



Challenges and opportunities for care facilities in Austria

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What does the future hold?



What does the future hold?



Demographic
development

Dignity & Rights

Skills concepts

Care & Grade-Mix

Deinstitutionalization

Employees-
Orientation

Family and household structures

Living
concepts

Forms of care



Forecast Austria

Recipients of „Pflegegeld“/financial expenditure (Mio €)

2015	452.601	2.530,10
2016	455.354	2.569,80
2017	458.783	2.551,10
2018	462.179	2.663,00
2019	467.752*	2.664,90
2020	467.136**	2.712,44

Quelle: Pflegevorsorgebericht 2019 BM für Soziales

• - jeweils Stichtag 31.12.

Quelle: Statistik Austria/Soziales/Sozialleistungen auf Bundesebene/Bundespflegegeld

** - im Jahresdurchschnitt





Pflegegeld...is what?

- Purpose: Lump-sum contribution to cover additional care-related expenses and to enable the persons concerned to organize their lives in a self-determined manner
- Legal claim
- Independence from income and assets
- Aim: Freedom of choice for people in need of care between the services offered



Forecast Austria



People over 80 years

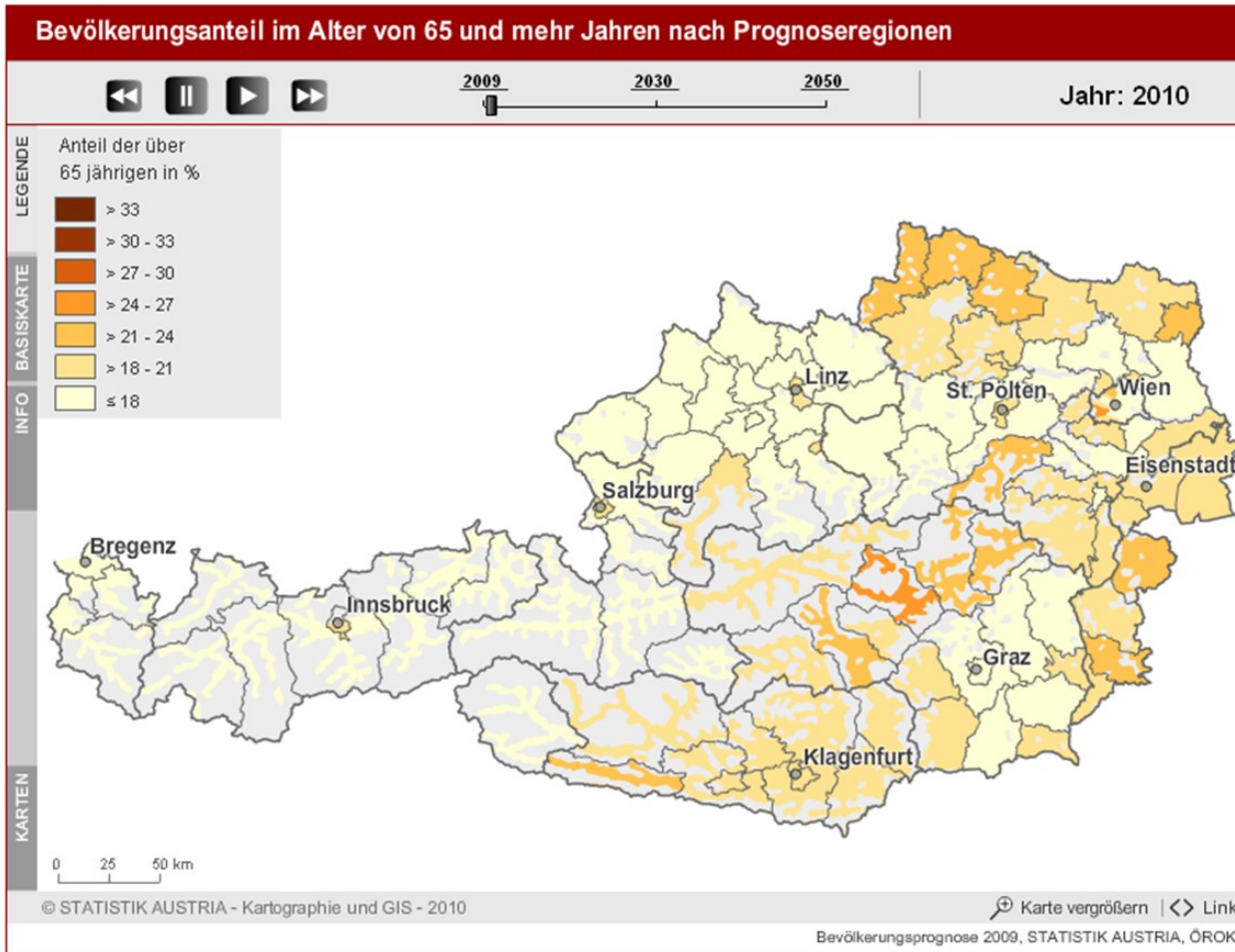
People with dementia

2015:	433.000*	100.000
2030:	692.000*	175.000
2050:	1.250.000*	270.000

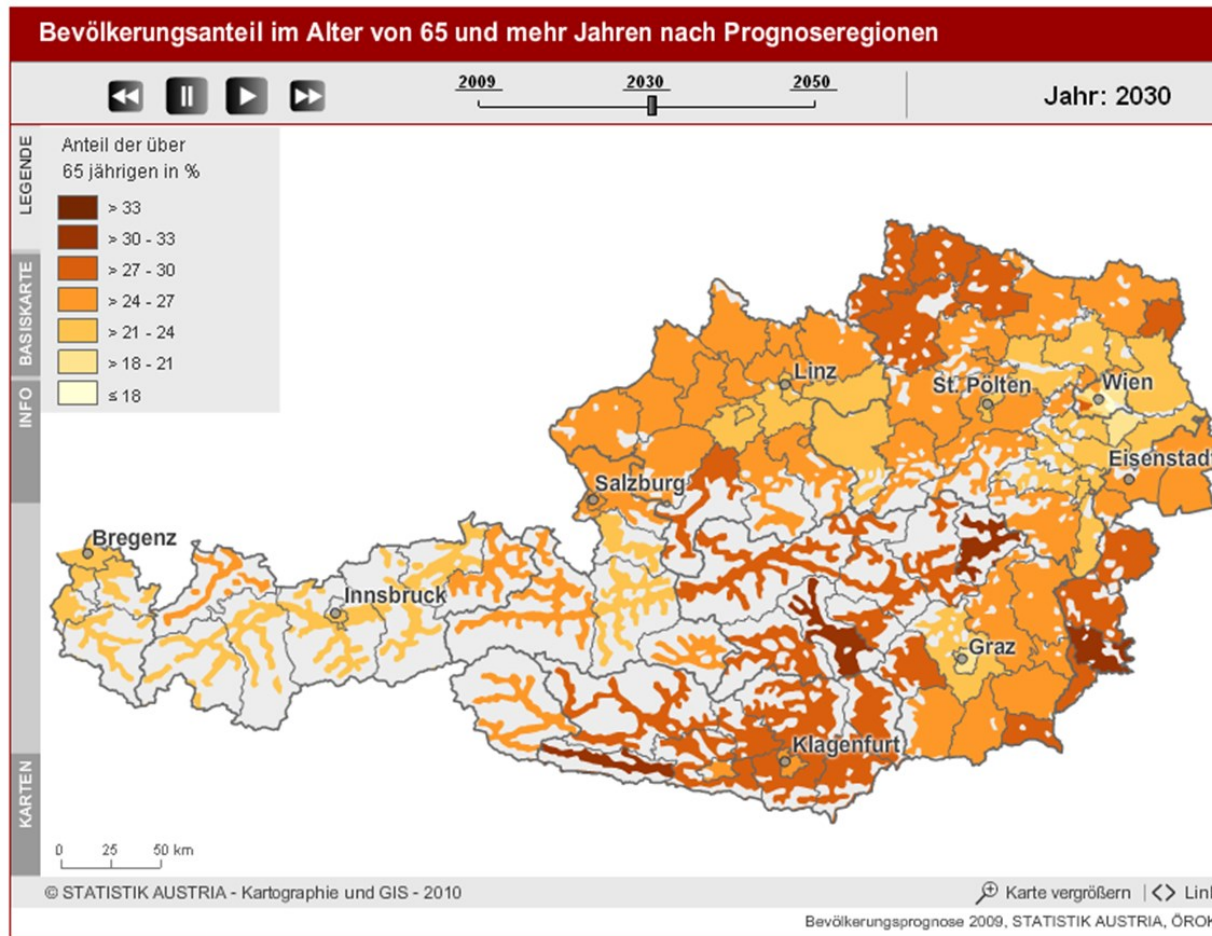
*Quellen: Statistik Austria, BM für Gesundheit, BM für Soziales



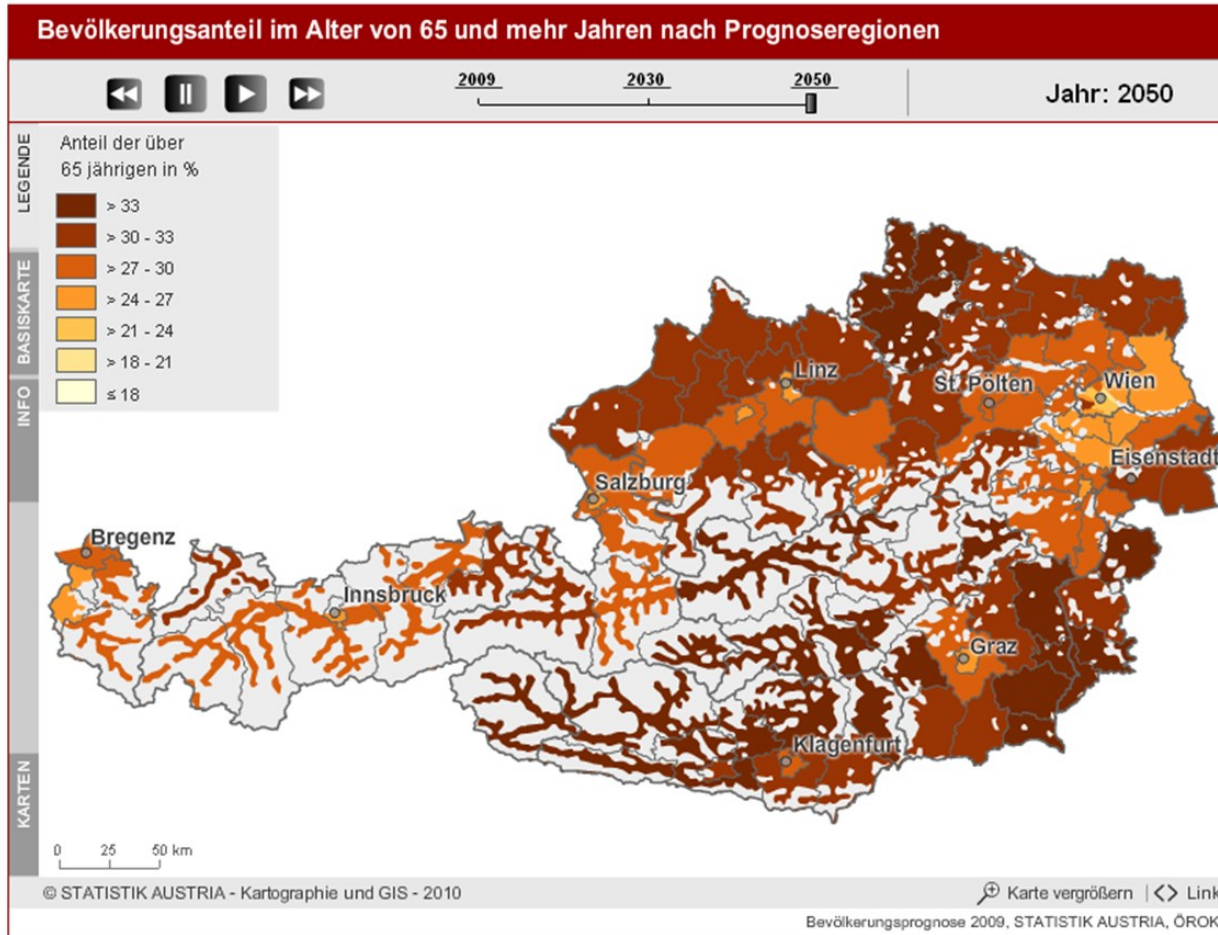
Forecast Austria



Forecast Austria



Forecast Austria



Lebenswelt Heim - Bundesverband der Alten-
und Pflegeheime Österreichs



The state in figures...



- GDP 2019: € 397,6 Bn
- Government spending: € 192,5 Bn
- Social spending*: € 113,0 Bn

Statistik Austria



<http://www.362e.com/es-geht-ums-geld-verdienen/>



Expenses in figures



• Social spending 2019*:	€ 113 Mrd.
– Topic Age	50,79
• Total pensions	46,01
• Pflegegeld for people >60/65	2,07
• Outpatient and inpatient retirement and nursing services	2,64
– Health topic	32,93

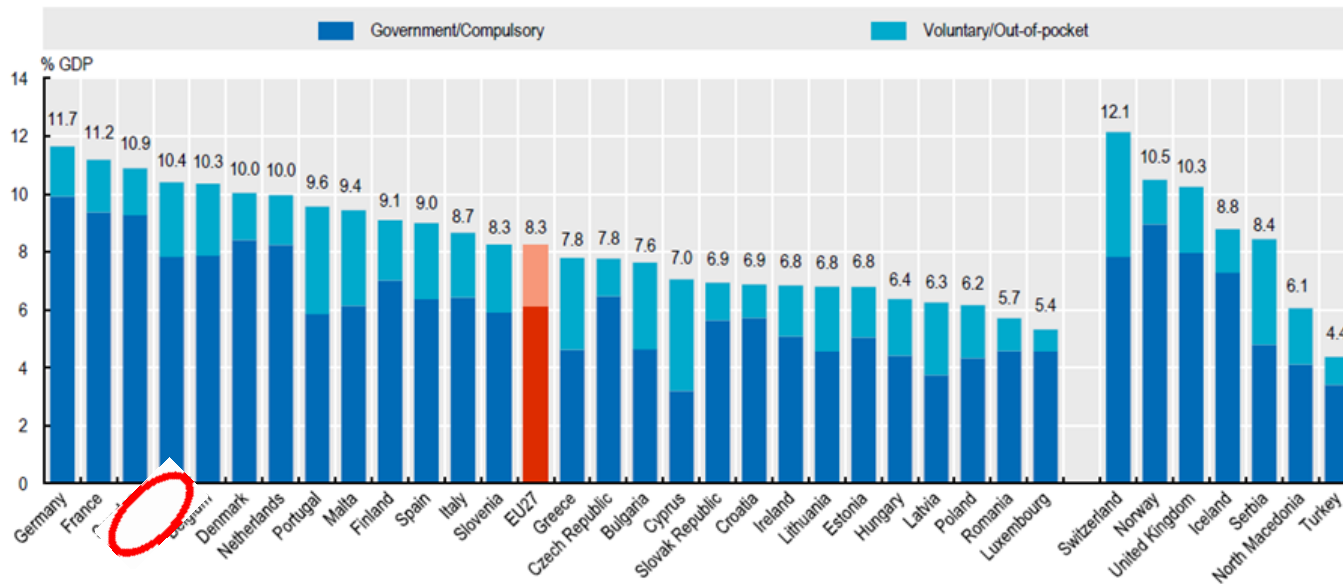
* - Statistik Austria



An international comparison...



Figure 5.3. Health expenditure as a share of GDP, 2019 (or nearest year)



Note: The EU average is unweighted.

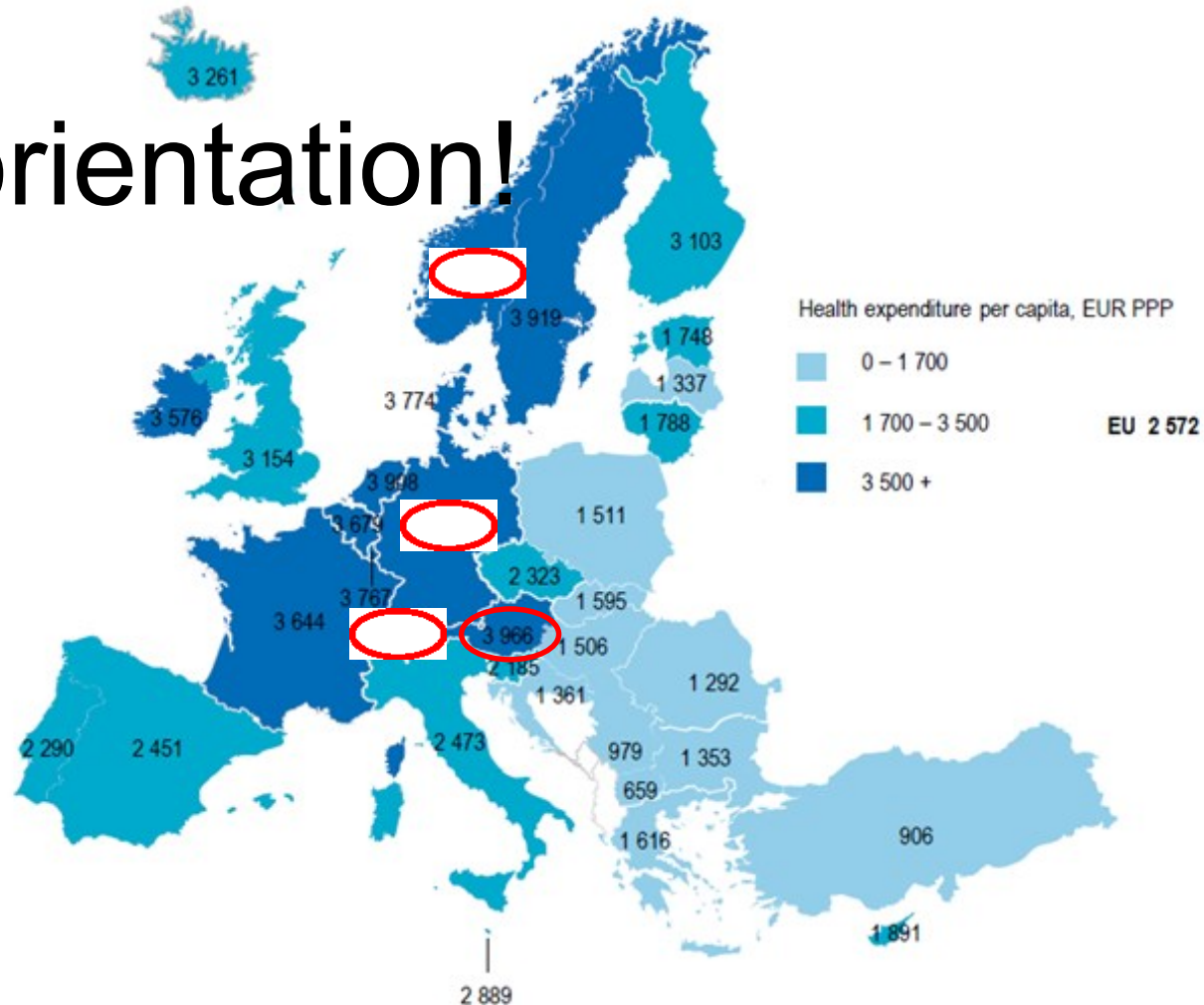
Source: OECD Health Statistics 2020; Eurostat Database; WHO Global Health Expenditure Database.

StatLink <https://stat.link/urm8qw>



Figure 5.1. Health expenditure per capita, 2019 (or nearest year)

...for orientation!



Note: The EU average is unweighted.

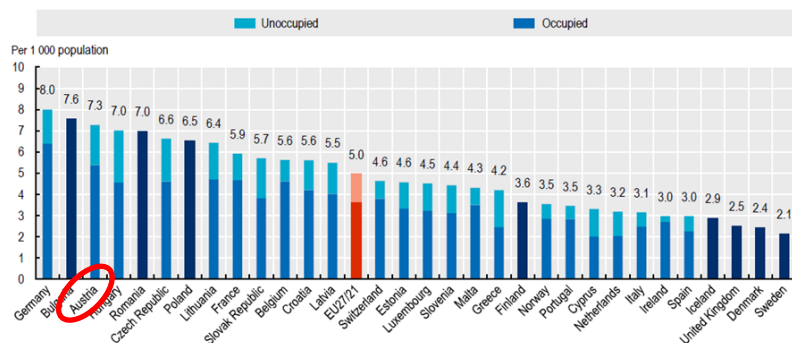
Sources: OECD Health Statistics 2020; Eurostat Database; WHO Global Health Expenditure Database.



The acute inpatient sector...



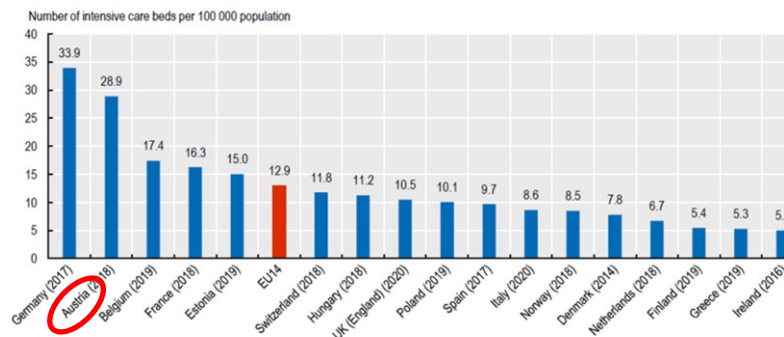
Figure 1.14. General hospital capacity – hospital beds and average share occupied before the COVID-19 crisis, 2018 (or nearest year)



Note: The EU average is unweighted. The EU27 average refers to unoccupied beds, and the EU21 to occupied beds. Hospital beds include all beds regularly maintained and staffed within general hospitals, mental health and substance abuse hospitals, and other specialty hospitals. Beds in residential long-term care facilities are excluded. Note that occupancy rates are calculated on the basis of curative (acute) care beds – within which, intensive care beds are a small sub-category.

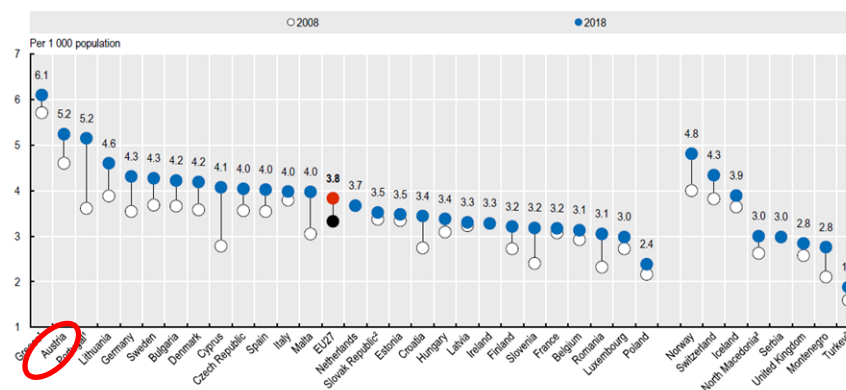
Source: OECD Health Statistics 2020; Eurostat Database.

Figure 1.15. Intensive care capacity – ICU beds before the COVID-19 crisis, latest year available



Note: The EU average is unweighted. There may be differences in the notion of intensive care affecting the comparability of the data. Data refer to only in Belgium and Ireland, to all ages in Germany, England and Spain. Data in France exclude beds in constant monitoring units and paediatric ICU. Source: German Federal Statistical Office, Austrian Ministry of Health, Belgian Ministry of Health, French Ministry of Health, Hungarian National Insurance Fund, NHS England, Polish Ministry of Health, Spanish Ministry of Health, Italy: (Remuzzi and Remuzzi, 2020[46]), Norwegian Health Ministry, Danish Society of Anesthesiology and Intensive Medicine, Dutch Intensive Care Society, Irish Department of Health.

Figure 7.11. Practising doctors per 1 000 population, 2008 and 2018 (or nearest year)



Note: The EU average is unweighted. 1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal). 2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

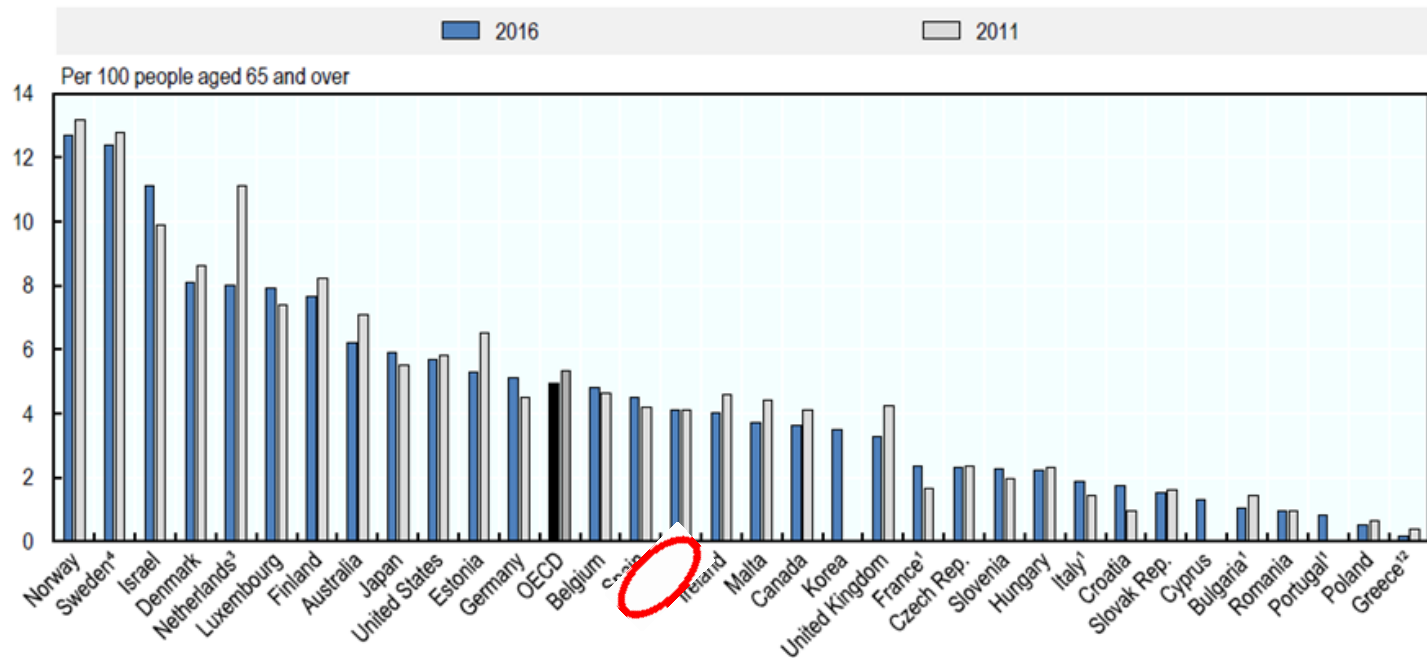
Source: OECD Health Statistics 2020; Eurostat Database.



...compared with the structures of Long-term care!



Number of LTC workers per 100 individuals aged 65 and over, in 2011 and 2016 (or nearest year)



OECD Health Policy Studies: Who cares? Attracting and Retaining Care Workers for the Elderly, 2020



What does the future hold?



"(Elderly) care - the challenge of the 21st century!"



We know that...

- the demographic development will proceed;
- we spend a lot of money for the overall system;
- that care facilities not only fulfill an important social mission, but are also valuable economic factors.



Cost factor vs. economic factor



Value added by care facilities - calculation using

SROI(Social Return on Investment) Berechnungen durch NPO-Institut der WU Wien

“Every € spent for care facilities generates up to € 3,7 in added social value!”

WIFO - Economic Research Institute:

Approximately 70% of public spending on care facilities comes back to the state in the form of taxes and social spending!





...but we also know, that...

- ... care facilities have an image problem;
- ... there are currently too few workers available to meet the demand;
- ... it is a distribution issue of the resources available;
- ... it is also up to us to influence this situation in the interests of our residents and to find new solutions.



Sokrates



**„The smart one learns from everything
and from everyone, the normal one
from his experiences and the stupid
one knows everything better. “**



LONG-TERM CARE 2030



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2019
2nd edition



EUROPEAN
AGEING
NETWORK
former EDE | EAISA
EDE | EAISA



Challenges & Opportunities

Excerpts from the EAN LTC-Vision 2030:

- From Care to Prevention and “Inclusion”
- Shift from Quality of Care to “Quality of Life”
- Professional to “Co-creation with Family”
- Refocus from One Size fits all to “Lifestyle”
- Expectations of residents
- Expectations of employees
- ...



Leadership is needed...!

...on different Levels

- Strategic Level
- Organisational Level
- Operational Level

...to live shared values for a client focused culture!

EAN LTC Vision 2030



Leadership is needed...!



Ultimately, the issues must also be brought to a political level in order to actively influence resource allocation and to design structures that are fit for the future.

For all these topics we need well educated managers!





As I still said:

„The smart one ...“

**Thanks for your
attention!**

