



Health system performance assessment – Integrated Care Assessment (20157303 HSPA)

Health system fiche | Greece



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Contact: Anne-Marie Yazbeck

E-mail: anne-marie.yazbeck@ec.europa.eu, CHAFEA-HP-TENDER@ec.europa.eu

Directorate-General for Health and Food Safety, Directorate B — Health systems, medical products and innovation

Contact: Filip Domanski

E-mail: filip-michal.domanski@ec.europa.eu

*European Commission
B-1049 Brussels*

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Population size (thousands): 10,821 (State of Health in the EU, Greece, 2017)¹

Population density: 81.9 inhabitants / km² (Eurostat, 2015)²

Life expectancy: 81.5 years (State of Health in the EU, Greece, 2017)

Fertility rate: 1.3 births / woman (State of Health in the EU, Greece, 2017)

Mortality rate: 11.3 deaths / 1,000 people (Central Intelligence Agency, 2017)³

Total health expenditure: 8.4% (State of Health in the EU, Greece, 2017)

Health financing: government schemes (28.4%), compulsory contributory health insurance schemes and compulsory medical saving accounts (31.3%), voluntary health insurance schemes (3.6%), financing schemes of non-profit institutions serving households (0.1%), household out-of-pocket payments (35.4%) (Eurostat, 2015)⁴

Top causes of death: circulatory diseases, malignant neoplasms, and respiratory diseases (State of Health in the EU, Greece, 2017)

The Greek healthcare system

Since 2016, the Greek healthcare system has provided universal health coverage, extending the coverage of and eligibility to the health benefits package to unemployed and low-income citizens. The system is a highly centralised one that comprises elements from both the private and public sectors. The public sector combines a national health service-type system with a social health insurance model. The private sector includes profit-making hospitals, diagnostic centres and independent practices, and one-third of private expenditure is made up of direct informal payments to surgeons, to get 'better treatment' (European Commission, 2017g). The Ministry of Health and Social Solidarity is responsible for ensuring the fundamental principles and general objectives of the national health system, e.g. free and equitable access to quality health services for every citizen. Indeed, the Ministry makes decisions on health policy issues and the overall planning and implementation of the national health strategy (European Commission, 2017g). The 2008 economic crisis had a profound impact on the health system, as health expenditure shrank drastically.

The role of local and regional governments in healthcare planning, organisation and provision is limited: regional and local governments play a minor role, since they do not have enough power or economic resources to implement extended policies at the regional level. At the level of service provision, municipalities are responsible for running all public infant and child centres and the open care centres for the elderly (KAPIs), and for implementing welfare programmes, e.g. 'Home Assistance' (European Commission, 2017g). Moreover, some large municipalities run a small number of healthcare centres, especially in the greater area of Attica (European Commission, 2017g).

Integrated care policies

Greece has undergone several endeavours aimed at modernising and improving national healthcare services, including integrated primary healthcare (Lionis et al., 2009). According

¹ https://ec.europa.eu/health/sites/health/files/state/docs/chp_gr_english.pdf

² Population data, Eurostat
<http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&language=en&pcode=tps00003&plugin=1>

³ <https://www.cia.gov/library/publications/the-world-factbook/fields/2066.html>

⁴ http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=hlth_sha11_hf&lang=en

to the systematic review of integrated primary healthcare in Greece by Lionis et al. (2009), the long-standing dominance of medical perspectives in Greek health policy has been paving the way towards vertical integration, minimising discussions about horizontal or comprehensive integration of care.

Implementation of integrated care in Greece: national-level initiatives

- Dementia Counselling Centres Network,⁵ neuropsychological screening and neurological examinations, cognitive stimulation for groups of people with mild cognitive impairment and normal cognition, and psychoeducational support to carers;
- Psychargos,⁶ which aims to transform the way mental health and care services are provided, from a traditional and clinical-based care model to a community care model.

Assessment of the maturity of the health system

Maturity Model – Greece	
Readiness to Change to enable more Integrated Care	
Self-assessment	2 – Dialogue and consensus-building underway; plan being developed
Justification	There is official dialogue underway, especially relating to the development and modernisation of primary care. The concept of integration of health and social care is emerging but not clear yet in Greece.
Structure & Governance	
Self-assessment	2 – Formation of task forces, alliances and other informal ways of collaborating
Justification	There are no formal structure and governance pathways coming from the Ministry of Health or regional authorities. Some efforts have been made in this direction, but in an informal manner – available plans on this topic are not yet robust.
Information & eHealth Services	
Self-assessment	3 – ICT and eHealth services to support integrated care are planned and deployed widely at large scale but use of these services is not mandated
Justification	There are examples of applications in several sites in Greece, with some of them being successful at the level of integrating health records and patient data, but the use of ICT and eHealth applications is not mandated in Greece.
Finance & Funding	
Self-assessment	2 – Consolidated innovation funding available through competitions/grants for individual care providers and small-scale implementation
Justification	In addition to the description in the row above, the stakeholder noted that there is also an example of a large-scale implementation (done by the municipality and university of Athens). However, funding for integrated care is not available for routine implementation projects.
Standardisation & Simplification	

⁵ A detailed description of this integrated care initiative is available at https://ec.europa.eu/eip/ageing/repository/dementia-counseling-centres-network_en

⁶ A detailed description of this integrated care initiative is available at <http://www.psychargos.gov.gr/Default.aspx?lang=1>

Self-assessment	2 – An ICT infrastructure to support integrated care has been agreed, together with a recommended set of information standards; there may still be local variations.
Justification	<i>N.B. The stakeholder was not confident on providing a clear justification for this domain</i>
Removal of Inhibitors	
Self-assessment	2 – Strategy for removing inhibitors agreed at a high level
Justification	Stakeholders are aware and mobilised to remove inhibitors but this is still not happening in Greece.
Population Approach	
Self-assessment	1 – A population risk approach is applied to integrated care services but not yet systematically or to the full population
Justification	The situation in Greece is still immature at this level. Most stakeholders in the country are not familiar with population risk stratification approaches. This concept is only recognised by special academic sectors.
Citizen Empowerment	
Self-assessment	2 – Citizen empowerment is recognised as an important part of integrated care provision; effective policies to support citizen empowerment are in place but citizens do not have access to health information and health data
Justification	Electronic prescription systems are not available to most of the population but they are widely used by those who already have access to them. There is increasing mobilisation about this topic. Citizens can use electronic means for administrative functions as well.
Evaluation Methods	
Self-assessment	1 – Evaluation of integrated care services takes place, but not as a part of a systematic approach
Justification	No official evaluation methods and procedures are currently implemented in Greece. In addition, there are no plans to start implementing this in the near future. There is a need as a society for a large-scale implementation of projects and evaluations, but little political will to do so.
Breadth of Ambition	
Self-assessment	2 – Integration within the same level of care (e.g., primary care)
Justification	Many initiatives are coming from regional or local players (i.e. bottom-up). However, these players have great difficulty in penetrating the Ministry of Health / policy-makers / other ministries. There is a problem in terms of acceptance of usefulness of projects. No coordination of different projects and initiatives.
Innovation Management	
Self-assessment	2 – Innovations are captured and there are some mechanisms in place to encourage knowledge transfer
Justification	Stakeholder is not aware of any electronic platforms for knowledge transfer.
Capacity Building	
Self-assessment	2 – Cooperation on capacity building for integrated care is growing across the region
Justification	Several efforts from academia (i.e. in the medicine sector) and the Ministry of Health are geared toward building capacity, but the number of people participating is not large. There are however some efforts, and considerable mobilisation in this topic. There is a certain level of maturity in this aspect.

The current level of integrated care implementation in Greece is low in most of the dimensions covered by the Maturity Model Assessment. This is reflected in the self-assessment ratings, with the majority of the assessment dimensions being rated as 1 or 2. Generally, it is perceived that progression of integrated care implementation in Greece has been hindered by the lack of political will and consensus to establish a comprehensive set of integrated care policies and strategies at national level.

However, there is a considerable ongoing effort in Greece to advance implementation of integrated care from a 'bottom-up' perspective. In fact, there are numerous integrated care initiatives in the form of projects, interventions and models at the local and regional levels, particularly around the use of information technology and eHealth.



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