



**ögam**

Österreichische Gesellschaft für  
Allgemein- und Familienmedizin – Mitglied der WONCA

# General Medicine in Neighbouring Countries

## Austrian Perspective

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XXX. Congress Bojnice ÖGAM/Austria  
Busch U., Kamenski G.

# General / Family Medicine

*General medicine is an academic and scientific discipline with specific contents of research, teaching, clinical work and the adapted and critical use of the results of evidence based medicine taking into consideration the specific demands of the average GP. He/ she has to treat patients with multifarious combinations of complex diseases making it sometimes difficult to draw the right conclusions from clinical studies under the circumstances and restraints of daily practice work.*

*GM/ FM is much more than the simple and uncritical transfer of specialists knowledge and working methods into our surgeries.*

*Developing new research methods and implementing new instruments for quality improvement into our practice offices demands looking over national borders for new ideas, exchange of experiences and possible common research projects.*

# Some facts about GM/ FM in Austria

- GPs the backbone of primary care
- Most of them single handed
- Practices are private and all costs including computer hard and software are borne by the GP
- Primary care centres with several GPs and care managers are nearly unknown
- Patients direct access to specialists is usual and has a long tradition
- No kind of gate-keeping , no list system
- More than 99% of the population have some kind of health insurance

## Some figures....

- Inhabitants: 8 millions
- GPs: 12.640 (6182 males, 6458 females)
- Specialists: 18.878
- Residents (= interns) in hospitals: 6697
- Average age of all doctors: 45.9 y
- Average age of GPs: 47.5 y
- GPs running practice offices: 6409 (4017 m, 2392 f)
- Specialists running practice offices: 9959

## Some more figures...

- GPs with health insurance contracts: 4297 Ø age: 54y
- GPs without contracts: 3206 Ø age: 49.2y
- Cases/ GP/year: 4039 (GPs with health insurance contract) > 155 MIO. E-card Contacts 2008
- 180.603 € / GP/ year (GPs with contract )
- Income: 44.72 € / case/ year (specialists: 58.84€ )
- Home visits: 3.716.253 / year
- 835 are dispensing doctors in rural & remote areas

## ...no more figures but some critical thoughts...

- Lack of valid classification system
- Epidemiological general practice based approaches have no broad tradition
- Fragmentation of patients care by increasing specialisation and sub-specialisation (free e-card access to all levels)
- Numbers of specialists increase rapidly in comparison to GPs
- Hospital admission rates (after contact with GP) remain stable since 1985 (6%) despite increasing global admission rates
- Gap between hospital and GPs in practice office
- Doctor shopping and hopping
- No clear separation between indicated top medicine and basic care
- Under,-over and incorrect care....

**....leads us to 3 basic questions concerning the importance of communication and good cooperation of neighbouring countries in primary health care strengthening...**

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# Austrian Perspective

- Why connecting?
- Why meeting?
- Why planning the future of Primary Health Care together?

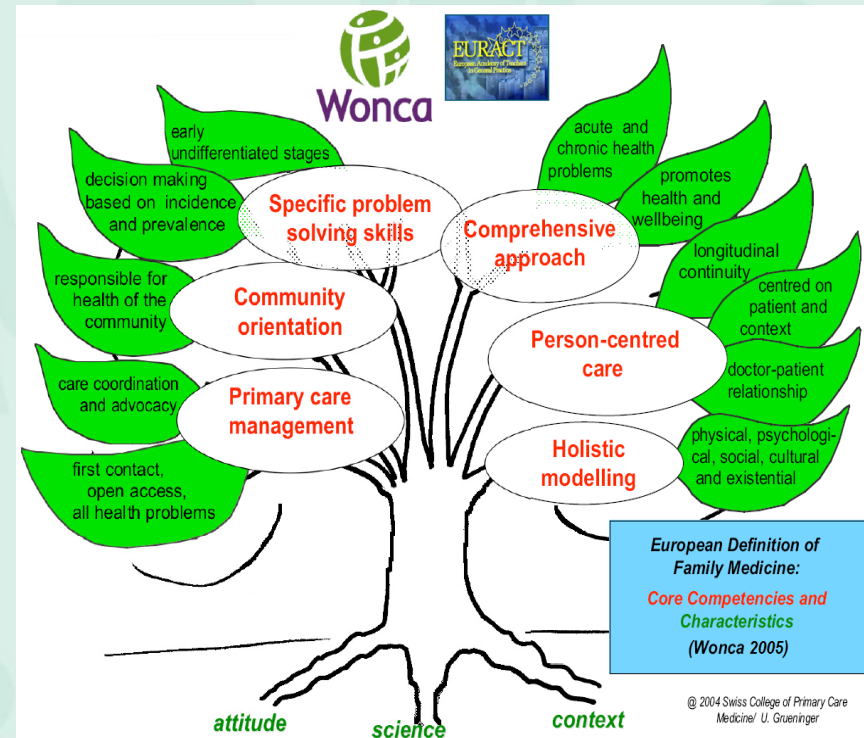


# Austrian Perspective

## Why connecting?

- Curiosity
- Get informed – networking in our genes
- Knowledge transfer – scientific central europ. pipeline
- Saving time and resources
- Stop headaches
- Facing the same health problems
- Skills training and „stealing“ of best practice concepts
- Family feeling rather than island medicine

# Austrian Perspective- Why connecting?



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# Austrian Perspective

## Why Meeting ?

- Improving communication in our discipline
- Exchange of GPs, students, office staff...
- Broaden ones mind - strengthen the discipline
- Learning new languages, customs, ways of life
- Bridging the gaps, walking together
- Motivation and inspiration for health policy makers
- Experiencing the european perspective of „gp-ism“
- Gathering european CME / CPD credits
- Investigating differences in quality and efficiency

# Austrian Perspective - Why meeting?



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# Austrian Perspective

## Why planning a common future together?

- We are the experts, we are patient centered
- We share the same patients, complaints, diseases
- We face the same health care policy makers
- We daily individualize therapeutical concepts
- We love our discipline, we care about people lifelong
- We can do better for the sake of our communities
- Raising the right and important questions
- It ´s a core attitude of GPs to cross borders!

**Thank you for listening to your  
lower austrian (NÖGAM) neighbouring M.Ds.**



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