

# Czech Healthcare System

MBA students from Loyola University Chicago (USA)

Austral Group

Vysoká škola ekonomická v Praze

doc. Ing. Peter Pažitný, MSc., PhD.

Faculty of Management



**LOYOLA**  
UNIVERSITY CHICAGO

**Austral Group**



## Financial support

*This presentation was supported by Austral Group*

*Austral Group did not interfere with the professional content and structure of the supported lecture*

Vysoká škola ekonomická v Praze



# Lecturer

- doc. Ing. Peter Pažitný, MSc., PhD.
- Associate Professor at Prague University of Economics and Business
- Former advisor to the Minister of Health in the Slovak Republic, in Hungary and the Czech Republic
- My focus is on health policy, financing, management, marketing in health care and methods of economic evaluation of healthcare programmes
- I am working in healthcare more than 20 years, both academically and professionally

[peter.pazitny@vse.cz](mailto:peter.pazitny@vse.cz)



Vysoká škola ekonomická v Praze

<https://fm.vse.cz>

The Faculty of Management is part of Prague University of Economics and Business

Only faculty seated outside Prague, in Jindřichův Hradec, South Bohemia



- doc. Ing. Peter Pažitný, MSc., PhD.
- Ing. Daniela Kandialki, Ph.D.

<https://eurohealthobservatory.who.int/publications/i/czechia-health-system-review-2023>

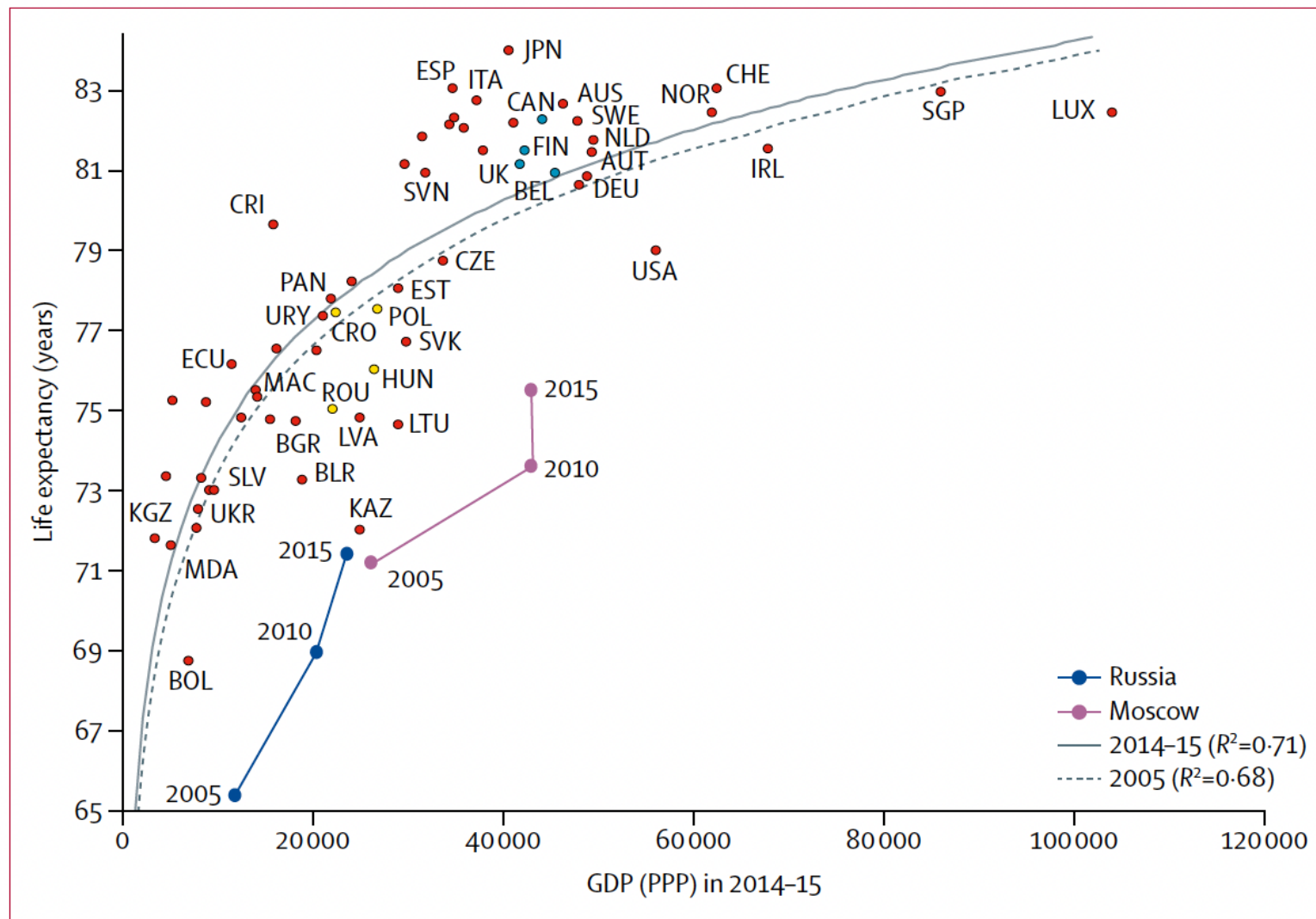
## Czechia

### Health system review

Lucie Bryndová  
Lenka Šlegerová  
Jana Votápková

Pavel Hroboň  
Nathan Shuftan  
Anne Spranger

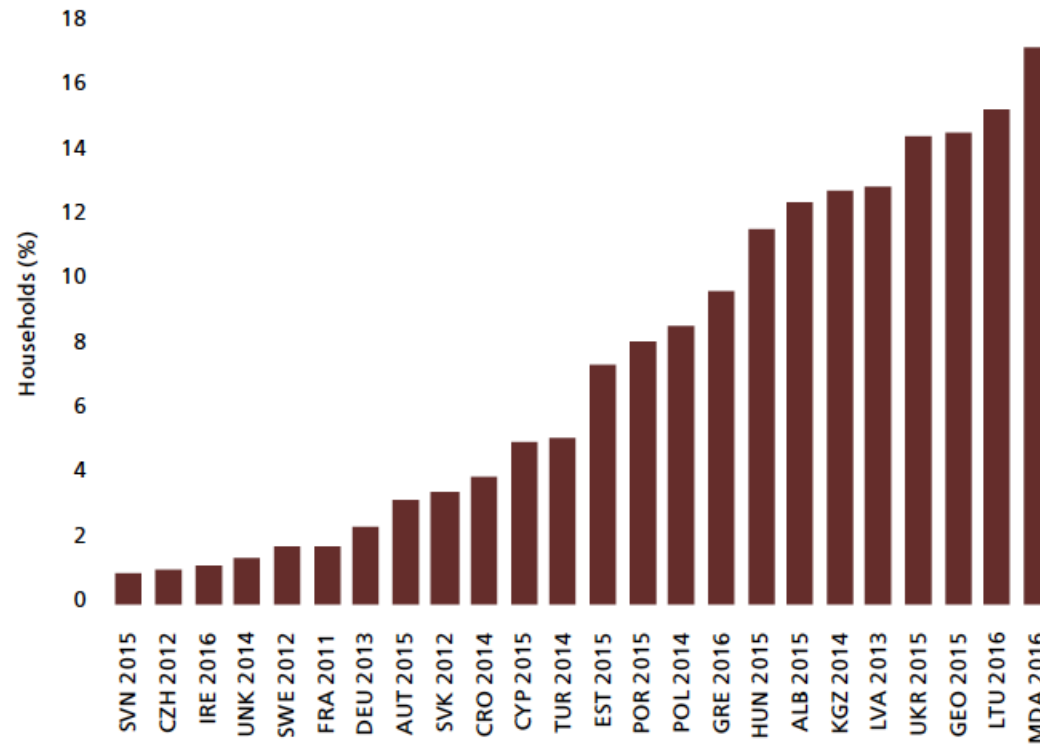
# Preston Curve (CZ vs USA)



Source: Lancet Public Health, Shkolnikov et al, 2019

# Catastrophic costs

Fig. 5. Share of households with catastrophic health spending, latest year available



Notes: the results for Kyrgyzstan are not directly comparable to the other countries in the study. Due to evidence of borrowing to finance out-of-pocket payments in Kyrgyzstan, households were ranked based on consumption net of out-of-pocket payments to calculate the basic needs line and to identify quintiles. Using the method applied to the other countries, the catastrophic incidence in Kyrgyzstan would be 2–3 percentage points higher than shown in this figure.

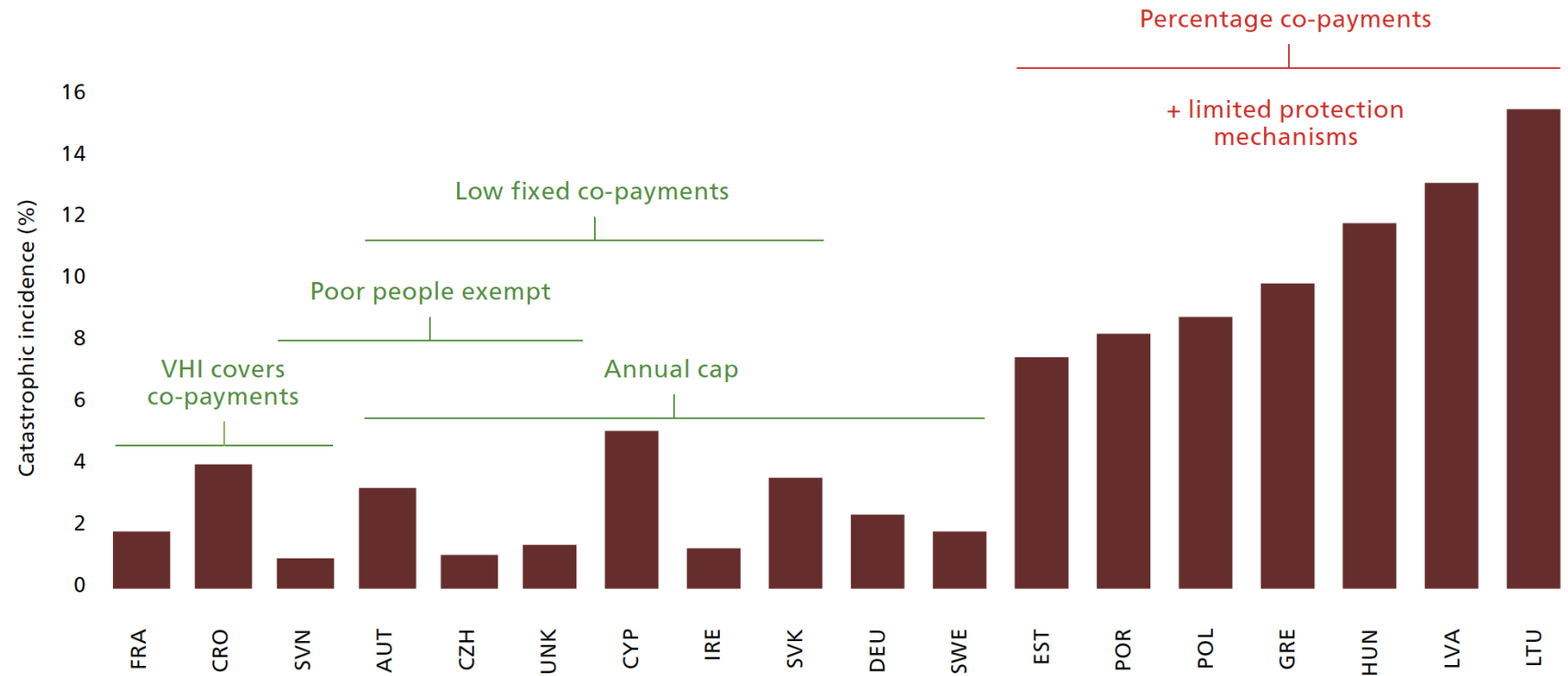
Source: WHO Regional Office for Europe.

Source: WHO, Evetovits et al, 2019

# Catastrophic costs

Fig. 35. Catastrophic incidence and the design of co-payments for outpatient medicines in high-income countries

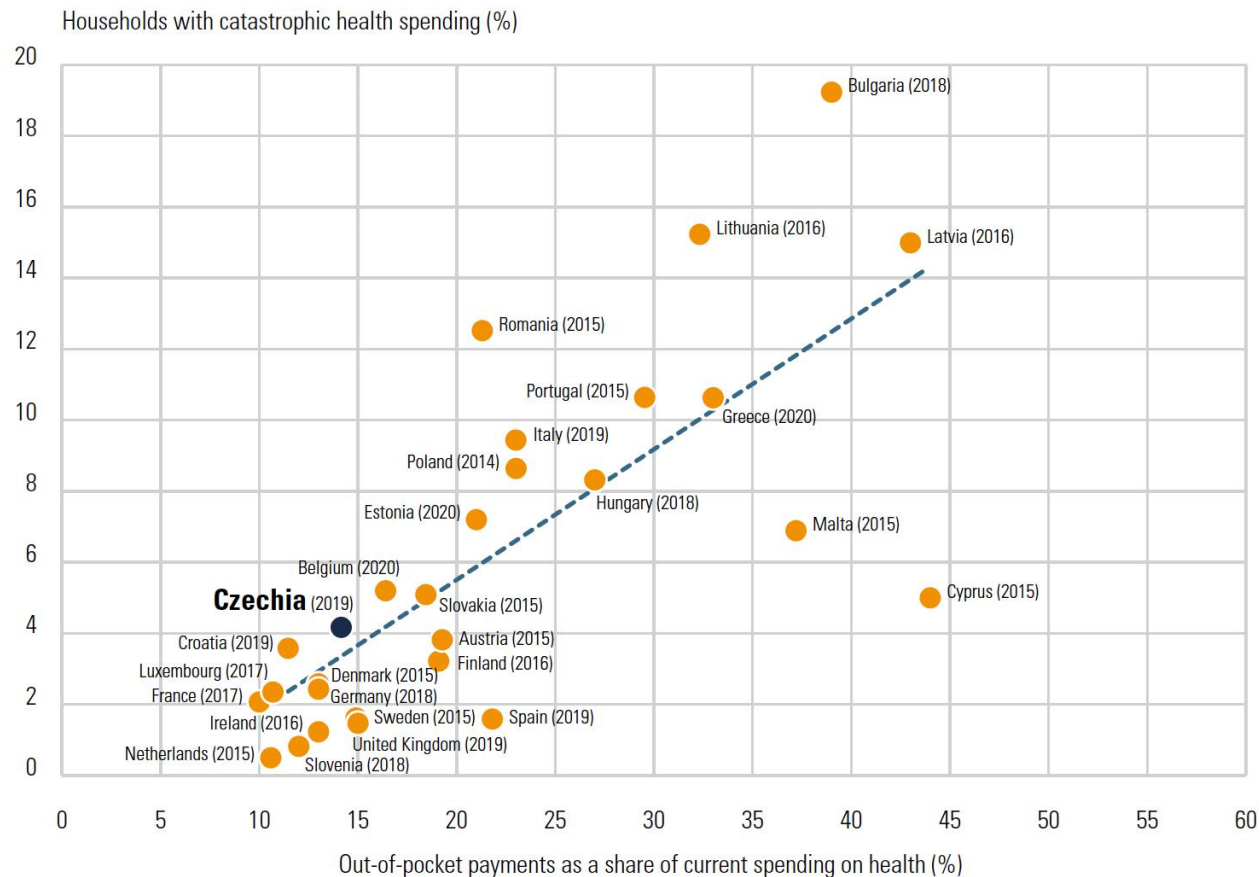
Source: WHO Regional Office for Europe.



Source: WHO, Evetovits et al, 2019



# Catastrophic costs



Sources: WHO Barcelona Office for Health Systems Financing (forthcoming) for data on catastrophic incidence; OECD (2022a) and WHO (2022) for data on OOP payments.

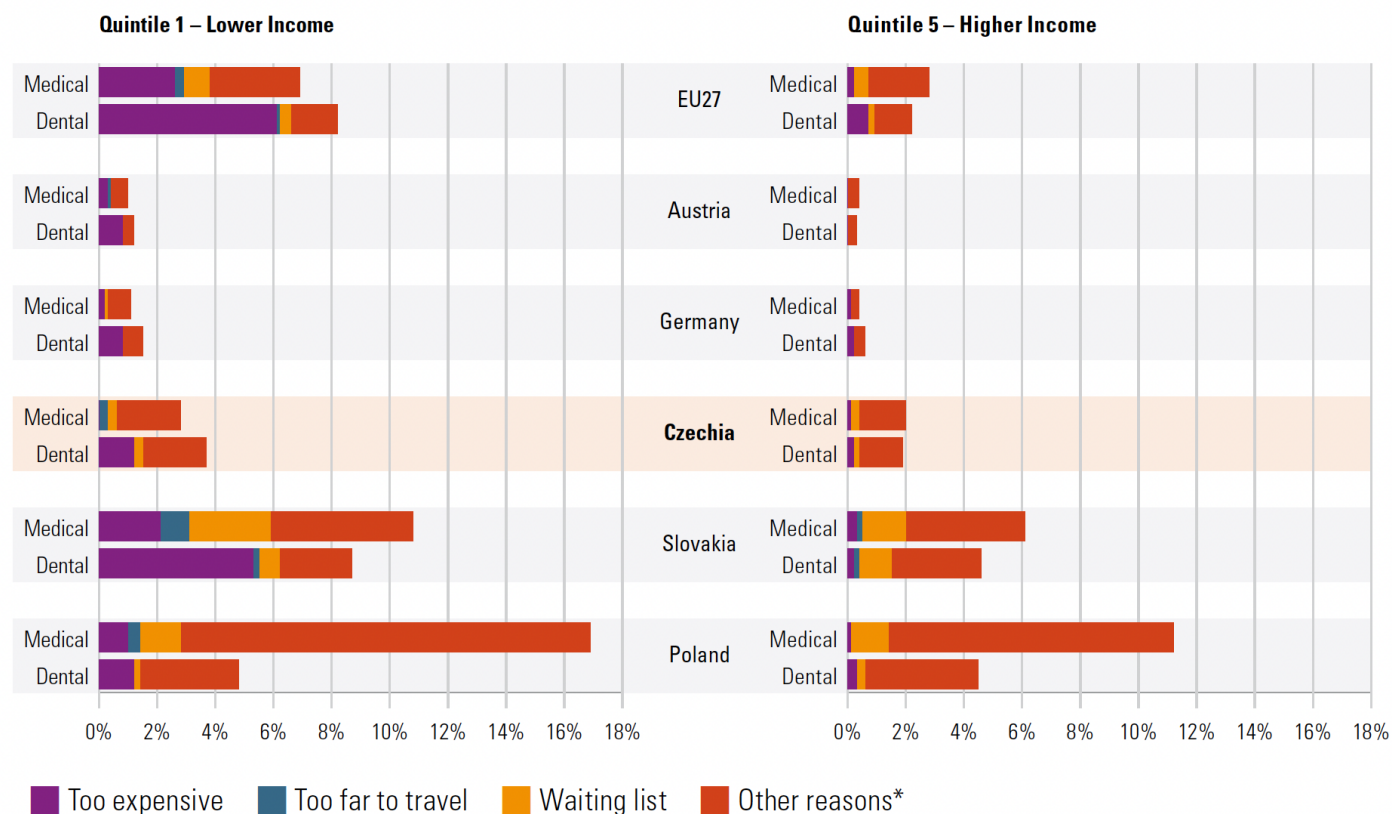
Source: WHO Barcelona Office, forthcoming

# Out-of-pocket payments

HEALTH SERVICE	TYPE OF USER CHARGE IN PLACE	EXEMPTIONS AND / OR REDUCED RATES	CAP ON OOP SPENDING	OTHER PROTECTION MECHANISMS
Primary care	Co-payments: an out-of-hours user fee	Exemption: socially vulnerable groups	n/a	n/a
Outpatient specialist visit	Co-payments: an out-of-hours user fee	Exemption: socially vulnerable groups	n/a	n/a
Outpatient prescription drugs	Reference pricing	Lower annual caps on OOP for: 1. moderately and severely disabled people (CZK 500); 2. children below 18 and seniors 65+ (CZK 1000); 3. seniors 70+ (CZK 500)	Annual cap CZK 5 000	1. Generic substitution allowed; 2. full coverage of at least one drug in each reference group (therapeutically substitutive)
Inpatient stay	None	n/a	n/a	n/a
Dental care	Extra billing	n/a	n/a	Basic dental care fully covered
Medical devices	Reference pricing	n/a	n/a	n/a
Other: physiotherapy, speech therapy, IVF	Benefit maximum (limited number of treatments per given period of time, or per life (IVF))	n/a	n/a	n/a

# Accessibility

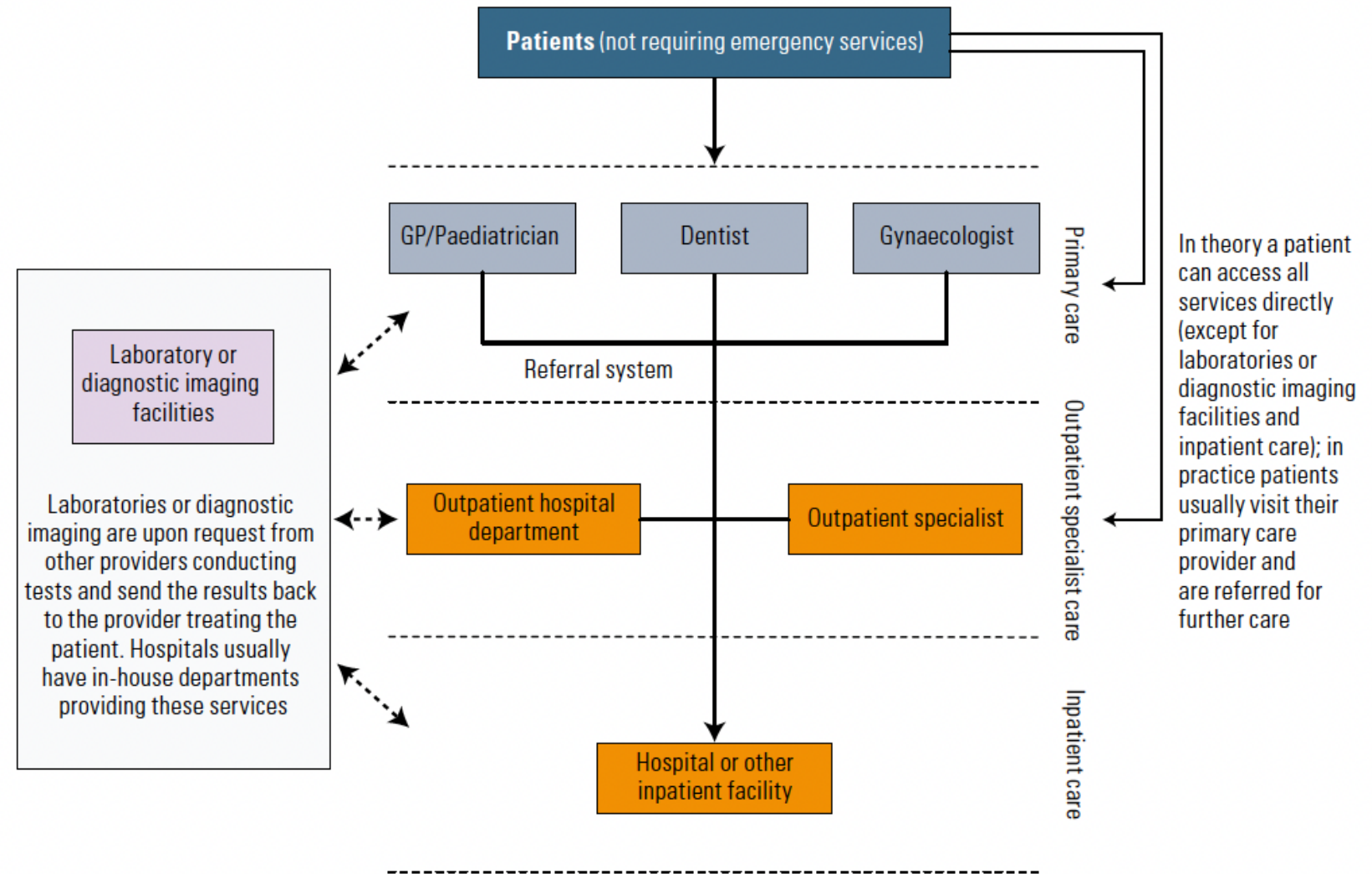
**FIG. 7.1** Self-reported unmet needs for medical and dental examinations, by main reason declared and income quintiles in Czechia and selected countries, 2020



Source: Eurostat, 2022.

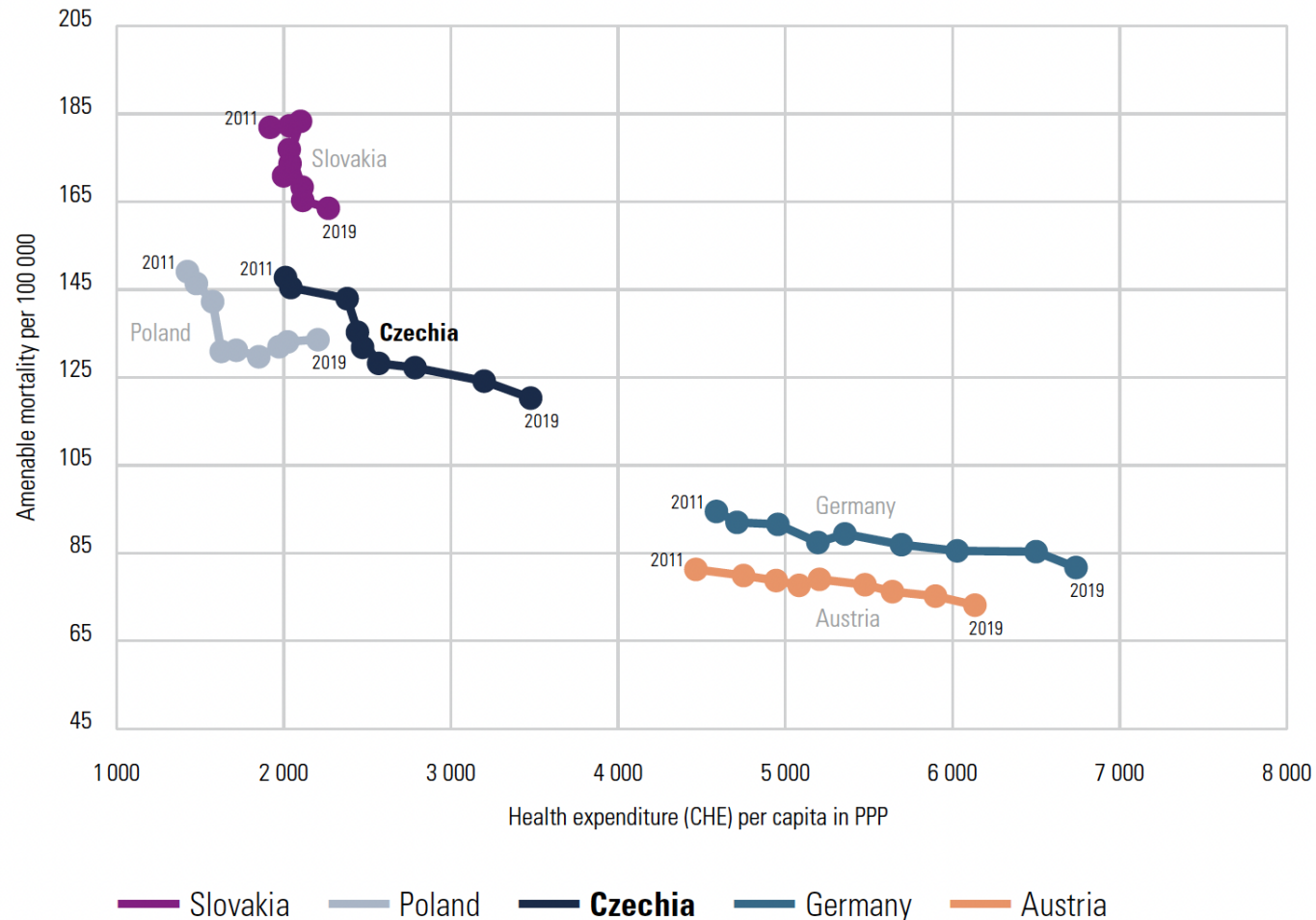
Source: Bryndová et al, 2023

# Patient Pathway

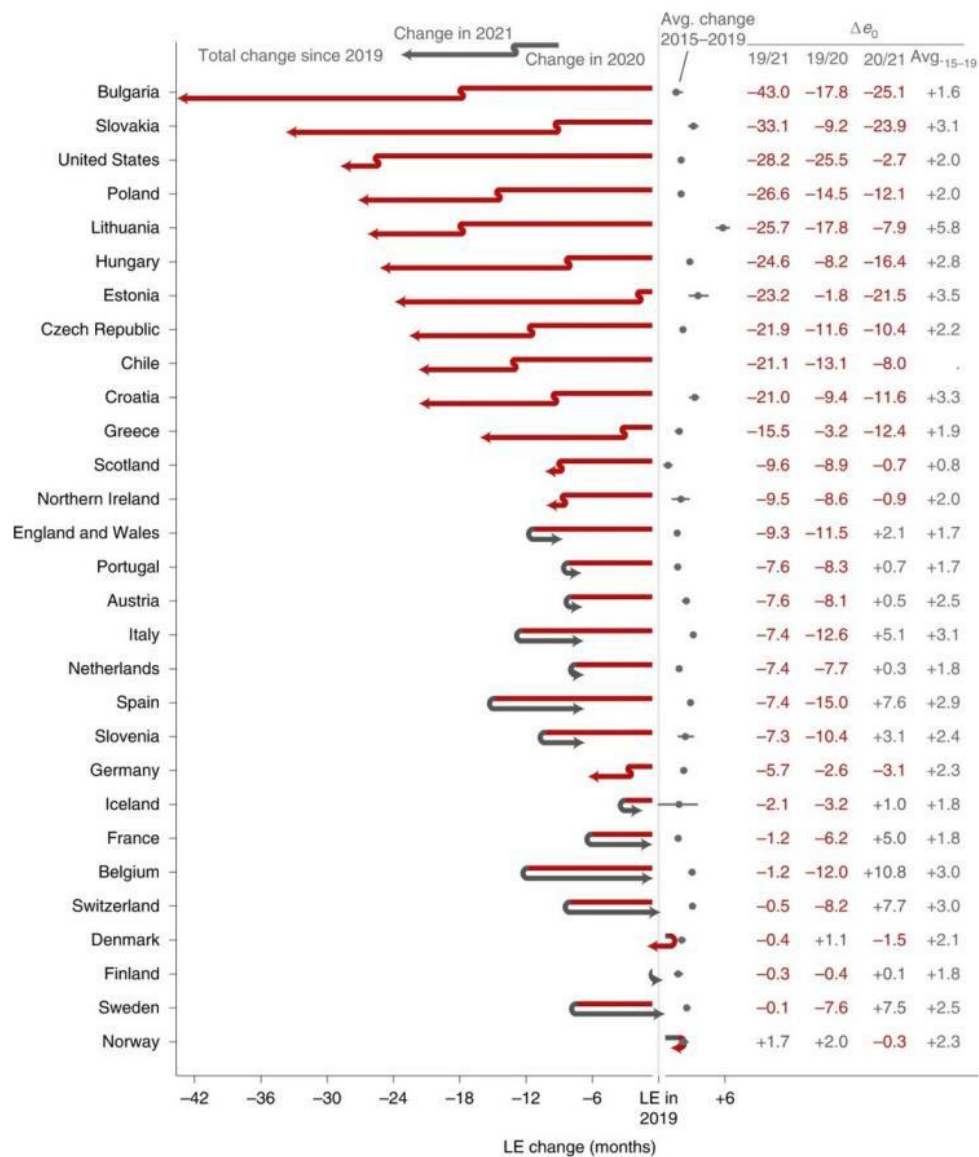


**FIG. 7.9** Amenable mortality per 100 000 population versus current health expenditure per capita, Czechia and selected countries, 2011–2019

# Efficiency

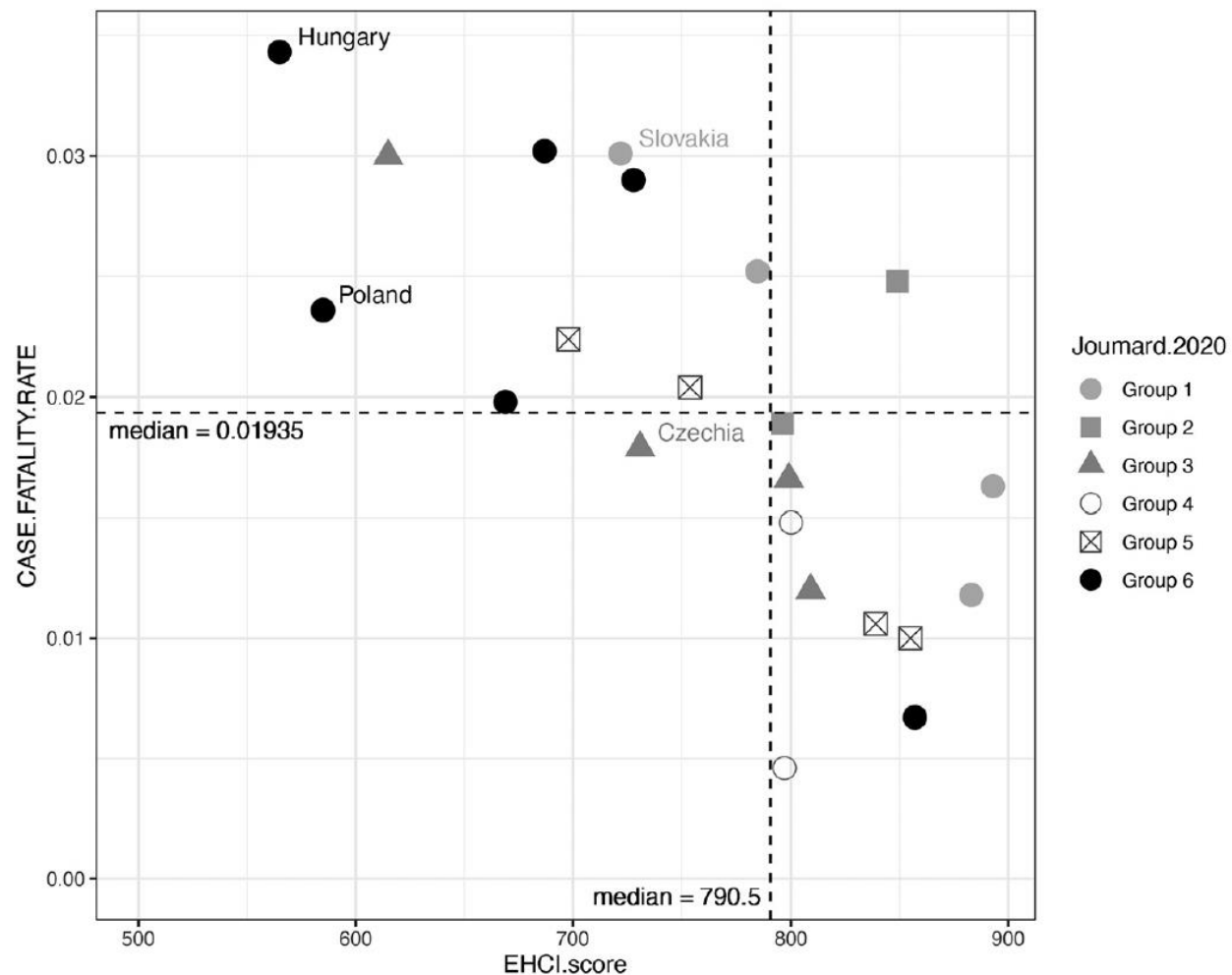


# Managing COVID-19



Source: Nature Human Behaviour, Scholey et al, 2022

# Managing COVID-19



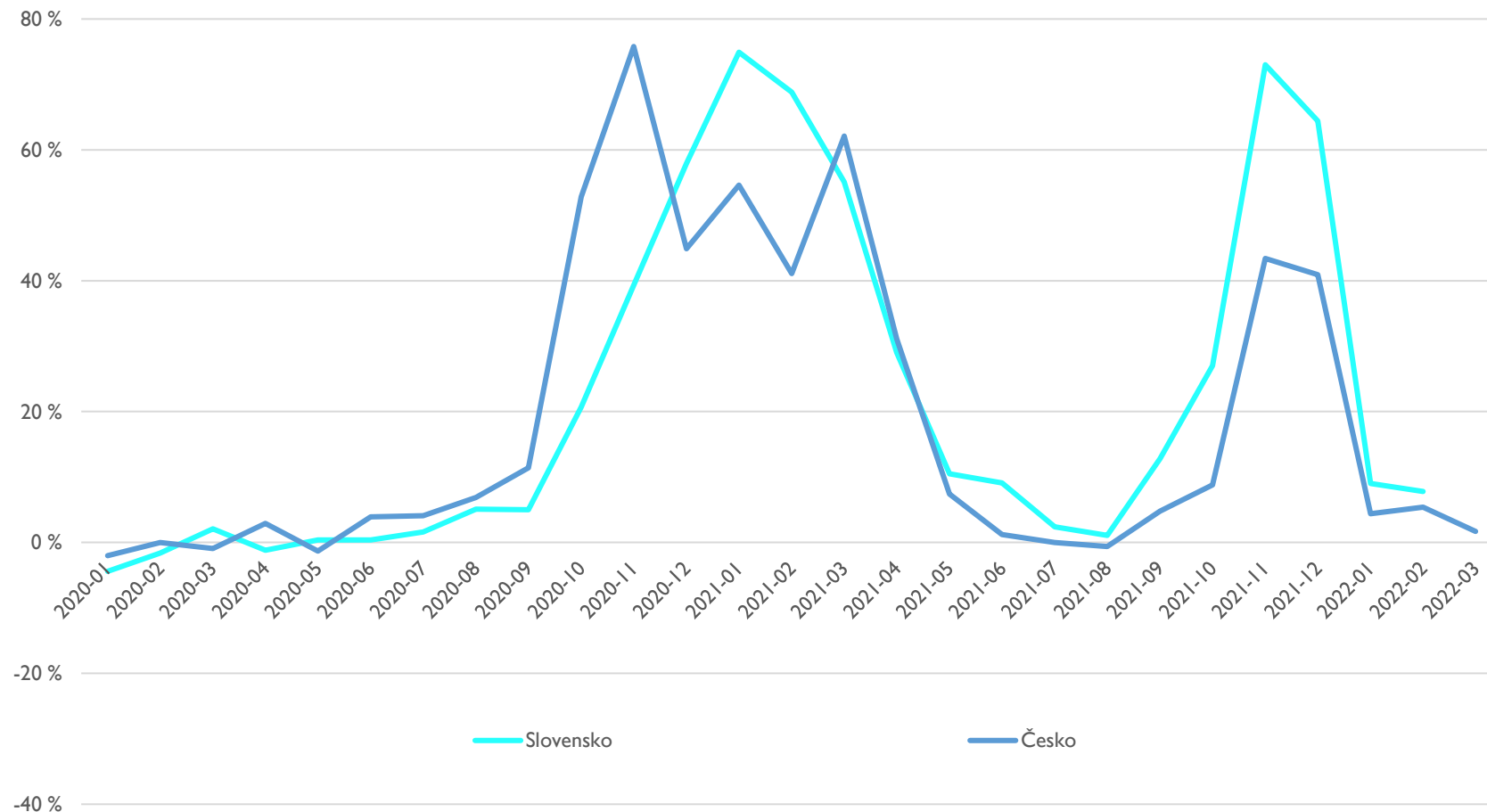
Source: Own calculations.

Fig. 6. COVID case fatality rate explained by EHCI scores and Jourard Groupings

Source: Pažitný et al, 2021

Peter Pažitný

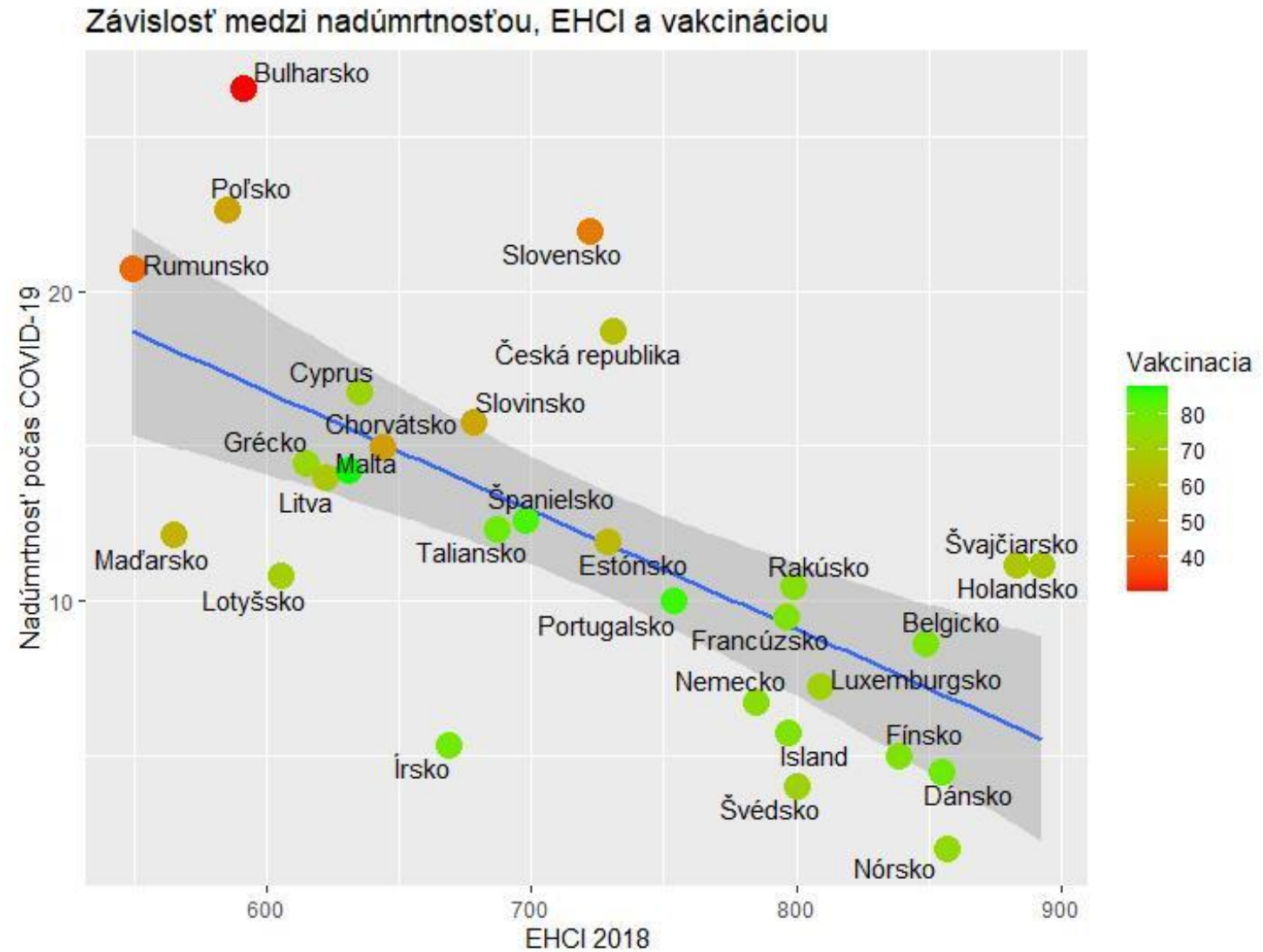
# Managing COVID-19



Source: Pažitný et al, 2021

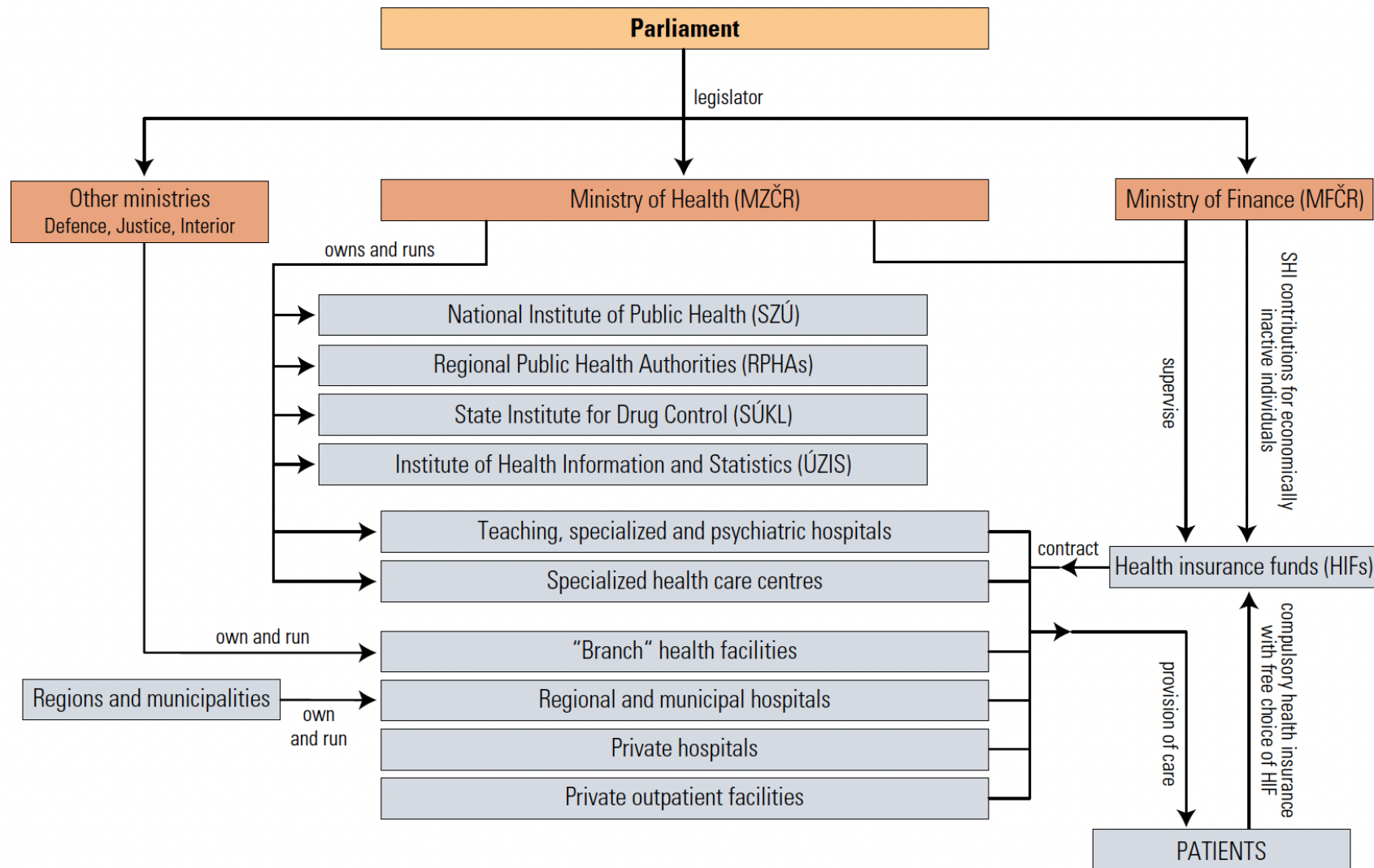


# Managing COVID-19



Source: Pažitný et al, 2023

# Organization



Source: Bryndová et al, 2023

Peter Pažitný

## Financing

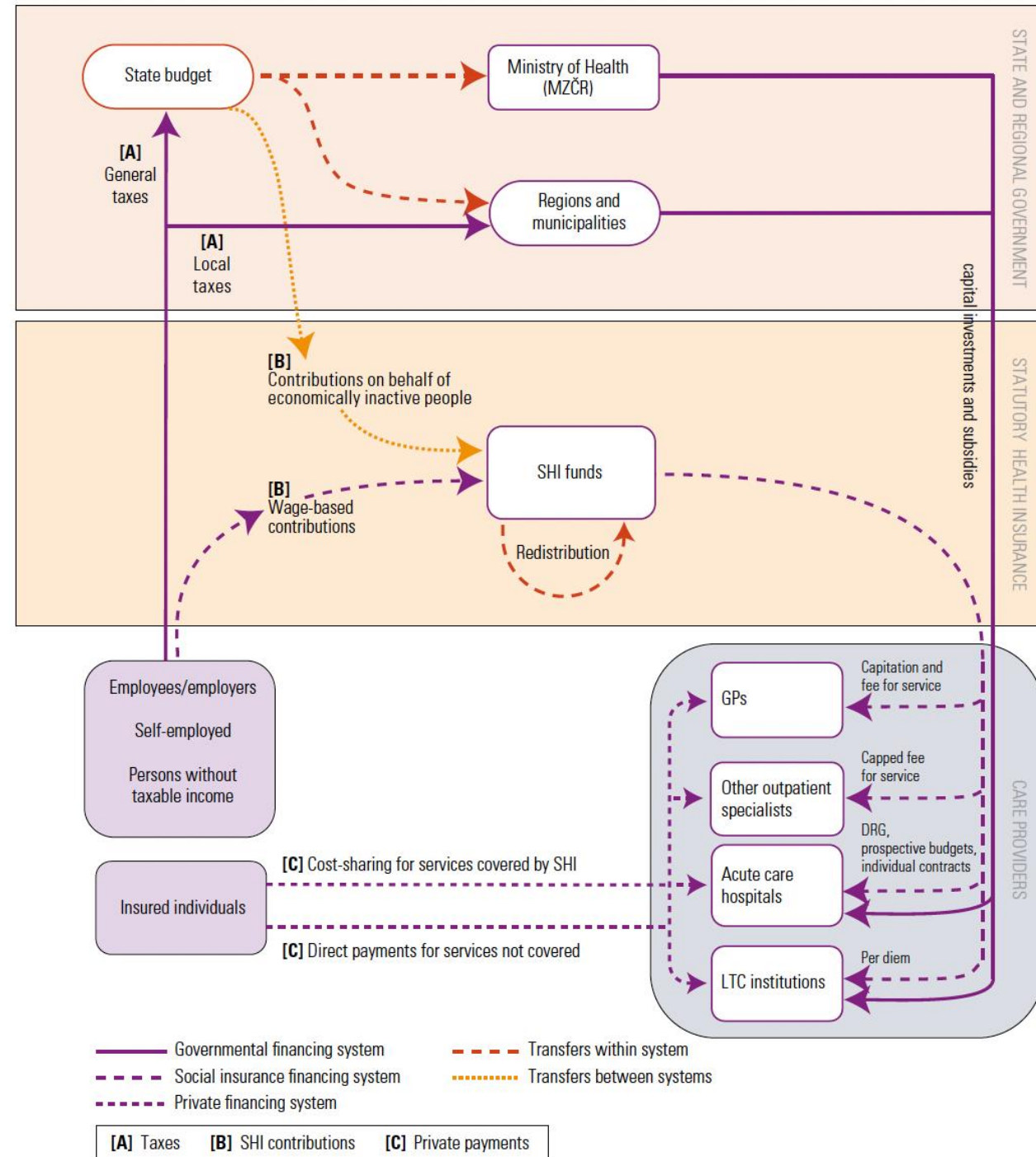
	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Collection of premiums	164.7	168.1	172.1	178.6	188.7	199.5	216.3	237.8	255.7	256.3	274.0
State budget transfers	53.0	59.0	53.7	59.9	60.9	62.3	65.3	68.4	71.8	97.3	128.0
Other	2.7	2.6	2.8	2.8	2.9	3.1	3.2	3.6	3.9	4.4	5.0
<b>Total SHI revenues</b>	<b>220.4</b>	<b>229.7</b>	<b>228.6</b>	<b>241.3</b>	<b>252.6</b>	<b>264.9</b>	<b>284.8</b>	<b>309.8</b>	<b>331.5</b>	<b>358.0</b>	<b>407.0</b>

Sources: MFČR (2014, 2015, 2016, 2017, 2018, 2019b, 2020a, 2021).

Note: SHI, statutory health insurance.

Source: Bryndová et al, 2023

# Financing



Source: Bryndová et al, 2023

**Thank you very much for your kind attention**