

Czech Republic

Long-term Care

18 May 2011

Key facts

- In the Czech Republic in 2008, people over the age of 65 made up nearly 15% of the entire population, while the population over the age of 80 was 3.4%.
- In 2008, approximately 1.8% of the population over the age of 65 received long-term care in institution with 11.4% of this population receiving care at home.
- The Czech Republic spent 0.2% GDP on publicly funded health long-term care in 2008 (about 1% together with social long-term care).
- In 2008, there were 18.2 beds in long-term care institutions per 1000 population aged 65 years old and over.
- In 2008, there were approximately 2.5 formal long-term care workers per 1000 population (1.7% for the population aged over the age of 65) (OECD Health Data 2010).

Background

At present, no single body in the Czech Republic is responsible for integrated long-term care (LTC) policies and benefits. The responsibilities are divided across social services, the health-care sector, and between different levels of government (local, provincial, national). The Ministry of Health is responsible for home health-care and care provided in health institutions, such as establishments for long-term care patients. The Ministry of Labour and Social Affairs is responsible for social services provided in social care facilities. Municipalities and regions are responsible for “community planning” of social services and for the availability of social domiciliary and residential services. Currently, there are activities to overcome these barriers by creating a new law on long-term care.

Benefits and Eligibility Criteria

Publicly funded benefits provided in the Czech Republic include home care, day care, and institutional care. Services in the health sector are available for all eligible citizens (in practice they depend on available budgets and regulations by insurance funds); and services in the social sector depend on the regional availability of social facilities and services.

As part of the 2007 Act on Social Services, a monthly care allowance, which reflects an individual's level of dependency, is also granted to individuals who require care. Cash benefits are set based on an assessment of the person's health and social situation (similar to the ADL and IADL tests), conducted by a doctor in cooperation with a social worker. There are four levels of dependency on care, with a sliding scale of benefits, ranging from EUR 79 per month (since 2010 decreased to EUR 32) for those in the first and lowest category (slight dependency), to EUR 471 per month for those in the fourth and highest category (total dependency) (per capita income in the Czech Republic in 2007 was around EUR 1 025, and the average old age pension is about EUR 400). The care allowance must be used to pay for the provision of appropriate and needed social services, such as residential and support services. It can also be used to pay for care from family caregivers or close relatives or other informal carers.

The provision of in kind benefits includes care in healthcare institutions and hospices designed to specifically address palliative care and treatment for chronic pain. In 2008, there were 14 500 LTC beds in different healthcare facilities (hospitals, long-term care facilities, other nursing homes) and 60 000 beds in social long-term care facilities (elderly homes, nursing facilities etc.). Czech Republic has long encouraged home health care arrangements, although formal LTC home services are more limited.

Home care consists of home care and home nursing care which refer respectively to personal assistance services and integrated home health assistance. As of 2007, there were 475 home care agencies providing care to more than 145 000 patients in 2009.

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Funding

Medical services and social institutional care have different sources of funding. Health services costs in the medical sector and in the social sector are covered by health insurance funds (health services can be provided in residential facilities). User fees correspond to EUR 1.2 per physicians' visit, EUR 3.5 for emergency services and EUR 2.4 per day of hospitalisation in inpatient healthcare facilities. Social services, which are a responsibility of the Ministry of Labour and Social Affairs, are financed by a mix of general taxes, regional budgets, and individual contributions (also from the care allowances). For residential care in particular, individual contributions make up 35% of total costs while state budgets (30%) and local authorities (25%) cover over half of all costs. Health insurance finances on average 3% of total LTC costs in the social sector. Client contributions for care in social services cannot exceed 85% of individual income.

Caregivers

While informal care makes up a large proportion of total care provision (80%), it is relatively unregulated and current estimates indicate there are about 200 000 workers (FTE), approximately 2% of the population. Although no direct benefits are granted to the informal carers, support is given through pension credits and provision of health insurance. Respite services are also available for informal carers. Recipients of care allowance can also use the allowance to pay their family or other informal carers.

References

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