with the introduction of the performance oriented payment scheme. However, quality is hardly been monitored in primary care. Within the chamber of physicians primary care doctors began to develop quality work. But this process lacks transparency and has been a concern for health professionals and politicians in a long time. Quality work is also not very transparent with respect to private and private non-profit institutions which provide long term care services.

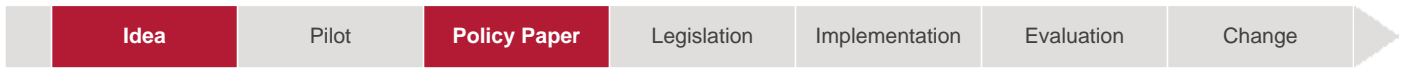
The pre-draft on this legislation is currently being appraised by actors and stakeholders.

**Complies with**

Other - Need to comply with the stipulations in the doctors law and other laws on health professionals

---

**4. Purpose and process analysis**



**Origins of health policy idea**

The idea was generated by the MoH based on the current government program. The principal purpose is to establish a nation wide comprehensive quality assurance and improvement program.

The quality of health care has been discussed in years. Experts and health professionals have been claiming the need for a quality assurance program. The new aspect is that the federal government has been taken on the lead to promote quality and in particular to address patient safety; patient safety has not yet gotten much official attention in Austria. In addition, problems with patients safety seem to be underreported.

**Initiators of idea/main actors**

- Government: Pre-draft is been currently appraised

**Approach of idea**

The approach of the idea is described as: new:

**Innovation or pilot project**

Pilot project - BMGF: Aufbau und Erstellung eines österreichweiten Qualitätsberichterstattung

**Stakeholder positions**

The pre-draft on this legislation is currently being appraised by actors and stakeholders; thus, there is not much information on various positions of affected groups.

Sickness funds are generally supporting the initiative but claim that the law does not address the issue whether compliance with various quality related provisions in other laws on health professionals is achieved.

Generally doctors fear external quality control; in their opinion they need not only develop quality assurance but also monitor it themselves.

**Actors and positions**

Description of actors and their positions

**Government**

Doctors	very supportive	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	strongly opposed
patients agents	very supportive	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed
Patients, Consumers	very supportive	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	strongly opposed

### Influences in policy making and legislation

No legislation yet; the implementation is scheduled in January 2005.

Legislative outcome

pending

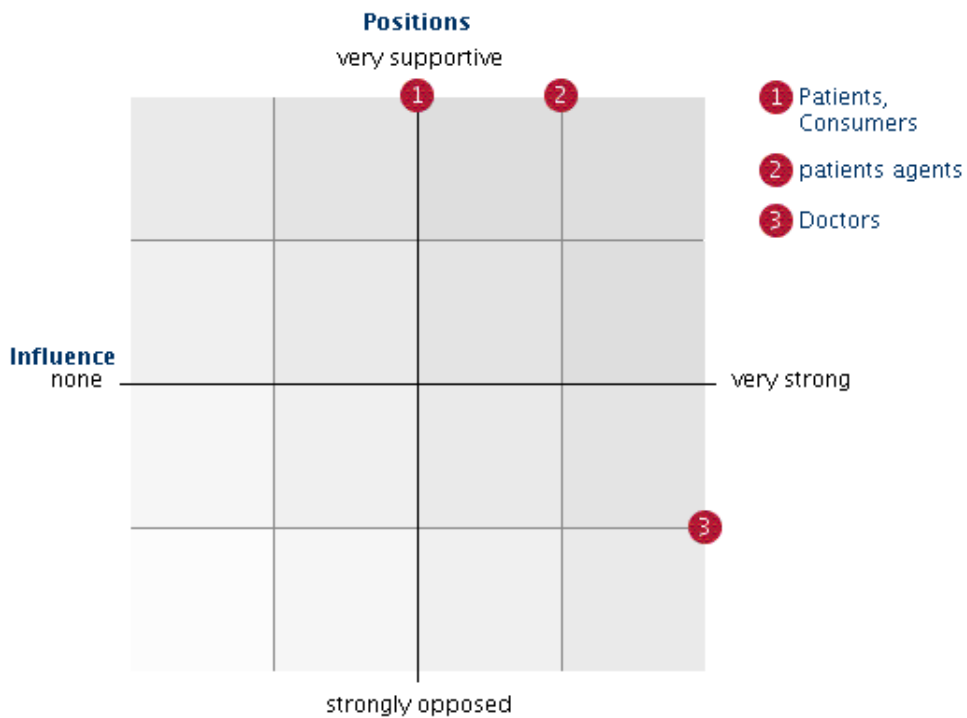
### Actors and influence

Description of actors and their influence

#### Government

Doctors	very strong	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	none
patients agents	very strong	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	none
Patients, Consumers	very strong	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	none

### Positions and Influences at a glance



### Adoption and implementation

All stakeholders will be involved and their commitment will be essential to achieve the goals; as the current proposal is a pre-draft of the legislation implementation in 2005 is unlikely.

### Monitoring and evaluation

The policy foresees regular reviews;

The MoH may recommend federal quality guidelines and may enforce quality directives with decrees.

To achieve the goals, the MoH makes allegations on quality reporting which span across states, professions, and levels of service provision. This process is based on the following principals:

1. Definition and registration of data needed to monitor the allegations of the law.
2. Securing the Austrian wide registration of relevant data necessary to keep track of the quality in the Austrian health system.
3. Involvement of existing data documentations and minimization of administrative outlays

The MoH may per decree define the documentation and the reporting.

The MoH publishes the intensity of cooperation and has to make sure that participants are being given feedbacks to the reporting.

The proposal launches the foundation of a "Federal Institute of Quality in Health" designed to support the MoH in realizing its obligations. The main tasks of this institute will be the launch of annual quality reports and the definition of quality standards which either may be enforced by guidelines or by directives.

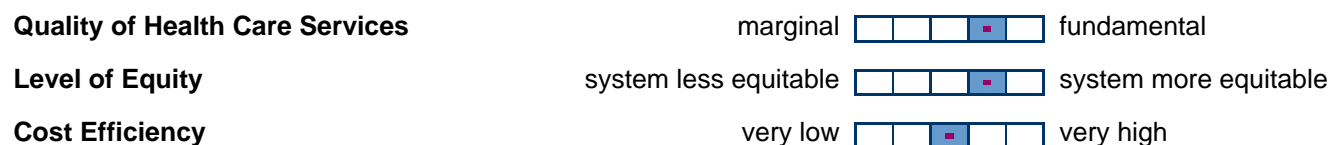
## 5. Expected outcome

This policy is highly overdue; the current pre-draft is ambitious but clearly demonstrates the willingness of the government to steward quality of health service provision.

Experts claim that patients rights are finally promoted as patients get a right with regard to the transparency in particular with respect outcome quality.

Some experts claim that the incentives to comply with the provisions may not be appropriate. In order to motivate provider gratifications rather than punishments should be considered; i.e. marks ups and/or flat adjustments to DRGs.

Currently it is hard to judge the outcome as only a pre-draft circulates.



Cost efficiency may increase but we doubt whether the net effect will outweigh the cost of setting up a comprehensive and nation wide monitoring of the quality of health service provision.

## 6. References

### Sources of Information

(bill of Health Quality Law in German) Bundesgesetz zur Qualität von Gesundheitsleistungen (Gesundheitsqualitätsgesetz - GQG): 5.8.2004, Vorentwurf

Speech from the MoH in September 2004

BMGF: Messung der Ergebnisqualität im Krankenhaus Endbericht des Pilotprojekts, May 2001

<http://bmgf.cms.apa.at/cms/site/attachments/0/4/8/CH0027/CMS1043937954266/ergebnisqualitaet.pdf>

- BMGF: Das Quality Indicator Project, January 2003,

<http://bmgf.cms.apa.at/cms/site/attachments/6/3/6/CH0027/CMS1047395847979/qip2003.pdf>

### Reform formerly reported in

[e-card](#)

---

### Author/s and/or contributors to this survey

Maria M. Hofmarcher, Monika Riedel

---

### Suggested citation for this online article

Maria M. Hofmarcher, Monika Riedel: "Health Quality Law". Health Policy Monitor, October 2004. Available at

[http://www.hpm.org/en/Downloads/Half-Yearly\\_Reports.html](http://www.hpm.org/en/Downloads/Half-Yearly_Reports.html)