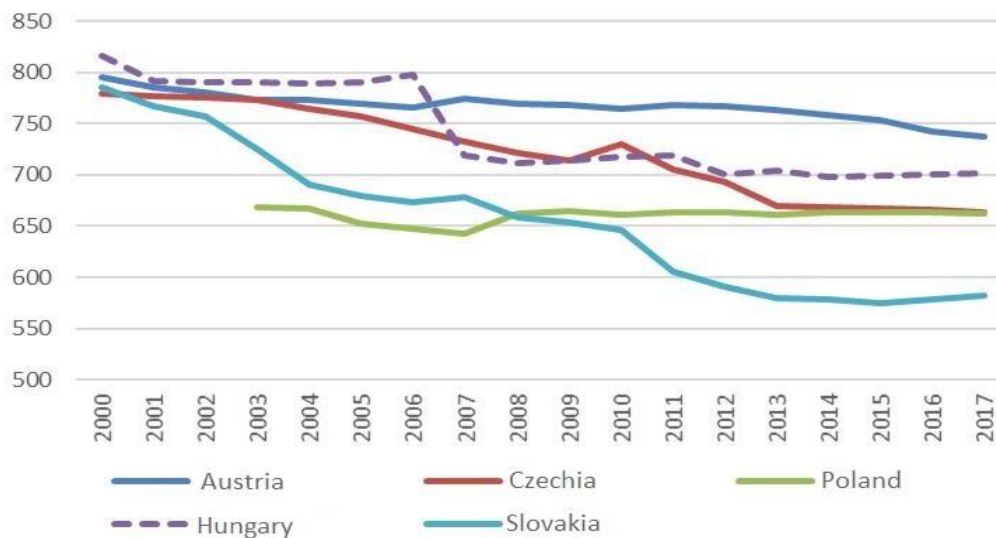


## Will COVID-19 be the reason for increased efficiency in hospital care?

In the past few weeks in the context of the COVID-19 pandemic, the issue of hospital bed numbers has been once again in the spotlight. The overwhelming majority of health politicians agree that in healthcare, a shift of focus is necessary from specific secondary care to more cost-effective outpatient care and one-day surgery. In line with this trend, in the Central and Eastern European region (except Poland), hospital bed capacity per hundred thousand inhabitants decreased in 17 years until 2017.

**From the turn of the millennium to 2017, the hospital bed capacity per hundred thousand inhabitants declined by 14 per cent in Hungary.** The vast majority of this – 10 per cent – took place between 2005 and 2007, but even since 2010, the number of beds has dropped by 2 per cent. Changes were of similar magnitude in Czechia (-15 per cent). The number of hospital beds was reduced by 26 per cent in Slovakia and 7 per cent in Austria. As a result of these contractions, in 2017, the three Visegrad countries mentioned had less hospital beds per hundred thousand inhabitants than Hungary. The difference was 17 per cent in Slovakia and 6 per cent in Czechia and Poland each. On the other hand, the much wealthier Austria has 5 per cent more hospital beds per hundred thousand inhabitants than Hungary.

**The number of hospital beds per hundred thousand inhabitants, 2000 – 2017**



Source: Central Statistical Office (KSH)

In the past almost 20 years, the decrease in the number of active hospital beds was most significant in ophthalmology, dermatology, otorhinolaryngology and rheumatology<sup>1</sup>. It remains an open question that in which fields further reductions could be reasonable. It is a different issue whether further capacity reductions are still reasonable when emergency hospitals are being set up. Cuts in hospital beds generate decrease in the number of healthcare staff, too. In the meantime, there seems to be increased demand for the work of physicians over the age of 65 (the pensionary age), particularly for family doctors.

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<sup>1</sup> Dr. Dózsa Csaba, Dr. Kövi Rita, Borbás Fanni: Fekvőbeteg szakellátás struktúra-átalakításának hatása a járóbeteg szakellátásra IME XIV. ÉVFOLYAM 3. SZÁM 2015. ÁPRILIS