

## 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 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 NHIS is established by 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.

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 for 2014.

Respective items of the Programme of Statistical Surveys of the Ministry of Health for 2014 were audited in detail in cooperation with the Czech Medical Association of J. E. Purkyně, which resulted in a substantial reduction of required items in questionnaires for respective medical disciplines.

Since 2015 the project called "Modification to health registers and consolidation of health data in relation to basic registers of public administration" (eReg), which includes providing for the Programme of Statistical Surveys of the Ministry of Health, has been implemented. Within the eReg, reporting units (providers of health services, being concrete) have been obliged to transmit all data following from the reporting duty to the Programme of Statistical Surveys of the Ministry of Health in an electronic form only.

The aforementioned advancement of information technologies brought issues and a great burden on reporting units, which resulted in incomplete data from statistical surveys of the Ministry of Health for 2014.

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, Ministry of Labour and Social Affairs, and of 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, Ministry of the Interior, and Ministry of Justice.

#### 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** (full-time equivalent – 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.

#### 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 24-4. 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.

**Table 24-8. 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 (Centre of Occupational Health at the 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 24-9. 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 24-10. Expenditure on health**

Table 24-10 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, which includes institutions as follows: the Ministry of Health, 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 24-12. 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 24-13. 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 administering public health insurance and classified to general government sector (social security funds subsector (S.1314)) 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, deposits at financial institutions, bonds, notes, FRNs, bills, debentures, and property shares.

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 social security funds subsector, which are based on the ESA95 methodology of Eurostat.

Since 2010 there were nine health insurance companies operating in the Czech Republic; since 2013 some of the health insurance companies have merged and at present the total number of health insurance companies operating in the Czech Republic is seven.

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

- [www.czso.cz/csu/czso/health\\_care\\_lide](http://www.czso.cz/csu/czso/health_care_lide)

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

- [www.uzis.cz/en](http://www.uzis.cz/en)