

## 24. HEALTH

Health care is provided by health establishments in accordance with current available medical science knowledge and is predominantly funded from the public health insurance.

The network of health establishments in the Czech Republic is subdivided into **state** health establishments (founded by the Ministry of Health of the CR or other central government authorities) and **non-state** health establishments (founded by regions, municipalities, churches, other legal persons, or natural persons).

Data on the state of health of the population and on the health establishments are taken from the National Health Information System. The fulfilment of the System tasks is ensured by the Institute of Health Information and Statistics of the CR (hereinafter as the IHIS CR).

The Czech Statistical Office measures data on incapacity for work due to disease or injury, selected indicators on the financial performance of health insurance companies and expenditure on health according to the System of Health Accounts of the CR. Data on health expenditure from the state budget and local government budgets (budgets of regional authorities and municipalities) are derived from financial statements on income and expenditure of Ministries of the Government of the CR and territorial self-governing units, which the CZSO receives from the Ministry of Finance of the CR. The IHIS CR is the source of all other health data for the CZSO publications.

### Notes on Tables

Data on the network and activities of health establishments and on the numbers of physicians (including dentists) in full-time equivalent terms are published for health sector in total, i.e. including health establishments of the Ministry of Defence of the CR, Ministry of the Interior of the CR, and Ministry of Justice of the CR.

Data on physicians, as headcount, (Tables 24-7 to 24-9) include, moreover, medical assessors working in the sector of the Ministry of Labour and Social Affairs of the CR. Before 2004 the data on physicians, dentists, and pharmacists (headcount) included also the Ministry of Education, Youth and Sports of the CR.

### Tables 24-1 and 24-2. Health establishments

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 institutions for infants, children's homes, etc.

**Physicians, including dentists (FTE)** – the sum of working times 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 (including dentists) have been given including contractual workers.

**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, convalescent homes, sanatoriums, nursing 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 health care services, etc.), independent specialized laboratories, first-aid medical establishments, haemodialysis stations, and other out-patient care establishments.

**Special health establishments** include institutions for infants, children's homes, day clinics and centres for children, nurseries, 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 care establishments** include pharmacies and detached dispensary units and dispensaries of pharmaceuticals and medical aids; and since 2006 they have also included opticians that are not registered as health establishments.

**Public health protection establishments** include regional public health stations (as administrative authorities), regional public health institutes, and the National Institute of Public Health (as health establishments).

**Other health establishments** include establishments for continuing medical education of healthcare professionals and other unspecified health establishments.

Figures given under the indicators of the “other health establishments” are not comparable among respective years because their coverage has been changing as the network of health establishments develops and becomes more precisely specified.

#### **Table 24-3. In-patient care in health establishments**

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

#### **Table 24-6. Beds in hospitals by department**

The item “Other departments” comprises solely of clinical pharmacology, orthotics and prosthetics, and intensive care departments. Departments of cardiology, rheumatology, diabetology, gastroenterology, and nephrology are included in internal medicine departments.

#### **Tables 24-7 to 24-9. Physicians, dentists and pharmacists**

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

Data on the number of physicians, dentists, and pharmacists and on branches of their activities are obtained from the updated Registry of Physicians, Dentists and Pharmacists (RPDP). Physicians, dentists and pharmacists are recorded as persons (headcount). Tables 24-8 and 24-9 list physicians and dentists by main branch of activity. Where a physician (dentist) has more employment contracts, he/she is counted in the branch of their longest working time, or, in the case of equal working times of employment contracts, he/she is counted in the branch of their highest qualification. In the other cases he/she is included in the branch, which is cited as the first one for the given person.

The basic prerequisite for a physician, dentist, or pharmacist to be included in the RPDP as at 31 December of a given year is to have an employment contract concluded with a state or non-state health establishment, or to be a founder of a health establishment, in which he/she provides healthcare services.

As at 31 December 2002, physicians, who worked for regional public health stations, were excluded from the RPDP. These physicians only perform administrative activities (they do not provide healthcare services) and are included in the category of “other health personnel with higher education”.

The item of “Other branches” in Table 24-9 on dentists includes orthodontics, oral, and maxillofacial surgery, and other branches.

#### **Table 24-10. Cases of treatment (examination) in out-patient care establishments by department**

The item “Others” include the following departments (workplaces): geriatrics, occupational diseases, neurosurgery, cardiosurgery, traumatology, clinical and radiation oncology, sport medicine, medical genetics, and first-aid medical service.

**Table 24-16. Incapacity for work due to disease or injury**

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

The **average number of sickness-insured persons** – the methodological coverage of this indicator is identical to that in Table 25-1 in chapter Social Security.

**Cases of incapacity for work due to disease or injury** are all diseases and injuries according to the International Statistical 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 an occupational injury leading to death either immediately or within one year since the day, on which an occupational injury was inflicted.

**Occupational diseases** are those diseases, which are given in the list of occupational diseases. Data also include risks of occupational diseases. Data come from the National Register of Occupational Diseases (National Institute of Public Health).

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

**Average percentage of incapacity for work** per year is calculated as a ratio of the number of calendar days of incapacity for work due to disease or injury and the average number of sickness-insured employees, multiplied by the number of calendar days in the given year.

**Table 24-17. Expenditure on health**

Table shows two main sources of the healthcare funding in the Czech Republic as follows: (i) state budget plus local government budgets, and (ii) health insurance companies (including health insurance contributions for citizens, for whom insurance is paid by the state).

Data on **expenditure of state and local governments budgets on health** fully respect expenditure breakdown and include data from the budget classification Division 35 – Health of the valid Sections in a greater detail given in the key to this Table.

Table heading complies with the kind structure of the budget classification in force.

**Expenditure of health insurance companies on health care** refers to full or partial payments of health insurance companies for reported healthcare services provided by health establishments under contract. Commercial products of health insurance companies concerning contractual and supplementary insurance are provided by commercial insurance companies.

**Direct private expenditure of the population on health care** includes expenditure of the population on pharmaceuticals, medical material and supplies, and on provided healthcare services (co-financing by patients, payments for medical procedures, which are not covered or only partially covered by public health insurance, etc.).

**Table 24-18. Costs of health insurance companies per sickness-insured person**

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 24-19. Assets and liabilities of health insurance companies**

Table shows selected indicators of financial performance from the processing of annual statistical questionnaires of the CZSO. This questionnaire must be filled in and returned by economic entities with health insurance as their principal activity and registered in the Commercial Register.

Since 2003 the financial indicators of assets and liabilities have been adjusted to comply with accounting procedures of health insurance companies.

Financial property is money, securities, bonds, and deposits at financial institutions.

Long-term intangible and tangible assets are given in net book value.

The indicator “Loans, credits, and other financial assistance” contains received loans, credits, and financial assistance, which the reporting unit undertook to pay back at the same amount within a determined period of time.

Data in the table are taken from statistical reports for health insurance companies. These data differ from data given in the national accounts for the sub-sector of social security funds, which are based on the ESA95 methodology.

From 2005 to 2008 there were nine health insurance companies operating in the Czech Republic and in 2008 their number increased to ten. In the first half of 2009 there were eleven health insurance companies registered and in the second half of 2009, after a merger, the total number of health insurance companies fell to nine. In 2010 there were nine health insurance companies in the Czech Republic.

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More detailed information on incapacity for work due to disease or injury can be found in the publication of the Czech Statistical Office, to be published, according to the Catalogue of Publications 2011 in the thematic section of PEOPLE AND SOCIETY, subsection Health:

– 3305-11 “Incapacity for Work Due to Disease or Injury” (Czech–English) – biannually; November 2011, May 2012.

More detailed information on health in the Czech Republic is published in the “Czech Health Statistics Yearbook” (Czech-English), in regional health statistics yearbooks, and monothematic publications of the “Health Statistics” series published by the IHIS CR for the Czech Republic and the Czech Republic regions every year.

Further data can be found on a web page of the Czech Statistical Office at:

– [http://www.czso.cz/eng/redakce.nsf/i/health\\_care\\_lide](http://www.czso.cz/eng/redakce.nsf/i/health_care_lide)

or on the website of the Institute of Health Information and Statistics of the CR at:

– <http://www.uzis.cz/en>