

Mental Health Financing in the Czech Republic

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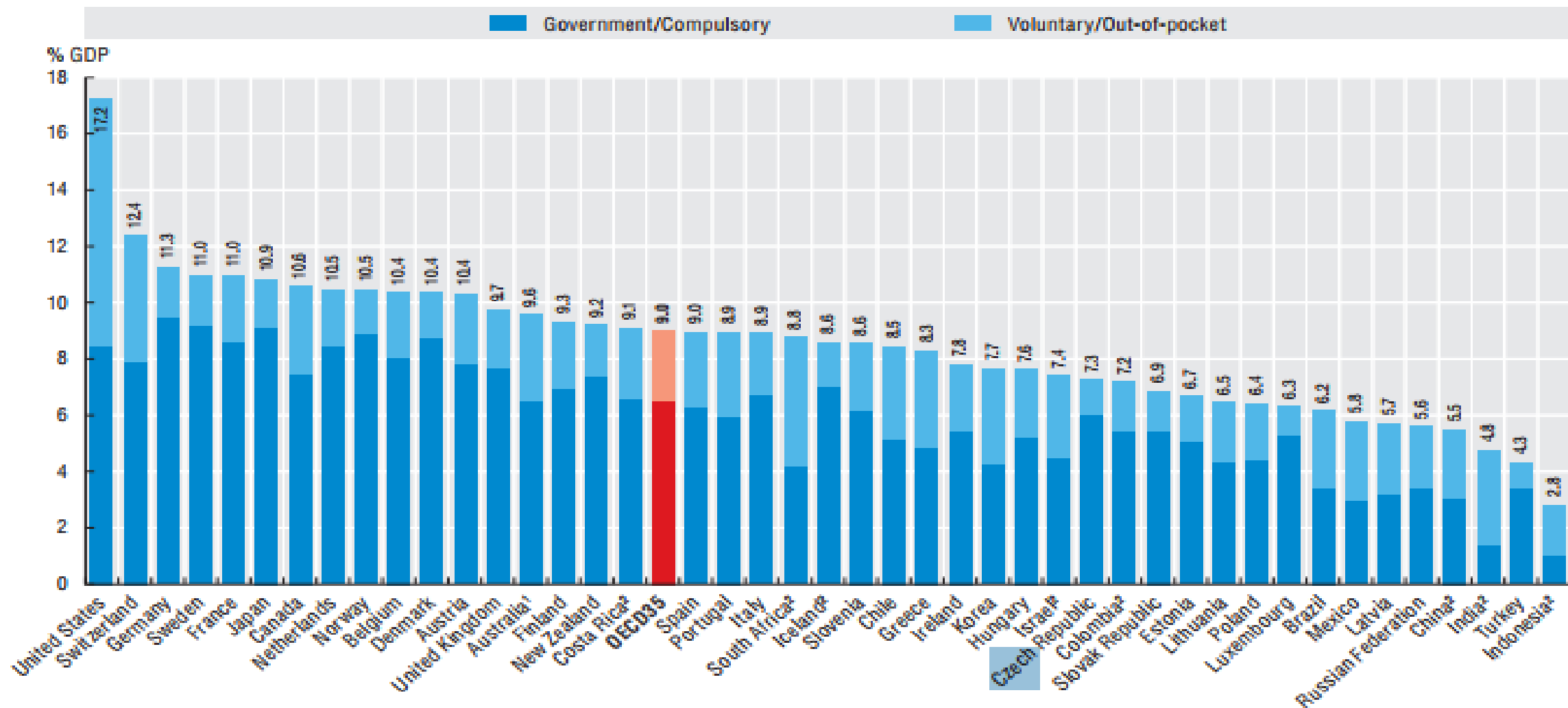
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November 2019

Health Financing Sources

- Central, regional a local budgets (5%)
- Public health insurance (80 %)
- Private expenditures (drugs, dental services, medical aids) (15 %)

7.3. Health expenditure as a share of GDP, 2016 (or nearest year)

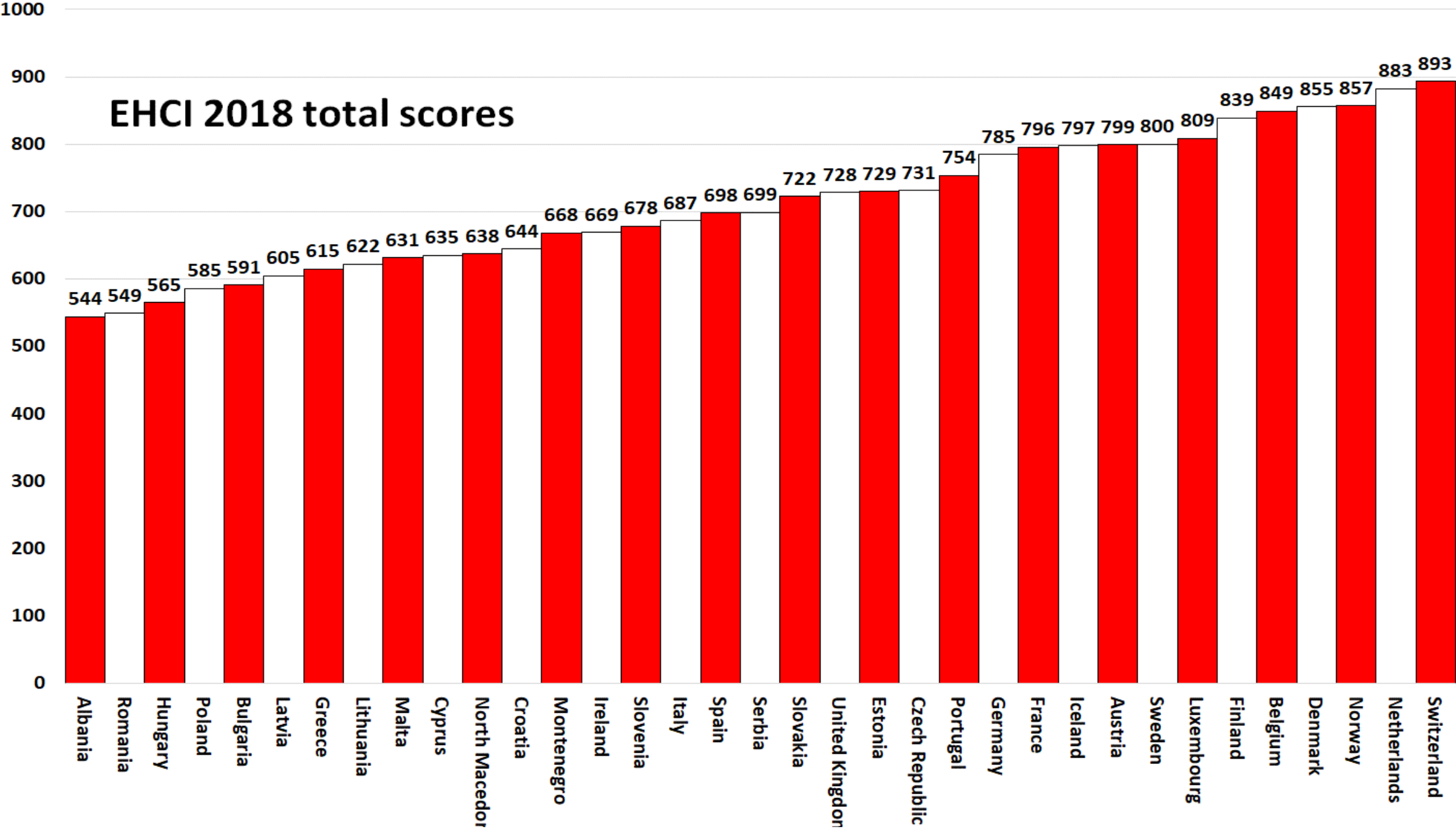


Note: Expenditure excludes investments, unless otherwise stated.

1. Australian expenditure estimates exclude all expenditure for residential aged care facilities in welfare (social) services.
2. Includes investments.

Source: OECD Health Statistics 2017, WHO Global Health Expenditure Database.

EHCI 2018 total scores



Public Health Insurance System

- 10.5 million inhabitants
- public health insurance is the most important source of health financing
- health insurance is compulsory for all persons with permanent stay or employment in the country
- the contribution is 13.5 % from income
- the government pays for non-earning population from the state budget (children, retired, unemployed, etc.)
- 7 public health insurance funds

Reimbursement mechanism

- mental health is integral part of health system
- mental health services are paid as any other health services
- outpatient services are paid by fee-for-services system (fees in points, with regulations)
- inpatient psychiatric services in psychiatric hospitals are paid by per-day system
- acute care in general hospitals is paid by DRG
- drugs – reference price system

Capacities and utilisation (2017)

- 940.45 physicians in outpatient psychiatric services (88.8 per 10000), 2,923,918 contacts, 652,780 patients
- 18 psychiatric hospitals, 8,709 beds, 8.2 per 10000
- 3 psychiatric hospitals for children, 210 beds, 1.0 per 10000 children
- 31 psychiatric departments in general hospitals, 1317 beds
- 57,877 hospital admissions, 38,100 in psych. hospitals, 19,594 in general hospitals, 183 in other inpatient institutions

Reimbursement Decree

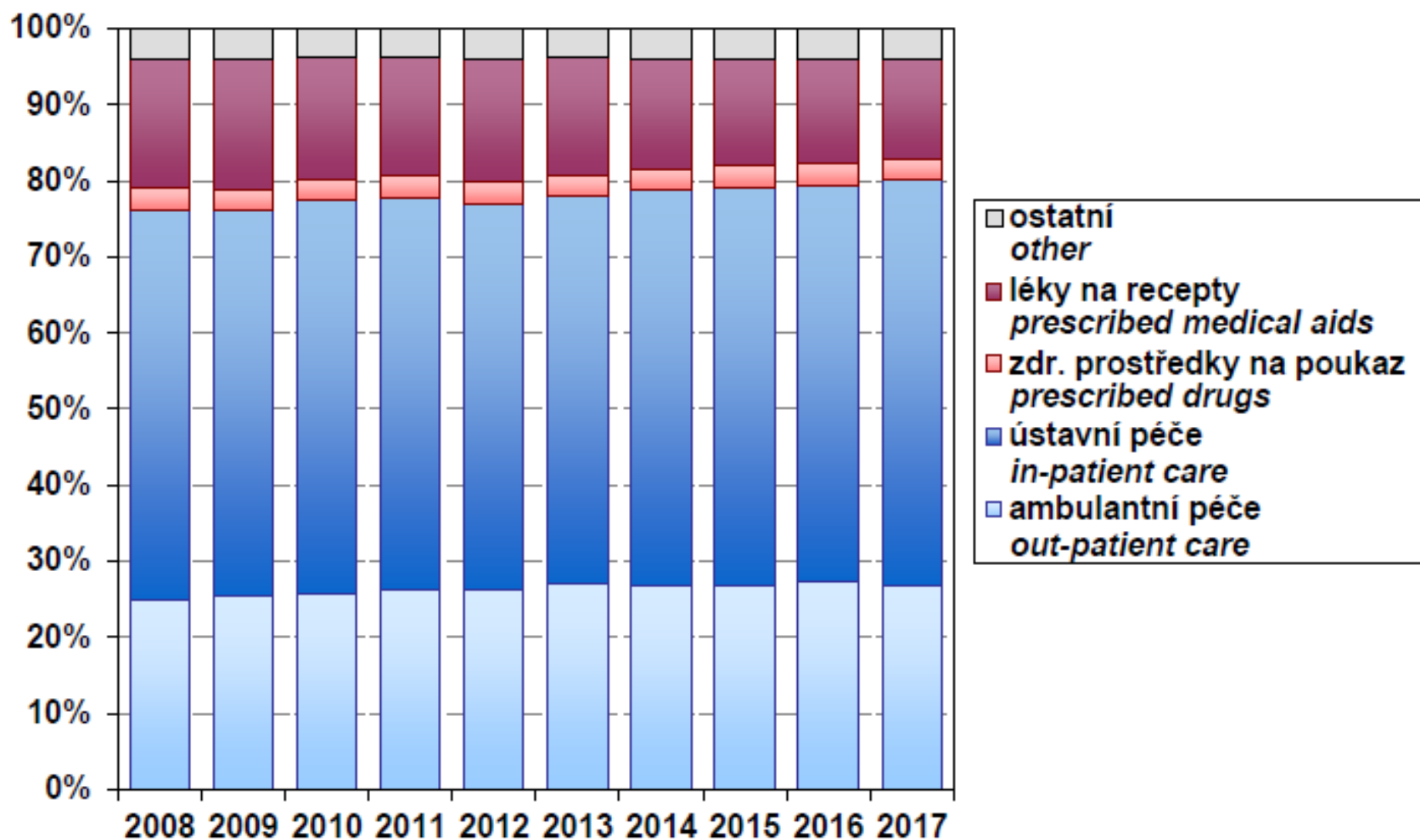
- Each year Ministry of Health issues the so-called Reimbursement Decree, which is ideally based on negotiations between providers and insurers.
- If agreement is not achieved (regularly), the ministry makes decision.

$$CELK PU_{drg,2019} = \min \left\{ 1; \frac{CM_{red,2019,016,10}}{0,97 * CM_{2017,016,10}} \right\} * IPU * I_{ZP} + OD_{příloha 9,10} - EM_{2019,10}$$

$$KN_{10} = 1 + \frac{0,14}{ARCTG \left(\frac{1}{37} * \sqrt{\frac{PU_{drg,2017,10}}{CM_{2017,016,10}} - 24000} \right)}$$
$$I_{GUP} = \max \left[0; \min \left(1; \frac{\left(\frac{GUP_{2019}}{GUP_{2017}} - 1 \right)}{0,5 * \left(\frac{CM_{red,2019,016,10}}{CM_{2017,016,10}} - 1 \right)} \right) \right]$$

Podíl nákladů zdravotních pojišťoven na zdravotní péči podle segmentů

Structure of costs of health insurance companies by segments of health care



Mental Health Centres (1)

- The mental health care reform was announced in 2013.
- The mental health care is still largely **hospital based**, one of the major aims is to shift the care from large psychiatric hospitals **to communities**.
- The reform introduces **mental health centers** (MHCs), which should serve catchment areas of 100 000 inhabitants and offer community services for severe mental illnesses.
- A MHC is staffed by **multidisciplinary team**: psychiatric nurses, social workers, psychiatrists and psychologists. MHC provides mobile case management services, crisis interventions, day care services, and out-patient psychiatric and psychological care.

Mental Health Centres (2)

- In 2018, the first 5 MHCs started their operation financed from EU funds, 15 MHCs started in 2019.
- After 18 months, health insurance (health service part) and regional social budgets (social service part) should finance MHCs, firstly 1. 1. 2020).
- Health insurance funds operate nationally, have a long-term experience with health services financing.
- 14 regions finance social services by subsidies by different rules in each region, the network of regional services is updated once a year (tender is announced, political decision – approved by assembly).

NGO income (addiction and substance abuse)

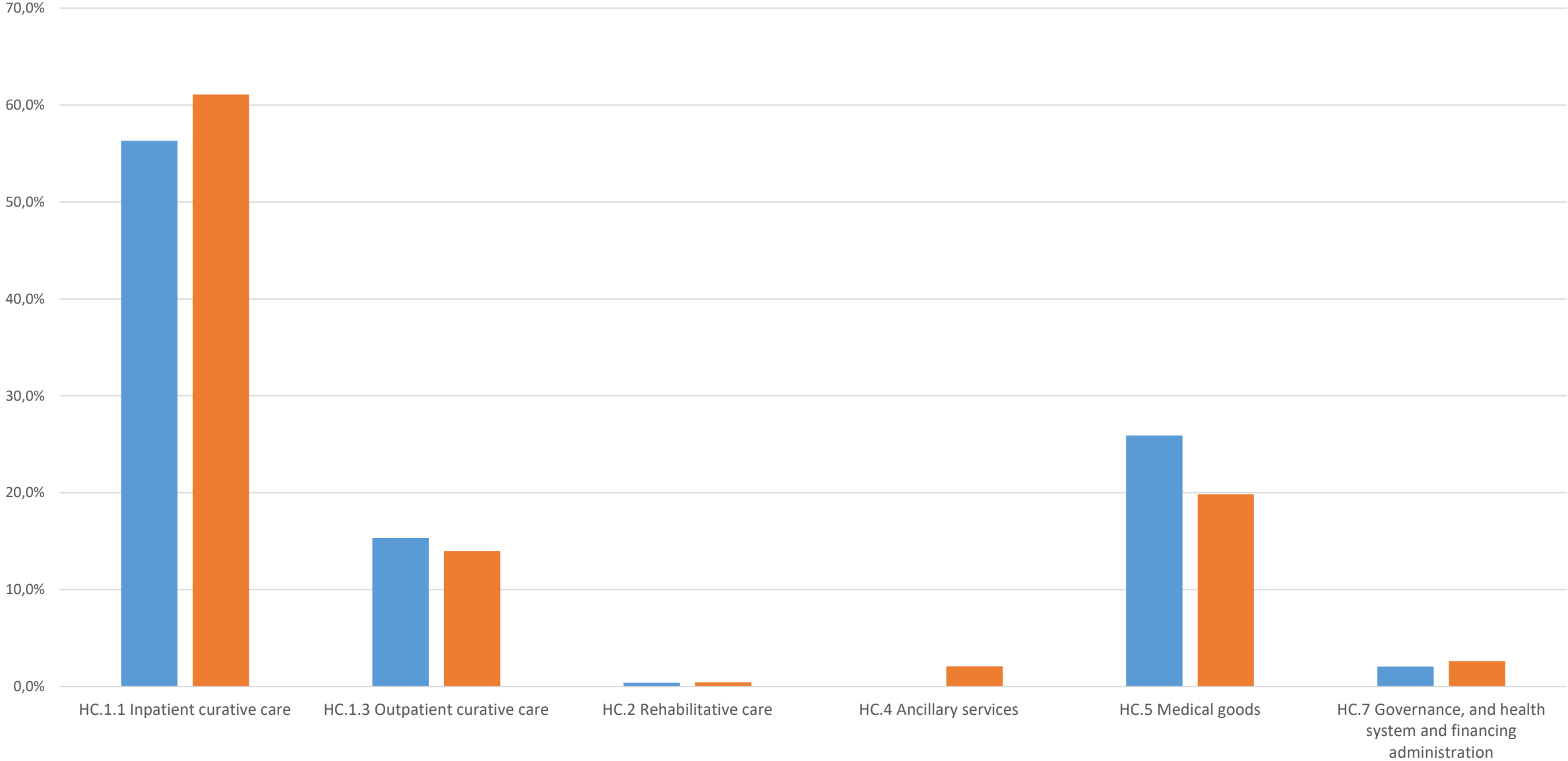
Financing sources	Financed programmes
Regions	primary prevention harm reduction care and social inclusion
Municipalities, city districts	primary prevention harm reduction care and social inclusion
National Council for Drug Policy Coordination, the Office of the Government	primary prevention harm reduction care and social inclusion
Ministry of Social Affairs	harm reduction care and social inclusion
Ministry of Health	harm reduction care and social inclusion
Ministry of Interior	prisoners, probation services
Ministry of Education, Youth, and Sport	primary prevention
Public health insurance funds	care

Mental Health Expenditures (MHE)

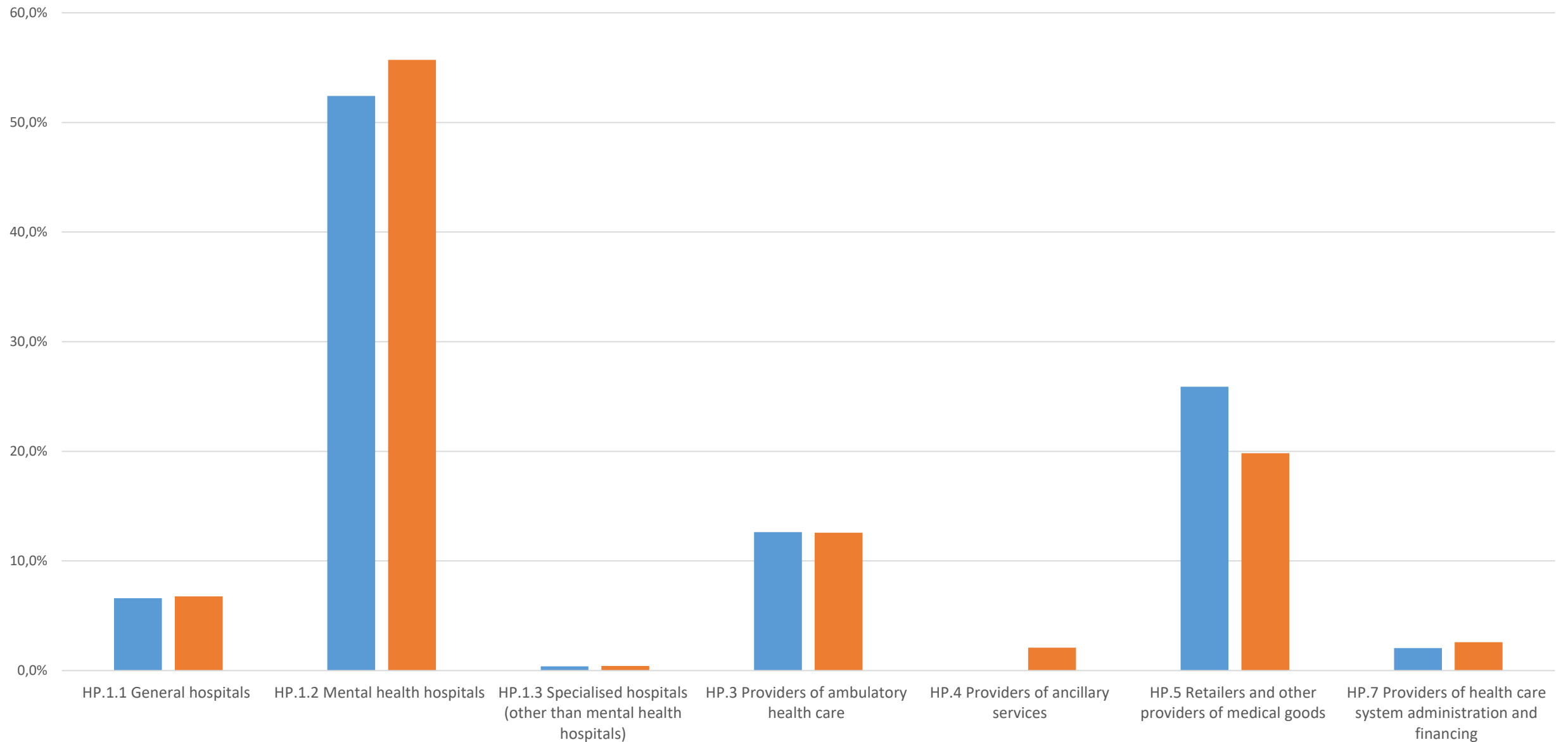
Year	MHE as % Total HE	Methodology	Source
2001	3.54 %	Expenditure categories	Dlouhý, 2004
2006	4.14 %	SHA 1.0	Dlouhý, 2011
2015	4.08 % 3.87 %	SHA 1.0 SHA 2011	Broulíková, Dlouhý, Winkler, 2019
Not available	3 % CZ 6.3 % median	Review of countries of the Euro WHO region	Jacob et al., 2007

MH expenditures by health care function (type of service), 2006, 2015

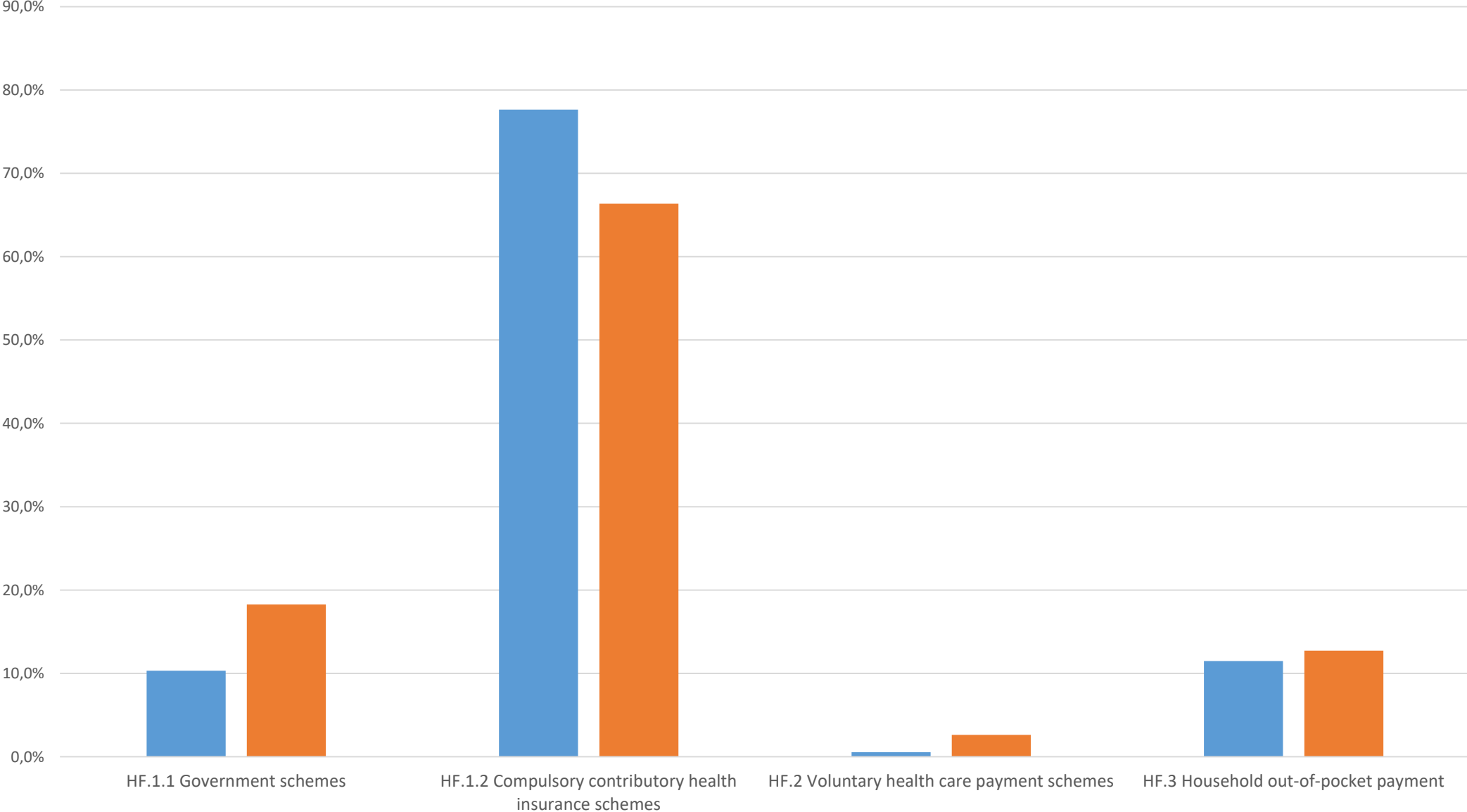
Broulíková, Dlouhý, Winkler, Psychiatric Quarterly, 2019



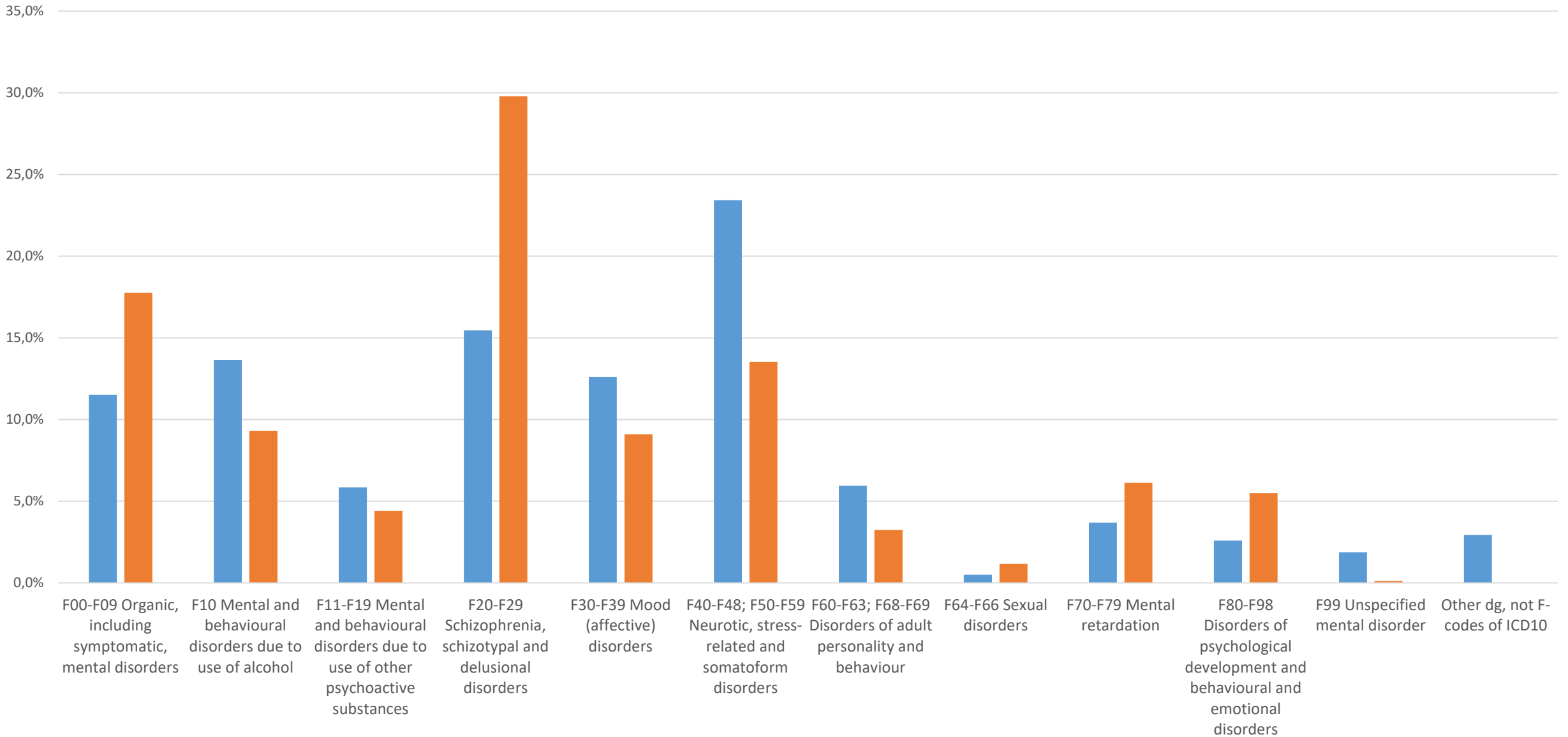
Mental health expenditures by health provider, 2006 and 2015



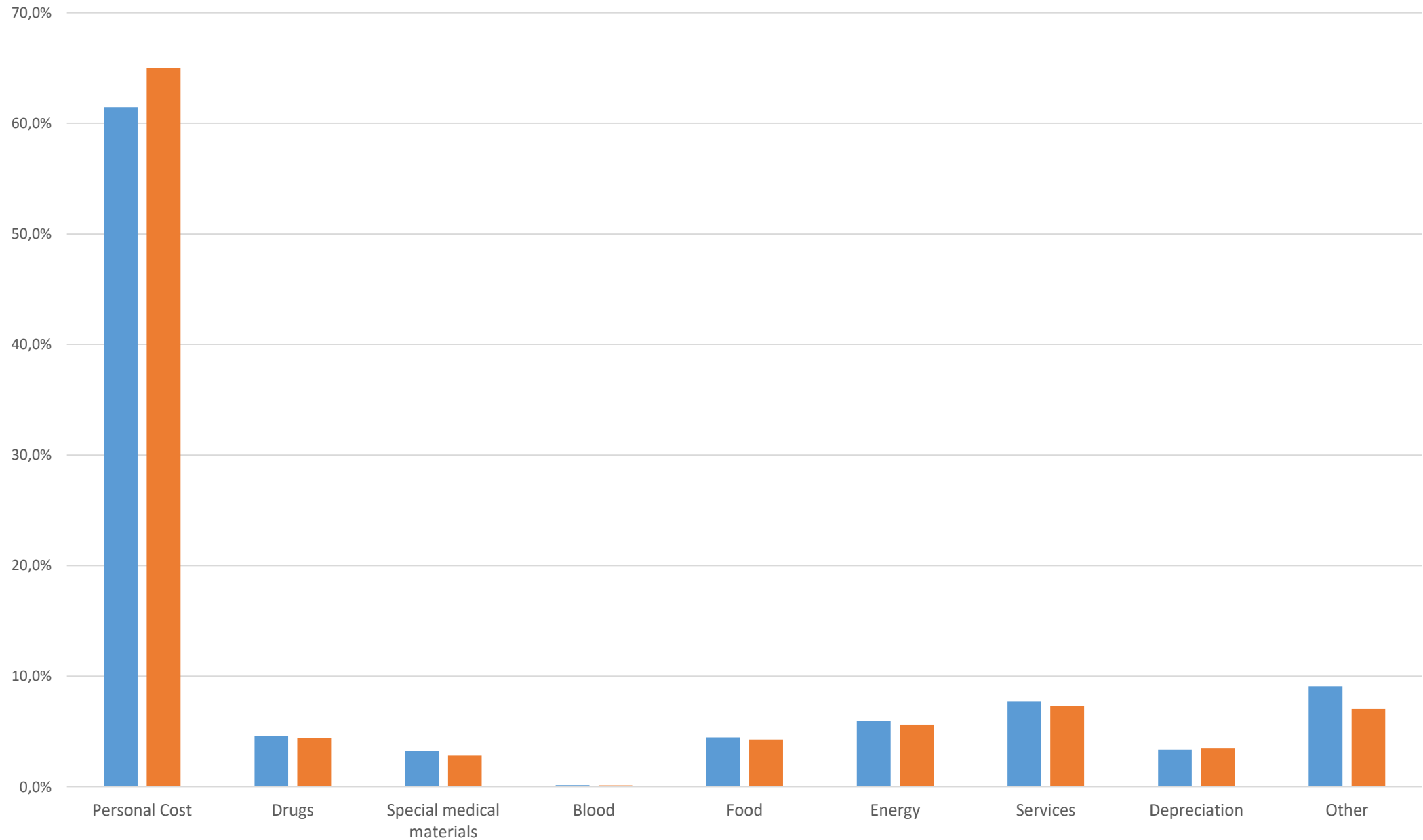
MH expenditures by health care financing, 2006 and 2015



MH expenditures by ICD-10 diagnostic groups (not directly comparable)



MH expenditures by input cost category, general and psychiatric hospitals



References

- Broulíková, Dlouhý, Winkler: Expenditures on Mental Health Care in the Czech Republic in 2015, *Psychiatric Quarterly*, 2019.
- Dlouhý: Mental Health Care System and Mental Health Expenditures in the Czech Republic. *Journal of Mental Health Policy and Economics*. 2004, 7: 159–165.
- Dlouhý: Mental health services in the health accounts: the Czech Republic, *Social Psychiatry and Psychiatric Epidemiology*, 2011, 46(6): 447–453.
- Jacob et al.: Mental health system in countries: where are we now? *Lancet*, 2007, 370: 1061–1077.

Thank you for your attention