Co-funded by the
Erasmus+ Programme
of the European Union

ERASMUS+ Programme 2020 – KA2 Adult Education
Project nº: 2020-1-ES01-KA204-082505
Document name: Greek Health System Report

National Health System

Greece

Report on the Greek National Health System (Εθνικό Σύστημα Υγείας – Ε.Σ.Υ, rom*: ESY*)

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November 2021 – May 2022

Contents

[TBR] The Health System in Greece and its operating structure

The current health care system is the result of the structural adjustments made in the health sector as a results of the 2010 economic crisis and debt monitoring mechanisms interventions.

Throughout the years, the Greek health care system has been characterised by free access which from a social standpoint has been a virtue since everyone (uninsured and even non-citizens) can request treatment at a time of need (considering their proximity to a hospital) for free. On the other hand, this open and free access has been at the center of political oppositions throughout the years, since more conservative forces believe that it costs a lot of money to offer treatment free of charge and that hospitals need to run more like businesses in order to be sustainable. The current system reflects both approaches, by keeping access for free but also by introducing limits to direct access to hospitals and establishing instead the role of the family doctor who is the primary health decision maker and healer and whom only in evaluated cases should they refer patients to the hospitals (unless of course for urgent care).

This report tries to describe in a concise way as best as possible the Greek NHS but it cannot be considered exhaustive, so we suggest that you check our all additional resources as well as the bibliography that is available on the Salud +60 project website

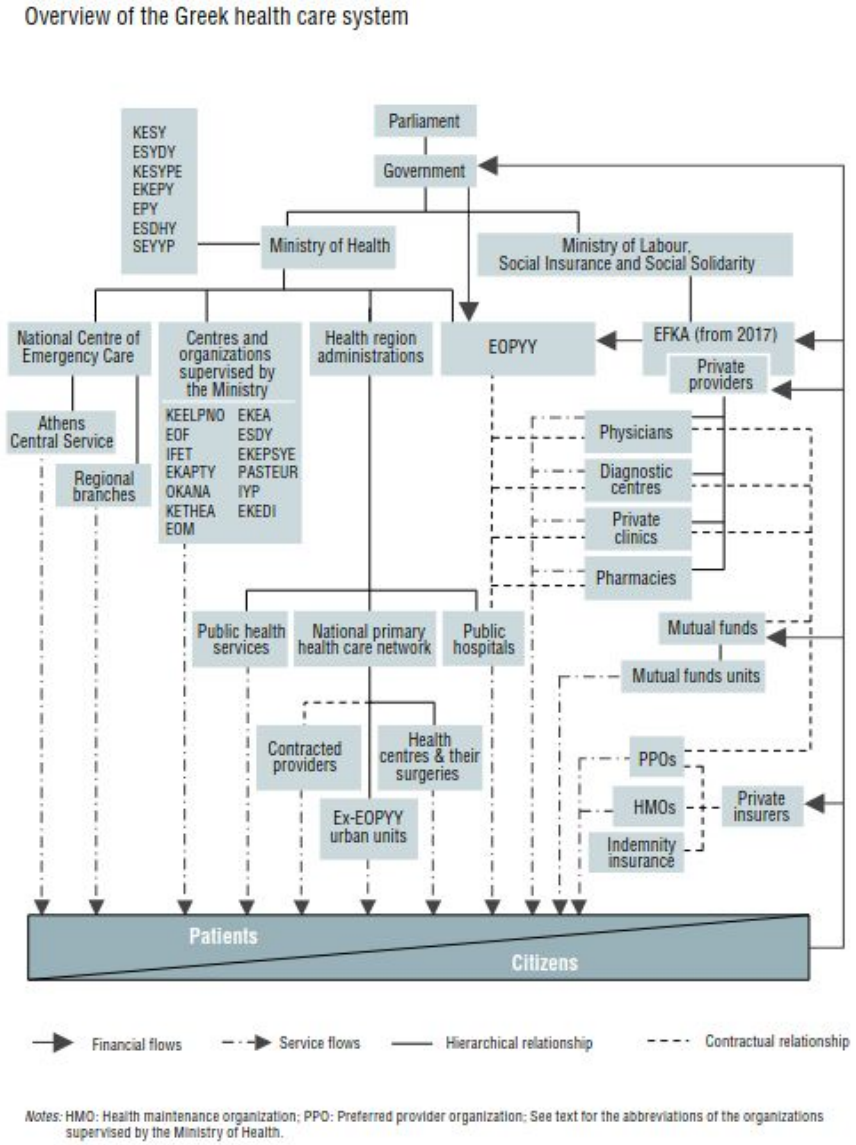
Introduction

The Ministry of Health (Ministry of Health and Social Welfare Solidarity up until 2019) is the main responsible for the development and enforcement of health policies throughout Greece, although the primary care is provided by the insurance institutions, hospital outpatient clinics, private doctors and health centers.

The organisational structure and overall management of the National Health System is graphically illustrated in the following figure[1]

1 This figure corresponds to the NHS of Greece in 2017. At the time of writing of this report (2022) changes have taken place but to an extent that doesn't change the process that is described in the illustration. The changes mainly concern changes in the names of substructures and mergings between centers and organisation supervised by the Ministry

Illustration 1: Health Systems in Transition Vol. 19 No. 5 2017 - Fig.2.1



Notes: HMO: Health maintenance organization; PPO: Preferred provider organization; See text for the abbreviations of the organizations supervised by the Ministry of Health.

Funding[2]

The Greek National Health System, as the European Observatory on Health Systems and Policies (2017)[3] mentions, "*comprises elements from both the public and private sectors. In the public sector, a national health service type of system (ESY) coexists with an SHI[4] model*"

The funding of the ESY is achieved through 2 main sources of income, the EFKA (National Body of Social Security – Unified Social Security Fund) and the state budget.

Since 2017, EFKA has the task to collect all the contributions of social security and health insurance funds of all employers, employees and freelancers of all the different sectoral security funds. The income accumulated by EFKA on a monthly basis, is then funneled to the payment of pensions, several types of social allowances and benefits and of course the funding of healthcare through EOPYY (National Body for the Provision of Health Services)

The state budget provides the funds for covering administration expenditure, salaries of public providers, primary healthcare, subsidies to public hospitals and EOPYY, as well as investing and medical education.

The substructures of EOPPY (i.e. service providers) can receive funds also from private donors and/or grants to cover parts of their work and needs.

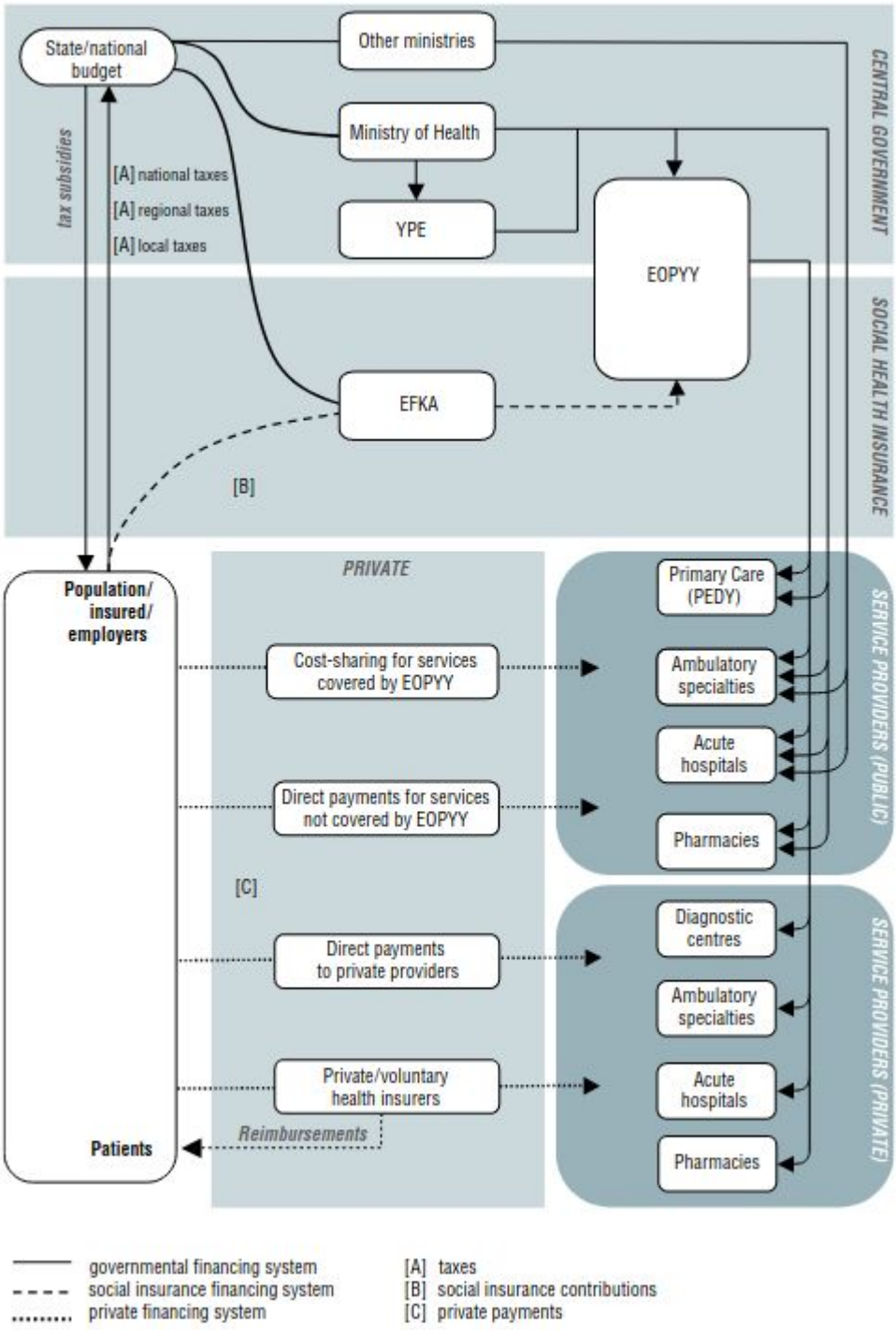
The funding ecosystem of health, is summarised in the following graph:

2 Most references are taken from Health Systems in Transition Vol. 19 No. 5 2017 – Greece Health System Overview https://www.euro.who.int/__data/assets/pdf_file/0006/373695/hit-greece-eng.pdf

3 Same as above – Unedited quote

4 Social Health Insurance (SHI) is a form of financing and managing health care based on risk pooling. SHI pools both the health risks of the people on one hand, and the cont ributions of individuals, households, enterprises, and the government on the other. Thus , it protects people against financial and health burden and is a relatively fair method of financing health care . Desirable though it is, not many least -developed and low-middle-income countries have succeeded in adequately expanding coverage of SHI https://apps.who.int/iris/bitstream/handle/10665/206364/B3457.pdf?sequence=1

Financial flows



A considerable amount of healthcare is also covered by private practitioners (mainly as far as primary health care is concerned), laboratories and occassionally private clinics and hospitals, either through private insurance companies or by direct payment from the patient.

Healthcare and examinations in private structures are covered up to 90% by EOPYY and the patients have to pay the rest.

Providers

The Greek Health System is represented both by the public structures (including mechanisms, directories and smaller service bodies) and the private sector which is especially active in primary healthcare.

The public healthcare system is organised in way that centralises funds as well as information related to patient's access to healtcare, but exercises its practices in a decentralised and autonomous way, depending on the region.

Decentralised public system

The healthcare system is divided into primary/outpatient care & hospital care (secondary and tertiary) provided by the respective health units of the public and private sectors

The decentralisation of services goes even further in Primary Health Care (PFY) as follows:

Primary level: Local health units calles TOMYs and

Secondary level: Health centers and other PFYs

PFY structures cooperate with each other in a peer to peer way which enables them to deal scientifically with the health issues of their population and indirectly develops self-control[5]

Structure of Primary Health Care (PFY)

PFY is in its basic form, through Health Centers, each on addressing the needs of 10.000-12.000. This network, with decentralised structures and proximity to the recipient of health services, intended to directly address inequalities in access and the consequences of social exclusion

PFY structures are fragmented as:

5 Need source

- Health Centers in rural areas with a 24/7 operational basis

- PEDIs and Local Health Units (TOMYs) in urban areas, where several private practice professionals also operate (in collaboration and/or independently from the public system)

TOMYs

TOMYs are adminsitrative units directly under the responsibility of the health regions (YPEs). Its function indirectly decentralises secondary care because cases pass first through the PFY and then those in need of care will reach hospitals. Primary health care services are staffed by a small multidisciplinary health team.

TOMYs are a relatively new "cell" of the ESY around which all the public health system is envisioned to be reorganised, with its main mission being to provide quality PHC services to the population under their responsibility

EOPYY

Created in 2011 as a result of merging of the nine sectoral funds (OPAD, IKA, OGA, OAEE, NAT, TYDKY, TAFTEKO, ETAA, ETAP-MME) to provide primary and secondary care services to the maximum number of the population

EOPYY absorbed the health units of IKA and functions simultaneously as a purchaser and provider of health services. It has its own doctors but also works with private practitioners through a cooperation contract (meaning the practitioners despite belonging to the private sector, they accept patients for free and then they get paid by EOPYY for their services)

EOPPY renamed as PEDI

The new body called PEDI (primary national health network) aims to integrate all the health units of EOPPY as well as the health centers.

Objectives of PEDI are

- to minimize direct access to hospitals (especially for minor severity cases) and instead each patient is firstly assessed by the appointed family doctor and referred to hospital on doctor's orders

- family doctors provide all the basic health services and ensures the main features of the primary health care system, has the possibility of taking action like for example taking charge of the

management of most chronic diseases, vaccinations, as well as health care and rehabilitation services. Additionally, the offer advices and guide the patient through the health system while taking care of referrals to other levels of care. Family doctors can be specialists in general medicine, pathology and paediatrics. Each insured person can choose their family doctor through the dedicated platform.

Structure based on type of local society

In urban areas, healthcare is carried out by some or all (based on the total population of the urban area) of the below mentioned structures :

- Hospital outpatient clinics
- Outpatient clinics including military hospitals as well as specialised clinics/hospitals and private clinics/hospitals
- Health directories
- Municipal medical centers
- Private medical centers (in cooperation with the public system or completely independently)
- Health centers of the health directories
- Municipal medical centers established by private practice doctors
- Private diagnostic laboratories (in cooperation with the public system or completely independently)
- Polyclinics of IKA and other public insurance foundations
- Direct care stations
- Private health care institutions (in cooperation with the public system or completely independently)
- EOPYY’s (formely IKA's) direct assistance centers (open 24/7)

In non-urban and rural areas, the options are more limited due the limited populations. These can be:

- Health centers
- Regional clinics
- Outpatient clinics

- Hospital outpatient clinics

- Private doctors (in cooperation with the public system or completely independently)

Pathologies of the Greek health system

ESY regardless of changes, it still faces issues that cause inconveniences and in some cases limit access to healthcare. The most prevalent are:

- waste of monetary resources and consequently scarce equipment due to overpricing of hospital and other equipment

- reduction of revenues and simultaneous fiscal deficits (due to undeclared work and tax evasion)

- provision of uncoordinated services (coexistence of several health services such as national health system, insurance institutions, local government all having different/independent organisation and administrative structures)

- Quality assurance departments (including research and continuing education for staff and citizens) were established in all hospitals by law on 2018 with the first departments being made in 2019 but due the covid-19 pandemic, their wider implementation and intended progress was hindered and they had to adapt to many changes, so the results of their work are still difficult to access and assess.

Problems and limitations - reasons of non-continuity of care services provision

In this section we briefly touch on the issue of continuity of health care services provision, since it is an issue that is relevant to the experiences of a considerable number of people over 60. These reasons are:

- continuity of care is not foreseen in any of the levels, neither PFYs nor hospitals

- continuity is defined as follow-up by the same person or time over time, as age, technology and health problems change or emerge, on the contrary, in Greece the co-existence and co-functioning of all primary services and providers is not common practice

- deficit in integrated care is closely linked to the deficit in continuity. In particular, the concept and content of comprehensive care, both as a concept and as a content, has not been a subject of discussion, both in academic community and in the scientific disciplines that make up the PFY in Greece.

- integrated care is Greece is not associated with continuous (lifelong) care of the person from birth to old age

- PFY is underperforming both in terms of the type of integrated care services and the appropriate mix of prevention, health promotion, rehabilitation and palliative (supportive) care services in advanced stages

Attention to the particularities of the elderly population

When it comes to healthcare and treatment, the elderly can address the typical ESY structures (see above) as any citizen would. There is provision for outpatient services provided by doctors, nurses and technicians which operate under contract with ESY. These services are common and relatively accessible for the majority, although inhabitants of some small islands might face some difficulty in direct access.

Of course, there is the option of seeking examination and treatment from private doctors, either through the public system or independently depending one's financial capacity

Due to absence of an organisation that deals centrally and comprehensively with the problems (other than physical health but potentially detrimental to it) of the elderly, various programmes for the elderly have been developed such as "Help at home", KAPH, KHFH and Friendship Clubs (Municipality of Athens)

Strategy for health promotion and prevention in the National Health System

The main large scale strategy that is addressed on a national level is IPIONI. "IPIONI – Prevention in third age" is part of the Primary Health Care actions/interventions and programmes. The IPIONI programme was first introduced in 2015 in a pilot action concerning raising awareness on diabetes. The yearly prevention campaigns were resumed for 2017 up until 2020 on the themes of dementia, digestive cancer, sensory disorders (vision and hearing) and management of infections (importance of vaccinations).

For 2021 there was no new campaign announced, and still there is no indication of the 2022 campaign (although they are typically announced in Septebmer-October of each year).

One of the main ways that IPIONI's strategy is determined, is through the Ministry of Health drafting a strategy plan, announcing it to scientific, professional, civil society and social institutions (based on the impact of their work) and inviting them to an open dialogue, where each invited organisation/institution

expresses their opinions on the proposed strategy. This exchange leads to the formation and public announcement of the final plan which gives its place to the initiation of the foreseen activities.

All results and objectives for each annual intervention can be accessed from the official webstite of the Ministry of Health.

Local Implementation of the Health Promotion and Prevention Strategy

Local Implementation of IPIONI programme

The implementation of the Health Promotion and Prevention Strategy is carried on national and local levels through the organisations and institutions that were part of the dialogue with the Ministry of Health.

As an example, we are reviewing the case of IPIONI strategy for 2017 where the addressed organisations/institutions/associations were the following:

- EOPYY (link)

- Hellenic Association of Geriatrics and Gerontology (link)

- Medicine Association of Athens (link)

- Hellenic Association of General Medicine (link)

- Hellenic Psychiatric Association (link)

- Panhellenic Psychological Association (link)

- Association of Greek Psychologists (link)

- Athens Alzheimer's Disease and Related Disorders Company (link)

- Panhellenic Federation of Alzheimer's Disease and Related Disorders (link)

- Hellenic Nurses Association (link)

- Panhellenic Association of Physiotherapists (link)

- Association of Greek Occupational Therapists (link)

- Panhellenic Association of Health Visitors (link)

- National Confederation of Persons with Disabilities (link)

In turn, these organisation promote all events and even organise relevant ones depending on the theme and complementary to their regular work. Through these organisations and the Ministry, information on the established topic in the different regions and municipalities, as well as organisations, professionals, CSOs, NGOs and any other entity close to the theme throughout the country to support the inititiatives.

Municipality of Patras

The Municipality of Patras also implements actions addressed to the elderly population, both in terms of health as well as other essential services. The service is provided by KODIP (Social Organization of the Municipality of Patras – link).

KODIP offers services in 7 distinct domains:

- Social services
- Nursing service
- Physical Therapy
- Creative engagement groups
- Home support service for members of KAPI
- “Help at home” programme
- Municipal clinics

Regional Government of Western Greece

The Regional Government of Wesern Greece also participates in the actions and awareness raising campaigns for health literacy and health services for the elderly. They occassionally organise large scale interventions in relation to the Ministry’s guidelines but also independently through the annual actual plan of the regional government.

During the covid-19 quarantine of 2020, the regional government created a digital repository of learning resources in several themes, including information addressed to elderly populations on how to access healthcare and organisations to address.

The regional government works closely with many local NGOs and CSOs related to healthcare. More information will be provided in the repository of the Salud +60 project website.

Training Plan

Training plans on healthcare for people 60 are supposedly generally accessible through the activities of organisations, associations, institutions, hospitals and universities. From our research currently there is no widespread courses and resources established and referenced from a common source although it is possible that there are plans in progress.

More clearly, the potential for training plans to the public, generally on the domain of healthcare, have been found to be stated on the Department of Quality Assurance, Research and Continuous Education of the Agios Andreas General Hospital of Patras (link) and it is definitely the case for many other hospitals as well.

Notable health education practice

Currently in Greece, there seems that there is not a widely available/known initiative concerning the promotion of healthcare and health literacy that could be used as a common reference point for all efforts regarding access to information and training.

There are a lot of notable initiatives throughout Greece, carried out both by public and private institutions, with a lot of interesting content but often lacking proper scientific evaluation and assessment that could make them act as long term reference points for health literacy and education. This doesn't mean that they are not proper initiatives, but rather that there is a lack of proper monitoring that can support their sustainability in the long term.

Additional information for the citizenship

Additional information for the public will be provided through the case studies conducted by each partner as well as resources for the repository of the Salud +60 projet.

Features of direct collaboration with the health administration

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Starting now

To be added

Specific suggestions

To be added

Summary

To be added

Notable mentions

To be added