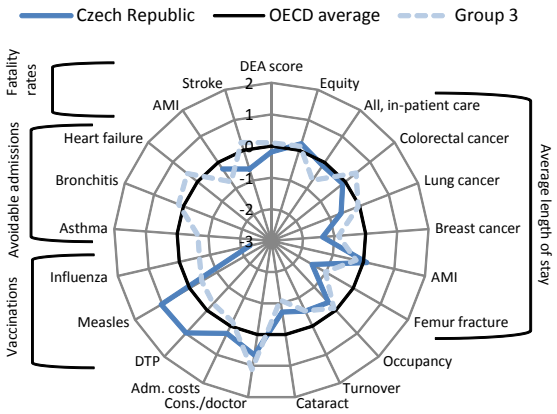
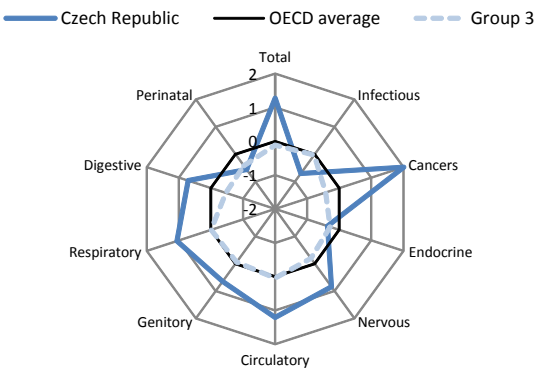
Czech Republic: health care indicators

Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg

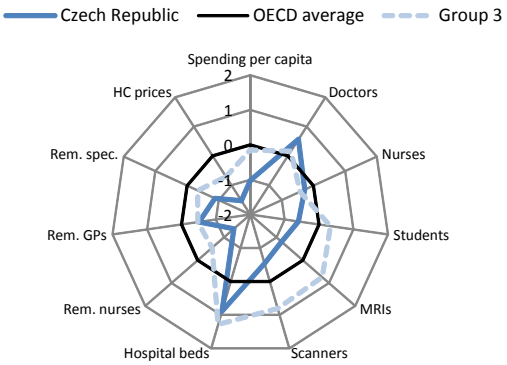
A. Efficiency and quality



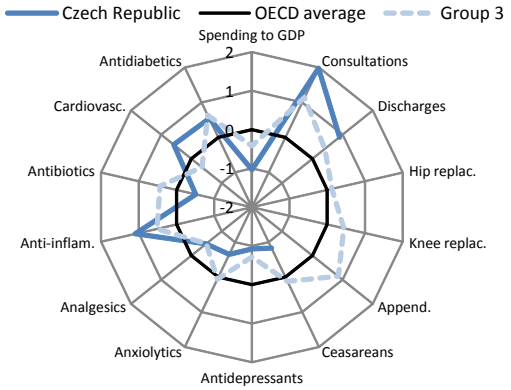
B. Amenable mortality by group of causes



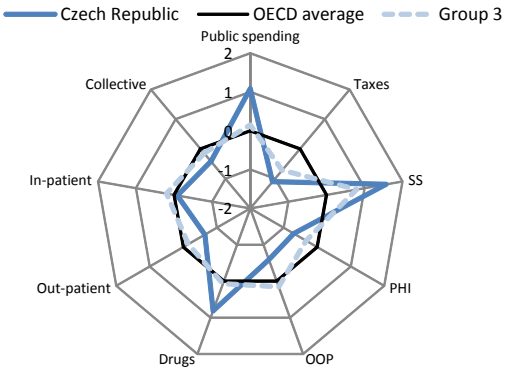
C. Prices and physical resources



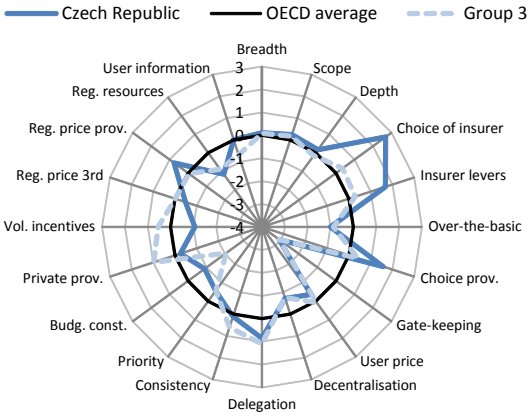
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

CZECH REPUBLIC

GROUP 3: Public basic insurance coverage with little private insurance beyond the basic coverage. Extensive private provision of care, with wide patient choice among providers and fairly large incentives to produce high volumes of services. No gate-keeping and soft budget constraint. Limited information on quality and prices to stimulate competition.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Below average DEA score and higher rate of amenable mortality	Lower health care spending *per capita* and as a share of GDP	More hospital discharges *per capita*	Higher publicly funded share. Lower out-of-pocket payments	More market orientation of the basic insurance segment	The Czech health care system seems in transition with private provision and market instruments (global budget plus payment per case and per procedure for hospitals and user fees) introduced or increased recently
Rather low acute care (output) efficiency	More acute care beds than the OECD average and less high-tech equipment			More choice of providers, no gate-keeping and low price signals on users	Increasing co-payments, which are currently relatively low, and/or introducing some gate-keeping could be envisaged. This would help containing the rather high level of health activity and consumption and balance the high degree of provider choice given to users
Few data on the quality of out-patient care	More doctors *per capita*. Very low relative income level of health practitioners	More doctor consultations *per capita*	Lower out-patient share. Higher drug share	Less private provision and volume incentives but more regulation of provider prices	Assess whether the current compensation system for out-patient care (fee-for-services combined with capitation) should not be reformed so as to reduce the very high number of consultations *per capita* and to promote high quality of care
Low administrative costs					Improve availability of internationally comparable data on the quality of care