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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
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DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

## **NATIONAL REPORT OF GREECE TO THE AEMH PANHELLENIC MEDICAL ASSOCIATION**

**NAPLES, 27-28/5/2016**

### **PUBLIC HEALTHCARE SECTOR**

In 2015 lots of important changes took place in Greece on healthcare issues of the citizens. Following to the national elections, the new government not only tried to stop the systematic destruction of the NHS, in matters of human resources as well as of the structure of the health care system, but also to facilitate the overall access of the citizens to the public healthcare system.

In this context, special measures have been taken:

- The 5€ fee for each outpatient citizen examined in the NHS structures, has been abolished.
- Hospital Doctors' on-call duties – whose payments had been cut by the previous government- have been paid off; in addition, after collective actions of hospital doctors in spring 2015, their payments are hereafter given on time.
- Speed up of the hiring process of doctors with a permanent employment contract; furthermore, extension of the fixed term contract of the subsidiary doctors.

After signing the Memorandum of Understanding (MoU) in July 2015, new measures were taken not only to support the NHS, but also to address the refugee crisis. These measures include:

- Increase in the NHS budget, not only to cover operating expenses (300 million €), but also for the doctors working on-call (35 million €).
- Hiring a few doctors (approximately 380) with a permanent employment contract, after 6 years and 500 subsidiary doctors with a fixed-term contract, in the fourth quarter of 2015.
- Extending the fixed-term contract of subsidiary doctors, until September 2016 and the fixed-term contract of doctors in training, 2 years after the end of their training.

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## Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

Nevertheless, we are dealing with an alarming situation in the NHS hospitals and health centers. The reduced workforce of doctors and nurses, the lack of finances for an effective healthcare system, as well as its inefficiency, consist the main problems we are confronted with. As a result of the collapse of the primary health care, the hospitals had to provide primary type healthcare services to more patients. At the same time, we are under enormous pressure because of the 2,5 million patients without social security and the thousands of refugees that are included in the NHS.

As a result, hospital operation and hospital emergency case services are provided with great difficulties, while in many cases, medical workforce is not able to cover the on-call duties in Clinical Departments and in Laboratories, efficiently. The doctors feel exhausted and this might lead to medical errors. At the same time, in December 2015 the European Court ruled a fine of 150 million euros to be imposed on Greece, should the country not comply with the European Directive on working time.

The government should immediately take measures, in order to avoid the destruction and collapse of the hospitals. Doctors and nurses recruitments announced by the government, will reverse the NHS destruction process. However, procedures should be speeded up, the number of doctors and nurses to be hired should be increased. Furthermore, these recruitments should be a part of an overall planning, so as to make decisive interventions in all healthcare sections. The extension of the fixed-term contract of subsidiary doctors, as well as of doctors in training is an effective, but temporary measure. For this reason, the staffing policy should include doctors with a permanent working agreement.

Hospital Doctors in Greece keep struggling for:

- Hiring medical, paramedical and nursing staff with permanent working agreements.
- Establishing an efficient primary health care system
- Reasonable salaries for all NHS professionals
- An increase of the hospitals' operating expenses which should be accompanied with an allocation of public funds. Repaying the costs of treatment of the Greek National Health Service Provider Organisation (EOPYY -ΕΟΠΥΥ), in order to avoid bankruptcy. No matter what the circumstances

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

might be, medications should always be available to all citizens. We should prevent the recurrence of lack of expensive or rare medication.

- All overdue liabilities to the hospital suppliers should be paid off and the implementation of an efficient supply system will be necessary, so as to consolidate the finances of the national hospitals.
- Residents' education and the continuing medical education of the medical workforce should be one of the main interests of the Central Council of Health (KESY - ΚΕΣΥ) and the Institute of Scientific Research of the Panhellenic Medical Association, so as to reform the extremely inefficient educational system.
- The physicians' emigration abroad, consists a crucial issue. Action for education and employment must be swift in order to prevent this phenomenon. In this way, physicians that have emigrated abroad will be given the opportunity to come back.
- We should change the Management structure in NHS, in context of the Charter of Health.
- Overall coverage of the population in healthcare services, and an adequate healthcare provision for the refugees entering or staying in the country.

**Constantinos Livadas (MD)**  
**PhMA delegate to the AEMH**

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

## **PRIVATE HEALTHCARE SECTOR**

The 2016 budget, like the previous ones, is leading Greek Healthcare towards dangerous paths. Health expenditure that is below 4.5% of GDP is still very much below the threshold of 6% safety limit, when the European average is 7%.

The budget of the Greek Ministry of Health was € 4.232 billion versus € 4.317 billion for 2016.

In 2016 however, the needs will be greatly increased, since approximately 3.000.000 uninsured will be included in the healthcare system, whose medicines were not covered by the social security organisation, until last year.

Since 2014, 2.500 doctors approximately have been excluded from the primary healthcare structures and they have not been replenished. Medical practitioners registered with the National Organisation for Healthcare Provision are very few, 5.000 approximately that cover only 1/3 needs in healthcare provision. It is necessary to recruit at least 15.000 contracted doctors, in order to meet with a decent healthcare provision for the population. There is a shortage in many specialities.

The medical tests of the insured have been continuously cut down, with across the board cut measures (low budget 302 million €), from 570 million € provisioned by OECD estimates, while patient financial contributions, both in medicines and diagnostics are increasing significantly. For example, the average contribution in pharmaceutical expenditure of the insured by 10% in 2008, reached 28% in 2015 and it is constantly increasing. The OTC (over the counter medicines - not compensated by the National Organisation for Healthcare Provision) have increased significantly from 800 to 1300 medicines and self-medication of the patient, through despair leads health to the “firing squad”.

Clawback and rebate reduce the income of the laboratory doctor unaffordably, causing problems not only in primary healthcare of the patient, but also lead small laboratories to a closure and disrupt the trust relationship between physician and patient.

The undercosting in diagnostics, hematological, biochemical up to 43% and in imaging tests by 10% and 15%, speed up the closure of those medical laboratories which have managed to operate until these days, despite the adverse conditions.

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Following to the adopting and implementation of the Law, the number of the registered physicians within Primary Medical Care insurance has been reduced due to redundancies and retirement of 3.300 doctors on total 5.600 doctors in previous years.

40% of primary healthcare units of the largest insurance organisation in the country have been closed and the remaining are apacity or staffing level medical staff, either working at the workshops due to lack of consumables.

Laboratory tests are conducted with 15% of patient financial contribution. It is estimated that less than 5% of referrals performed at the Laboratories that are registered with Social Security Funds.

Hospitalisation in private hospitals is a solution for patients with private insurance, suffering from diseases amenable to programming in their treatment and can afford the expenses.

Because of long delays in state compensations to private hospitals, there is a significant reduction in the number of employed in them, while doctors who remain there are asked to work more intensively with lower salaries. Hospitals' dues to cooperating medical staff show long delays in payments, ranging from three months to two years, while doctors are required to pay tax on income not yet received, which leads to financial suffocation.

Due to the financial crisis and the reduction of active insured due to pensioners' increase, scientific personnel emigrating abroad, increasing unemployment, it was considered necessary to review the social security law, in order to have a viable social security system. Unfortunately, after the passing of the new Law on Social Security and taxes, self-employed physicians have to pay 27% of their net income for social security contributions (mandatory), plus the taxation which varies from 22% to 45% of their income.

In conclusion, we can say that the private healthcare sector, both in primary and secondary healthcare, is in a critical situation in terms of survival.

**Constantinos Koumakis (MD)**

**Charalambos Koulas (MD)**

**PhMA Delegates to the AEMH**

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