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Original research article

# Ambulatory geriatrics in the Czech Republic: A survey of geriatricians' opinions

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ARTICLE INFO

*Article history:*
Received 10 January 2014
Received in revised form
31 March 2014
Accepted 16 April 2014
Available online 2 May 2014

*Keywords:*
Ambulatory geriatrics
Demographic ageing process
High risk senior
Frail senior citizen

ABSTRACT

According to the latest published data, the total of 33 outpatient geriatric facilities were registered in the Czech Republic at the end of 2011 employing (mostly on a part-time basis) 63 physicians. The aim of this paper was to analyze the reasons of this situation. An extensive survey of the opinions of Czech geriatricians performed in spring 2013 addressing all the 230 geriatricians registered in the Czech Medical Association of J. E. Purkyně was focused on the situation in ambulatory geriatric care, the experience with the demand for it, the approach of health insurance companies, and the cooperation with other physicians. The survey has identified that the major obstacle to the development of geriatrics is the persisting artificial separation of medical and social care. Its negative consequence is a breach of the complexity and consistency of care and the cooperation among specialists. A real threat to the development of ambulatory geriatric care is particularly the existing financing system of ambulatory geriatric services and the unofficial "stop state" of health insurance companies that prevent new contractual relationships. Another obstacle is the lack of readily available relevant information, so that the demand for specialist care remains on a low level. The phenomenon of the ageing population is still not perceived as a major challenge by the Czech society, and this situation is also reflected by the level of awareness and interest in these issues.



## Introduction

According to 2011 census results [1], 10.44 million inhabitants live in the Czech Republic, of them over 1.64 million (15.7%) persons older than 65 years, over 697 thousand (6.7%) persons older than 75 years, and nearly 155 thousand (1.5%) persons older than 85 years (42.9 thousand men and 111.8 thousand women). According to the medium variant of the 2013 Population Projection of the Czech Republic elaborated by

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http://dx.doi.org/10.1016/j.kontakt.2014.04.002

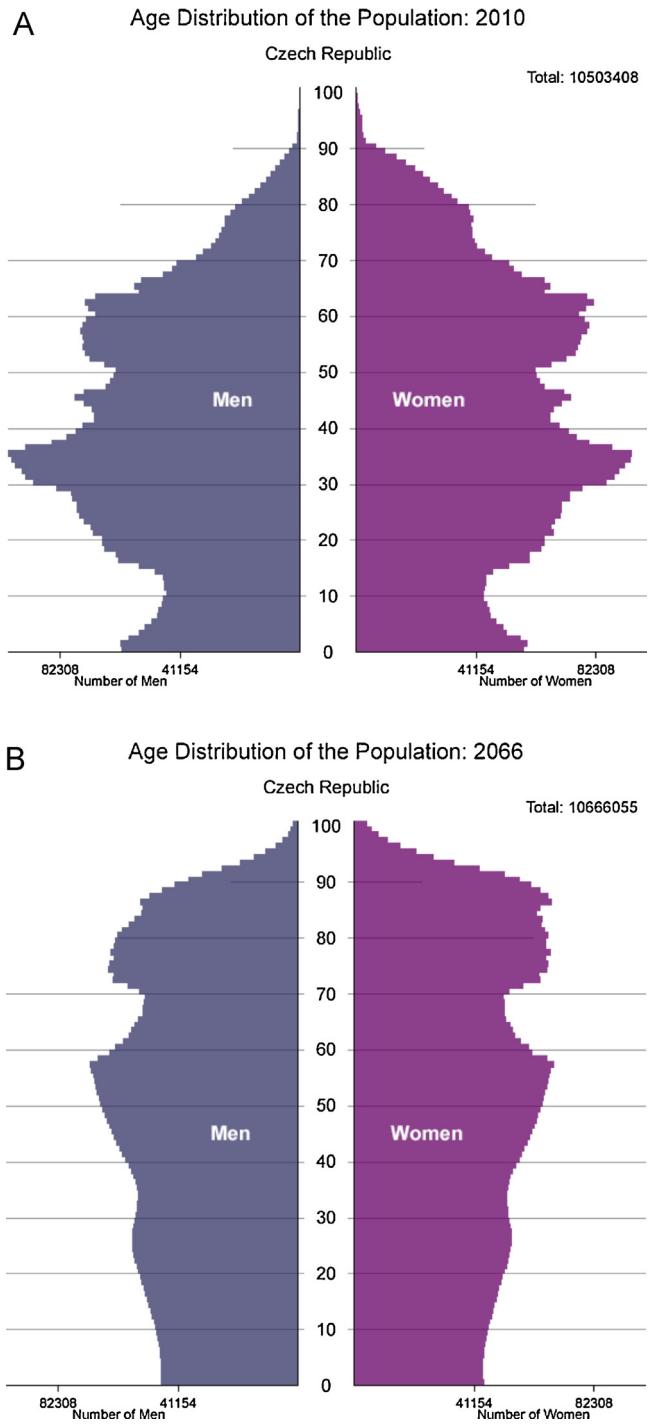


**Fig. 1 – The age distribution of the population in the Czech Republic in 2010 and 2066.**
**Source: [1].**

the Czech Statistical Office (ČSÚ) [1], the life expectancy at birth will have grown to 91 years for women and nearly 87 years for men by the end of the century. Fig. 1 displays the projected change in the age distribution of the Czech population. These demographic data clearly manifest the growing need for medical and social care for senior citizens.

In February 2013, the Czech Republic adopted the National Action Plan Supporting Positive Aging for the period of 2013–2017 [2] (as a follow-up to a similar programme covering the period of 2008–2012 [3]). Its emphasis is on creating conditions for independent life of senior citizens in their natural environment, and on a system of support and assistance implemented primarily through the interconnection of medical and social services. The main objective is the preservation of senior citizens' quality of life, prevention, social integration and participation. The starting point of the plan is the motto that "the responsibility for one's own health rests above all with every individual; the government, however, is obliged to ensure accessible and high-quality medical care corresponding to the needs of the population" [2].

The offer of geriatric outpatient care seems to be insufficient in the Czech Republic and, moreover, it is not harmonized with social services [2,4,5]. The objective of the recent survey was to map, how the situation is perceived by the geriatricians themselves, and what they consider to be the main obstacles to a successful geriatric outpatient practice. In this paper, we present the results of the survey and confront them with statistical data [1,6,7].

To allow comparison, we briefly describe the situation in geriatric ambulatory care in Switzerland, Austria, Germany and Sweden. Germany and Austria were chosen for their geographic proximity, Switzerland and Sweden for differences in health care systems and its funding. In Switzerland, geriatrics is a certified medical specialty since 2000. About 125 geriatricians work mostly in municipal geriatric centres. It is possible to study geriatrics at 4 of 5 medical faculties. Special attention is paid to clinical research in the field of the care of senior citizens. The model of preventive visits of senior patients at home was tested, and the country supports research of senior health risks [8]. In Austria, geriatrics is taught through isolated lectures within individual clinical fields. Gerontology and geriatrics do not have their position in academic sphere yet, which implies difficulties in the area of quality standards in the care of seniors. Thanks to recent activities of the Austrian Society for Geriatrics and Gerontology, the structure of geriatric care has improved (both its acute and ambulatory part and long-term care) [9]. In Germany there are about 1800 geriatricians having office hours. The system of education differs slightly in individual federal states. The geriatric care is reimbursed in all insurance types, quality standards have been established [10]. A complete overview and expectations of the geriatric care in Germany can be found in the White Book of Geriatrics [11] presented by Bundesverband Geriatrie (Federal Geriatrics Association) in 2010. In Sweden there is a well-developed system. Kalvach [12] states that is has been formed for about 30 years. It consists in offering long-term care comprising both health care and social security of needy citizens. If a patient does not need hospitalization, by law he must be provided with the care at home; a hospitalization is only for patients that need continuous care. The provision of the care is not conditioned by age nor by financial circumstances, the fees are low. The access to the long-term care is provided on the community level, the communities are obliged to take care of senior citizens by law. The community decides whom it will provide with the necessary services [13].

When speaking about the professional care of senior patients, multimorbidity and polypragmasia are most often