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# The Results of the Development of Balneal Care Provision and the State of the Czech Spa Industry in Connection with the Changes in Legislation

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## Abstract

The paper focuses on the development of balneal care provision and its current state in the Czech spa industry in connection with the changes in legislation. In particular, the period of 2000–2015 is specified, including the survey of positive and negative changes resulting from the changes in legal norms regulating the balneal care provision. Special attention is paid to two turning points in the balneal care provision: the turn of 2012 and 2013 and the turn of 2014 and 2015, which were significantly affected by the changing legislation.

## Keywords

Indication list, balneal care, spa services, spas, development of spa clientele structure

**JEL classification:** I11, I13, I18

## Introduction

Spa industry, a sector at the interface of health service and tourism, is one of the significant industries in the Czech Republic. It participates not only in the economy of the country but it also contributes to the development of regions and municipalities. It has been developing in the course of its existence not only in social but also in economic terms and has undergone significant qualitative changes in the course of the 20 and in the early 21 centuries. Prophylactic and rehabilitation stays play a significant role especially in the monitored period of 2000–2015. The monitored period was affected by a number of changes in legislation, including amendments to the existing legislation that affected the range of the balneal care provision.

The aim of this paper is to provide an overview of the major changes in the area of legislation including their impact on the development in the balneal care provision of the country. The identification of causal links as well as the search for further stimuli for the spa industry development in this turbulent period is its integral part. The basis is not only legal norms (the original as well as the currently valid) but also the statistical indicators provided by the Institute of Health Information and Statistics of the Czech Republic. Their continuous monitoring is necessary for a successful analysis of the development changes.

## Position and significance of the spa industry

The Czech Republic can boast of a long spa tradition. Beránek (1999) defines the spa industry as a complex of economic activities of different disciplines and fields that ensure meeting the needs of spa guests. The Czech spas are sought after especially for their high-quality medical care supplemented by progressive treatment and rehabilitation methods as well as the use of natural healing sources. The majority of the spa establishments in the country uses them for treatment, hence complying with the conditions for the existence of natural healing spa. The Spa Act (2001) defines a **spa location** as a municipality or its part, or a territory of several municipalities or their parts where a natural healing spa is situated. The regime of the spa location protection is determined by the **status of the spa location**. Although more than 250 spa locations were situated in the Czech Republic in the past – see Attl (2003), a number of them gradually ceased to exist and nowadays only over 30 spa resorts exist (Figure 1).

## Legislative framework of the balneal care provision and its development at the turn of the 20th and 21st centuries

The balneal care provision has been influenced by a number of legislative changes. An important document of the end of the 20th century was the **Regulation of the Ministry of Health of the Czech Republic No 58/1997** containing the Indication list for balneal care of adults, children and adolescents. According to this norm, complex balneal care lasting



However, the restrictive measure was based on the **reduction in the length of stay**. The length of the basic adult treatment stay was set for 21 days (children and adolescents for 28 days). The length of the repeated stay in the form of the complex adult care was set for 21 days (children and adolescents for 28 days), including the possibility of its extension according to the insured person condition. The length of the repeated adult stays in the form of the care partly covered by the insurance was set for 14 or 21 days (with the possibility to extend 14-day stays when approved by a doctor).

The introduction of the Regulation resulted in considerable displeasure of the spa establishment operators since the economic crises had already led to the decrease in the numbers of clients whose stays in spas were covered by some of the health insurance companies. Therefore, the spa establishments were forced to search for other possibilities to balance the decline such as the offer of stay packages or accompanying programmes in order to minimise losses related to the restrictive measures. According to Vavrečková (2014), the **main negative** impact of the given changes – from the point of view of medical staff – was the shortened length of adult stays. The fact that the change of the Indication list enabled to widen diagnoses in many spas may be evaluated as a **certain positive impact**.

Based on the initiative of a group of 21 senators, a **proposal to abolish the Regulation No 267/2012** was brought to the Constitutional Court on 23 August 2013. The reason was the fact that the Indication list should have been provided by the law since the balneal care provision comes under the framework of the right to obtain free health care on the basis of public health insurance. The problem was that the contested Regulation distinguished between the basic and the repeated curative stays. According to the proposers, significant restrictions of the possibility of the repeated treatment became an important cause of the decline in the occupancy rates of spa facilities which was connected with the decrease in the quality of balneal care. Consequently, this situation could have a negative impact on the health of citizens since the positive effect of medical procedures occurs in a longer interval with a long-term and repeated application. This fact could lead to the restrictions on the right to obtain health protection and the right to obtain free health care and can be assigned discriminatory nature. Based on the submitted proposal and investigation, the Constitutional Court ruled that the Regulation would be abolished on 31 December 2014 (statutory instrument 77/2014).

Due to the risk of legislative vacuum, a solution was prepared and the amended Act No 1/2015 on public health insurance came into force on 6 January 2015. It includes a revised Indication list for balneal care that regulates the rules for the balneal care provision covered by health insurance companies. The revised Indication list is more popular among patients since it restores the extent of balneal care for 28 days.

Overall, complex adult stays have been extended by one week with 28 indications out of the total number of 66, which represents almost 43 % of indications for adults. Hence, **the Act directly determines** the length of curative stay, the possibility of its extension, the subsequent repetition of the spa stays, and criteria not arising from the strictly medical reasons (consult Act No 1/2015). An integral part of the Act is a precise

definition of balneal care termed as a **basic curative stay**. It also specifies and defines the **repeated curative stay**.

The implementing regulation of the Ministry of Health of the Czech Republic No 2/2015 has also been issued on the determination of professional criteria and other requirements for the balneal care provision.

## Analysis of the current development of the balneal care in the Czech Republic

The situation in the balneal care provision is influenced not only by the legislative changes but also by the development in numbers of patients receiving this care. Regarding the monitored period of 2000–2014, the structure of spa clientele changed to the detriment of people receiving complex balneal care. An extreme in the development can be detected when comparing figures of 2000 and 2013. The number of clients receiving the complex balneal care decreased from 126 thousand in 2000 to 59 thousand in 2013 (the development took off from this bottom level in 2015 and has been rising since). A similar development trend of the decline can be determined with balneal care partly covered by the insurance (from 25 thousand people in 2000 to 13 thousand in 2013). However, a certain decrease in this area continues. The development in the number of fully at own cost clients shows completely opposite trends. Domestic clientele showed a steep and permanent growth in the period of 2000–2013 from the original 32 thousand people in 2000 to 140 thousand in 2013 when the figures culminated. Following slight calming of the situation in 2014, the figures dropped again hand in hand with a remarkable increase in the numbers of clients receiving the complex balneal care.

**Table 1** Structure of the clients in CR according to the form of payment in 2000–2015 (in thousands)

Year	Total number of clients	Out of them			
		Complex balneal care	Balneal care partly covered by insurance	Fully at own costs	
				nationals	foreigners
2000	276	126	25	32	93
2001	305	130	24	36	115
2002	296	130	21	36	109
2003	299	130	20	31	118
2004	309	128	19	45	117
2005	314	120	18	56	120
2006	327	107	18	67	135
2007	347	105	16	92	134

Year	Total number of clients	Out of them			
		Complex balneal care	Balneal care partly covered by insurance	Fully at own costs	
				nationals	foreigners
2008	383	101	15	113	154
2009	378	108	15	111	144
2010	376	107	15	115	139
2011	360	98	17	111	134
2012	361	81	15	106	159
2013	378	59	13	140	166
2014	348	78	12	127	131
2015	347	89	10	122	126

Source: Own processing according to IHIS CR (2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016)

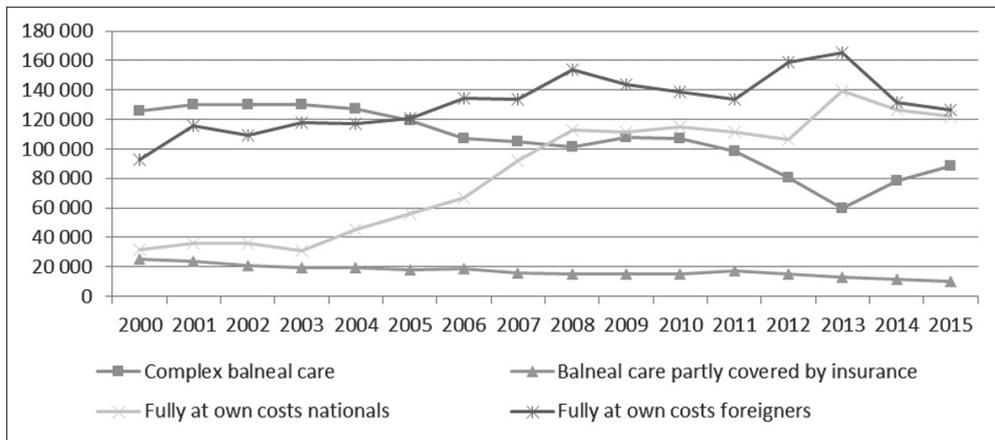
The above given values indicate that from the beginning of the monitored period, i.e., from 2000, the total number of spa guests culminated in 2013 when the increase was 37 %. A significant slump in the total number of clients took place in 2014. This was a consequence of the legislative change of 2012. Although the restrictive measures came in force in October 2012, balneal care could be prescribed according to the original legal norm till the end of its force, i.e., till 30 September 2012 with the latest arrival of clients until 30 March 2013. The aforesaid caused a delayed effect and the restriction of balneal care became evident in its full extent in 2014.

Hence, it is obvious that the measures aimed at the reduction of the balneal care payments covered completely or partly by the insurance company resulted in positive trends in the development of the structure of fully at own cost clients in the period 2000–2013. The number of fully at own cost domestic clients increased more than four times and the number of fully at own cost foreign clients nearly doubled. The extreme situation of 2013 gradually levelled off (also due to the new legislation valid from the beginning of 2015) and the collapse of the balneal care provision was managed.

The current development of balneal care provided in the Czech Republic according to the form of payment is illustrated by the following graph that presents the numeric values listed above.

However, the development in the area of spa care is not affected only by the number of guests. The figures are influenced by a number of other facts, including the current health condition of spa treatment applicants, the extent of client participation in the payment for spa treatment, the amount of additional fees, and the length of stay.

In 2000, the average time of the complex balneal care treatment lasted 25.9 days, partly covered by the insurance for 20.3 days, with fully at own costs nationals staying 9.5 days and with fully at own costs foreigners staying 14.3 days. These values experienced

**Figure 2** Development of balneal care provided in CR according to the form of payment in 2000–2015

Source: Own processing according IHIS CR (2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016)

a significant decrease especially in the area of the complex balneal care. An important turning point with a significant decrease in the average length of stay of the complex and partly covered balneal care were the years of 2012 and 2013 (complex balneal care from 26.5 to 22.2 days; partly covered by the insurance from 21.4 to 19.3 days). In 2015, the situation improved especially in the area of the complex balneal care (25.2 days; partly covered care - 20.0 days).

Another monitored indicator was the structure of balneal care in specific indications according to the age groups, which features comparatively stable development trends regardless of the changing legislative. With respect to the adults, the predominant indication group included diseases of the musculoskeletal system that applied to 52.4 % of clients in 2015 (49.9 % in 2000). As far as the children are concerned, the predominant indication group involved diseases of the respiratory system with a slight increase in time (44.3 % in 2000, 54.0 % in 2015). The given figures make it clear that the constant trend depends on the current condition of the environment and lifestyle – a child client is not very resistant to the environment and the degree of adaptability gradually develops with the increasing age. Although the adults are already comparatively adapted to the environment, lack of movement, hereditary dispositions, sedentary job as well as stress “create” a basis for lifestyle diseases in the form of musculoskeletal system diseases. It can be assumed that the spa stays will not eliminate the degree of health problems, but they can certainly help to reduce the immediate causes of major health problems.

The Institute of Spa, Gastronomy and Tourism at Silesian University in Opava carried out a project for the Association of Spa Resorts. Its purpose was the resident and visitor profile analysis in specific spa locations. The frequency of visits to spa resorts and the distance from the place of residence were investigated (one-day trippers, multi-day

tourists and spa guests were surveyed). The data in the table below (Table 2) present the average distance of the place of residence of respondents from the spa resort. The data indirectly characterise whether the spa is of local, regional, national or international importance. The average distance ranges between 44 km (Spa Mšené) and 747 km (Karlovy Vary) which indicates its exceptional position among the spa resorts in the Czech Republic.

**Table 2** Average distance of the spa resort from a respondent's place of residence

Spa resort	Average in km	Spa resort	Average in km
Karlovy Vary	747	Jánské Lázně	105
Mariánské Lázně	238	Kláštepec nad Ohří	105
Jáchymov	199	Klimkovice	105
Třeboň	181	Karlova Studánka	85
Karviná	166	Poděbrady	83
Konstantinovy Lázně	164	Teplice nad Bečvou	75
Luhačovice	145	Darkov	67
Ostrožská Nová Ves	116	Bludov	53
Hodonín	115	Lázně Mšené	44
Velké Losiny	107	Average distance	153

Source: Vaniček and Vavrečková (2014)

The table makes it evident that the second “most distant” place investigated is Mariánské Lázně which also confirms its position among the Czech spa resorts. Jáchymov, Třeboň, Karviná and Konstantinovy Lázně can also be considered attractive. On the contrary, a certain surprise might be the average distance travelled to Poděbrady Spa (83 km only). This may be influenced by multiple factors (current state of health, ability to travel in relation to the age group, specialization of the spa or the competitiveness of Teplice nad Bečvou Spa for clients residing in Moravia).

## Discussion

Although the legislative changes associated with the introduction of the Regulation No 267/2012 assumed a range of negative economic impacts, the following loss was twice as high compared to the original estimates. Not only the economic situation in some of the spa establishments was complicated, but some even faced existential problems (e.g., Lázně Lipová, Velichovky).

Following the evaluation of the real situation, the Ministry of Health began to prepare changes in the so-called Spa Regulation that were announced in the February of 2014. Nevertheless, the Constitutional Court decided to abolish the Regulation and to restrict

its legal force until the end of 2014 before the prepared amendment could have come up to be passed (Válková, 2014). The reason was that the Indication list should have been regulated by law since balneal care comes under the framework of the right to obtain free health care. According to Hřích (2014), the decision of the Constitutional Court paradoxically harmed certain groups of patients since without it, better conditions would have already been in force at that time. The effort of the senators appeared to be rather counterproductive since the decision of the Constitutional Court meant postponing of the changes coming into force instead of the immediate help to the spa industry.

Nevertheless, it can be stated that a number of the spa establishments was getting ready for the announced changes in advance in order to explore the possibilities for overcoming the expected economic downturn. Different methods were used to eliminate losses such as the establishment of specialized departments (the Medical Institute for Cardiac Rehabilitation in Teplice nad Bečvou) or new treatment programmes (ictus programme, programme of direct transfer for early postoperative rehabilitation after artificial joint replacements, acquisition of new equipment for intensive rehabilitation in Karviná).

The consequences of the legislative changes contributed to a certain restriction of balneal care conducted by health insurance companies and thus, indirectly, to the reduction of activities in some spas. Two spa resorts did not manage the difficult situation during the critical period, i.e., Lázně Lipová and Lázně Velichovky. Since the beginning of the January of 2015, the Indication list has been a part of the legal norm, i.e., Act No 1/2015 including modifications of the original length of the complex and partly covered balneal care. The first results indicate that the situation has been stabilised with the prediction of further improvement (Vampulová, 2015). This is supported by the data published by the Institute of Health Information and Statistics of the Czech Republic.

## Summary

To conclude, it can be stated that the aim of the reforms (Bláha, 2012, 2014) to reduce the extent of payments for balneal care was accomplished. Nevertheless, it was accompanied with a number of negative effects such as the total number of spa guests, change in their structure according to the way of payment, decrease in the number of treatment days, decrease in the average length of stays in spa accommodation establishments and, in the upshots, even staff cutbacks in the spa establishments.

Thus, each spa establishment should carefully evaluate the situation related to the immediate economic, existential and other impacts of legislative changes and search for the ways of maximum reduction of their negative consequences. However, it is always necessary to ensure the quality of care provision and its improvement. A way how to achieve this state is based, besides other things, on the effort to certify the quality of services according to the international requirements (e.g., EuropeSpa Med), to prepare conditions for a personal development and professional growth of the staff.

The level of spa clientele satisfaction is influenced not only by the offer of services, their quality and friendly staff, but also by the relation of residents towards the spa

guests as well as the overall atmosphere in a specific spa resort. In order to achieve an adequate success, appropriate cooperation of spa management with local authorities and representatives of regional associations or destination management is necessary.

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