New health policies on Primary Health Care in Greece

Theodoula Adamakidou [1], Athena Kalokerinou [2]

1. RN, MSc, Phd(c) Faculty of Nursing National and Kapodistrian University of Athens, St. Savvas Anticancer Hospital, Greece
2. RN, Phd, Assistant Professor Faculty of Nursing National and Kapodistrian University of Athens, Greece

Abstract

Introduction. Modern views about health and its medical, sanitary and financial components impose the reorganization of the health care system and its direction towards regional decentralization and primary health care. Political strategies in Greece have been turned towards this direction years ago.
Aim. Present review aimed at presenting the importance of Primary Health Care, describing its organizational and functional framework in Greece, promulgating significant problems that rule its function and suggesting potential interventions which will improve the efficacy of the sector.
Methods. Literature research on Greek and foreign language journalism, on books referring to Greek health care services management and on relevant institutional framework was conducted in order to achieve the aim of the study.
Results. This review demonstrated that, it is quite unorthodox to maintain that primary health care is a well-organized, well-structured and effective subsystem. A subsystem, which has the strength to definitely affect the overall financial efficiency of the health care system and at the same time satisfy citizens with provided services. Improvement of the organization, the administration and the efficiency of the sector consist the target of the intervention examined and suggested in the framework of the decentralizing and at the same time unifying politic, which follows the triptych of the modern health systems in order to achieve updating, low cost and quality.
Conclusions. The formulation of suggestions on the undertaking of specific initiatives requires the inquiring approach of the reasons of the problems and a thorough examination of the delicate and difficult points, which complicate the problems of PHC, in the light of the continually changing circumstances.

Keywords: primary health care, Greece, health policies, organization, reform proposals

Corresponding author:

Theodoula Adamakidou
3 Komninon, Agios Dimitrios
17341 Athens Greece
Tel. number: 2109345703, e-mail:
adamakidou@yahoo.gr

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Introduction

The present strategy of the World Health Organization (WHO) for Primary Health Care (PHC), as it has been declared in Alma-Ata at 1978, targets in the reorientation of the purposes health section and the turn to PHC, which is an inseparable part of health care system of a country, just like its social and economical development. Declaration is based on the principals of social justice and impartiality and aims at the satisfaction of the community needs, providing easily access, efficiency and participation of the population[1].

PHC is defined as a system providing a bundle of basic and completed services of health care, in individual and family level and constitutes the first contact point of the citizen with health system[2,3] .

Purpose of this peer-review was the study of the organization and administration of primary health care in Greece. For this purpose, there is a reference to the role of PHC in the providing of services and the improvement of the population's health level and a presentation of the institutional frame of Greece, as well as the exact problems which influence its function. Finally a series of proposals for the necessary organ-administrative reformation of PHC is presented.

Challenges in health and the role of PHC.

A. Tensions in health and the challenges for the health care systems.

Contemporary changes in the causative, economic and epidemiological profile of disease have taken a character of challenge for health systems and are decisive for the mapping out of health policy[2,3,4]. Specifically, a) the "life style-related chronic diseases", b) the increase in life expectancy, c) the increase of effects of illnesses related to old age, d) the economic and psycho-social advantages of home care, e) the biggest, per capita expense for medical care for the elderly in comparison with that of younger individuals, f) the role of the natural and social environment, as well as the human behaviour in the epidemiology in many diseases, g) the necessity of using expensive technology for the diagnosis, treatment and restoration to health, h) the growing the demands and expectations of the users, in combination with i) the triptych of the targets of the politics of health for 'modernization, low cost and quality', are some of the reasons which impose the need for formation of a new frame of providing health services corresponding to the modern needs and the challenges of the future [2,5] .

B. The role of PHC in the providing services and the population's health improvement.

The declaration of Alma-Ata in 1978 constituted the basis for the responsibility redefinition of the health care system regarding the Primary Health Care[6].

Today international experience demonstrates the necessity of PHC as the focal point of entire health care system[5]. Their role is to constitute a kind of "gatekeeper" of the cases attended before these will be promoted to the hospital care aiming at the reduction of fictitious demand of expensive specialized services and the limitation of the expenses[2].

PHC deals with the community health problems_and the providing of services of promotion, prevention, treatment and restoration of health based on scientifically substantiated, socially acceptable, practically applicable and financially accessible methods and technology. Its meaning oversteps the conventional framework of health services and encircles activities which are related with the public health, the environment, the nutrition and the offering of basic clinical and pharmaceutical treatment [6].

According to a study conducted by Atun Rifat[7], the development of PHC, is related to the improvement of health issue, perigenetic mortality, mortality from other causes (e.g. accidents) or specific mortality connected with the disease (e.g. heart disease, respiratory disease). This relation is

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important for the control of determinative factors of health in a macro level (percentage elderly people, GDP per capita) as well as in a micro level (an average of hospital visits, per capita income). It is also mentioned that the increased availability of PHC services is related positively with high satisfaction of the patients and the decrease of the total health expenditures. Health systems which are oriented in PHC, even in countries having pour income, are mentioned to be more fair, easily approached and accessible for the benefit of poor. Application of the institution of general doctors relates positively to the decrease of cost, the user's increased satisfaction, without negative repercussions in the quality of services. Moreover characteristics of PHC, such as geographical coverage, longevity, co-ordination and orientation towards the community, are related with the health improvement of the population [5].

Also, it is mentioned that family doctors promote the continuation in care, contribute in the decrease of admission for medical attendance, reduce the use of specialized and urgent services and in extension improve their cost-effectiveness[4,5].

Health politics of the countries must directed under this new prism of strengthening PHC which is dictated by WHO. The structure of particular health system is related directly to the sanitary, social, cultural and political circumstances of the country it is applied[2]. In Greece, the development and configuration of health system structure took place in a fragmentary way and are parallel to the course and development of the Greek state[2,3]. A report on the course of development of PHC in Greece is going to follow, as well as the analysis of its contemporary form.

Primary Health Care and Greek reality

A. The legislative frame of PHC in Greece

Basic aim of every health system, in the boundaries of the social state, is to secure the health level of population and the improvement of the level of prosperity and populations' quality of life[8], too. Greek health system with the follow legislative regulations sought the upgrading of the primary health care services.

The law-frame 1397/1983 for the PHC was according to the principles of declaration of Alma-Ata, which had aimed at the universality of insurance coverage, the equality in the citizens access in health services, the development of all levels of care from NHS (ESY) and the qualitative and the quantitative increase of the investments and of human dynamic in the public sector[9].

Other laws like 1579/217/TA/23-12-85[10], 2071/1992[11] and 2519/1997[12] had referred some regulations for the PHC.

Law 3235/2004 constitutes an independent legislative regulation of PHC, which attempts to ration and give a pluralistic character regarding the health services provided, developing the existing substructure of PHC units of ESY, the health centres and local clinics of the insurance organizations[13].

Application of the law above is a challenge for the Greek health system, due to the fact that reasons which are related with the impediment to the application and previous legislations still exist[8].

It has been found that during the last twenty years the "Achilles' heel" of Greek National Health System still is the non-existence of a completed system of PHC, in the bounds of the Greek characteristics of public management. The ensuring of the necessary requirements must be a basic priority to politics aiming at the reconstruction of ESY.

B. PHC in Greece and its problems

Greek health care system is a mixed system[2] of public character whose structural facts follow the German model, while organizational, functional and financing characteristics follow the English Beveridge model[2]. The presentation of organizational and managerial framework of PHC in Greece, which functions under the legislative bounds, actually demonstrates the problems of this sector. Specifically:

Nowadays, Greece allocates many organizational formations and conveyors for

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the providing PHC services. Each one of them consists a separate health system with its own organizational and managerial model, different working conditions, has a different supervising ministry, different sources of financing and inequality regarding the level of contributions and benefits[14-16]. Specifically, PHC is provided by:

a) the National Health System (ESY) via the 201 Health Centres (HC), the 1478 Regional Clinics and the morning and afternoon Outpatients' Departments of 132 hospitals.

b) The Public Funds (IKA OAEE, OGA, OPAD). Their services are provided by the 350 Polyclinics of the funds, by private doctors, diagnostic centres and laboratories of private sector that are on the panel of social security system..

c) The Municipality. There are 663 KAPI (Open Care Centres for the Elderly), 791 programmes of 'Help at home' and Municipal Clinics, which provide primary health care and nursing and sometimes only welfare services.

d) The private sector (private doctors, diagnostic centres and surgeries), which competes intensively with the public system.

e) The non-governmental and non-profit organizations, which serve the general population (Greek Red Cross) or the immigrants and the refugees in their health centres (Doctors without Borders, Doctors of the World).

Obviously it is a splintered off and developing without rules sector of providing services. The direct consequence is the total absence of a central top staff planning and lack of coordination in the development, production and the providing of services. There are proportional difficulties in the planning and application of a unified policy on PHC [17].

Looking at the total expenses and per-capita expenses of the funds sector for primary nursing we find out important disparities among different insurances funds[14,18].

A study[16] reports that funds having great numbers of pensioners (e.g. OPAD) present a high percentage of expenses in comparison with funds which do not have pensioners (e.g. OAEE). Also, insurances with big number of doctors on panel compared to the needs and freedom of choice of the insured (like OPAD, or Oikos Naftou) present increased per-capita expenses in the primary pharmaceutical treatment compared to the expenses of IKA, which has its own polyclinics and hired doctors.

The lack of trained executives (doctors and nurses) in primary health care had as a result the staffing of H.C. with professionals of medical-centred approach, training and experience[18,19].

The geographical unequal assignment of medical staff which is proved by the insufficient staffing of structures in the rural areas, obstructs the basic aim of the offering care in the place of residence and working of the citizens[14,15]. According to a Greek research[16] the covering of the positions of medical staff in the HC in 2000 didn't exceed 47% on average in the total of the country. The covering in Attica was 74%, while the covering of positions on islands didn't exceed 31%. The percentage in the other categories of staff was proportional. The hospital-centred character of Greek health care system is revealed by the fact that it absorbs 49,2% of medical staff and 90% of nursing for the year 2000. It is mentioned that in 2003 the general doctors was 1100-1200, while the needs exceeded the number of 7000. The proportion of nurses in the public and private sector in Greece are 4/1000 citizens in the urban centres and 2,15-3/1000 in the rural areas, while the percentage in the EU is 8,2/1000 residents[16].

The absence of family doctor and the lack of a system of references in superior and of higher cost forms of care have resulted in the unnecessary, uncontrollable and without limitations wandering of the user-patient in the different departments of health system[20,21]. The result is on the one hand the fragmentation of continuity in care[18] and on the other hand consequences in efficient use of the resources and the total efficiency of health sector[20].

The serious failings in technical-material substructure and the weakness of correspondence of public section with the

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modern demands have as result the limitation of width of extended services in basic services or the indirect orientation of the users in private sector[5,16].

The limited availability of services in the afternoon and evening hours, promote the compulsory resort to the outpatients department of the emergency hospital or private doctors [1,14,18].

The lack of urban type HC overburdens the out-patients departments of hospitals for primary services[1,5].

The particularly low salaries of staff and the lack of motives for the staffing of primary care structures, often encourage the decrease of production, the arbitrary limitation of working hours and the resort to illegal dealings[15].

According to a study conducted by Tountas et al. [15] the intense dissatisfaction of the users focuses on the one hand in their low satisfaction from the providing services and on the other hand the payment of added expenses at the time of the exchange, as the total of private expenditure on health and overpayment reaches 40% of the total health expenditure. Another research mentions that 4 out of 10 of the insured in IKA declared themselves satisfied with the services perceived, while 8 out of 10 would prefer another insurance[1].

The whole system is characterized by low reliability and as a result patients look for a "second opinion" of another private or public doctor[21,22]. A study conducted by Nicolakis et al.,[20] mentions that 40% of the insured in IKA resorted to a private doctor because of lack of confidence and 20% looking for a second opinion. Greece spares an index of 9 visits per year which is one of the highest internationally[1].

The imperative formation of a team in PHC and its cross-sector collaboration is actually non existent[14, 23].

The non-existence of effective control of the prescriptions and references in private centres cause the unjustified financial charge of the insurances for medicines and examinations[2,15].

The PHC offer means prevention, therapy and restoration services. Due to the present form of the system the sectors have been limited in the prescription and the medical checking, while health_education and prevention are given in a fragmentary way or they are absent[5,22].

The lack of computerization and development of Information Communication Technologies is one more typical problem of the Greek system of the PHC[1,21,23].

The fragmentation of the providing services and responsibility is also obvious in dental care[1,16].

The serious involvement of private sector in primary and hospitalized care make PHC a sensitive area when phenomena of fictitious demand and over-consumption of services overburden financially the family and public budget and infringe on the character of gratuitous health[15,21].

The problems of emergency care, the availability of specialized staff, technical-material structure, communication networks and informative systems, the big geographical disparities and the development of the private sector are proportional[2].

Fragmentation is also a characteristic of the financing sector of the providing of PHC, of the payment of the staff and the co-payment of the users[2, 21,22].

The references above are only some of the basic characteristics and at the same time problematic factors in providing PHC in Greece. Their mentioning is considered as imperative in order to approach matters of evaluation and the suggestion of a new model.

Suggestions about the improvement of structure of PHC in Greece

Modern holistic views on health and disease have led to a revision of the philosophy and the organizational-functional protypes of PHC services. Regardless of the general philosophy of health system, the organizational and functional framework and the financing methods, the basic principles of a modern decentralizing PHC system, safeguarding the coverage of the population's needs, are: the continuous care, the direct access of the citizens, the possibility of a continuous care, lasting 24

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hours annually and the disposal of all the necessary diagnostic and therapeutic means, so a common health problem will be solved on a local level and the unnecessary resort to hospital will be avoided[1,24,].

On the basis of the principles expressed above, 4 suggestions-models for PHC have been formulated [17]. These are the model of development according the protypes of the Strategy Health for All of WHO, the suggestion of the Special Committee of Foreign Experts which is based on the development of the institution of the family doctor according to the British model[25], the Primary Health Care Network and the suggestion of a Committee about the institution of the family doctor and PHC.

A) Description of suggestions

Presentation of the situation related to the PHC in Greece today, as it is derived from the above descriptions, actuates to a desirable and wishful prospect of reform. The introduction of suggestion for a change, amendment and improvement of the sector follow. The introduction of a specific model-protype is not the aim and objective of the present review. The suggestions are based on the citizen's needs, possibilities and advantages of Greece in human and financial resources, the working frame of health professionals and the administrative and financial cost of transition.

Central result of the references so far is the demand for a direct and substantial intervention[1,17] for the beginning of an effort for the formation of an absolutely necessary public, unified and complete PHC system, which will safeguard the providing of a wide spectre of services and will consist the main body of the National Health System [22,26].

The law 3235/2002 is the first step towards this direction. The function of agrarian type HC and IKA surgeries with the form of outpatient's hospitals offers rich experience as a starting point of a complete system adapted to the Greek reality. The formation and development of urban type HC and the modification of the existed polyclinics-community clinics of urban centres is considered to be imperative and it is a substantial and realistic answer to the crisis of health providing[22,24].

The administrative autonomy of the HC and their independence from hospitals in addition with the establishment of primary units are thought more than necessary[17].

The role of the general practitioner (GP) in this system is central, having as his basic duty to offer a sufficient bundle of care services in everyone entitled to it[14,19]. For the assumption of the new role of GP, changes in the educational programmes, motivation for the selection of the respective speciality, motivation for the staffing of services-HC of the periphery and the frontier areas and the recognition of their authority and strength for the achievement of the aims of the reform[18,22].

The role of the nursing personnel also differs from that of the hospital-centred protype. Modifications of the educational programmes of the nursing schools, appointment of the width of the nursing field of practice in the PHC, motives for the orientation of nurse to the respective sector and political concern in their absorption are some necessary interventions for the materialization of this new direction[6,14].

The scientific cooperation of health professionals in PHC is definite for the ensuring of quality services and the user's satisfaction[5,24].

The sufficient staffing of new structures is of defining importance for the services and their efficiency[16]. The ensuring of a wide spectre of services from PHC sectors (laboratory examinations, specialities' services, nursing, emergency, social care, ect) in addition with specialities (psychic health) are of decisive importance for the development of the new model PHC and the citizens' satisfaction[1,2].

The development of an informative system, suitable for PHC, in the framework of tele-medicine can contribute to the formation of local health indexes but also the Greek citizen's health card[18]. The valuation of the work of HC per medical region should be done by a team of experienced people[2,18]. The formation of a Unified Health Sector for the providing

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unified PCH with the participation of all the medical and hospital potential resources and the unification of the insurance funds can substantially contribute in the organization of the primary and hospitalized care[26,27]. The procedure of reference to specialists_is a structural point and the family doctor has to undertake the responsibility[21,27].

The whole framework of the organization and function of the PHC is important to be characterized by the respect to the user and his needs[5,27] (easy access, fast service, system of appointments, the right of choosing a doctor, suitable rooms and material an technical substructure, professional ethics). Regardless of the legislative regulations and the formation of new sectors, it is considered advisable that a joint effort should be made by the state to inform and gradually change the Greek mentality[1,18].

The development of new structures in the framework of the PHC, such as home care, short time treatment, physiotherapy, urgent treatment, dental care, psychic care, preschool and school education will contribute to the decongestion of hospitals and the improvement of the quality of the provided services[22,24].

The suggestions-interventions should be followed by analogous reforms in the financing of the services and the providers (closed budgets, per capita payment and protocols) in order to avoid the wasting of resources and to ensure the satisfactions of the providers[15,21,27].

B. Advantages of the suggestions on the reform of PHC

The presented suggestions can be the basic constituents of an effort to reform the PHC and they satisfy the basic principles of functions of a modern decentralized system of PHC, as they were stated[1,2,21,24].

In addition:

a) They utilize the existent structures in the formation of new ones.

b) Their gradual application can safeguard greatest social consent, preventing strong reactions

c) They ensure the updating of the quality of services,

d) They reduce-abolish (put an end to) the 'mosaic' of sectors and services which work without coordination

e) They maintain and safeguard the public character of the system

f) They can contribute to the purging of the health system safeguarding qualitative, financial and social profits

g) And finally, these suggestions can consist the first stage of a general administrative slash in the system.

Conclusions

This emphasis given in the development of PHC internationally is an effort to answer the crucial problems that the health sector in general faces, whose lack of effectiveness, in facing health problems in the framework of the spared financial resources, is a common resultant.

A starting point and a priority of the health policy for the re-establishment of ESY, it is imperative to be the ensuring of the prerequisites for the formation of a complete system of PHC. To achieve it, it is demanded on the one hand a re-examination of the way of function of the primary units and their equipment, and on the other hand efficient executives disoriented from the clinic-hospital practice. The demands are a new philosophy and outlook for health and illness and a modern social wave for a new way of living.

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