

The Czech Health System: An Overview

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Health Systems in Transition (HiT)

A series produced by the European Observatory

- Describe and analyse a country's health system and key reform initiatives
- Based on a common set of questions and follow the same structure, enabling easy cross-country comparisons
- Seek to provide relevant information to support policy-makers and analysts in the development of health systems in Europe and beyond



The image shows the cover of a report titled 'Health Systems in Transition: Czech Republic Health system review'. The cover is dark blue with a light green abstract shape at the bottom. It includes the text 'Health Systems in Transition Vol. 11 No. 1 2009', 'EU2009.CZ', 'Czech Republic Health system review', and the names of the authors: Lucie Bryndová, Kateřina Pavloková, Tomáš Roubal, Martina Rokosová, and Matthew Gaskins. The European Observatory on Health Systems and Policies logo is at the bottom right.

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Czech Republic

Health system review

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Health Systems in Transition

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Czech Republic: Health System Review

2009



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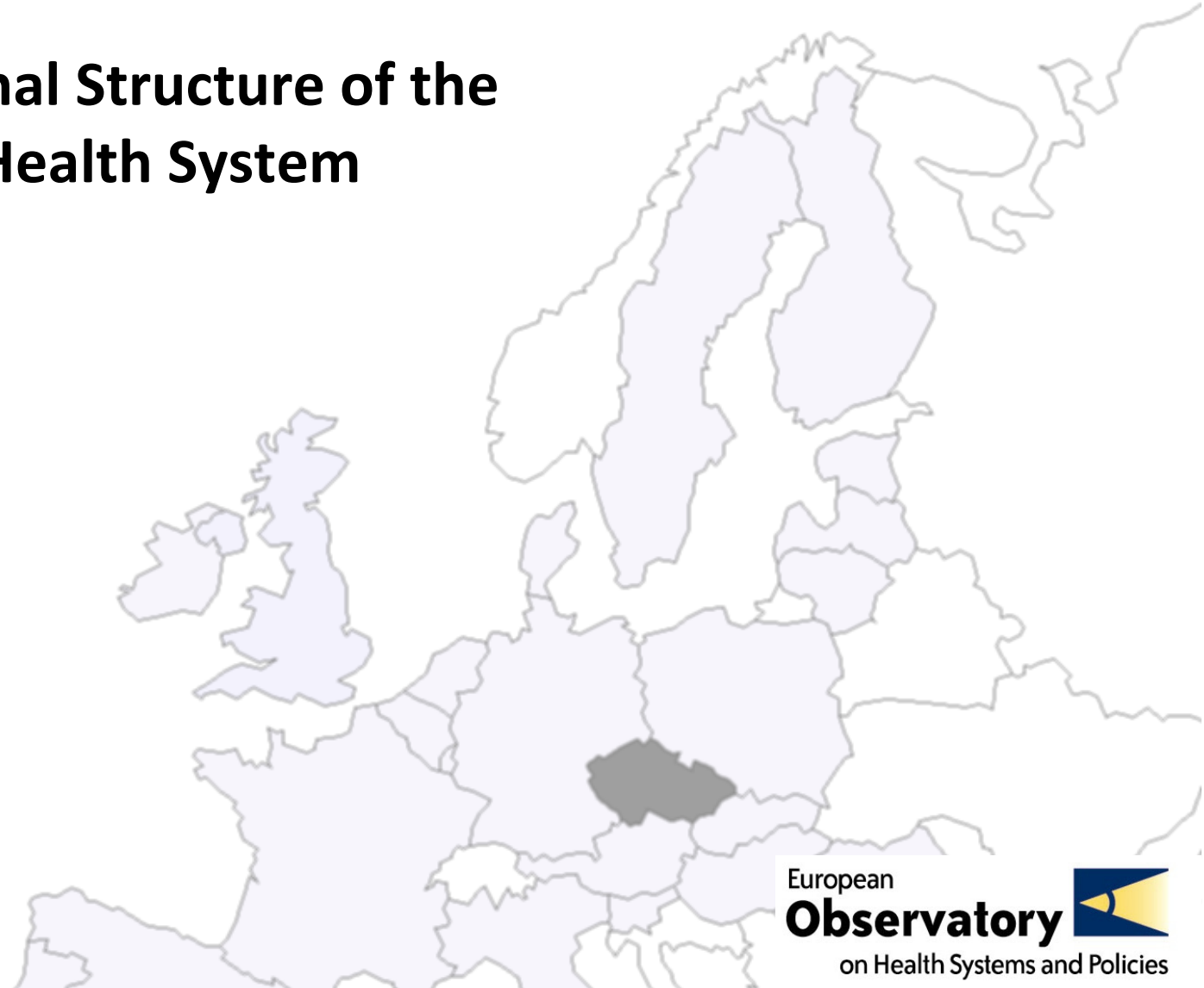
Health Status in the Czech Republic



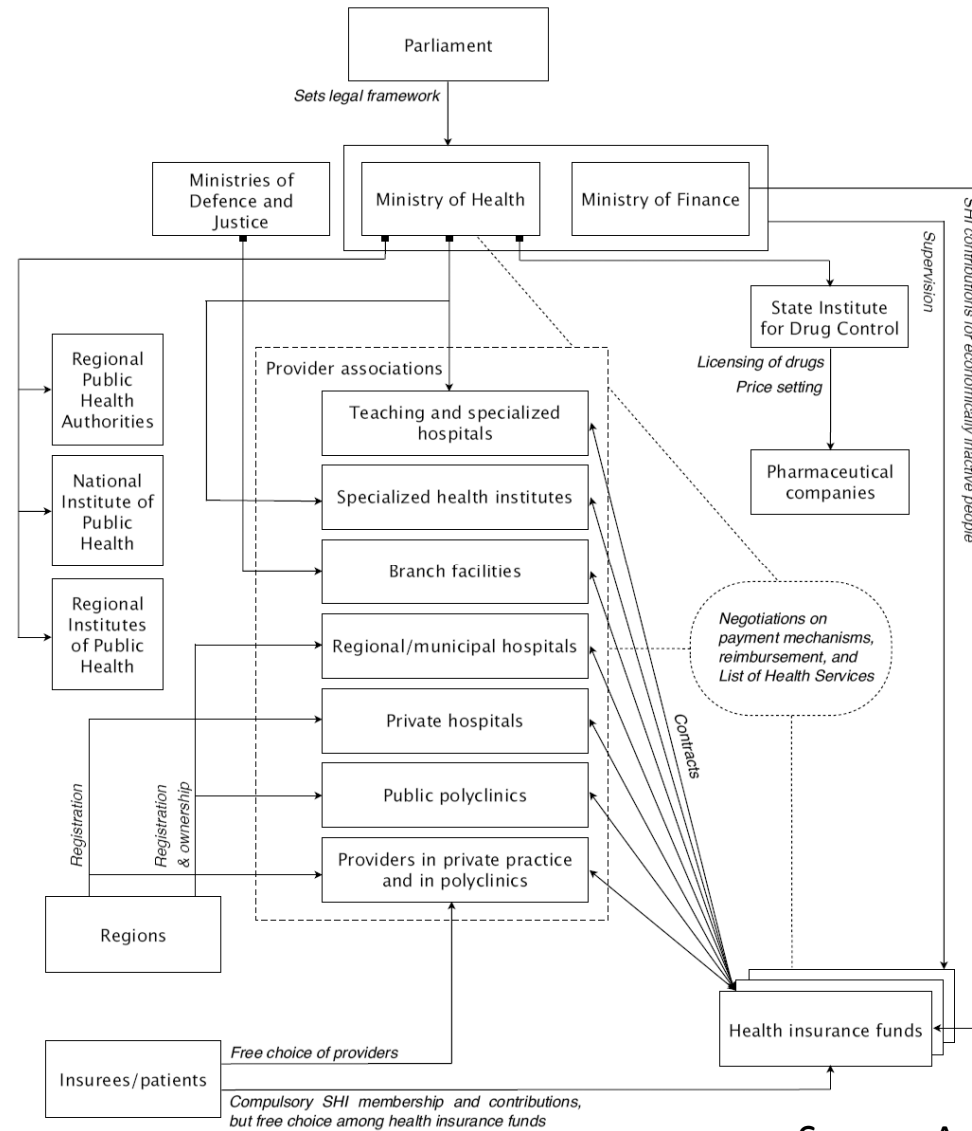
- Life expectancy at birth: 73.82 years for men, 80.30 years for women (2007)
- Infant mortality: 3.14 deaths per 1000 live births (2007)
- Immunization coverage excellent
- Four leading causes of death (2007):
 - diseases of the circulatory system
 - malignant neoplasms
 - external causes (e.g. injury, poison)
 - diseases of the respiratory system

Source: WHO Regional Office for Europe 2009

Organizational Structure of the Czech Health System



Organizational Structure of the Czech Health System



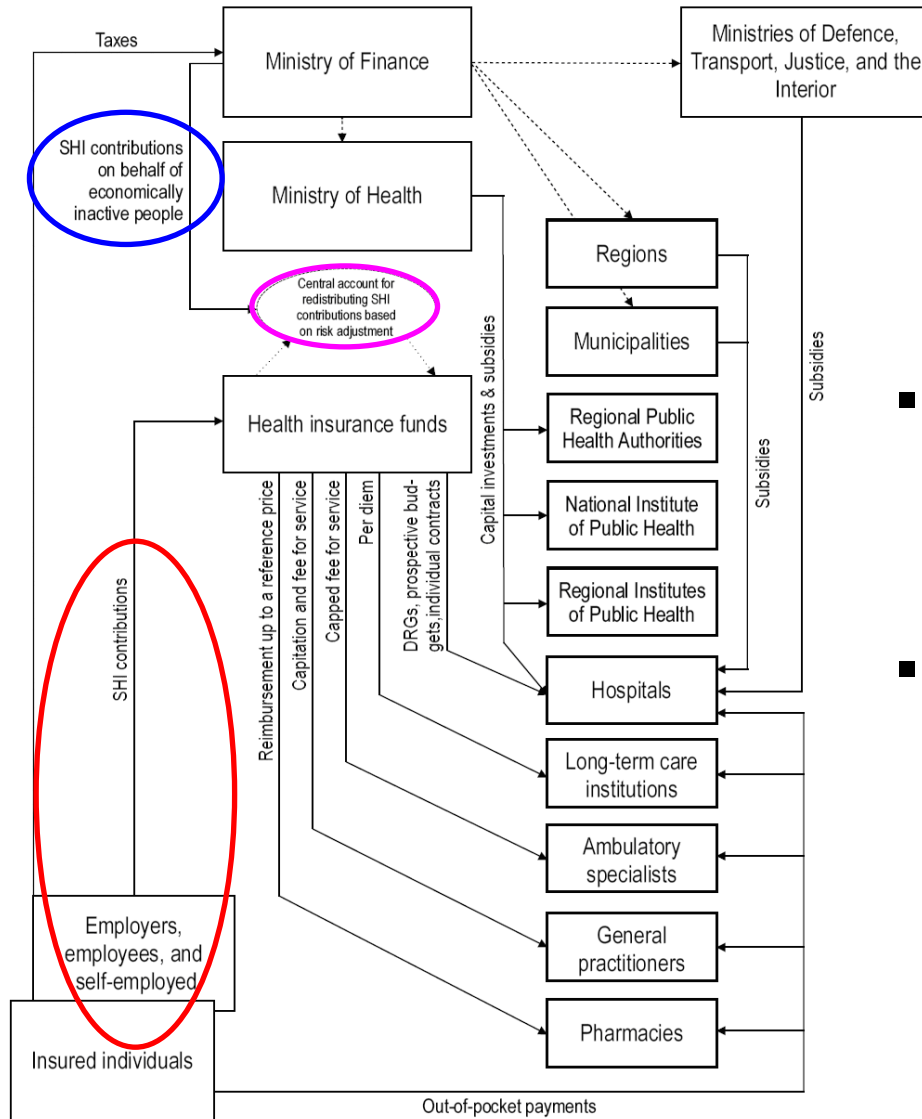
Source: Authors' own compilation

- System of social health insurance
- Health insurance funds are quasi-public, self-governing, non-profit
- Membership in a health insurance fund is obligatory
- Freedom of choice among funds
- General Health Insurance Fund is oldest and largest fund
- No risk selection/cream-skimming
- Standard package of benefits unusually broad

Financing in the Czech Health System



Financing in the Czech Health System



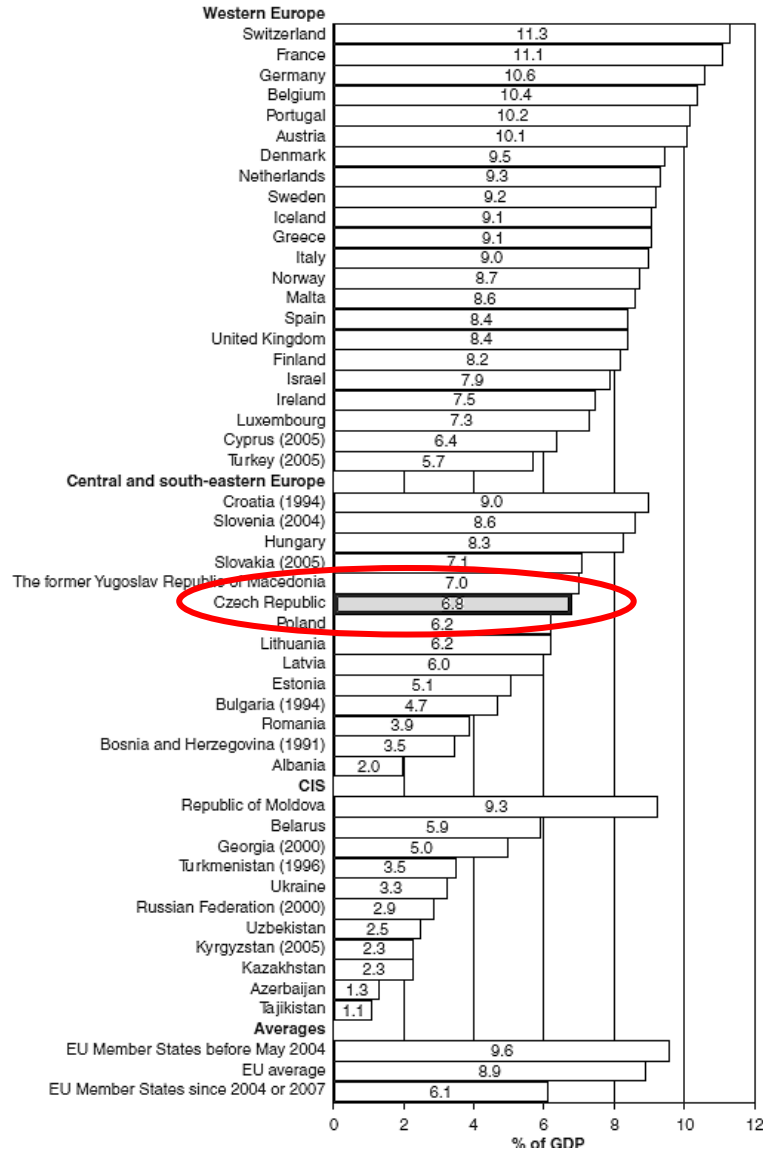
Revenues

- Financed primarily through compulsory social health insurance (SHI) contributions
- SHI contributions reallocated according to a risk adjustment scheme

Source: Authors' own compilation

Financing in the Czech Health System

Total expenditure on health as a share (%) of GDP in the WHO European Region, 2006 (or latest available year)

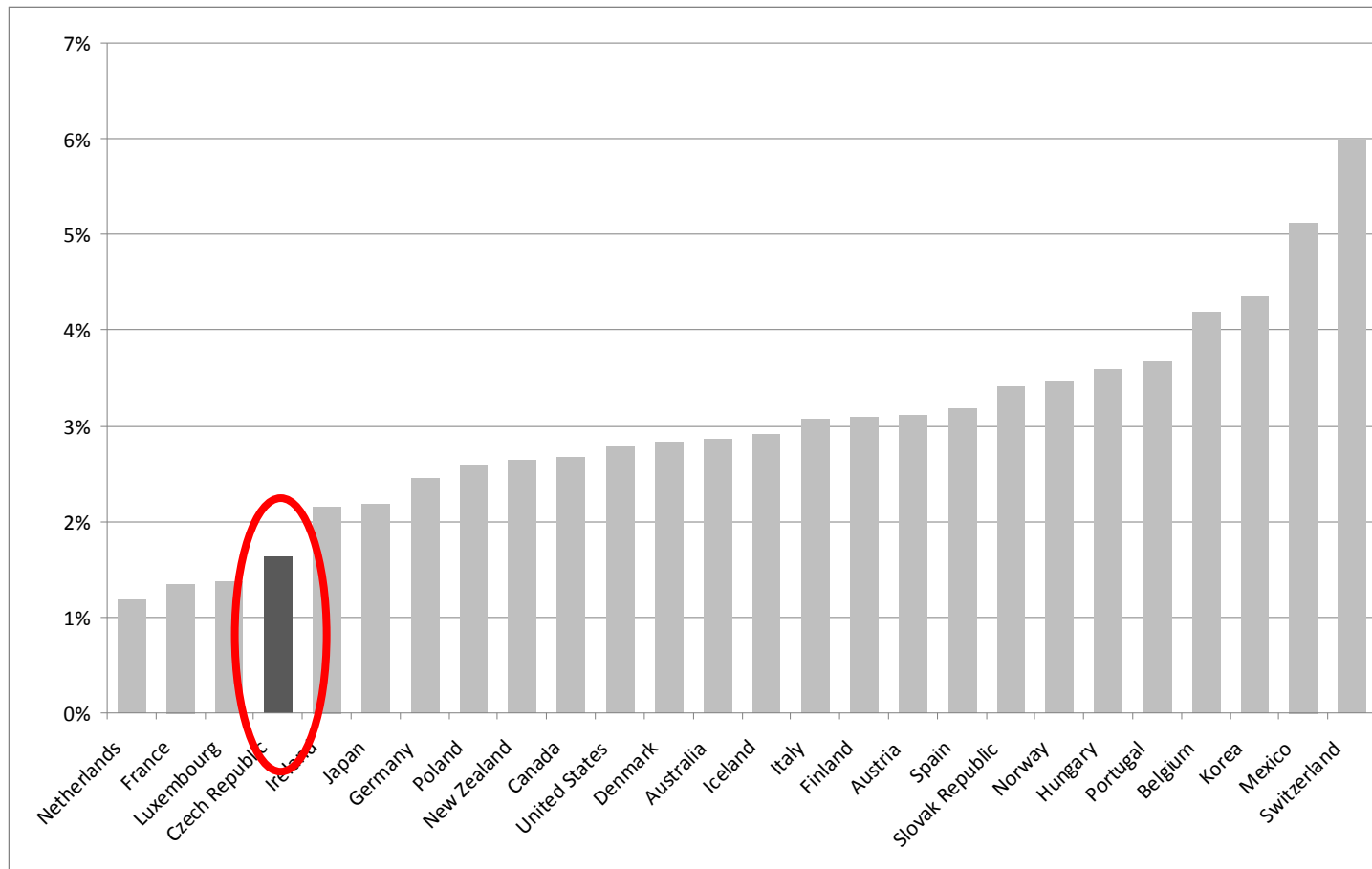


Expenditure

- Total health expenditure as a share of GDP low compared to western Europe; slightly above average for central and south-eastern Europe
- Health expenditure from public sources among highest in the WHO European Region

Source: WHO Regional Office for Europe 2009

Out-of-pocket payments as a share (%) of final household expenditure, 2006



Source: OECD Health Data 2008

Payment Mechanisms

- Hospitals: combination of diagnosis-related groups (DRGs), individual contracts, and global budgets
- Hospital outpatient care: capped fee-for-service scheme
- GPs in private practice: combination of capitation and fee-for-service payments
- Specialists in private practice: capped fee-for-service scheme

Physical and Human Resources



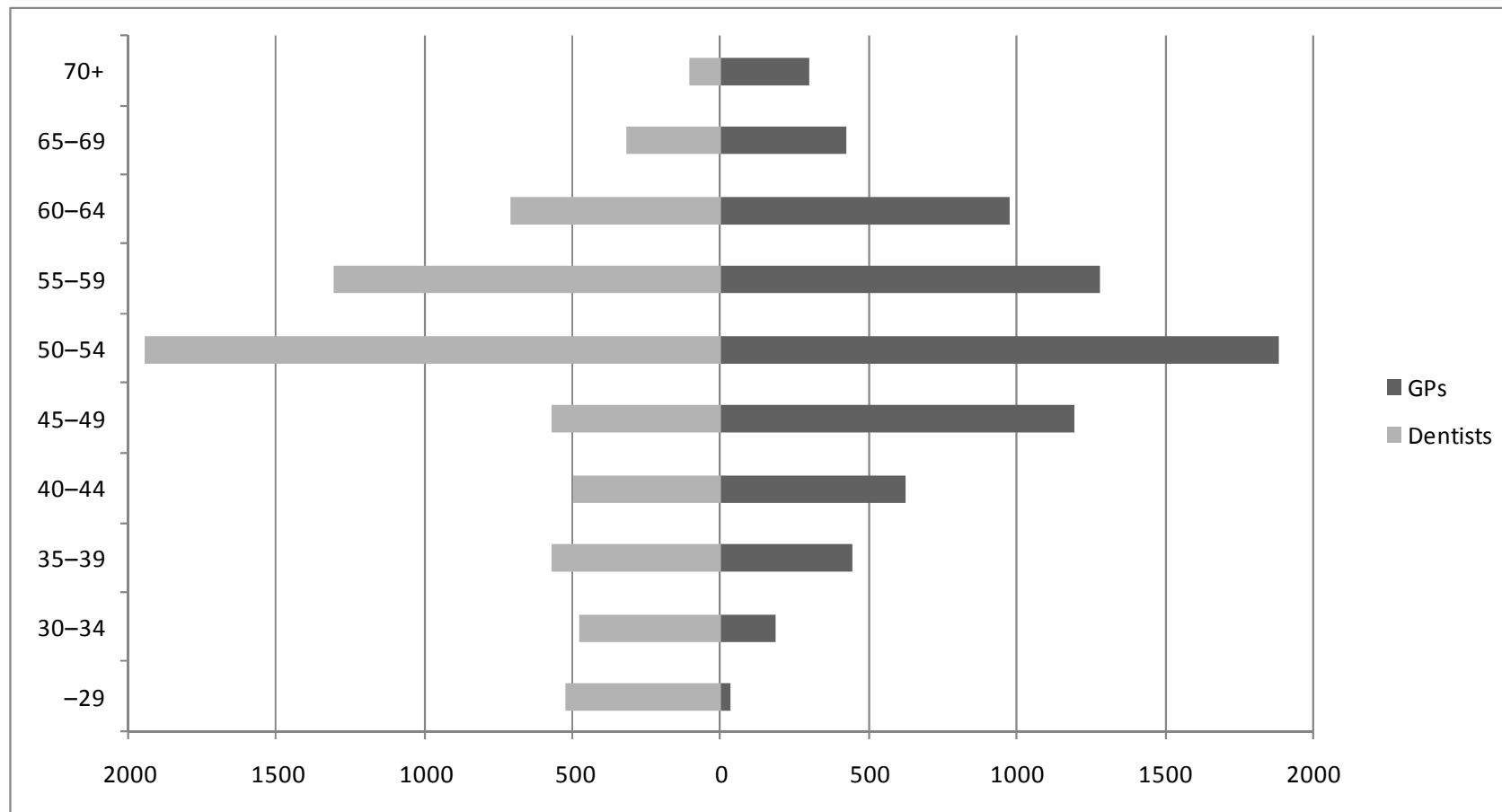
Physical Resources

- Excessive number of beds in acute care
- Insufficient number of beds in long-term care
- Condition of most acute-care hospitals is good or very good
- Some psychiatric, long-term care and nursing facilities are outdated
- Information and communications technology not fully developed, but is a key priority

Human Resources

- Physician-to-population ratio is high from a European perspective, but with strong regional disparities
- Ageing of GPs represents a near- to mid-term human resources problem

Age structure of dentists and GPs, 2007



Source: Czech Health Statistics Yearbook 2007

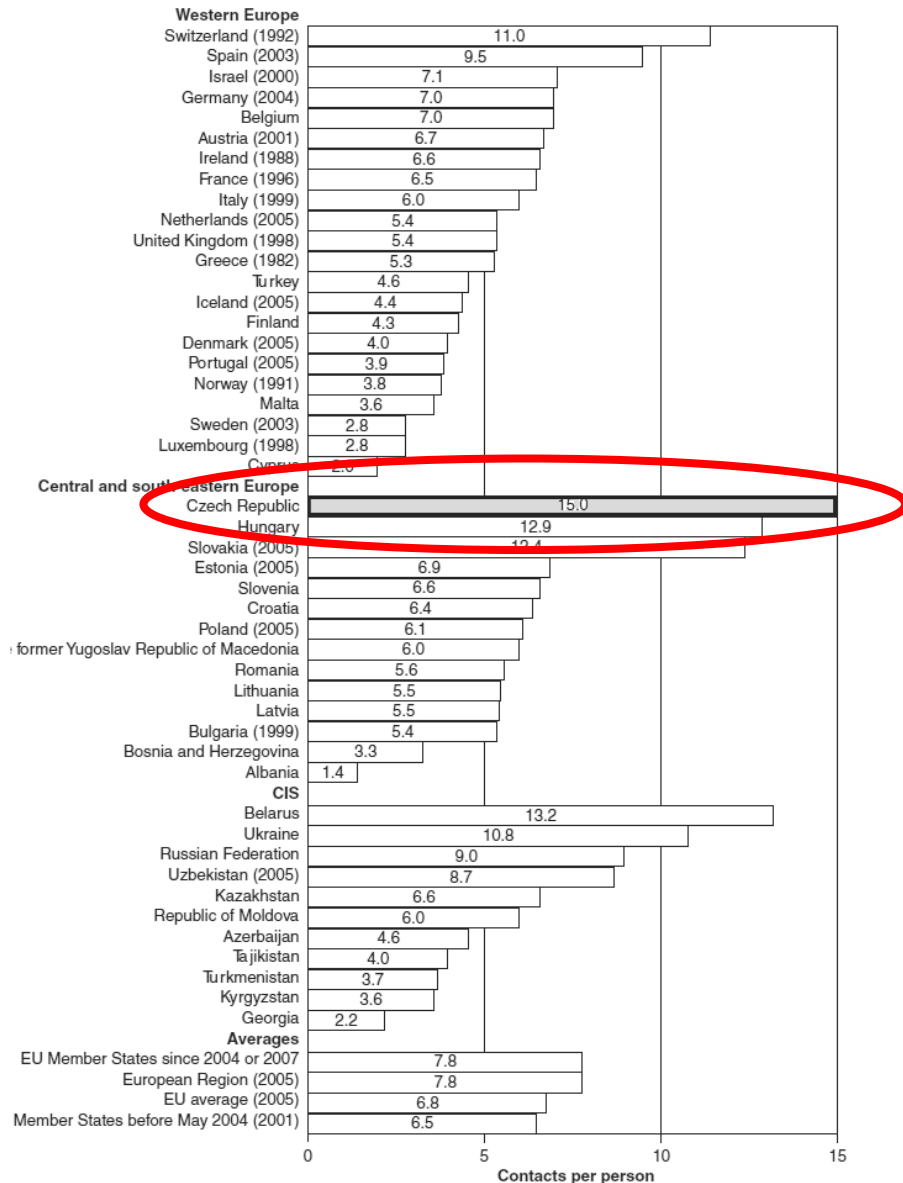
Human Resources

- Physician-to-population ratio is high from a European perspective, but with strong regional disparities
- Ageing of GPs represents a near-term human resources problem
- Nurse-to-population ratio is very high from a European perspective, but again with some regional disparities

Provision of Services



- Approx. 95% of primary care services provided by physicians in private practice; no true gate-keeping role
- High number of outpatient contacts



Outpatient contacts per person per year in the WHO European Region, 2006 (or latest available year)

Source: WHO Regional Office for Europe 2008

Provision of Services

- Approx. 95% of primary care services provided by physicians in private practice; no true gate-keeping role
- High number of outpatient contacts
- Secondary care services offered mainly by private practice specialists, health centres, polyclinics, hospitals, and specialized inpatient facilities
- Pharmaceuticals: international price comparisons and reference pricing system
- Systems of long-term health care and long-term social care have traditionally been separate in terms of organization and funding