

25. HEALTH

Data on the state of health of the population and on activities of the health service providers are taken from the National Health Information System (hereinafter as the NHIS). The NHIS is established by the Section 70 par 1 of the Act No 372/2011 Sb on health services and conditions the services are provided in. The fulfilment of the System tasks is ensured by the Institute of Health Information and Statistics of the CR (hereinafter as the IHIS CR), which is the NHIS administrator authorised for by the Ministry of Health.

The Czech Statistical Office measures data on new reported cases of incapacity for work due to disease or injury and expenditure on health care according to the System of Health Accounts. Information on health care expenditure is derived from data of the Ministry of Finance, the Ministry of Labour and Social Affairs, health insurance companies, and data sources of the CZSO. The IHIS CR is the source of all other health data for the CZSO.

The Chapter uses the breakdown of diseases and related health problems according to diagnoses and chapters of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

Notes on Tables

Data on the network and activities of **health establishments, which provide health services**, and on the numbers of physicians, in full-time equivalent terms, are published for the health sector in total, i.e. including health establishments of the Ministry of Defence, the Ministry of the Interior, and the Ministry of Justice.

Table 25-1 Selected health establishments

Data are taken from the National Register of Health Service Providers administered by the IHIS CR and from respective statistical reports that are part of the Programme of Statistical Surveys.

The **number of beds** in health establishments refers to the bed stock without makeshift beds.

The **number of places** is given for health establishments, without round o'clock operation, and for children's establishments such as children's homes for children up to three years of age, day care centres for children, etc.

Physicians, excluding dentists (full-time equivalent – FTE) means the sum of work hours of individual workers of the health establishments converted using the number of hours of work per week of a full-time employment contract as laid down for a given establishment or workplace; since 2007 physicians have been given including contractual workers.

Children's homes for children up to 3 years include also infant care institutions.

Tables 25-2 to 25-4 In-patient care in hospitals and in specialised therapeutic institutions

The data source here is the National Register of Hospitalised Patients (NRHOSP) and questionnaires on components of salaries and wages and on personnel and operating equipment of the health service provider.

Cases of hospitalisation shall mean the number of cases of hospitalisation per a department. One case of hospitalisation per a department shall mean every terminated hospitalisation at one in-patient care either it has been terminated by a release or decease of a patient or it has been relocated to other department or into other health establishment.

Days of treatment; one day of treatment shall mean a whole calendar day, on which a patient has received all services, which the health services provider can provide, including accommodation and board.

The **average time of treatment** shall mean the average time of treatment of a hospitalisation at a department in days. It is calculated as an average number of days of treatment per one case of hospitalised patients in a department.

The **bed use** is calculated as a ratio of days of treatment and the average daily number of available beds. The average daily number of available beds is the real bed stock divided by the number of days of the reference period.

Table 25-2 In-patient care in hospitals

The item shall mean an in-patient care provided both in hospitals for acute care, including university hospitals, and in hospitals of follow-up care.

Table 25-3 In-patient care in hospitals by department

In certain cases data for departments of hospitals include data for multiple independent departments as follows:

- **Internal medicine**, including independent departments of diabetology, gastroenterology, geriatrics, nephrology, rheumatology, and unified specialism of internal medicine;
- **Surgery**, including independent departments of cardiothoracic surgery and unified specialism of surgery;

- **Psychiatry**, including independent departments of addiction treatment;
- **Other departments** include independent departments of oral and maxillofacial surgery, treatment of burns, nuclear medicine, clinical pharmacology, occupational medicine, orthopaedic prosthetics, and occupation diseases.

Table 25-4 In-patient care in specialised therapeutic institutions

Other specialised therapeutic institutions include other specialised therapeutic institutions for children and adults and other in-patient care establishments (as for instance, plastic surgery clinics, clinics for obesity treatment, etc.).

Table 25-5 Balneological institutions

The data source here is the questionnaire on the activities of a provider of balneological rehabilitation and care filled in by balneological institutions.

Balneological care recommended by a physician as an inevitable part of treatment process and fully covered by health insurance companies is referred to as **complete balneological care** (KLP).

Data on the numbers of **institutions** and of **beds for the complete balneological care** include also institutions, which terminated their activities during a year.

Tables 25-6 and 25-7 Outpatient care

The source of information for the table is the National Register of Reimbursed Health Services (Národní registr hrazených zdravotních služeb – NRHZS), which collects and stores data reported to health insurance companies by all health care providers. In this case, the reporting units are all health insurance companies in the Czech Republic, which reimburse health care services provided to their insurers from resources of the public health insurance system.

Patients receiving outpatient care shall mean the number of persons, which for a given group of diagnoses received, at least once, ambulatory health care reimbursed by the health insurance company in the reference year.

Table 25-8 Selected infectious diseases of compulsory notification

Data are taken from the Information System of Infectious Diseases which is developed and maintained by the National Institute of Public Health and is administered by the Ministry of Health. The table furthermore contains data on other infectious diseases from specialised information systems as follows: Register of Tuberculosis, Register of Venereal Diseases, and the National Reference Laboratory for HIV/AIDS.

Tables 25-9 to 25-11 Terminated cases of incapacity for work

Data on terminated cases of the incapacity for work are taken from the "Incapacity for Work" Information System maintained by the IHIS CR. Data for the Information System are provided by the Czech Social Security Administration (CSSA), which acquires them from the "Decision on the temporary incapacity for work" forms filled in by physicians.

Terminated cases of incapacity for work include all diseases and injuries, which caused at least one-day-long incapacity for work of the sickness-insured persons that was terminated in the given year. It involves neither diseases and injuries at which incapacity for work extended into the following year, nor the cases, in which the "Decision on the temporary incapacity for work" forms were not filled in.

Calendar days of incapacity for work are the sum of calendar days, on which sickness-insured employees were on a sick leave (based on the reported beginning and end of their sick leave).

The **average duration of one case of incapacity for work** expresses how many calendar days of the incapacity for work there are on average per one terminated case of the incapacity for work.

The **average daily number of the incapacitated for work** is calculated as a share of calendar days of the temporary incapacity for work in the number of calendar days in the reference period. The indicator shows the number of the sickness insured, who were on average daily absent at work due to incapacity for work in the reference period (year).

Table 25-12 Incapacity for work due to disease or injury – basic indicators

Data for years up to 2011 are based on the processing of a CZSO statistical questionnaire. The questionnaire had to be filled in by all economic entities, and/or their lower organizational components, which independently fulfilled duties concerning health insurance. The processing also included total figures submitted by the District Administrations of Social Security for entities that did not settle health insurance claims by themselves.

Since 2012, the CZSO has obtained the data by processing of data from an administrative data source of the Information System of the CSSA. The Information System of the CSSA registers cases of temporary incapacity for work in the Czech Republic, which have been reported on the CSSA form "Decision on the temporary incapacity for work" filled in by physicians or dentists. The statistics of temporary incapacity

for work captures all diseases and injuries, which caused at least one-day long incapacity for work of the sickness-insured persons. Administrative data in the Information System of the CSSA contains data reported for all employees of legal and natural persons and separately for the own-account workers (the self-employed). Since 2012, data are not fully comparable with data for the previous years.

New notified cases of incapacity for work are registered based on the reported beginning of a sick leave of the sickness-insured persons.

Calendar days of incapacity for work is the sum of calendar days, on which sickness-insured employees were on a sick leave (based on the reported beginning and end of their sick leave).

The **average duration of one case of incapacity for work** expresses how many calendar days of the incapacity for work there are on average per one new notified case of the incapacity for work.

The **average percentage of incapacity for work** expresses how many of one hundred of the sickness insured are every day incapacitated for work due to disease or injury. It is calculated as a ratio of the number of calendar days of incapacity for work (multiplied by 100) and the average number of the sickness-insured persons, multiplied by the number of calendar days in the given period.

Occupational injuries are injuries that occurred to employees when they were fulfilling their work assignments or in direct connection with them.

Table 25-13 Fatal occupational injuries and occupational diseases

A **fatal occupational injury** is such health damage that occurred to employees while fulfilling their work assignments or in connection with the fulfilment of these assignments leading to death of the suffering employee either immediately or within one year since the day, on which an occupational injury was inflicted. The source of data here is the State Labour Inspection Office.

Occupational diseases are according to the Section 1 par 1 of the Decree of the Government of the Czech Republic No 290/1995 Sb establishing the list of occupational disease as amended (the latest time by the Decree of the Government of the Czech Republic No 168/2014 Sb), diseases formed due to adverse effects of chemical, physical, biological, or other adverse factors if they were formed under conditions enlisted on the List of Occupational Diseases. An acute poisoning caused by adverse effects of chemicals shall also be taken as an occupational disease.

Risk of occupational disease shall mean, according to the Section 347 of the Act No 262/2006 Sb, the Labour Code, such changes to health that were formed while performing work due to adverse effects of conditions under which occupational diseases may occur, however, they do not reach the level of health damage, which can be assessed as an occupational disease and continuation in the work performance under the same conditions would lead to the formation of an occupational disease.

Occupational diseases and risks of occupational diseases are registered in the National Register of Occupational Diseases, which forms a part of the National Health Information System according to the Act No 372/2011 Sb, on health services. The Register administrator is the IHIS CR and data processing is carried out by the Centre for Occupational Health at the National Institute of Public Health.

Table 25-14 Expenditure on health by source of financing and type of health care provided

The table has been compiled based on the System of Health Accounts (SHA). Data processed according to the OECD unified methodology are internationally comparable. The year 2000 was determined as the base period of the System of Health Accounts. Before 2014, data were processed according to the original methodology of the SHA 1.0. Since 2014, data have been acquired by processing of data according to the new methodology of the SHA 2.0 and therefore they are not fully comparable with data published for the previous years. The data published include solely current (non-investment) costs and are recalculated applying the methodology of the SHA 2.0 since 2010. Main data sources for the SHA compilation are data from health insurance companies, reports from the Ministry of Labour and Social Affairs, data from national accounts, government accounts, household budget survey, and other data sources of the Czech Statistical Office.

Health insurance companies finance all health care guaranteed by the Act No 48/1997 Sb on the public health insurance and amendments to certain related acts as amended. The main source of data on expenditure of health insurance companies are data on health care reported by health establishments and recognised by health insurance companies.

Public budgets comprise of state budgets and local governments ones. The role of public budgets consists, first of all, in financing of specific activities, which are not funded from the public health insurance. These are expenditure on research and development related to health, further education of health professionals, programmes and campaigns of preventive health care and health awareness, activities of public health stations, partially also costs of investment projects, and direct subsidies to health establishments founded by the ministries, regions, and municipalities. The public budgets, moreover, reimburse the operation of the sector of the Ministry of Health, which includes institutions as follows: the Ministry of Health, health department of respective regional authorities, National Institute of Public Health, State Institute for Drug Control, and Institute of Health Information and Statistics of the Czech Republic.

Direct expenditure of households includes the population expenditure on drugs (co-payments for prescribed drugs and full payments for non-controlled drugs), for medical aids, payments for above-standard services at dentists, for curing in spas, above-standard rooms in hospitals, payments for various certificates and receipts, first of all, at general practitioners and regulation fees for treatment at physicians, for cures in hospitals, for prescriptions at pharmacies, and for visits at emergencies. Here source data come from household accounts (expenditure for health services) and data from the survey on retail turnover (products in the health sector).

Other (side) sources of funding are **private insurance** (travel health insurance, etc.), **non-profit organisations** (Red Cross, for instance), and **businesses** (in case that they cover a portion of the company-funded preventive health care, as above-standard services at private health care providers within employees' packages).

Table 25-15 Expenditure of health insurance companies on health care by diagnosis

Table does not give total costs of health insurance companies as they are published in the previous Table 25-14 yet solely selected data, which can be broken down by diagnosis and chapter of the ICD-10, respectively.

Table 25-16 Expenditure of health insurance companies per sickness-insured person by sex and by age group

The data are based on the System of Health Accounts of the Czech Republic. The average is calculated as a weighted arithmetic mean of costs where the numbers of sickness-insured persons in respective age groups are taken as the weights.

Table 25-17 Expenditure of health insurance companies on health care by selected diagnosis, sex, and by age group

The table shows selected diagnoses and chapters of the ICD-10 which represent groups bearing the largest costs for health insurance companies.

Table 25-18 Expenditure of health insurance companies and households on drugs

The total expenditure on prescription drugs means both reimbursements from the public health insurance and co-payments of households, and furthermore reimbursements of health insurance companies for drugs consumed in in-patient health establishments and household expenditure on over-the-counter drugs and medicines. The data source for drugs consumed in in-patient health establishments is the Institute of Health Information and Statistics of the Czech Republic.

Table 25-19 Household expenditure on health

The basic source of data for the estimation of household final consumption expenditure on health is the Household Budget Statistics of the CZSO. Household expenditure on health is broken down by an international methodology of the System of Health Accounts (SHA).

Tables 25-20 to 25-24 are based on the **European Health Interview Survey (EHIS)**, which was carried out in the Czech Republic by the IHIS CR in cooperation with the CZSO in 2019. It was carried out in the framework of the Integrated Household Surveys (IHS) by means of personal interviews with a sample of almost eight thousand respondents; the survey data thus represent the population of the Czech Republic aged 15+ years.

The data from the survey are preliminary; therefore, indicators released later in other outputs may slightly differ.

Table 25-20 Characteristics of self-perceived health status by sex and age group in 2019

A **long-standing illness or a health problem** is a disease or a problem, which lasts or is expected to last for at least six months.

The **long-standing limitation in performing usual activities** indicator shows a share of persons who reported that for health reasons, for the period of at least six months prior to the survey they were limited in activities people usually do.

Four weeks prior to the interview were the reference period for perceiving of a **moderate, severe, or very severe bodily pain**.

A **share of persons reporting medically treated injury** is a share of persons who had an accident (a traffic accident, a home accident, or an accident at their leisure time) in the last twelve months that resulted in an injury requiring health care. Occupational injuries are not included.

Table 25-21 Occurrence of selected health problems by sex and age group in 2019

The table shows shares of persons who perceived selected health problems in the last twelve months prior to the survey date regardless whether the problems were actually determined as a diagnosis by a physician. The difficulty in walking includes both the difficulty in walking on a flat surface and the difficulty in walking up and down stairs.

Table 25-22 **Body mass index, consumption of fruits and vegetables, and physical activity by sex and age group in 2019**

The body mass index (BMI) is the ratio of a person's weight to height squared. If a person's BMI value is within 25.0–29.9 kg/m², the person suffers from **pre-obesity**. If it is 30.0 kg/m² or higher the person suffers from **obesity**.

Daily consumption of fruits or vegetables here means consumption of any type of fruits (including frozen, as a compote, or pressed, except for fruit juices made from a concentrate) or vegetables (including vegetable juices and vegetable salads, except for potatoes and juices made from a concentrate).

Sports, fitness, or health-enhancing physical activity performed regularly in leisure time means performing such activities at least once a week for at least 10 minutes.

Table 25-23 **Smokers of tobacco products and alcohol consumption by sex and age group in 2019**

Current occasional smokers are persons who smoke occasionally but not every day. **Former daily smokers** are persons who do not smoke at present yet were smoking in the past on a daily basis.

Daily alcohol consumption shows a share of persons who have consumed a beverage containing alcohol (beer, wine, spirits, liqueurs, cocktails) every day or almost every day in the last twelve months.

Binge drinking shows a share of persons who reported that they binged (consumed at least 60 g of pure alcohol at a single occasion) at least once a month in the last twelve months.

Table 25-24 **Use of preventive care by sex and age group in 2019**

Indicators of **blood pressure measurements, blood cholesterol measurements, and blood glucose measurements** show shares of persons who underwent such examination/test in the last twelve months.

Indicators of **faecal occult blood tests, mammography screening, and cervical screening** (a smear test) show shares of persons/females who underwent such examination/test in the last two years.

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Further information can be found on the website of the Czech Statistical Office at:

- www.czso.cz/csu/czso/health_care_lide
- or on the website of the Institute of Health Information and Statistics at:
- www.uzis.cz/en