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PRIVATE HEALTH CARE SECTOR IN CROATIA: IS PRIVATE SPENDING ON HEALTH CARE MYTH OR REALITY?

This paper investigates the trends in business activity of the private health care sector in Croatia from 2011 to 2018. Databases of Croatian provider of financial and electronic services - Financial Agency (FINA) - have been employed to explore key performance indicators of private health care sector companies, in particular trends in total employment, business revenues and operating profits. In addition, the most important features of voluntary health insurance (VHI) provided by private health insurance companies and the Croatian Health Insurance Fund (HZZO) have been presented. Furthermore, this paper provides both a relevant analysis of the private health care sector as well as private spending on health care in Croatia. The results indicate that users of health care services are willing to pay more to gain faster access and higher quality services. In 2018, expenditures for private health care services reached almost HRK 5 billion. Nearly 60% were out-of-pocket (OOP) payments and 40% were paid through the VHI. Despite the persistent recession, the private health care sector in Croatia experienced an average annual growth rate of 10% in the analysed period. More recently, the trend of introduction of more complex services within private providers can be observed indicating the rise in investments, and competi-

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tiveness. In conclusion, private health care sector's presence in Croatia is a reality that should be addressed adequately. Original findings in this paper might serve as starting point for future discussions regarding the private health care sector role in the overall health care system financing. The paper brings a deeper insight into Croatian private health care sector market using original and most recent microdata thus shedding the light on important part of our health economy. Nevertheless, paper has certain limitations that are mainly reflected in relatively narrow set of indicators used in private health care sector business analysis. This though might be addressed properly in future research.

Key words: health care spending, private health care sector, Croatia, voluntary health insurance

1. INTRODUCTION

One important consequence of economic development is the continuous increase in demand for health care services that mirrors in rising health spending (Newhouse, 1977; Gerdtham and Jönsson, 2000; Sowa, 2007). According to the World Bank (2019) global health care spending per capita almost doubled in the period 2000 to 2015, and this trend is expected to continue notably in countries like India and China. The growth in public and private health care spending exhibits a natural course of economic growth i.e. the higher the personal income the more people spend in maintaining their health status. However, growth in health care spending can be reduced due to fiscal constraints (Hitiris and Nixon, 2001) or even rapid economic development and modernization (Golinowska et al., 2007), usually through cost containment and budgetary controls. Recently, Suhrcke and Stuckler (2012) studied negative trends in health care spending because of the 2008 global financial crisis. They conclude that that the financial crisis strongly affected health and health care spending, especially in countries like Greece. In addition, there is a strong relationship between the level of economic development and the population health (Stevens and O'Mahoney, 2004; Lange and Vollmer, 2017). Furthermore, endogenous growth models stress the importance of investments in health in extending the life expectancy and improving productivity that represents a major source of economic growth (Morand, 2004: 170).

If we examine total health care spending in the European Union (EU) in the 21st century, all countries witnessed an increase in both total health spending and its share of the GDP. However, the share of public and private in total health spending seems to be much more unstable across the EU. On average, we observe

stagnation in the share of private health spending in the EU15, and an increase in the EU13 (Eurostat, 2020; World Health Organization [WHO], 2020). Still, private expenditures play a relatively minor role in total health spending in the EU. In 2017, the share of government schemes and compulsory contributory health care financing schemes in total health spending was between 41% in Cyprus and 85% in Germany, and averaged around 80% in the EU (Eurostat, 2020).

Tight public finances, ageing populations and accelerated growth of costs require extensive structural reforms in health care financing. Growth of health spending is not likely to slow down in the future due to rising health care costs, but health care financing might become more efficient (European Commission, 2019). Health care financing reforms are thus necessary mainly because of the large role of public sources in financing health care costs. For example, the outbreak of the global financial crisis in 2008 forced many EU countries to cut budget deficits and stabilize public finances in order to prevent further economic stagnation. Cost containment and cost control policies, combined with requirements for efficiency gains, will be made necessary by the needs of the aging population. To see how big this challenge is, we underline an increased share of those aged 65+ from 10% in 1960 to almost 20% of the EU population in 2018 (Eurostat, 2020). EU countries will experience significant increases to the share of the 65+ population in forthcoming decades, mainly due to the numerous *Baby Boom* generation. European Commission estimated that the share of people 65+ in total EU population could reach 29% in 2070 (European Commission, 2018). Even though population ageing might become a great challenge for the EU countries, this should not be considered as the main driver of public spending on health care (Oliveira Martins and de la Maisonneuve, 2006). More often, we consider the adoption of modern health technologies (e.g. innovative pharmaceuticals, modern equipment, vaccines or new treatments) as the most important generator of health care spending growth (Busse, 2001; Cutler and McClellan, 2001; Jones, 2002; Dybczak and Przywara, 2010).

Given the current levels of public debt and aging-related government expenditure, the sustainability of public finances in many countries becomes controversial. When it comes to health economy, almost all EU countries, including Croatia, will have to deal with challenges of cost control (European Commission, 2019). Among possible options to stabilize health funding, one should think about a larger share of private health care spending and valid role of private health insurance and private health care providers. Available studies of the private health sector in Croatia are fragmented and focused mainly on private health care spending. They analyse the affordability to pay health care services (see Vončina and Rubil, 2018), how private health spending affects the risk of poverty (see Nestić and Vecchi, 2007) or private households' health spending (see Nestić and Rubil, 2014). However, there

is a gap in the existing literature on private health care providers and their role in Croatian heath care system.

This paper is organized as follows. We proceed to review literature on the importance of the private health care sector and private health expenditure with special emphasis on EU member states after 2004 and Croatia. We next describe data and methodology, and report research findings. The final section concludes, with a policy-oriented discussion.

2. LITERATURE REVIEW

2.1. Private health care spending in the EU context

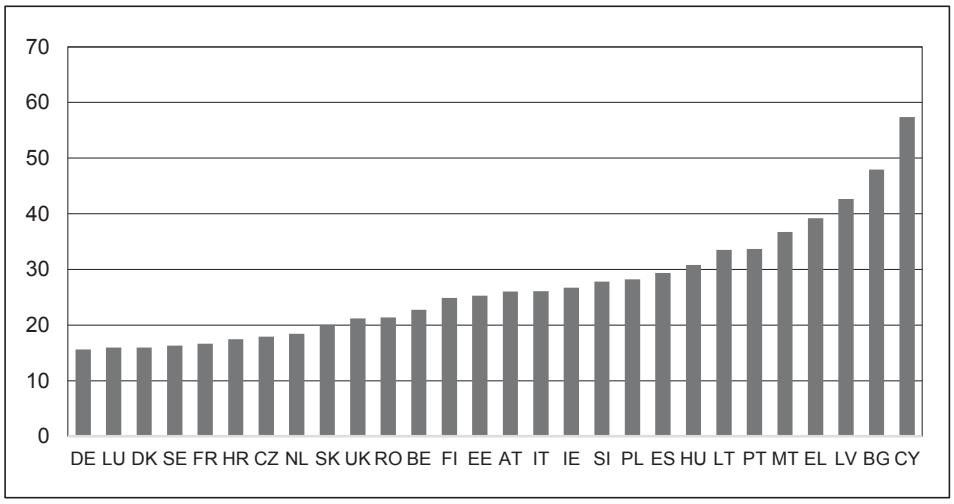
Private health care spending indicates the expenditures whose final purpose is health care and which are financed by all resident institutional units other than those belonging to the government or compulsory insurance schemes (e.g. funding sources might be private insurers, non-profit institutions or households). Private health spending covers a broad set of spending on health care of private entities – private insurers, non-profit institutions and households. Private health spending usually covers VHI and OOP expenditures, co-payments or user charges or other schemes of cost sharing, voluntary health care payment other than OOP, nongovernmental organizations spending etc. (Organization for Economic Co-operation and Development [OECD], 2011). In addition, private health care spending makes health care systems more flexible, which can be an important way to control the problem of moral hazard and to enhance health system efficiency, even where efficient publicly provided health care is available (Farrington-Douglas and Coelho, 2008). Some authors (see Sekhri and Savedoff, 2005: 128-132) note that there is no clear boundary between public and private health insurance, as well as noting that the share of private health spending is higher in low and middle-income countries. In the analysis of the convergence of health care expenditure in the EU countries, Hitiris and Nixon (2001: 227) stressed the importance of different institutional frameworks, e.g. how the organization of health care systems could influence the effectiveness with regard to health spending growth. Although the private health sector in the most developed countries, such as OECD members diminishes, prices of some products and services play significant roles, e.g. over-the-counter medicines or doctor visits where the private health sector is not negligible (Berndt et al., 2000: 128).

There is a large variation of private health care spending across EU ranging from 15% to almost 60% of total health expenditure (Figure 1). In countries like

Latvia, Bulgaria and Cyprus, private financing of health care services plays a significant role.

Figure 1.

PRIVATE HEALTH SPENDING AS A SHARE OF TOTAL HEALTH EXPENDITURES IN 2017

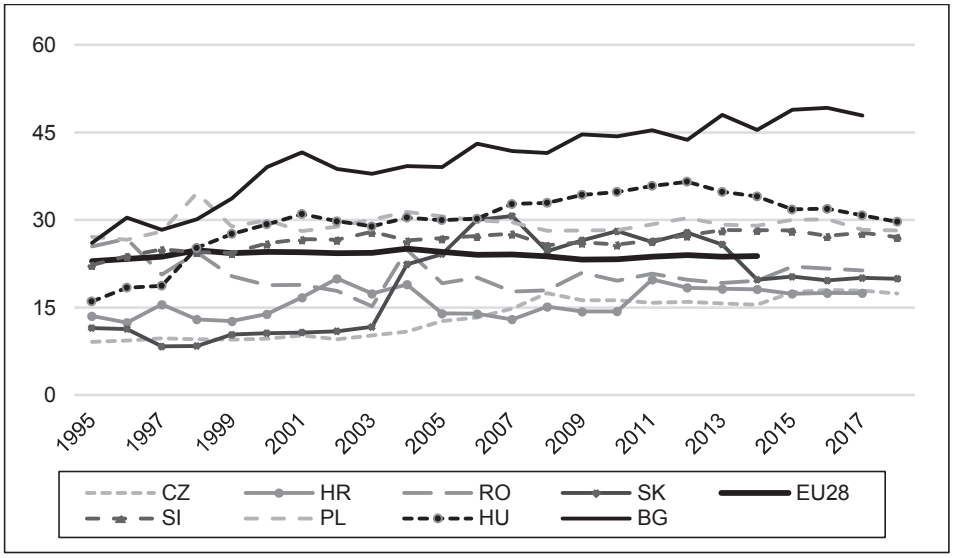


Source: Eurostat (2020).

When analysing the evolution of private health spending in the EU13 Member States excluding Malta and Cyprus (hereafter the EU11), we conclude that the contribution of private (voluntary) health spending started to increase at the end of the 1990's. Private health spending as a percentage of total health care expenditure was generally below 20% (on average for the EU11 this share was 20.3%) in the 1990's, except in Baltic countries, Bulgaria and Poland. Figure 2 presents the evolution of private health care spending in selected EU11 countries only.

Figure 2.

PRIVATE HEALTH SPENDING IN SELECTED EU11 COUNTRIES
(1995 - 2018)



Source: Authors using WHO (2020), OECD (2020).

Since the beginning of the 2000's several countries experienced a robust growth in private health care spending e.g. Bulgaria, Lithuania, Slovakia, and Hungary. In 2017, the average share of private health care spending in the EU11 stood at 27.5% of total health expenditures. Most recently, Jakovljevic et al. (2019: 5) reported that the EU13 private health sector expenditure as a percentage of GDP, increased by 0.5 percentage points from 1995 to 2014, similar to the EU15 countries. However, several countries such as Estonia, Slovakia and Bulgaria experienced a dramatic increase (around 10 percentage points) in private households' OOP health spending from 1996 to 2005 (Thomson et al., 2009). A significant decline in OOP payments was observed in Romania, after the implementation of the social security contribution system in 1998, but this could be underestimated because of unofficial payments (Vladescu et al., 2008: 161-163). Today, all EU Member States face strong and growing fiscal pressures on their health care systems, and most of them rely strongly on private health spending that covers almost one quarter of total health expenditures in the EU28 (European Commission, 2019).

2.2. Private health care spending in Croatia

Croatian health care system is financing health care costs mainly through the compulsory health insurance contributions (nearly 80% of total health care financing) (Barić and Smolić, 2011). In 2017, total health care expenditure was 6.8% of GDP, while Croatia had one of the lowest per capita health spending in the EU. Contrary, private health spending (VHI and OOP) with a share of 17% of total health expenditures was among the lowest in the EU (OECD and WHO, 2019). Private health care spending in Croatia comes in two prevailing forms: OOP payments and VHI that includes supplementary health insurance (SHI) and private complementary health insurance (CHI) but of minor financing importance. VHI covers user charges e.g. fixed amount per prescription, doctor visits and 20% of hospital expenditures that are caped to approximately EUR 260. VHI covers potential co-payments for pharmaceuticals on the complementary list. However, for some medicines it is necessary to participate in the total cost even when patients possess a VHI policy. According to Nestić and Rubil (2014: 132) around 2010, the Croatian private health insurance market development has been lagging behind most EU countries. OOP payments account for the major part of private health care spending in Croatia (in 2012 almost 79% of total private health expenditure) and include payments for health care services provided by private providers and payments by patients without VHI (Džakula et al., 2014: 52-54). In 2017, OOP payments accounted for 0.7% of Croatian GDP (OECD and WHO, 2019).

Household budget survey data indicates that on average, out-of-pocket payments accounted for 2.7% of total household spending in 2017 (Državni zavod za statistiku [DZS], 2019) which is in line with around 3.2% reported for 2014 (Vončina and Rubil, 2018: 23). However, that is a significant increase from 2004 when OOP payments accounted for 2.1% of total household spending (Nestić and Vecchi, 2007: 70). Still, the generous basic insurance limits the scope for private health care sector initiatives. In addition, due to numerous exemptions from co-payments for specific groups, health systems still tend to emphasize redistributive objectives at the cost of the financial stability (World Bank, 2004). The amounts and characteristics of households' private health care spending in Croatia were widely analysed by Nestić and Rubil (2014) in particular the distribution of OOP payments across different socio-economic groups of the entire population. They used the 2010 Household Budget Survey to compare private health care spending and household characteristics. One conclusion is about growth rate of households' spending on health care – in the period from 1998 to 2010 the growth rate was 8.7% (Nestić and Rubil, 2014: 106). Moreover, the OOP payments for health care seems to be higher for older people, females, those more educated and persons who report a worse health status.

According to the aforementioned, there is a great room for further development of private health care sector in Croatia. According to Mihaljek (2014), this sector reduces the dominant influence of government or private institutions on the supply side of health care. This is especially a challenge for private health insurance companies. The *Insurance Act* (in line with EU directives) and the *Act on VHI* regulate VHI in Croatia. However, the Croatian Health Insurance Fund (HZZO) implements VHI (called supplementary health insurance) according to the *Mandatory Health Insurance Act* and the *Act on VHI*. Unlike private insurance companies, HZZO is not obliged to obtain approval to perform business by the Croatian Financial Services Supervisory Agency (HANFA) and to comply with all other legal norms stipulated by the *Health Insurance Act*. This has been considered as very questionable and unfair. In the next section, we explore the business of private health sector providers in Croatia.

3. METHODS AND RESULTS

Data on the private health care business entities from 2011 to 2018 were accessed by personal request in the FINA Annual Financial Statements Registry (RGFI), (FINA, 2019). The date covered 21 category of the private ownership and several categories of the main business activity: hospital activities (NACE 8610), specialist medical practice activities (NACE 8622), dental practice activities (NACE 8623), residential nursing care activities (NACE 8710) and other human health activities (NACE 8690). Data on HZZO and private health insurance companies' financial results are obtained from annual activity reports of HZZO and Croatian Insurance Bureau (HUO).

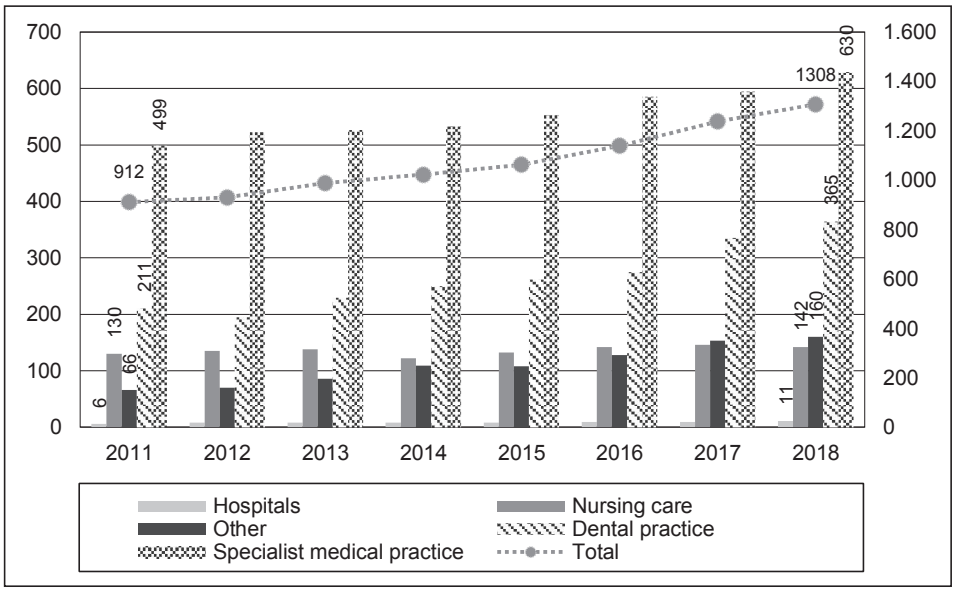
If we summarize the data from three sources in order to explain total health spending in 2018, we end with a figure of 7.2% of GDP. This represents a total of HRK 26.42 billion or EUR 855 per capita. The largest share is spent from public sources or 81.3%, while 78.6% spending on health care came from HZZO compulsory health insurance. The reminder of 19.7% is private health spending that can be divided in two parts: 7.3% of total health expenditure or HRK 1.92 billion can be attributed to health insurance (HZZO VHI 1.4 billion, HRK 0.52 billion VHI from private insurance companies), and 11.4% OOP payments (HRK 3 billion). Despite the large scope of compulsory health insurance entitlements, the trends in the Croatian market for private health care services reveal patients' readiness to pay extra in order to receive faster and quality health care. In 2018, patients spent about HRK 5 billion both on VHI and for OOP payments, 40% and 60% of total private health spending, respectively.

3.1. Analysis of private health care providers in Croatia

In 2018, there were 1,308 private health care institutions in Croatia (recorded in the FINA database), of which 48% were polyclinics, 28% dental services providers, 11% home care and care institutions, and 12% other health care providers (ambulance services, health care companies, speech therapists, etc.), with only 1% private hospitals. Although the analysed period was marked by a deep recession, the number of health care providers increased by 43%. The number of private hospitals (83%) and dental clinics (73%) increased the most, while the number of specialist polyclinics increased by 26% (see Figure 3). Despite the wide range of benefits offered by compulsory health insurance, the private health care sector is determined to provide increasingly complex medical services. Dental care is closely connected with dental tourism, which is a fast growing category of health tourism in Croatia.

Figure 3.

PRIVATE HEALTH CARE COMPANIES IN CROATIA (2011 – 2018)



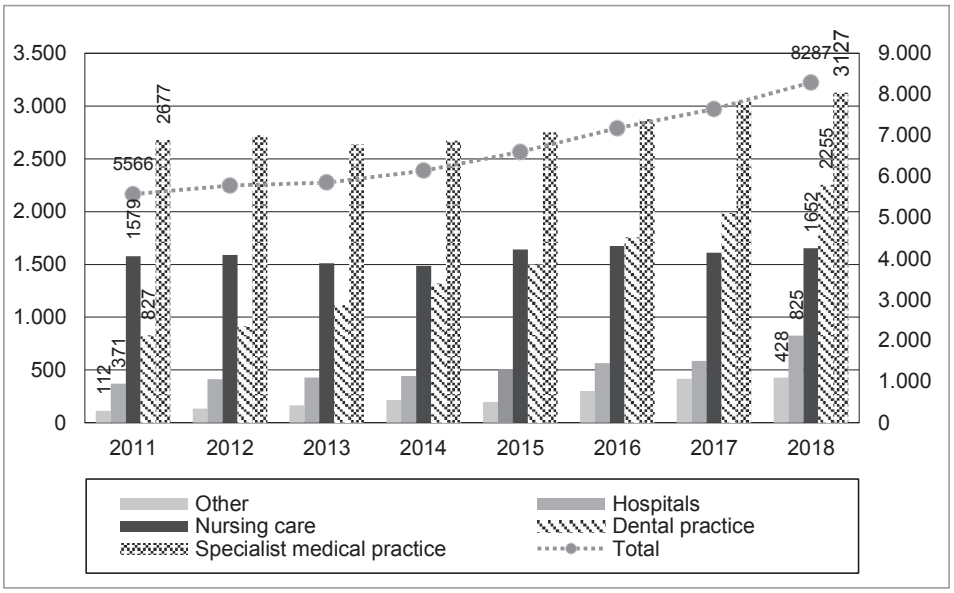
Source: Authors using FINA (2011 – 2018). Note: total number on right scale.

The expansion of companies in the field of human health activities is a consequence of the amended legislation from 2013, when the *Health Care Act* (Official gazette [NN], 2013) allowed the establishment of companies with no employees, and the 2014 *Labour Act* (NN, 2014) allowed 180 hours of additional work annually with another employer. Thus, a large number of public sector health professionals (mainly medical doctors) started a private business without obligation to leave their workplace in the public health care sector. Private health care companies are concentrated in the City of Zagreb and Zagreb County (nearly 44% of all health care facilities).

The establishment of new private health care facilities resulted in a 49% increase in the total number of employees since 2011. In 2018, the private health care sector employed 8,827 persons, of which 10% were in private hospitals, 38% were employed in private clinics, 27% in dental clinics, and 20% in nursing care facilities (Figure 4). The number of employees is calculated as the full time equivalent (FTE).

Figure 4.

TOTAL EMPLOYMENT IN PRIVATE HEALTH CARE COMPANIES IN CROATIA (2011 – 2018)



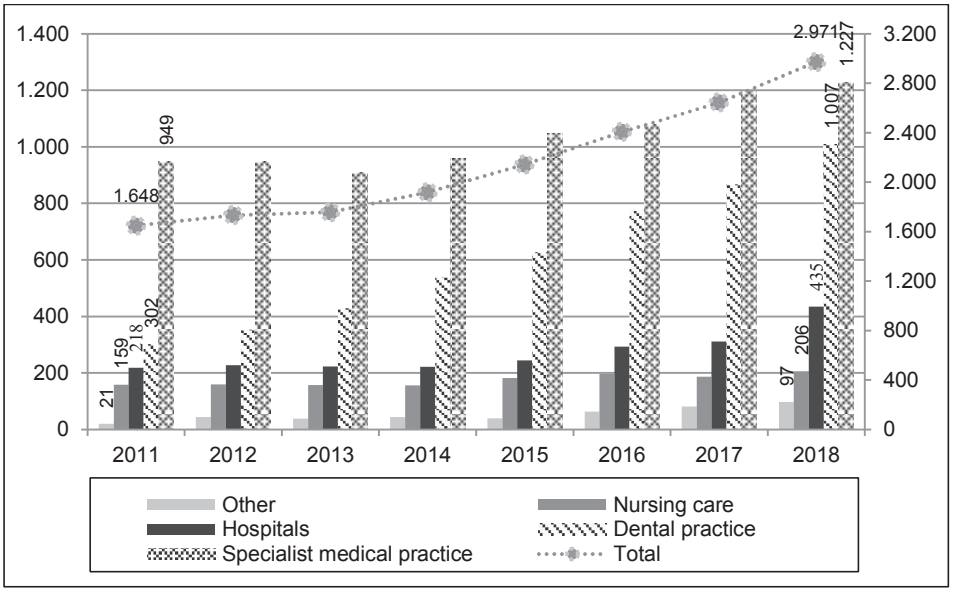
Source: Authors using FINA (2011 – 2018). Note: total employment on right scale.

Dental polyclinics were the most dynamic part of private health care sector where the number of employees almost doubled from 2011 to 2018.

Annual growth of private health care sector revenues was on average 10% in the analysed period (see Figure 5). In 2018, three out of four Kuna of private sector revenues refers to specialist medical practice (41%) and dental services (34%). Share of private hospitals revenues was 15%, nursing health care 7% and 3% to other health care services. The market for dental care has more than doubled (increase of 233%) since 2011, reaching the market size of HRK 1 billion. The specialist medical services market became even larger with total revenues of HRK 1.23 billion in 2018, reflecting the possible shortcomings in the public health sector. Two rounds of the "Survey on public opinion about health care system and HZZO" in 2012 and 2015, showed that 36% and 43% of adult citizens respectively, reported a waiting time as the biggest problem in the public health care sector (Ipsos, 2012, 2015).

Figure 5.

REVENUES OF PRIVATE HEALTH CARE COMPANIES IN CROATIA
(HRK MIL. 2011 – 2018)

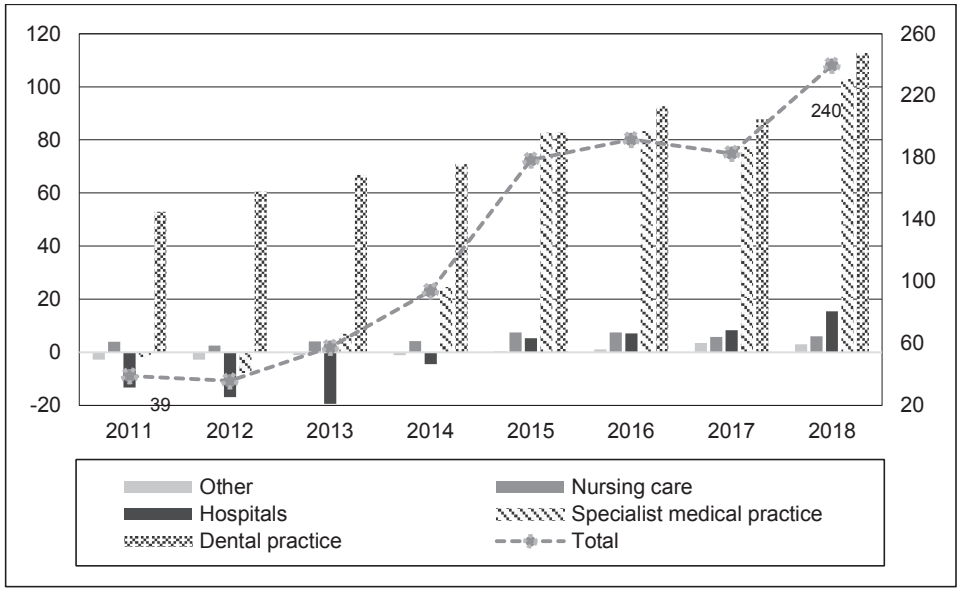


Source: Authors using FINA (2011 – 2018). Note: total revenue on right scale.

Even when we account that part of the health care services in the private sector comes without invoicing ("under the table"); the size of the private health care market in direct health expenditure is consistent with that presented in the previous section (HRK 3 billion). Although the number of private health care providers, as well as their revenues, has grown steadily since 2011, the financial statements show that this sector has been operating with significant loss in the recession period (see Figure 6).

Figure 6.

OPERATIONAL PROFIT / LOSS OF PRIVATE HEALTH CARE COMPANIES IN CROATIA (HRK MIL. 2011 – 2018)



Source: Authors using FINA (2011 – 2018). Note: total profit / loss on right scale.

The negative effects of the recession affected parts of the private sector in different ways. The most resistant to such effects were dental clinics, mainly because they are relying on foreign patients, and the least resistant were private hospitals which provided the most expensive medical services. Only since 2015 have private hospitals began showing positive business results. Specialist polyclinics also had an overall negative operating result until 2013, reflecting the absence of

a "health insurance culture". The highest profits in 2018 were for dental clinics HRK 112.4 million or almost HRK 50,000 per employee followed by specialist polyclinics with operational profit of HRK 102.8 million (almost HRK 33,000 per employee). It is important to mention that private health care companies operate in accordance with the *Act on Institutions* (NN, 1993), which defines their activity as non-profit, so the mentioned results on the profit / loss of private health care institutions should be viewed in a different context. The real profit / loss of private health care providers could only be seen in a consolidated financial statement with companies that are affiliated with the institutions.

3.2. Analysis of voluntary health insurance in Croatia

Health insurance in Croatia is divided into compulsory and VHI. While compulsory health insurance is regulated as a contribution funded public social insurance, and VHI is implemented as a premium insurance. VHI is financed from private sources of the insured through the insurance premium formed by the insurer according to the size of the risk insured. VHI is then divided into supplementary, complementary and private health insurance. Individuals who are insured within compulsory health insurance can contract the supplementary and complementary health insurance. The loss of the status of insured person in compulsory insurance also loses the status of insured person in voluntary health insurance.

In 2018, there were 18 insurance companies operating in Croatia of which 13 were in business with health insurance, and 8 in foreign ownership. All insurance companies provide SHI, and only few of them provide CHI. According to data on the premium charged in 2018 that amounted HRK 0.5 billion, the market leader is Croatia Osiguranje PLC (share of 62%), and few more significant voluntary health insurance companies are Agram life insurance PLC (12%) and Uniqa Insurance PLC (10%) (HUO, 2019). Approximately HRK 2 billion or 40% of total direct spending on health care relates to payment for VHI policies in 2018. Moreover, 91% of that amount is spent for SHI policies and only 9% to CHI policies. From the table below (Table 1) we can conclude that VHI market is highly developed, but it reveals also that only 3% of Croatian citizens have purchased a CHI policy (121,727). Others are actually SHI insured which allows them to use public health care services free of charge. This in fact indicates the great potential for the development of CHI in Croatia.

Table 1.

NUMBER OF VHI POLICIES IN CROATIA (END OF YEAR)

Insurance type	**2011**	**2014**	**2018**
SHI	40,426	164,941	441,209
CHI	165,715	148,193	121,727
OTHER VHI	30,539	22,369	11,001
VHI (private insurance companies)	**236,680**	**335,503**	**573.937**
SHI (HZZO)	1.553,465	1.616,533	1.676.787
TOTAL VHI	**1.790,145**	**1.952,036**	**2.250,724**

Source: Authors using HUO (2012, 2015, 2019), HZZO (2012, 2015, 2019).

SHI, although contracted on a voluntary basis, is one of the prevailing types of VHI in Croatia with market potential of nearly 2 million persons who paid HRK 1.76 billion in total premiums. For some 670,000 policyholders, SHI costs are paid form the state budget (in 2018, HRK 600 million was transferred to the HZZO for these purposes) (Croatian Health Insurance Fund [HZZO], 2019). However, we have omitted these figures from the analysis, and present only VHI premiums paid directly by the insured. Recently an increasing number of individuals contract the SHI policy within private insurance companies (increase of 13% compared to 2017; Table 2), but still they only hold 20% of the SHI market under the domination of the HZZO (Croatian Insurance Bureau [HUO], 2019).

Table 2.

SHI CHARGED GROSS PREMIUMS IN CROATIA (END OF YEAR)

SHI				
	CHARGED GROSS PREMIUM			
	2017	**2018**	**2018 share (%)**	**% change 18/17**
PRIVATE INSURANCE COMPANIES	305,548,261	346,490.826	20	13
HZZO	1,386,085.337	1,408,159.491	80	2
TOTAL	**1,691,633.598**	**1,754,650.317**	**100**	**4**
TOTAL VHI	**1,873,924.901**	**1,928,121.537**		**3**
SHI SHARE (%)	**90**	**91**		

Source: Authors using HZZO (2019), HUO (2019).

Only private insurance companies provide CHI in Croatia. In terms of health coverage, it brings a higher standard of health care and broader benefits of health care than the level and rights of health care from compulsory health insurance. Usually, the price of the CHI policy is related to the coverage level, health status and age of the insured, insurance form (individual, group, collective) or insurance duration (annual or multi-year insurance). Because standard and mandatory health insurance rights are not clearly defined now, insurers generally offer coverage from the basic health care insurance and seek to be faster, better quality and more affordable. Currently (Table 3), the premium of CHI accounts for 31% of the private insurers' health insurance premiums with a decreasing trend (HUO, 2019).

Table 3.

CHI CHARGED GROSS PREMIUMS IN CROATIA (END OF YEAR)

CHI				
	CHARGED GROSS PREMIUM			
	2017	**2018**	**2018 share (%)**	**% change 18/17**
SHI	305,548.261	346,490.826	67	13
CHI	163,491.723	160,999.015	31	-2
OTHER VHI	18,765.771	12,433.843	2	-34
VHI (private insurance companies)	**487,839.564**	**519,962.046**	**100**	7
HZZO (SHI)	1,386,085.337	1,408,159.491	73	2
TOATAL VHI	**1,873,924.901**	**1,928,121.537**		**3**

Source: Authors using HZZO (2019), HUO (2019).

The CHI premium accounted for only 8.3% of the total VHI premium charged in 2018. Patients pay about HRK 3 billion OOP for private health care services, with only HRK 161 million allocated for the CHI. This means that 95% of medical services are paid OOP, and only 5% through the CHI policies, indicating the huge market potential for the development of this type of the VHI in the future.

4. CONCLUSION AND DISCUSSION

We presented an analysis of trends in the private health care sector and private spending on health care from 2011 to 2018, and stressed the fact that patients are willing to pay extra to receive faster, on time and quality health care. Croatian citizens spent almost HRK 5 billion in 2018 within the private health care sector (HRK 3 billion refers to OOP payments and HRK 2 billion to the VHI purchases). Considering the large share of the OOP payments, it is necessary to create and offer products that would turn part of this spending into health insurance, i.e. VHI policies. This requires private health insurance companies to have a different product concept and market outlook, and patients to change the perception towards paying for health care services and commitment for their own health.

Despite the persistent recession in Croatia, private health care sector has been continuously evolving, investing in up-to-date equipment, making it possible to provide quality health care services that were unavailable for patients in the public sector. The analysis above undermines the myth of Croatian free health care and the theory that "no one will pay for something they can get for free" because in 2018, direct health expenditure accounted for 14% of public spending on health care. Since the private health care sector accounts for only about 18% of total spending on health care, further development of this sector in Croatia is yet to be seen.

Public and private health care should form an integrated and effective health care, where a larger private initiative contributes to the rationalization of health care costs while ensuring quality health care.

Private health care spending is considered to fill the "health gap" in terms of financing and will be an important part of the health economy in Croatia. With greater involvement of the private health sector in providing health care services, and fierce competition among insurance companies, it is possible to achieve significant savings. As some authors noticed, the sizeable private health care sector strengthens the basic health care market mechanisms and reduces the dominant influence of government or private institutions on the supply side of health care services and insurance. The private health sector cannot and should not remain on the margins of the health care system but must become a significant component that can contribute to the enhancement of the overall health care system in Croatia.

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PRIVATNI ZDRAVSTVENI SEKTOR U HRVATSKOJ: JESU LI PRIVATNI IZDACI ZA ZDRAVSTVENU ZAŠTITU MIT ILI STVARNOST?

Summary

U ovom se radu istražuju trendovi u poslovanju privatnoga zdravstvenog sektora u Hrvatskoj od 2011. do 2018. godine. U analizi su korišteni podaci hrvatskog pružatelja financijskih i elektroničkih usluga - Financijske agencije (FINA) - kako bi se istražili ključni pokazatelji poslovanja poduzeća privatnoga sektora zdravstva, a posebice trendovi u zaposlenosti, poslovnim prihodima i operativnom profitu. Uz to, predstavljena su najvažnija obilježja dobrovoljnog zdravstvenog osiguranja (DZO) koje pružaju privatni osiguravatelji i Hrvatski zavod za zdravstveno osiguranje (HZZO). Nadalje, rad pruža relevantnu analizu privatnoga zdravstvenog sektora kao i privatne izdatke za zdravstvenu zaštitu u Hrvatskoj. Analize pokazuju da su korisnici zdravstvenih usluga spremni platiti više kako bi dobili brži pristup i kvalitetnije zdravstvene usluge. U 2018. privatni izdaci za zdravstvenu zaštitu dosegli su gotovo pet milijardi kuna. Skoro 60% tog iznosa odnosi se na tzv. „plaćanja iz džepa", a 40% na plaćanja DZO-a. Unatoč dugotrajnoj recesiji, privatni zdravstveni sektor u Hrvatskoj zabilježio je prosječnu godišnju stopu rasta od deset posto u razdoblju od 2011. do 2018. U novije vrijeme primjetan je trend uvođenja složenijih usluga kod privatnih pružatelja zdravstvenih usluga što ukazuje na porast ulaganja i konkurentnosti. Zaključuje se da je prisutnost privatnoga zdravstvenog sektora u Hrvatskoj realnost koja bi se trebala adekvatno vrednovati. Osim toga, izvorni nalazi u ovom radu mogli bi poslužiti kao polazna točka za buduće rasprave o ulozi privatnog zdravstvenog sektora u cjelovitom financiranju zdravstvenoga sustava. Rad pruža i dublji uvid u hrvatski privatni zdravstveni sektor koristeći se originalnim i najnovijim mikro podacima koji bacaju svijetlo važan dio naše zdravstvene ekonomije. Ipak, rad ima određena ograničenja koja se u velikoj mjeri odražavaju kroz relativno mali broj pokazatelja koji se koriste u analizi poslovanja privatnoga zdravstvenog sektora. Spomenutim bi se pitanjima trebalo posvetiti u nekim budućim istraživanjima.

Ključne riječi: izdaci za zdravstvenu zaštitu, privatni zdravstveni sektor, Hrvatska, dobrovoljno zdravstveno osiguranje