24. HEALTH

Health services are provided in establishments of health care providers in accordance with current available medical science knowledge and are predominantly reimbursed from the public health insurance.

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

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 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 of the CR.

Data given in the tables are taken mostly from questionnaires, which form a part of the Programme of Statistical Surveys of the Ministry of Health of the CR for 2013.

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. Data on health expenditure are derived from data of the Ministry of Finance of the CR, Ministry of Labour and Social Affairs of the CR, and health insurance companies. 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, which provide health services,** and on the numbers of physicians (including dentists), in full-time equivalent terms, are published for the 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 those working in the sector of 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 children's homes for children up to three years of age, day care centres for children, 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 (hospitals) 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 children's homes for children up to three years of age, 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 registered as health establishments.*

***Public health protection establishments** include regional public health stations (as administrative authorities), regional institutes of public health, 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, orthetics 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 (specialism). 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 (facility, room, or workplace), 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 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 emergency medical service.

*Table **24**-11. **Diabetics under treatment***

Since 2011 the methodology of the diabetes patient treatment reporting has changed. Respective methods of the therapy prescribed are reported separately and may be combined in respective patients.

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

Table shows selected results from the processing of the CZSO statistical questionnaire till 2011. 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.

Since 2012 data have been acquired by processing of data from the administrative data source of the Information System of the Czech Social Security Administration (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 a temporary incapacity for work" that is filled in by physicians or dentists. The statistics of temporary incapacity for work due to disease or injury capture all diseases and injuries, which caused at least one-day long incapacity for work of the sickness insured. Administrative data in the Information System of the CSSA contains data reported for all employees of legal and natural persons and for the own-account workers. Since 2012 data cannot be compared to data for the previous years in full.

*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. The source of data here is the State Labour Inspection Office.

***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 – Centre of Occupational 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. **People with disabilities in 2007 and 2013***

The Sample Survey on People with Disabilities, which was a joint project of the CZSO and the IHIS CR, was implemented already for the second time in 2013 in accord with decisions of the Government of the Czech Republic.

Results were obtained by means of 9 267 questionnaires which were filled in by 387 general practitioners for their patients subdivided into three categories (children and adolescents, adults, and clients of social care establishments). Data found were grossed up to the whole population of the Czech Republic.

In the last survey two formerly separately dealt types of marital status (married and common-law husband/wife) were merged into one (married) and the tape of marital status of "separated" was not measured separately and thus became a part of some of other types of marital status.

*Table **24**-18. **Expenditure on health***

*Table **24**-18 has been compiled based on the System of Health Accounts. Data processed according to an OECD manual are internationally comparable. The health expenditure measurements using health accounts is more complete relative to the previous concept because the health accounts include, for instance, expenditure on company-funded preventive health care, educational campaigns, long-term nursing care provided in social care establishments, etc. The year 2000 was determined as the base period of the System of Health Accounts.*

***Public budgets** are an important resource for health funding and 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, activities of public health stations, and partially also costs of investment projects. The public budgets, moreover, reimburse the operation of the sector of the Ministry of Health of the CR, which includes institutions as follows: the Ministry of Health of the CR. National Institute of Public Health, State Institute for Drug Control, and Institute of Health Information and Statistics of the Czech Republic.*

***Health insurance companies** finance all health care guaranteed by the Act No. 48/1997 Sb. on the public health insurance and addition of certain related acts as amended and bear the largest share in the health sector financing.*

***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 companies (in case that they cover a portion of the company-funded preventive health care).

*Table **24**-19. **Expenditure on regulation fees***

Since the beginning of 2008 patients have started to reimburse regulation fees for prescriptions, for visits to a physician, for hospitalization, and for emergency care in accordance with the Act No. 261/2007 Sb. on stabilising of public budgets as amended.

*Table **24**-20. **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**-21. **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.

Data in 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 of Eurostat.

Since 2005 there were nine health insurance companies operating in the Czech Republic and in 2008 their number increased to ten. Following their merger in 2010, the total number of health insurance companies in the Czech Republic is eight.

* * *

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

- 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:

- www.uzis.cz/en