Primary Care Cardiovascular disease Greece

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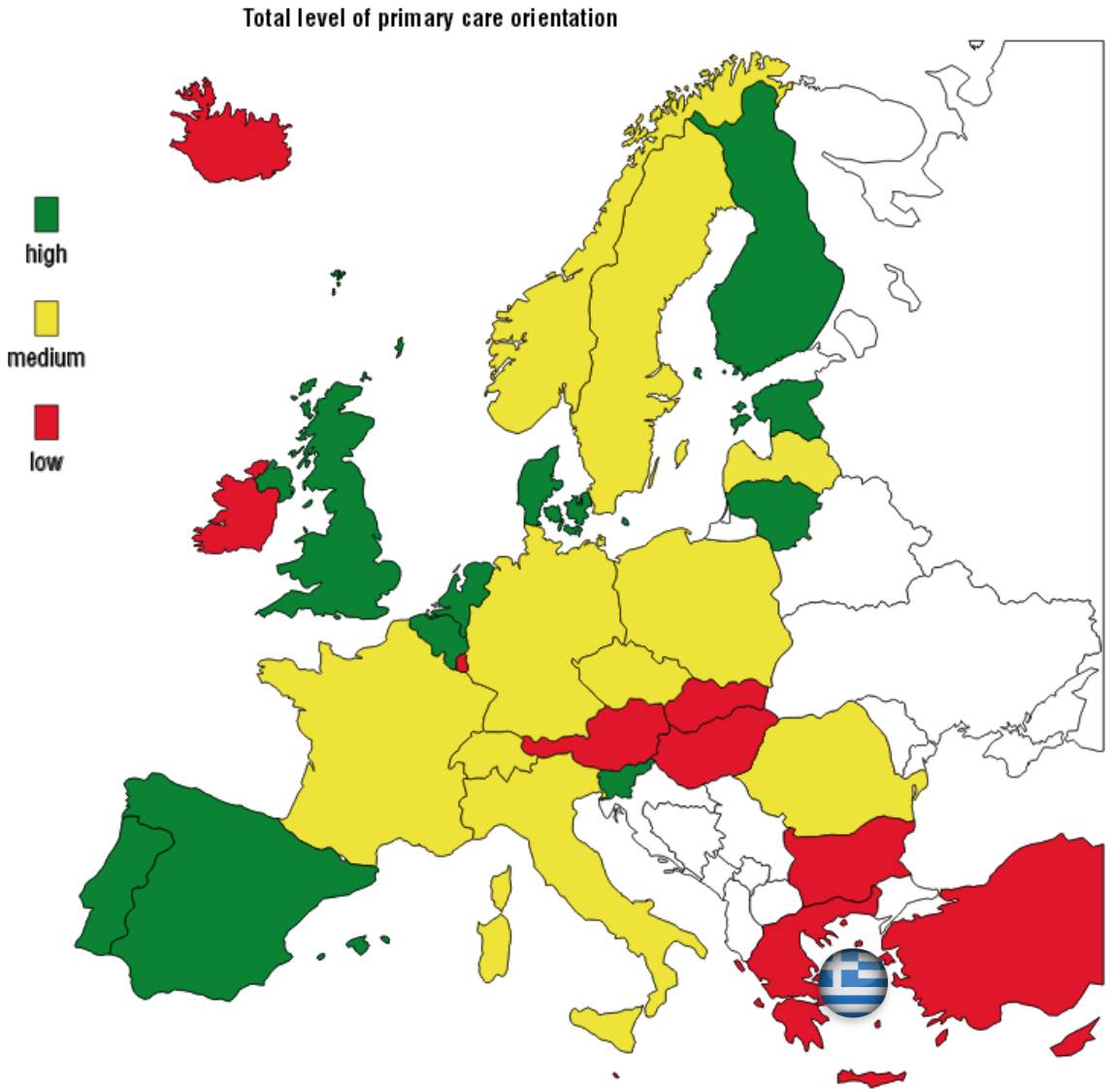
- *Scientific body*
- *Member of WONCA*

- *Greek Union of GPs*
- *Professional body*

Diversity in Primary Care in Europe



Building primary care in a changing Europe. European Observatory on Health Systems and Policies. WHO 2015

Primary Care in Greece

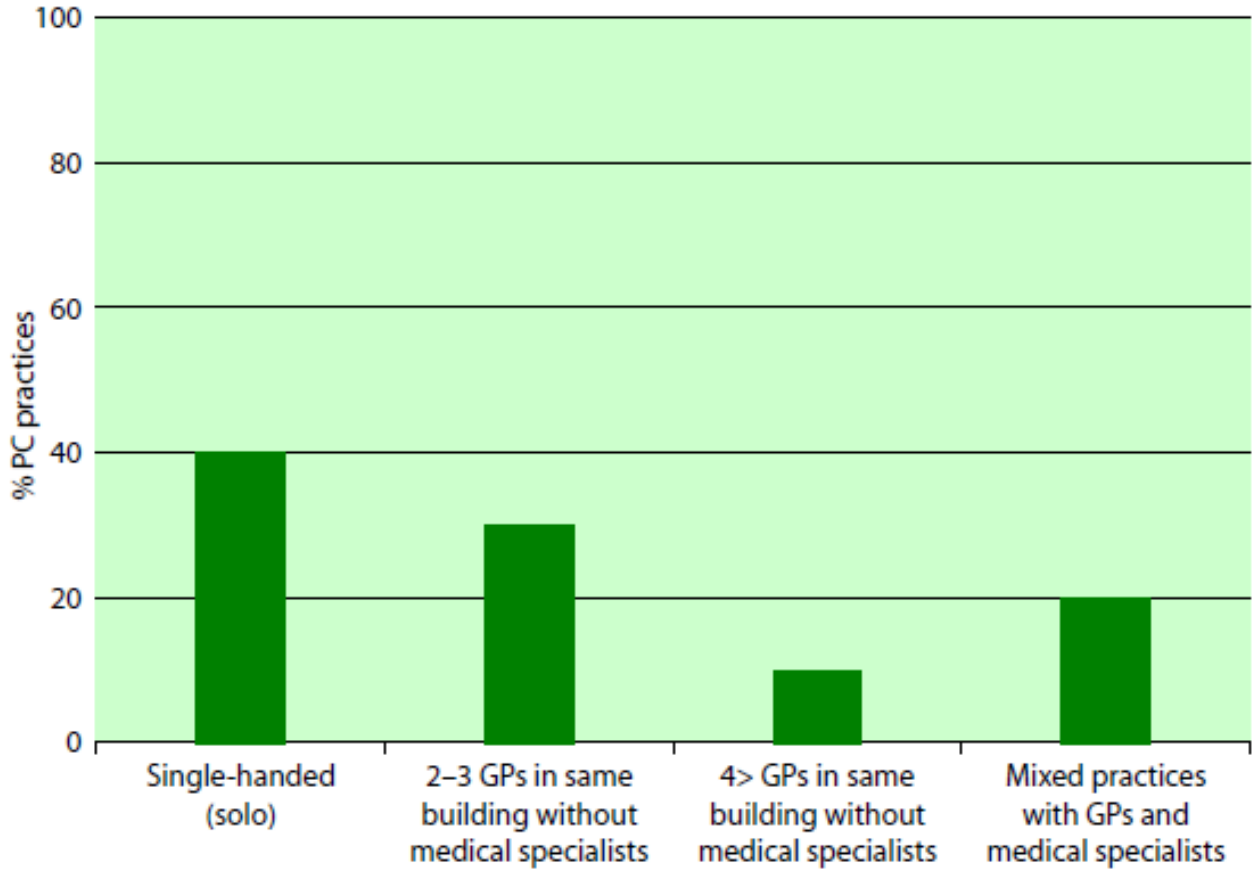
- **urban: contracted private physicians**
- **rural: salaried physicians in public health centres**

- **No system of gatekeeping or patient lists**
  (patients can visit any generalist or specialist they wish to)
- **Private payments** (formal and informal) **are high**
- **Care restricted to those who visit the service,** reactive rather than proactive system
- **lack of a comprehensive and national electronic patient record (EPR) system**
- **Referral letters rarely used by GPs**
- **No communication of specialists with GPs**
- **Not clearly defined role for the GPs** mainly in chronic disease management- arguments with specialists

Groenewegen P, Jurgutis A. A future for primary care for the Greek Population. *Quality in Primary Care* 2013;21:369–78

Primary care in Greece

Fig. A11.5: Shared practice



Building primary care in a changing Europe. Case studies. European Observatory on Health Systems and Policies. WHO 2015

Fragmented healthcare system

patients can access any service they wish to

Table 1 Directly accessible health services providing first contact care

Health service	Number
Outpatient departments of public hospitals	134
Rural health centres	201
Regional rural clinics	1460
Special regional rural clinics	38
EOPYY clinics	150
Diagnostic centres	4000
Private physicians	25 500
Private dentists	12 586
Private clinics	175
NGO health foundations	400
Municipal clinics	80

Source: presentation by N Bechrakis.[23]

Problems in continuity and co-ordination…

Primary Care in Greece
comprehensiveness of care

Table A11.2: *GPs' involvement in delivery of various primary care services**

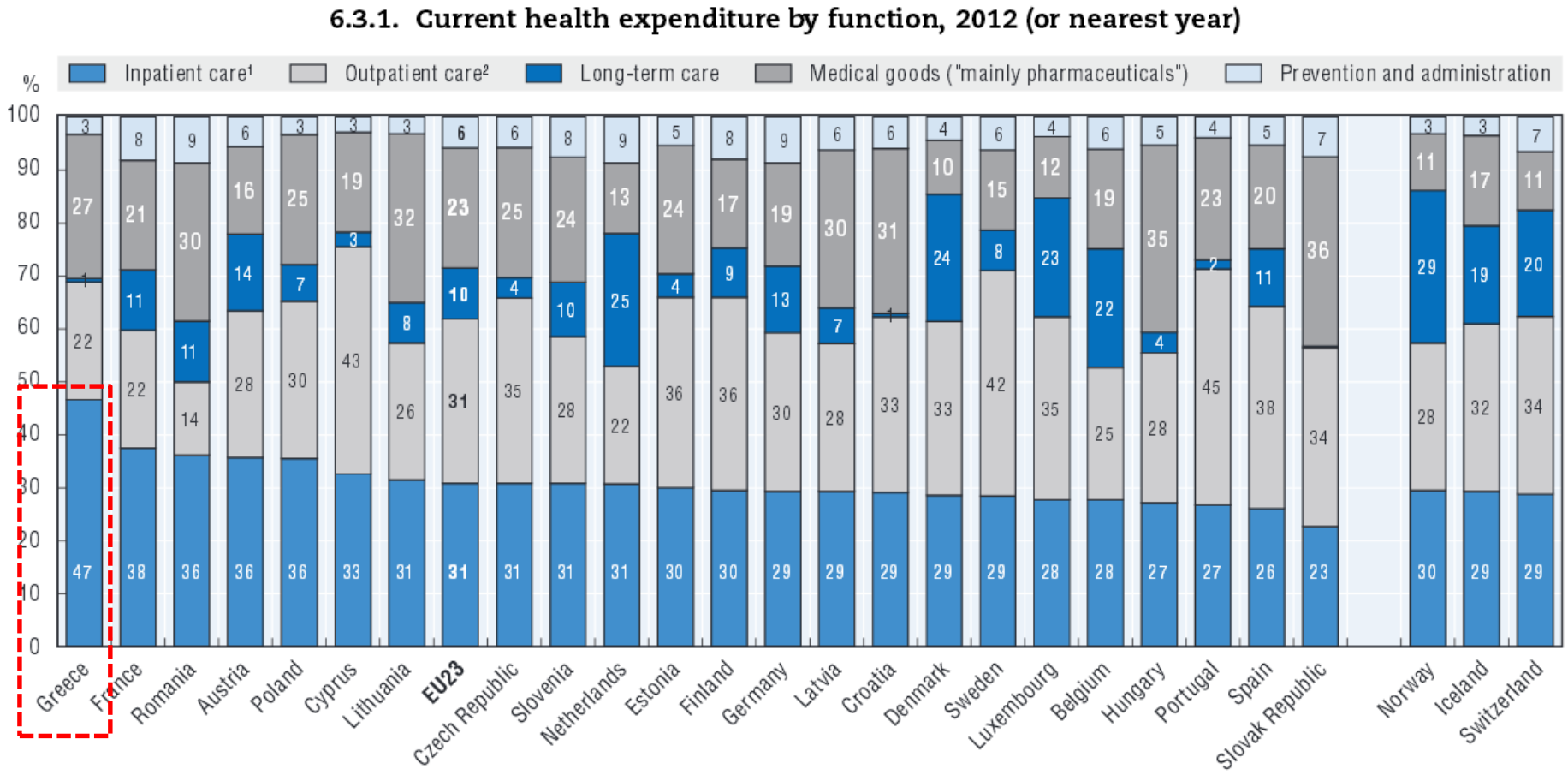
GPs' estimated involvement in the provision of:	GPs are "always" involved in the provision of care regarding:	GPs are "seldom or never" involved in the provision of care regarding:
First-contact care (from a list of 10 items)	–	• Child with severe cough • Child aged 8 with hearing problem • Woman aged 20 for confirmation of pregnancy • Woman aged 35 with irregular menstruation • Man aged 28 with a first convulsion • Man with suicidal inclinations
Treatment and follow-up of diseases (from a list of 9 items)	• Uncomplicated diabetes type II	• Cancer (in need for palliative care) • Patients admitted to a nursing home/ convalescent home
Medical technical procedures (from a list of 10 items; involvement of GP or PC practice nurse)	–	• Insertion of IUD • Removal of rusty spot from the cornea • Fundoscopy
Preventive care (from a list of 8 items)	• Cholesterol level checking	• Allergy infections • Testing for sexually transmitted diseases • Cervical cancer screening
Health promotion (from a list of 4 items)	• Counselling in case of obesity • Counselling in case of poor physical activity • Groupwise health education	–

Note: IUD – intra-uterine device.

** Answering categories for the involvement of GPs: (almost) always; usually; occasionally; seldom or never.*

Building primary care in a changing Europe. Case studies. European Observatory on Health Systems and Policies. WHO 2015

Primary Care in Greece
underfunded



Note: Countries are ranked by inpatient care as a share of current health expenditure.

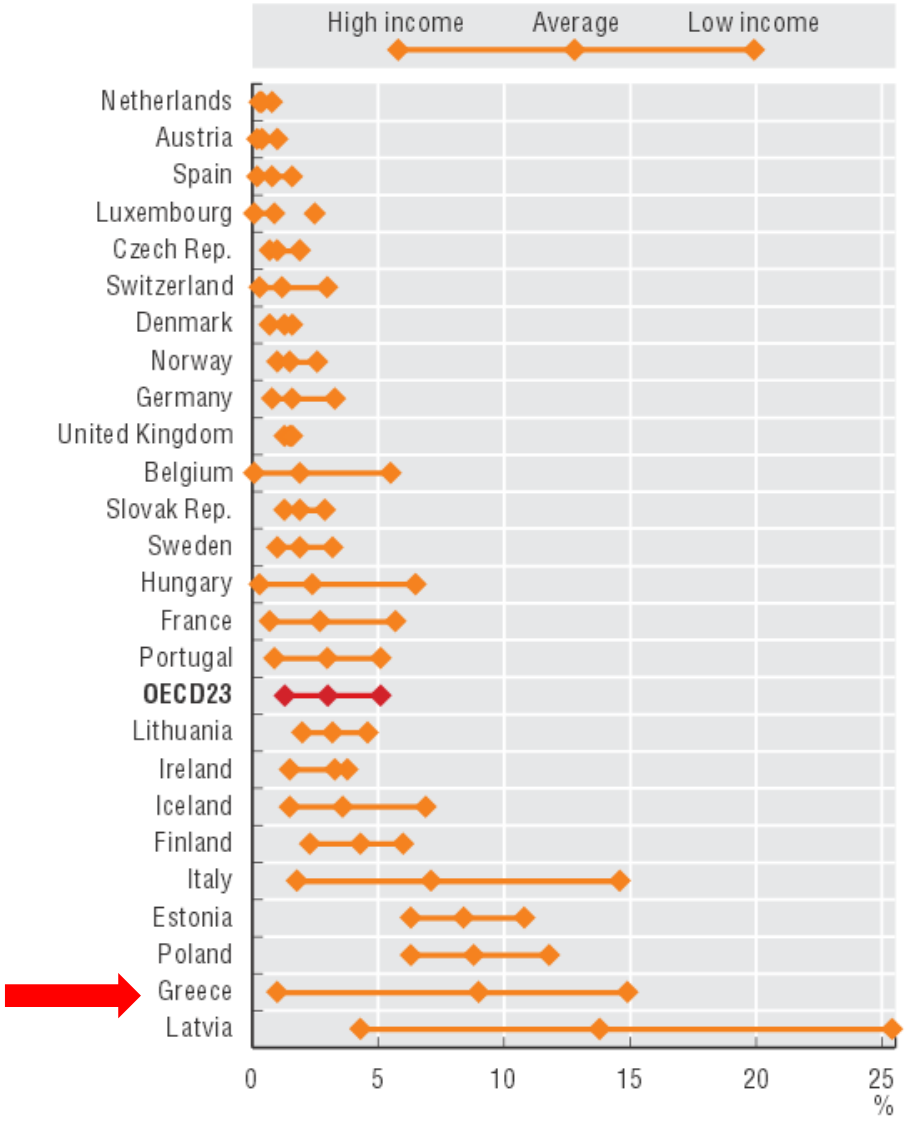
1. Refers to curative-rehabilitative care in inpatient and day care settings.
2. Includes home-care and ancillary services.

Source: OECD Health Statistics 2014, http://dx.doi.org/10.1787/health-data-en; Eurostat Statistics Database for non-OECD countries.

Unmet care needs for those with low income

Problems in access…

7.4. Unmet care needs for medical examination, by income level, 2013

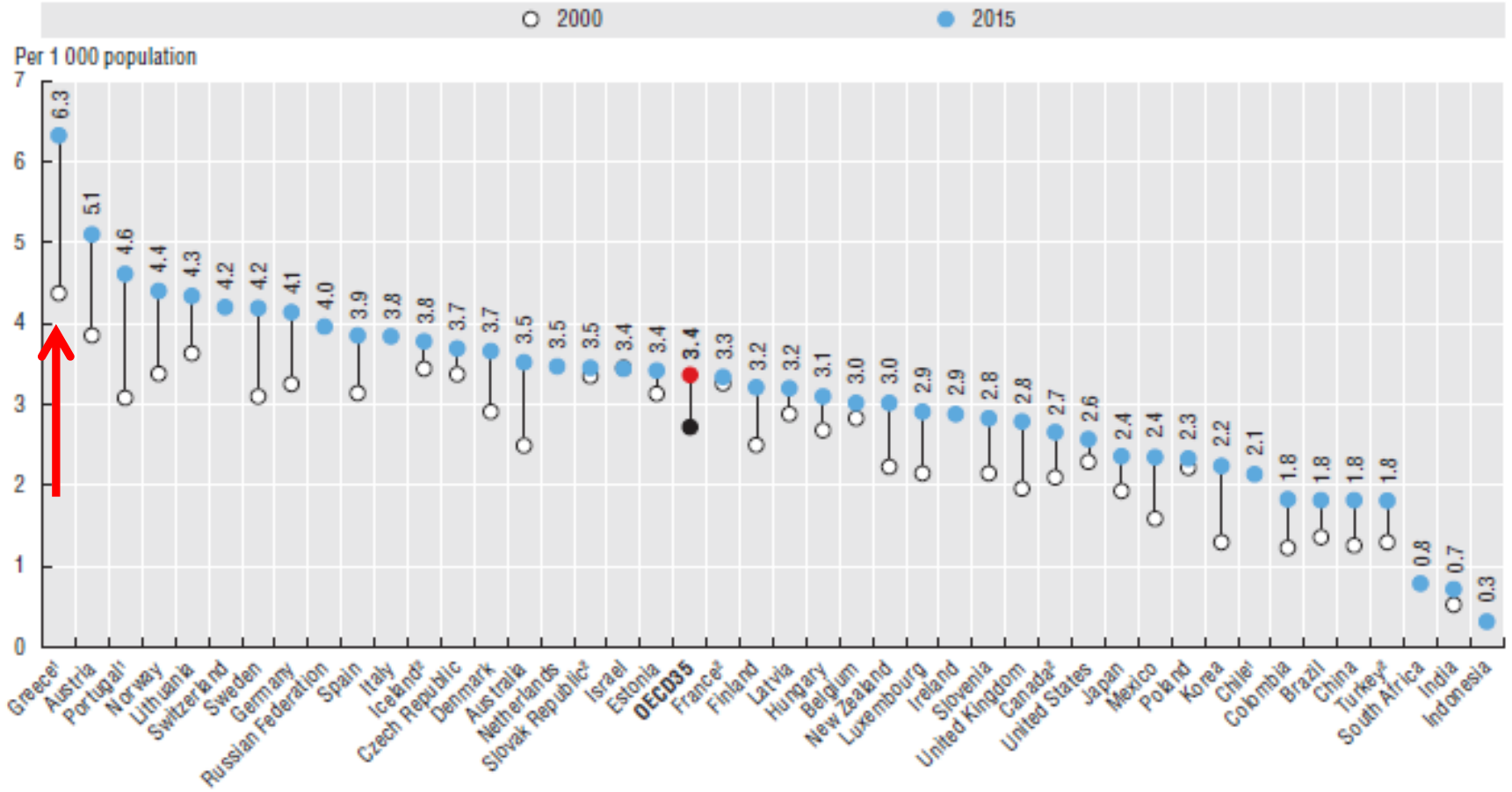


Note: Unmet care needs for following reasons: too expensive, too far to travel, or waiting time.
Source: EU-SILC 2013.

StatLink http://dx.doi.org/10.1787/888933281066

too many physicians

8.3. Practising doctors per 1 000 population, 2000 and 2015 (or nearest year)

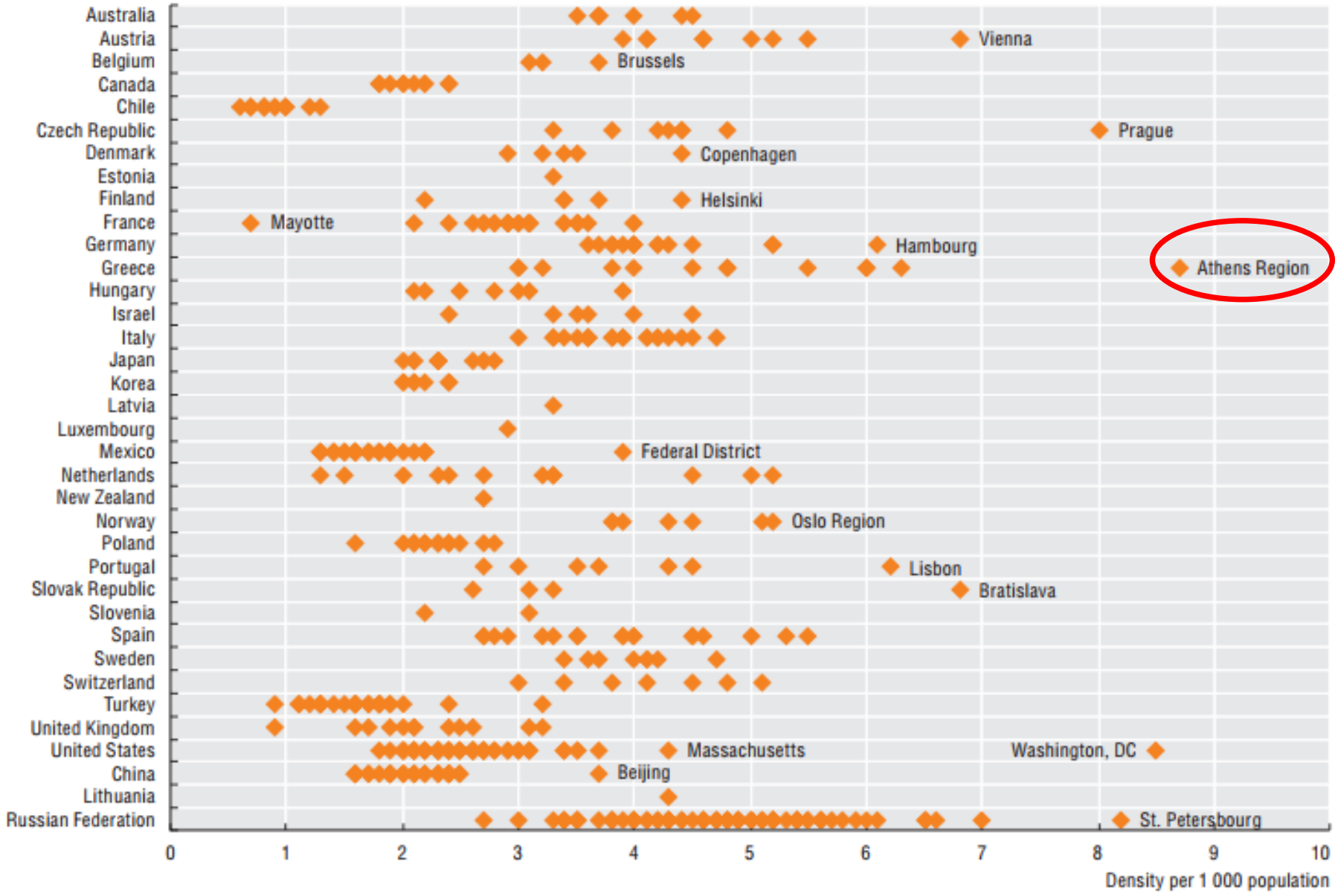


1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933604571

5.9. Physician density, by level 2 regions, 2015 (or nearest year)



Source: OECD Statistics Database 2017.

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too many cardiologists

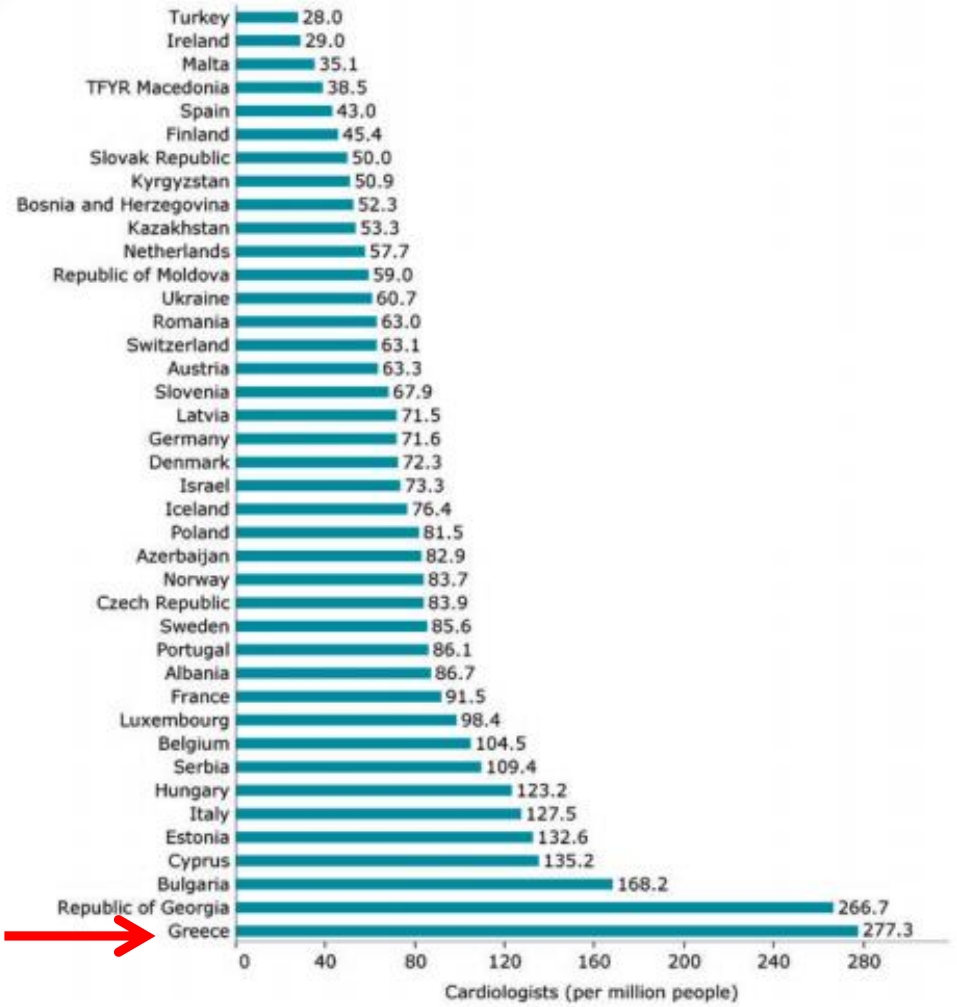
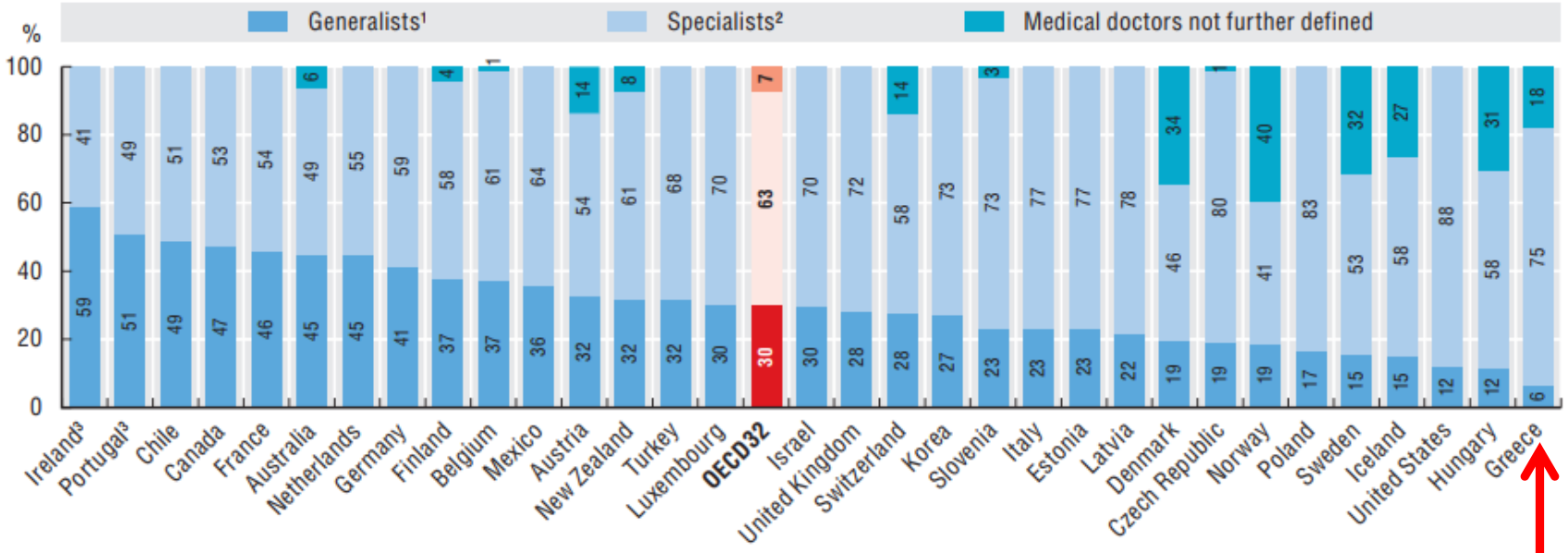


Figure 41 Cardiologists per million people, 2014 or latest year, ESC member countries. ESC Atlas of Cardiology, 2017, data on file. Data unavailable: Algeria, Armenia, Belarus, Croatia, Egypt, Republic of Kosovo, Lebanon, Libya, Lithuania, Montenegro, Morocco, Russian Federation, Republic of San Marino, Syrian Arab Republic, Tunisia, and UK. Raw data: Supplementary material online, *Table S26*.


ΕΛΛΗΝΙΚΗ ΚΑΡΔΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ
HELLENIC CARDIOLOGICAL SOCIETY
70 ΧΡΟΝΙΑ
ΚΑΡΔΙΟΛΟΓΙΑΣ (ΕΚΕ)
38ο ΠΑΝΕΛΛΗΝΙΟ
ΕΠΕΤΕΙΑΚΟ ΣΥΝΕΔΡΙΟ
70 YEARS OF
CARDIOLOGY (H.C.S)
38th ANNIVERSARY
PANHELLENIC CONGRESS
19-21/10/2017 ΞΕΝΟΔΟΧΕΙΟ HILTON ATHENS
ΑΘΗΝΑ
19-21/10/2017 HILTON ATHENS GREECE
ATHENS/GREECE
ATHENS

but too few general practitioners …

8.7. Generalists and specialists as a share of all doctors, 2015 (or nearest year)



1. Generalists include general practitioners/family doctors and other generalist (non-specialist) medical practitioners.
2. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical, surgical and other specialists.
3. In Ireland and Portugal, most generalists are not GPs ("family doctors"), but rather non-specialist doctors working in hospitals or other settings.

Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933604647

Weak academic General Practice

www.greekphcguidelines.gr/en/

DEVELOPMENT OF 13 GUIDELINES IN GENERAL MEDICINE

FOR MANAGEMENT OF MOST COMMON DISEASES AND HEALTH CONDITIONS IN PRIMARY HEALTH CARE (FUNDING MIS 464637)

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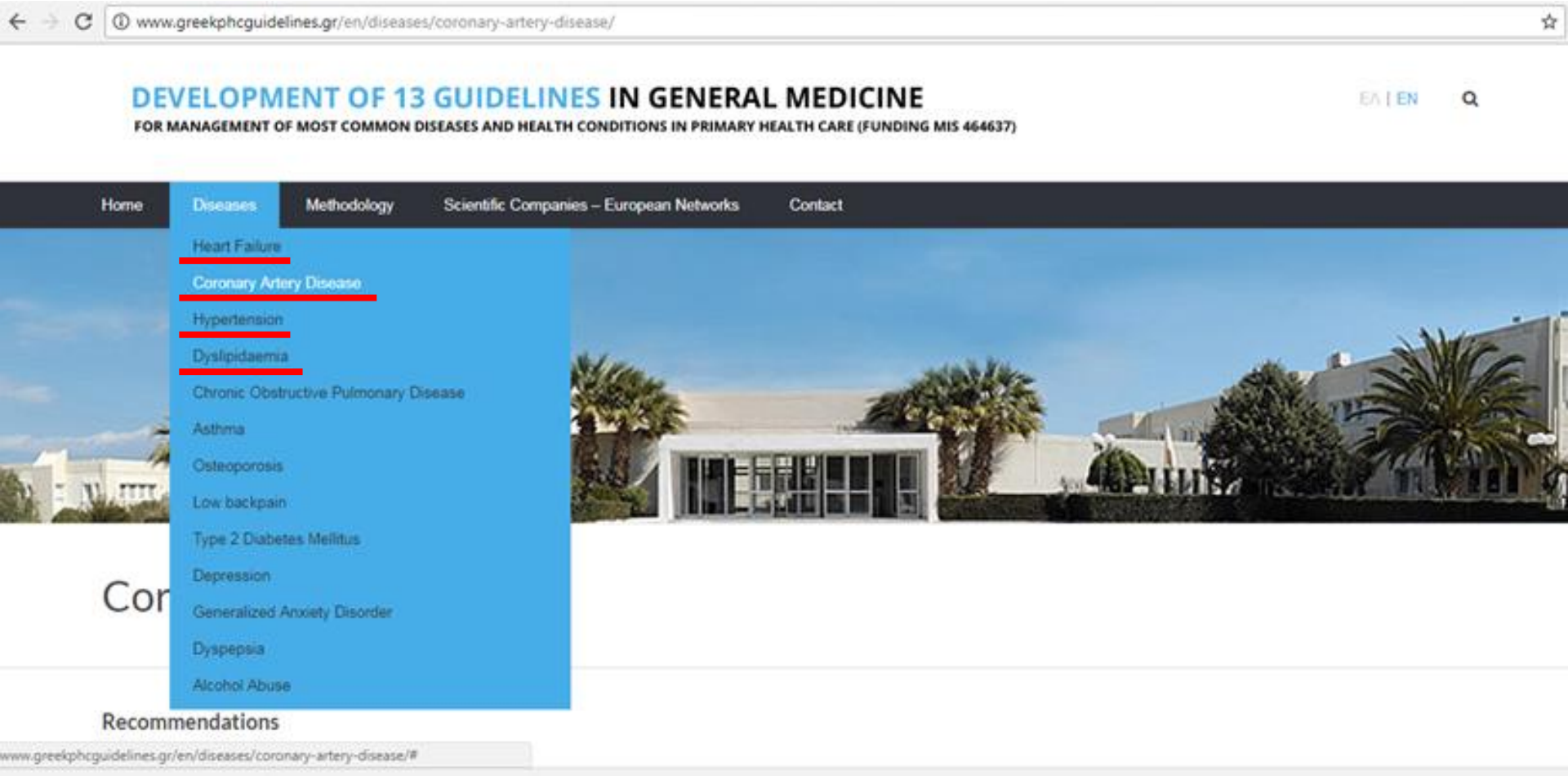
Only one Professor in Family Medicine in Greece…

Guidelines in General Practice for common CV diseases



Greece: Technical Memorandum of Understanding

Accompanying the MoU of the ESM programme

EOPYY will change the way it provides primary health care by

introducing ***compulsory patient registration*** *with a family doctor,*

who will act as a ***Gatekeeper*** *in charge of referrals to specialists.*

This shall become fully operational (key deliverable)by 1st January 2018.

Regulation of patient flows

Enhancement of continuity, comprehensiveness of care

Greece: Technical Memorandum of Understanding

Accompanying the MoU of the ESM programme

Roll out of Primary Care

The authorities will adopt the necessary legislation of the roll-out of Local Health Units (TOMYs) by May 2017.

Establishment of at least 240 TOMYs by June 2018, thereby achieving coverage of 35% of the total population.

TOMYs:

- small, **public** family health units in urban areas
- **multidisciplinary teams** (GPs, FPs, nurses and administrative staff) caring for a defined population
- 10000-12000 people enrolled
- Patient list of **2000-2500 for GPs**, **1000-1500 for FPs**
- GPs public servants, remuneration **fixed salary**

Quality, Freedom of choice of patient, Income- satisfaction of physicians

Greece has already the most dense network of private physicians in the world

ESC European Society of Cardiology

European Heart Journal (2017) **0**, 1–72
doi:10.1093/eurheartj/ehx628

SPECIAL ARTICLE

European Society of Cardiology: Cardiovascular Disease Statistics 2017

On behalf of the Atlas Writing Group
Atlas is a compendium of cardiovascular statistics compiled by the European Heart Agency, a department of the European Society of Cardiology
Developed in collaboration with the national societies of the European Society of Cardiology member countries
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Health Care Expenditure per capita and Ischaemic Heart Disease mortality

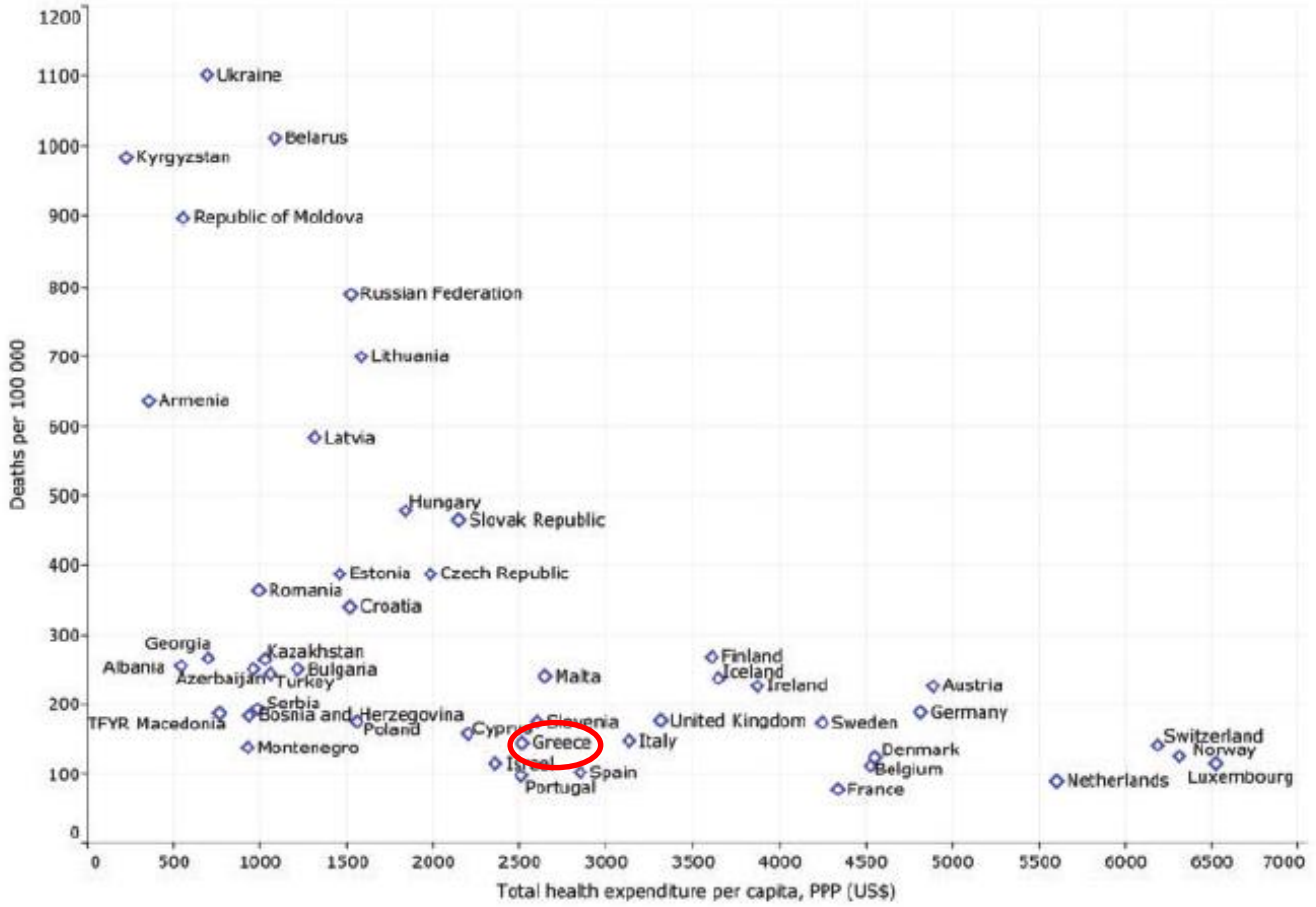
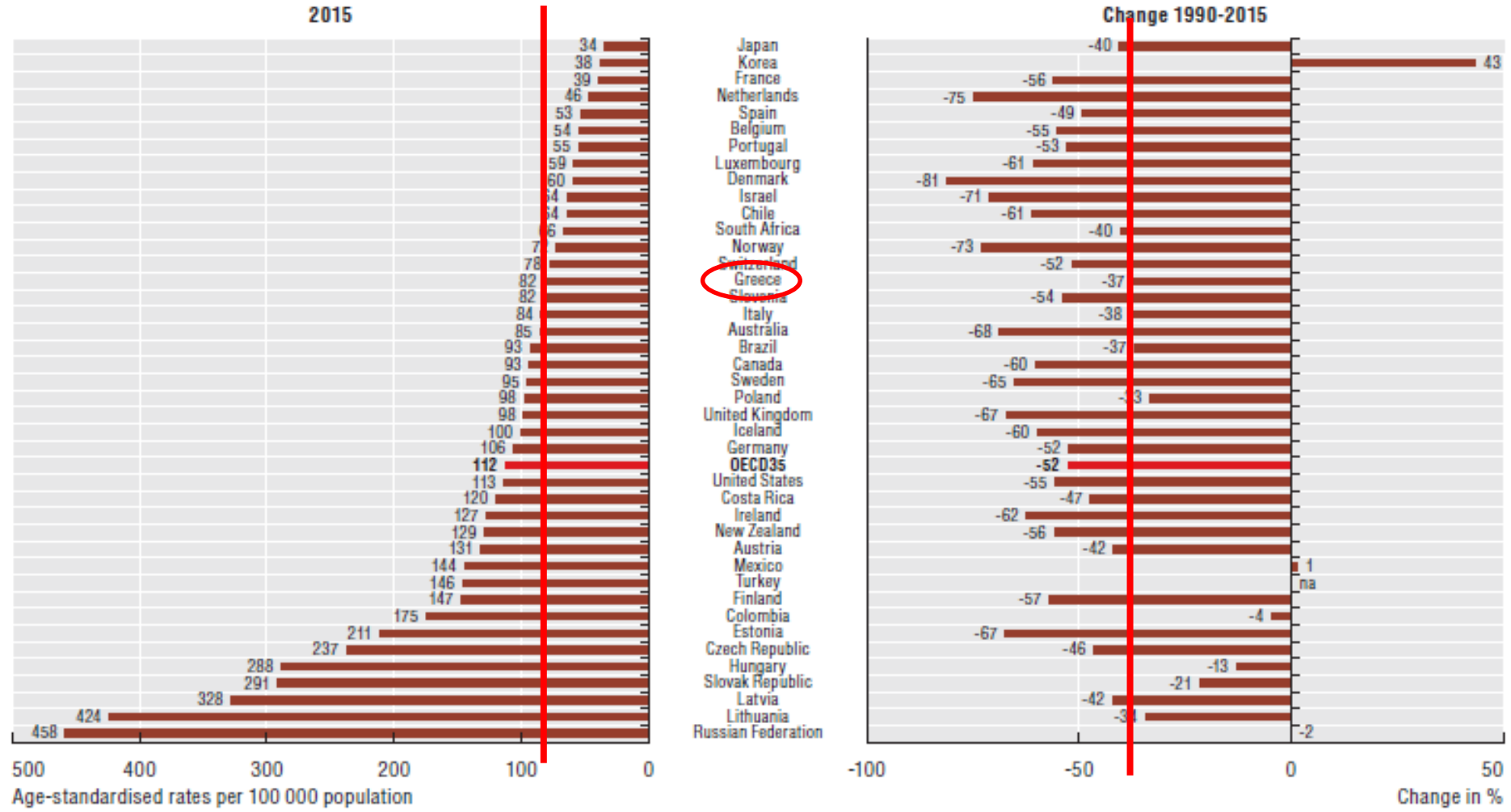


Figure 79 Health care expenditure per capita (US$PPP) and age-standardized ischaemic heart disease mortality rates per 100 000 men, latest year available, ESC member countries. ESC Atlas of Cardiology. Based on data from European WHO Mortality Database http://apps.who.int/health info/statistics/mortality/whodpms/ and World Bank (WB) (http://data.worldbank.org/indicator).

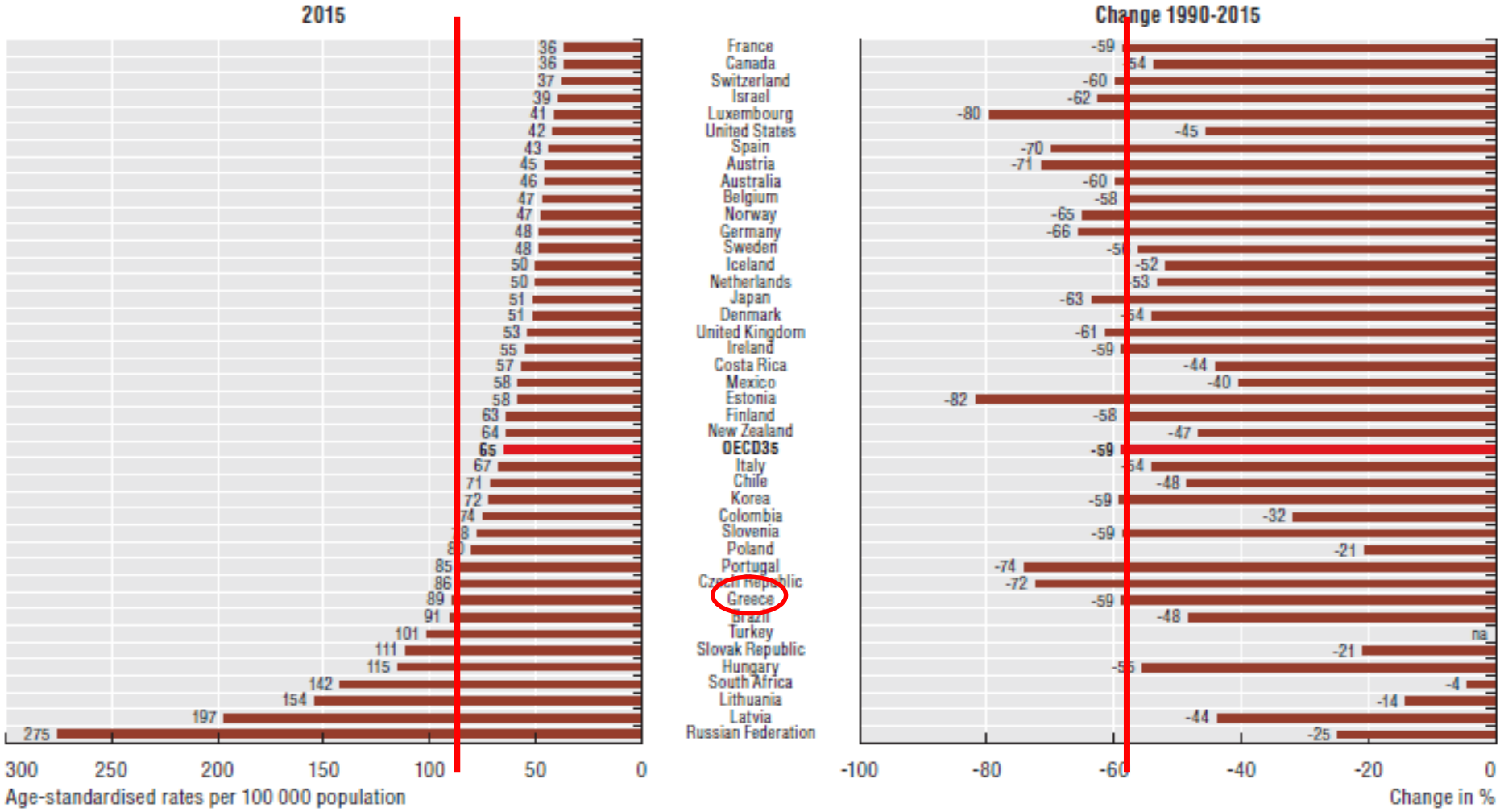
3.8. Ischaemic heart disease mortality, 2015 and change 1990-2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602367

3.9. Cerebrovascular disease mortality, 2015 and change 1990-2015 (or nearest year)



Source: OECD Health Statistics 2017.

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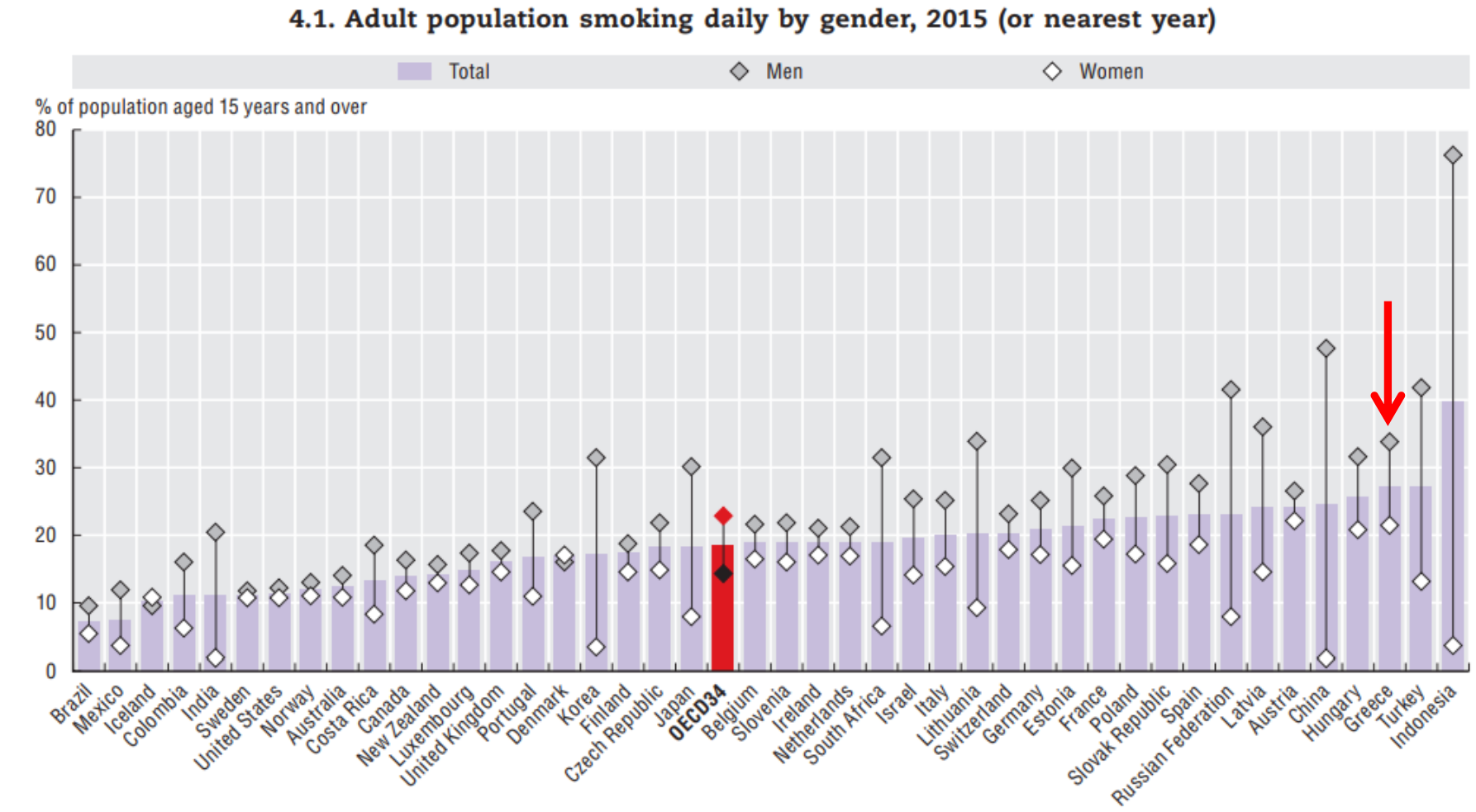
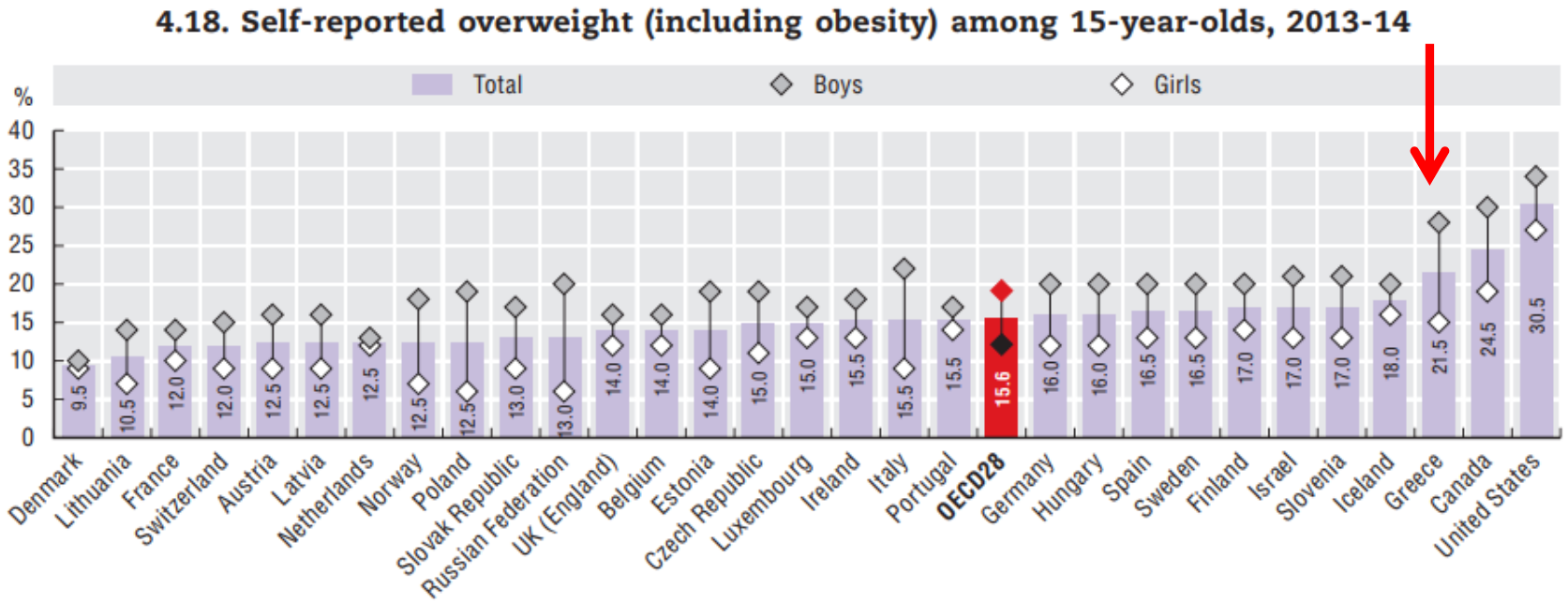
Risk factors & health behaviors



Source: OECD Health Statistics 2017.

StatLink http://dx.doi.org/10.1787/888933602709

Risk factors & health behaviors



Note: International Obesity Task Force cut-offs. Rates for the United States refer to survey year 2009-10 rather than 2013-14.
Source: Inchley et al. (2016).

StatLink http://dx.doi.org/10.1787/888933603032