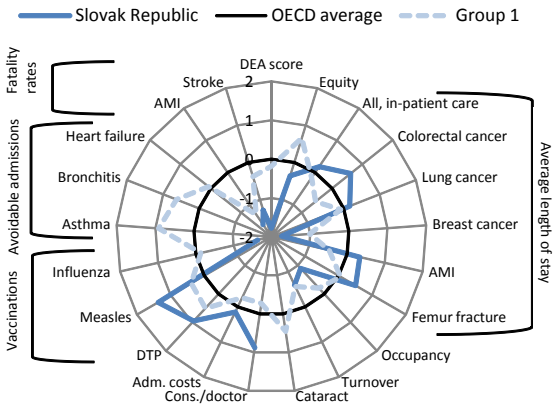
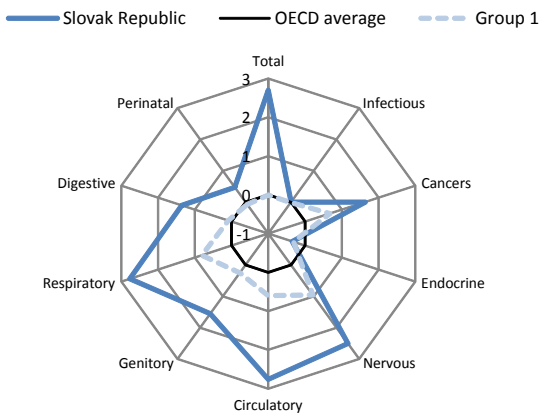
Slovak Republic: health care indicators

Group 1: Germany, Netherlands, Slovak Republic, Switzerland

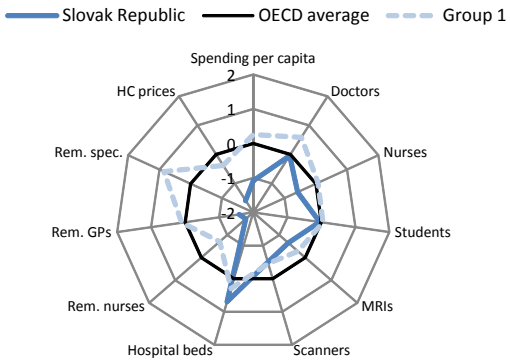
A. Efficiency and quality



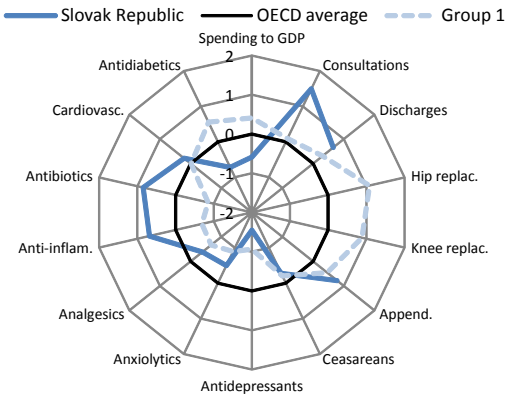
B. Amenable mortality by group of causes



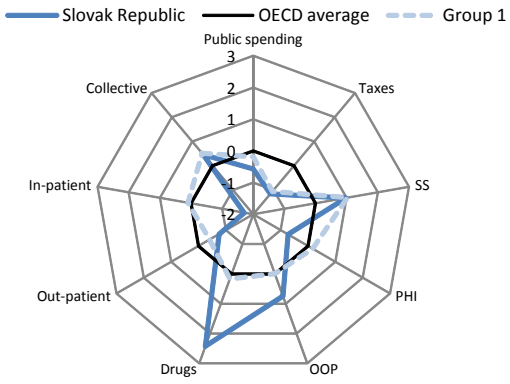
C. Prices and physical resources



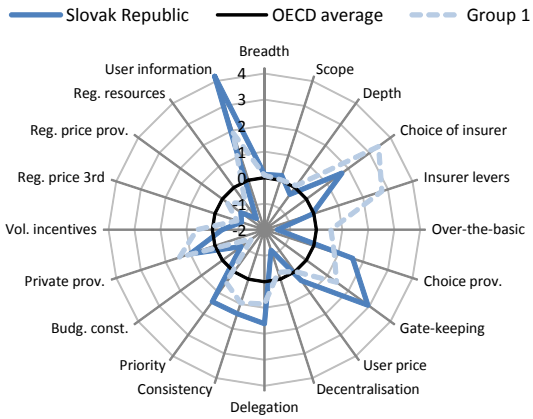
D. Activity and consumption



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).

SLOVAK REPUBLIC

GROUP 1: Extensive reliance on market mechanisms in regulating both basic and "over-the-basic" insurance coverage and abundant private provision of health care.

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
Low DEA score and high amenable mortality rate	Low health care spending *per capita* and as a share of GDP		Lower public spending share and higher out-of-pocket payments	No market for the "over-the basic" coverage	The Slovak health care system seems in transition with private provision and market instruments (payment per case for hospitals and user fees) introduced or increased recently
Mixed scores on output/hospital efficiency	Less nurses and high-tech equipment, but more acute care beds	More hospital discharges *per capita*	Low in-patient share	Less choice of providers. More gate-keeping and price signals on users.	
Mixed signals on quality of out-patient preventive care	Very low relative income level of GPs and nurses	More doctor consultations *per capita*	Very high drug share	Less volume incentives (physicians are paid on capitation and/or salary) and less regulation on resources	Reconsidering the payment system and, possibly, the level of income of health care practitioners could reinforce providers' incentives to respond to the need for higher quality health care services