

## Chapter 32

# Integrating Social and Health Services in Greece: Implementation of Three Pilot CIP–PSP–ICT Programs (ISISEMD, INDEPENDENT, RENEWING HEALTH)

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### ABSTRACT

*The integration of e-health services in the Greek Healthcare System is expected to be a challenging task. To this end, three EU co-funded projects (ISISEMD, INDEPENDENT, and RENEWING HEALTH) are tested under realistic conditions integrating e-health and e-care services to the existing health services offered to people that suffer from chronic diseases as well as to their formal and informal caregivers. This chapter aims to give an analytic report of those three European programs in terms of service description, implementation, evaluation, and exploitation. The authors introduce the main characteristics of the Greek healthcare system and the risks that it faces in regards to the major reformation and cut offs due to the economic recession. Then they explain how those risks could become opportunities to promote integrated services.*

### INTRODUCTION

#### Short Description of ESY (Greek National Healthcare System)

According to the OECD classification (OECD 1992), the Greek Healthcare System is a mixture of the public integrated, public contract and public

reimbursement systems, incorporating principles of different organizational patterns. In relation to the public sector, elements of the Bismarck and the Beveridge model co-exist (Economou, 2010).

Before the establishment of ESY (National Health System) in 1983 the provision of health care in Greece followed the Bismarck model of compulsory social health insurance. Nowadays,

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health insurance funds continue to play a significant role in the provision and financing of healthcare, especially in ambulatory services and follow two patterns (Economou, 2010, p.16).

The first includes funds that have their own medical facilities and cover primary healthcare needs. The second pattern of provision concerns funds that do not own any medical facilities directly but enter into contracts with medical practitioners who are compensated via a defined fee-for-service on a retrospective basis. The level of compensation is subject to approval by the Ministries of Health and Social Solidarity, of Finance and Economics and of Employment of Social Protection (Economou, 2010).

The social insurance system in Greece comprises a large number of funds and a wide variety of schemes under the jurisdiction of the Ministry of Employment and social Protection. There are approximately 30 different health insurance organizations which provide coverage against the risk of illness. Most of them are administrated as public entities and operate under state control and legislation. However, in many cases there are differences in contribution rates, coverage, benefits and the conditions for granting these benefits resulting in inequalities in access to and financing of services (Economou, 2010).

The unstable and many times unfavorable political, financial and social conditions that took place in Greece during the 20th century had a bad influence and eventually slowed down the development of the Greek national health care system (Theodorou and Mitrosilli, 1999, p.32).

Although nowadays the Greek Public Sector has made a substantial progress, there are still many organizational, management, efficiency and effectiveness problems to be addressed (Theodorou and Mitrosilli, 1999, p.32).

When trying to describe the Greek National Healthcare System, one can focus on a number of characteristics, peculiarities and problems (Theodorou and Mitrosilli, 1999, p.45-52):

- Mixed system of public character with many peculiarities.
- Different subsystems: a fragmented health sector.
- Overlaps and inequalities in healthcare.
- Weak and inadequate public health and primary care.
- Incomplete building and technological infrastructure (although the situation has improved significantly the last years).
- Multitude of physicians and nursing staff shortages.
- Low productivity, uneconomic function, lack of motivation.
- Lack of reliable funding mechanisms and large black economy.
- Centralization and bureaucracy.
- Lack of involvement of the patient in the planning and implementation of health policy.
- Low system reliability and poor user satisfaction.

During the last years there have been many reformation approaches so as to address those weaknesses and improve resource efficiency and quality of health service.

Those weaknesses are the main focus of ICT programs implemented in Greece. To be precise, social and health services fragmentation, incomplete technological infrastructure, low productivity and bureaucracy that lead to the users lack of involvement and low satisfaction level can be handled sufficiently via services like the electronic health record, nurse monitoring systems, tele-monitoring of implantable cardiac, diabetes health motivation systems, home hospitalization programs etc. that are implemented and tested under realistic conditions in ICT programs like those described in this chapter.

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