

## SHORT COMMUNICATION

# The Austrian health care reform: an opportunity to implement health promotion into primary health care units

Daniela Rojatz<sup>1</sup>, Peter Nowak<sup>1</sup>, Rainer Christ<sup>1</sup>

<sup>1</sup> Austrian Public Health Institute, Vienna, Austria

Corresponding author: Rainer Christ (email: Rainer.Christ@goeg.at)

## ABSTRACT

The Austrian health reform of 2013 aims to strengthen primary health care. In 2014, a new primary care concept (1) was adopted which outlined the content of the law endorsed in 2017 that defines inter- and multi-disciplinary primary health care units (PCUs) as a new organisational structure. For the first time, health promotion, prevention and health literacy are defined as tasks of these PCUs. Until now, health promotion in primary care focused on individual risk prevention instead of developing resources at the individual and community level. A project to systematically implement health promotion, disease

prevention and health literacy into these new PCUs was initiated. Given the lack of a tradition in health promotion in Austrian health care, a clear vision of the intended reorientation of primary health care is needed, accompanied by measures to build capacity for health professionals, framework conditions for appropriate health promotion structures and processes, and implementation guidelines. The concepts and experiences of the network of health-promoting hospitals and health-literate organisations provide valuable information in this respect.

**Keywords:** PRIMARY HEALTH CARE, HEALTH PROMOTION, DISEASE PREVENTION, HEALTH LITERACY, REORIENTING HEALTH SERVICES

## BACKGROUND: STRENGTHENING PRIMARY HEALTH CARE IN AUSTRIA

Austria's health care reform of 2013 aims to strengthen primary health care (2). The new primary health concept of 2014 (1) was followed by a new primary care law in 2017 (3) which defines inter- and multi-disciplinary primary health care units (PCUs) as a new organisational structure and their respective tasks. Primary health care is to be strengthened in order to prevent illness and to ensure improved, high-quality and efficient medical treatment (1). It is also needed to better meet the expectations of patients and health-care professionals, for enhanced continuity of care, and to make the role and function of general practitioners (GPs) more attractive.

The new primary health care law defines various requirements for PCUs (1, 3) including:

- Inter- and multi-professional teams consisting of a core team of general practitioners and nurses as well as other

health professionals, such as a social worker or psychologist, depending on location and need,

- provision of health promotion and prevention, and
- elaboration of a care concept as a basis for service provision that includes, among others, care goals, the range of tasks to be provided, and cooperation partners, such as communities and pharmacies. It also provides the basis for negotiations with financiers.

Until 2021, 75 new primary health care units (PCUs) will have been established (4).

For the first time, health promotion and prevention, through the law, and health literacy, through a policy paper, are explicitly defined as tasks of primary health care (1, 3). Health promotion, based on a bio-psycho-social concept of health, is the process of enabling people to increase control over, and to improve, their health (5). Health promotion in primary health care is not only appropriate because of its high utilisation by a large part of the population, but also because of its navigating gatekeeper function to other services.

Disease prevention aims to improve health by avoiding or eliminating risks. Health literacy is a key determinant of health and “entails people’s knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course” (6).

The implementation of the new tasks must take into account a number of existing framework conditions in Austria. Firstly, until now, health promotion in primary care focused on individual risk prevention by Austrian GPs instead of developing resources at the individual and community level. Such were the findings of a scoping study on health promotion in primary health care in Austria (7), as also observed in other studies (8). In addition, the concepts are understood and implemented differently and mainly in a very narrow view (9): studies show that GPs have only a vague conceptual understanding of health promotion and prevention and tend to understand it more in terms of simply prevention, as through vaccinations (8–10). Furthermore, there are national and regional initiatives to promote health, such as through the promotion of workplace or community health, but primary care has largely been unaffected to date. A lack of information about regional health promotion measures and their coordination hinders the ability of GPs to refer to them.

Against this background, the implementation of the new PCUs is a unique opportunity to systematically introduce comprehensive health promotion through inter- and multi-professional teams. A common and comprehensive understanding and vision is needed regarding these new tasks among primary health care actors and policymakers. Moreover, it is necessary to specify how health promotion and disease prevention can and should be included into the everyday practice of PCUs: namely, which structures, processes and tasks are necessary and how these should be implemented. Therefore, a four-year project was initiated to reorient primary health care and to systematically implement health promotion, prevention and literacy into the new PCUs. It is funded by the Main Association of Austrian Social Security Institutions and the Austrian Health Promotion Fund and implemented by the Austrian Public Health Institute [Gesundheit Österreich GmbH] and the Institute for Health Promotion and Prevention.

## APPROACH AND METHODS

Implementing systematic change requires addressing multiple domains (11). Therefore, our project addresses the micro-, meso- and macro-levels. In line with current developments, we started with addressing the meso-level by providing a vision and mission for PCUs with respect to the issues of health promotion, disease prevention and health literacy, and a so-called how-to-complete document, or blueprint, for the care concept with respect to these three issues. In addition, we focused on the micro-level and worked on developing a compilation of tools for PCUs to implement in their organisations, to raise the awareness of health promotion, disease prevention and health literacy among PCU teams and improve the respective skills of team members.

At the same time, we try to provide support at the macro-level in order to ensure suitable external conditions for implementation, such as for financing and competencies for health professionals.

The products are developed through an ongoing participatory process based on research, the processing of scientific literature, and models of good practice. In particular, targeted conferences are used to present preliminary project results, draft products and hold workshops, and inputs received from participants are used for the further development of products. In addition, site visits are conducted at existing PCUs and projects with best practices related to health promotion, to improve understanding about what health promotion, disease prevention and health literacy mean for the PCU context. The products will then be piloted in practice and further refined. Table 1 illustrates the project plan.

## EXPECTED PRODUCTS (RESULTS)

Our operational objective is the development of the following products which target the meso-level, through deliverables 1 and 2, and the micro-level, through deliverable 3:

- Deliverable 1: Ideal model of a health-oriented PCU describes the concepts as well as the vision and mission of a health-promoting, health-preventing and health-literate PCU.
- Deliverable 2: Blueprint for the care concept for a PCU with regard to health promotion, disease prevention and health literacy. These are intended to simplify, for teams starting or planning a PCU, the design of their PCUs.

TABLE 1. PROJECT PLAN

Year	2018	2019	2020	2021
Products				
Ideal model of a health-oriented PCU	development	implementation and refinement		
Blueprints for the care concept and contract for a PCU with regard to health promotion, disease prevention and health literacy	development	piloting in practice		
Manual for the implementation of health promotion, prevention and health literacy tasks in a new PCU	collecting first tools	developing manual	piloting in practice	
Accompanying transfer of (preliminary) project results and products	ongoing			

Note: deviations are possible due to the participatory approach and the annual commissioning of the project

Here, it is possible to build on the standards of the international network of health-promoting hospitals and health services as well as standards for health literate health care organizations (12–14).

- Deliverable 3: Manual with hands-on recommendations for the implementation of health promotion, disease prevention and health literacy tasks, such as having checklists and a collection of tools, in a new PCU. Tools for monitoring and quality assurance will be developed to support the continuity and improvement of these tasks.

Currently, in the autumn of 2018, the first draft for the ideal model and the blueprints are available, and these will be subjected to a further feedback loop with stakeholders. The first preliminary versions of both will be available by the end of the year.

## LESSONS LEARNT TO DATE: FACTORS TO BE TAKEN INTO ACCOUNT

Since our project has only just started, no ready-to-use products are yet available for presentation here. Instead, we pass on the experience we have gathered to date with respect to the factors that need to be taken into account during development.

Our work has focused on the meso-level until now. The work on the first deliverable, the ideal model of a PCU, is an attempt to overcome the lack of a tradition in health promotion in Austria through the proposition of a new practical model. In view of the challenging work involved in establishing new PCUs, given the existing strong focus of GPs on the treatment of individual illnesses, it is important to find ways to convey the vision and

practice of health promotion, prevention and health literacy in a comprehensible and appealing way.

For the elaboration of deliverable 2, the blueprint care concept, it is necessary to combine different framework conditions, such as actual practice in PCUs and efforts of the federal government to support the new PCUs, in order to make them connectable to all relevant developments. In the end, PCUs will not be able to provide all of the possible services themselves, but will have to cooperate with and refer to other health promotion services in the region. This therefore implies new competencies needed by the PCU teams, such as cooperation and networking with other services and the community.

The project finds that, with respect to the macro-level, it is important to improve financial and structural regulations, to ensure that health promotion is systematically implemented and does not depend solely on the commitment of individual professionals. For example, the inclusion of these services in a basic lump sum remuneration carries the risk of falling back into established medical care practice instead of encouraging new health promotion tasks in everyday practice. Furthermore, contracts between PCUs and their financiers, such as health insurers and regional governments, must ensure that not only individual health promotion measures, but also population-based measures, are reimbursed and that financing models provide incentives to implement these activities. Accordingly, financiers also need to reorient themselves towards health promotion.

Finally, the education of the health professions is strongly oriented towards the treatment of illness and care. The notions of health promotion and health literacy are vague (9, 10). Accordingly, training curricula should also be taken into account.

## CONCLUSION

Forty years after the declaration of Alma-Ata (15) and 30 years after the declaration of Ottawa (5), a systematic initiative has been launched in Austria to align primary health care with the health promotion and health literacy needs of people. Given the increase in chronic diseases, people are challenged to learn how to deal with their illnesses. PCUs can make an important contribution here, especially for people with low health literacy. The introduction of the complementary health-oriented perspective in PCUs will need significant practical support for health professionals and attractive framework conditions. This fundamental reorientation of primary health care towards health promotion, disease prevention and health literacy will take years (16).

Since health promotion in primary health care is a rather underdeveloped area internationally (17), our products and learning experiences can serve as inspiration for other countries. In particular, the ideal model could also be taken up and further developed by other countries for their respective contexts. In line with health-promoting and health-literate hospitals, there could also be health-promoting and health-literate PCUs in Europe and elsewhere in the future.

**Acknowledgements:** None declared.

**Sources of funding:** The project is funded by the Austrian Health Promotion Fund and the Main Association of Austrian Social Security Institutions.

**Conflicts of interest:** None declared.

**Disclaimer:** The authors alone are responsible for the views expressed in this publication and they do not necessarily represent the decisions or policies of the World Health Organization.

## REFERENCES<sup>1</sup>

1. "Das Team rund um den Hausarzt". Konzept zur multiprofessionellen und interdisziplinären Primärversorgung in Österreich ["The team surrounding the family doctor". Concept for multi-professional and interdisciplinary primary care in Austria]. Wien: Bundesministerium für Gesundheit; 2014. German.
2. Gesundheits-Zielsteuerungsgesetz – G-ZG (2013): Bundesgesetz zur partnerschaftlichen Zielsteuerung-Gesundheit [Federal law enacting a federal law on partnership-based health target]. BGBl. I Nr. 81/2013. German.
3. PrimVG (2017): Bundesgesetz über die Primärversorgung in Primärversorgungseinheiten [Federal law on primary care in primary health care units]. BGBl. I Nr. 131/2017. German.
4. Gesundheits-Zielsteuerungsgesetz – G-ZG (2017): Bundesgesetz, mit dem ein Bundesgesetz zur partnerschaftlichen Zielsteuerung-Gesundheits-erlassen wird [Federal law enacting a federal law on partnership-based health target]. BGBl. I Nr. 131/2017. German.
5. Ottawa Charter for Health Promotion. Geneva: World Health Organization; 1986 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0004/129532/Ottawa\\_Charter.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0004/129532/Ottawa_Charter.pdf?ua=1)).
6. Kickbusch I, Pelikan JM, Apfel F, Tsouros AD. Health literacy. The solid facts. Copenhagen: World Health Organization; 2013 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/190655/e96854.pdf](http://www.euro.who.int/__data/assets/pdf_file/0008/190655/e96854.pdf)).
7. Klein C, Pertl D, Rojatz, D, Nowak P. Gesundheitsförderung im Setting Hausarztpraxis [Health promotion in the setting of a family doctor's practice]. Wien: Gesundheit Österreich GmbH; 2017. German.
8. Peckham S, Hann A, Kendall S, Gillam S. Health promotion and disease prevention in general practice and primary care: a scoping study. *Primary health care research & development*. 2017;18(6):529–540.
9. Schein S. Was verstehen niedergelassene Allgemeinmediziner unter „Gesundheitsförderung“? [What do general practitioners understand by "health promotion"?]. Graz: Masterarbeit Medizinische Universität Graz - Universitätslehrgang Public Health; 2012. German.
10. Rumpelberger K. Gesund ist, wer nicht krank ist? Subjektive Gesundheitsvorstellungen oö. Hausärzte und ihre gegenwärtige und zukünftige Rolle, in Gesundheitswissenschaften [Healthy is who is not sick? Subjective health concepts of Upper Austrian general practitioners and their current and future role in health sciences]. Linz: OÖ Gebietskrankenkasse Linz; 2013. German.
11. Harnett PJ. Improvement attributes in healthcare: implications for integrated care. *Int J Health Care Qual Assur*. 2018; 31(3):214–227.
12. Dietscher C, and Pelikan JM. Health-literate Hospitals and Healthcare Organizations – Results from an Austrian Feasibility Study on the Self-assessment of organizational Health Literacy in Hospitals. In: Schaeffer D, Pelikan JM, editors. *Health Literacy. Forschungsstand und Perspektiven*. Bern: Hogrefe; 2017: 303–313.
13. Brach C. The Journey to Become a Health Literate Organization: A Snapshot of Health System Improvement. *Stud Health Technol Inform*. 2017;240:203–237.

<sup>1</sup> All references were accessed 15 November 2018.

14. Groene O. Implementing health promotion in hospitals: Manual and self-assessment forms. Copenhagen: WHO Regional Office for Europe; 2006.
15. International Conference on Primary Health Care: Declaration of Alma-Ata. Geneva: World Health Organization; 1978.
16. Dedeu T, Martí T. Multiprofile Primary Health Care Teams in Catalonia, Spain: A Population-Based Effective Model of Services Delivery, good practice brief. Copenhagen: WHO Regional Office for Europe; 2018 ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/366498/HSS-NCDs-Policy-brief-cat.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0009/366498/HSS-NCDs-Policy-brief-cat.pdf?ua=1)).
17. Watson M. Going for gold: the health promoting general practice. *Quality in Primary Care*. 2008;16(3):177–85. ■