Czech Republic: health care indicators
Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg

A. Efficiency and quality
C. Prices and physical resources
E. Financing and spending mix

B. Amenable mortality by group of causes
D. Activity and consumption
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.
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 gatekeeping and soft budget constraint. Limited information on quality and prices to stimulate competition.

<table>
<thead>
<tr>
<th>Efficiency and quality</th>
<th>Prices and physical resources</th>
<th>Activity and consumption</th>
<th>Financing and spending mix</th>
<th>Policies and institutions</th>
<th>Weaknesses and policy inconsistencies emerging from the set of indicators</th>
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<tbody>
<tr>
<td>Below average DEA score and higher rate of amenable mortality</td>
<td>Lower health care spending per capita and as a share of GDP</td>
<td>More hospital discharges per capita</td>
<td>Higher publicly funded share. Lower out-of-pocket payments</td>
<td>More market orientation of the basic insurance segment</td>
<td>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</td>
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<td>Rather low acute care (output) efficiency</td>
<td>More acute care beds than the OECD average and less high-tech equipment</td>
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<td>Increasing co-payments, which are currently relatively low, and/or introducing some gatekeeping 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</td>
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<td>Few data on the quality of out-patient care</td>
<td>More doctors per capita. Very low relative income level of health practitioners</td>
<td>More doctor consultations per capita</td>
<td>Lower out-patient share. Higher drug share</td>
<td>Less private provision and volume incentives but more regulation of provider prices</td>
<td>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</td>
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<td>Low administrative costs</td>
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<td>Improve availability of internationally comparable data on the quality of care</td>
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