

OPTIMISING CZECH HEALTHCARE: completing the transition

The Czech Republic has been slowly reforming its healthcare system, following its departure from communism in 1989 and split from Slovakia in 1993. The country's system suffers from several challenges and needs modernisation.



Health insurance

Universal healthcare is available through **7** health insurance funds, which face financial pressure.

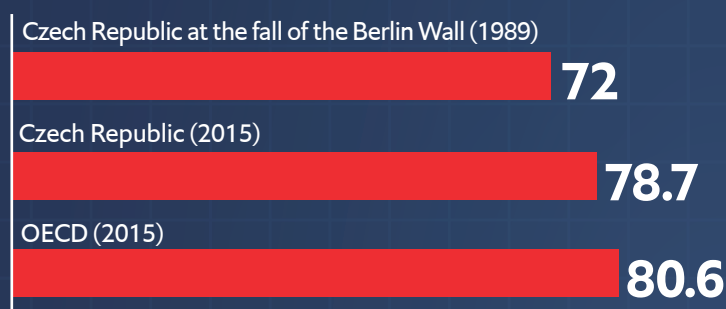


There is a mismatch in the balance of power between the state and insurance funds.



The transition from a communist to a social insurance system is only partially accomplished.

Life expectancy is rising but remains below the OECD average (years)

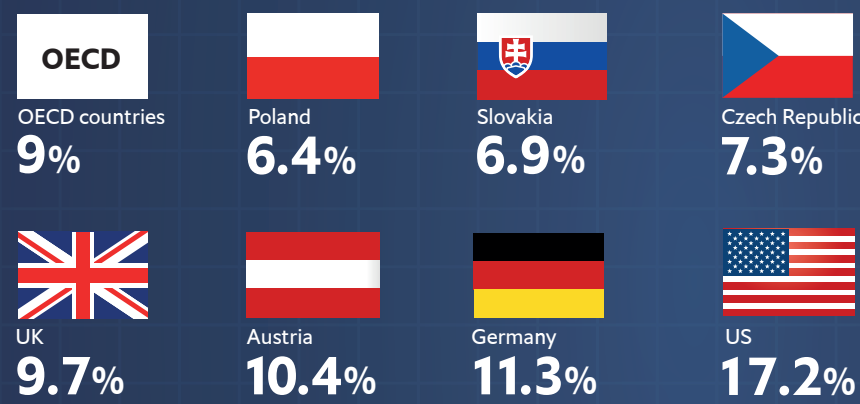


Mortality from ischaemic heart disease far exceeds that of the OECD (per 100,000 people)



237 in Czech Republic (2015)
112 in OECD countries (2015)

Health spending is below OECD levels (2016) % of GDP



The Czech Republic offers a generous basket of benefits, but aspects of the system are outdated. Despite an ambitious plan for connecting the health system electronically, few elements of the programme have been implemented. A lack of data and underlying legislation make it difficult to measure quality metrics within the healthcare delivery system.

Mental health concerns

12.3 per **100,000** people in the Czech Republic commit suicide each year



Share of healthcare spending on mental health
Czech 3%
European region 6%

While the suicide rate is on a par with the OECD, the country could do more to improve mental health services. The report finds:

- ✓ Delivery is focused on large inpatient institutions
- ✓ The country lags behind European neighbours in developing a community-based mental healthcare system



Health technology assessment (HTA) could be widened

- 30-40** pharmaceutical molecules assessed each year
- 90%** of approvals based on managed entry agreements
- Gaps in HTA:** does not cover medical devices, care pathways or other health interventions
- Drugs are reimbursed below **€47,000** per quality adjusted life years gained



Drug reimbursement decisions can take **2 years** after approval.

The EuroHealth Consumer Index 2017 gives the country the lowest score in the "access to new drugs (time to subsidy)" indicator: to gain the top score, decisions must be **< 150 days**.

Gatekeeping: primary care needs further development



The Czech system is still heavily focused on acute care, with little modernisation of the general practice system or preventative care.

Patients can access specialists directly. Staff shortages foreshadow a crisis in primary care.

The proportion of patients who visited an emergency department because primary care was not available (2011-13):

