

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

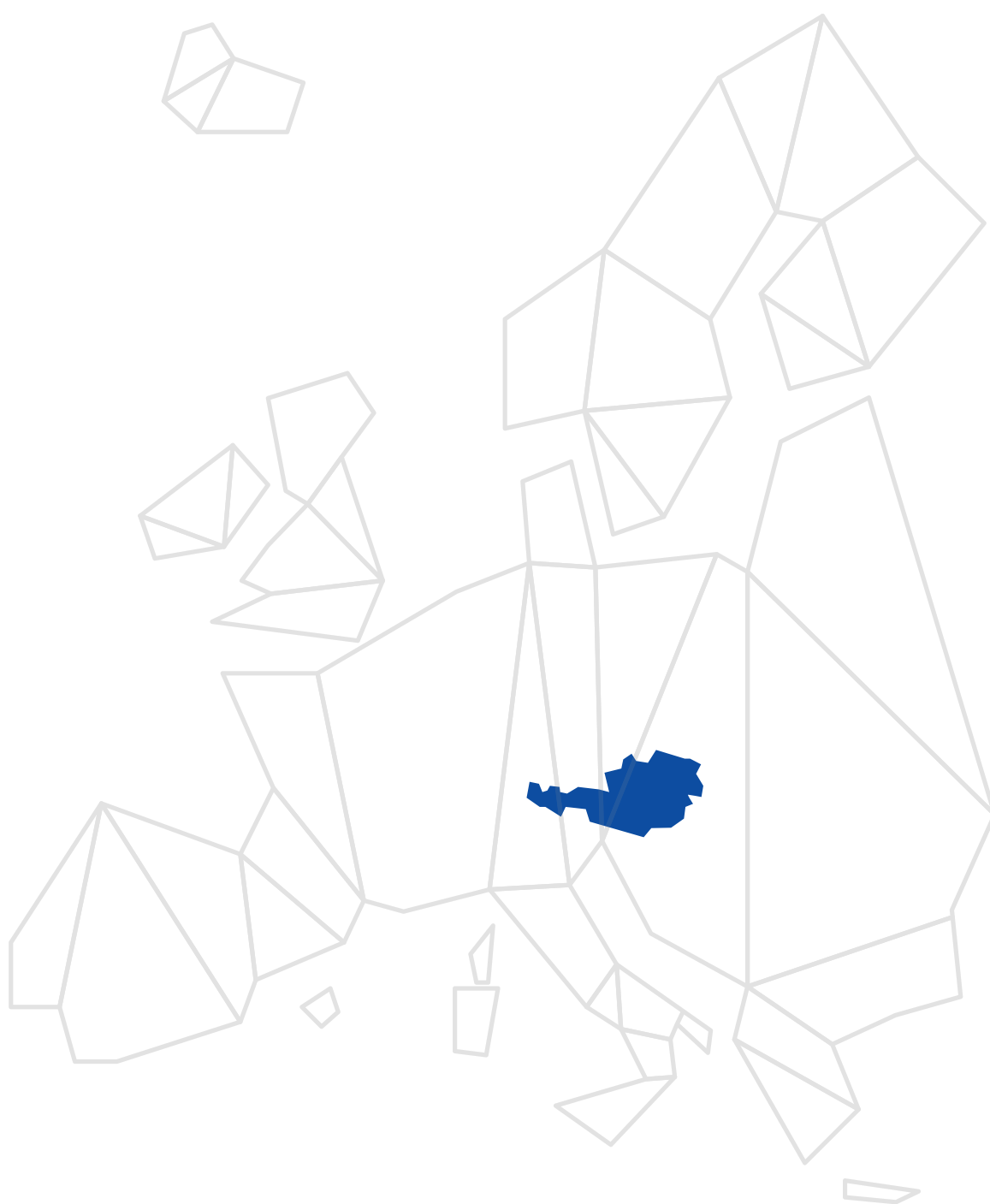
AUSTRIA COUNTRY PROFILE



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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK



Context: existing certification systems and organization of cancer care

Some hospitals in Austria are DKG-certified

Several hospitals in Austria have the tumour-specific DKG certification¹.

Austria has also set two national certifications (breast cancer and gynaecological cancers) that are managed by the Austrian Certification Commission, a dedicated entity for cancer care, consisting of 12 professional societies². These certifications are operated by Swiss company Doc-Cert AG.³ They involve documentation reviews and on-site visits for 2 days and are valid for 3 years. These certifications are in no way mandatory, as it depends on whether the hospitals are convinced of the usefulness of becoming certified.

There is no mandatory national certification system in Austria. However, a complex quality reporting system is in place, which is not cancer-specific and concerns all clinical domains, comprising of 200 indicators.

Indeed, since 2013, inpatient quality is assessed by the Austrian Inpatient Quality Indicators (A-IQI) based on administrative data with more than 200 indicators which are focused on outcome quality (e.g. inpatient mortality of patients with cerebral infarction or share of patients with complications following cystectomies). In a peer review by external, independent, experienced and trained physicians each year, clinics are visited based on a chosen theme. The peer review team consists of 3 to 5 peers from different disciplines and evaluates the centrally selected cases based on defined criteria. The heart of the procedure is the joint discussion of the individual cases with the primary physicians on site and a subsequent joint determination of improvement measures⁴⁵. However, transparency remains limited because indicators are not publicly reported at hospital level.

In addition, results are also integrated into the Austrian Structural Quality Assurance system (AQS), which complements A-IQI and is used by federal states as a steering instrument for quality improvement.

In addition, hospitals have to report on quality management activities at regular intervals via questionnaires on a web platform⁶. The information is published on a website together with information e.g. on the number of procedures or patients treated (www.kliniksuche.at).

Organization of cancer care⁷

Austria shows a relatively low potential years of life lost (PYLL) rate and an improvement over time which is probably related to the high level of cancer care and research in Austria.

In Austria, the Österreichischer Strukturplan Gesundheit (ÖSG) is an expert report describing binding guidelines for regional and sectoral detailed planning of the health system structure and service provision planning. It describes criteria for ensuring nationwide uniform quality of care in the different tiered hospitals. The nationwide plan is further detailed in the nine Regional Health Structure Plans (RSG) of the counties of Austria. The ÖSG describes outpatient and inpatient structures and defines structural and personnel criteria⁸. The ÖSG is legally binding, based on Article 15a of the Austrian Federal Constitutional Law (B-VG), which makes it one of the central instruments for steering healthcare in a federal system.

The ÖSG has a dedicated section on oncology, describing how services are provided. The plan is updated every two years. There is a project to have more detailed information and specifications on which services should be provided per structure (e.g. “in which structures can a specific surgery be performed”).

In Austria, oncology care has been structured for over 10 years in a three-tier system consisting of the following elements:

- **ONKZ (Oncology Center):** The ONKZ is located at a hospital with centralized care and is reachable within 120 minutes for their catchment of at least 500 000 people. It provides complex therapies and fosters interdisciplinarity. It specializes in complex systemic therapies or therapies for high-risk patients and rare malignancies. The ONKZ is also involved in clinical research, education, and regional coordination. There are 12 oncology centers throughout the country.
- **ONKS (Oncology Specialization):** The ONKS is based at a hospital within 60 minutes for their catchment of at least 300 000 people, with a specific cancer care specialization area and collaborates closely with the ONKZ. It participates in clinical studies, education, and regional coordination.
- **ONKA (Oncology Associated):** The ONKA provides associated care for internal medicine, focusing on oncology and hematology. It does not provide surgery but does perform chemotherapy.

Outpatient care includes services for primary prevention, early detection, diagnostics, minor procedures, follow-up care, and therapy, provided these are not primarily to be performed in the intramural outpatient sector.

Additionally, the ÖSG describes specialized centers for breast cancer care and neuro-oncological cancers. It also covers oncology care for children and

adolescents and offers stem cell transplantation services.

Comprehensive Cancer Centers (CCC) are currently not described in the ÖSG, however three ONKZ have taken the initiative to become CCCs. They have formed the Austrian Comprehensive Cancer Network (ACCN) to foster translational and clinical research across different hospitals⁹.

In addition to CCCs, a cancer care network has formed in the region of Upper Austria, the “Tumorzentrum Oberösterreich” which involves all hospitals in the region to ensure high-quality cancer care across Upper Austria. It brings together expertise from major hospitals (ONKZ) and provides specialized, patient-centered oncology care close to home. Key elements include interdisciplinary tumour boards, joint guideline development, and continuous quality assurance based on international standards¹⁰.

Identified barriers against the implementation of EUCCC certification in Austria

- **Volume thresholds for surgery are not implemented**, with some surgeries performed only once a year, which can represent a threat to quality. While it would make sense to centralise such procedures in the 12 main oncology centers, regions strongly oppose such a move, as well as hospitals who might lose their license to perform such activities as a result. This issue also applies to paediatric oncology, where case numbers are naturally low, and concentration of care is increasingly debated.

However, the national health plan currently in preparation might include provisions towards further concentration of care in some areas.

- **Governance and funding issues between regions and the central government**

In Austria, with most of healthcare organization aspects decentralized to the regions, many structural changes in cancer care are faced with difficulties of coordination between regions and the central government: creation of networks, screening, IT infrastructure, etc.

- **Austrian large oncology centers do not have common IT systems** to transfer patient data from one center to another. This problem is reinforced by the fragmented federal IT landscape, with different hospital information systems and heterogeneous ELGA (electronic health record) implementations across the states.
- In the opinion of the interviewed competent authority, the **Austrian government would most probably not be ready to finance directly and entirely the EUCCC certification** process

Identified enablers towards the implementation of EUCCC certification in Austria

- **4 or 5 hospitals could be candidates for EUCCC status in Austria**, 3 of which are now a part of EUnetCCC. Sweden has similar population structure and has also 5 potential CCCs.
- **There would be strong links between CCCs**: on one hand, a regional network around each CCC and on the other hand, each CCC would be connected to the other. Therefore, each Austrian patient would be connected to some Austrian CCC, either directly or indirectly. This would mean better access to clinical trials, research, high-level expertise.

Conditions for successful EUCCC certification implementation in Austria

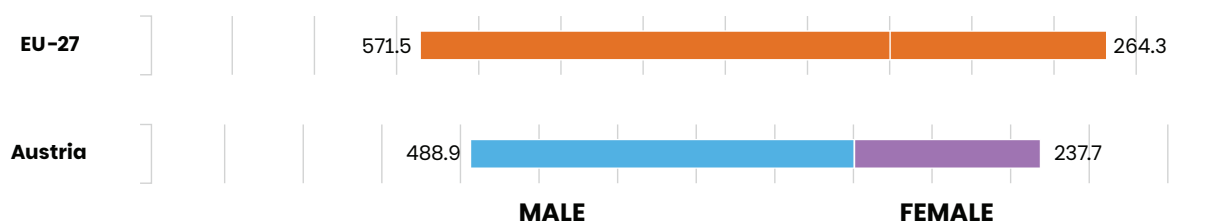
- **For the future health plan, there is discussion regarding the inclusion of a 4th tier in the oncology structure (see above), that would include CCCs**, with a strong focus on research and innovation.
- **There is also an ongoing discussion regarding the creation of regional oncology networks** in Austria. There is one regional network in Austria already – 14 hospitals working together, tumour boards and pathways. There are also two pilots in EUnetCCC (CCNs) now: digital pathway for pancreatic cancer + regional network. The competent authority insisted that a CCC should not be the head of the regional network, this role should rather be given to an oncology center more specialised in care. CCCs should oversee activities such as research and training but not care.
- With an important role of regions in Austria, **political support for EUCCC certification from regions** is pivotal
- In the opinion of the competent authority, it would make sense for **EUCCC certification to be a condition to engage in EU backed clinical trials, as an incentive for certification**.

Number of certified CCCs: 0
Number of EUCCC pilot centers: 1

Epidemiology: incidence and mortality rates

Incidence rate:

estimated incidence, both sexes, all sites but non-melanoma skin, 2022



Mortality rate:

Cancer mortality

ASMR per 100 000 population



Survival rates:

For the selection of cancers

Colon cancer 5-year survival

% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival

% survival for women diagnosed 2010-2014



Lung cancer 5-year survival

% survival for patients diagnosed 2010-2014



Screening performance

Breast cancer screening

% of target population



Cervical cancer screening

% of target population



Colorectal cancer screening

% of target population



Risk factors

Daily smoking

% of population aged 15+

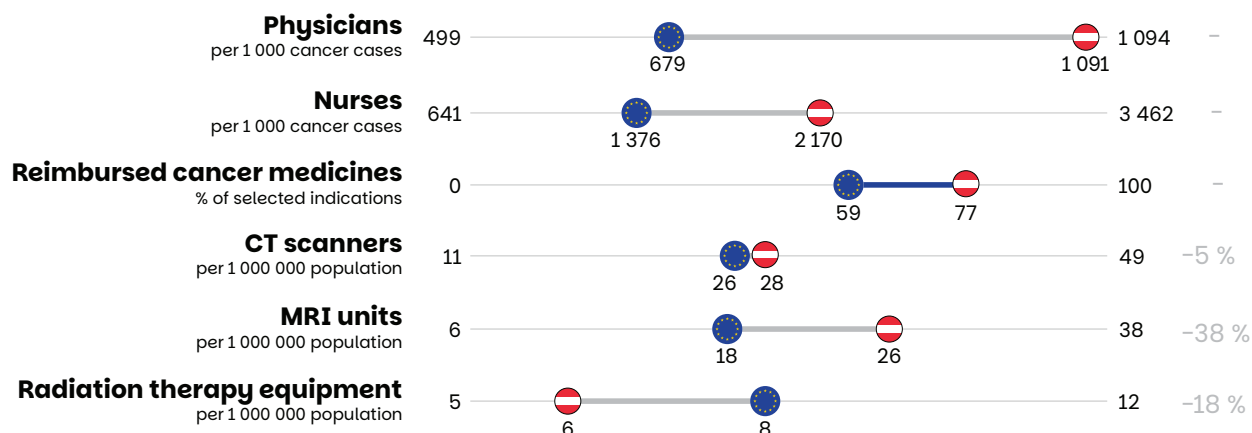


Alcohol consumption

Litres per capita, population aged 15+



Human resources and infrastructure



Number of clinical trials (2024) : 657

Endnotes

1. OncoMap - Liste der zertifizierten Krebszentren
2. Österreichischen Zertifizierungskommission | Özk
3. Doc-Cert AG
4. A-IQI (Austrian Inpatient Quality Indicators)
5. Peer review process
6. 'Austria: Health System Review 2018'. Accessed 23 December 2024 <https://eurohealthobservatory.who.int/publications/i/austria-health-system-review-2018>.
7. EU Country Cancer Profile: Austria 2025 | OECD EU Country Cancer Profile: Austria 2025
8. <https://www.sozialministerium.gv.at/Themen/Gesundheit/Gesundheitssystem/Gesundheitssystem-und-Qualitaetssicherung/Planung-und-spezielle-Versorgungsbereiche/Der-%C3%96sterreichische-Strukturplan-Gesundheit-%E2%80%93-%C3%96SG.html>
9. <https://ccc.meduniwien.ac.at/en/about-us/austrian-comprehensive-cancer-network-accn/>
10. <https://www.tumorzentrum.at/>



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