

# Austria

**Potential business figures:** Health expenditure per capita was almost EUR 3900 in 2017, representing 10.4 % of GDP. Health care costs are expected to increase by 2030 to 11.3 % of GDP, taking into account the demographic change, and by 2060 to 13.4 %. Public spending on long-term care is projected to double, from 1.9 % to 3.8 % of GDP by 2070. 26% of current health expenditure is private health expenditure.

**Typical buyer in health services:** Buyer are both private and public operators. In public site the regional authorities have big role in decision making. Austria has 271 hospitals and around the half are in public ownership. 70% of hospital beds are in public sector.

**Governmental or legislative climate to support new services/innovations on health:** The legislative framework is partly in place. The Health Telematics Act Austria passed in 2012 and it has been adapted afterwards. The need for innovations is recognized, still some legal and reimbursement related decisions need to be made.

**Typical buying and/or acceptance process in the country for new solutions:** Framework for public buying and planning is “Der Österreichische Strukturplan Gesundheit” (ÖSG), where the main frames and conditions for Austrian health care national structure are planned by national and regional authorities and the social health insurance together. Buyers are mainly regional public health providers. The private sector is independent and interested to buy the best solutions. A local partner is useful for ongoing contacting, since personal contacts matter and the German language is preferred. Medical personnel have a strong part in decision-making.

**Opportunities for Finland:** eHealth, Telehealth, Mental health, Dementia, Diabetes, Preventive care solutions

**Regulation & Reimbursement environment:** Austria’s health system is complex. The federal government is responsible for the legislative framework, including regulation of social health insurance (SHI). SHI funds have operational responsibility for ambulatory and rehabilitative care and outpatient medicines, and they negotiate contracts with providers. The states (Länder) regulate hospital care in their jurisdictions within the framework defined by federal legislation and are mainly responsible for the organisation and financing of inpatient and outpatient care in hospitals. Financing is mixed and fragmented because SHI funds, the federal government, the Länder and municipalities all contribute to the health budget.

**Trends & Strategy:** The legal basis for the new primary health care system in Austria came into force. In order to extend close to home, multi-professional and interdisciplinary primary care, a total of 75 new primary health care units are to be created by 2021. In addition, for the investments the focus is at the moment on telehealth and AI in healthcare.

## Quick Facts about Austria

**Population:** 8.8 million

**Life Expectancy:** 78.45 years

**GDP (PPP):** \$491 billion, per capita \$56,917

**Official Languages:** German, Croatian, Slovene and Hungarian

**Physicians density:** 5.1/ 1000 pop.

**Digitalizations Maturity:** 19th

**DEI Index:** 3.28/ Stall out

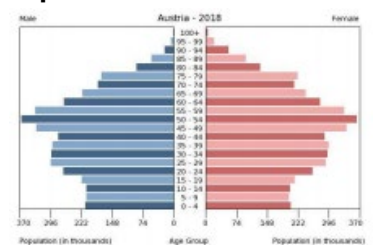
**Urbanization rate:** 58.5%

**Hospital Bed density:** 7.6

**Median age:** 42.7

**Health expenditure of GDP:** 11.2%

**Population Growth rate:** 0.42%



Source: World Factbook

## National challenges:

Ischemic heart disease, Alzheimer’s disease, Stroke

## Link to opportunities:

<https://bit.ly/2z0yutE>

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