



NATIONAL  
SCHOOL  
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HEALTH  
ATHENS SCHOOL  
OF HYGIENE 1929-1994



# ΚΡΙΤΙΚΗ ΑΞΙΟΛΟΓΗΣΗΣ ΤΩΝ ΜΕΤΑΡΥΘΜΙΣΕΩΝ ΤΗΝ ΠΕΡΙΟΔΟ 2010-2014

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# Στόχοι και Τομείς Μεταρρυθμίσεων 2010-2014

Δημοσιοι  
κονομικοι

- Να συγκρατηθούν οι δημόσιες δαπάνες υγείας σε επίπεδα < 6% του ΑΕΠ και του φαρμάκου σε επίπεδα 1% του ΑΕΠ, καλύπτοντας και τους ανασφάλιστους

ΕΣΥ

- Να εκσυγχρονιστεί και να γίνει αποδοτικότερη και αποτελεσματικότερη η οργάνωση και διοίκηση των νοσοκομείων και αναδιοργανωθεί η ΠΦΥ και να διασυνδεθεί με την δευτεροβάθμια

Ασφαλι-  
στικό  
Σύστημα

- Να ενοποιηθούν οι δομές, η χρηματοδότηση και οι παροχές και να γίνει αποδοτικότερη η διαχείριση των πόρων από το μονο-ψώνιο

Φάρμακο

- Να γίνει πιο αποτελεσματική και αποδοτική η λειτουργία της φαρμακευτικής αγοράς με έμφαση στην αύξηση της γενοσήμων

# ΔΗΜΟΣΙΟΟΙΚΟΝΟΜΙΚΑ

# Health care spending is a #1 target !!!

## Annex 7: Statement by the European Commission, the ECB and IMF on the Second Review Mission to Greece

November 23, 2010

**Our overall assessment is that the program remains broadly on track.** The end-September quantitative criteria have all been met. While challenges remain, significant progress has been made, particularly in reducing the fiscal deficit.

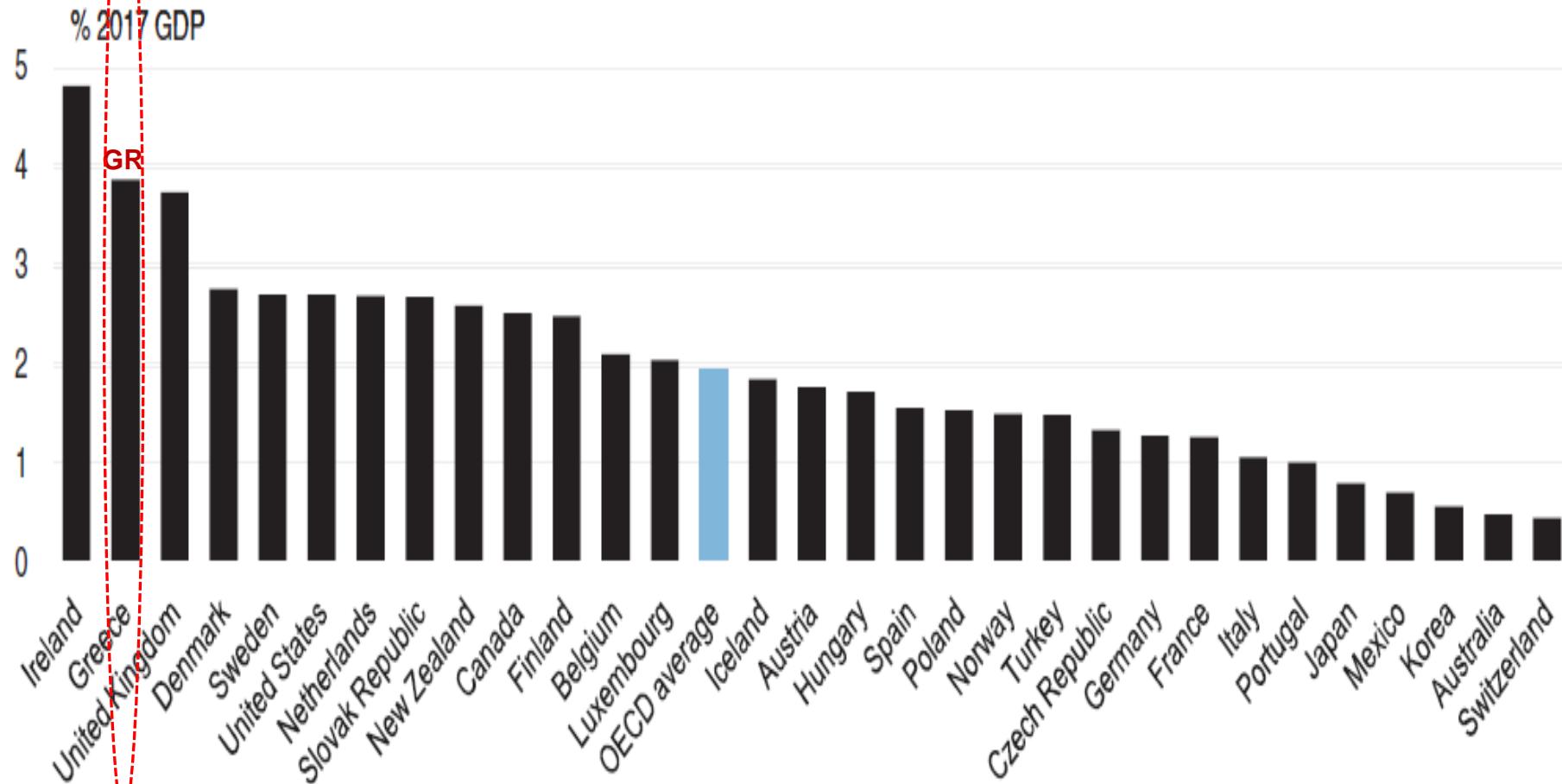
Regarding the outlook, the economy is expected to begin turning around in 2011. Wage and price inflation is beginning to moderate, setting the stage for improvements in competitiveness.

In the fiscal area, the deficit reduction by 6 percent of GDP in 2010 is larger than the initially targeted change. At the same time, weaker-than-projected revenue collection and data revisions for 2009 mean that an extra effort will be needed to meet the deficit target of 7.5 percent of GDP in 2011, which the government has reaffirmed. New measures have been agreed to broaden tax bases and eliminate wasteful spending, particularly in the areas of:

- Health spending—which is inefficient relative to other euro zone countries;
- State enterprises—which are a heavy burden on the economy with perennial losses for Greek taxpayers; and
- Tax administration—which has instruments now coming into place to strengthen compliance.

## Αναποτελεσματικότητα στη χρήση πόρων

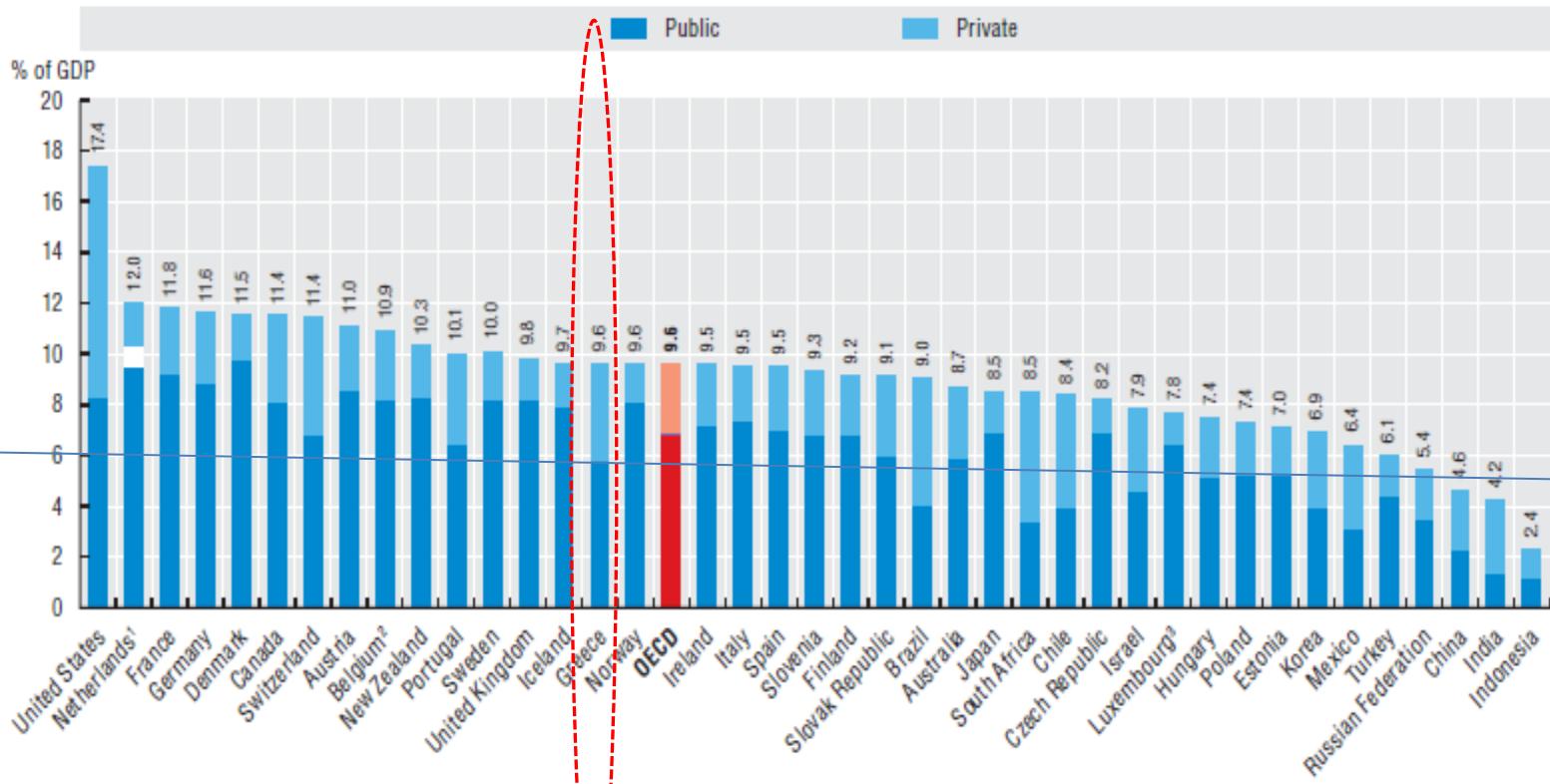
C. Potential savings in public spending<sup>3</sup>



3. Potential savings represent the difference between a no-reform scenario and a scenario where countries would become as efficient as the best performing countries.

Source: OECD Health Data 2009; OECD calculations.

### 7.2.1 Total health expenditure as a share of GDP, 2009 (or nearest year)

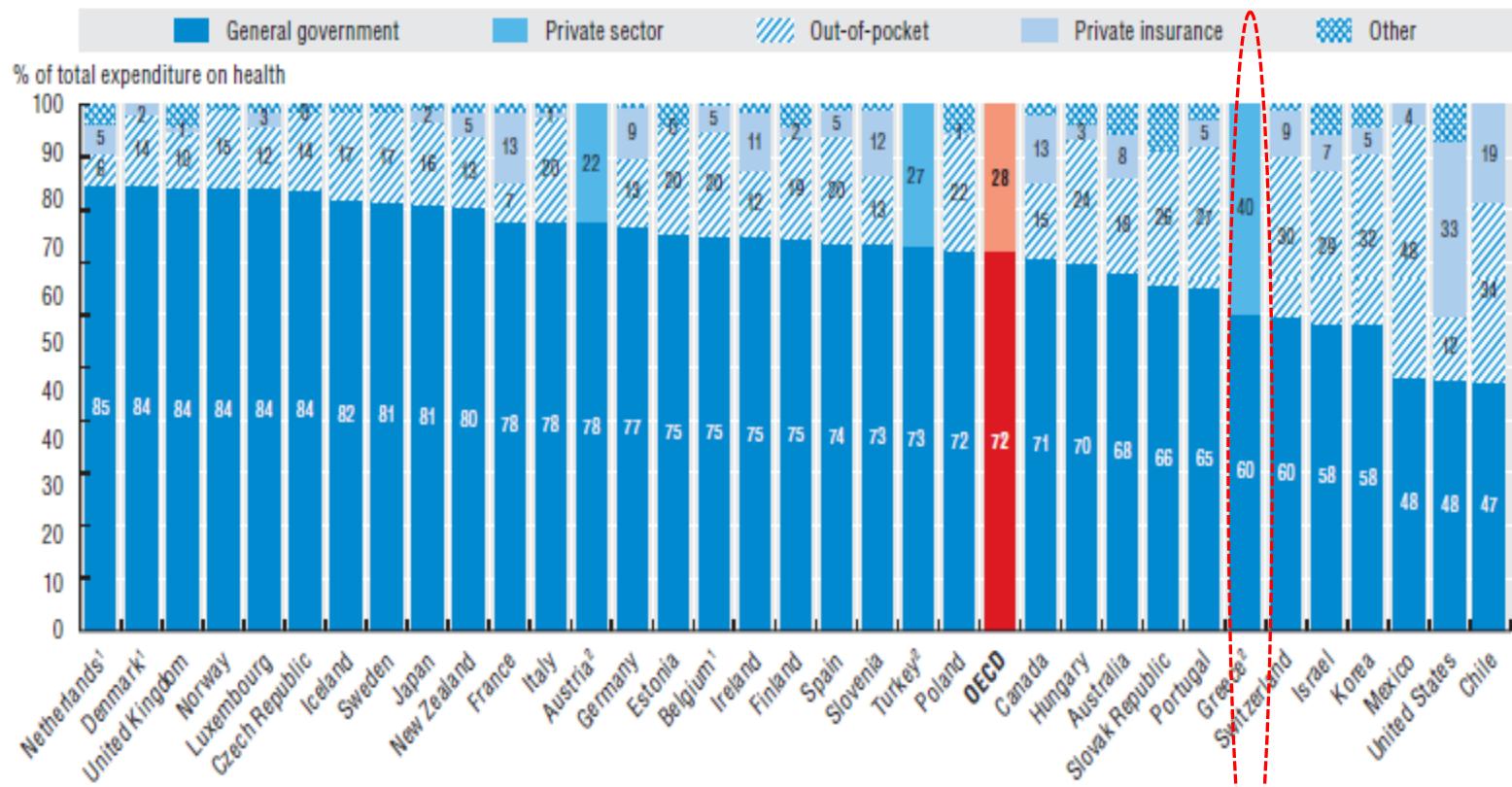


1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Total expenditure excluding investments.
3. Health expenditure is for the insured population rather than the resident population.

Source: OECD Health Data 2011; WHO Global Health Expenditure Database.

StatLink <http://dx.doi.org/10.1787/888932526103>

### 7.5.1 Expenditure on health by type of financing, 2009 (or nearest year)



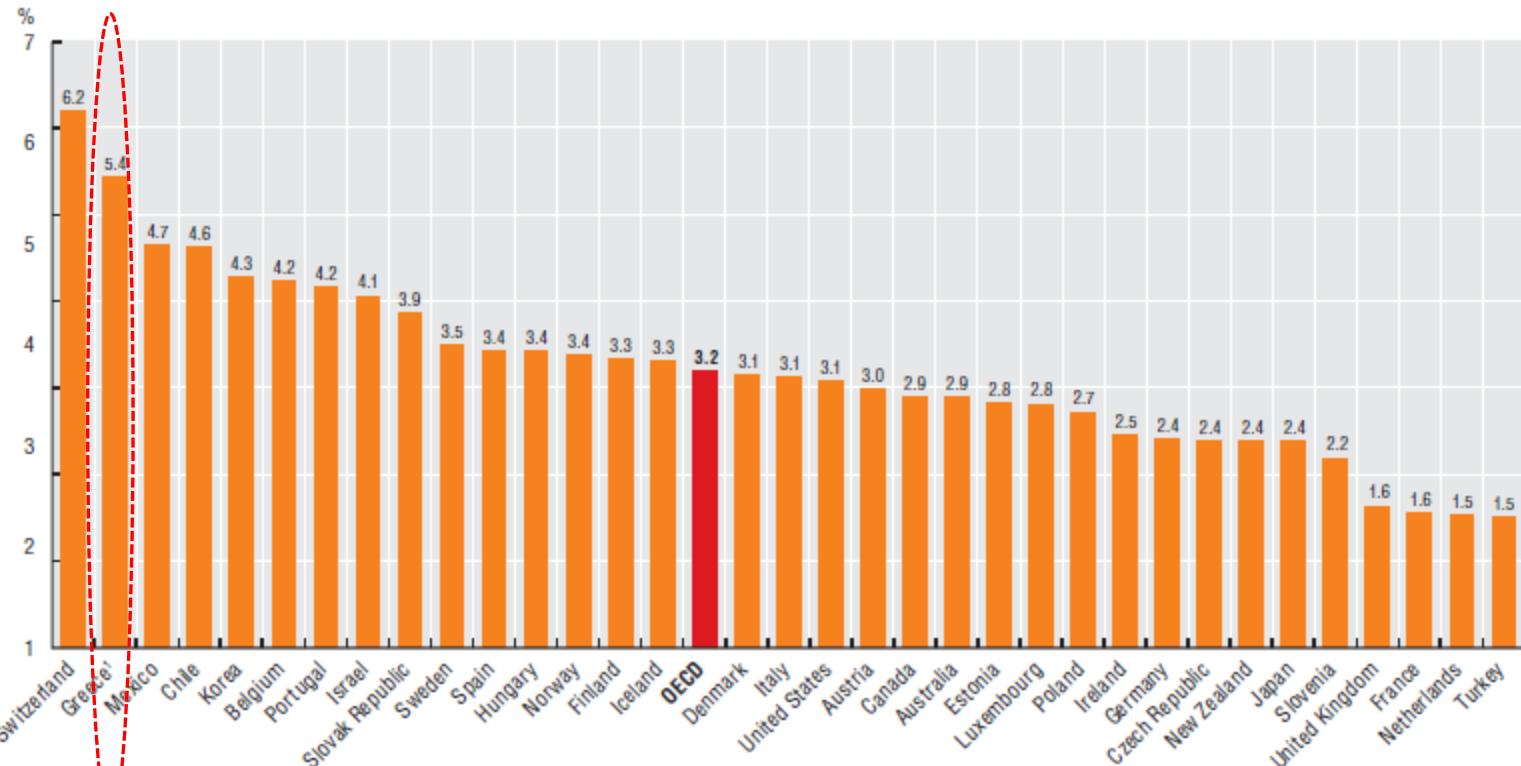
1. Current expenditure.

2. No breakdown of private financing available for latest year.

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526274>

### 6.3.1 Out-of-pocket expenditure as a share of final household consumption, 2009 (or nearest year)

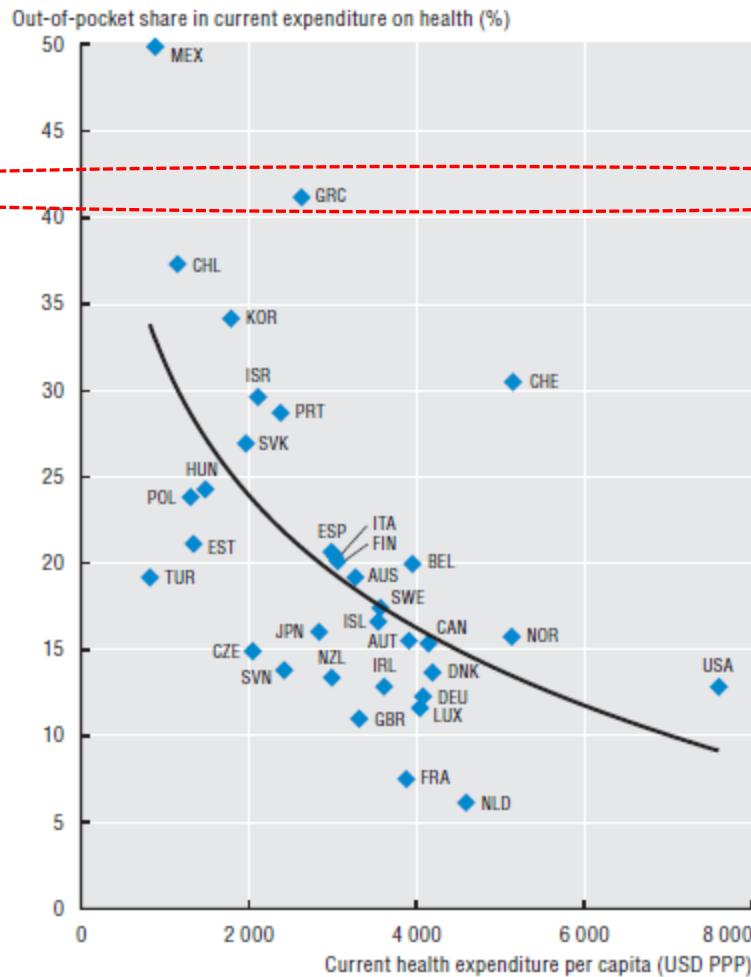


1. Private sector total.

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932525742>

### 7.5.3 Out-of-pocket and current expenditure on health, 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526312>

# Οικονομική κρίση και υγεία

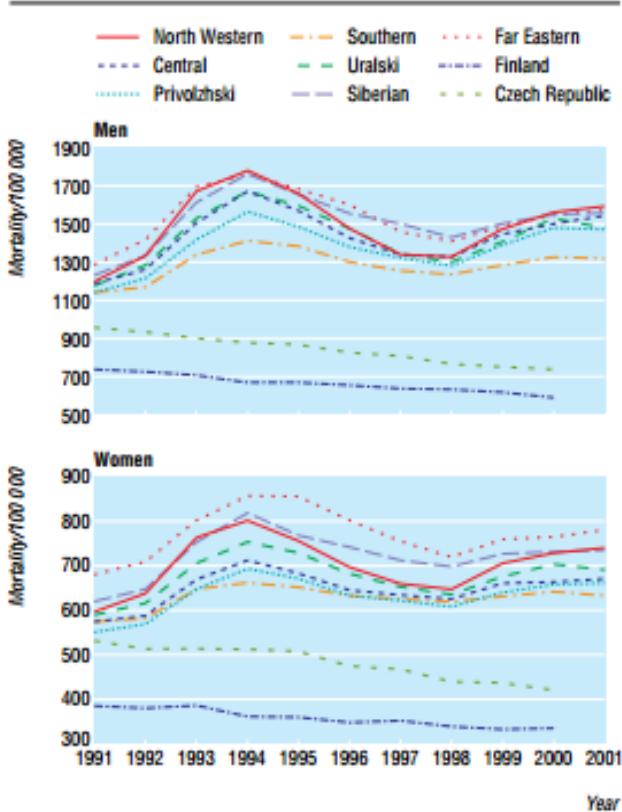


Fig 1 Age standardised mortality from all causes by region

BMJ VOLUME 327 25 OCTOBER 2003 [bmj.com](http://bmj.com)

## Russian mortality trends for 1991-2001: analysis by cause and region

Tamara Men, Paul Brennan, Paolo Boffetta, David Zaridze

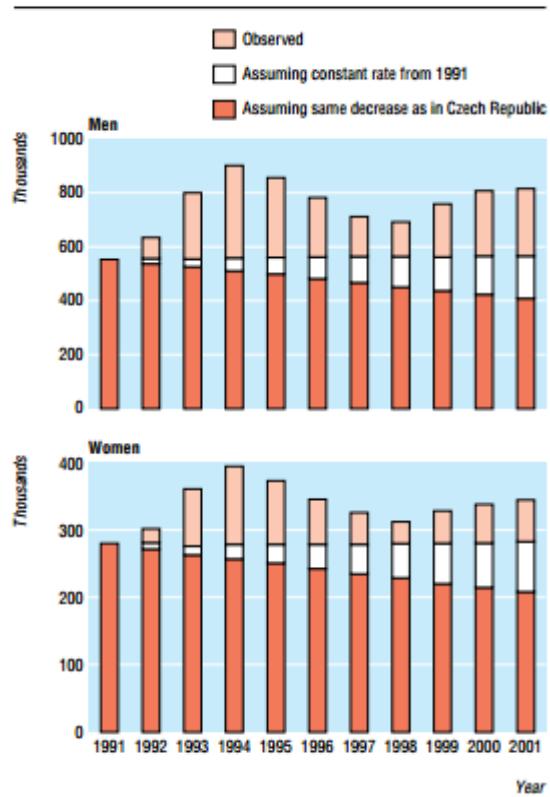


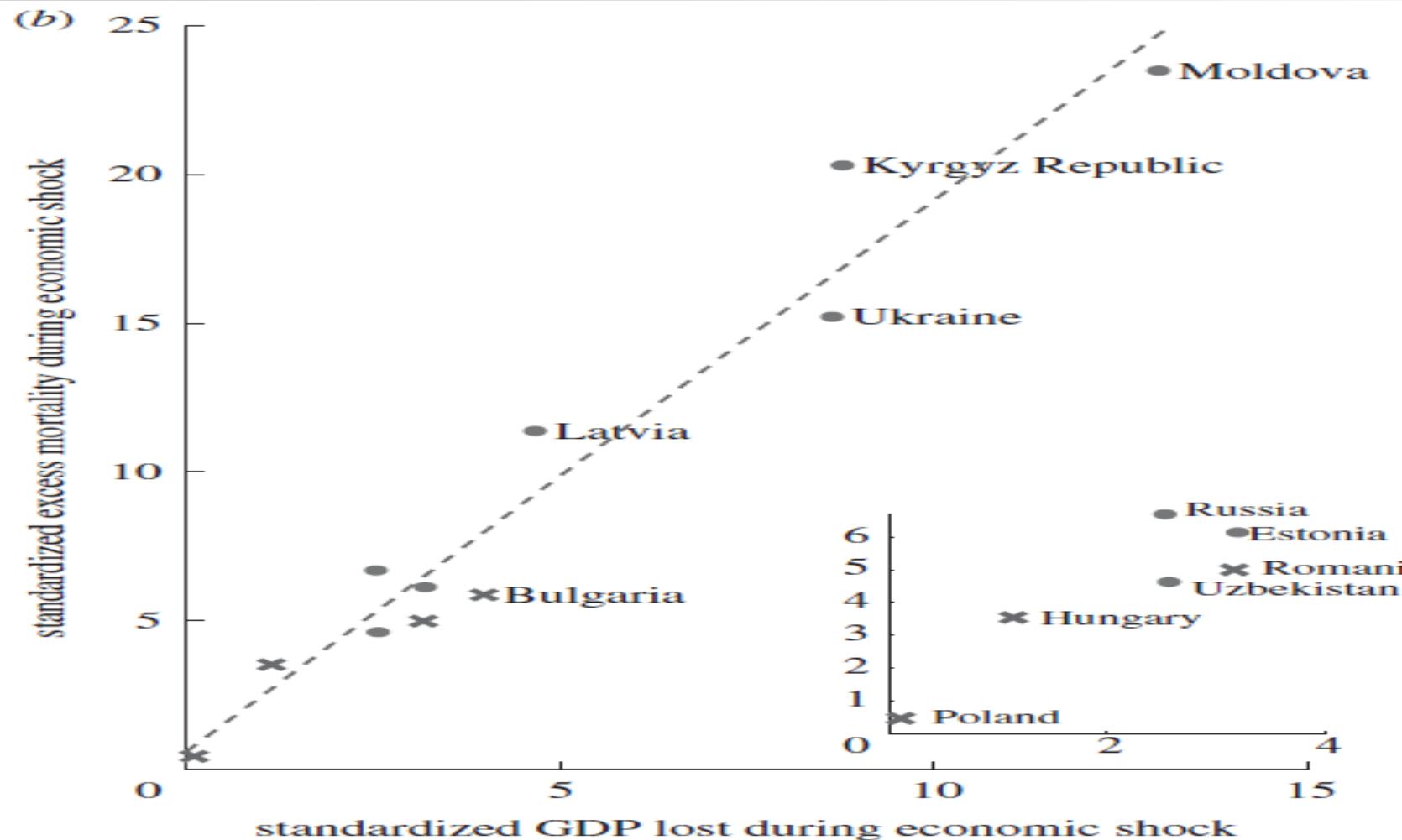
Fig 2 Observed and expected mortality in young and middle aged Russian adults 1991-2001. Data for men from 8 317 789 observed, 6 175 768 assuming constant rate from 1991, and 5 311 486 assuming same decrease as in Czech Republic. For women numbers were 3 699 717, 3 074 790, and 2 672 962

### Societal factors

Other proposed explanations for these rapid mortality changes include lifestyle and societal factors linked to general economic and political uncertainty.<sup>5</sup> The rapid transition from a state controlled communist society to a capitalist society, which started in 1991 with rapid relaxation of economic controls, was combined with much political and societal uncertainty and resulted in devaluation of the currency, hyperinflation, increasing inequality, and removal of most forms of job protection. After some general improvement in the period 1994-8, a second economic crisis occurred in July-August 1998, which again resulted in further devaluation of the currency, an increase in inflation, and further political and economic uncertainty. Although the effect on mortality patterns seems to have been immediate, what remains to be identified is the exact role of rapid changes in alcohol consumption as opposed to other less clearly defined factors such as perceived lack of control over outside events, an increase in social stress, or a breakdown in trauma care.

## Health in financial crises: economic recession and tuberculosis in Central and Eastern Europe

Nimalan Arinaminpathy<sup>1,\*</sup> and Christopher Dye<sup>2</sup>



	All respondents (n=24177)		Age ≤65 years (n=17824)		Age >65 years (n=6353)	
	OR (95% CI)	p value	OR (95% CI)	p value	OR (95% CI)	p value
OR for unmet medical need 2011 relative to 2007	1·47 (1·30–1·66)	<0·0001	1·40 (1·20–1·63)	<0·0001	1·63 (1·32–2·00)	<0·0001
Age 16–81 years*	1·03 (1·03–1·04)	<0·0001	1·03 (1·03–1·04)	<0·0001	1·03 (1·01–1·06)	0·001
Age >65 years relative to age ≤65 years	0·72 (0·58–0·89)	0·003	..	..	..	..
Sex male relative to female	0·83 (0·72–0·94)	0·003	0·80 (0·69–0·94)	0·007	0·89 (0·72–1·10)	0·295
Family status married relative to unmarried	0·90 (0·78–1·04)	0·16	0·87 (0·71–1·07)	0·187	0·95 (0·75–1·21)	0·667
Urbanisation rural relative to urban	0·65 (0·58–0·73)	<0·0001	0·66 (0·57–0·76)	<0·0001	0·63 (0·52–0·77)	<0·0001
Education post-secondary relative to secondary and below	0·76 (0·64–0·91)	0·002	0·84 (0·69–1·01)	0·068	0·39 (0·24–0·65)	<0·0001
Pseudo-R <sup>2</sup>	0·04	..	0·03	..	0·03	..

Analysis based on the European Union Statistics on Income and Living Conditions survey,<sup>38</sup> cross-sectional datasets from 2007 (n=12 346) and 2011 (n=12 641). 24177 respondents in total provided complete sociodemographic data. We used a dummy variable for the crisis year 2011, age >65 years, sex (male), family status (married), level of urbanisation (rural), and education (post-secondary), and weighted ORs for sampling. Descriptive statistics are provided in the appendix. OR=odds ratio. \*The OR for the age variable is the change in odds of unmet need when age increases by 1 year.

Table 1: Weighted relative ORs for changes in reporting unmet medical need between 2007 and 2011, adjusted for sociodemographic and other factors

	Could not afford		Waiting list		Could not take time		Too far to travel		Wanted to wait		Other	
	OR (95% CI)	p value	OR (95% CI)	p value	OR (95% CI)	p value	OR (95% CI)	p value	OR (95% CI)	p value	OR (95% CI)	p value
OR for reason for unmet medical need 2011 relative to 2007	1.39 (1.19-1.61)	<0.0001	1.24 (0.83-1.85)	0.297	0.89 (0.58-1.37)	0.595	2.78 (1.64-4.70)	<0.0001	1.32 (0.82-2.10)	0.250	2.36 (1.58-3.51)	<0.0001
Age 16-81 years*	1.03 (1.02-1.03)	<0.0001	1.04 (1.02-1.07)	<0.0001	1.02 (0.99-1.04)	0.176	1.11 (1.07-1.15)	<0.0001	1.04 (1.02-1.06)	0.001	1.05 (1.03-1.08)	<0.0001
Age >65 years relative to age ≤65 years	0.76 (0.58-0.99)	0.043	0.80 (0.37-1.70)	0.555	0.21 (0.080-0.56)	0.002	0.63 (0.26-1.55)	0.319	1.33 (0.61-2.90)	0.480	0.28 (0.14-0.59)	0.001
Sex male relative to female	0.75 (0.65-0.88)	<0.0001	1.08 (0.71-1.64)	0.716	0.98 (0.62-1.53)	0.925	0.73 (0.45-1.19)	0.209	1.21 (0.75-1.95)	0.426	1.07 (0.69-1.67)	0.749
Family status married relative to unmarried	0.85 (0.72-1.02)	0.083	1.21 (0.72-2.02)	0.474	1.90 (1.05-3.44)	0.033	1.20 (0.70-2.06)	0.511	0.86 (0.53-1.39)	0.533	0.74 (0.46-1.17)	0.197
Urbanisation rural relative to urban	0.65 (0.56-0.75)	<0.0001	0.32 (0.21-0.48)	<0.0001	0.67 (0.43-1.04)	0.074	2.98 (1.57-5.63)	0.001	0.84 (0.53-1.35)	0.478	0.63 (0.43-0.93)	0.020
Education post-secondary relative to secondary and below	0.61 (0.49-0.77)	<0.0001	0.67 (0.38-1.17)	0.161	2.60 (1.66-4.07)	<0.0001	0.49 (0.16-1.46)	0.201	0.32 (0.12-0.83)	0.020	1.43 (0.84-2.46)	0.190
Pseudo-R <sup>2</sup>	0.034	..	0.062	..	0.046	..	0.18	..	0.064	..	0.047	..

Analysis based on the European Union Statistics on Income and Living Conditions survey.<sup>38</sup> Descriptive statistics are provided in the appendix. OR=odds ratio. \*The OR for the age variable is the change in odds of unmet need when age increases by 1 year.

Table 2: Weighted relative ORs for changes in reason for unmet medical need during the past 12 months between 2007 and 2011

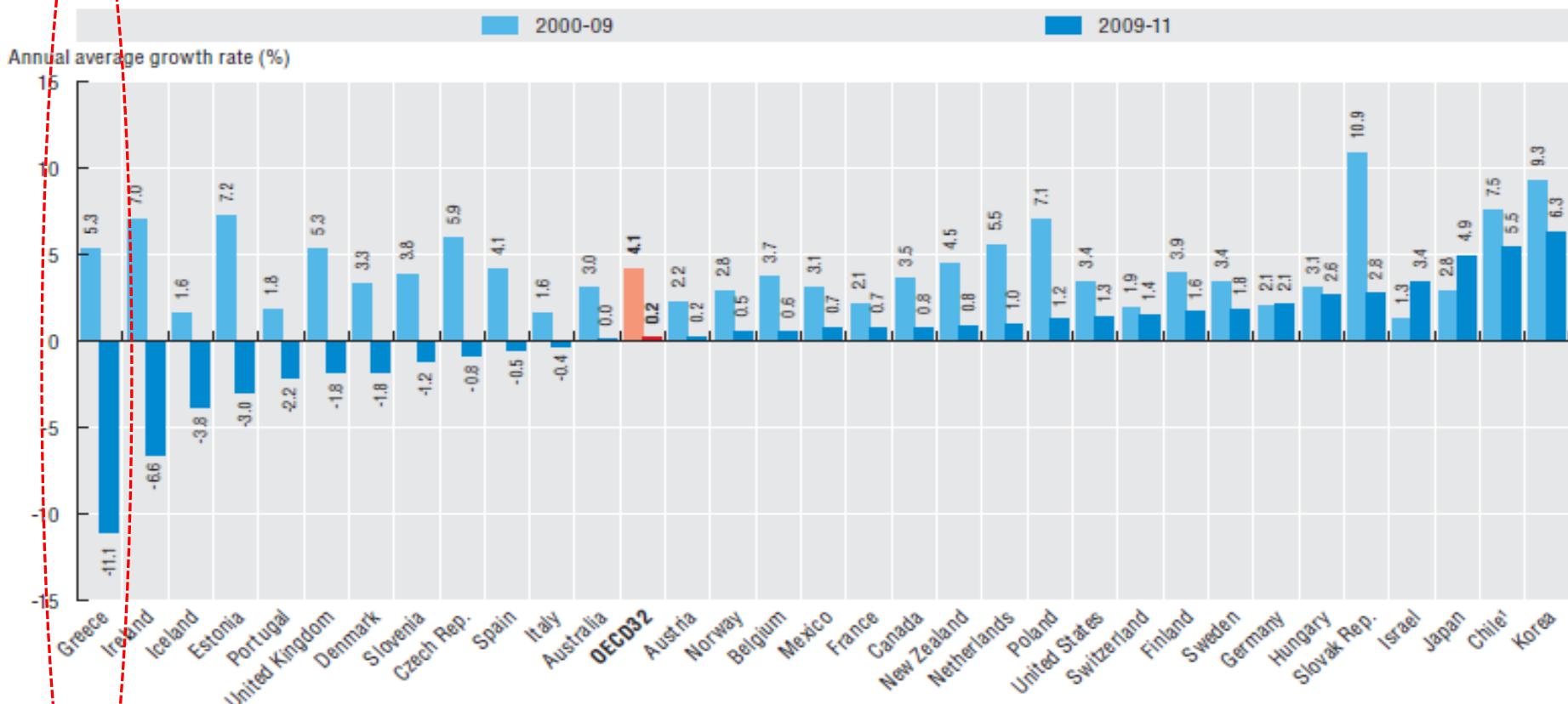
# Health spending in Europe falls for the first time in decades

## Health spending in the EU falls in 2010

Annual growth rate in health expenditure per capita



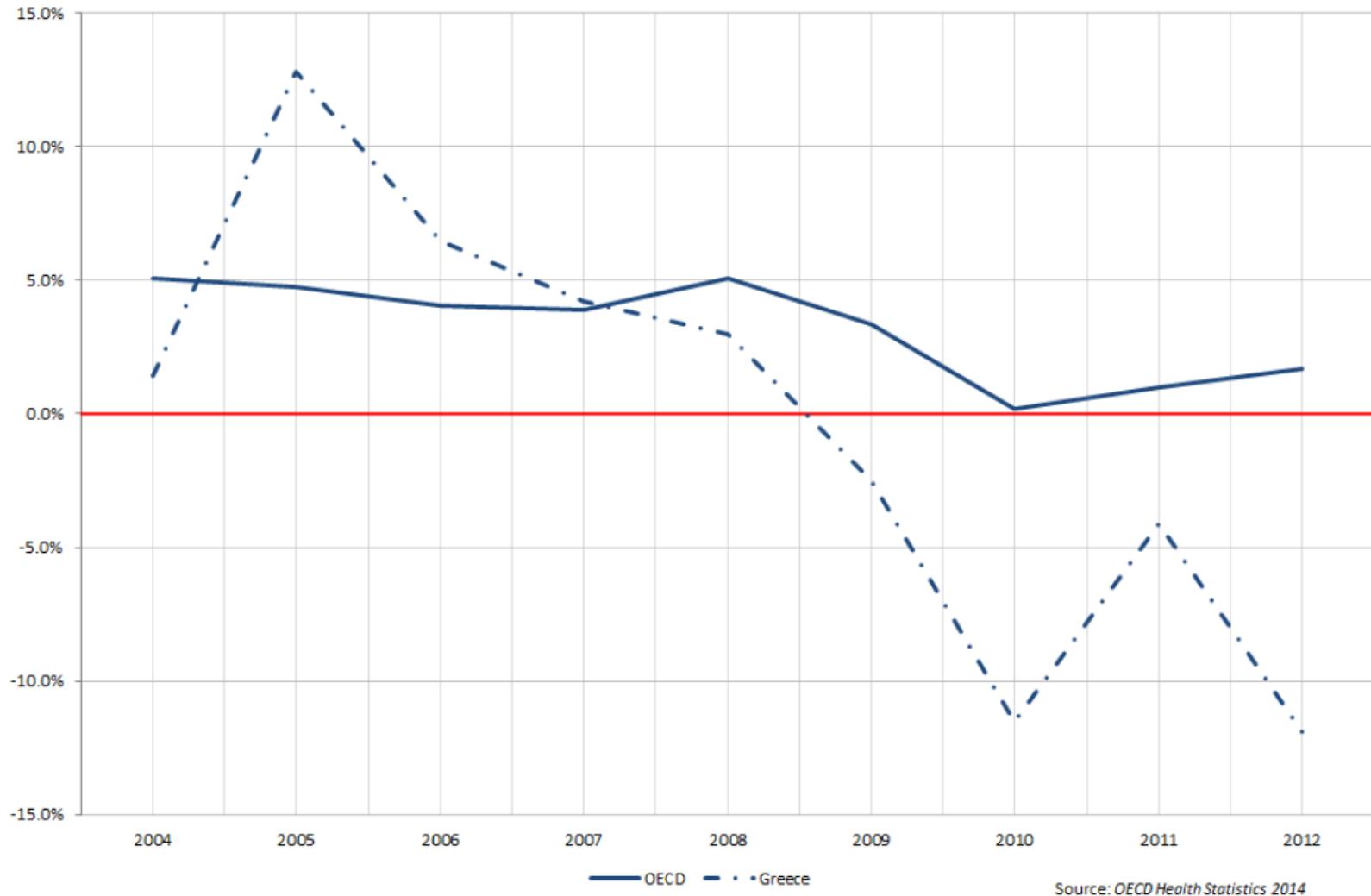
### 7.1.2. Annual average growth rate in per capita health expenditure, real terms, 2000 to 2011 (or nearest year)



1. CPI used as deflator.

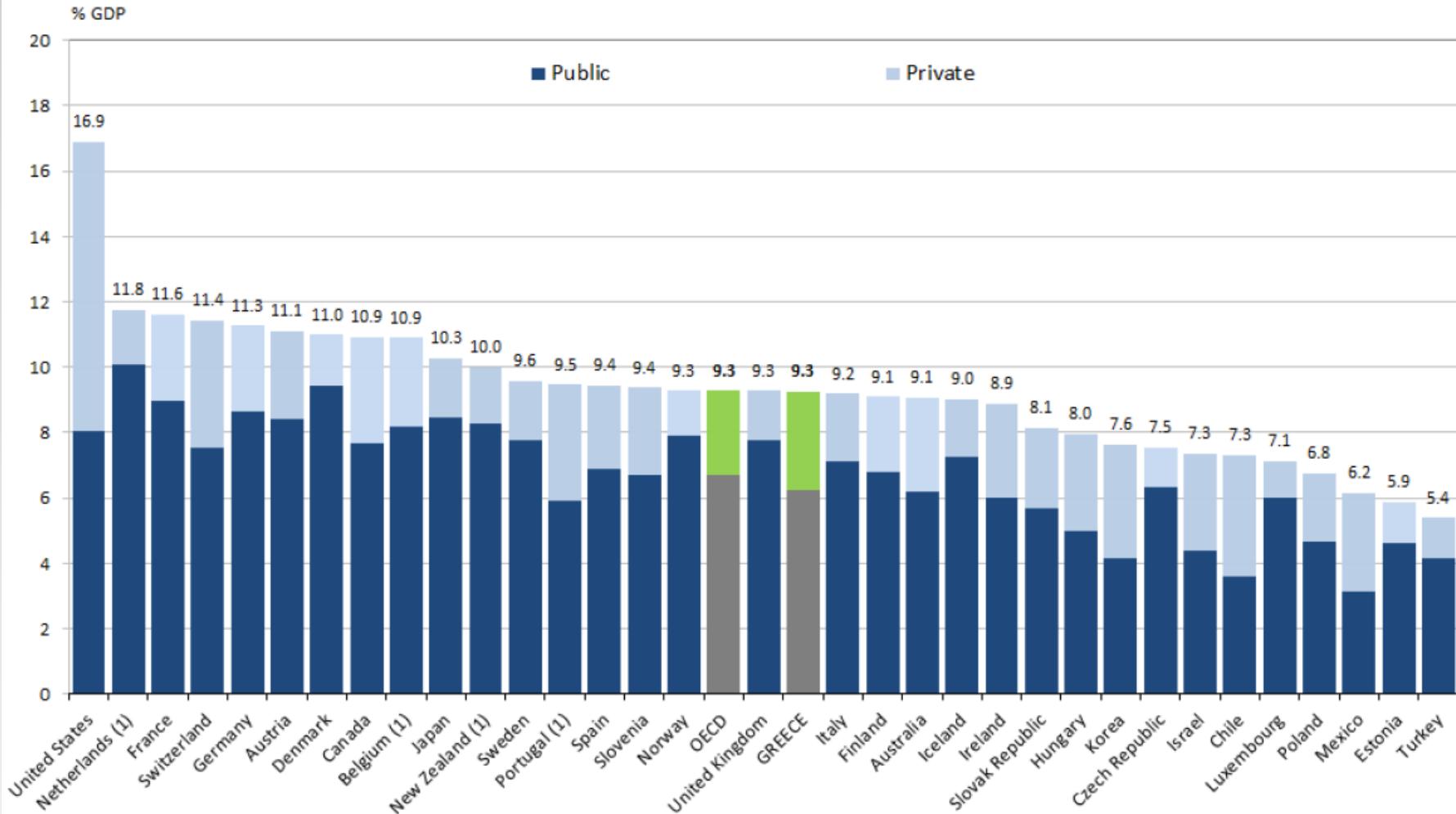
Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

## Health expenditure growth rates (in real terms) since 2004, Greece and OECD average



Source: *OECD Health Statistics 2014*

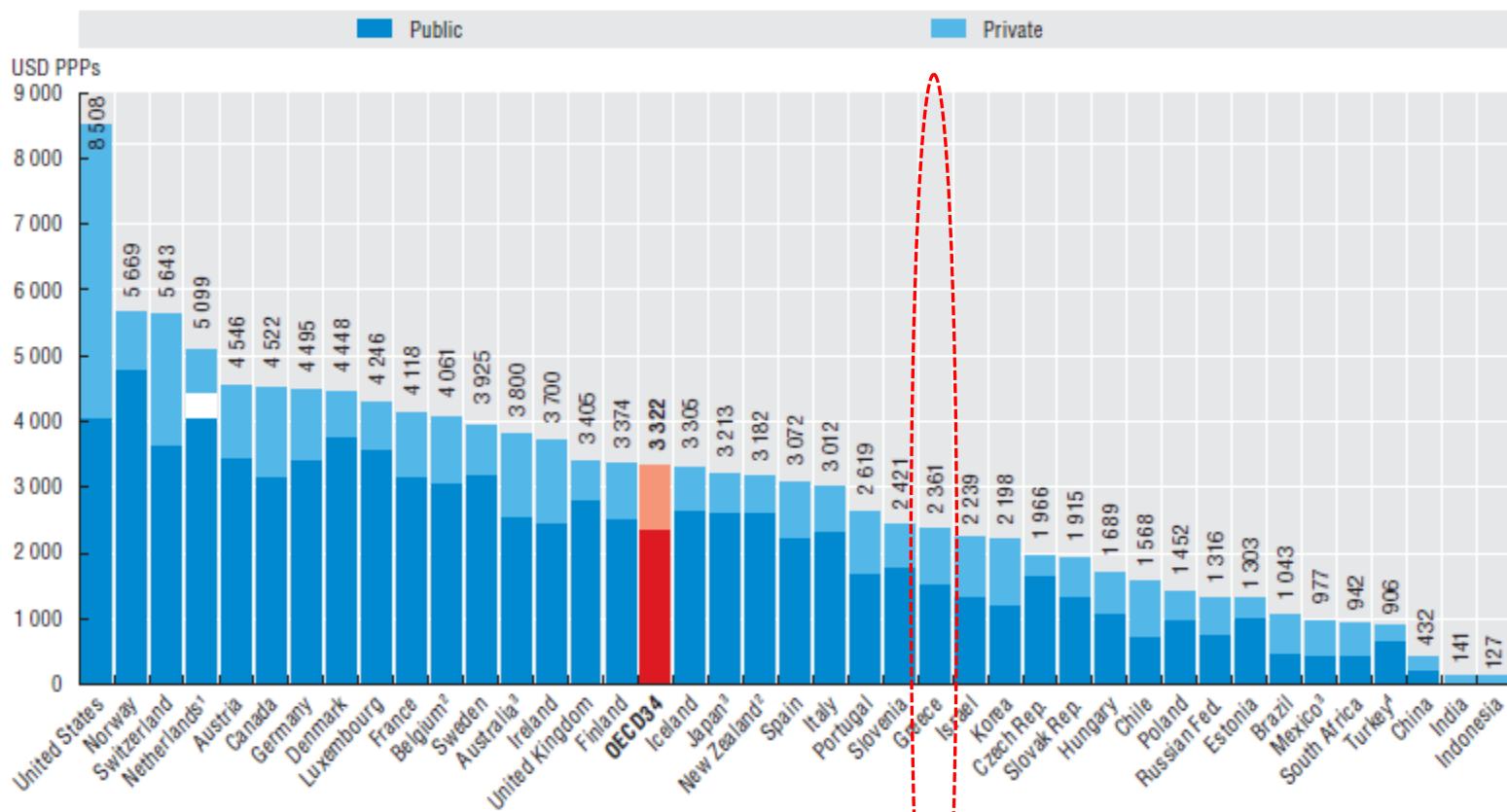
## Health expenditure, public and private, as a share of GDP, OECD countries, 2012 or latest year



1. Total expenditure excluding capital expenditure.

Source: *OECD Health Statistics 2014*.

### 7.1.1. Health expenditure per capita, 2011 (or nearest year)

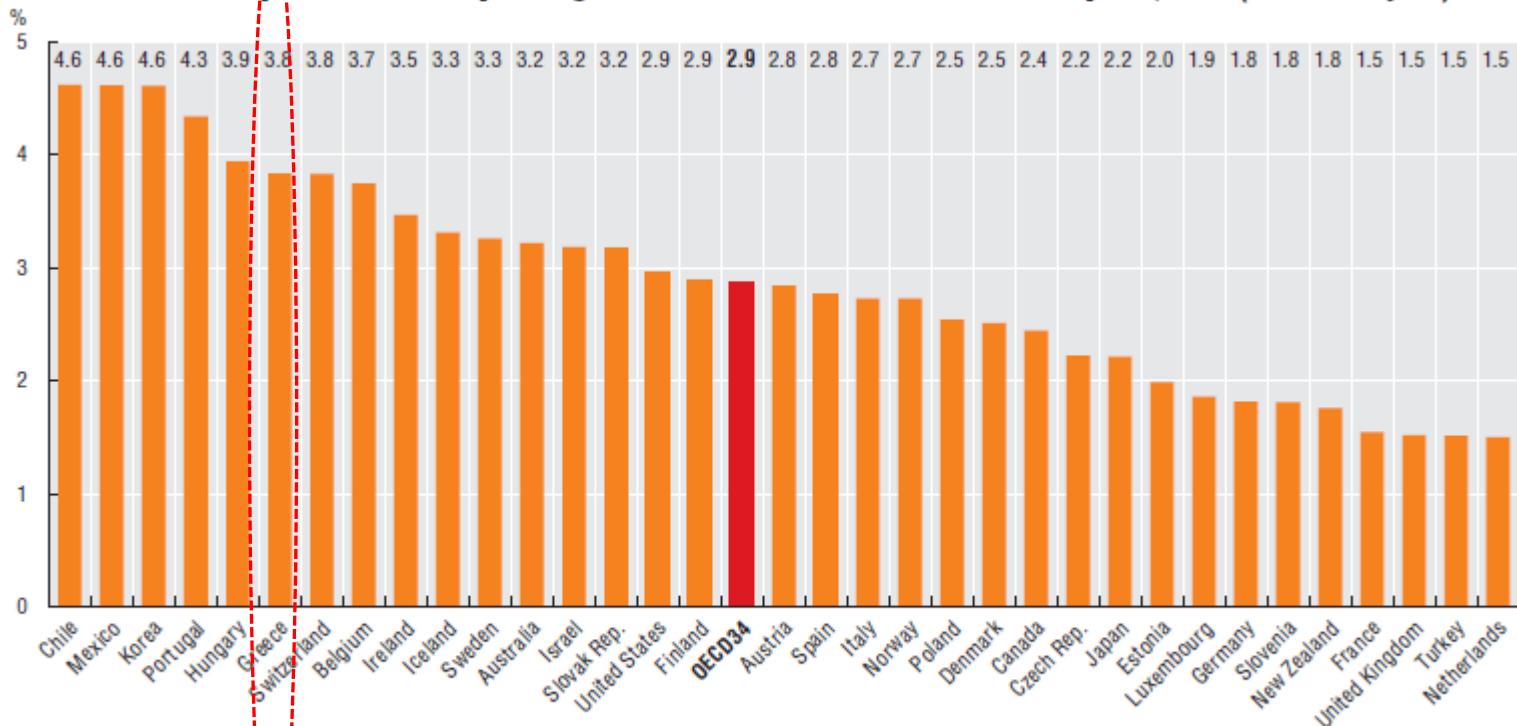


1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Current health expenditure.
3. Data refers to 2010.
4. Data refers to 2008.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; WHO Global Health Expenditure Database.

StatLink <http://dx.doi.org/10.1787/888932918833>

### 6.2.1. Out-of-pocket medical spending as a share of final household consumption, 2011 (or nearest year)

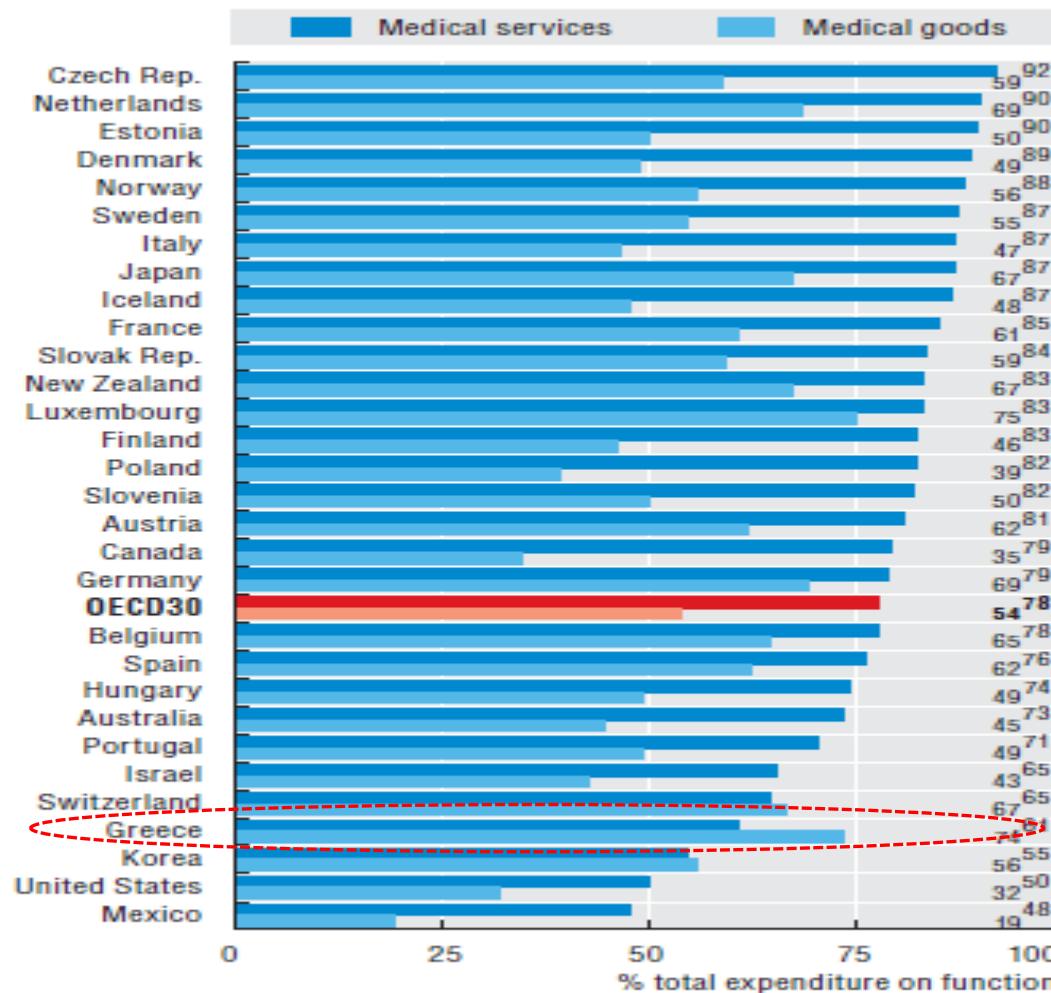


Note: This indicator relates to current health spending excluding long-term care (health) expenditure.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

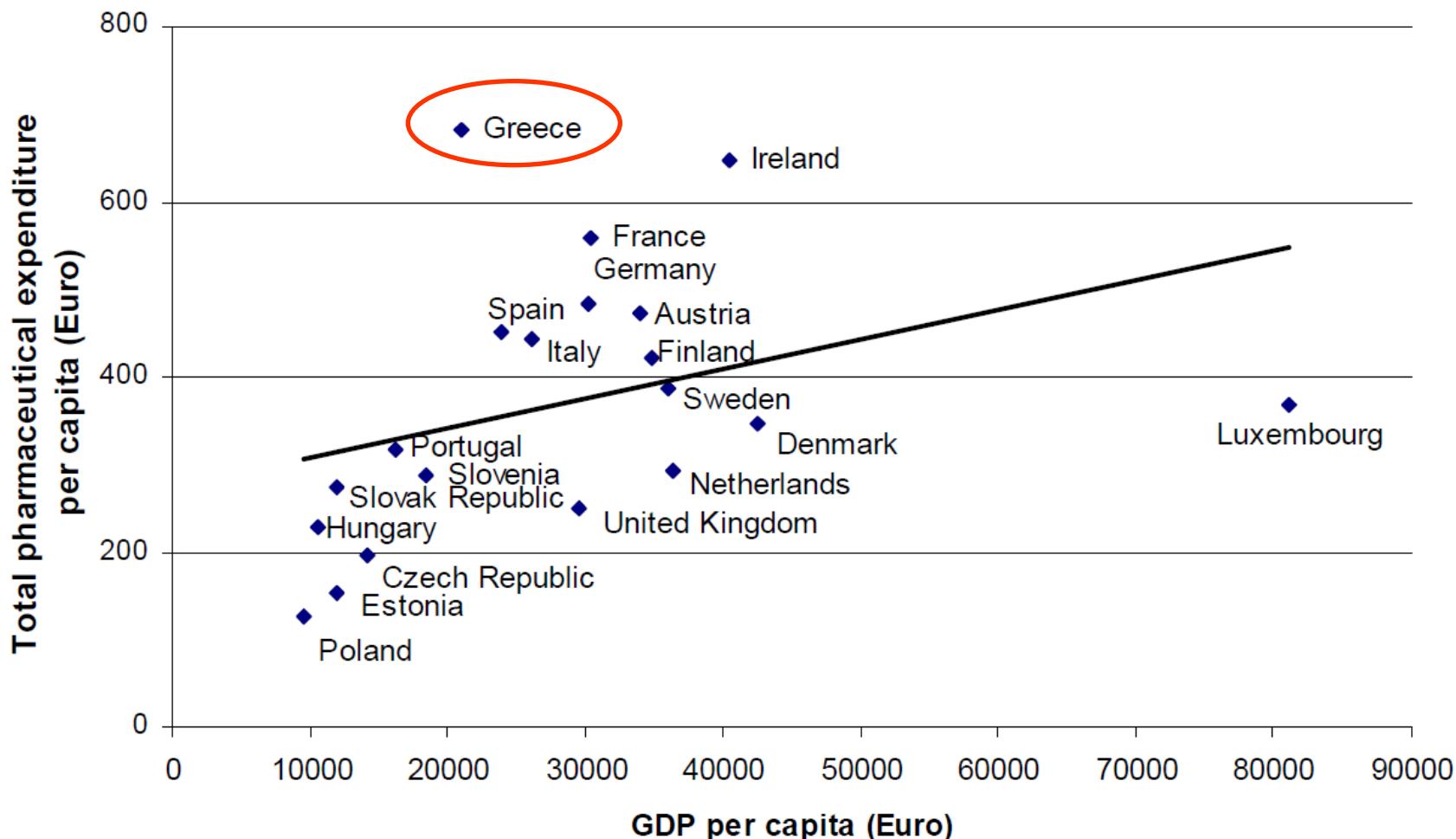
StatLink <http://dx.doi.org/10.1787/888932918548>

### 7.6.2. Public share of expenditure on medical services and goods, 2011 (or nearest year)

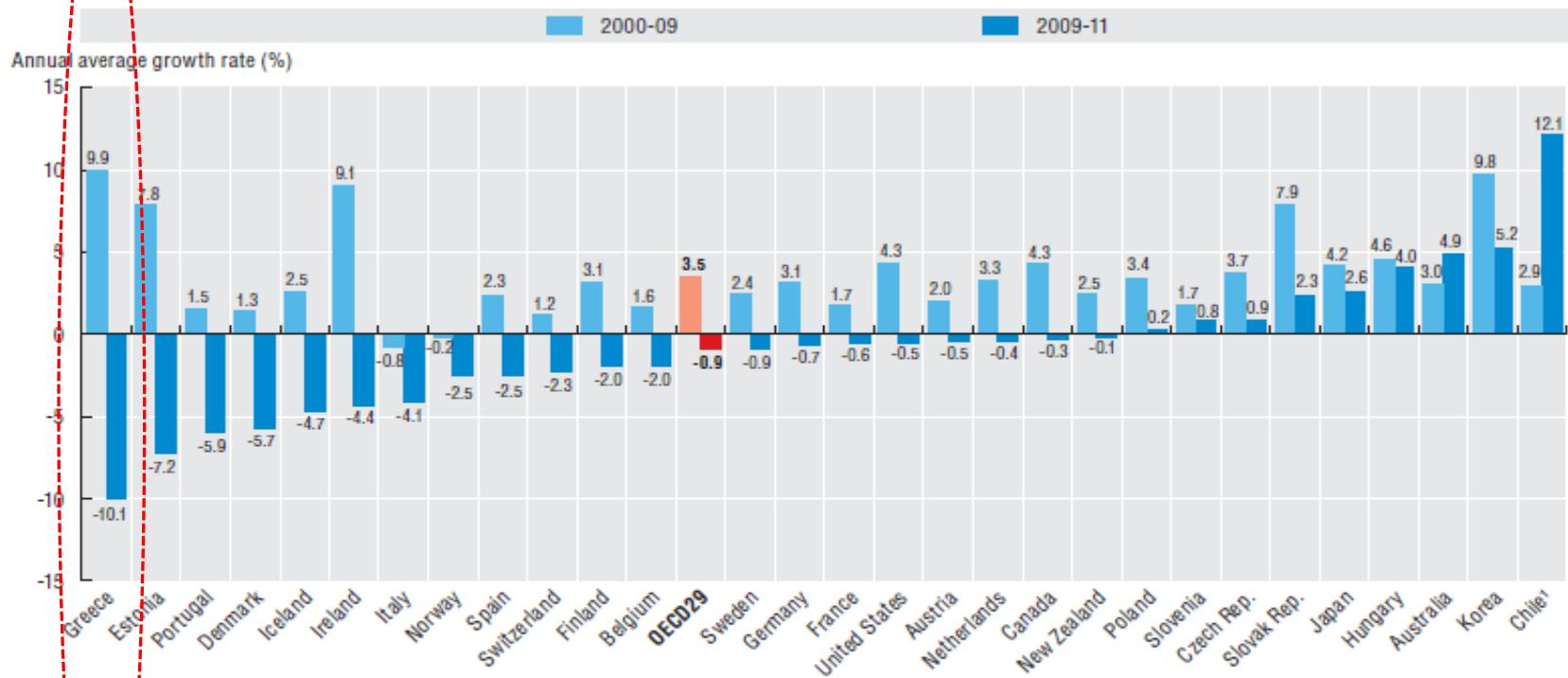


Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.  
 StatLink <http://dx.doi.org/10.1787/888932919080>

**Figure 5: Pharmaceutical expenditure per capita (Euro) and GDP per capita, 2008**



#### 7.4.2. Average annual growth in pharmaceutical expenditure per capita, in real terms, 2000 to 2011 (or nearest year)

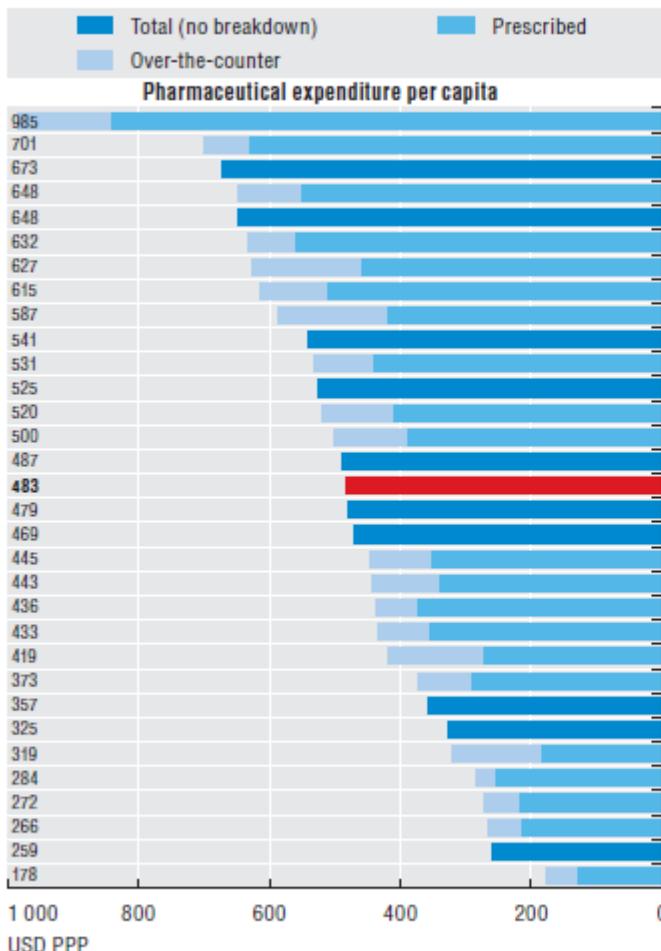


1. CPI used as deflator.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

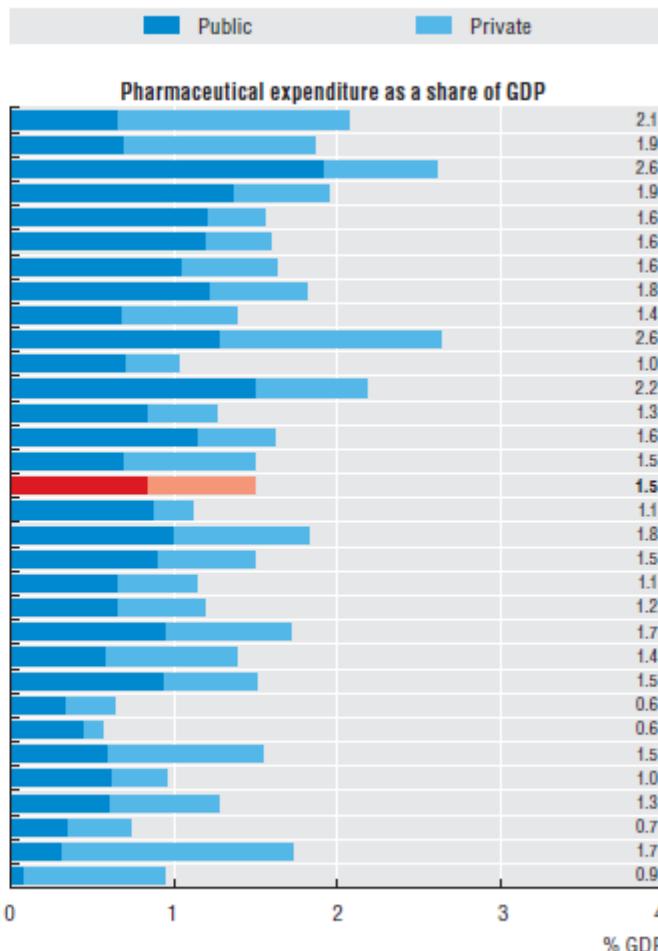
StatLink <http://dx.doi.org/10.1787/888932918985>

#### 7.4.1. Expenditure on pharmaceuticals per capita and as a share of GDP, 2011 (or nearest year)



1. Includes medical non-durables.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.



StatLink <http://dx.doi.org/10.1787/888932918966>

# MOST EFFICIENT HEALTH CARE 2014: COUNTRIES

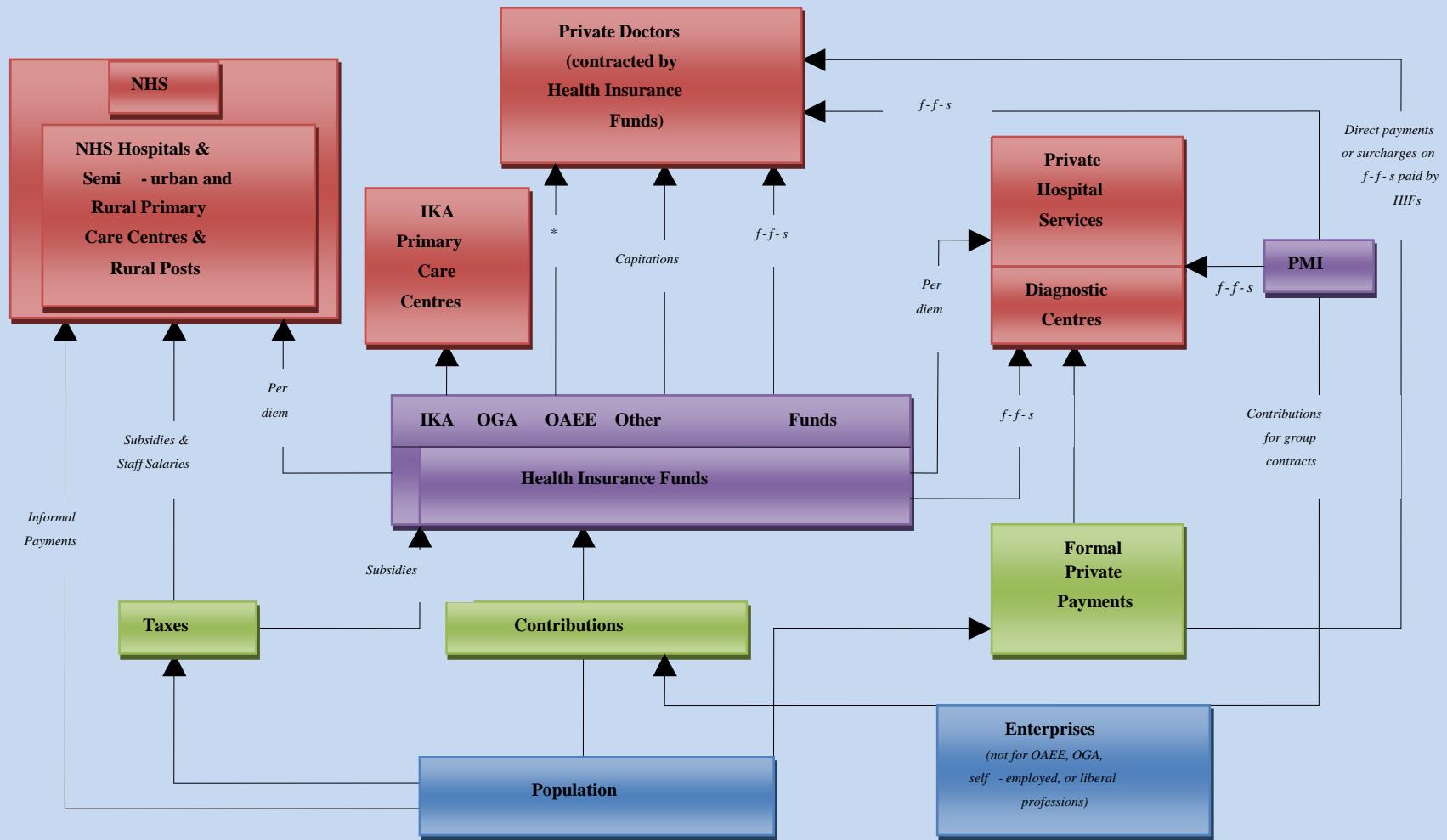
Singapore is best in Bloomberg's second annual ranking of countries with the most efficient health care while the U.S. remains near the bottom

Rank 2014	Rank 2013	Country	Efficiency score	Life expectancy	Health-care cost as percentage of GDP	Health-care cost per capita (US\$)	Change in life expectancy (years)	Change in health-care cost per capita (US\$)	Change in health-care cost per capita (%)	Change in GDP per capita (%)	Inflation (%)
1	2	Singapore	78.6	82.1	4.5	2,426	0.40	281.73	13.1	2.2	4.5
2	1	Hong Kong SAR	77.5	83.5	5.3	1,944	0.06	535.68	38.0	4.5	4.1
3	6	Italy	76.3	82.9	9.0	3,032	0.30	-306.64	-9.2	-8.6	3.0
4	3	Japan	68.1	83.1	10.2	4,752	0.50	110.93	2.4	0.7	0.0
5	8	South Korea	67.4	81.4	7.0	1,703	0.40	50.11	3.0	1.2	2.2
6	7	Australia	65.9	82.1	9.1	6,140	0.20	25.62	0.4	8.6	1.8
7	4	Israel	65.4	81.7	7.0	2,289	0.00	-84.64	-3.6	-2.1	1.7
8	19	France	64.6	82.6	11.8	4,690	0.45	-278.26	-5.6	-6.6	2.0
9	12	United Arab Emirates	64.1	77.0	3.2	1,343	0.18	-32.24	-2.3	6.7	0.7
10	14	United Kingdom	63.1	81.5	9.4	3,647	0.55	-11.47	-0.3	-0.7	2.8
11	-	Norway	63.0	81.5	9.1	9,055	0.16	-852.86	-8.6	0.5	0.7
12	15	Mexico	59.1	77.1	6.3	618	0.22	9.48	1.6	0.2	4.1
13	20	Ecuador	58.4	76.2	6.7	361	0.28	-0.81	-0.2	7.7	5.1
14	5	Spain	58.1	82.4	9.9	2,808	-0.10	-170.01	-5.7	-9.1	2.4
15	9	Switzerland	57.9	82.7	11.4	8,980	0.00	-267.86	-2.9	-5.2	-0.7
16	29	Saudi Arabia	57.8	75.5	3.1	795	0.21	73.88	10.2	7.6	2.9
17	13	Chile	55.5	79.6	7.2	1,103	0.27	81.75	8.0	5.1	3.0
18	24	Czech Republic	54.1	78.1	7.7	1,432	0.20	-113.70	-7.4	-9.2	3.3
19	23	Finland	53.3	80.6	9.3	4,232	0.16	-179.44	-4.1	-6.3	2.8
19	10	Sweden	53.3	81.7	9.7	5,319	-0.10	-99.36	-1.8	-3.0	0.9
21	17	Canada	52.9	81.2	11.0	5,741	0.17	84.32	1.5	1.2	1.5
22	21	Poland	52.4	76.8	6.7	854	0.05	-61.31	-6.7	-5.0	3.7
23	30	Germany	51.6	80.9	11.0	4,683	0.15	-312.72	-6.3	-4.0	2.0
24	31	Greece	49.9	80.6	9.1	2,044	-0.10	-259.74	-11.3	-14.1	1.5
25	11	Libya	49.8	75.2	4.3	578	0.19	367.40	174.1	134.0	6.1
26	37	China	49.5	75.2	5.3	322	0.16	47.88	17.5	11.8	2.7
27	18	Malaysia	49.2	74.8	3.9	410	0.17	25.37	6.6	3.7	1.7
28	27	Portugal	47.2	80.4	9.4	1,905	-0.10	-397.31	-17.3	-10.5	2.8
29	22	Thailand	46.9	74.2	3.9	215	0.18	1.19	0.6	5.5	3.0
30	33	Romania	46.8	74.6	5.0	420	0.00	-59.92	-12.5	-6.9	3.3

# ΑΞΙΟΛΟΓΗΣΗ ΑΝΑΓΚΗ ΜΕΤΑΡΥΘΜΙΣΕΩΝ

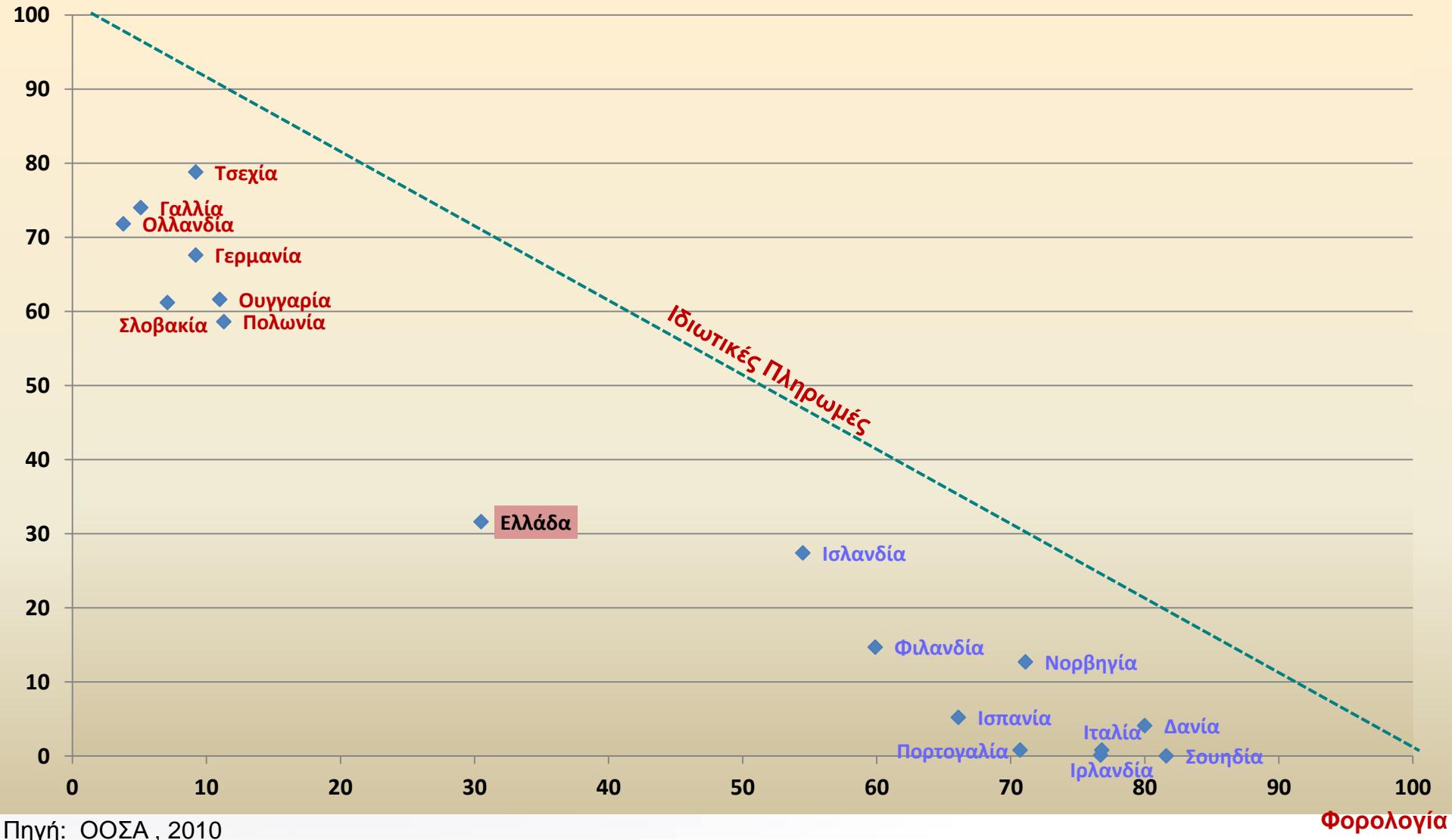
ΑΠΟΤΕΛΕΣΜΑΤΙΚΟΤΗΤΑ  
ΑΠΟΔΟΤΙΚΟΤΗΤΑ  
ΠΡΟΣΒΑΣΗ  
ΠΟΙΟΤΗΤΑ

# Most complex and bureaucratic HCS in the EU

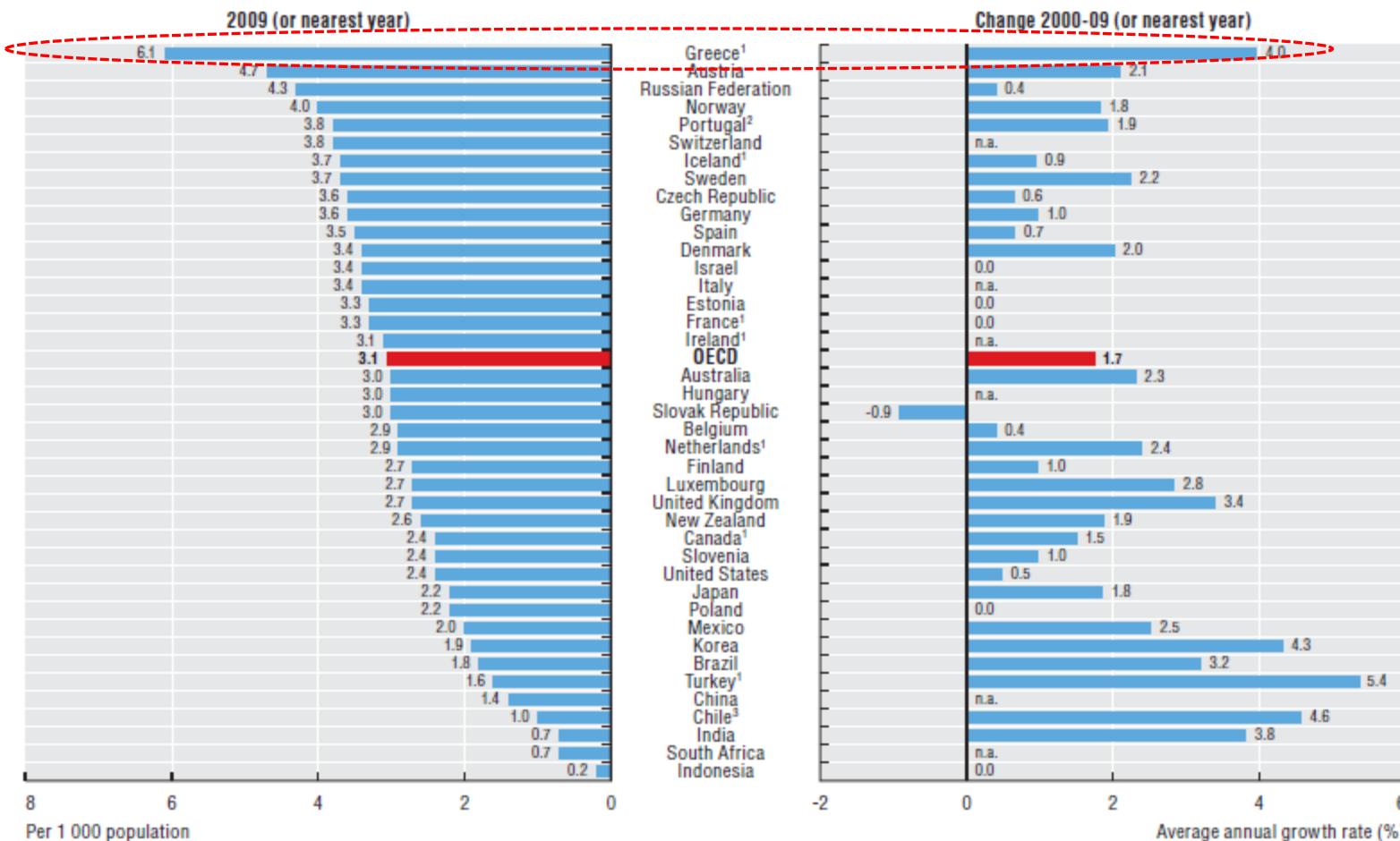


# Μοναδικό στην χρηματοδότηση

Ασφάλιση



### 3.2.1 Practising doctors per 1 000 population, 2009 and change between 2000 and 2009

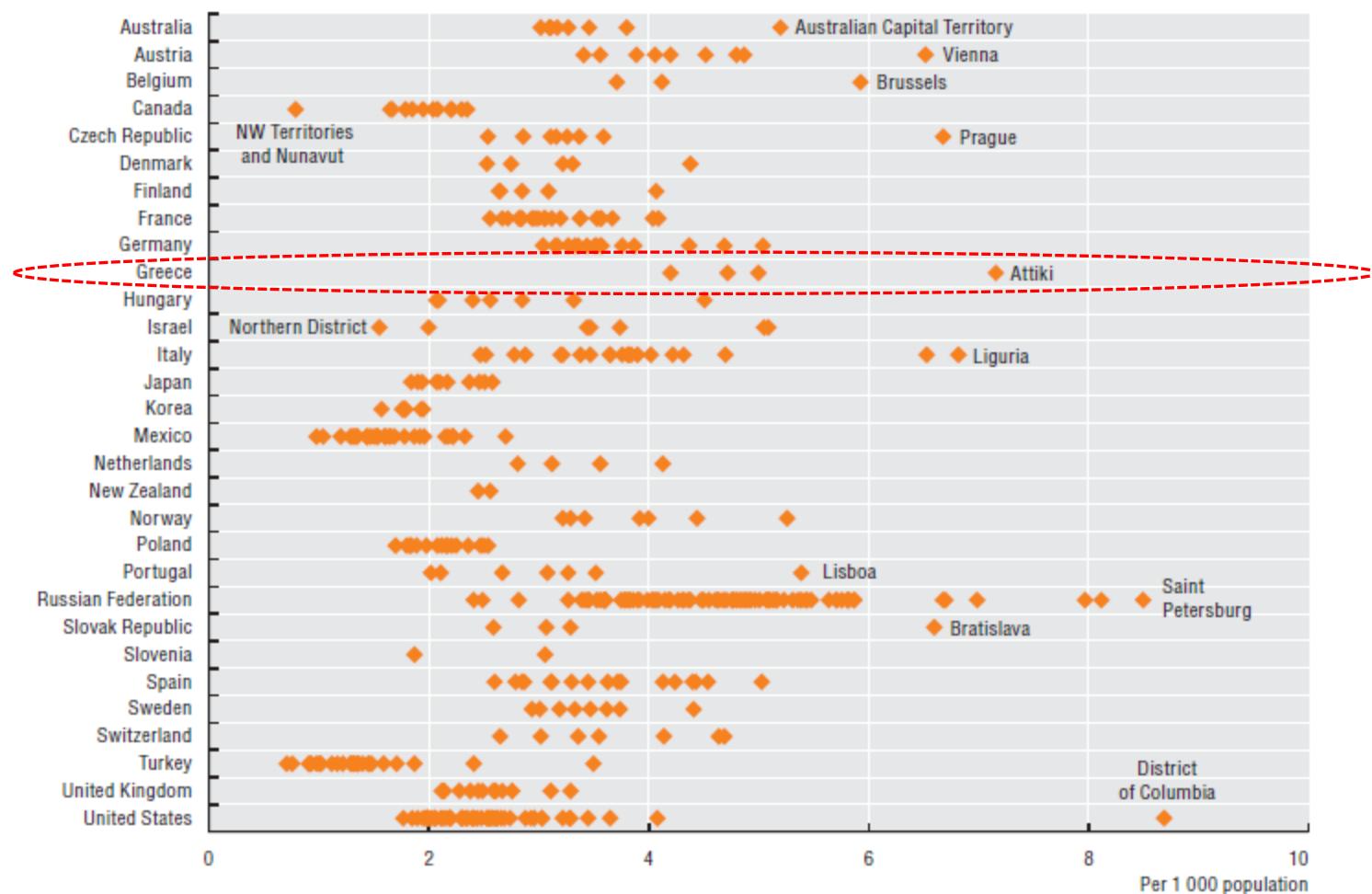


1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
2. Data refer to all doctors who are licensed to practice.
3. Data for Chile include only doctors working in the public sector.

Source: OECD Health Data 2011; WHO-Europe for the Russian Federation and national sources for other non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932524070>

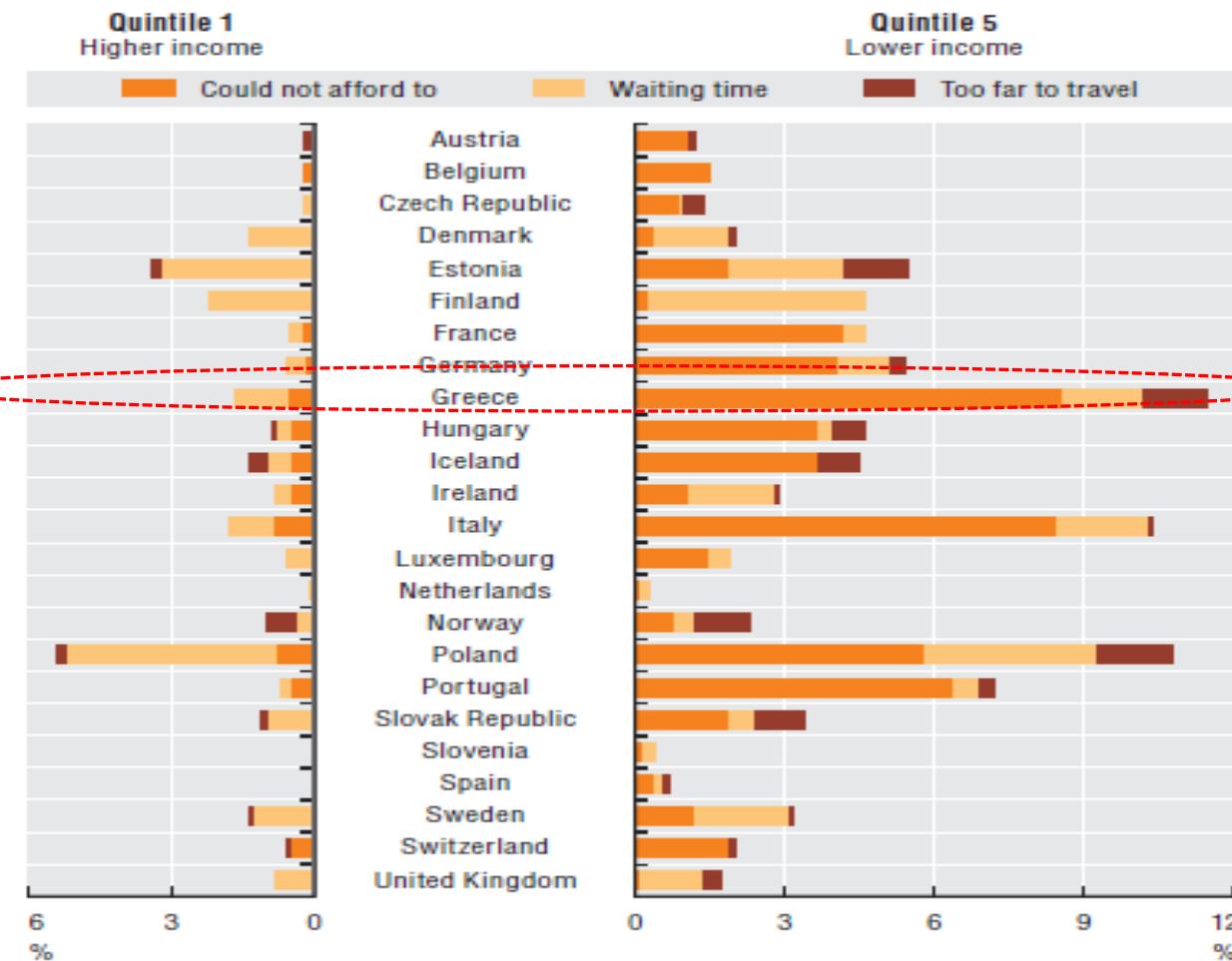
#### 6.4.1 Physician density, by territorial level 2 regions, 2008 (or nearest year)



Source: OECD (2011b).

StatLink <http://dx.doi.org/10.1787/888932525780>

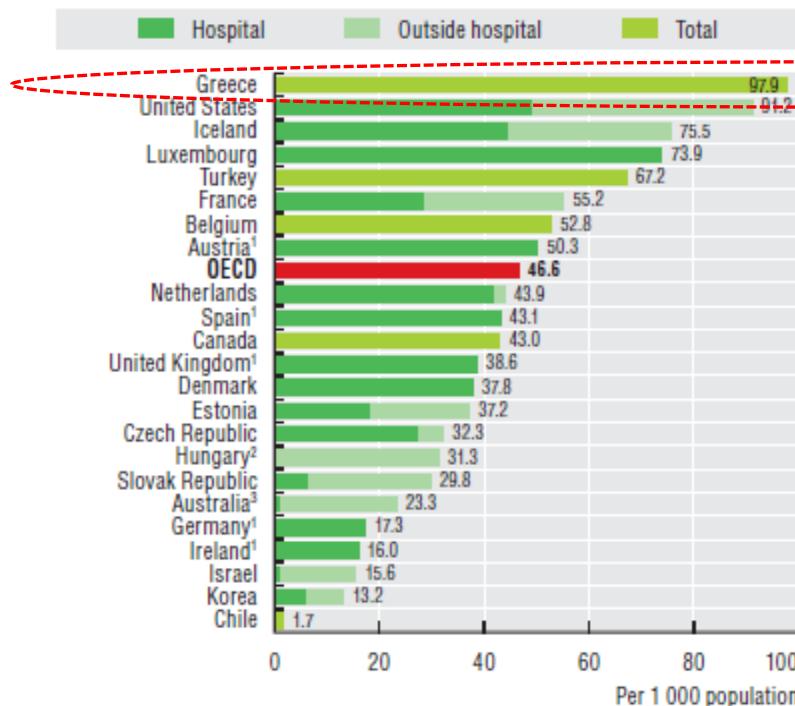
### 6.1.1 Unmet need for a medical examination, selected reasons by income quintile, European countries, 2009



Source: EU-SILC.

StatLink <http://dx.doi.org/10.1787/888932525628>

#### 4.2.3 MRI exams, 2009 (or nearest year)



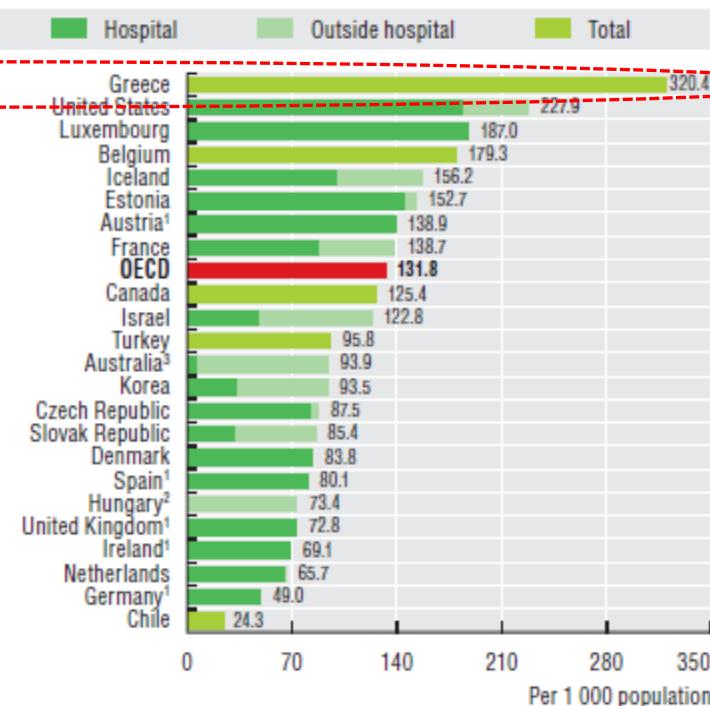
Note: The OECD average does not include countries which only report exams in or outside hospital.

1. Data for exams outside hospital are not available.
2. Data for exams in hospital are not available.
3. Only include exams for outpatients and private inpatients (excluding exams in public hospitals).

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524507>

#### 4.2.4 CT exams, 2009 (or nearest year)



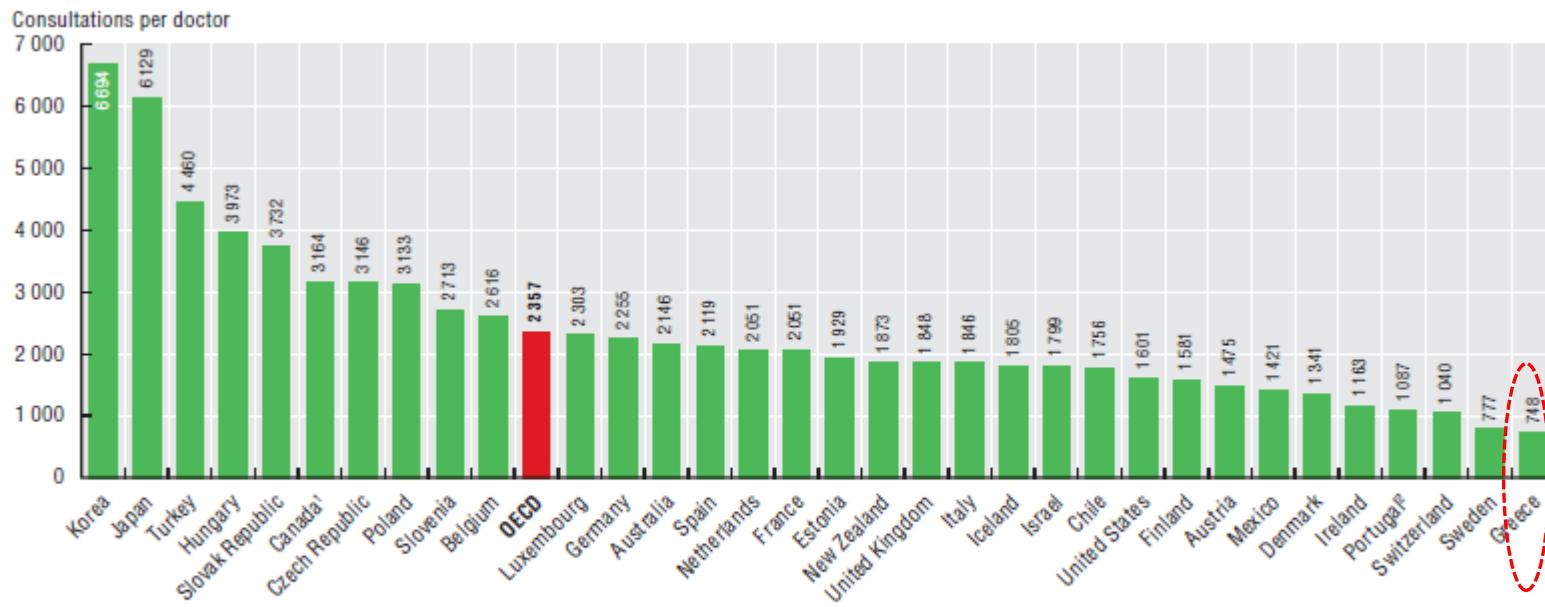
Note: The OECD average does not include countries which only report exams in or outside hospital.

1. Data for exams outside hospital are not available.
2. Data for exams in hospital are not available.
3. Only include exams for outpatients and private inpatients (excluding exams in public hospitals).

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524526>

#### 4.1.2 Estimated number of consultations per doctor, 2009 (or nearest year)

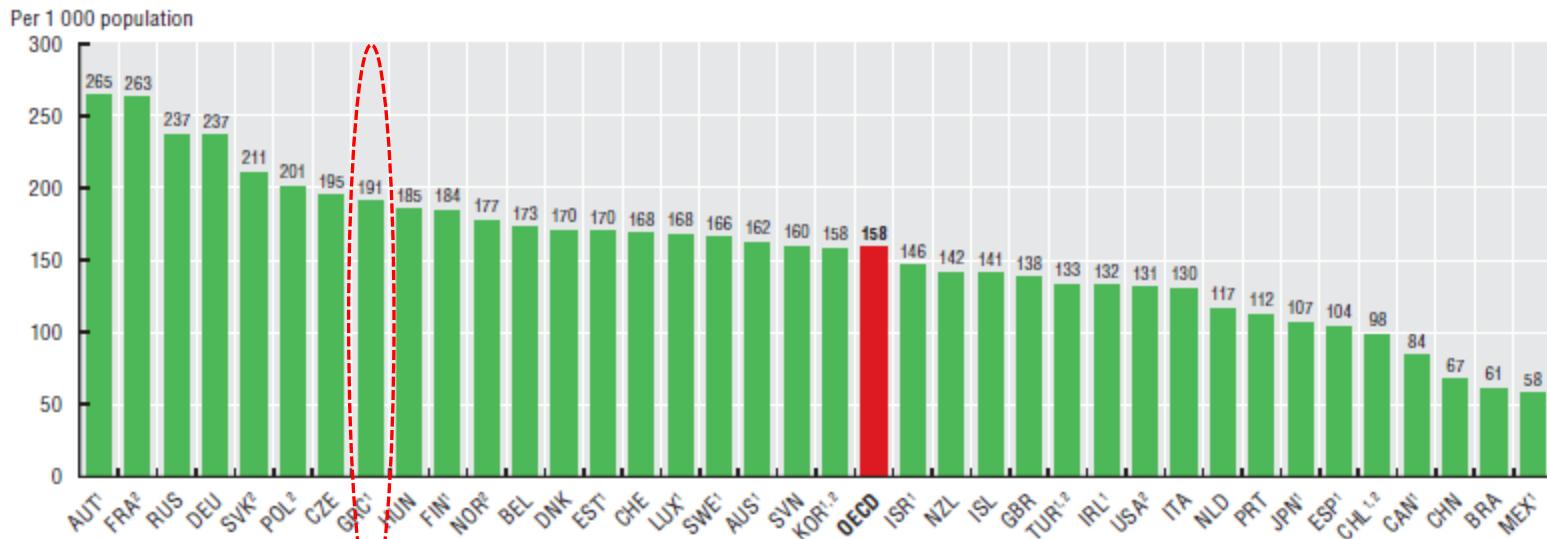


1. In Canada, the number of doctors only includes those paid fee-for-services to be consistent with the data on consultations.
2. Data for the denominator include all doctors licensed to practice (resulting in an underestimation in the number of consultations per doctor).

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524450>

#### 4.4.1 Hospital discharges per 1 000 population, 2009 (or nearest year)



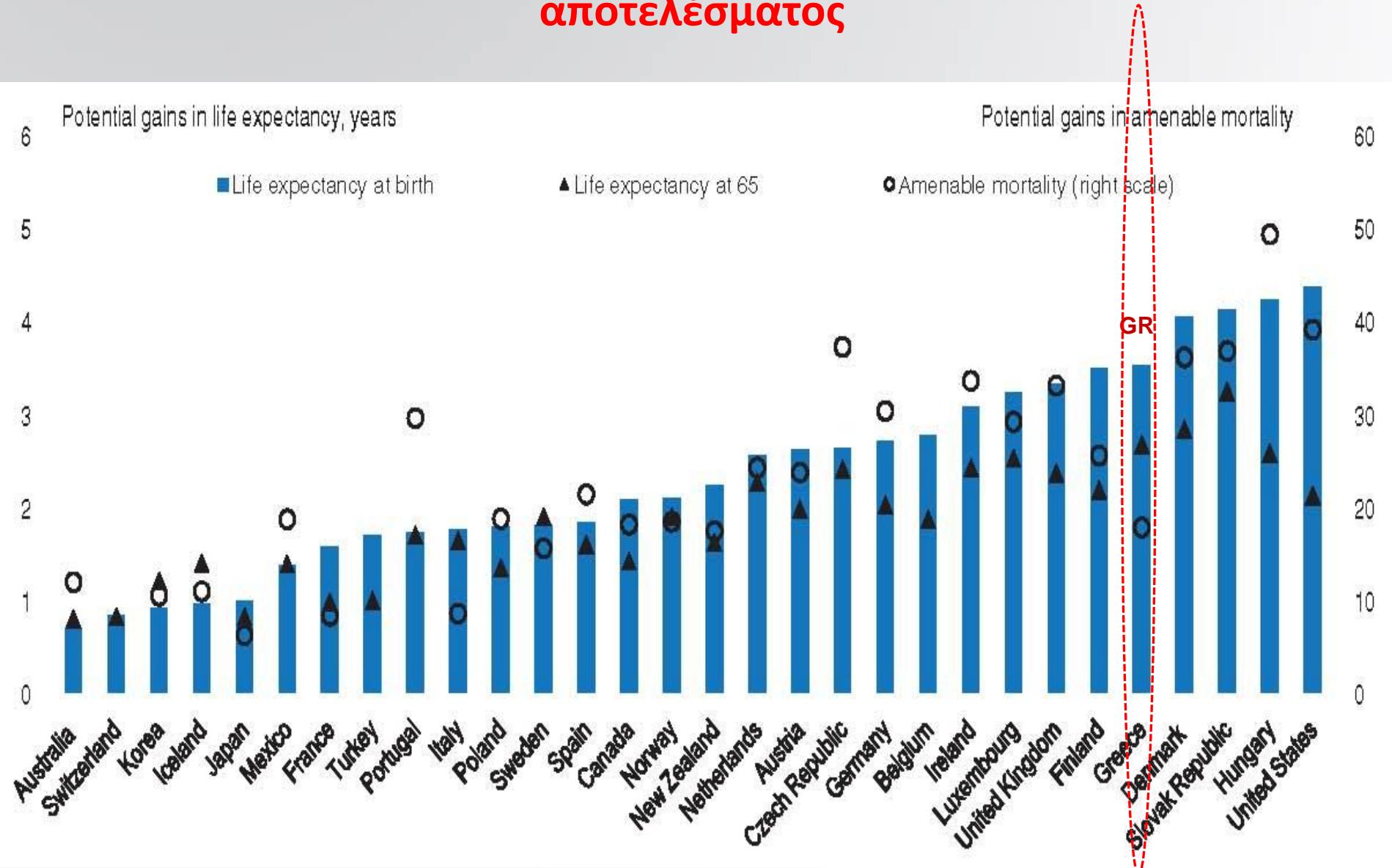
1. Excludes discharges of healthy babies born in hospital (between 3-6% of all discharges).

2. Includes same-day separations.

Source: OECD Health Data 2011; WHO-Europe for the Russian Federation and national sources for other non-OECD countries.

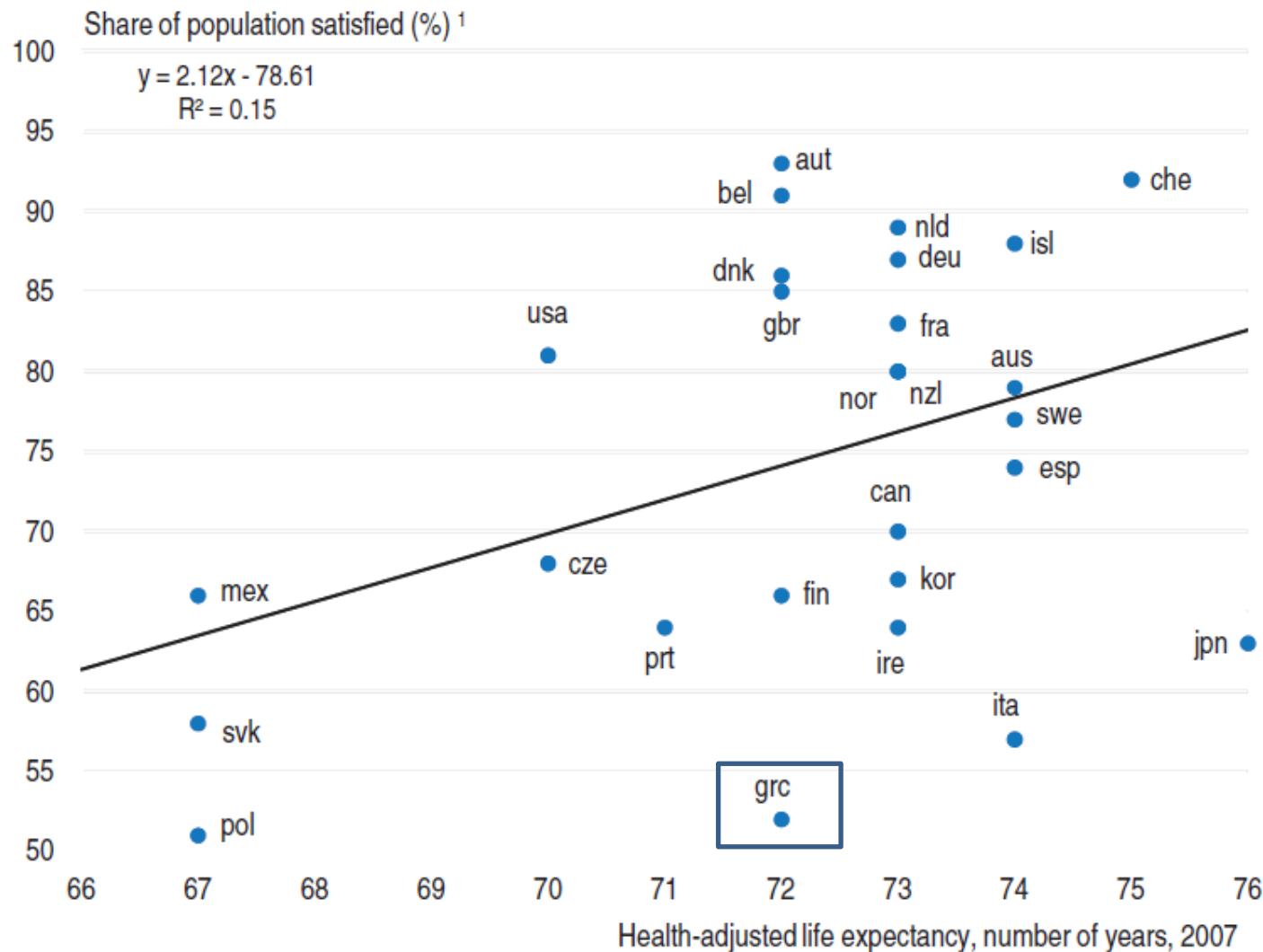
StatLink <http://dx.doi.org/10.1787/888932524602>

# Αναποτελεσματικότητα στη βελτιστοποίηση του αποτελέσματος



Source: OECD Health Data 2009; OECD calculations.

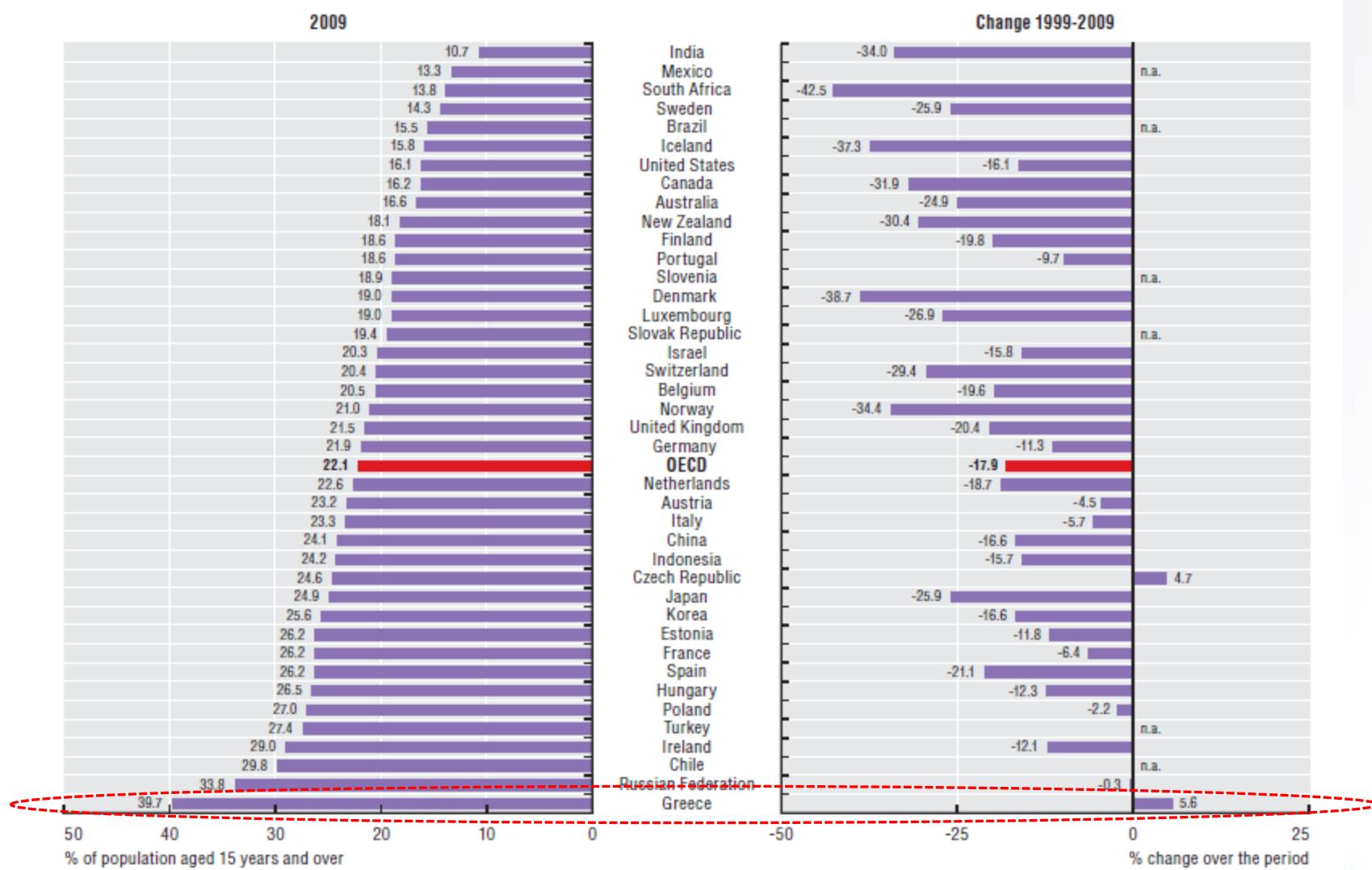
Figure 1.6. Public satisfaction and health-adjusted life expectancy



1. Share of population satisfied with availability of quality health care, 2008.

Source: WHO, *World Health Statistics 2010*; OECD Health Data 2009.

### 2.1.1 Adult population smoking daily, 2009 and change in smoking rates, 1999-2009 (or nearest year)



Source: OECD Health Data 2011; national sources for non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932523880>

#### 2.4.1 Children aged 5-17 years who are overweight (including obese), latest available estimates



Source: International Association for the Study of Obesity (2011).

StatLink <http://dx.doi.org/10.1787/888932523994>

# Μέτρα-Πολιτικές Ελέγχου Ζήτησης

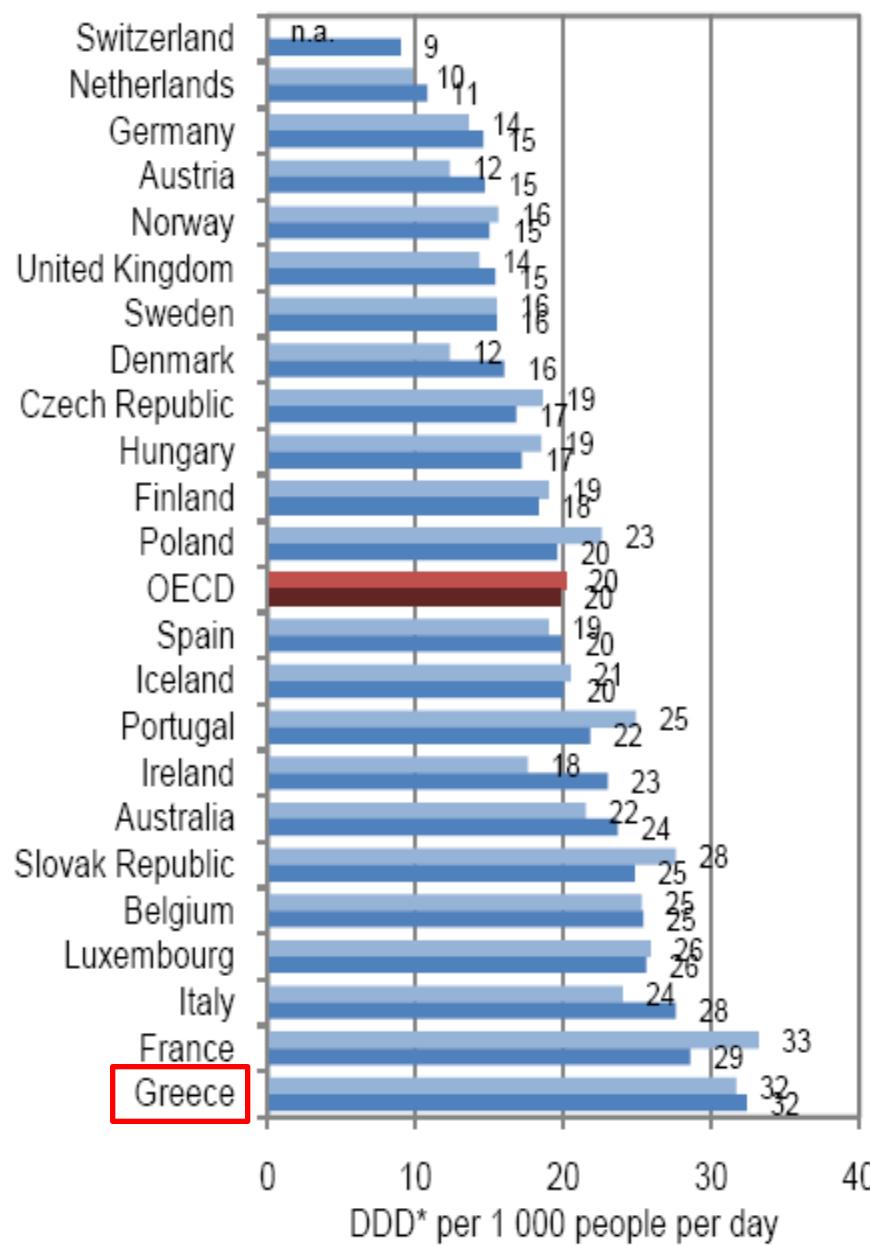
	AT	BE	CY	DE	DK	EE	EL	ES	FI	FR	HU	IE	IT	LT	LV	MT	NL	NO	PL	PT	RO	SE	SK	SI	UJ	
<b>ΙΑΤΡΟΙ</b>																										
Οδηγίες	X	X		X	X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	
Εκπαίδευση και πληροφορία	X	X		X	X	X		X	X	X		X	X				X	X	X	X	X	X	X	X	X	
Έλεγχος συνταγογράφησης	X	X		X	X			X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	
Ποσοστώσεις συνταγογράφησης		X		X				X						X		X		X								
Κλειστοί προϋπολογισμοί								X						X							X	X				X
Οικονομικά κίνητρα	X	X		X				X									X					X			X	
<b>ΑΣΘΕΝΕΙΣ</b>																										
Επιμόρφωση	X	X		X	X	X			X	X		X	X				X		X	X	X	X	X	X	X	X
Συμμετοχή στο κόστος	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
<b>ΦΑΡΜΑΚΟΠΟΙΟΙ</b>																										
Υποκατάσταση με γενόσημα			X	X	X			X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	
Οικονομικά κίνητρα										X		X	X				X	X							X	
Επιστροφές - rebates	X	X									X						X		X						X	

# Μέτρα-Πολιτικές Ελέγχου Προσφοράς

	AT	BE	CY	DE	DK	EE	EL	ES	FI	FR	HU	IE	IT	LT	LV	MT	NL	NO	PL	PT	RO	SE	SK	SI	UJ	
<b>ΤΙΜΟΛΟΓΗΣΗ</b>																										
Με βάση κλινικά δεδομένα	X	X						X	X	X		X	X		X				X	X			X			
Με βάση οικονομική αξιολόγηση	X	X				X			X			X	X		X					X		X	X	X		
Με αναφορά σε άλλες τιμές	X	X				X		X	X	X	X	X	X		X				X							
Με βάση το κόστος παραγωγής							X	X																		
Με βάση τιμές σε άλλες χώρες	X	X	X			X	X	X	X	X	X	X	X				X	X	X	X	X		X	X		
Controlled price updates		X					X	X	X					X	X	X				X	X		X	X	X	
<b>ΕΛΕΓΧΟΣ ΔΑΠΑΝΗΣ</b>																										
Rebates και εκπτώσεις	X			X			X	X		X	X	X	X								X					
Επιστροφές		X								X	X		X							X	X				X	
Συμφωνίες price-volume						X			X	X					X			X	X			X	X	X		
Πάγωμα – μειώσεις τιμών	X						X	X	X	X		X	X					X	X						X	
<b>ΑΠΟΖΗΜΙΩΣΗ</b>																										
Με τιμές αναφοράς		X		X	X	X	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Θετικές λίστες	X		X		X	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Αρνητικές λίστες				X					X	X							X								X	
Οικονομική αξιολόγηση	X	X			X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	

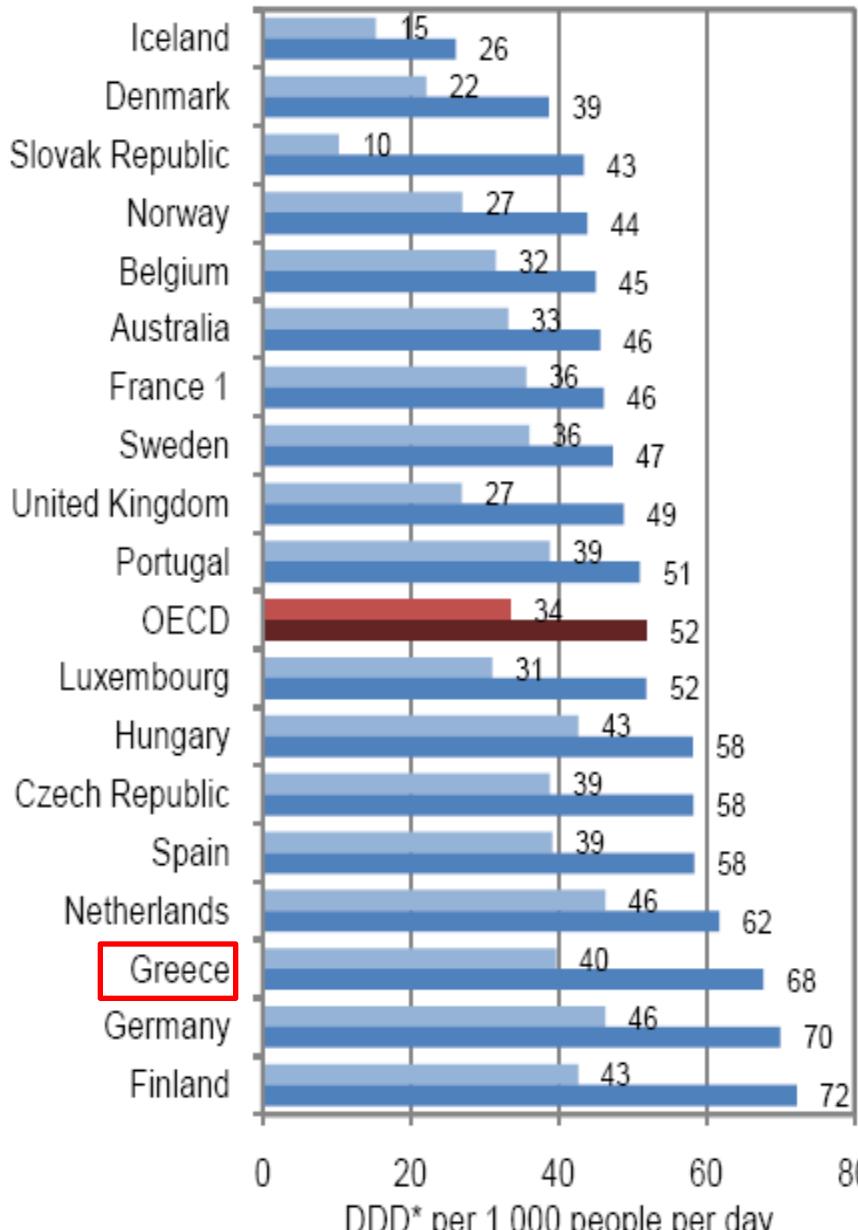
#### 4.10.4. Antibiotics consumption, DDD\* per 1 000 people per day, 2000 and 2007 (or nearest year)

■ 2000 ■ 2007

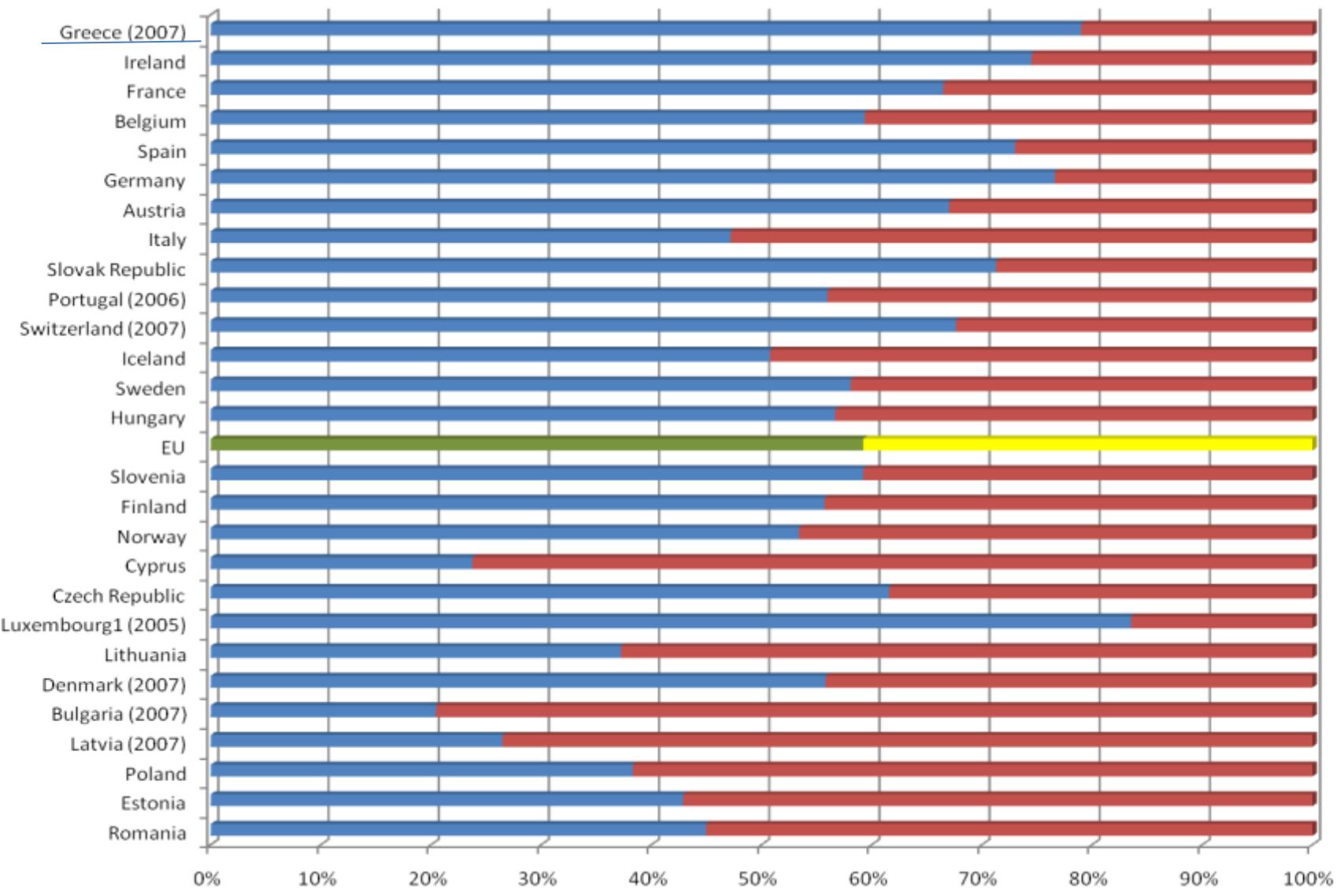


#### 4.10.1. Antidiabetics consumption, DDD\* per 1 000 people per day, 2000 and 2007 (or nearest year)

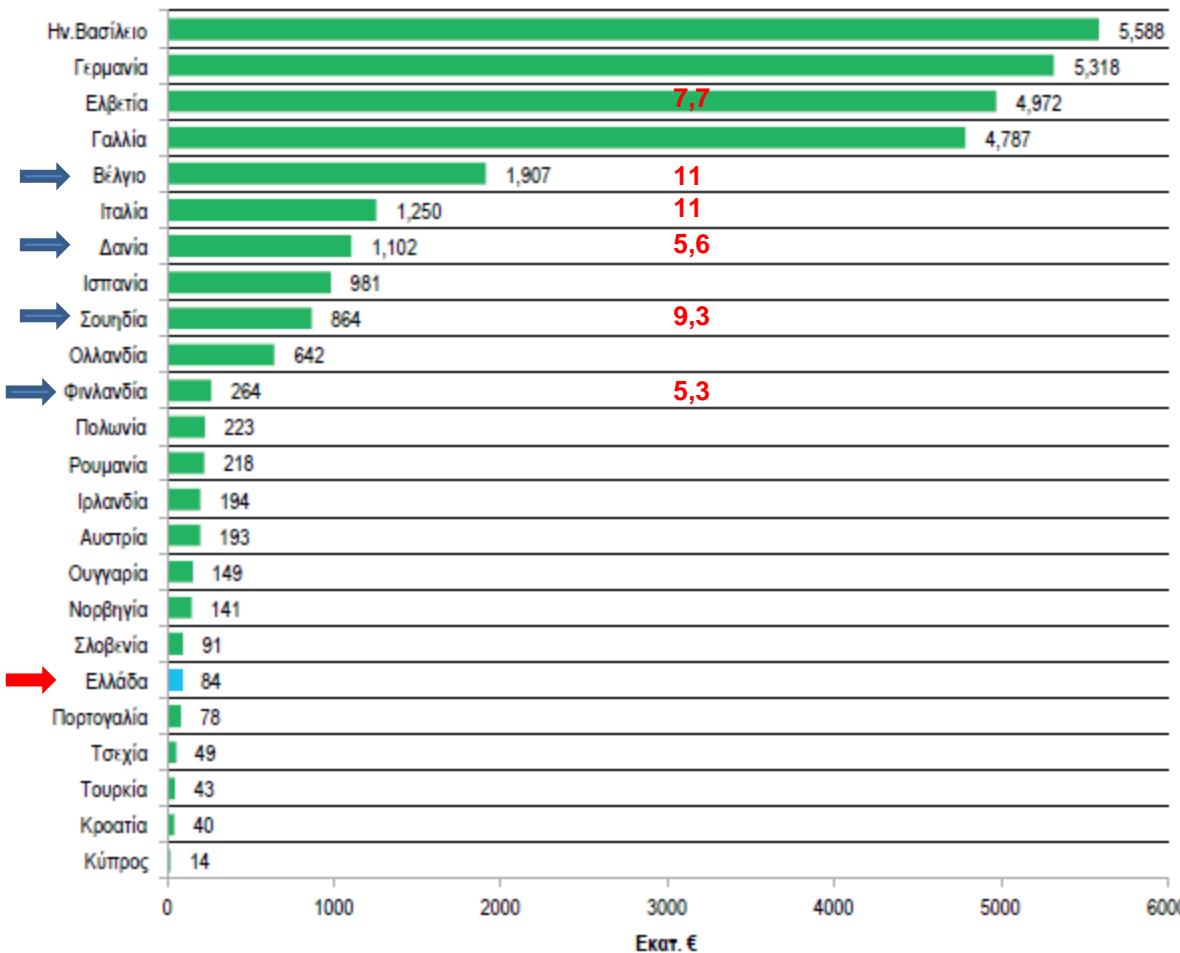
■ 2000 ■ 2007



# Co-payment rates



## PHARMACEUTICAL INDUSTRY RESEARCH AND DEVELOPMENT IN EUROPE



Πηγή: EFPIA, The Pharmaceutical Industry in Figures, 2013



ISSN 1725-5209 (online)  
ISSN 1725-3195 (print)

# EUROPEAN ECONOMY

Occasional Papers 192 | April 2014

The Second Economic Adjustment Programme for Greece  
Fourth Review – April 2014



## *2.9 Modernising the health care system*

The Government continues to implement the comprehensive health sector reform with the objective of stabilising public health expenditure at, or below 6, percent of GDP, while maintaining universal access and improving the quality of care delivery. Policy measures include reducing the fragmented governance structure, reinforcing and integrating the primary healthcare network, streamlining the hospital network, strengthening central procurement and developing a strong monitoring and assessment capability and e-health capacity.

The programme measures aim at achieving savings in the purchasing (accrual basis) of outpatient medicines of about EUR 1 billion in 2012 compared to 2011 and to reach spending of about EUR 2.440 billion in 2013 (accrual basis). The goal is to bring public spending on outpatient pharmaceuticals to about 1 percent of GDP i.e. around EUR 2 billion euro (in line with the EU average) in 2014. Total (outpatient plus inpatient) public expenditure on pharmaceuticals should be no more than 1.5 per cent in 2013 and 1.3 per cent in 2014.

# Παρεμβάσεις στον Τομέα του Φαρμάκου

Φάρμακο

- Rebates -claw back – κόστος
- Τιμολόγηση
- Αποζημίωση & Συμμετοχές
- E-prescription & INN
- Περιθώρια διανομής
- Έλεγχος συνταγογράφησης
- Κατευθυντήριες οδηγίες
- Ανασφάλιστοι κάλυψη
- Διείσδυση γενοσήμων
- Διαγωνισμοί φαρμάκων, ICD, SPC
- Συμφωνίες Επιμερισμού Κινδύνου
- Health Technology Assessment

# Παρεμβάσεις στον Τομέα της Ασφάλισης & Χρηματοδότησης

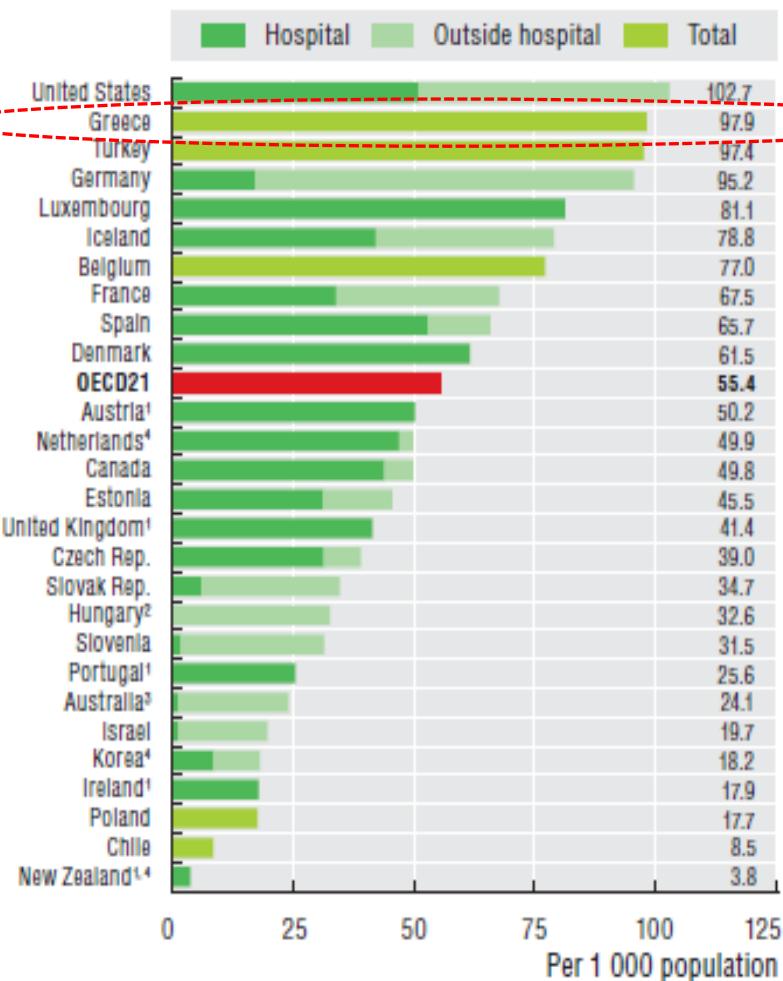
Ασφαλιστικό  
Σύστημα &  
Χρηματοδό-  
τηση

- Ηλεκτρονική συνταγογράφηση
- Claw back, rebates, fixed budgets
- Ενοποίηση παροχών – εισφορών
- Κλινικός έλεγχος
- Monitoring
- Guidelines
- price volume agreements
- Accounting & IT
- Demand – Supply forecast & Allocation
- Analytics and benchmarking
- Selected contracting
- Accreditation
- Price setting and negotiation
- Utilization and demand controls
- Payments
- Positive list
- Reporting

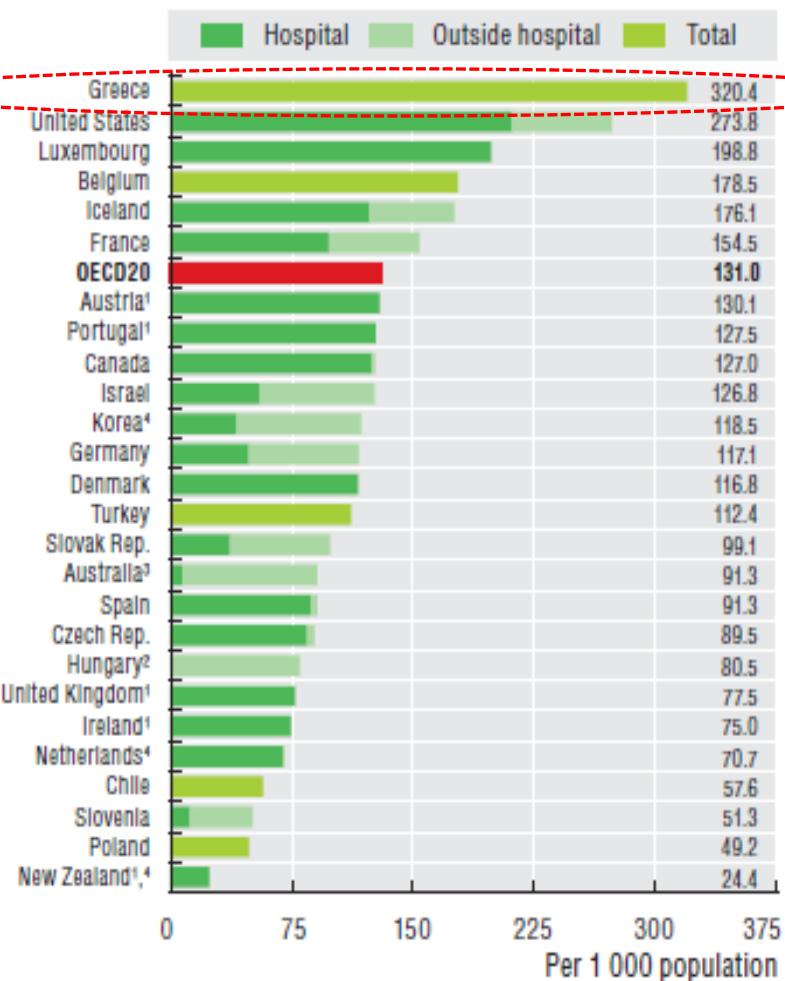
- Ανασφάλιστοι
- Μηχανοργάνωση
- Διπλογραφικό και αναλυτική λογιστική
- Οικονομικός έλεγχος
- Γενόσημα
- Προμήθειες-Κωδικοποιήσεις
- E-prescription
- Mobility προσωπικού
- DRGs – κοστολογήσεις
- Συνταγολόγια κατευθυντήριες οδηγίες
- Δείκτες και απόδοση
- Logistics – Outsourcing
- Συγχωνεύσεις
- Medical records – auditing
- Κατανομη εξοπλισμού
- ΠΦΥ
- Arrears

# ΑΠΟΤΕΛΕΣΜΑΤΑ

#### 4.2.3. MRI exams, 2011 (or nearest year)



#### 4.2.4. CT exams, 2011 (or nearest year)



1. Exams outside hospital not included.

2. Exams in hospital not included.

3. Exams on public patients not included.

4. Exams privately-funded not included.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917294>

1. Exams outside hospital not included.

2. Exams in hospital not included.

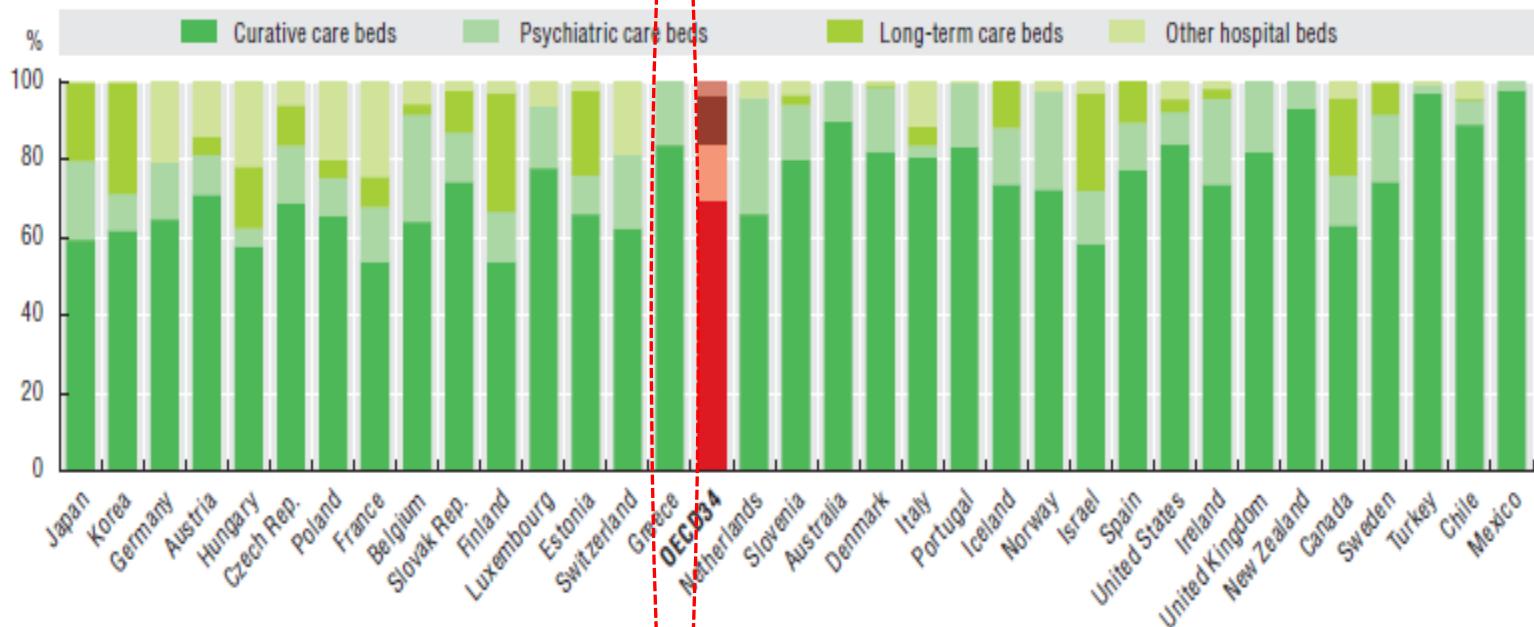
3. Exams on public patients not included.

4. Exams privately-funded not included.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917313>

### 4.3.2. Hospital beds by function of health care, 2011 (or nearest year)

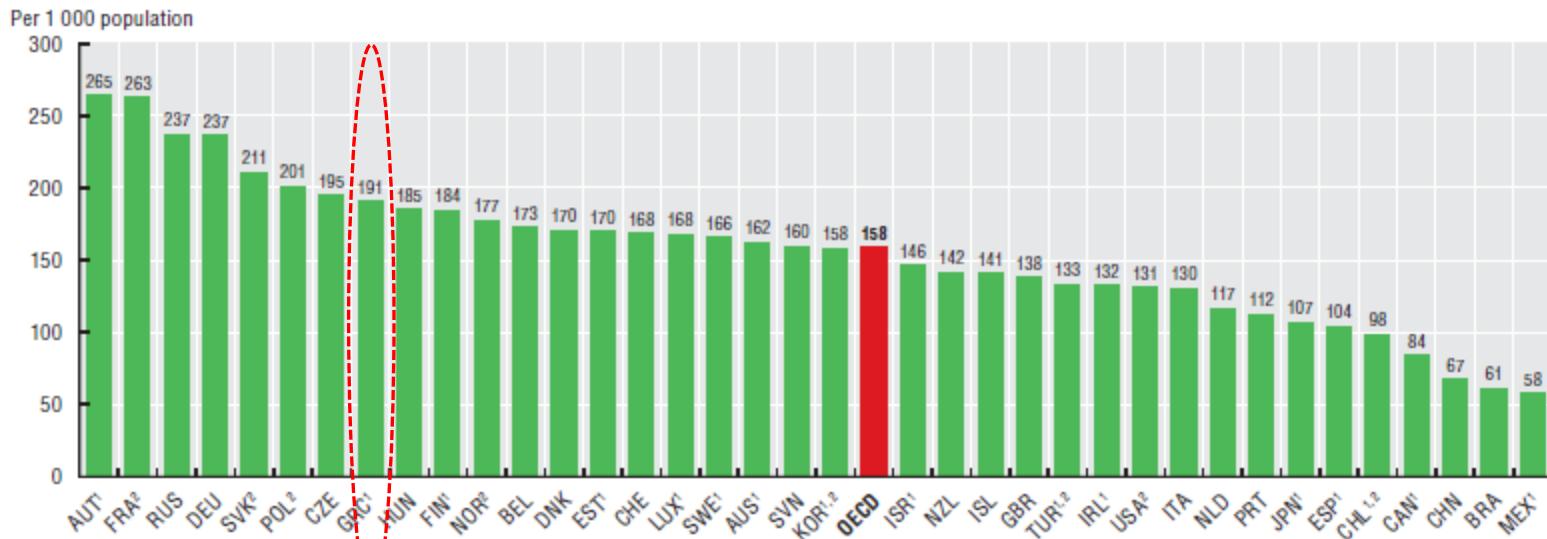


Note: Countries ranked from highest to lowest total number of hospital beds per capita.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917351>

#### 4.4.1 Hospital discharges per 1 000 population, 2009 (or nearest year)



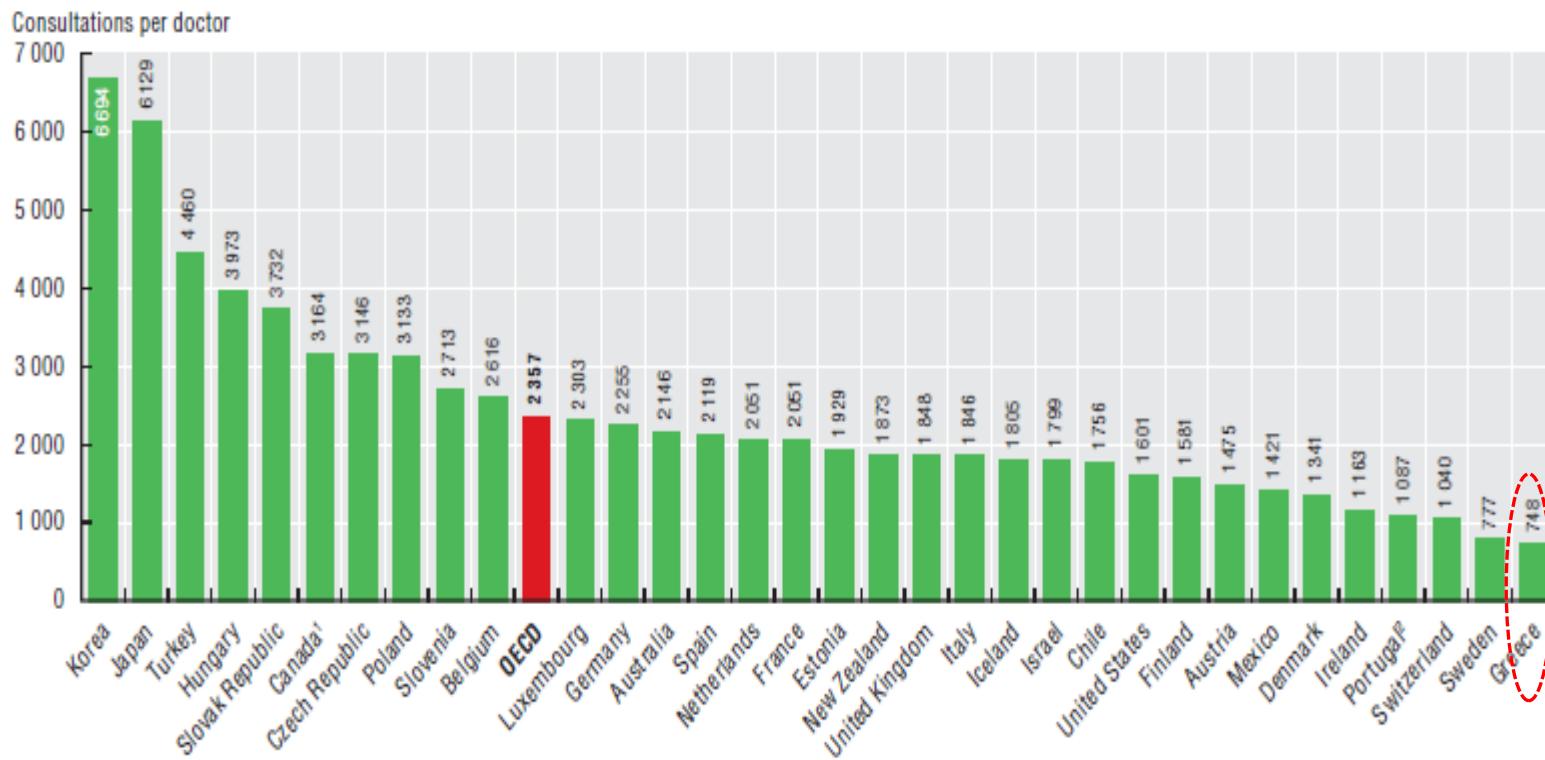
1. Excludes discharges of healthy babies born in hospital (between 3-6% of all discharges).

2. Includes same-day separations.

Source: OECD Health Data 2011; WHO-Europe for the Russian Federation and national sources for other non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932524602>

#### 4.1.2 Estimated number of consultations per doctor, 2009 (or nearest year)

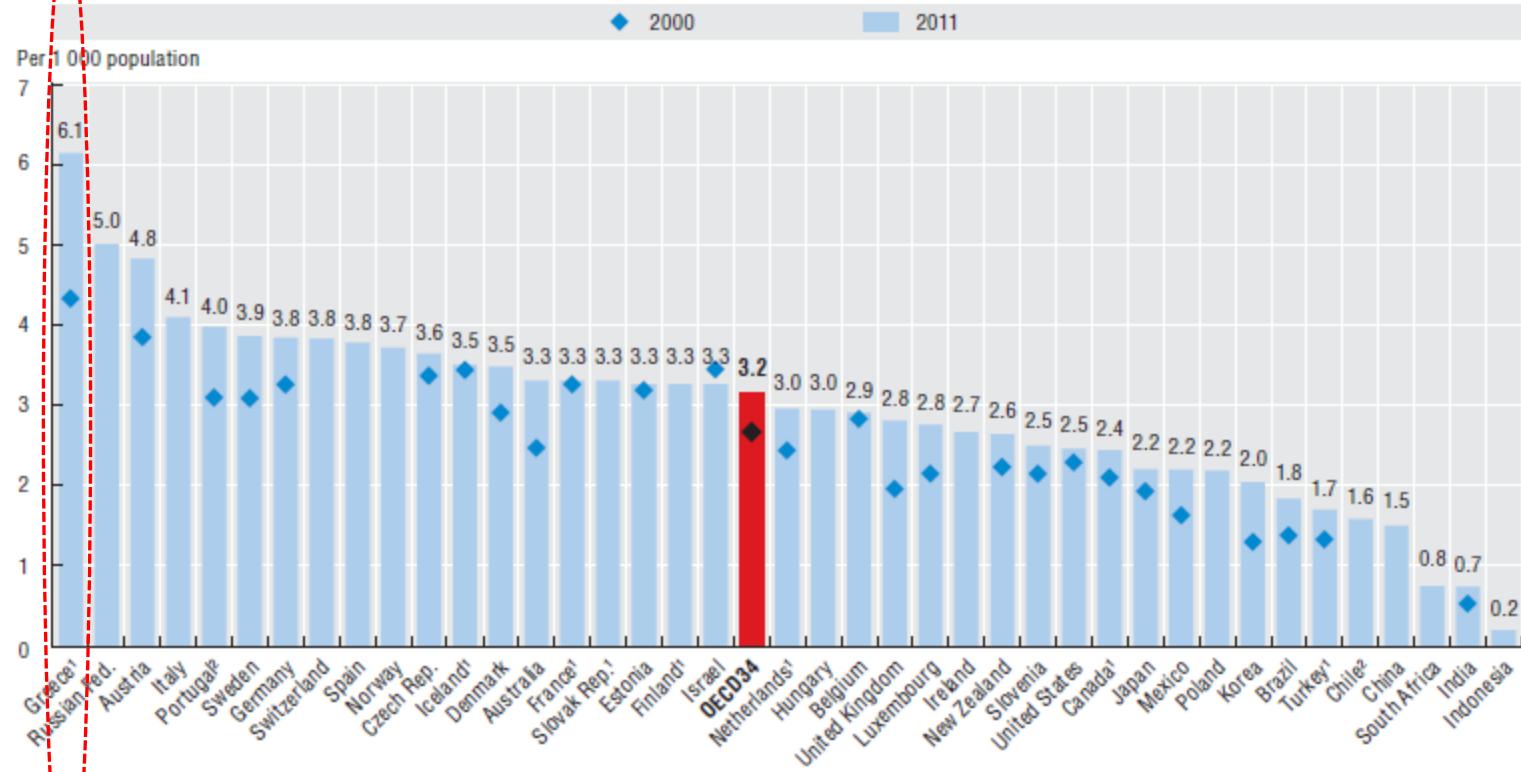


1. In Canada, the number of doctors only includes those paid fee-for-services to be consistent with the data on consultations.
2. Data for the denominator include all doctors licensed to practice (resulting in an underestimation in the number of consultations per doctor).

Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524450>

### 3.1.1. Practising doctors per 1 000 population, 2000 and 2011 (or nearest year)



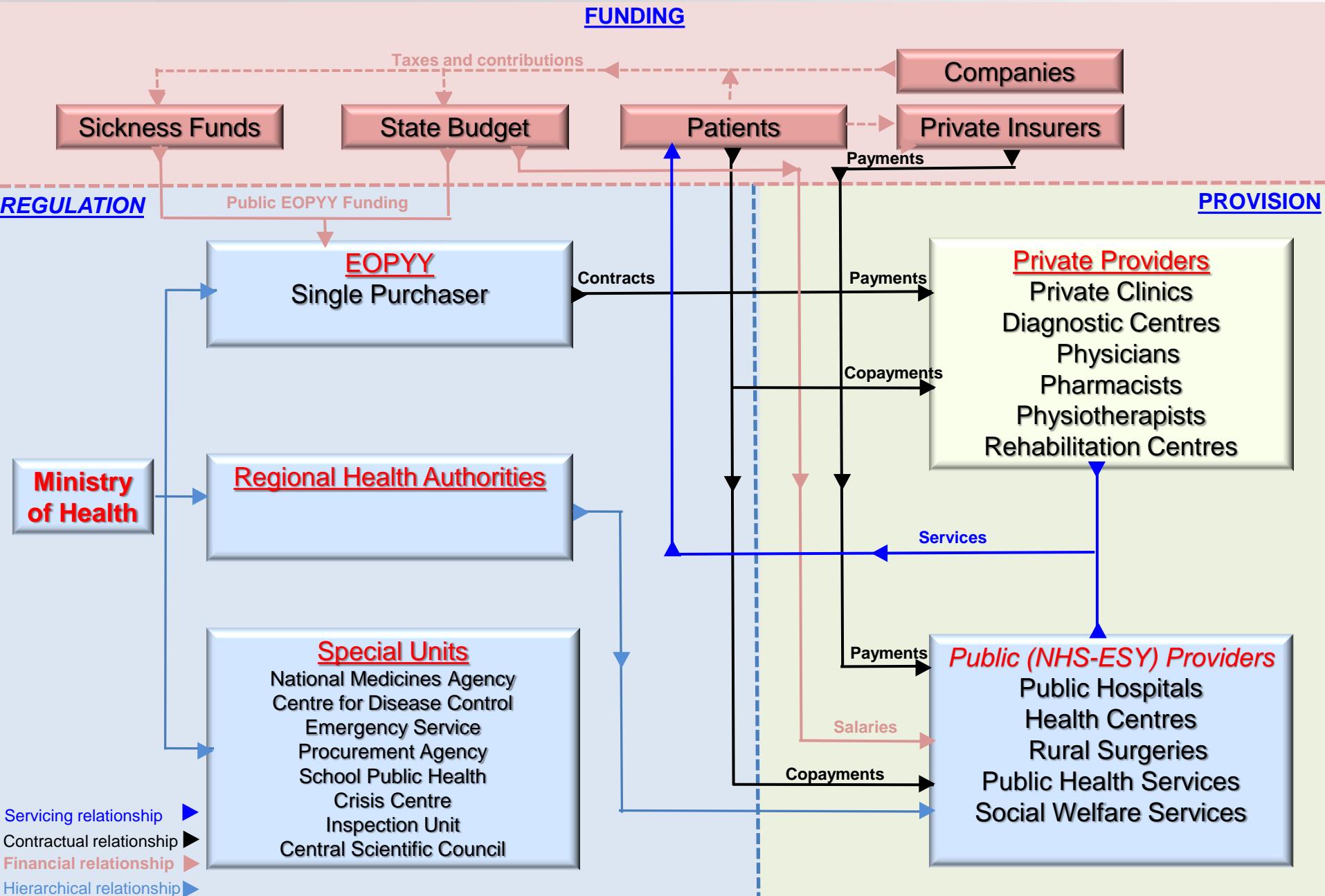
1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

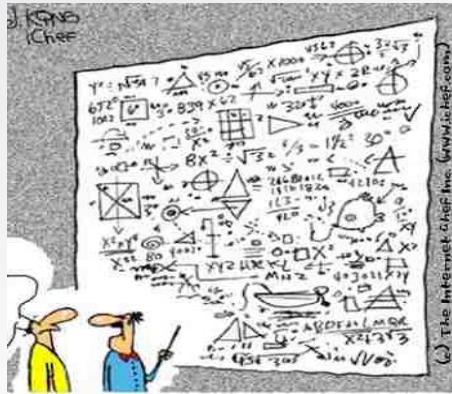
2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal).

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932916800>

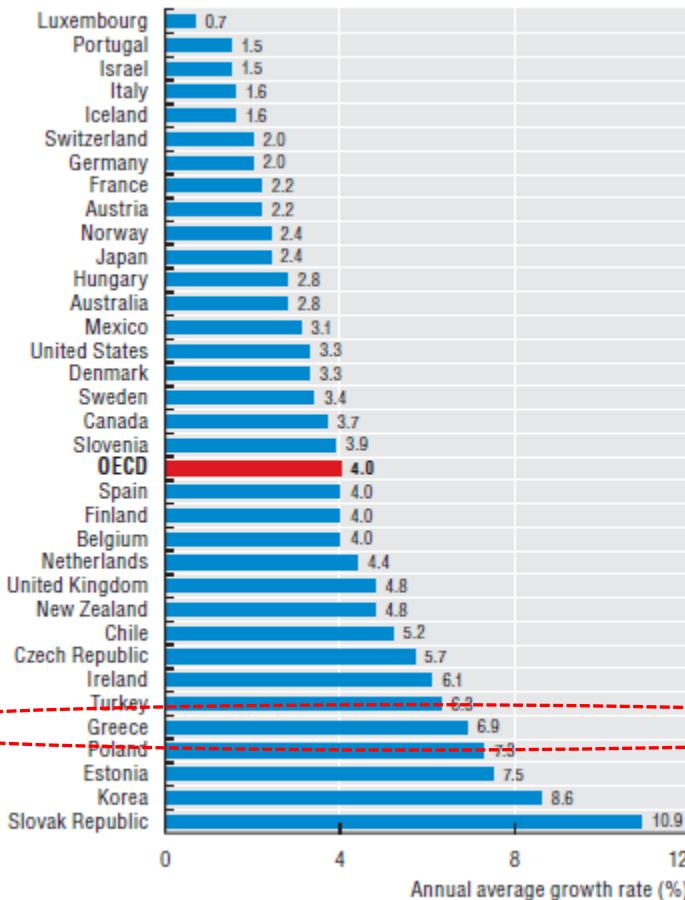
# Organisational Overview





# Just spending if there is inefficiency is not good

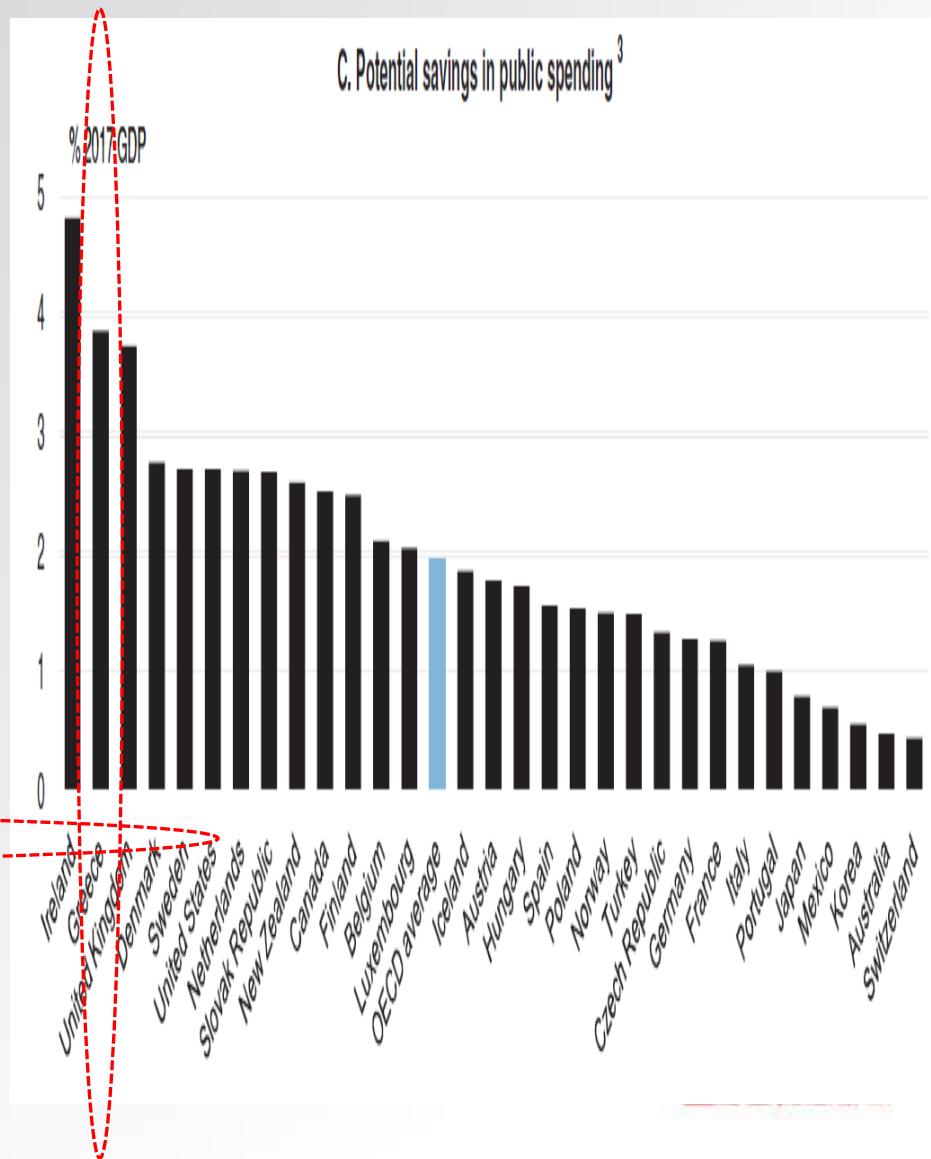
7.1.2 Annual average growth rate in health expenditure per capita in real terms, 2000-09 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526065>

C. Potential savings in public spending<sup>3</sup>





- Specific
- Measurable
- Achievable
- Realistic
- Time-bound



ability

Digital  
distributed familiarity  
analytical development  
big data  
business communication  
analysis  
nalytics

# algorithms

design environment.  
helping to large

— large learning environment  
management including new models problems

ice, using  
statistics tools years  
product strong working  
team technologies  
statistical work  
skills technical  
research techniques  
software systems  
requirements support  
projects services  
related

# Skills

## Learning!

## Listening Communication

Management

### **Teamwork**

Computer  
Leadership

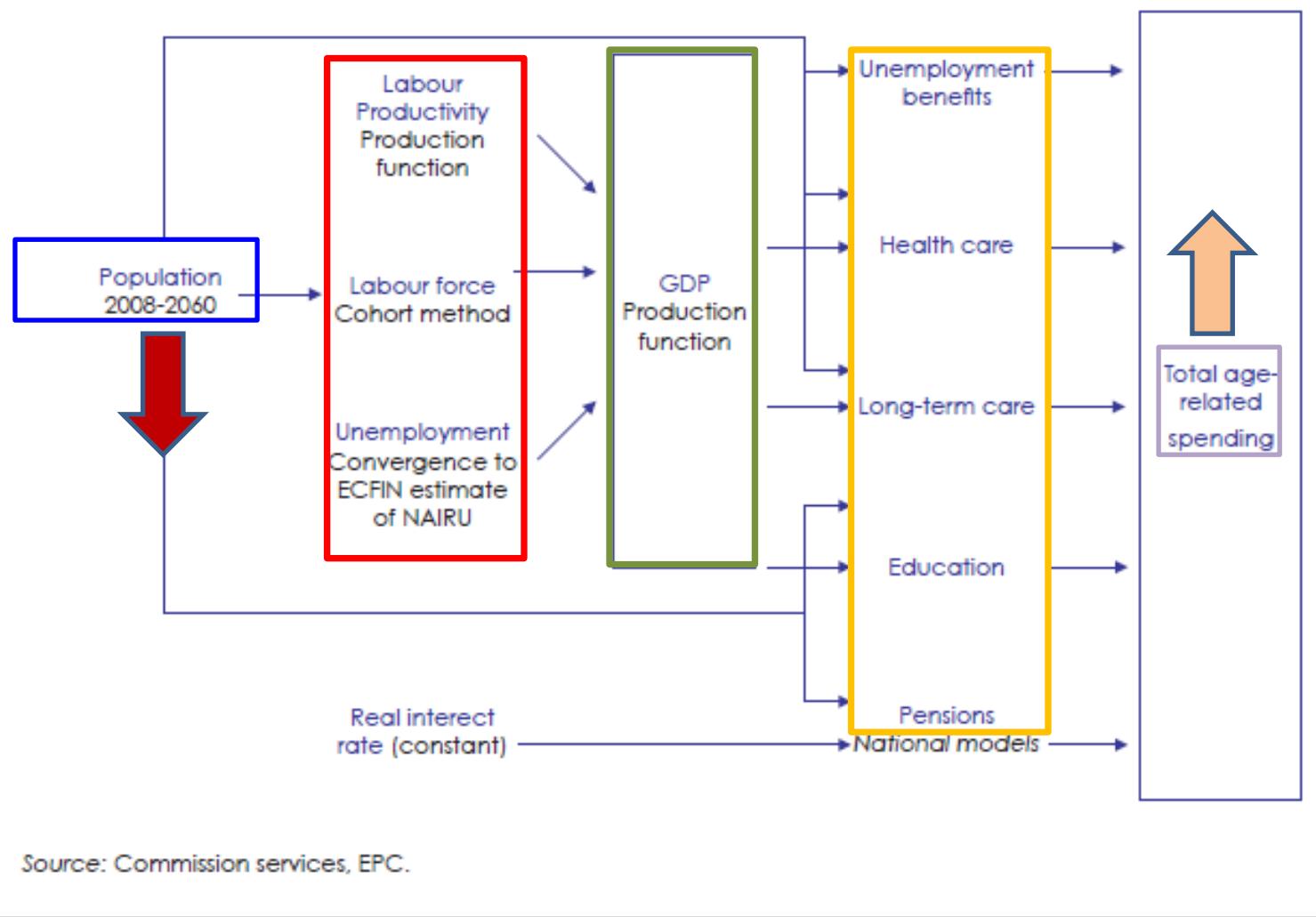
## Organization Problem-Solving

Time

## Creativity

# The mechanics

Graph 1 - Overview of the 2009 projection of age-related expenditure



Source: Commission services, EPC.



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