National Report – Czech Medical Chamber

ZEVA Meeting Sofia 2016

MUDr. Zdeněk Mrozek, Ph.D. – vicepresident, Czech Medical Chamber
Ongoing Crisis in Health Care

- Expenditure on health care in the Czech Republic - one of the lowest in the EU.
- Ongoing health care personnel shortage (some hospital departments have been closed)
- GPs shortage (insufficient payments from the health care insurance companies = increased waiting times both for general and special care)
- Labor Code abuse in hospitals as well as massive breach of regulations on minimal personnel of the health care providers
- Illegal employment of foreigners of doubtful qualification
- Government Program: unfulfilled promises (same payments to all health care providers, law on not-for-profit hospitals, strict division of health care insurance companies owners and owners of health care providing institutions)
Health Care Calls for Help

- Information campaign instead of protests
  - Czech Medical Chamber will truthfully inform about the true state of the Czech health care
  - Point out the cases of health care failures and their true causes
  - The aim is not to scare the patients but to warn the public and persuade the political representatives to approve basic changes and reforms in health care financing and organization
Health Care Calls for Help

- Campaign with the help of a professional media agency
- Letters to the Prime Minister, press conferences, advertising
- Web page – www.zdravotnictvivolaopomoc.cz, facebook posts, media coverage
- September 22, 2016: emergency congress of the Czech Medical Chamber: to inform about the state of the Czech health care
Česká lékařská komora už nemůže garantovat bezpečnost pacientů!

VARUJTE SVÉ BLÍZKÉ

Personální krize je již neúnosná, zdravotnictví začíná kolaborovat!

www.zdravotnictvivolaopomoc.cz
Health Care Calls for Help

- Underfinanced health care
- Finance shortage results in health care workers shortage
- Shortage of health care workers results in breaking laws (Labor Code etc.)

- Availability, quality, and safety of health care are decreasing
Money Shortage

Figure 2. Health spending* as a share of GDP, 2013

1 Preliminary estimate.
2 Data refer to 2012.
Medical Doctors Shortage

- Health care personnel = unwilling sponsors of the Czech health care
- Low labor cost – cause of seemingly high effectiveness of the Czech health care
- Doctors “vote“ with their legs – leave to other countries or leave the profession
- Deadly spiral: Less personnel in hospitals – more work – more exhaustion – higher probability of doctors´ departure
## Register of Medical Doctors

<table>
<thead>
<tr>
<th>Category</th>
<th>2013 Male</th>
<th>2013 Female</th>
<th>2013 Total</th>
<th>2015 Male</th>
<th>2015 Female</th>
<th>2015 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>5 398</td>
<td>7 503</td>
<td>12 901</td>
<td>5 307</td>
<td>7 458</td>
<td>12 765</td>
</tr>
<tr>
<td>Employed total</td>
<td>13 529</td>
<td>15 239</td>
<td>28 768</td>
<td>13 525</td>
<td>15 408</td>
<td>28 933</td>
</tr>
<tr>
<td>Graduates (years 0 -2)</td>
<td>1 354</td>
<td>2 733</td>
<td>4 087</td>
<td>1 003</td>
<td>2 082</td>
<td>3 085</td>
</tr>
<tr>
<td>Other personnel</td>
<td>9 768</td>
<td>11 412</td>
<td>21 180</td>
<td>10 060</td>
<td>12 147</td>
<td>22 207</td>
</tr>
<tr>
<td>Head Doctors</td>
<td>2 407</td>
<td>1 094</td>
<td>3 501</td>
<td>2 462</td>
<td>1 179</td>
<td>3 641</td>
</tr>
<tr>
<td>Retired (not working)</td>
<td>2 311</td>
<td>3 844</td>
<td>6 155</td>
<td>2 407</td>
<td>4 193</td>
<td>6 600</td>
</tr>
<tr>
<td>Parental leave</td>
<td>6</td>
<td>2 760</td>
<td>2 766</td>
<td>7</td>
<td>2 901</td>
<td>2 908</td>
</tr>
<tr>
<td>Other</td>
<td>518</td>
<td>493</td>
<td>1 011</td>
<td>516</td>
<td>496</td>
<td>1 012</td>
</tr>
<tr>
<td>Total</td>
<td>21 762</td>
<td>29 839</td>
<td>51 601</td>
<td>21 762</td>
<td>30 456</td>
<td>52 218</td>
</tr>
</tbody>
</table>
Doctors registered by the CMC (as of December 31, 2015)

- **52 218 members**
  - 2007: 46 297

- **41 698 active medical doctors**
  - Including the ones working abroad
  - 12 765 private practice
    - 2007: 13 078

- **58 % female doctors**
  - 2005: 53 % female doctors
  - In the category up to 30 years of age female doctors = 70 %

- **48,8 average age of working medical doctor**
  - 2004: 45,7
Aging Medical Doctors

Age group percentage in the working doctors

<table>
<thead>
<tr>
<th>Year</th>
<th>to 50</th>
<th>over 60</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td></td>
<td>10.5%</td>
</tr>
<tr>
<td>2000</td>
<td>67.0%</td>
<td>11.5%</td>
</tr>
<tr>
<td>2005</td>
<td></td>
<td>14.1%</td>
</tr>
<tr>
<td>2010</td>
<td>52.5%</td>
<td>18.5%</td>
</tr>
<tr>
<td>2013</td>
<td>48.0%</td>
<td>22.7%</td>
</tr>
</tbody>
</table>

Source: ÚZIS

Every fourth working medical doctor is over 60 years old
## Average Age of Working Doctors

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2004</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP (children)</td>
<td>51,1</td>
<td>56,3</td>
</tr>
<tr>
<td>GP (adults)</td>
<td>51,1</td>
<td>54,3</td>
</tr>
<tr>
<td>Gynecology and obstetrics</td>
<td>46,4</td>
<td>48,7</td>
</tr>
<tr>
<td>Surgery</td>
<td>44,4</td>
<td>47,6</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>41,6</td>
<td>44,4</td>
</tr>
<tr>
<td>Medical doctors (total)</td>
<td>45,7</td>
<td>48,4</td>
</tr>
</tbody>
</table>

Source: ÚZIS
“92 % of the surgery departments function only because the labor code is not observed”
  - Prof. MUDr. Pavel Pafko, DrSc.

“Departments of internal medicine are being closed in the whole Czech Republic.”
  - Prof. MUDr. Richard Češka, CSc.

“There are 200 qualified medical doctors missing in maternity hospitals.”
  - Doc. MUDr. Jaroslav Feyereisl, CSc.

“In case the Act On Health Care Service as well as the Labor Code shall be fully observed, there will be shortage of 394 doctors in First Aid Emergency Service.”
  - MUDr. Marek Slabý, MBA
Medical School Graduates

Germany

- University hospitals
  - 4 220.- EUR
- Community hospitals
  - 4 023.- EUR
- EWTD observed
- Transparent system of further education

CR

- State hospitals (salary)
  - 23 460.- CZK
  - Approx. 835.- EUR
- EWTD not observed
- Unclear and complicated system of education

Source:
## Medical Doctors Migration

<table>
<thead>
<tr>
<th>Year</th>
<th>Certificate of good standing</th>
<th>Certificate of non-membership in CMC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>263</td>
<td>50</td>
<td>313</td>
</tr>
<tr>
<td>2009</td>
<td>272</td>
<td>64</td>
<td>336</td>
</tr>
<tr>
<td>2010</td>
<td>557</td>
<td>135</td>
<td>692</td>
</tr>
<tr>
<td>2011</td>
<td>501</td>
<td>172</td>
<td>673</td>
</tr>
<tr>
<td>2012</td>
<td>339</td>
<td>207</td>
<td>546</td>
</tr>
<tr>
<td>2013</td>
<td>330</td>
<td>193</td>
<td>523</td>
</tr>
<tr>
<td>2014</td>
<td>361</td>
<td>199</td>
<td>560</td>
</tr>
<tr>
<td>2015</td>
<td>354</td>
<td>209</td>
<td>563</td>
</tr>
</tbody>
</table>

Source: CMC Register
Czech Doctors Abroad

<table>
<thead>
<tr>
<th>Country</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UK</td>
<td>1,266</td>
</tr>
<tr>
<td>Germany</td>
<td>1,014</td>
</tr>
<tr>
<td>Austria</td>
<td>106</td>
</tr>
</tbody>
</table>
Crisis Solutions

1) Health care expenditure increase
2) Justice in medical care payments
3) Increase of medical workers incomes
4) Health care workers education reform
5) Independent supervision
Health Care Expenditure Increase

- Law on regular increase of state health care insurance payments for children, elderly and unemployed
- Introduction of health tax on alcohol and tobacco (or redistribution of the VAT from these commodities directly to medical care)
- Introduction of commercial health care co-insurance provided by health care insurance companies only
Justice in Medical Care Payments

- Health insurance companies pay different amounts of money to different health care institutions for the same medical act performed.
- Extremely non-transparent system – source of corruption.
- In reality the right to choose a medical doctor or institution is not observed – the doctor or institution who have not signed contract with the insurance company cannot provide health care for its clients (the care will not be paid for by the insurance company).
• Same payment for the same treatment for all doctors and institutions by all health insurance companies
• Regular valorization of payments (at least 10% every year)
• Abolishment of unjust regulations (former government regulations) and introduction of functional revision in the health care insurance system
• Revision and supervision is only administrative
Possibility to pay for above-standard methods and materials, which are not covered by the public health care insurance without losing the right for payment for the standard methods and materials
Increase of Medical Workers Incomes

- Government promise: increase of hospital MD salaries (next 3 years: every year 10%)
- However: obligatory in university hospitals only
- Other (smaller) hospitals not governed by the State – increased shortage of fully qualified MDs
- Limits of overtime work as stated by the Labor Code should be observed
Health Care Education Reform

- Post-graduate education
- Discussed in the Parliament
- The system valid so far:
  - complicated
  - unclear
- Requirements sometimes not possible to fulfill (number of treatments performed, number of different methods used) - leads to cheating
• Fragmentation of specializations (46 basic specializations)

• Foreign doctors should be able to speak Czech well (examination) otherwise it should not be possible to work in the CR
Independent Supervision

- CMC should be able to check number of the qualified personnel of the health care providers (now the Regional governments who are at the same time providers)
Thank you for your attention