

23. HEALTH

Health care is provided in the Czech Republic by health establishments in accordance with the current available findings of medical science and pursuant to Act No. 20/1966 Sb., on Public Health Care, as amended, and Act No. 160/1992 Sb., on Health Care in Non-state Health Establishments, as amended.

Act No. 48/1997 Sb., on Public Health Insurance, as amended, regulates public health insurance and the extent of and conditions for providing the health care.

The health establishments are founded, administered, operated and dissolved according to standard nation-wide principles set out by the Ministry of Health of the CR for establishing the network of health establishments. This network is based on the above-mentioned Act No. 20/1966 Sb., as amended (Article 42 and Article 70(1)(c)) and Act No. 160/1992 Sb., as amended. Act No. 258/2000 Sb., on Public Health Protection and on Amendments to Certain Associated Acts, as amended, established health institutions and the State Health Institution as health establishments for the protection of public health. The network of health establishments is updated by methodological measures of the Ministry of Health of the CR.

The above-mentioned legislation split the health establishments into:

- **state health establishments** founded by the Ministry of Health of the CR or other central authorities;
- **non-state health establishments** founded by regions and municipalities plus private health establishments founded by churches, other legal persons or natural persons.

Due to the process of privatisation, the network of health establishments in the Czech Republic has been through significant changes since the end of 1991. The regional institutions of national health ceased to exist, the district ones gradually disintegrated into smaller health establishments (independent legal entities) and during 1992 new non-state health establishments started to come into being. For this reason the figures relating to the past were adjusted to suit the new classification of health establishments. The year 2003 saw other changes concerning the division of health establishments into the state and non-state sectors. In accordance with the territorial state administration reform, the health establishments run by district offices were mostly moved under the jurisdiction of regions. In 2004 and 2005 regional hospitals in some regions were transformed into commercial organisations. This strengthened the non-state (private) sector considerably.

Data on the state of health of the population and on the health establishments are taken from the National Health Information System (NHIS). The fulfilment of the tasks of this system is ensured by the Institute of Health Information and Statistics of the CR (IHIS CR) – see Act No. 20/1966 Sb., on Public Health Care, as amended (Article 67(c)(d)).

The Czech Statistical Office measures data on incapacity for work due to disease or injury and selected indicators on the financial performance of health insurance companies. Data on health expenditures from the state budget and local budgets (budgets of regional authorities and municipalities) are derived from financial statements on income and expenditure of government departments the CZSO receives from the Ministry of Finance of the CR. All other health data are borrowed by the CZSO for its publications from the above-mentioned Institute. Some data released in this chapter are published as preliminary due to updating the methodology and terminology used in the area of health.

The data on the network and activities of health establishments and on the numbers of physicians (incl. stomatologists) in full-time equivalent terms are published as totals for the ministries of health, defence, the interior and justice. The data on physicians, stomatologists and pharmacists in terms of actual persons (Tables 23-7 to 23-9) in 2000-2003 are totals for the ministries of health, education, defence, the interior, justice, transport, and labour and social affairs. Since 2004, only physicians providing health care are registered (in 2004 for the ministries of health, defence, the interior and justice; since 2005 also for the ministry of labour and social affairs).

The number of health establishments does not include detached workplaces (except for establishments of pharmaceutical service that have included their detached workplaces since 2001).

Notes on tables

Tables 23-1 and 23-2. Health establishments

Beds in the health establishments refer to the bed stock without makeshift beds.

Places are given for health establishments not run round the clock and for children's establishments such as institutions for infants, homes for children, etc.

Physicians, incl. stomatologists (f/t equivalent) – the sum of work loads of individual workers of the health establishments converted according to the full number of working hours per week laid down for a given establishment or workplace. According to relevant regulations, there are 40 working hours in normal operation, 38.75 and 37.5 working hours in shift operation, and 33.5/30.0 or 39.5 working hours at hazardous workplaces per week per physician.

Specialized therapeutic institutions include therapeutic institutions for long-term patients, therapeutic institutions for TB and respiratory diseases for adults, psychiatric institutions for children and adults, physiotherapeutic institutions, balneological institutions for children and adults, convalescent homes, hospices and other in-patient institutions.

Independent out-patient care establishments include policlinics, joint out-patient establishments, health centres, independent general practitioners and specialists, independent non-medical establishments (e.g. specialized in psychology, speech therapy, rehabilitation, home care health services, etc.), independent specialized laboratories, first-aid medical establishments, haemodialysis stations, and other out-patient care establishments.

Special health establishments include institutions for infants, homes for children, day clinics and centres for children, crèches and other establishments for children, day clinics for adults, short-term rehabilitation centres for disorderly alcoholics, transport and medical emergency service establishments, and other special health establishments.

Pharmaceutical service establishments include pharmacies and detached dispensary units and dispensaries of medical aids.

Public health protection establishments include regional public health stations (administrative authorities), health institutions and the State Health Institute (health establishments).

Other health establishments include establishments for in-service training of medical personnel and other unspecified health establishments.

Figures given under the indicators of the "Other health establishments" type are not comparable between years because their coverage has been changing as the network of health establishments develops and becomes updated.

Table 23-3. Bed care in health establishments

The item "Other in-patient establishments" includes other specialized therapeutic institutions for adults and children (specialized in one branch) and hospices.

Table 23-6. Beds in hospitals: by department

"Other departments" include departments of cardiology, rheumatology, diabetology, gastroenterology, clinical pharmacology, allergology, independent departments for newborns, speech therapy, nephrology, prosthetics, and intensive care.

Tables 23-7 to 23-9. Physicians, stomatologists and pharmacists

In compliance with the requirements of international organizations (WHO, OECD) and the Czech Dental Chamber, stomatologists have been taken out of the category of physicians and presented separately since 2004.

The data on the number of physicians, stomatologists and pharmacists and branches of their activity are obtained from the updated Register of Physicians, Stomatologists and Pharmacists (RPSP). Physicians, stomatologists and pharmacists are recorded as actual (physical) persons. Tables 23-8 and 23-9 list physicians and stomatologists by main branch of activity. Where a physician (stomatologist) has more contracts, he/she is included in the branch corresponding to his/her longest contracted time or, in the case of equal contracts, in the branch corresponding to his/her highest qualification. In the other cases he/she is included in the branch stated as the first.

The prerequisite for a physician, stomatologist or pharmacist to be included in the RPSP as at 31 December of a given year is to have an employment contract of definite or indefinite duration concluded with a state or non-state health establishment or to be a founder of a health establishment where he/she provides health care.

Pursuant to Act No. 258/2000 Sb., as amended, physicians who worked for regional hygienic stations were excluded from the RPSP as at 31 December 2002, because they only carried out administrative activities (they did not provide health care), and were included in a different category ("health personnel with other university education").

"Other branches" in Table 23-9 on stomatologists include orthodontics, oral and maxillo-facial surgery and other branches.

Table 23-10. Cases of treatment (examination) in out-patient care establishments: by department

"Others" include the following departments (workplaces): geriatrics, occupational diseases, neurosurgery, cardiosurgery, traumatology, clinical and radiation oncology, physical training medicine, medical genetics, and first-aid medical service.

Table 23-16. Incapacity for work due to disease or injury

Listed are selected results from the processing of the CZSO statistical questionnaire. The questionnaire had to be filled in by all businesses and/or their lower organizational components, which independently fulfil duties concerning health insurance. The processing also included total figures submitted by the District Administrations of Social Security for entities that do not settle health insurance claims by themselves.

Average number of sickness-insured persons - the methodological coverage of this indicator is identical to that in Table 24-1 in the chapter Social Security.

Cases of incapacity for work due to disease or injury are all diseases and injuries according to the International Classification of Diseases and Related Health Problems (ICD-10). **Occupational injuries** are injuries that occurred to employees fulfilling their work assignments or in connection with the fulfilment of these assignments. A **fatal occupational injury** is any injury that causes the employees to die immediately or on the consequences of which the employee dies within one year.

Occupational diseases are diseases that are included on the list of occupational diseases.

Calendar days of incapacity for work due to disease or injury - number of calendar days on which employees insured for sickness were on sick leave (based on the reported beginning and end of sick leave).

Average percentage of incapacity for work per year is calculated from calendar days of incapacity for work due to disease or injury divided by the average number of sickness insured employees, multiplied by the number of calendar days in a year.

Since 1997, **imputation for non-response** has been made as a rule in processing the questionnaire. Imputation is made for all questionnaires not submitted by reporting units with 25+ employees (records on health insurance for organizations up to 24 employees are kept by district social security administrations as dictated by the law), using relevant statistical methods.

Table 23-17. Expenditure on health

The table shows two main sources for funding the health service in the Czech Republic: (i) state plus local budgets and (ii) general health insurance premiums collected by health insurance companies (including the state budget contribution to health insurance companies to pay the premium for citizens for whom it is paid by the state).

Data on **expenditure of state and local budgets on health** fully respect the functional breakdown of expenditure and include data from the budget classification Part 35 - Health in greater detail given in the key of the table.

The table heading complies with the structure by kind of the budget classification in force.

Expenditure of health insurance companies on health service refers to full or partial payments, for reported cases of treatment within the framework of health service, made by health insurance companies to health establishments under contract. There was a change in the insurance system due to the accession of the Czech Republic to the European Union. Commercial products of health insurance companies (contractual and supplementary insurance) were taken over by commercial insurance companies.

Direct private expenditure of population on health service includes expenditure of the population on medicines, medical goods and supplies and provided health services (financial participation of patients, payments for medical procedures not covered at all or only partially covered by public health insurance, etc.).

Table 23-18. Costs of health insurance companies per sickness insured person

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

Table 23-19. Financial indicators of health insurance companies

The table shows selected financial performance indicators from the processing of annual statistical questionnaires of the CZSO that are completed by incorporated businesses with health insurance as their principal activity.

In 2003 the financial indicators were adjusted to comply with accounting procedures of health insurance companies.

Financial investments refer to financial assets held for a long time and also short-term ones traded in the market. Included in financial investments are money, stems and vouchers, deposits in banks (included in 2000), current account resources, special bank accounts of the funds of health insurance companies, and other financial assets.

Intangible and tangible fixed assets and other components of assets are shown as net.

The indicator "Loans and other financial assistance" refers to received loans and financial assistance, which the reporting unit undertook to pay back in the same amount by fixed date on interest or interest free. Received loans etc. are reported including outstanding interest.

Since 2000, a total of nine active health insurance companies operating in the Czech Republic have been on the records.

The data listed in the tables are comparable with the data published in the Statistical Yearbooks of previous years.

More detailed information on health in the Czech Republic is available in the "Czech Health Statistics Yearbook" (Czech-English), regional health statistics yearbooks, and monothematic publications of the "Health Statistics" series the IHIS CR puts out for the Czech Republic and Czech regions every year. Detailed information on the publications and information released by the NHIS is available on the IHIS CR's website <http://www.uzis.cz>

Data on incapacity for work due to disease or injury are released in the following publication brought out by the CZSO according to the CZSO Catalogue of Publications 2006 (thematic group 3 – LABOUR, SOCIAL STATISTICS, subgroup 33 - Education, Culture, Health):

- "Incapacity for Work Due to Disease or Injury in the Czech Republic" (Czech-English) – data for January-June 2006 are published in October 2006, data for the whole year in April 2007.

More detailed data obtained via statistical surveys taken in health insurance companies can be found in the following CZSO publications brought out according to the CZSO Catalogue of Publications 2006 (thematic group 9 - SERVICES, subgroup 95 - Non-market Services):

- "Economic Results of Health Insurance Companies" (Czech-English) – quarterly, in June, September and December 2006 and in March 2007

- "Economic Results of Health Insurance Companies in 2005" (Czech-English) – December 2006.

Further data are published on the following web pages of the Czech Statistical Office:

http://www.czso.cz/eng/redakce.nsf/i/health_care_lide