



# RURAL GENERAL PRACTICE IN THE CZECH REPUBLIC



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## Introduction

Rural general practice is as diverse as the world's regions, each with its own specificities and challenges. In the Czech Republic, general practitioners have been perceived as homogeneous group, and the location of their practice has not been taken into consideration. Hence there have not been any alterations to trainings, required competences, equipment, offices or reimbursement.

## Objective

The aim of the study (1) was to analyse and describe the current state of rural medicine in the Czech Republic and compare the efficiency of care provided in rural and urban areas.

## Methods

The analysis used data of the largest health insurers in the country (General Health Insurance Fund, which covers 70% of the Czech population, i.e. 7 mil. people). Specifically, cost analysis of the care delivered by general practitioners was used for the purposes of the study.

## Results

The data analysis showed greater work performance (8–39%) of rural practices

### GP services according to size of municipality

	Typ 1	Typ 2		Typ 3	
Costs/patient*	ABS	ABS	difference %	ABS	difference %
Capitation	617	616	0	599	-3
Services (not covered by capitation)	168	190	12	208	19
Transportation	1	4	67	7	80
Clinical specialist care – reference by GP	93	92	-1	83	-12
Clinical specialist care – patient's visit without GP's reference	1 902	1 668	-14	1 645	-16
Complementary screenings – reference by GP	256	240	-7	237	-8
Complementary screenings – without GP's reference	1 026	797	-29	738	-39
Homecare by GP	131	112	-17	101	-30
Medication prescribed by GP	844	1 050	20	1 096	23
Medication prescribed by a third party	1 645	1 524	-8	1 483	-11
Care received at another GP or A&E	16	15	-9	17	1

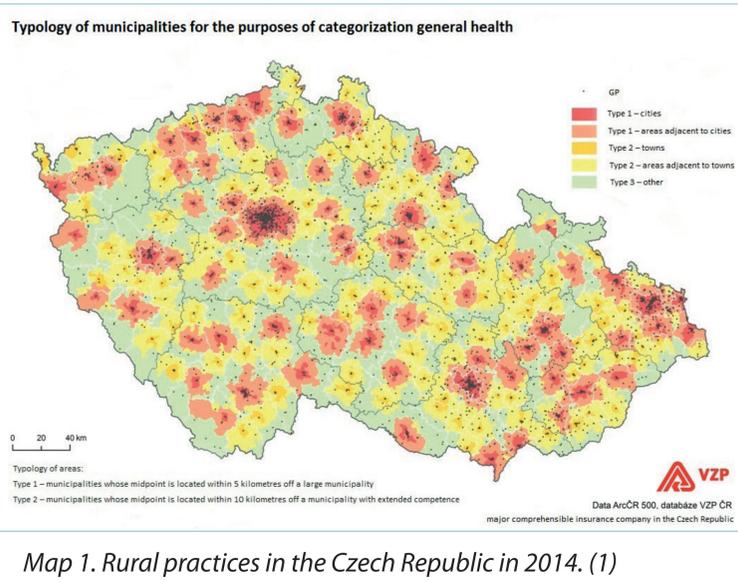
Table 1. Practices in smaller towns compared to urban practices in the vicinity of a large hospital; Type 1 – cities with a large hospital, e.g. a university hospital; Type 2 – towns with hospitals offering limited care; Type 3 – rural practices. (1)

compared to practices in towns, as well as a greater performance (7–29%) of practices in towns compared to practices in cities with a large hospital. A significant difference in competences and the scope of clinical activities was found; rural GPs conduct more services beyond capitation, prescribe more,

refer less and spend less on investigation and induced specialist care. The rural general practices of the Czech Republic represent approximately a half of all the country's practices.

## Conclusion

The diversity of rural general practices in the Czech Republic has been proven. Working Group on Rural Practise of the Czech GP Society was founded in order to continue research, initiate or propose measures to improve the quality of rural, address health and well-being of the rural population, and the working conditions of the medical staff. Also aims to address the health and wellbeing needs of rural populations and the professional needs of those serving them.



Map 1. Rural practices in the Czech Republic in 2014. (1)