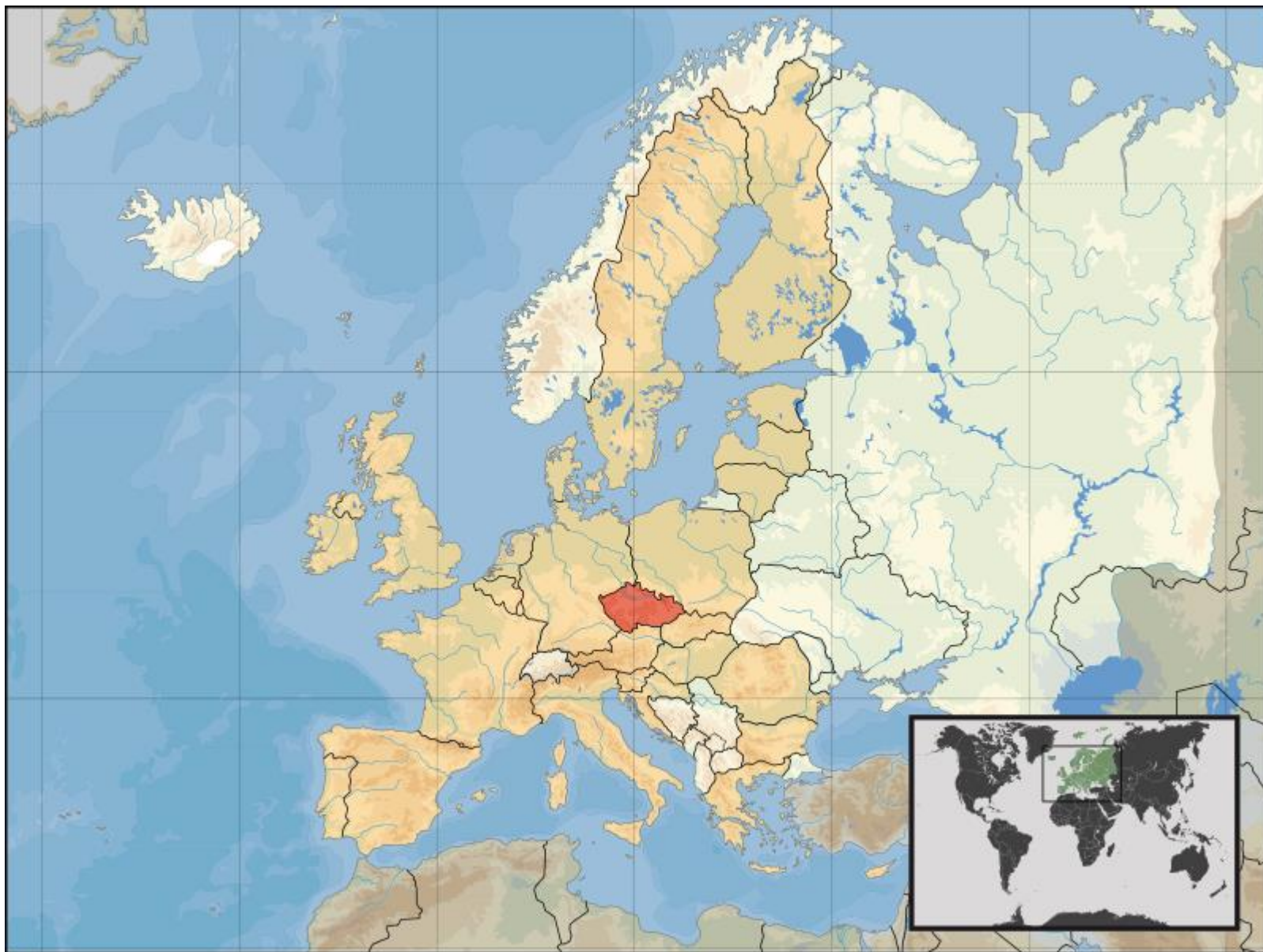


Is long-term care in the Czech Republic equitable, available, and efficient? Major developments and challenges for long-term care in the Czech Republic

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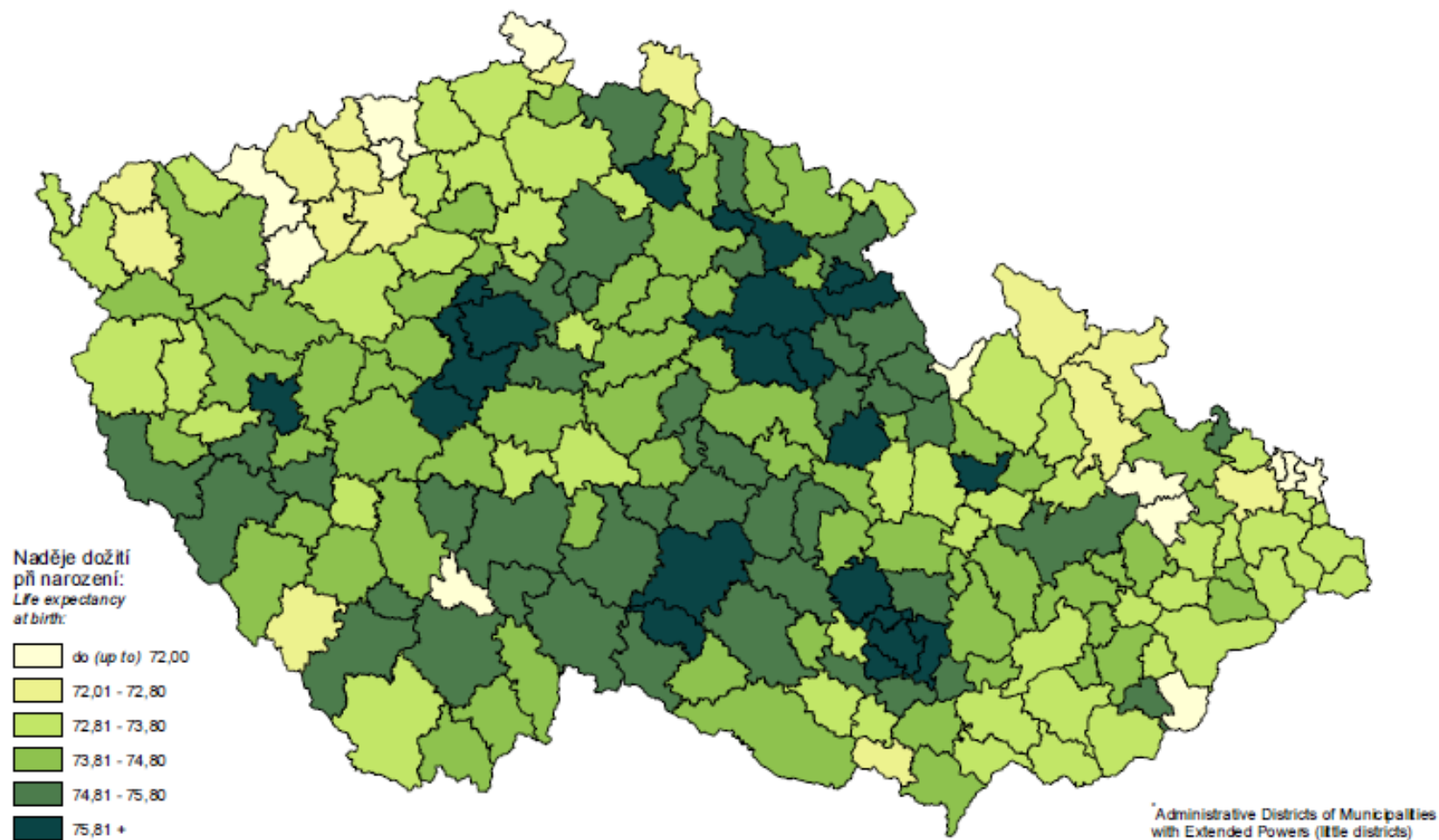


Czech Republic (since 1993)

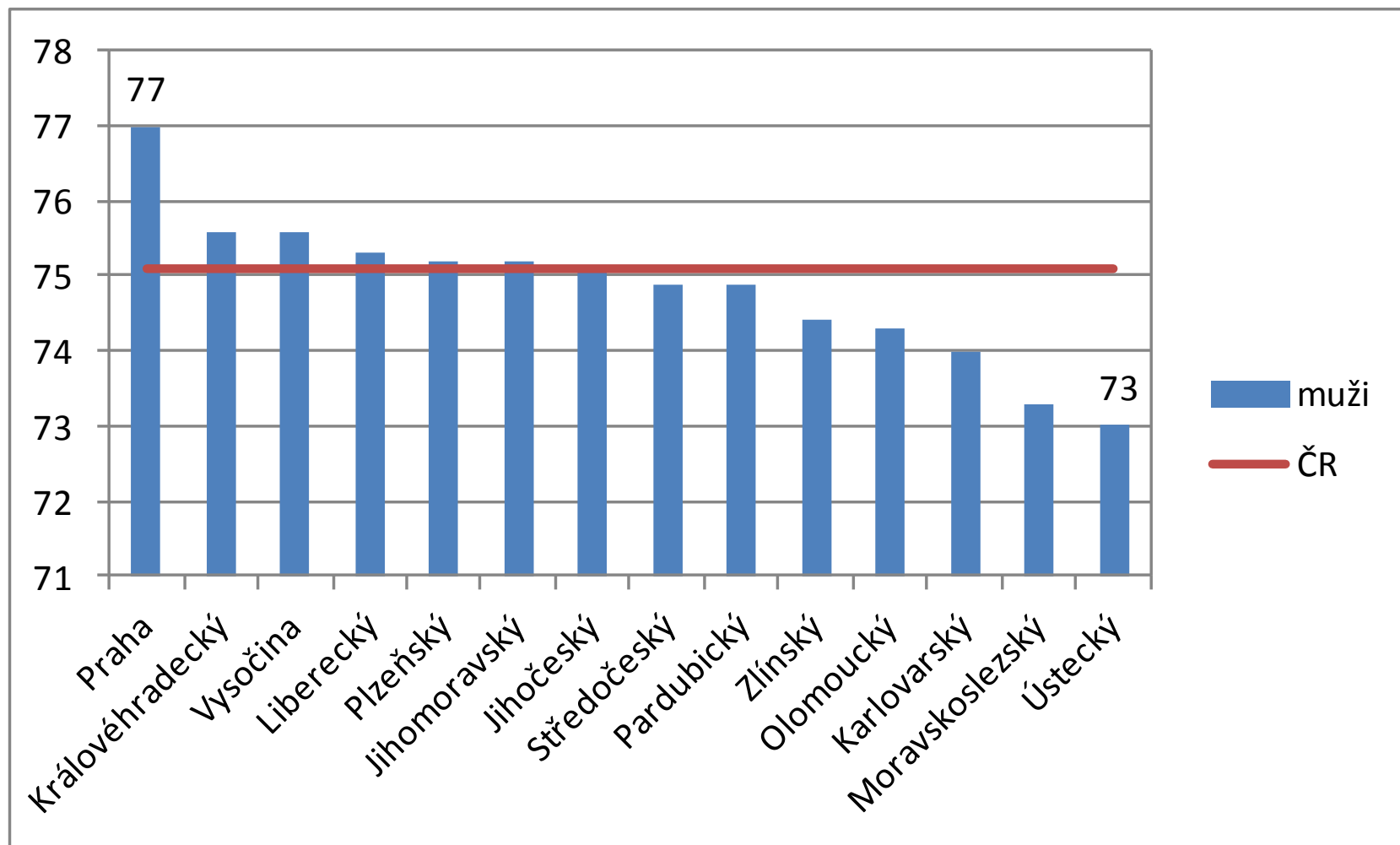


- Population 10,5 mil. (6 % foreigners)
- Life Expectancy (males 75,2, females 81,1)
- Unemployment 7,4 % (end of July 2014)
- Economic growth 2,7% (2nd Q of 2014)
- Spending on health (7,5% of GDP)
- 6.250 towns and villages (205 with administrative competencies -45 ths. inhabitants on average),
- 14 regions (regional authorities), 77 districts
- 2/3 of population in towns with less than 50 ths.

Naděje dožití mužů při narození v SO ORP v období 2008-2012
Male life expectancy at birth in SO ORP in 2008-2012*

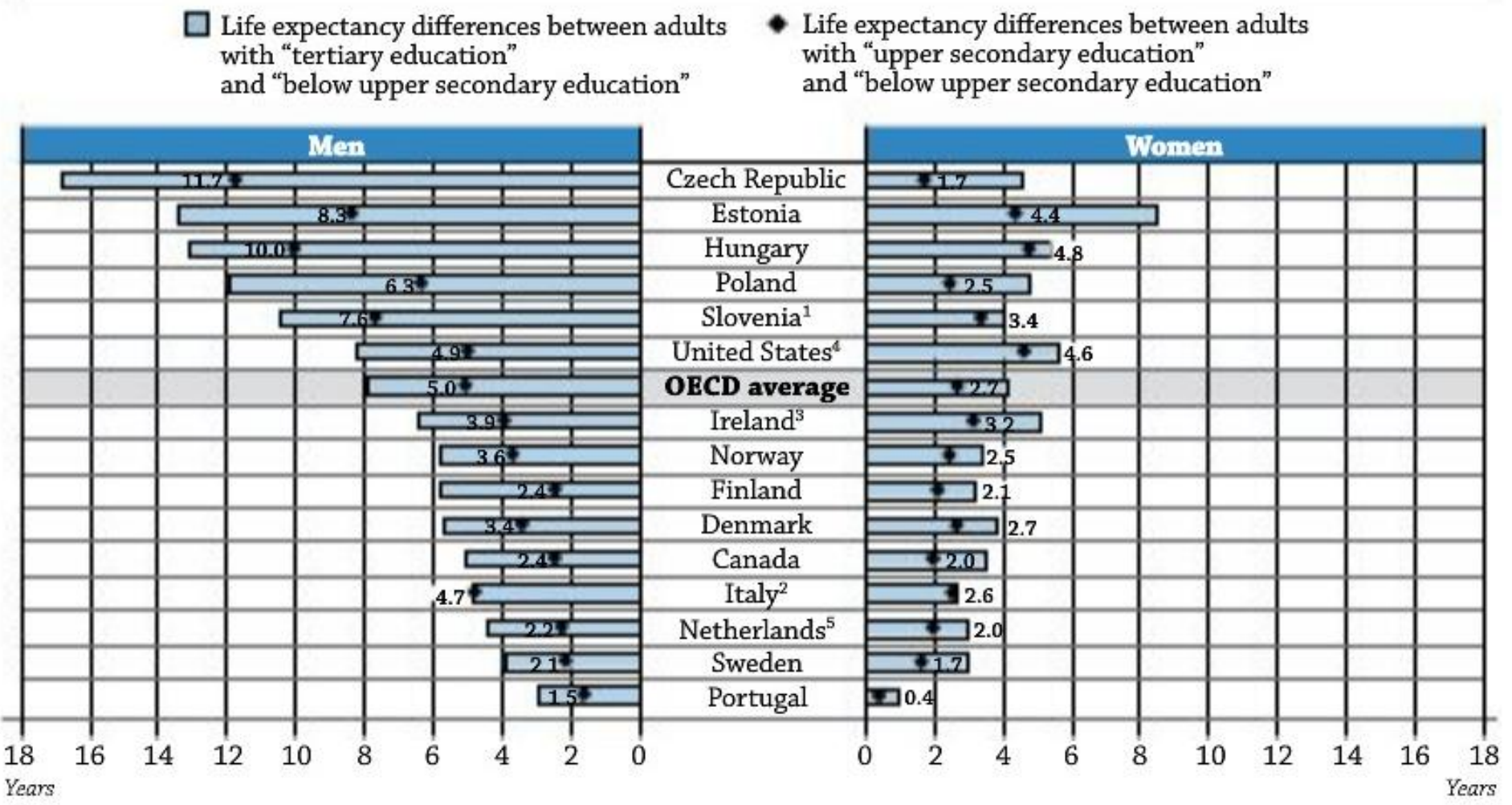


Life expectancy, regions, males (2011-2012)



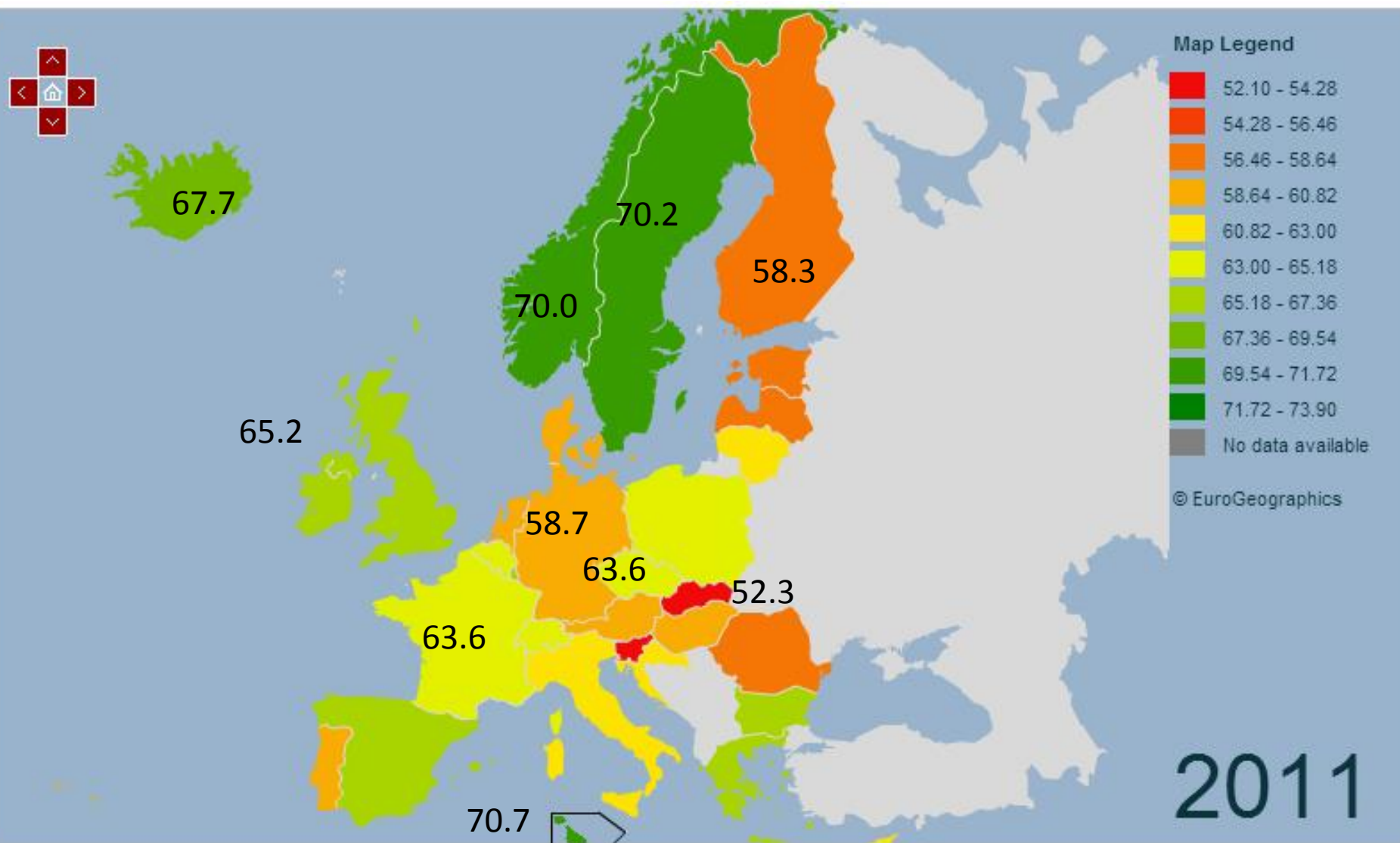
Zdroj: ČSÚ (2013)

Chart A11.1. Difference in life expectancy by educational attainment at age 30 (2010)
*Differences between those with “tertiary education”
 and “below upper secondary education” at age 30, by gender*



Note: ¹ Countries are ranked in descending order of the difference in life expectancy among men at age 30. ² across education levels.

Healthy Life Years, Ženy, 2011



Health system

- Financed by public health insurance (1 general, 6 employer providers)
- Home health care (agencies)
- Long-term care facilities (for „long-term ill“ patients)
- Key role of regional authorities
- Act on health services, Health insurance act etc.
- Out of pocket payments introduced in 2008 (30 CZK, app. 1 EUR – ambulatory care, pharmacy – prescription; 100 CZK for one day in hospital – cancelled since 2014)

Social care system

- Social services act of 2006 (major reform)
- Care allowance introduced (4 degrees)
- Medical assessment service, employment offices
- Key role of municipalities in provision
- Providers from regions, cities, charities, NGOs
- Financed by state budget (care allowance, subsidies, direct payments)

Care allowance (2012)

| | no of recipients in thousands | share in all recipients | share in the given population |
|--------------|-------------------------------|-------------------------|-------------------------------|
| 65 and over | 213,1 | 68% | 12% |
| 75 and over | 170,9 | 55% | 24% |
| 85 and over | 80,7 | 26% | 48% |
| less than 65 | 99,6 | 32% | 1% |
| total | 312,7 | 100% | 3% |

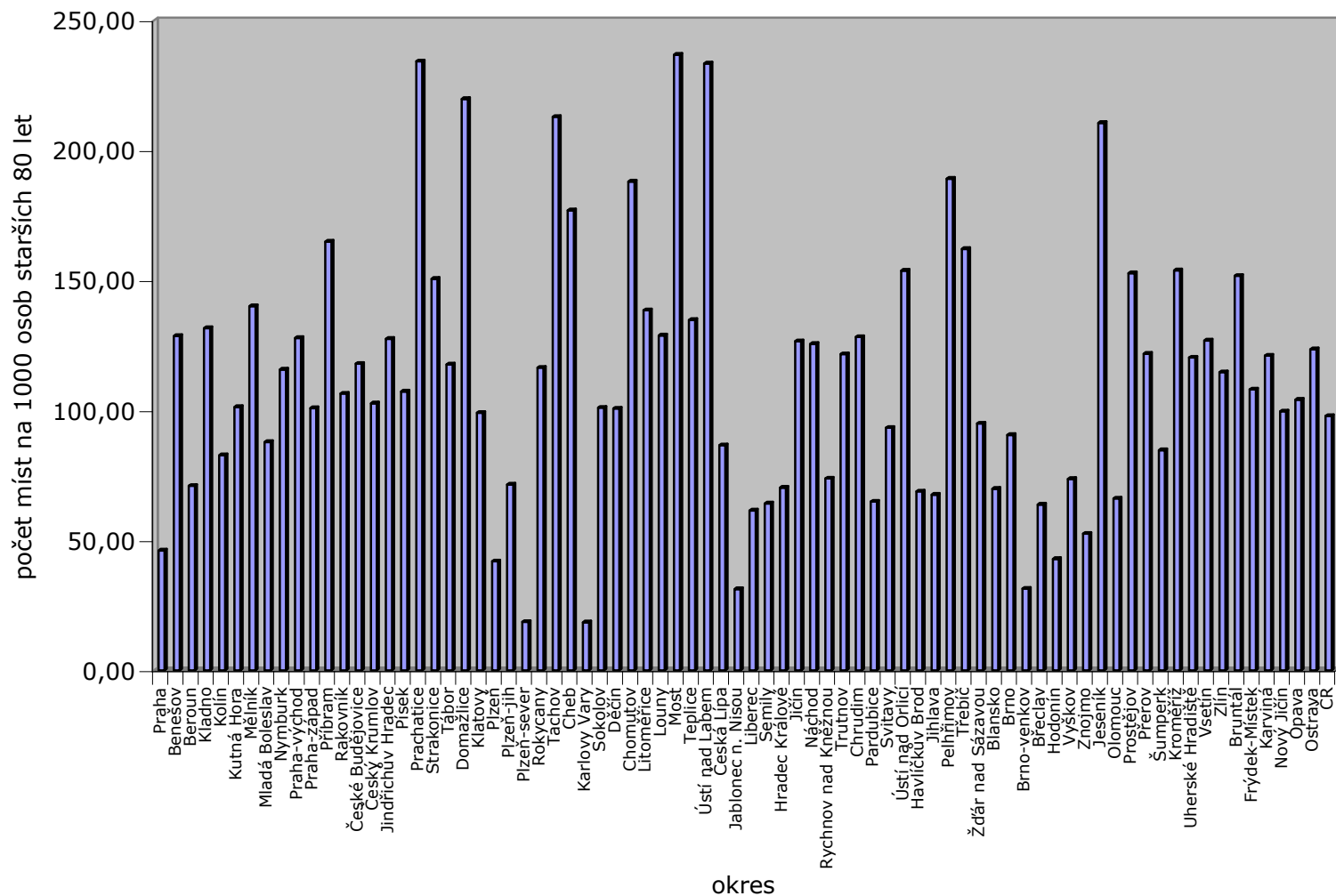
- two thirds of all recipients are age 65 and over
- two thirds of all recipients are in I. and II. degree
- half over 75 of age
- three quarters use (also) informal care

Long-term care

- No single, discrete long-term care scheme
- LTC has been prepared but not adopted
- Nursing units in seniors homes
- „Social hospitalizations“ in health facilities (due to unavailable informal or formal care)
- Very uneven regional distribution, esp. of social services (small towns and villages, „inner peripheries“ – inner borders of regions)

Number of places in seniors homes per thousand 80+ (Průša, 2010)

Počet míst v domovech pro seniory na 1000 osob starších 80 let v r. 2010



Long-term care - health and social services

- different registration criteria
- different quality standards
- different personal requirements
- different payments for care
- different system of financing
- unclear definition of recipient (target group)
- different conditions for workers (remuneration)

= uneven quality, access to health care – more and more people dying in social care institutions (palliative care, standards)

Right for long-term care?

- Health services (entitlement, coverage by health insurance)
- Social services (care allowance, but uneven accessibility to home or residential care – shortages of places, uneven geographical distribution)
- Long waiting times in social care

Role of municipalities

- Very vague definition in Local Government Act
- *municipalities create conditions for development of social care and addressing the needs of citizens in line with their local traditions and circumstances*
- No duties according to the Social Services Act (only regions have to „plan social services“)
- No right for emergency care, or housing adaptations

Challenges

- Access to some types of services
- Lack of coordination of services, esp. social and health
- „Resortism“ (barriers between social and health sectors)
- Seniors homes – people are older, more ill and frail (homes don't have to meet criteria for LTC in health legislation)
- Weak position and resources of municipalities
- Unstable conditions (financing, legislation)
- Different conditions for health and social services and patients

Challenges

- Lack of comparable data between social and health sector (evidence on societal costs and impact of health sector on social sector and vice versa)
- Impact of care
- Choice of care
- Health workers in seniors homes

Conclusion

- Accessibility improved, but still shortages
- Not sufficient data to compare outcomes and quality
- Income and regional disparities increasing
- Role of private sector probably to increase
- Working conditions in health and social sector (and public and private sector)

Thank you for your attention

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