MINISTERSTVO ZDRAVOTNICTVÍ
ČESKÉ REPUBLIKY

Health System Performance Assessment

24.05.2022

K čemu je HSPA

1. **K čemu**
   1. Pravidelný, objektivní, standardizovaný report
   2. Nástroj pro základní controlling
   3. Nástroj pro benchmarking
   4. Nástroj pro mezinárodní srovnání
2. **Komu**
   1. Pro ministerstvo zdravotnictví
   2. Pro majitele/zřizovatele/management nemocnic
   3. Pro pojišťovny
   4. Pro odborné společnosti
   5. Pro politiky a policymakery (vč. krajů)
   6. Pro neziskové organizace
   7. Pro veřejnost

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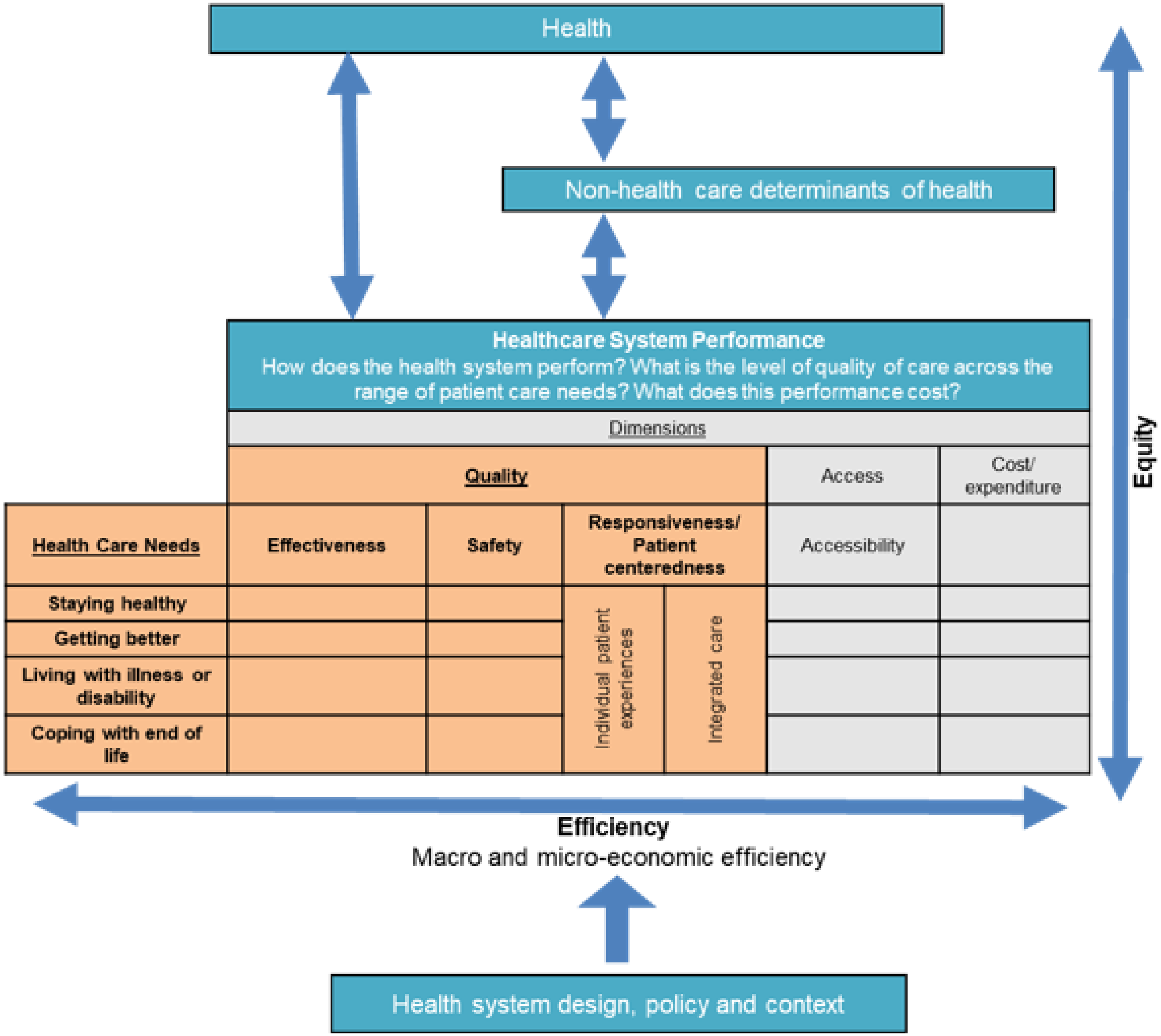

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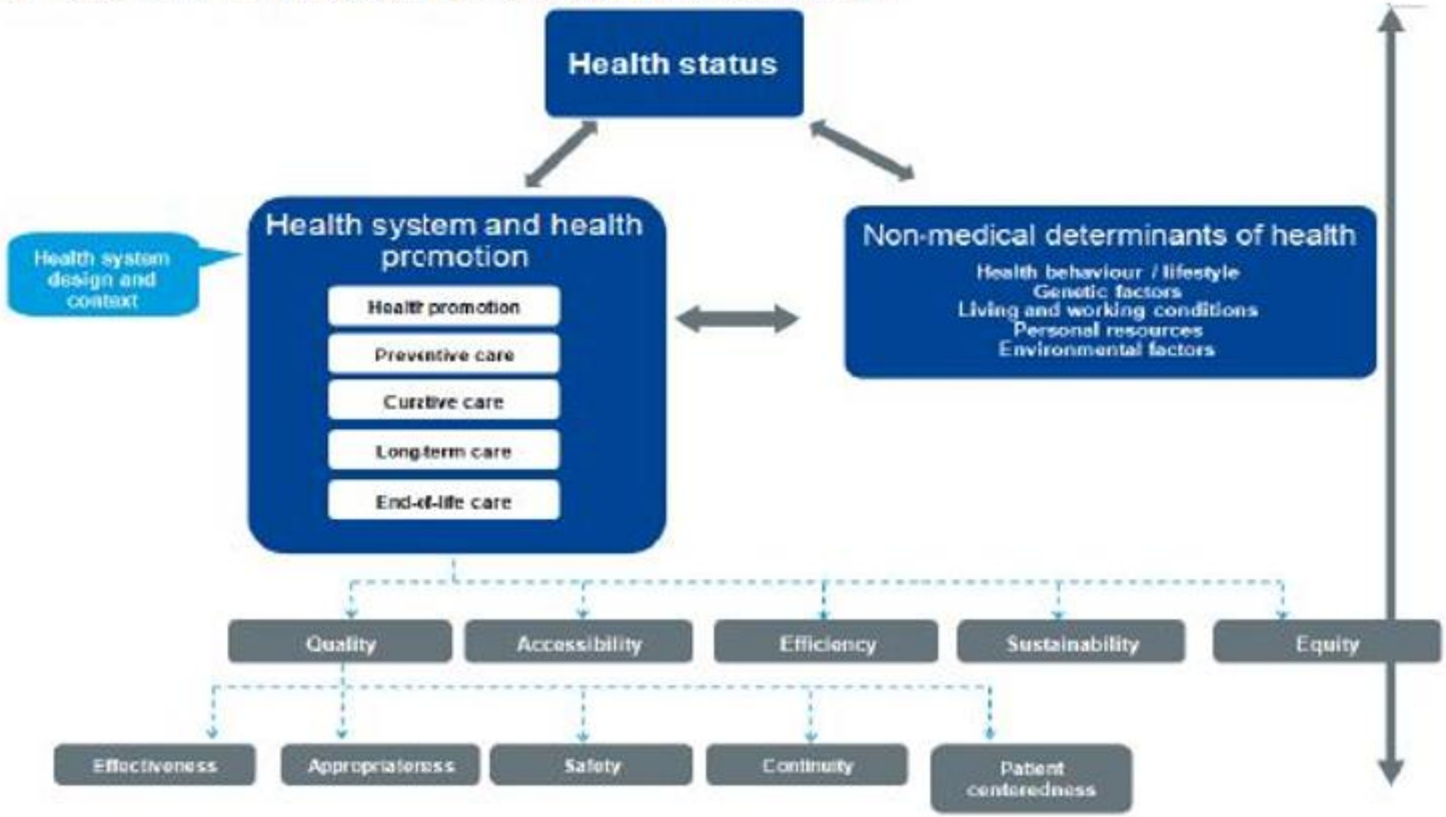
14 Belgian Health System Performance KCE Report 196

Figure 1 – Conceptual framework to evaluate the performance of the Belgian health system



Note: In this report, there is no specific chapter on non-medical determinants of health indicators. Indicators of lifestyle are presented in the chapter on health promotion.

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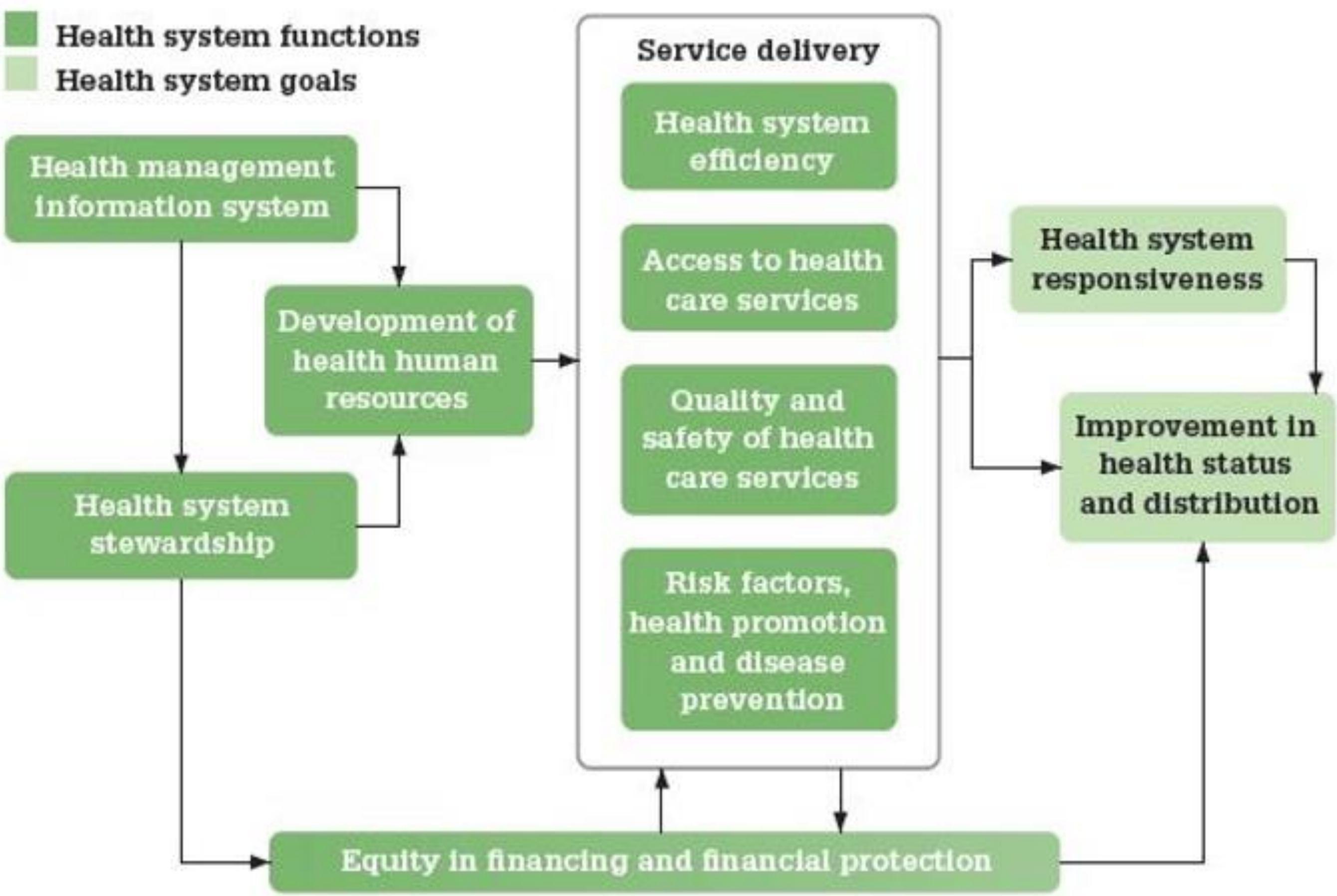
Fig. 1. Health system performance dimensions for Armenia



Source: Armenia health system performance assessment 2009 (3).

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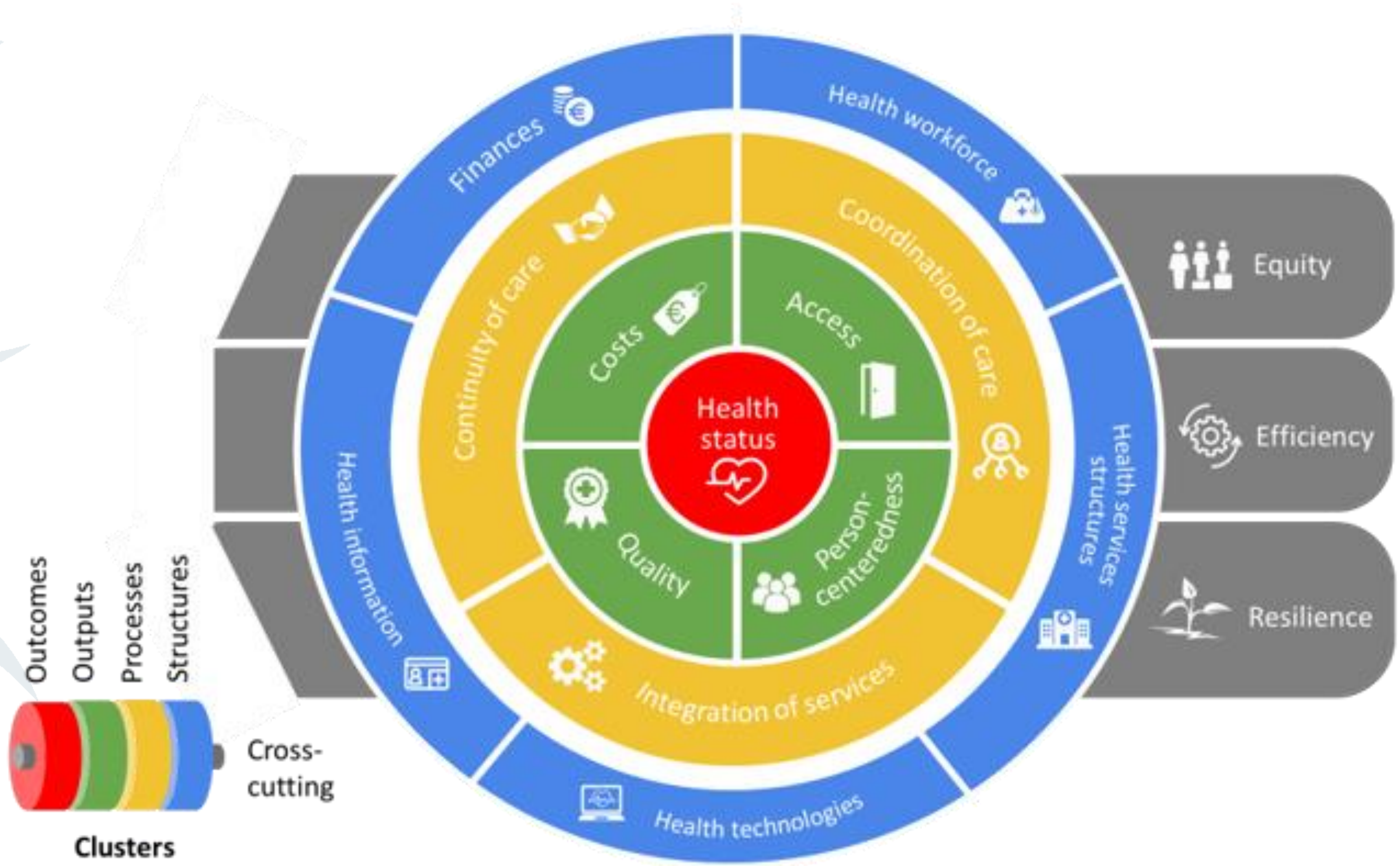

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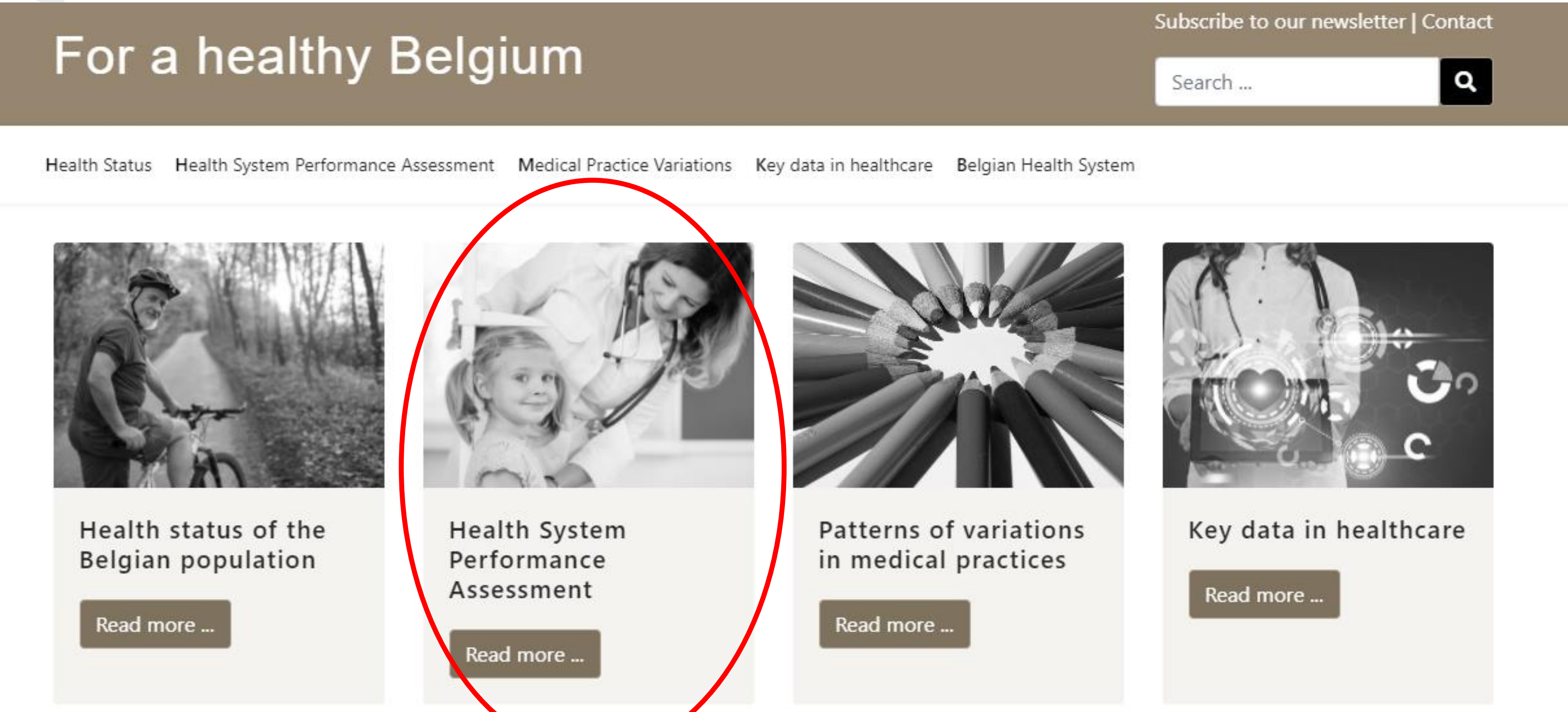

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Accessibility of healthcare

Quality of healthcare

Efficiency of healthcare

Sustainability of the health system

Equity and inequalities in healthcare

Specific domains of healthcare

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Accessibility of healthcare

Last Updated: 23 December 2020

Accessibility can be defined as the ease with which health services are reached in terms of physical access (geographical distribution), costs, time, and availability of qualified personnel. Accessibility is a prerequisite for a high-quality and efficient health system.

We have defined four sub-dimensions of care accessibility:

- **Financial accessibility**
- **Availability of qualified workforce**
- **Waiting time before obtaining an appointment with a specialist**
- **Geographical accessibility (new 2020)**

Summary of the accessibility indicators

Indicator (ID)		Score	BEL	Year	Fla	Wal	Bru	Source	EU-15 (mean)
Financial accessibility									
A-1	Coverage by the compulsory health insurance (% of the poupulation)	ST	99.0	2017	99.5	99.3	98.1	RIZIV-INAMI	-
A-2	Out-of-pocket payments (% of current expenditures of health)		15.9	2016	-	-	-	SHA, OECD	17.7
A-10 NEW 2019	Out-of-pocket medical spending (% of final household consumption)	ST	3.0	2016	-	-	-	SHA, OECD	2.6
A-3	Out-of-pocket payments per capita (in US $ PPP)		738.9	2016	-	-	-	SHA, OECD	732.2
A-11 NEW 2019	Out-of-pocket payments for dental care (% of current expenditure on dental care)		57.6	2016	-	-	-	SHA, OECD	59.2 (EU-10)
A-4	Self-reported unmet needs for medical examination due to financial reasons in Belgium (% of individuals included in the		1.8	2018	-	-	-	Eurostat (EU-	1.1

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Financial accessibility

Last Updated: 21 April 2021

A health system that works well should remain financially accessible to the largest number of people. If anyone has to restrict or postpone necessary care or treatments due to (excessively) high costs, or give up other basic needs in order to pay for such care, then the health system is considered to be of poor financial accessibility. In addition, stopping or delaying a treatment because of its cost may have harmful consequences for people's health in a more or less long-term perspective, which may involve higher health expenditure.

In this report, financial accessibility is measured by the following indicators:

- Share of the population covered by the compulsory health insurance (A-1)
- Share of households' out-of-pocket payments (A-2, A-3, A-10, A-11)
- Percentage of people who had to postpone medical examinations for financial reasons (A-4)
- Access to agreed tariffs: the density of conventioned GPs and dentists in FTEs (A-12, A-13)
- Percentage of the billed fee supplements to the billed official health insurance fees for hospitalisations (classic and day hospitalisations) (A-14)
- Catastrophic health expenditure (A-15). This indicator will become available in the course of the year 2019

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Healthcare insurance status of the population (A-1)

This indicator measures the percentage of population affiliated to a sickness fund that is covered by the compulsory health insurance. Belgium has a compulsory health insurance system which, in principle, covers the entire population: salaried employees, self-employed, public servants, the unemployed, pensioners, people entitled to increased reimbursement ('BIMs'), the disabled, students, foreign nationals (residents), as well as all their dependants.

RESULTS

- **99% of the population is covered by the health insurance system** (2017 figures).
- This percentage is stable since 2009.
- Men are slightly less covered than women (98.7% vs. 99.3%).

Note: Uninsured people are not necessarily excluded from healthcare, as their expenses are most often paid by municipal public social care centres (CPAS).

- The percentage of **uninsured people** is **higher in the Brussels region** (1.9%) than in Flanders (0.5%) or Wallonia (0.7%).
- In the 25-40 year-old group, the percentage of uninsured people is more than 2%.
- All countries of the 15-member European Union have coverage rates between 99 and 100%, except Greece (86%), Germany (89.2%) and Luxembourg (95.2%)

Link to technical datasheet and detailed results

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6.1.2. Results

Based on data provided by the National Institute for Health and Disability Insurance (RIZIV – INAMI), almost the whole population (99%) is covered for a core set of services. The percentage of uninsured persons was stable between 2009 and 2017 at about 1% (see Table 34).

Table 34 – Percentage of the population covered by public health insurance by year (2009-2017)

Variable	Category	Number of insured persons (mid-year) (N)	Number of persons affiliated to a sickness fund (mid-year) (A)	Rate N/A
Year	2009	10 546 590	10 650 480	99.0%
	2010	10 632 028	10 735 039	99.0%
	2011	10 715 356	10 823 976	99.0%
	2012	10 785 206	10 904 425	98.9%
	2013	10 851 160	10 969 707	98.9%
	2014	10 906 348	11 028 464	98.9%
	2015	10 954 981	11 073 971	98.9%
	2016	11 009 531	11 131 460	98.9%
	2017	11 069 759	11 184 208	99.0%

Analysis by demographic characteristics and by region and province

However, there are some differences in coverage rates (2017) between regions, men and women and between age categories (see). Men are slightly less covered than women (98.7% vs 99.3%). The percentage of uninsured persons is higher in Brussels (1.9%) than in Flanders (0.5%) or Wallonia (0.7%). Possible explanations for the lower coverage rates of persons aged 25-40 are related to the family and work situation. At the age of 25 or when people start working, they are no longer insured as a dependent person of their parents but become insured in their own name. Moreover, when two individuals who are affiliated with a different sickness fund start living together, they often choose one of the sickness funds. These changes present some paperwork to be done or contributions to be paid.

International comparison

According to the OECD Health Statistics 2018, all EU-15 countries had government/social health insurance coverage rates between 99 and 100% in 2015, except for 3 countries: Greece (86%), Germany (89.2%) and Luxembourg (95.2%). However, some differences in methodologies between countries are not to exclude (e.g. it is possible that countries with a 100% coverage rate do not report persons who do not fulfill administrative and/or financial requirements).

Greece has the lowest population coverage in EU-15 (below 90%). This could be explained by the effect of the economic crisis (they reduced health insurance coverage among the long-term unemployed and self-employed workers[1]). European measures have been taken to maintain accessibility of care and since 2014, under certain conditions, uninsured people are

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2. Projekt ve spolupráci s Evropskou komisí a OECD

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1. **Drobné DIY – rozšířený reporting od zdravotních pojišťoven**
    - Zajišťování dostupnosti péče
    - Účast klientů na preventivních prohlídkách u PLDD
    - Účast klientů na preventivních prohlídkách u VPL
    - Účast klientů na preventivních prohlídkách u GYN
    - Účast klientů na preventivních prohlídkách u STOM
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ZAVEDENÍ RÁMCE PRO HODNOCENÍ VÝKONNOSTI ZDRAVOTNICKÉHO SYSTÉMU

Cíl projektu do 1Q roku 2023:

Popsat rámec HSPA pro vykazování ukazatelů výkonnosti zdravotnického systému

Definovat soubor standardních metodik popisujících klíčové domény/indikátory a data, která se používají k výpočtu těchto indikátorů v rámci HSPA

Vytvořit návrh řízení souvisejícího s další implementací a používáním HSPA.

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Na projekt dohlíží Pracovní skupina na vysoké úrovni:

Evropská komise

MZČR

MFČR

ÚZIS

ČSÚ

SZÚ

Zdravotní pojišťovny

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Děkuji za pozornost