NATIONAL SCHOOL OF PUBLIC HEALTH
ATHENS SCHOOL OF HYGIENE 1929-1994

Μετά το Μνημόνιο: Υγειονομική Μεταρρύθμιση και Ανάπτυξη

Professor Nikos Maniadakis

BSc (Athens), MSc (York), PhD (Warwick)

Department Director & Associate Dean

Health Services Organization and Management

National School of Public Health, Athens, GR

Health and Employment

Table 3. The impact of activity limitations on labour market participation in eight CIS countries (in %), 2001

Country	Change in probability of labour market participation due to presence of activity limitation (%)
Armenia	−16.3[a]
Belarus	−25.1[a]
Georgia	−6.9[b]
Kazakhstan	−30.4[a]
Kyrgyzstan	−18.8[a]
Moldova	−22.3[a]
Russian Federation	−23.0[a]
Ukraine	−16.7[a]

[a] Significant at 1%. [b] Significant at 5%.

Source: Suhrcke, Rocco & McKee (3).

Retirement Depends on Health

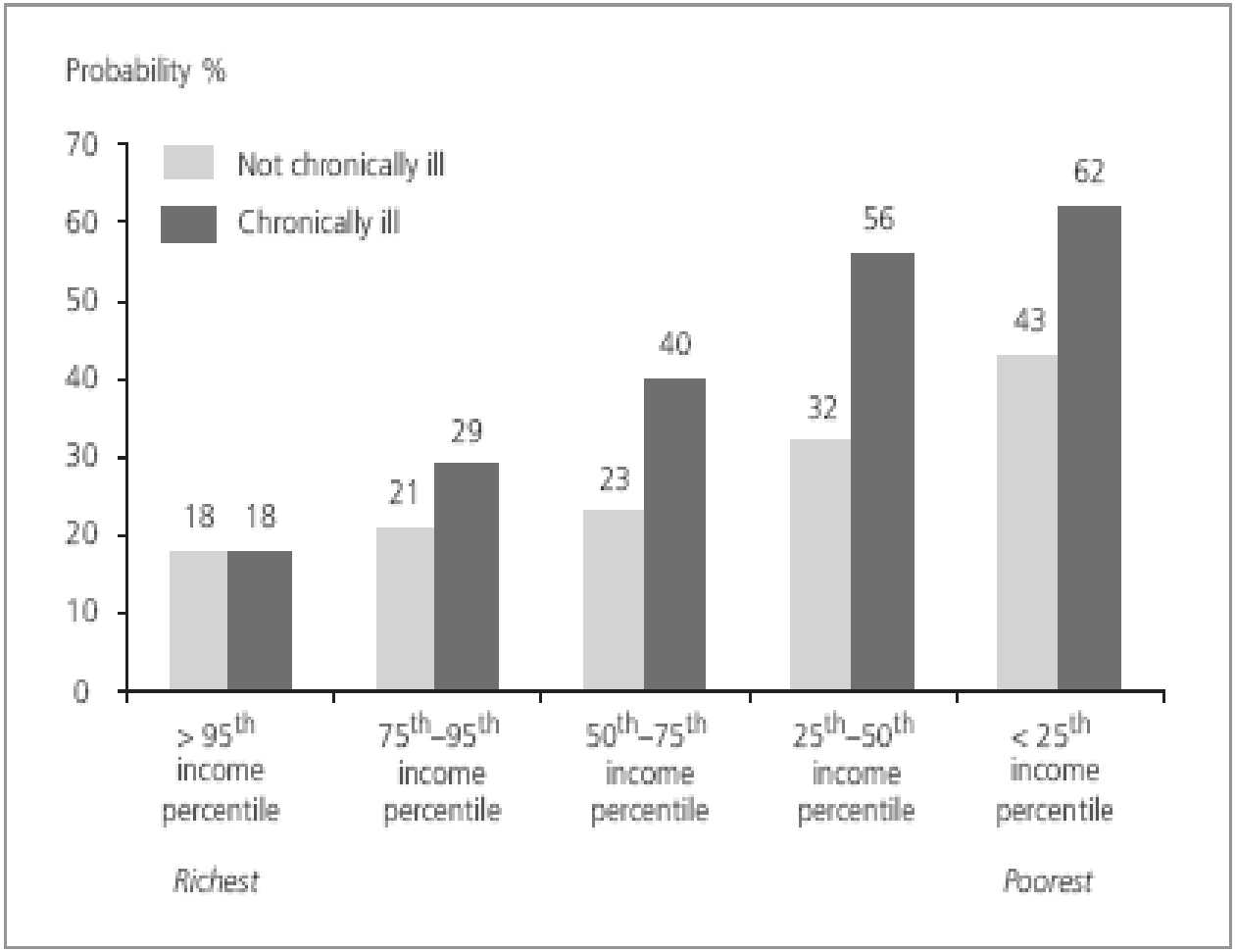


Fig. 2. Average predicted probability of retiring in the subsequent period (in %), based on panel logit results

Note. Results refer to a hypothetical male at age 55 (3).

Source: Suhrcke, Rocco & McKee (3).

Health Status Defines Income

Table 8. Expected remaining life expectancy and lifetime health-care costs for cohorts with different health-related behaviours

Outcome measure	Healthy living	Obese	Smokers
Life expectancy at age 20 (years)	64.4	59.9	57.4
Expected remaining lifetime health-care costs per capita at age 20 (€)	281 000	250 000	220 000

Source: van Baal et al. *(110)*.

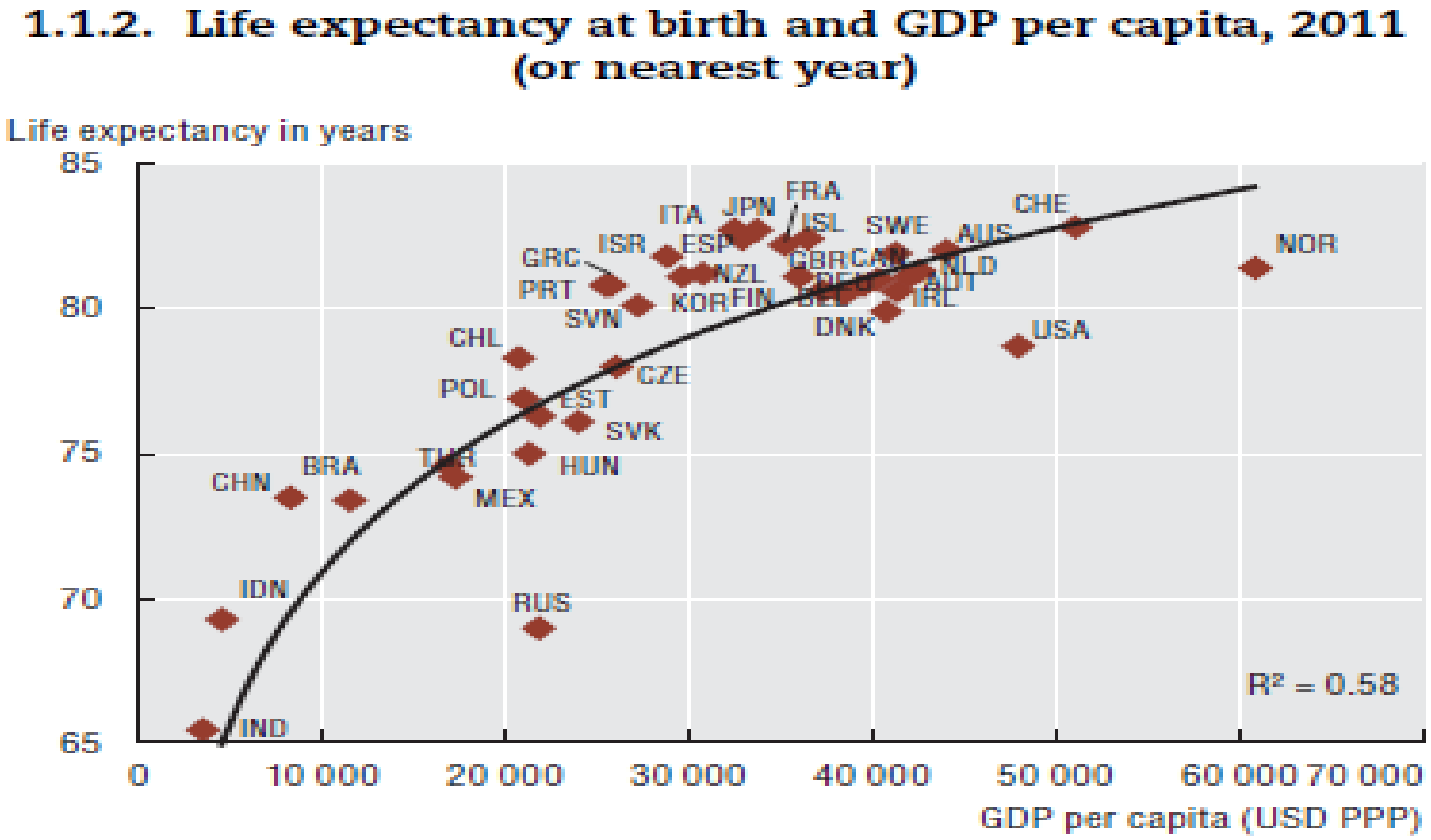
Better Health is a Contributor to Better Economy and Growth

The economic costs of ill health in the European Region

Table 1. Monetary value of life expectancy gains in selected European countries, 1970–2003

Country (1)	Monetary value		
	Life expectancy gains (PPP$) (6)	Gains per life year gained (PPP$) (7)	(7) as % of 2003 GDP per capita (8)
Austria	87 986	9 875	33
Finland	74 037	8 899	32
France	54 741	8 409	30
Greece	29 085	5 692	29
Ireland	95 450	12 676	34
Netherlands	45 426	8 925	30
Norway	64 398	11 624	31
Spain	45 312	6 567	29
Sweden	42 705	7 708	29
Switzerland	69 794	9 220	30
Turkey	37 796	2 598	38
United Kingdom	55 106	8 478	31

Life Expectancy and GDP are Interrelated
Countries With Higher Life Expectancy Have Higher Income and Vice Versa

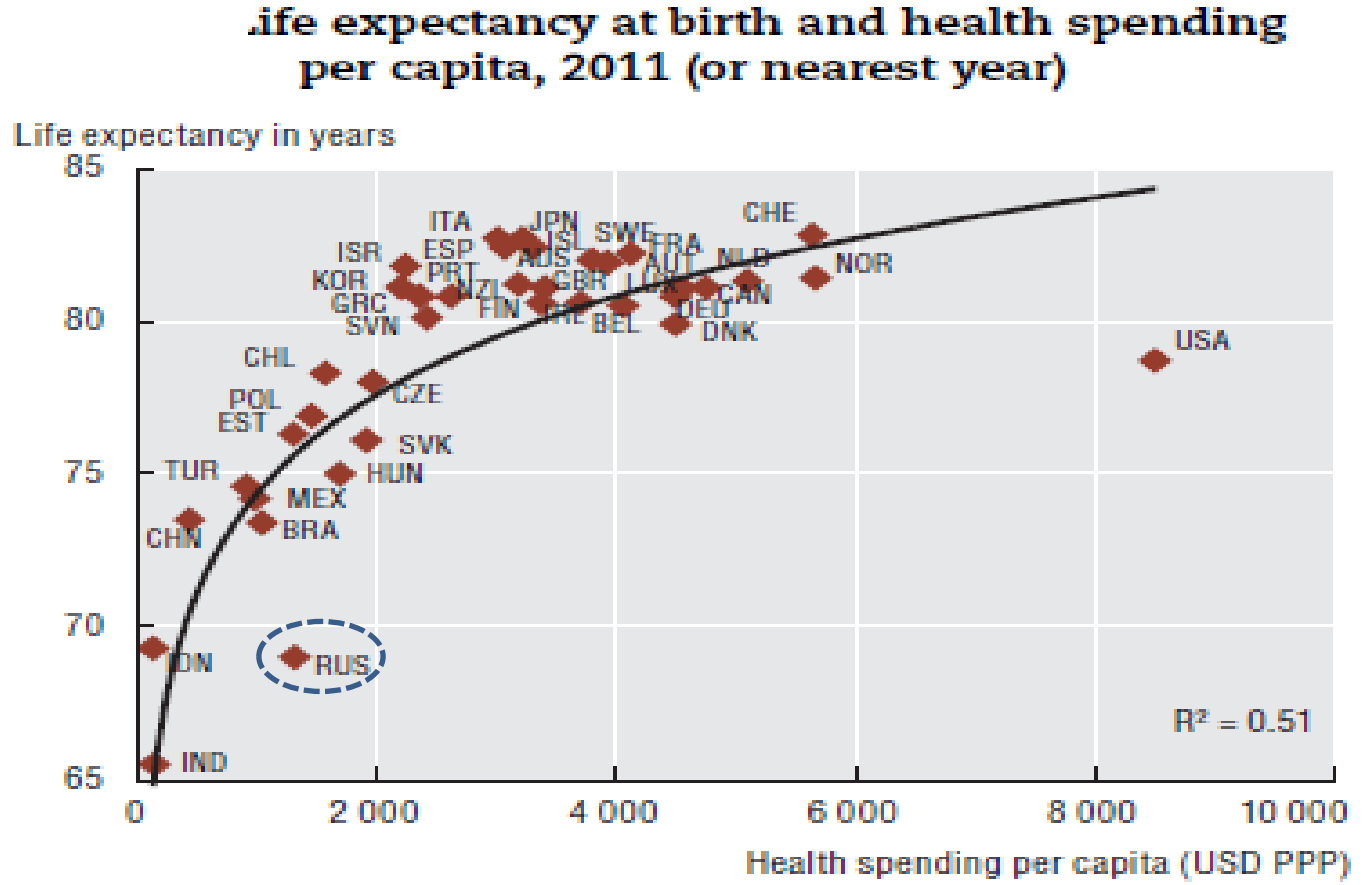


Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.
StatLink http://dx.doi.org/10.1787/888932916021

Η ΕΠΕΝΔΥΣΗ ΣΤΗΝ ΥΓΕΙΑ ΕΙΝΑΙ ΠΗΓΗ ΟΙΚΟΝΟΜΙΚΗΣ ΑΝΑΠΤΥΞΗΣ

Life Expectancy and Health Spending

Higher Life Expectancy and Higher Health Spending are Interconnected



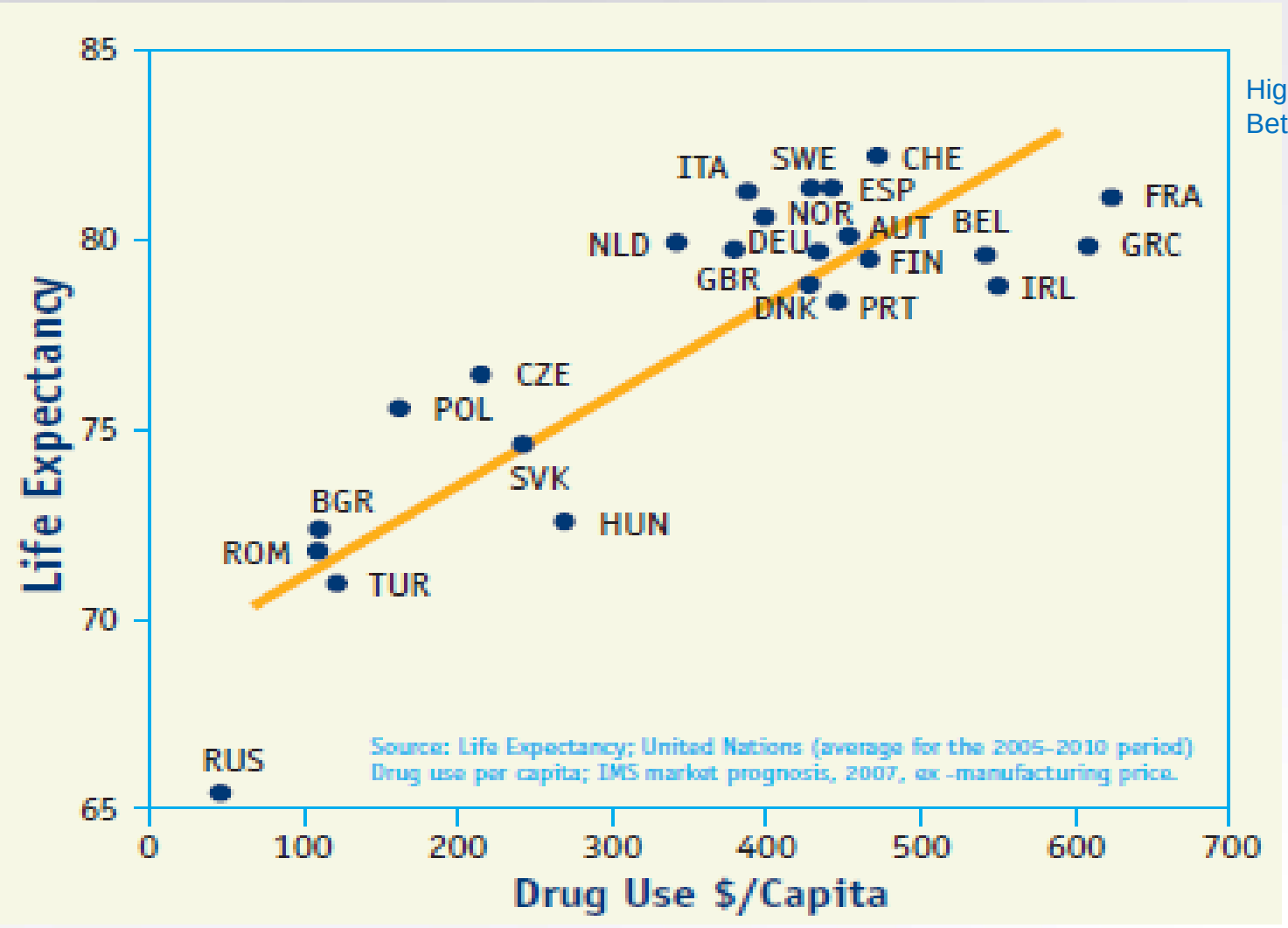
Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en; World Bank for non-OECD countries.

StatLink http://dx.doi.org/10.1787/888932916040

Higher Spending >> Better Health
Better Health >> Higher Spending

Life Expectancy and Drug Spending

Higher Life Expectancy and Higher Drug Spending are Interconnected

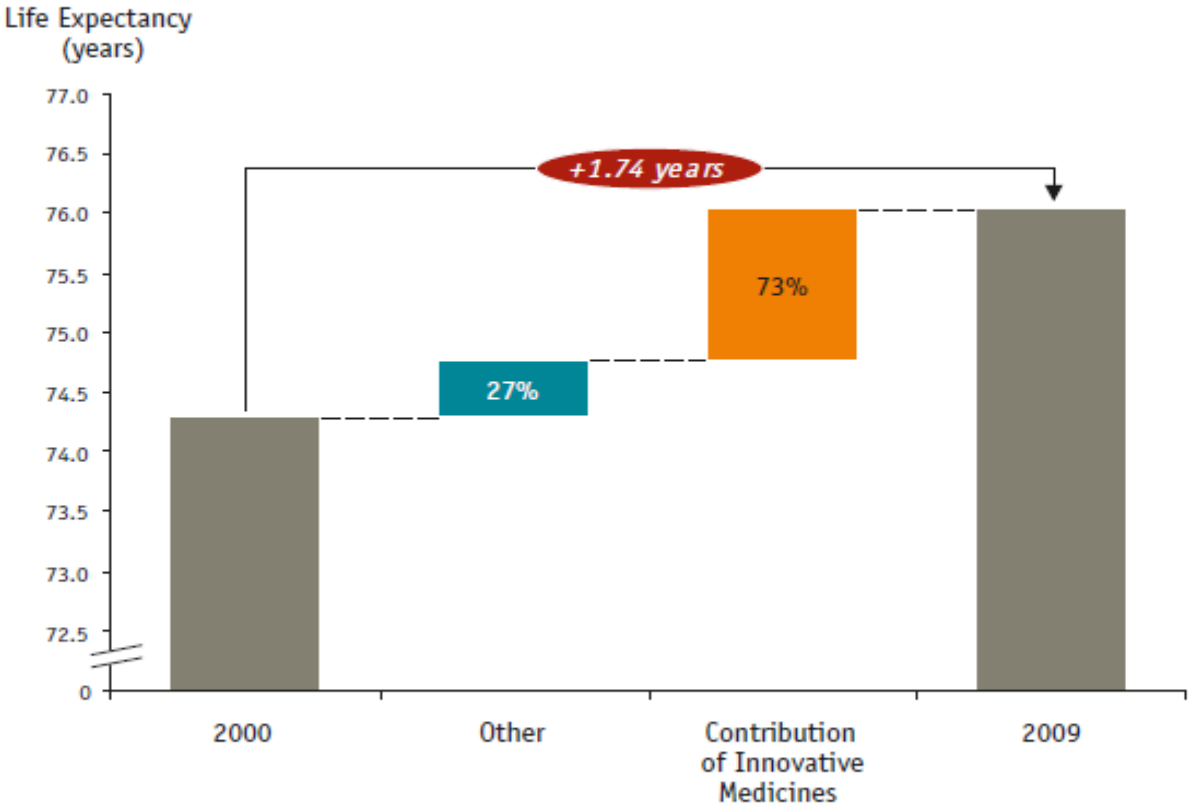


Higher Spending >> Better Health
Better Health >> Higher Spending

EFPIA, Facts and Figures 2014

Benefit of medicines

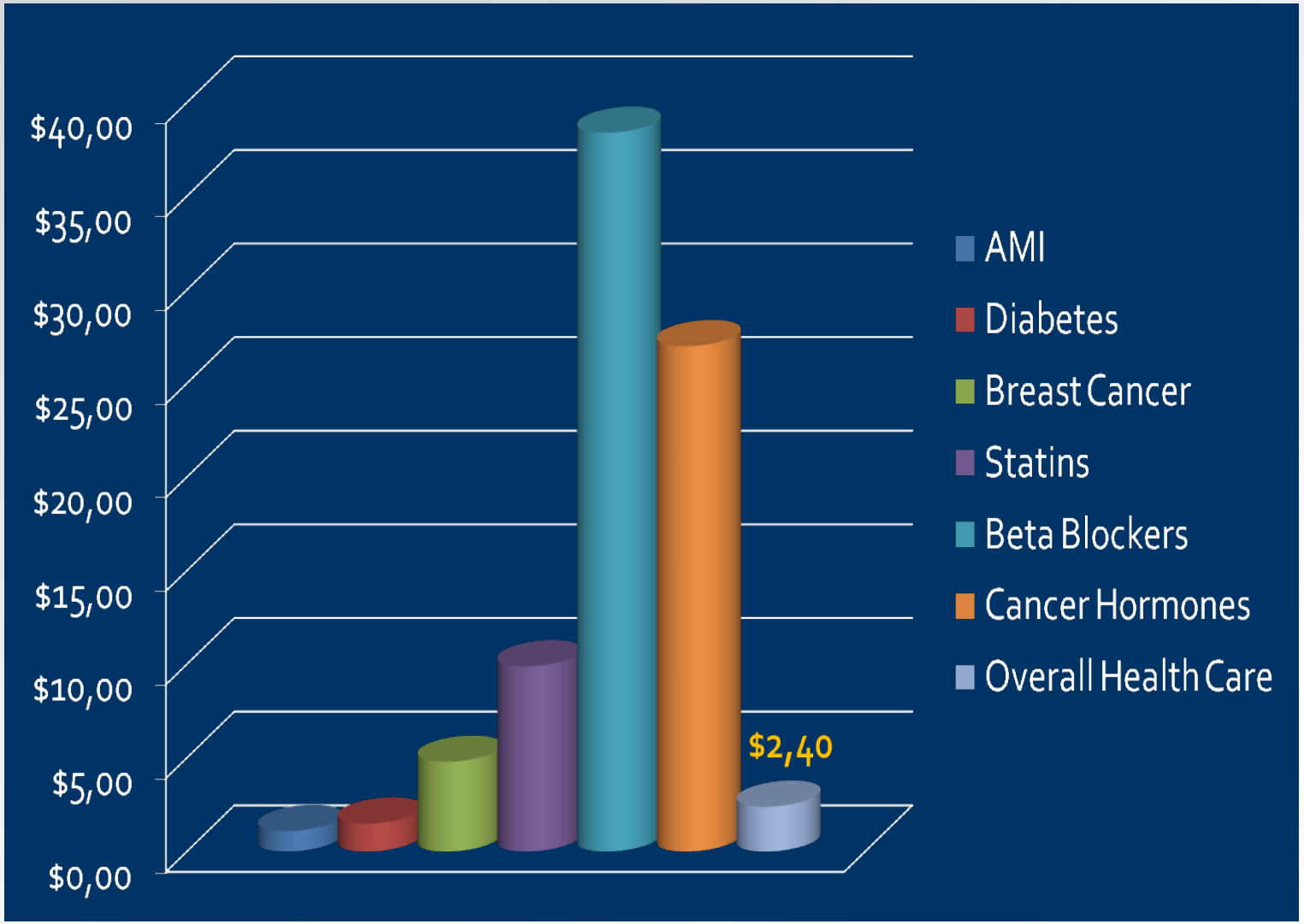
CONTRIBUTION OF INNOVATIVE MEDICINES TO INCREASE IN LIFE EXPECTANCY (2000-2009)



Source: Lichtenberg, F: Pharmaceutical innovation and longevity growth in 30 developing OECD and high-income countries, 2000-2009 (2012)

Drug Spending and Economic Impact

Return for every $ spend in the USA Health Care System

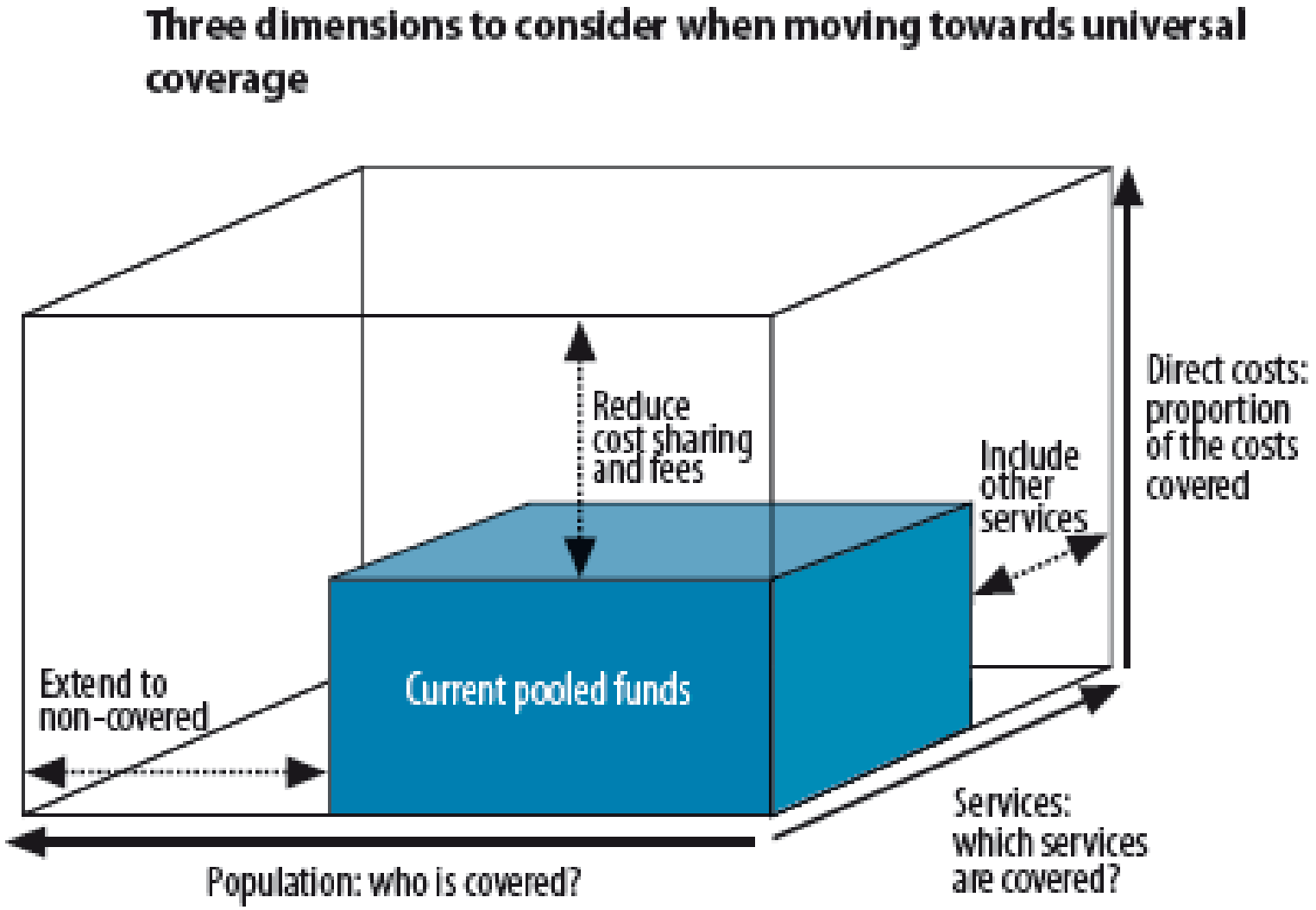


Source: The value of investment in health care, MEDTAP International 2004

Η ΕΠΕΝΔΥΣΗ ΣΤΟ ΣΥΣΤΗΜΑ ΥΓΕΙΑΣ ΑΠΟΤΕΛΕΙ ΕΠΕΝΔΥΣΗ ΣΤΗΝ ΥΓΕΙΑ ΚΑΙ ΤΗΝ ΑΝΑΠΤΥΞΗ

Emphasis on Access and Coverage

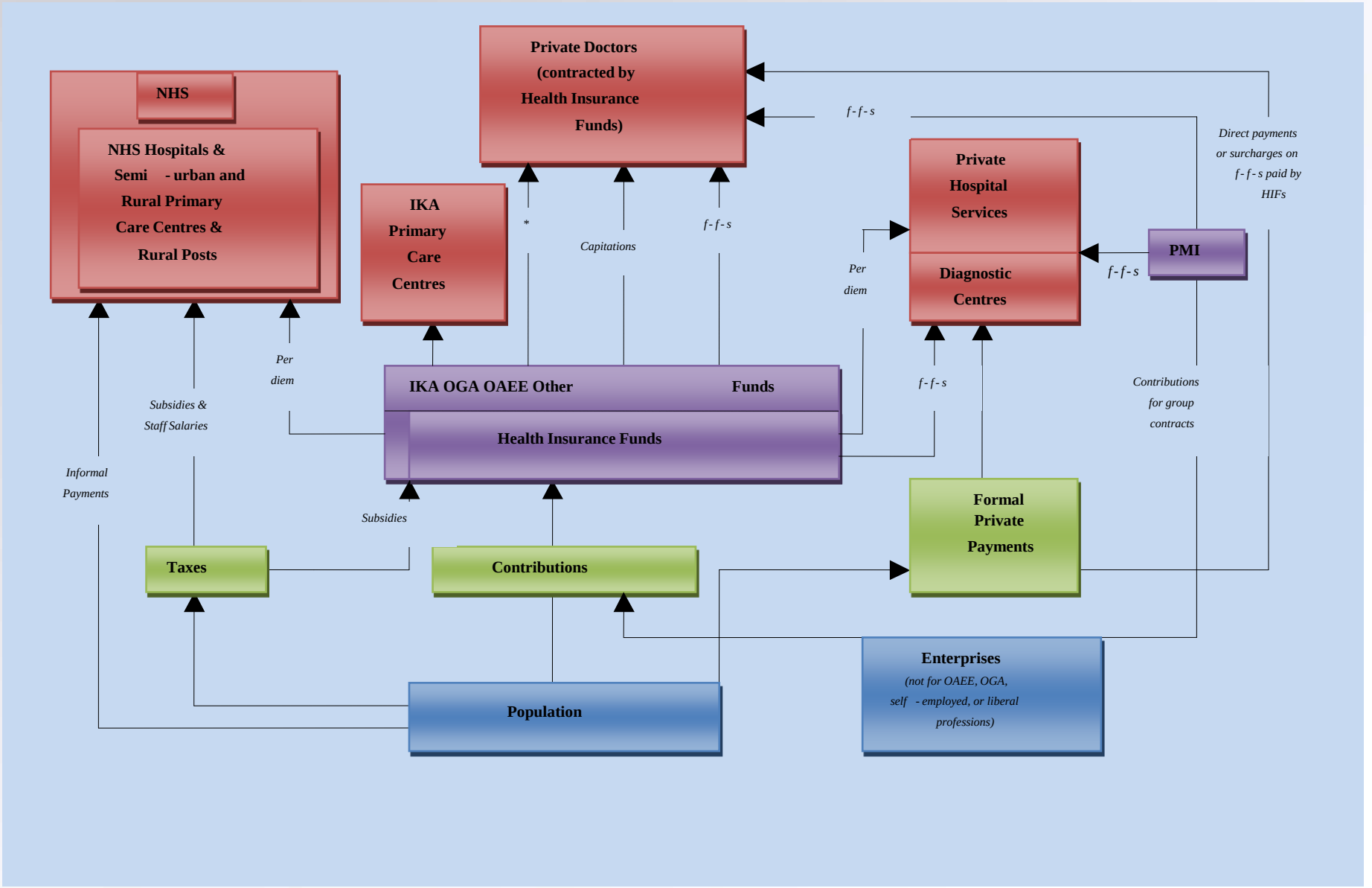
Breadth: >> who to cover
Scope: >> what to cover
Depth: >> how much to cover



Source: World Health Organisation: World Health Report, 2010

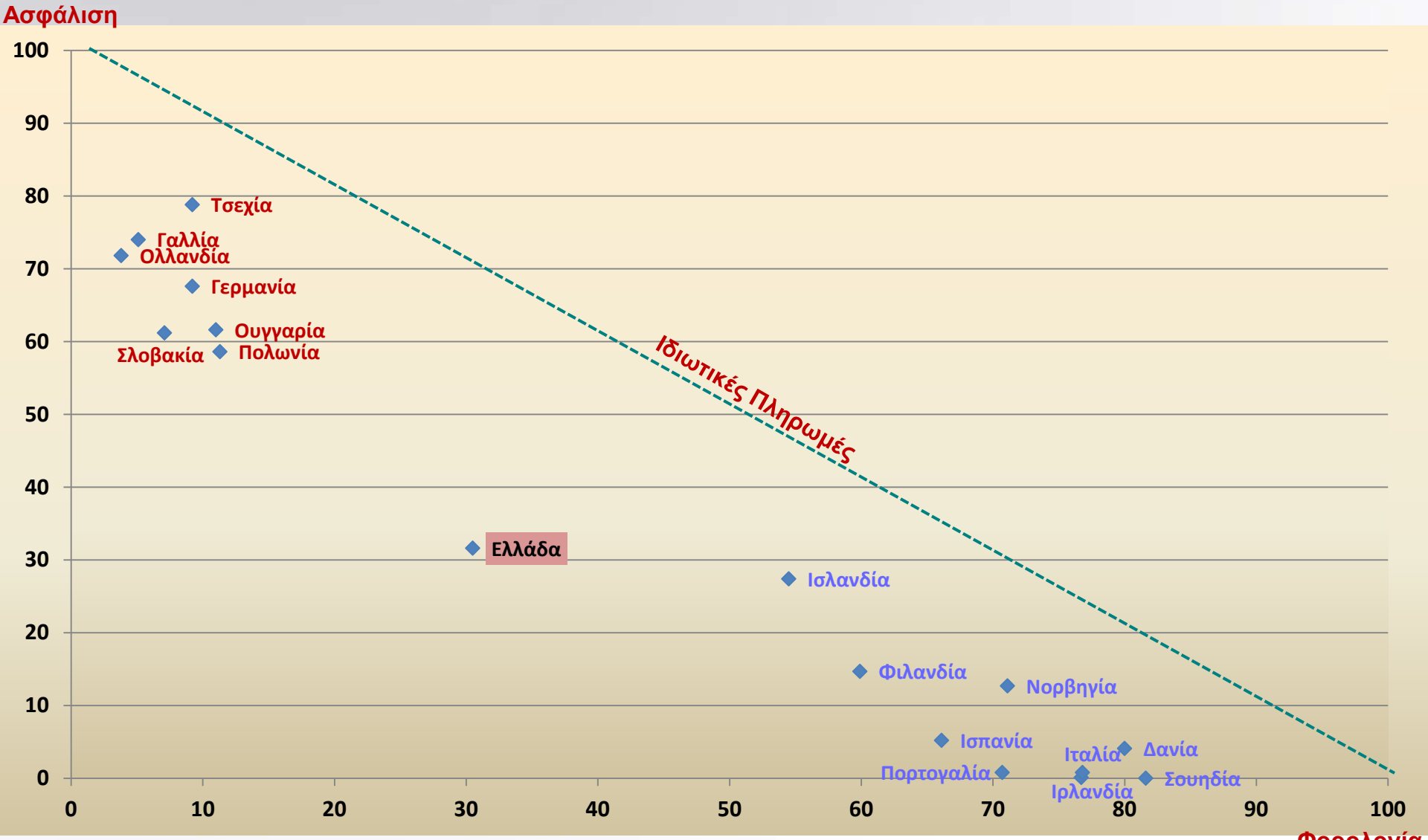
HEALTH CARE PRIOR TO MOU 2009

Most complex and bureaucratic HCS in the EU



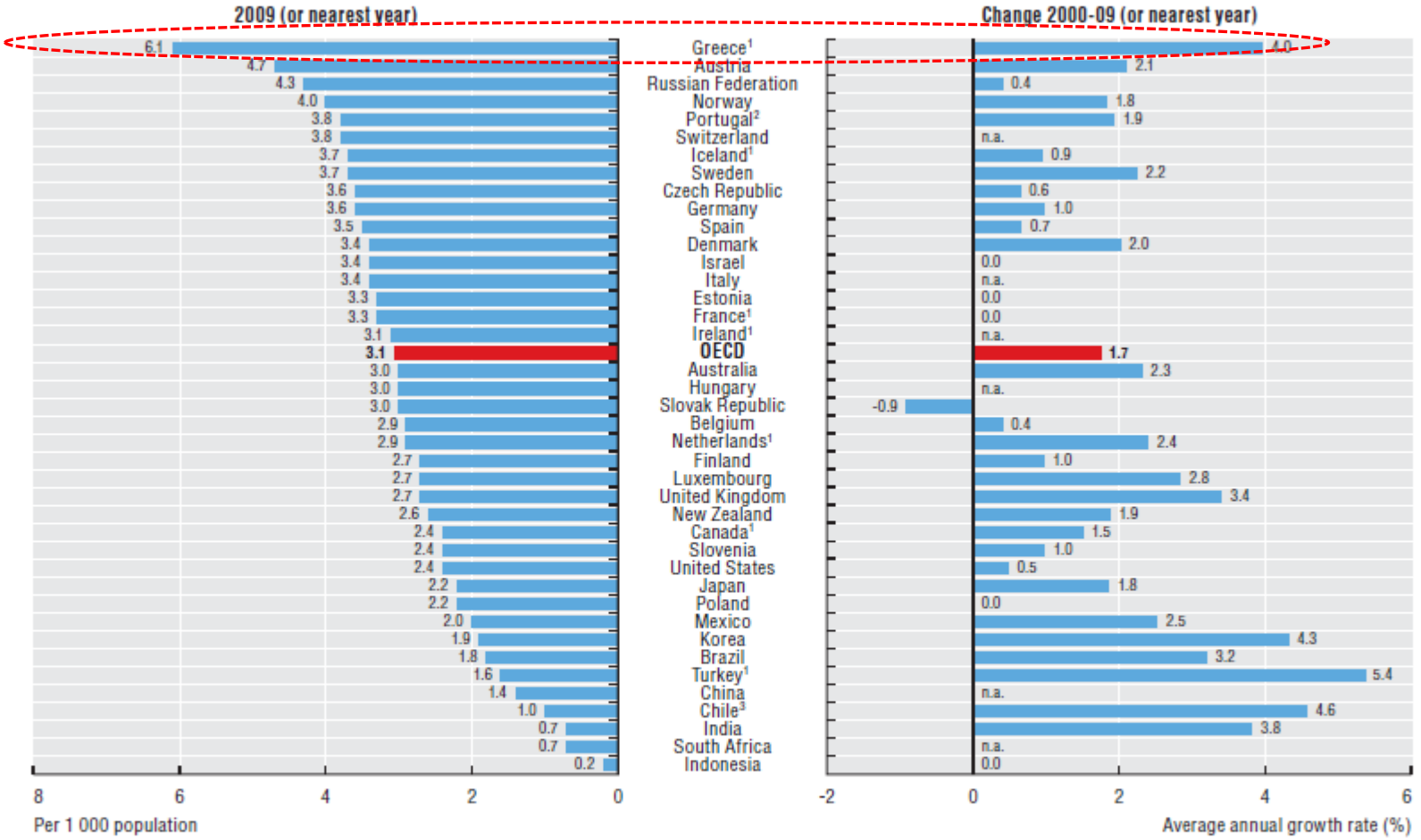
Πηγή: Mossialos and Davaki, 2005

Μοναδικό στη χρηματοδότηση



Πηγή: ΟΟΣΑ , 2010

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.

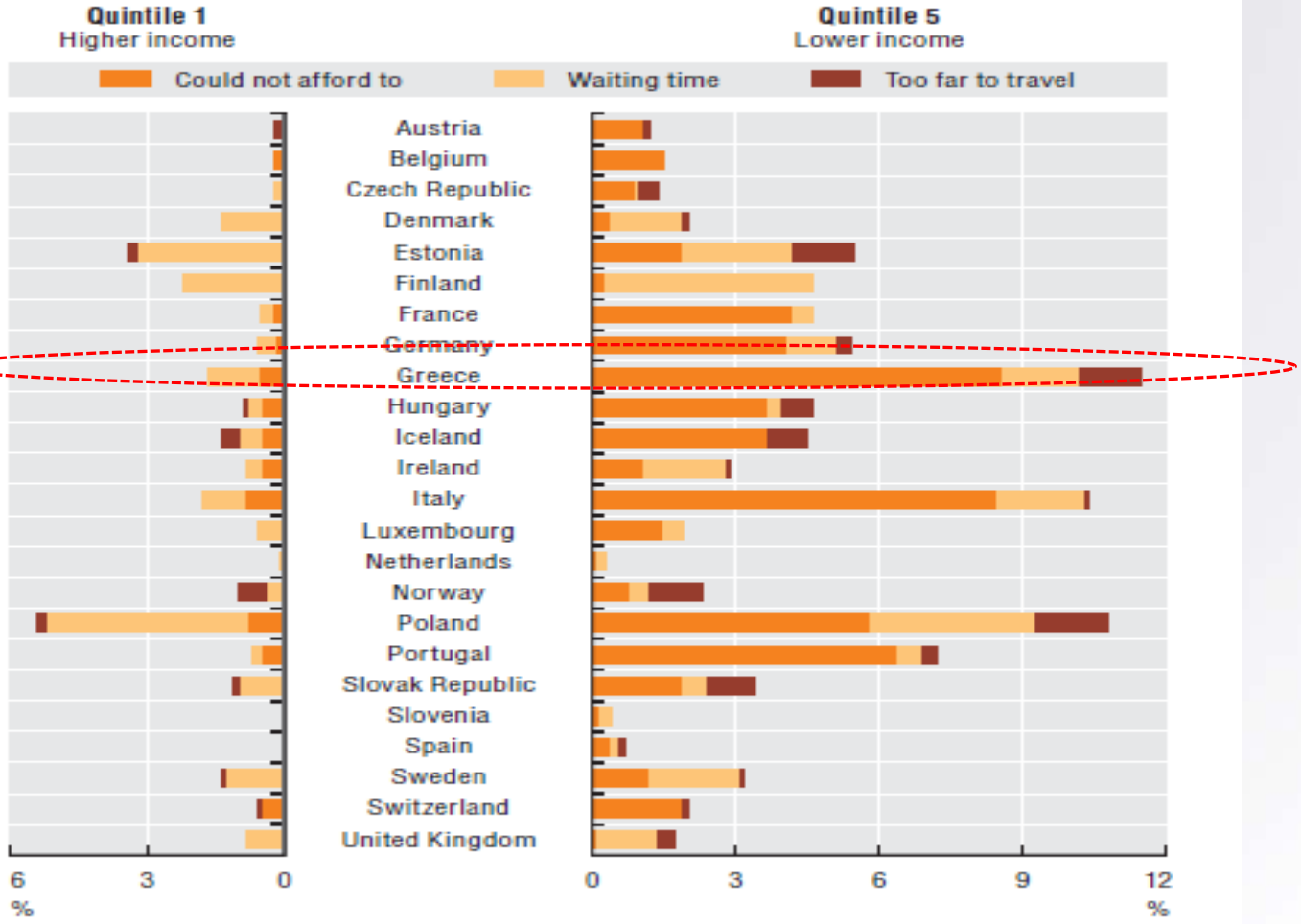
StatLink http://dx.doi.org/10.1787/888932524070

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

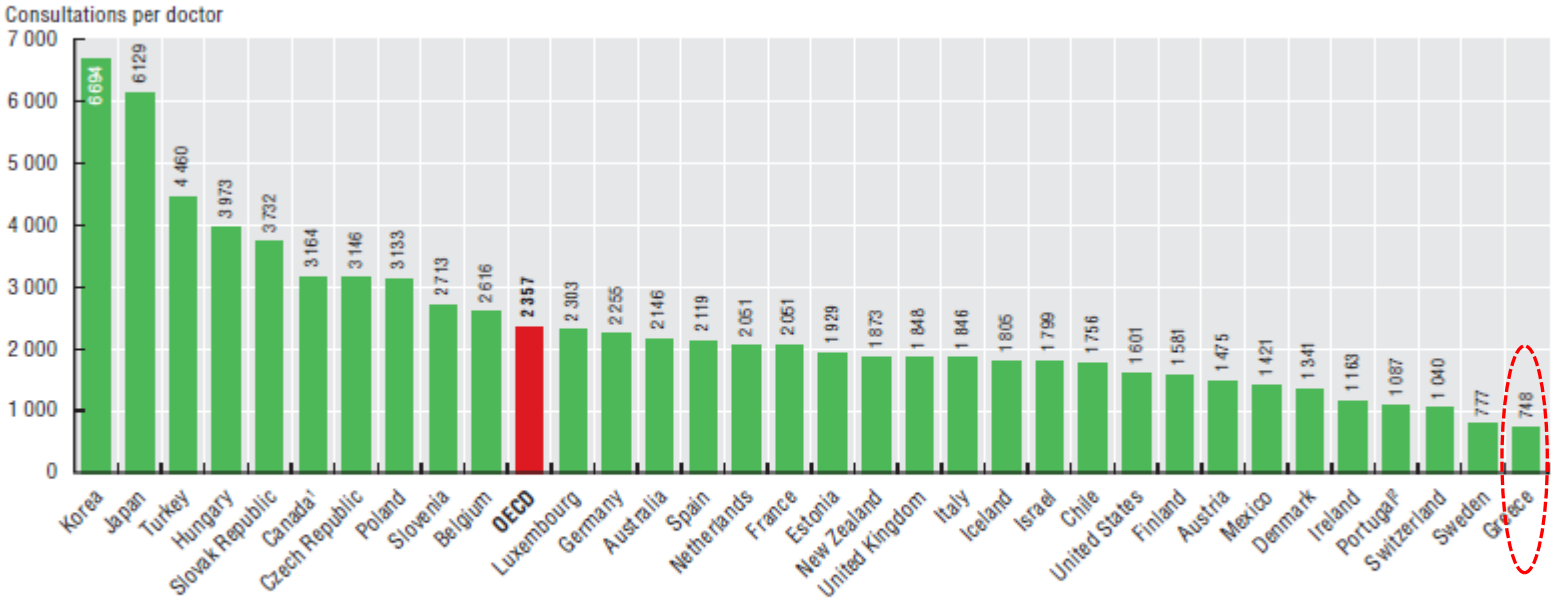
6.1.1 Unmet need for a medical examination, selected reasons by income quintile, European countries, 2009



Source: EU-SILC.

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

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

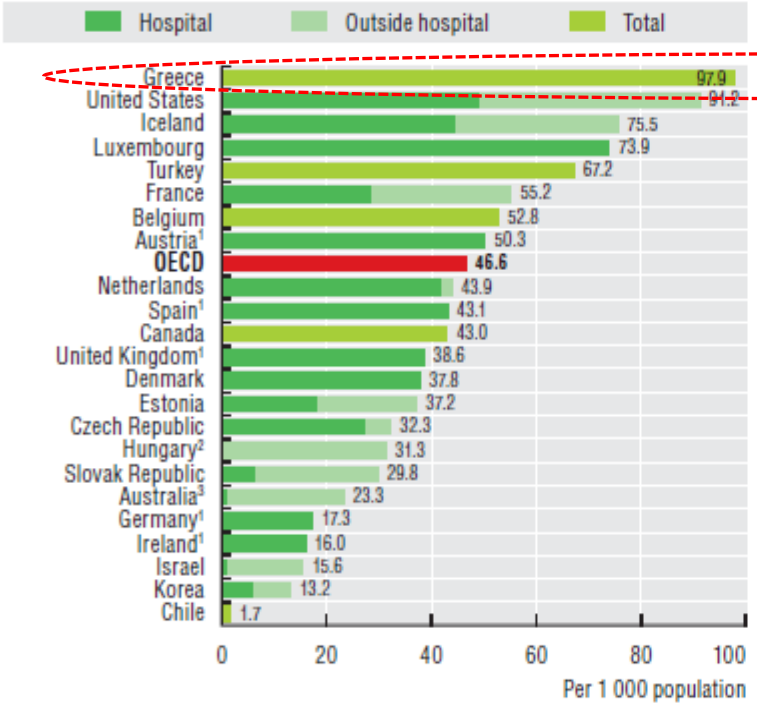


1. In Canada, the number of doctors only includes those paid fee-for-services to be consistent with the data on consultations.
2. Data for the denominator include all doctors licensed to practice (resulting in an underestimation in the number of consultations per doctor).

Source: OECD Health Data 2011.

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

4.2.3 MRI exams, 2009 (or nearest year)



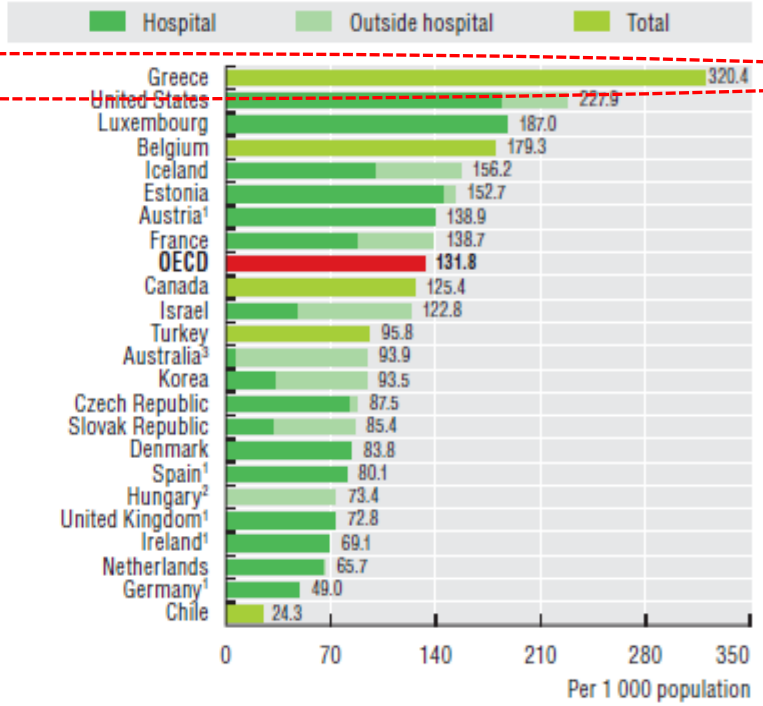
Note: The OECD average does not include countries which only report exams in or outside hospital.

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)



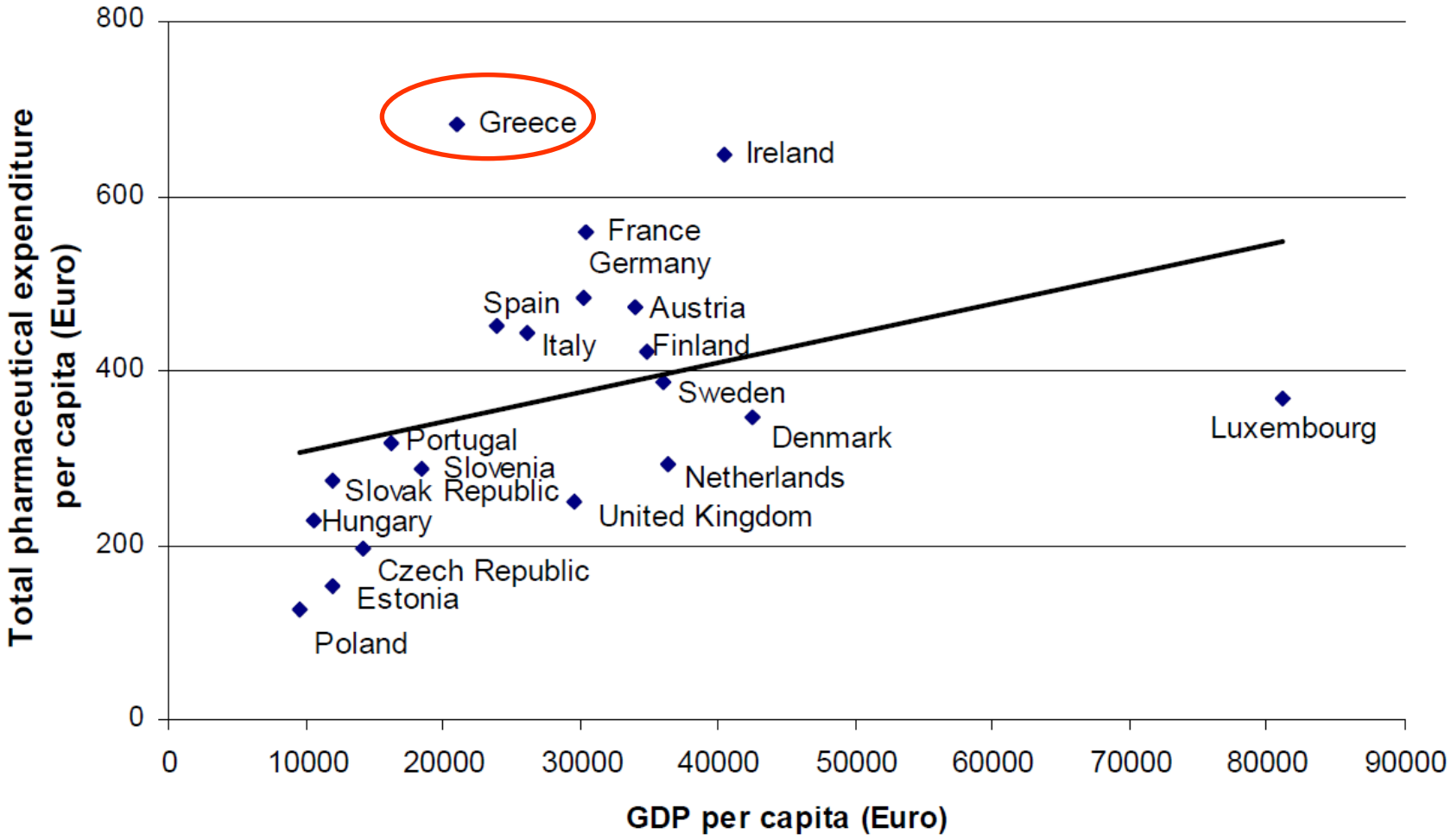
Note: The OECD average does not include countries which only report exams in or outside hospital.

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

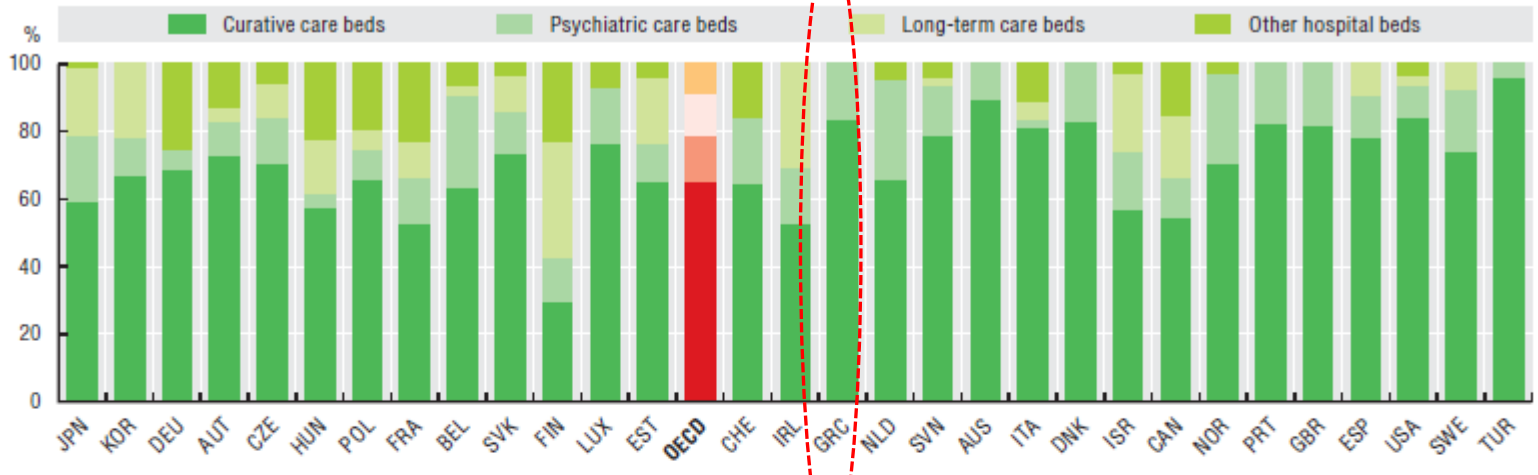
Figure 5: Pharmaceutical expenditure per capita (Euro) and GDP per capita, 2008



Source: Differences in cost of and access to pharmaceutical products in the EU; European Parliament, by Kanavos et al. March 2011

4.3.2 Hospital beds by function of health care, 2009 (or nearest year)

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



Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932524564

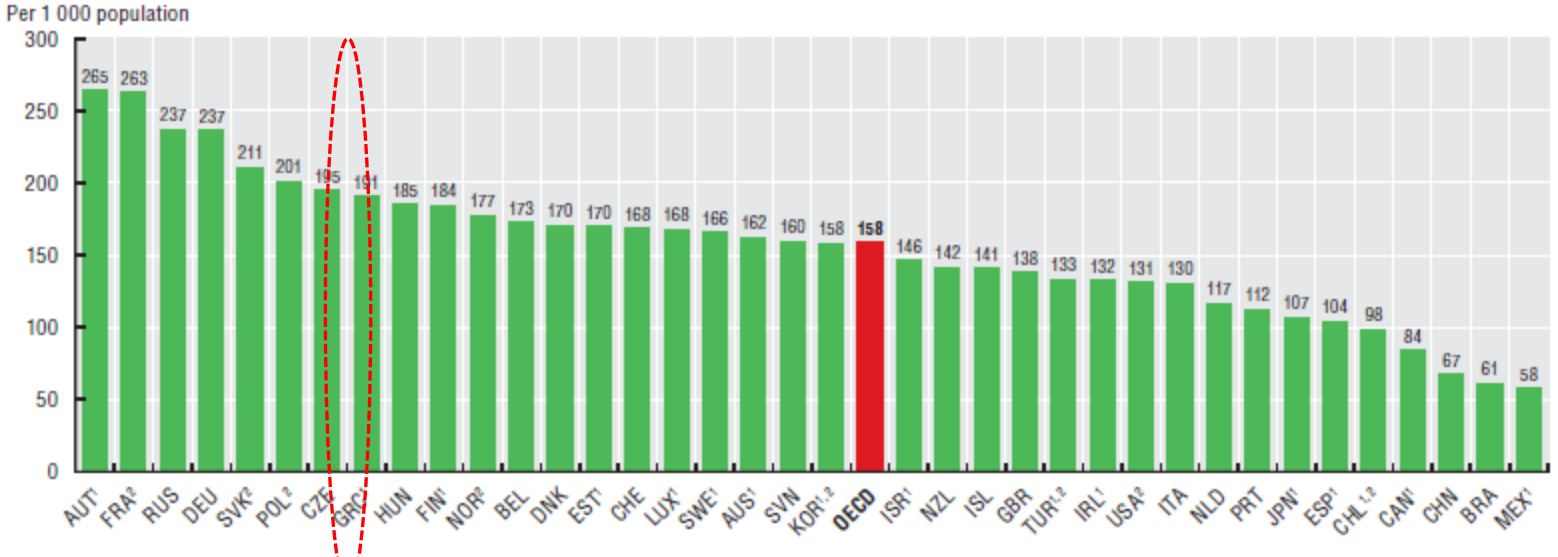
4.3.3 Occupancy rate of curative (acute) care beds, 2000 and 2009 (or nearest year)

1. In the Netherlands, hospital beds include all beds that are administratively approved rather than those immediately available for use.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932524583

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

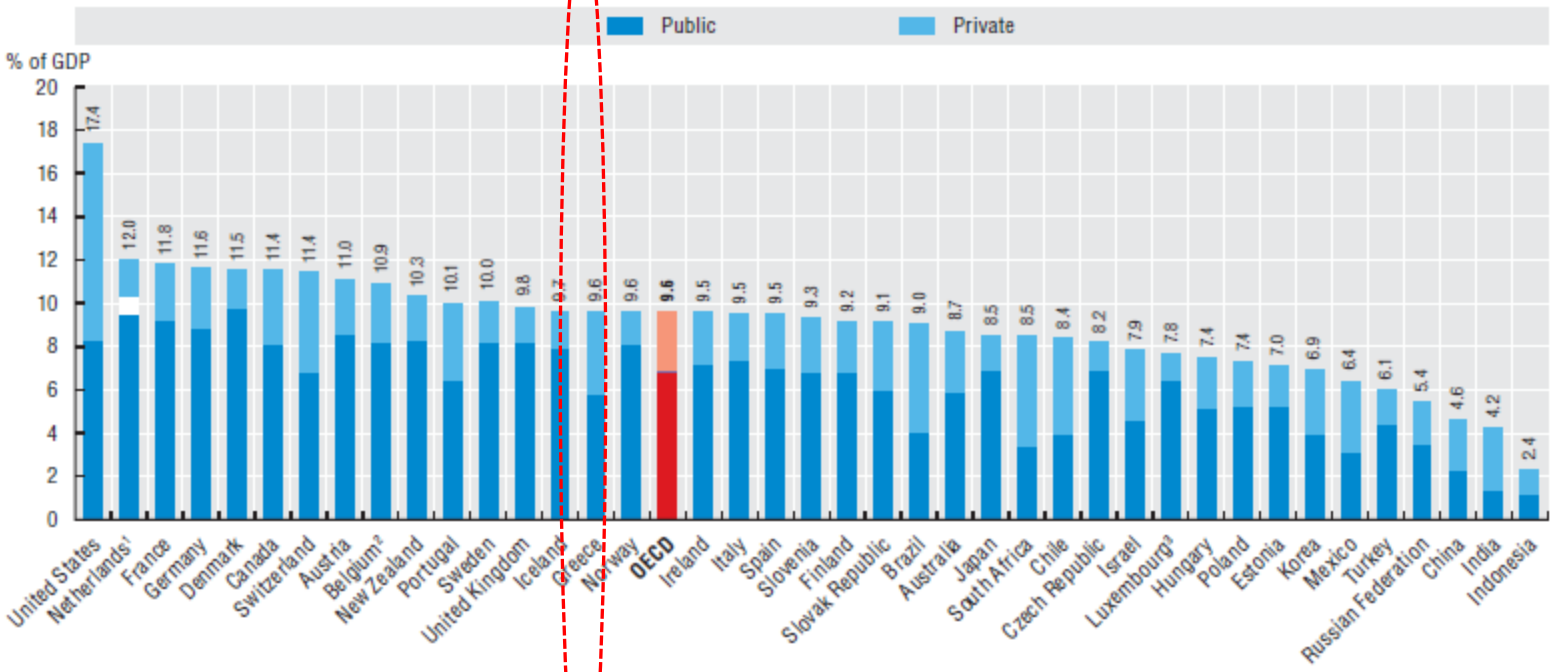


1. Excludes discharges of healthy babies born in hospital (between 3-6% of all discharges).
2. Includes same-day separations.

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

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

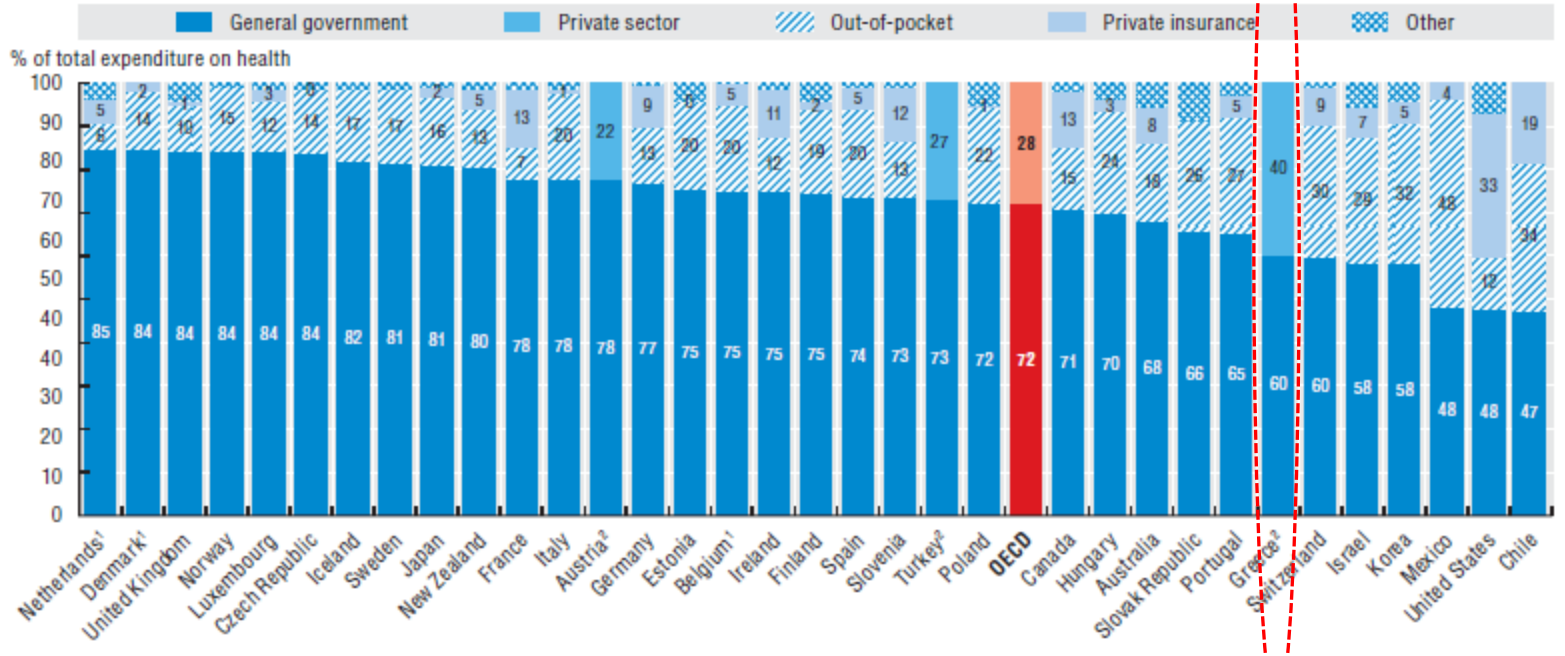


1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Total expenditure excluding investments.
3. Health expenditure is for the insured population rather than the resident population.

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)

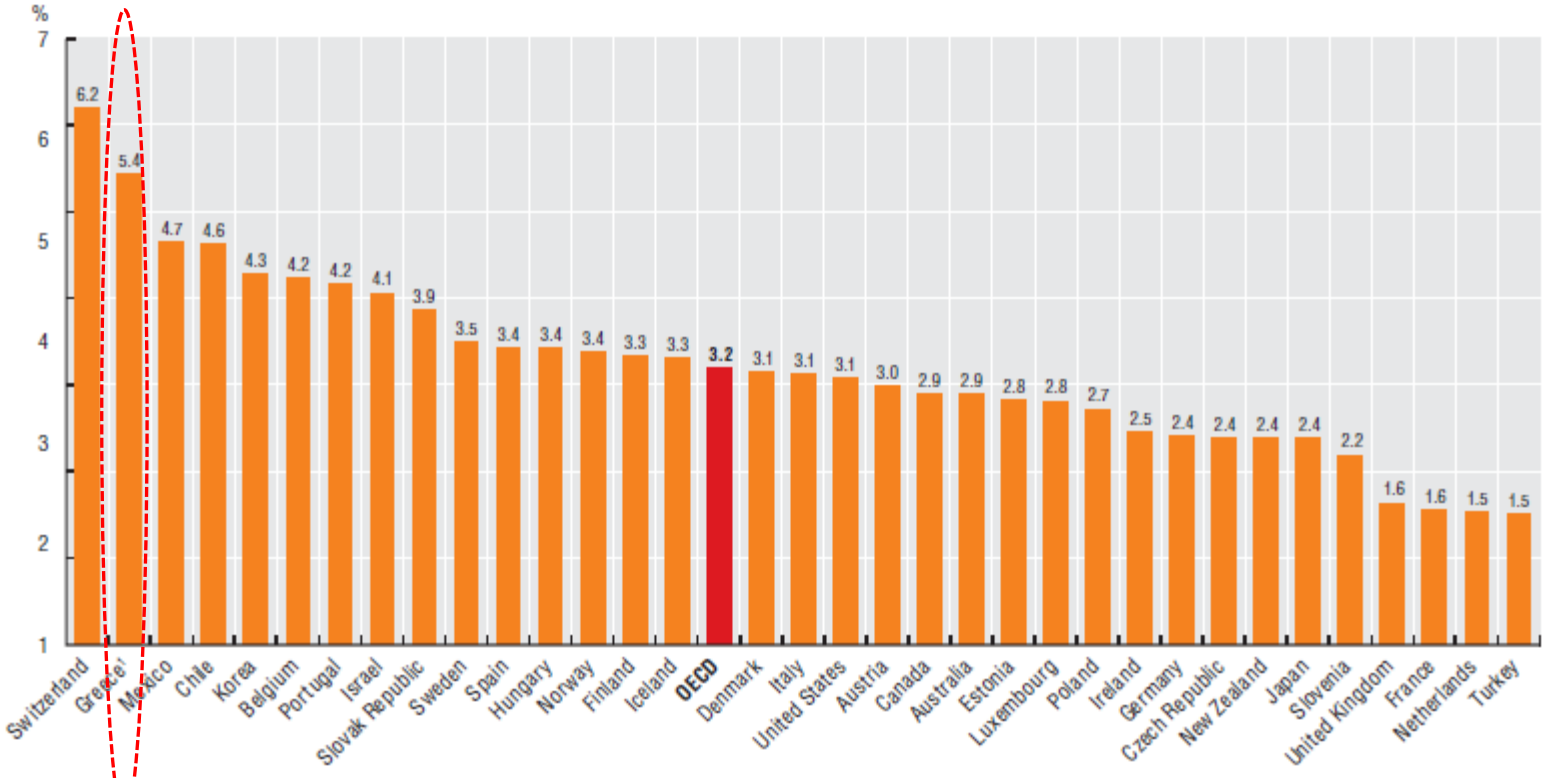


1. Current expenditure.
2. No breakdown of private financing available for latest year.

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)

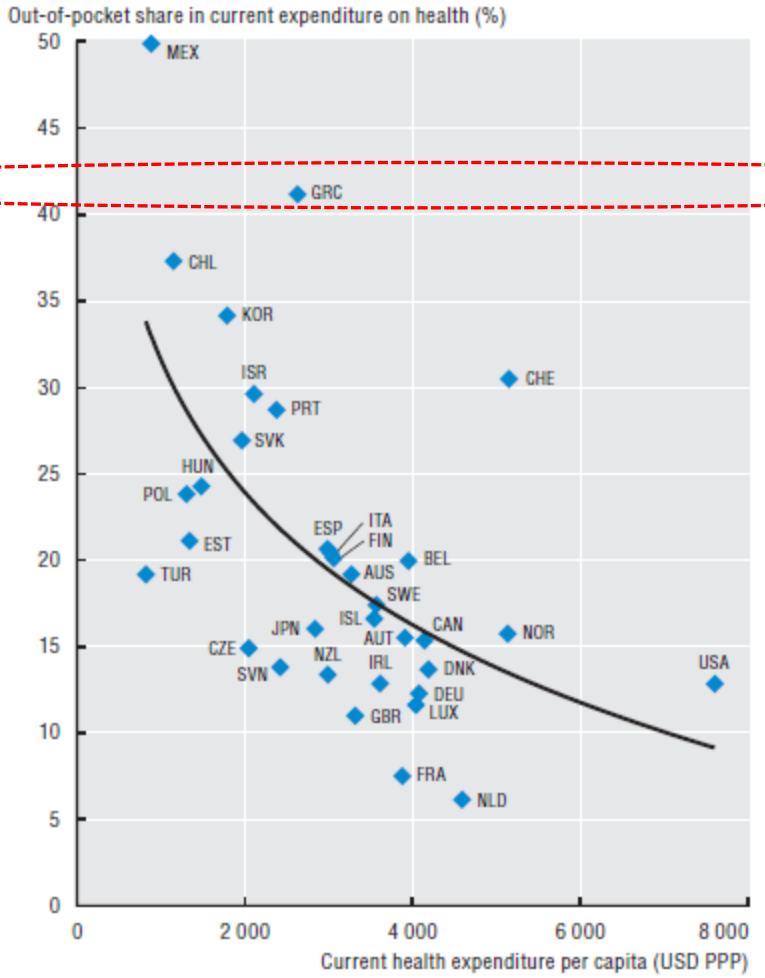


1. Private sector total.

Source: OECD Health Data 2011.

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

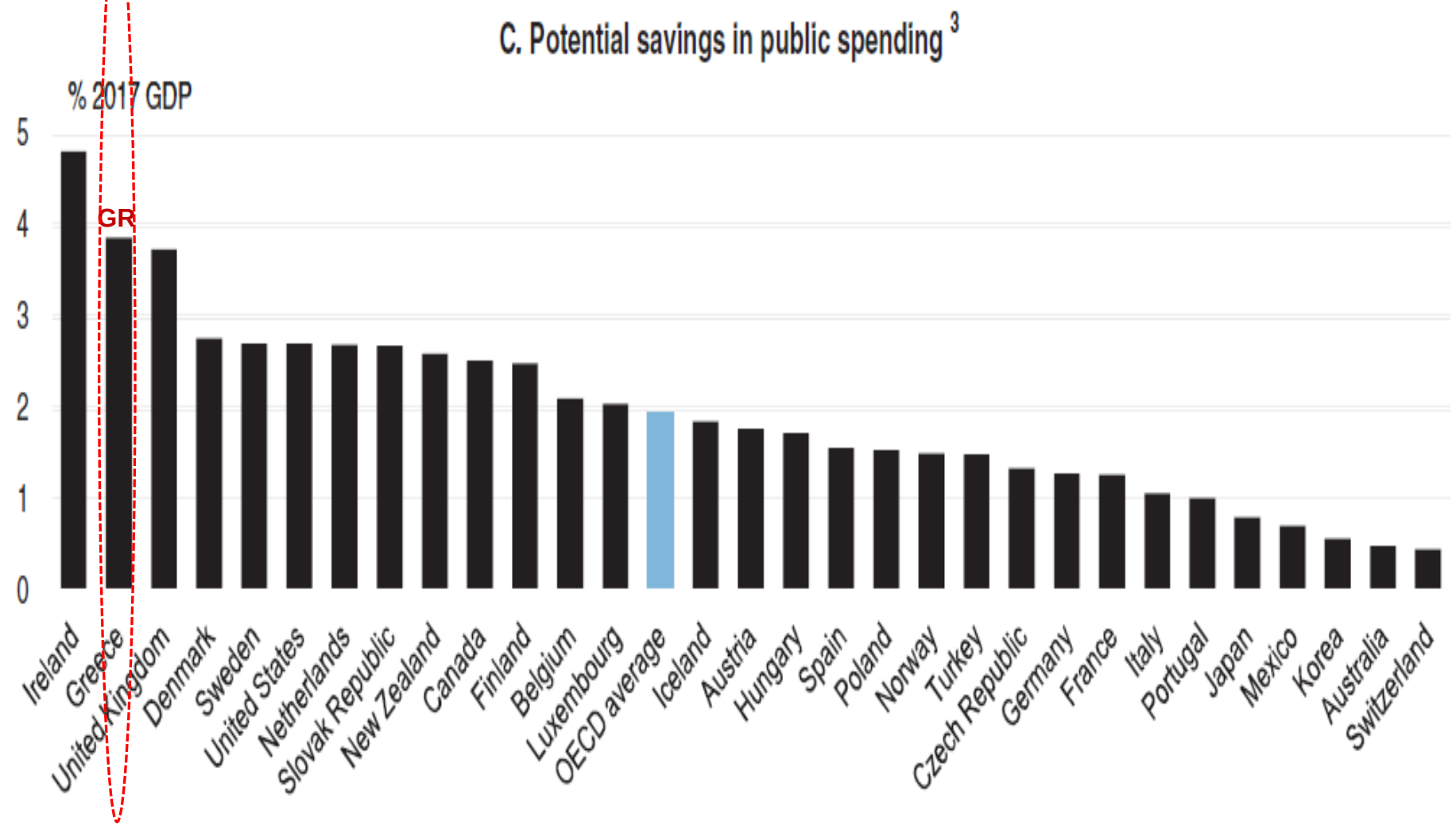
7.5.3 Out-of-pocket and current expenditure on health, 2009 (or nearest year)



Source: OECD Health Data 2011.

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

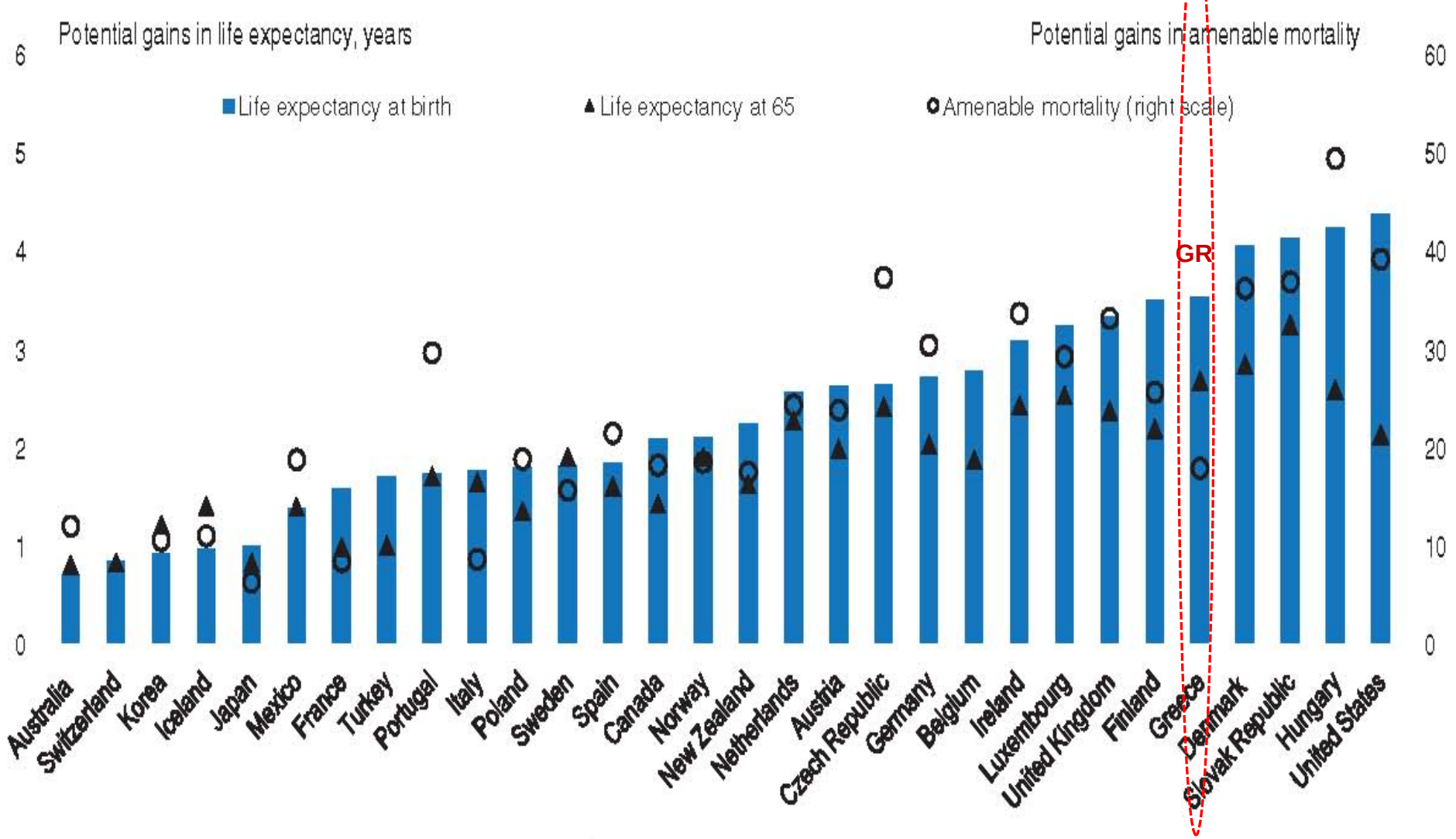
Αναποτελεσματικότητα στη χρήση πόρων



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.

Αναποτελεσματικότητα στη βελτιστοποίηση του αποτελέσματος



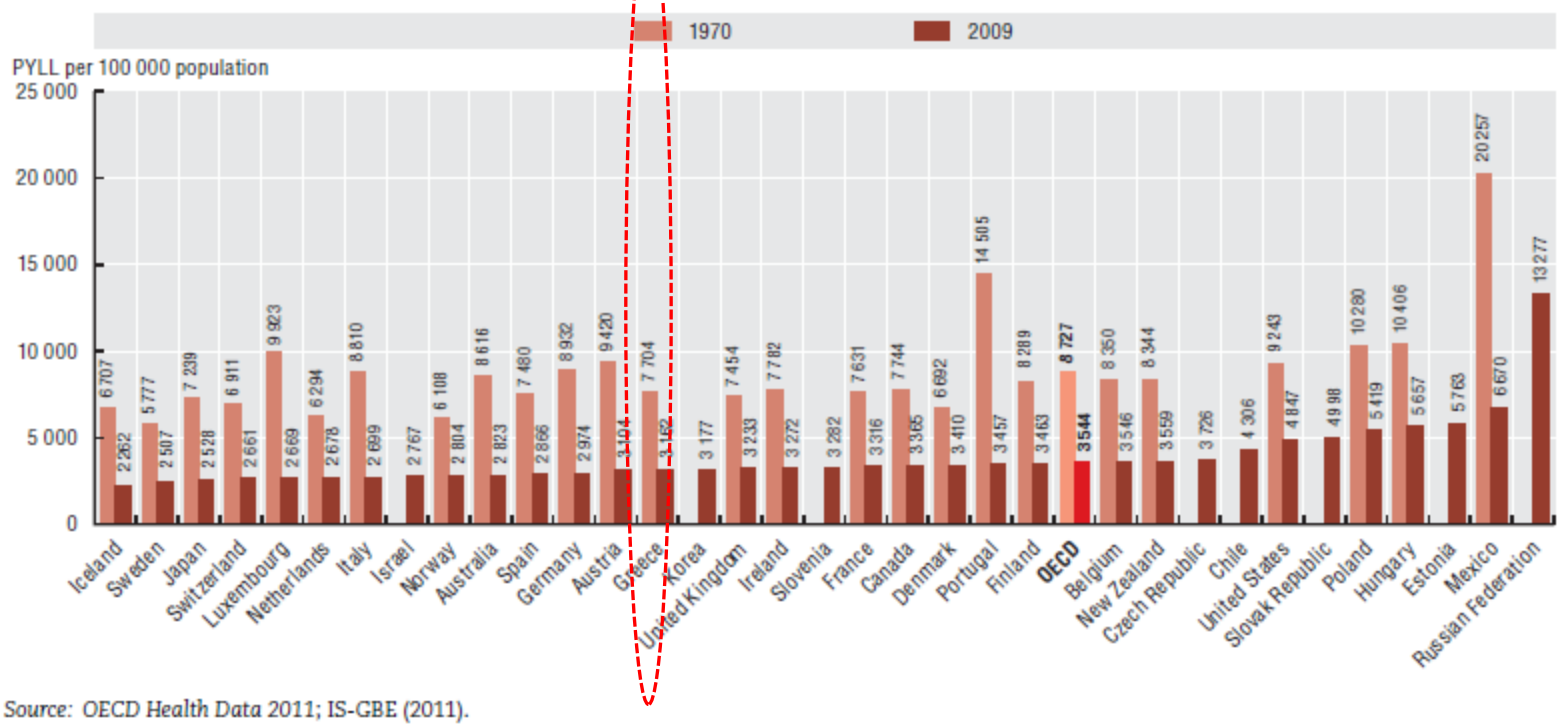
Source: OECD Health Data 2009; OECD calculations.

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.

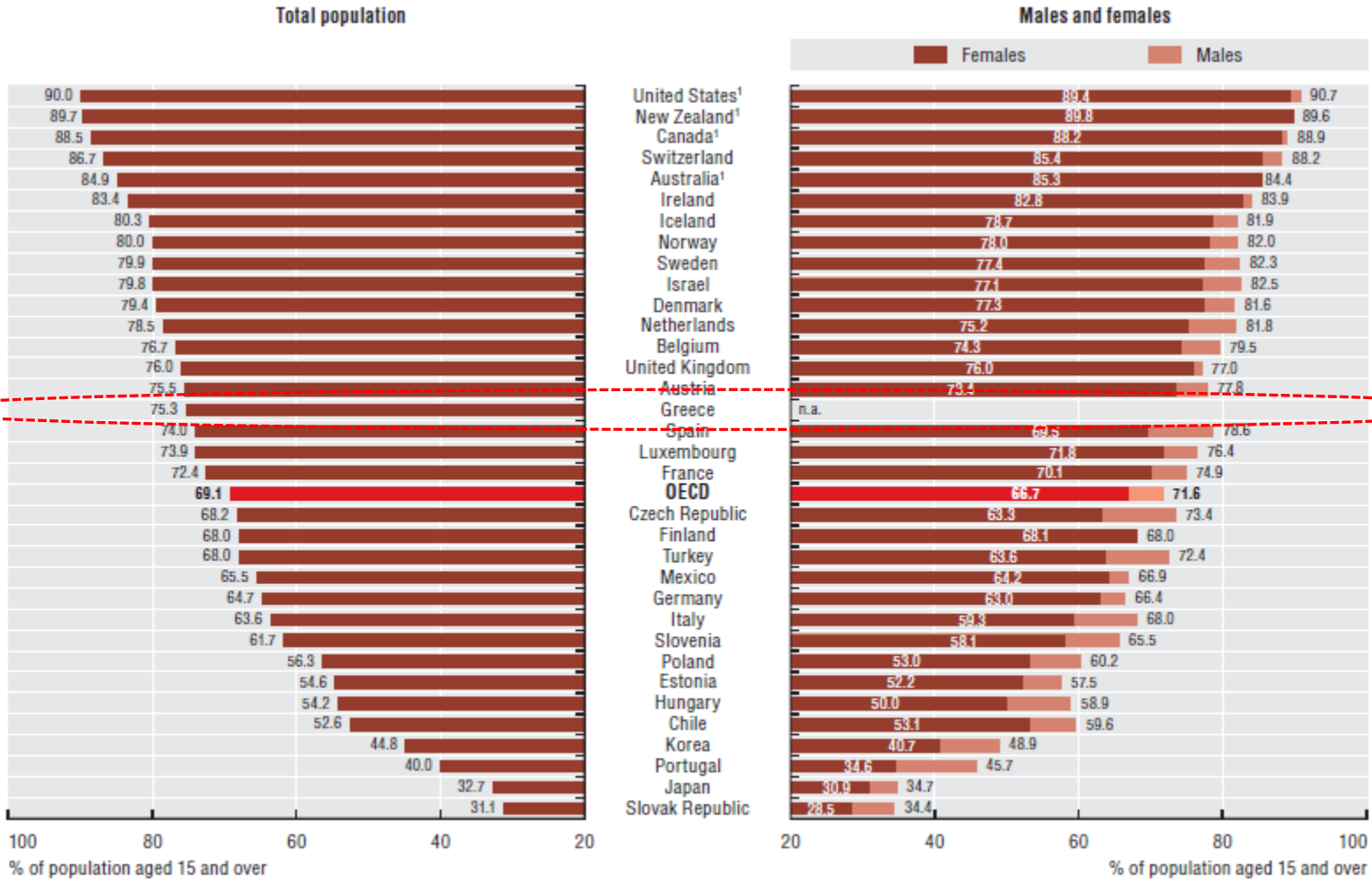
1.2.2 Reduction in potential years of life lost (PYLL), 1970-2009 (or nearest year)



Source: OECD Health Data 2011; IS-GBE (2011).

StatLink http://dx.doi.org/10.1787/888932523329

1.9.1 Percentage of adults reporting to be in good health, 2009 (or nearest year)

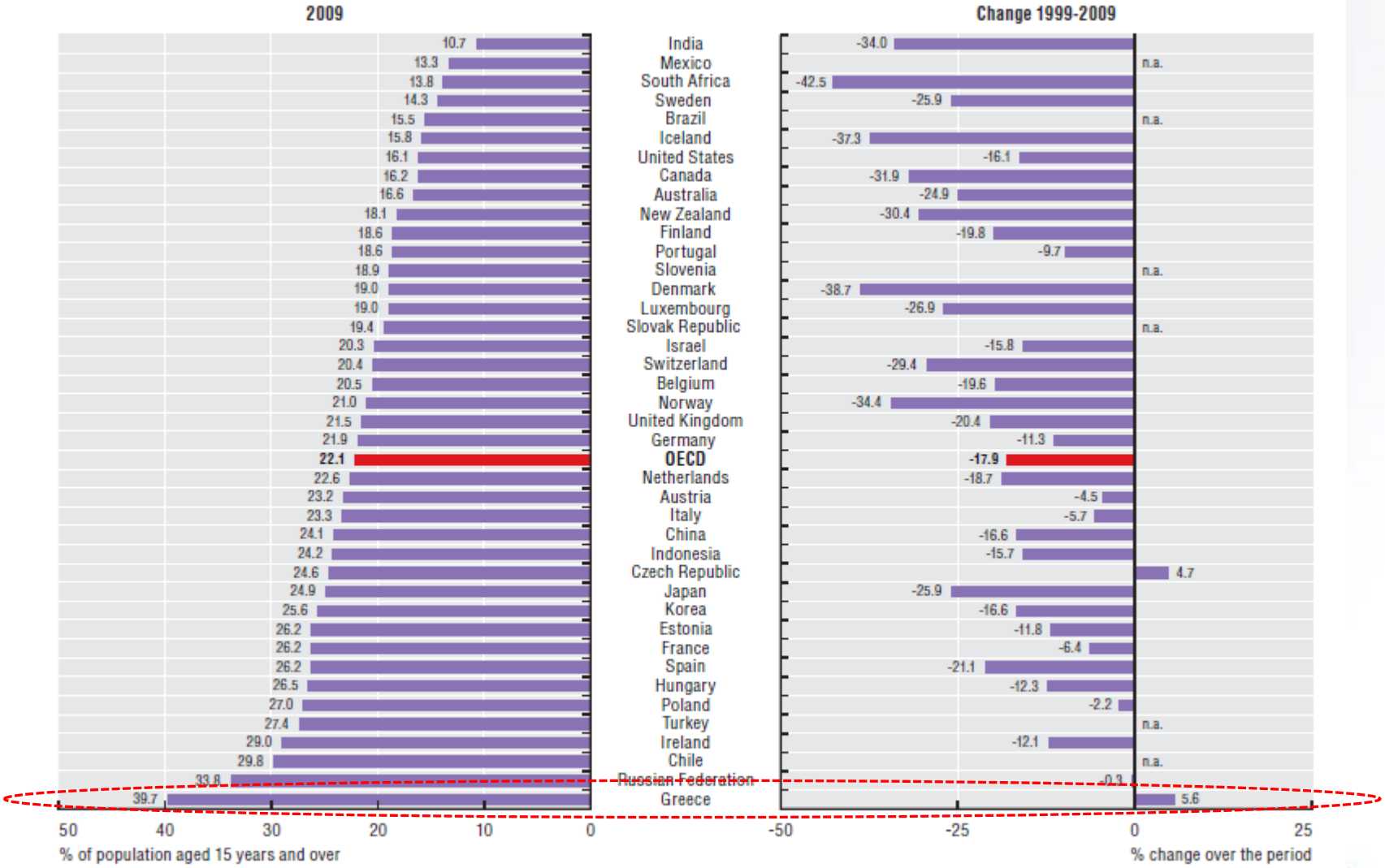


1. Results for these countries are not directly comparable with those for other countries, due to methodological differences in the survey questionnaire resulting in an upward bias.

Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932523709

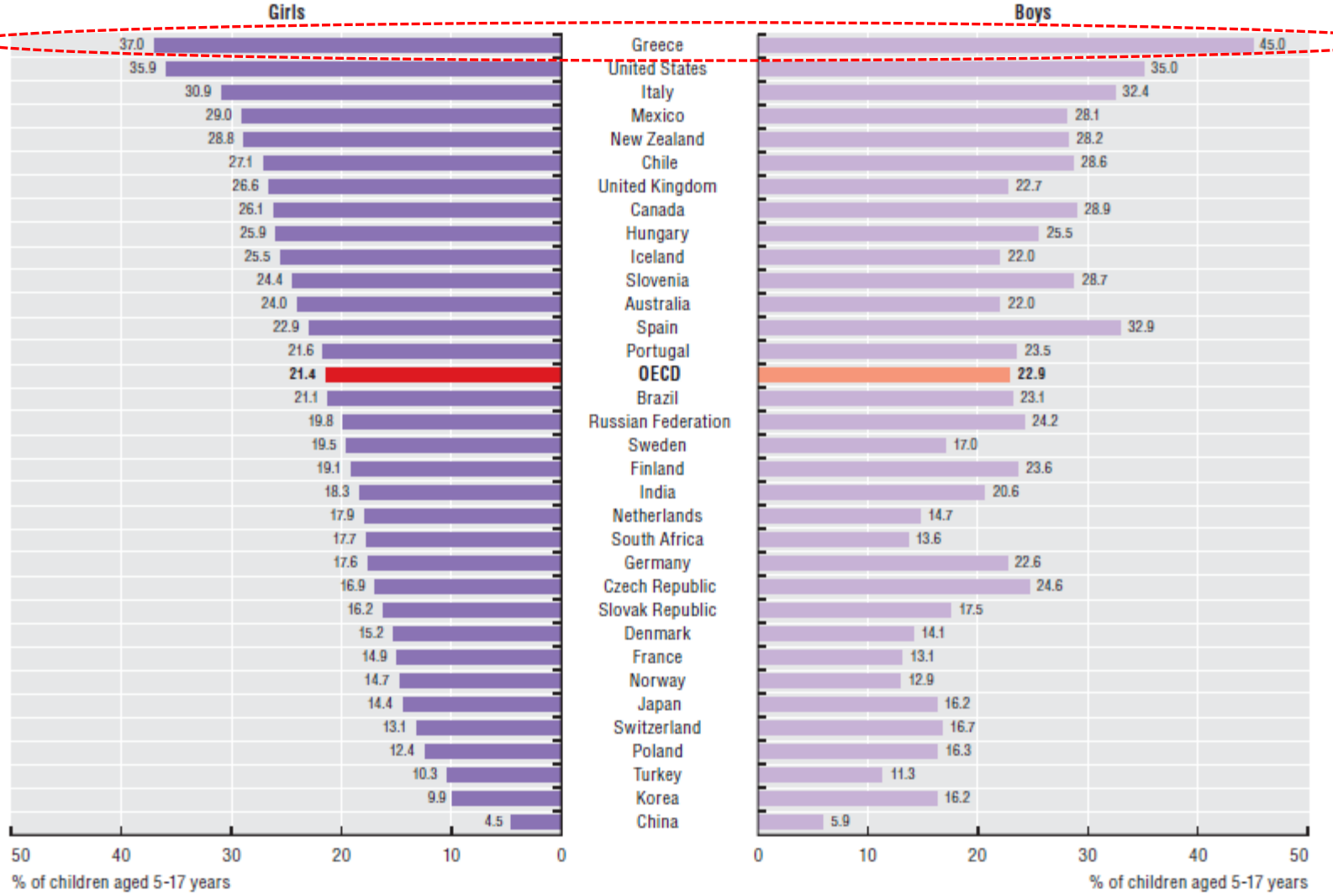
2.1.1 Adult population smoking daily, 2009 and change in smoking rates, 1999-2009 (or nearest year)



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

Αξιολόγηση

- Ανυπαρξία δημόσιας υγείας και προαγωγής υγείας
- Έλλειψη πρωτοβάθμιας φροντίδας υγείας
- Πολυπλοκότητα και κατακερματισμός συστήματος
- Ανισοκατανομή πόρων και μη ισότιμη πρόσβαση
- Προκλητή ζήτηση (φάρμακο, νοσοκομείο, διαγνωστικά)
- Χαμηλή αποδοτικότητα, ικανοποίηση, ποιότητα
- Σύνθετη χρηματοδότηση με δύσκολη λογοδοσία
- Υποχρηματοδοτούμενο από δημόσιους πόρους
- Αναποτελεσματικό οικονομικά – κλινικά

ΘΕΡΑΠΕΙΑ;

Παρεμβάσεις Συνοπτικά

Νοσοκομεία

- Συγχωνεύσεις, μηχανοργάνωση, ολοήμερη λειτουργία, έλεγχος αναλωσίμων, διπλογραφικό, αναλυτική λογιστική, προμήθειες, κωδικοποιήσεις, e-prescription, γενόσημα, συνταγογράφηση με δραστική, mobility προσωπικού, ΚΕΝ, διαγωνισμοί, συνταγολόγια, κατευθυντήριες οδηγίες

Ασφαλιστικό Σύστημα

- Ηλεκτρονική συνταγογράφηση, ενοποίηση παροχών, e-prescription φαρμάκων & εξετάσεων, ΣΥΠΣΥ, ΕΟΠΥΥ, αξιολογήσεις δαπανών

Φάρμακο

- Μείωση τιμών φαρμάκων, γενόσημα, μείωση περιθωρίων φαρμακοποιών, χονδρεμπόρων, άρση πλαφόν, ανακοστολόγηση πράξεων Νέο σύστημα αποζημίωσης, λίστες φαρμάκων, Διαγωνισμοί & Διαπραγματεύσεις, σύστημα τιμολόγησης, Κατευθυντήριες οδηγίες, προϋπολογισμοί, E-prescription, υποκατάσταση γενόσημα, INN, Rebate, claw back

HEALTH CARE IN 2014

Health spending in Europe falls for the first time in decades

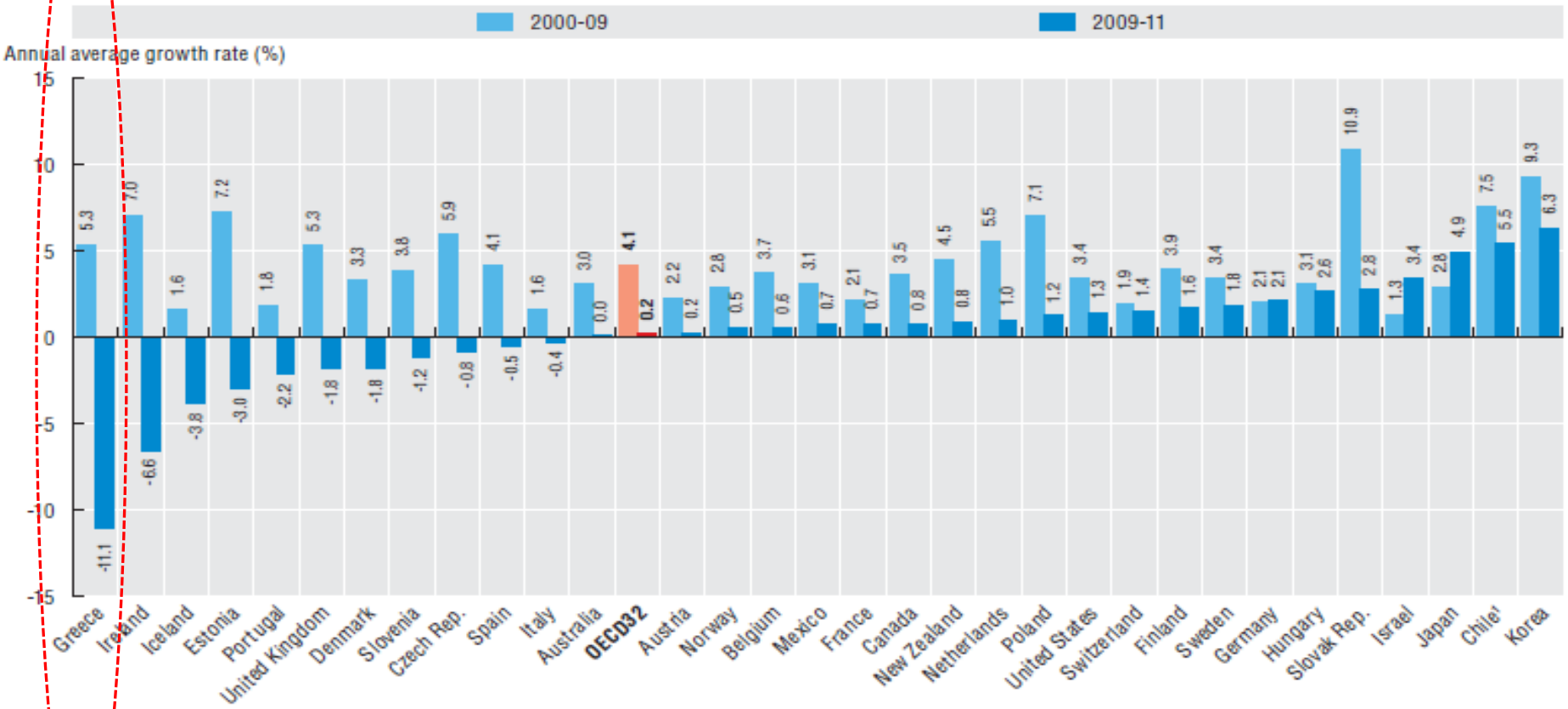
OECD
BETTER POLICIES FOR BETTER LIVES

Health spending in the EU falls in 2010

Annual growth rate in health expenditure per capita

Active CHART

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

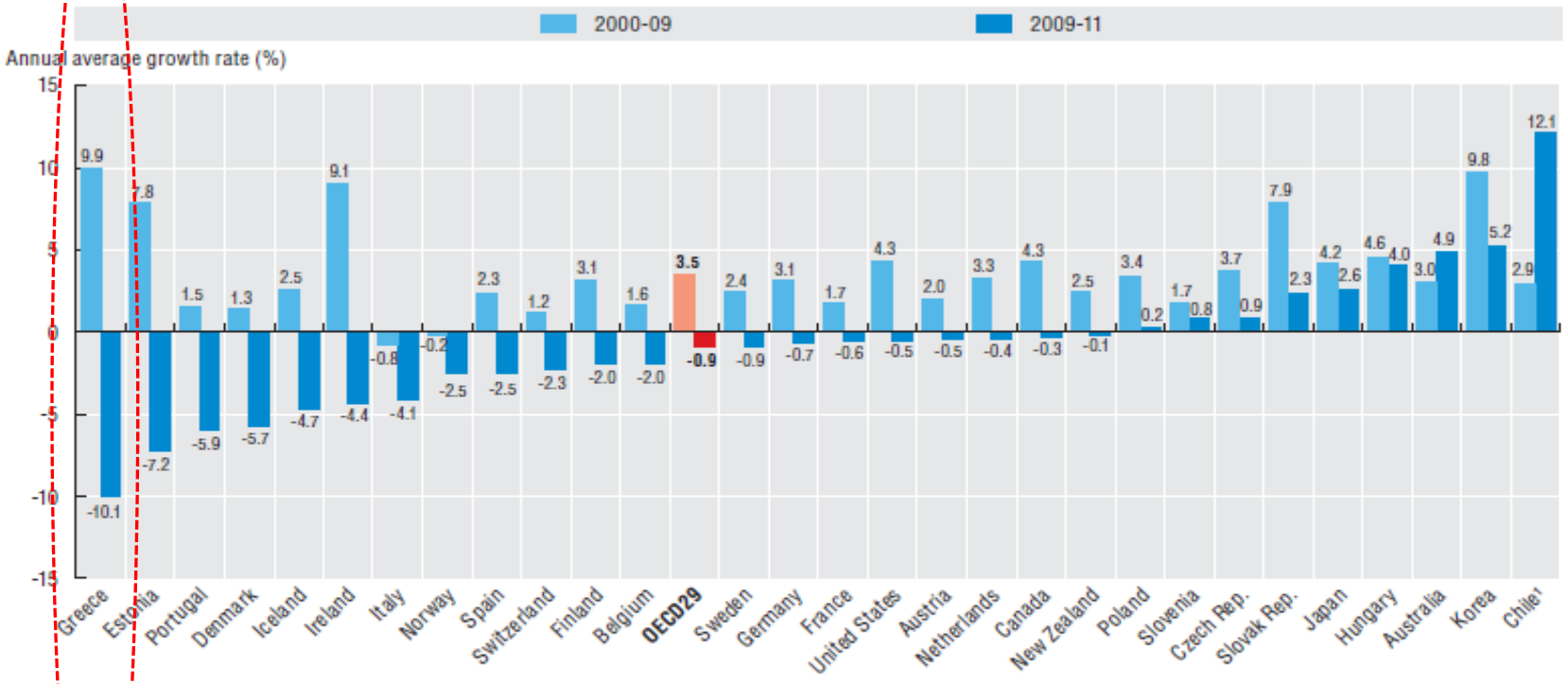


1. CPI used as deflator.

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

StatLink http://dx.doi.org/10.1787/888932918852

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

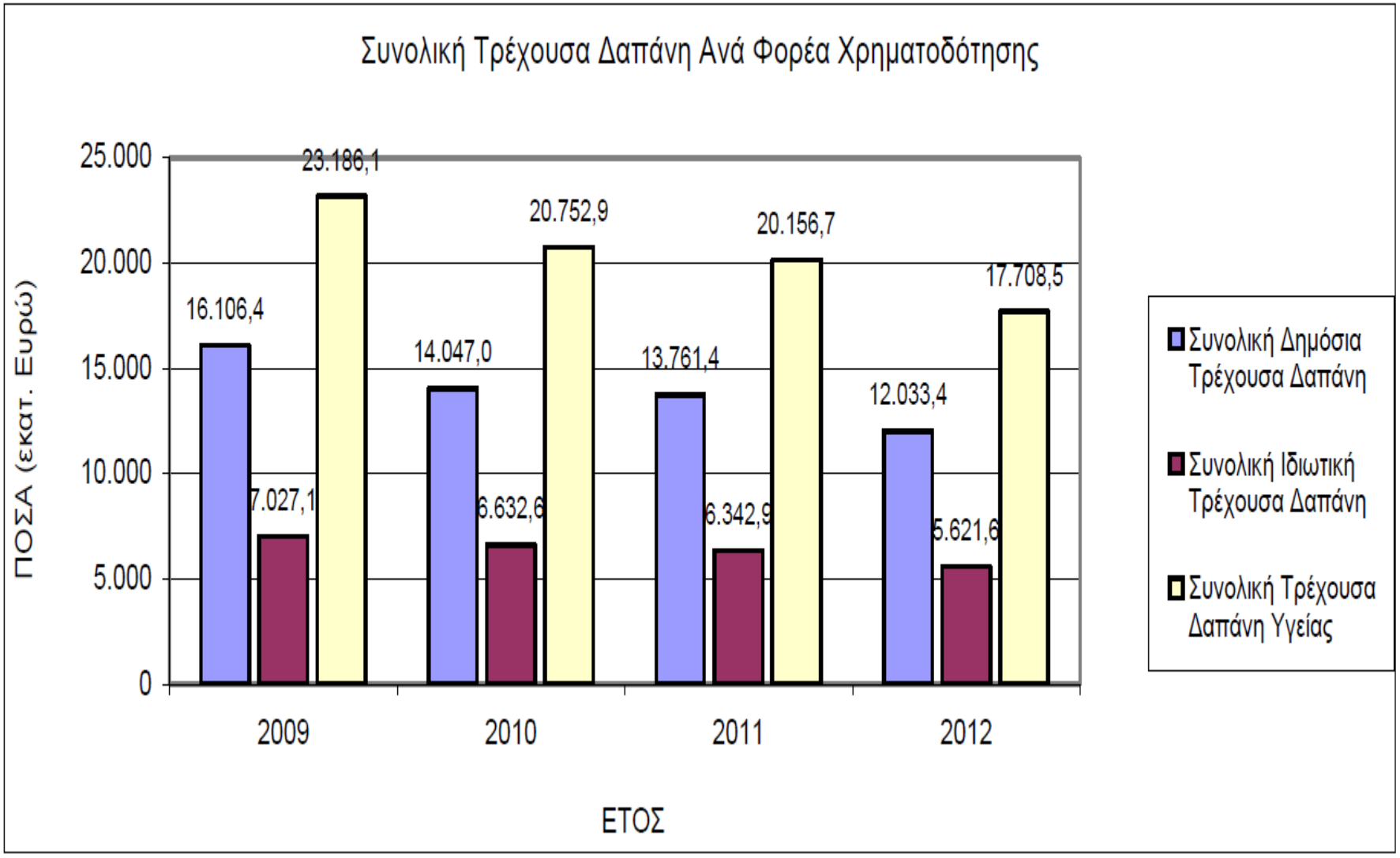


1. CPI used as deflator.

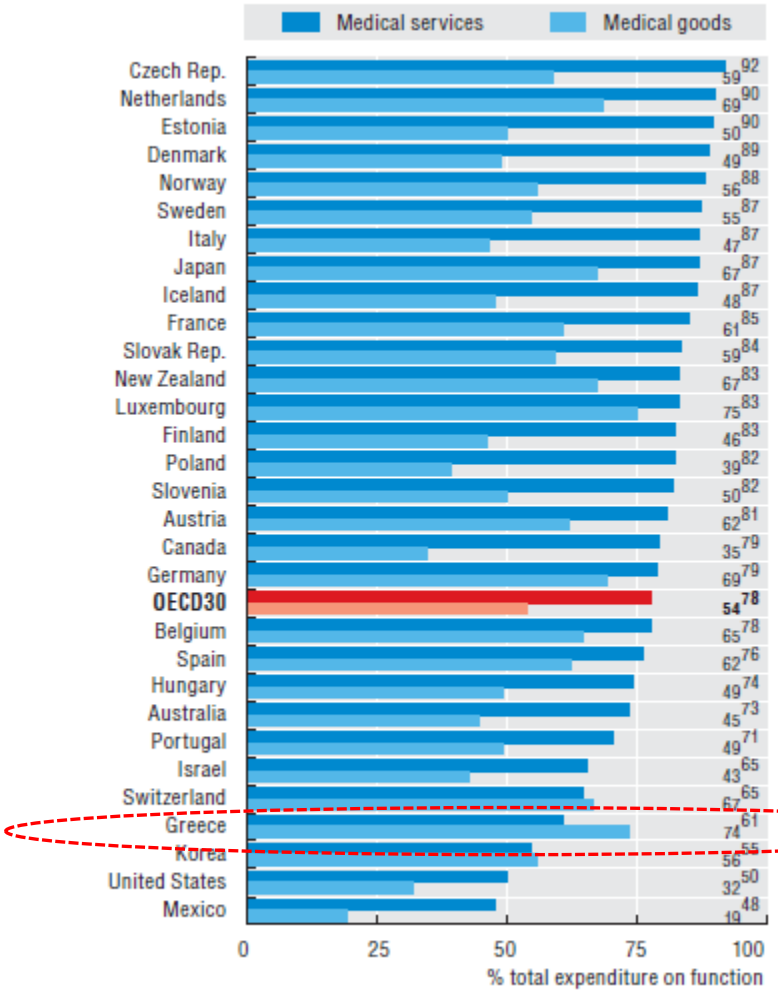
Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.

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

Διάγραμμα 2

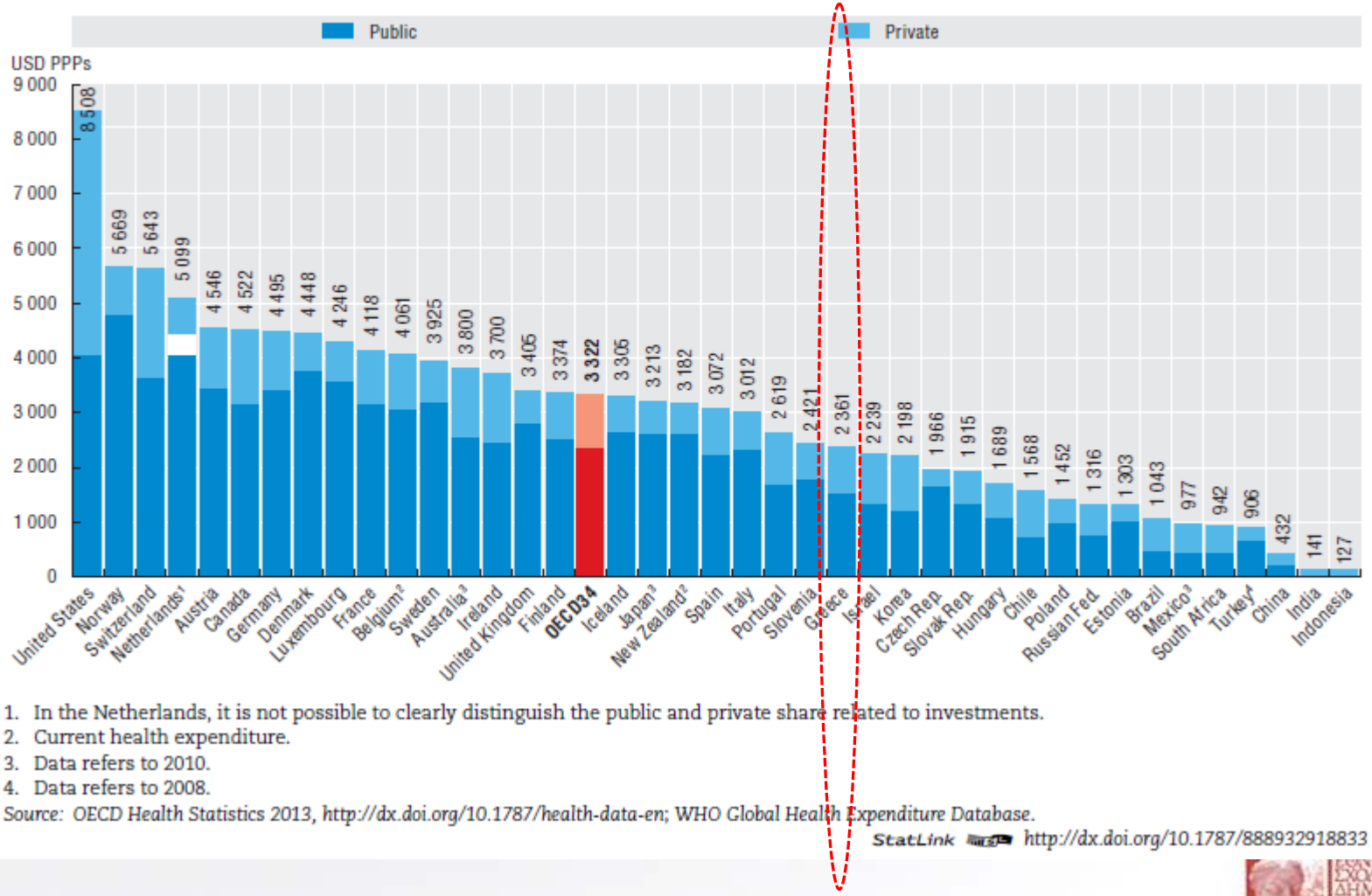

Συνολική Τρέχουσα Δαπάνη Ανά Φορέα Χρηματοδότησης
ΠΟΣΑ (εκατ. Ευρώ)
25.000
20.000
15.000
10.000
5.000
0
16.106,4
7.027,1
23.186,1
14.047,0
6.632,6
20.752,9
13.761,4
6.342,9
20.156,7
12.033,4
5.621,6
17.708,5
2009
2010
2011
2012
ΕΤΟΣ
Συνολική Δημόσια Τρέχουσα Δαπάνη
Συνολική Ιδιωτική Τρέχουσα Δαπάνη
Συνολική Τρέχουσα Δαπάνη Υγείας

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

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

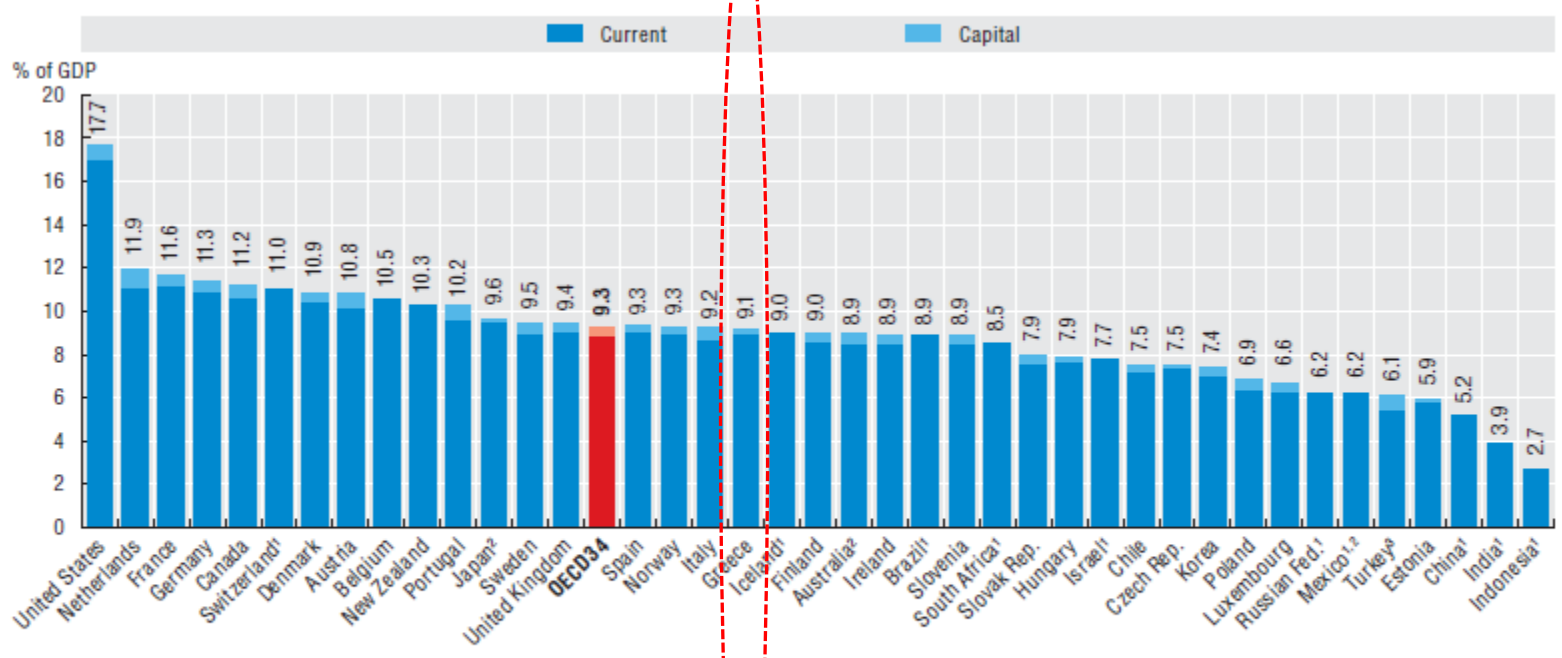


1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Current health expenditure.
3. Data refers to 2010.
4. Data refers to 2008.

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

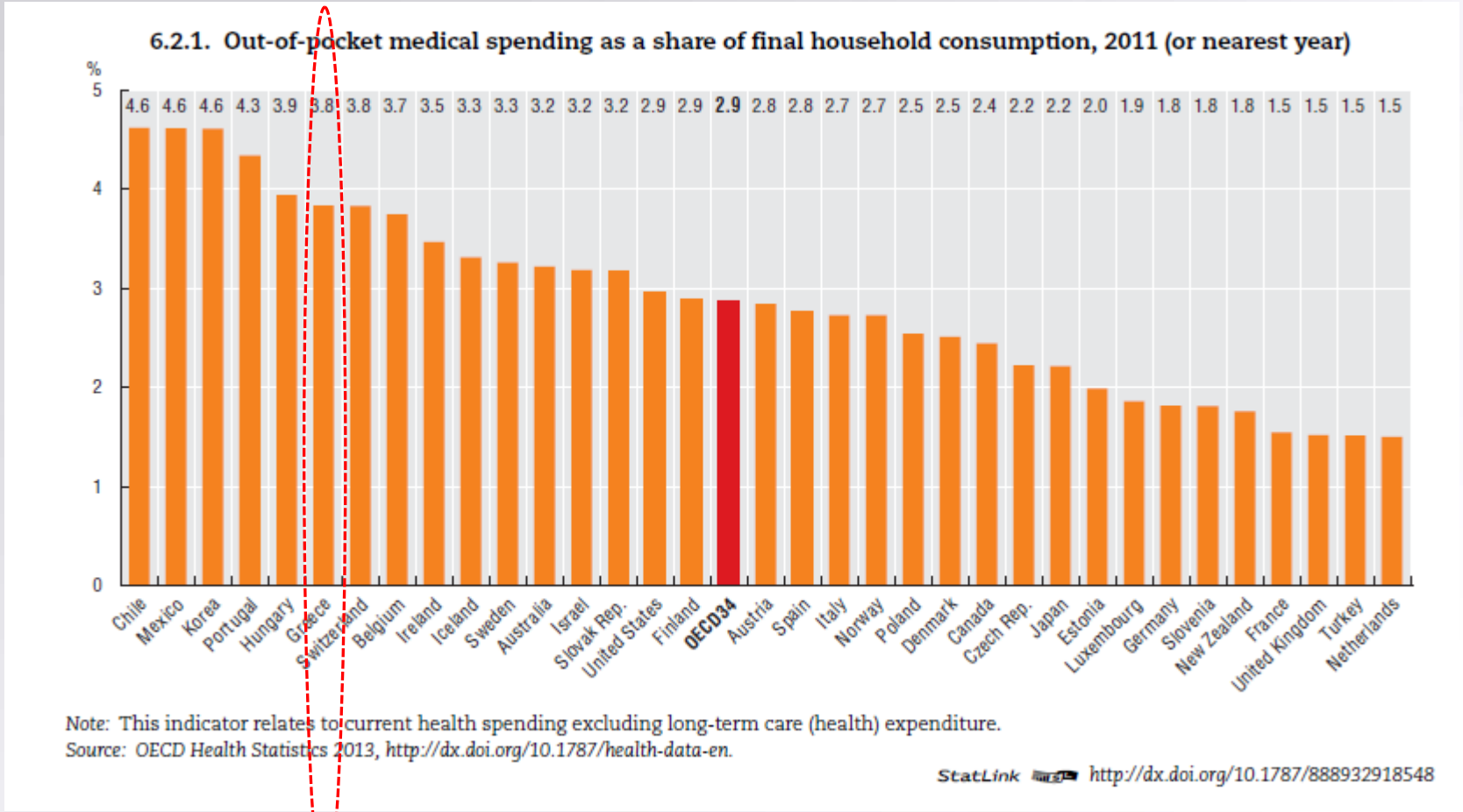
7.2.1. Health expenditure as a share of GDP, 2011 (or nearest year)



1. Total expenditure only.
2. Data refers to 2010.
3. Data refers to 2008.

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

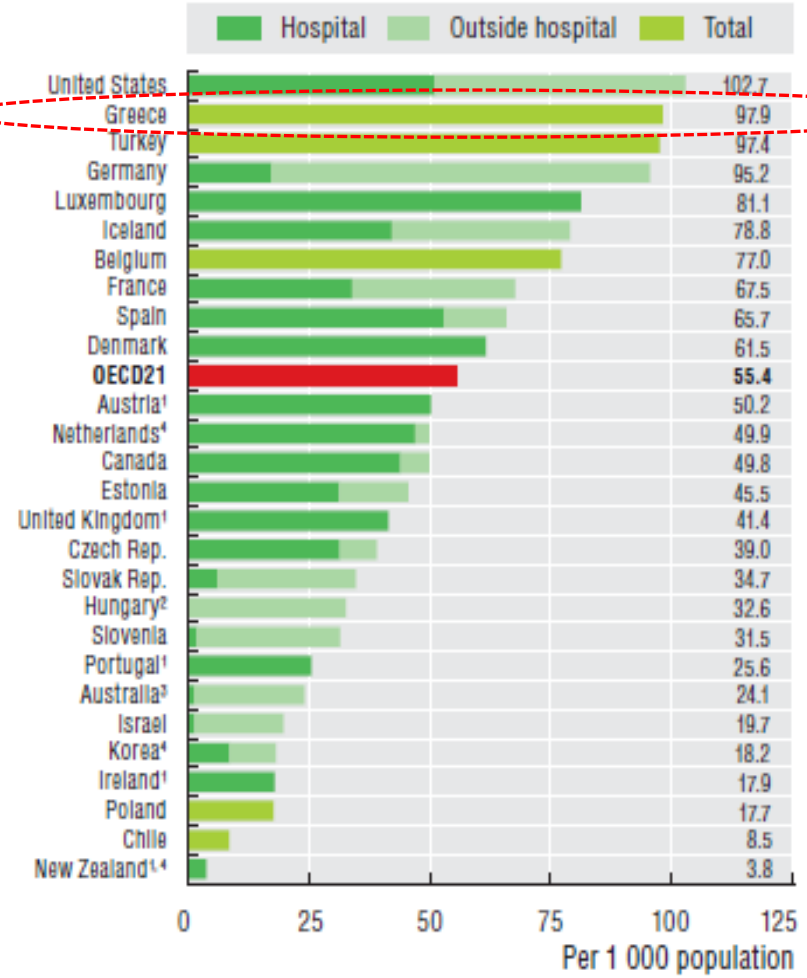
StatLink http://dx.doi.org/10.1787/888932918871



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

4.2.3. MRI exams, 2011 (or nearest year)

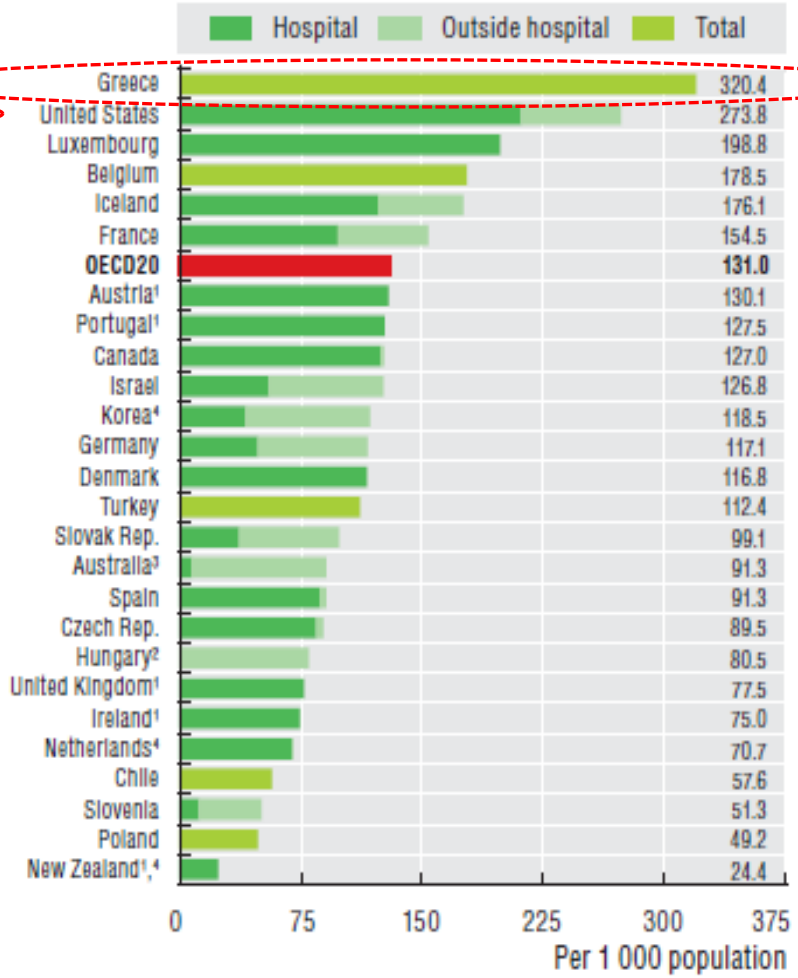


1. Exams outside hospital not included.
2. Exams in hospital not included.
3. Exams on public patients not included.
4. Exams privately-funded not included.

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

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

4.2.4. CT exams, 2011 (or nearest year)

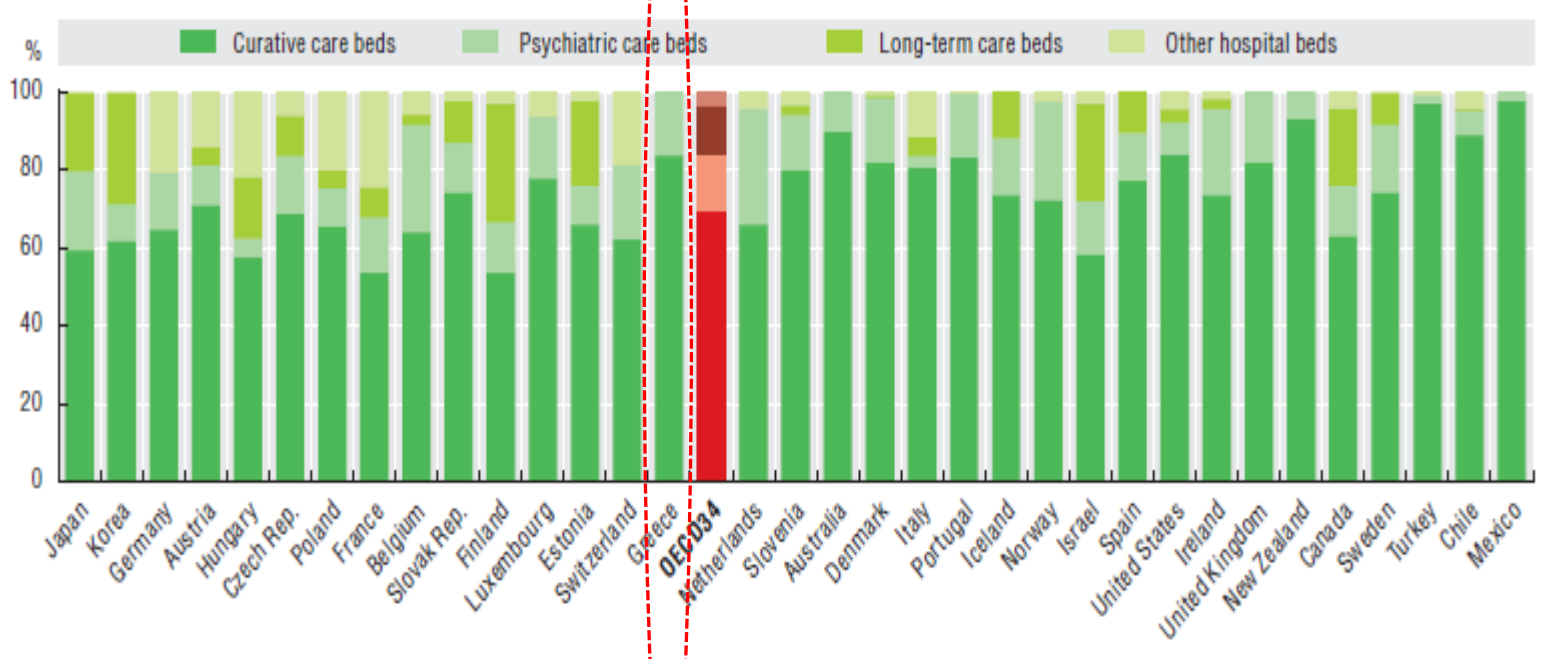


1. Exams outside hospital not included.
2. Exams in hospital not included.
3. Exams on public patients not included.
4. Exams privately-funded not included.

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

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

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



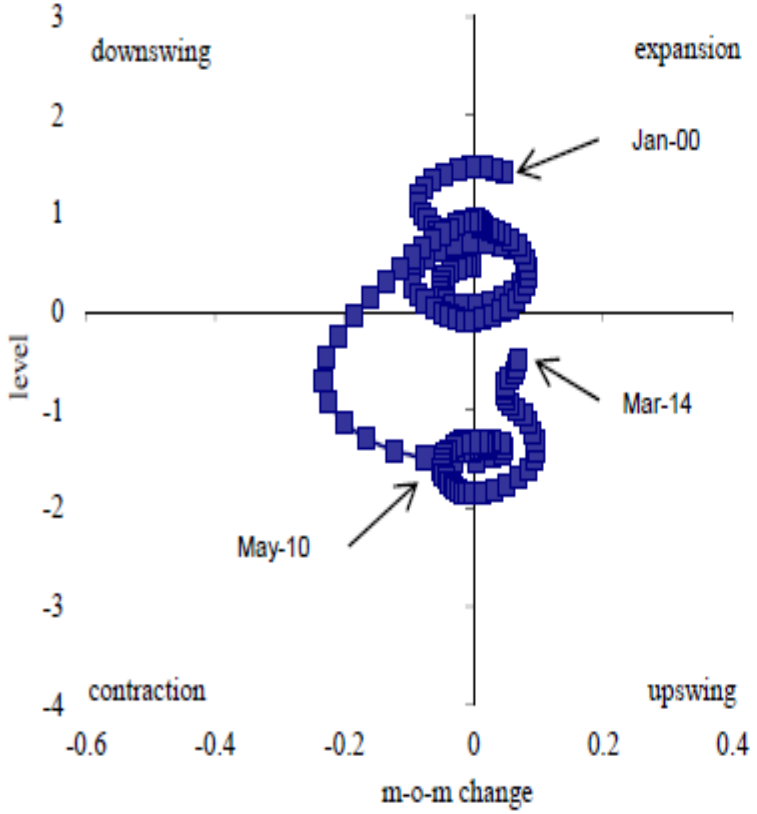
Note: Countries ranked from highest to lowest total number of hospital beds per capita.
Source: OECD Health Statistics 2013, http://dx.doi.org/10.1787/health-data-en.

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

Συγκριτικοί Δείκτες με χώρες ΟΟΣΑ

- **Υγείας**
  - 19η θέση προσδόκιμο ζωής από 2η το 1960
  - 31η θέση θνησιμότητα από εγκεφαλικά και 29η από τροχαία
  - 36η νεογέννητα με χαμηλό βάρος
  - 24η θέση προσδόκιμο ζωής στα 65 έτη
  - 19η θέση στο % ατόμων άνω των 65 με καλή υγείας
- **Παράγοντες Κινδύνου**
  - 21η θέση αναφορικά με ποσοστό νέων που καπνίζουν
  - 39η θέση αναφορικά με ποσοστό ανηλίκων που καπνίζουν
  - 40η θέση στο ποσοστό υπέρβαρων παιδιών
  - 28η θέση στο ποσοστό υπέρβαρων ενηλίκων
  - 26η θέση στο % ατόμων που τρώνε φρούτα και καθημερινά

Graph 1. Economic climate tracer

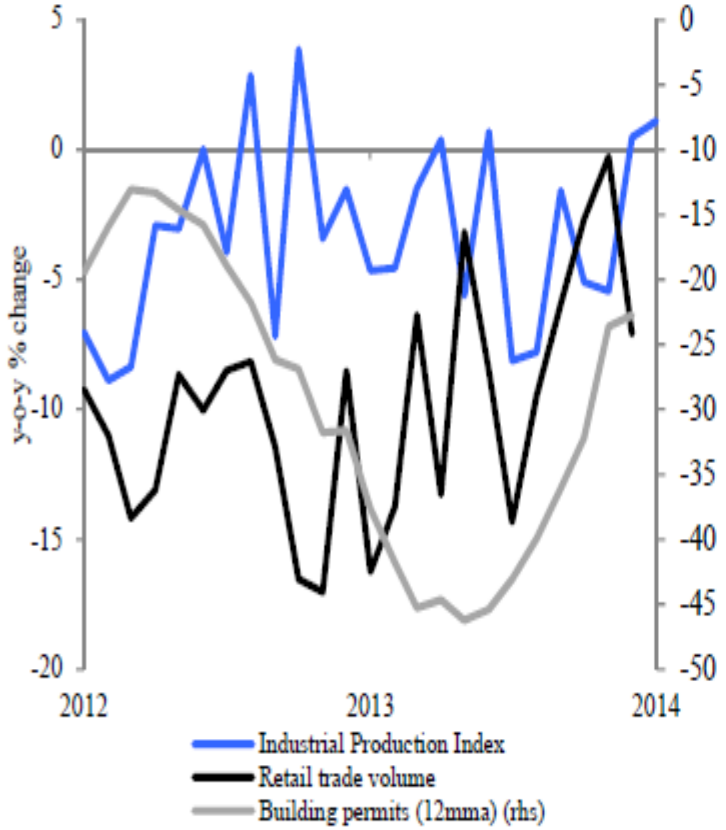


Source: European Commission services' calculations.

Graph 2. Economic Sentiment Indicator and Purchasing Managers Index

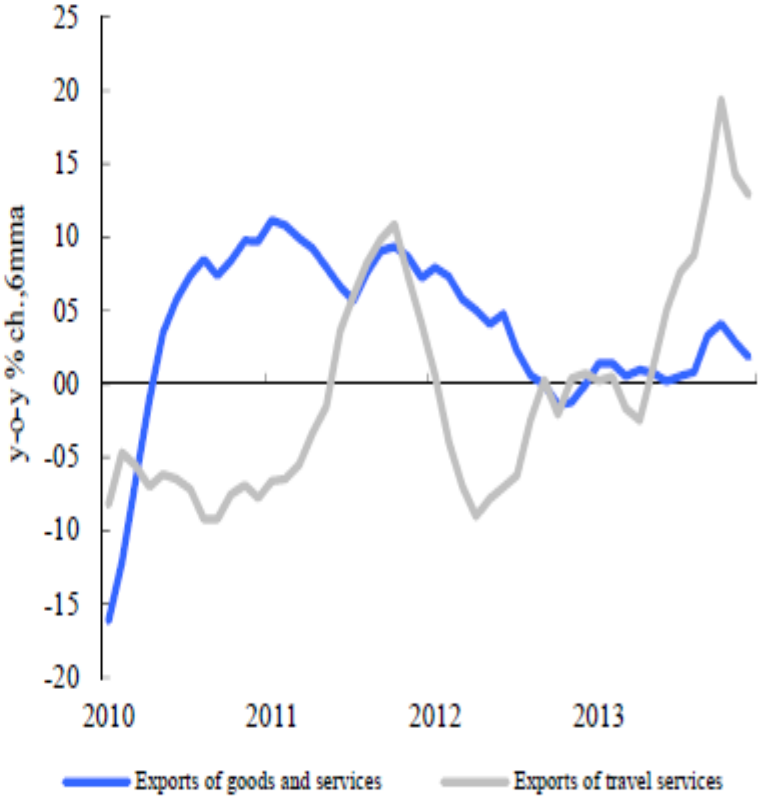
Source: MarkiIT, European Commission

Graph 3. Production indicators: industrial production, retail turnover and building permits



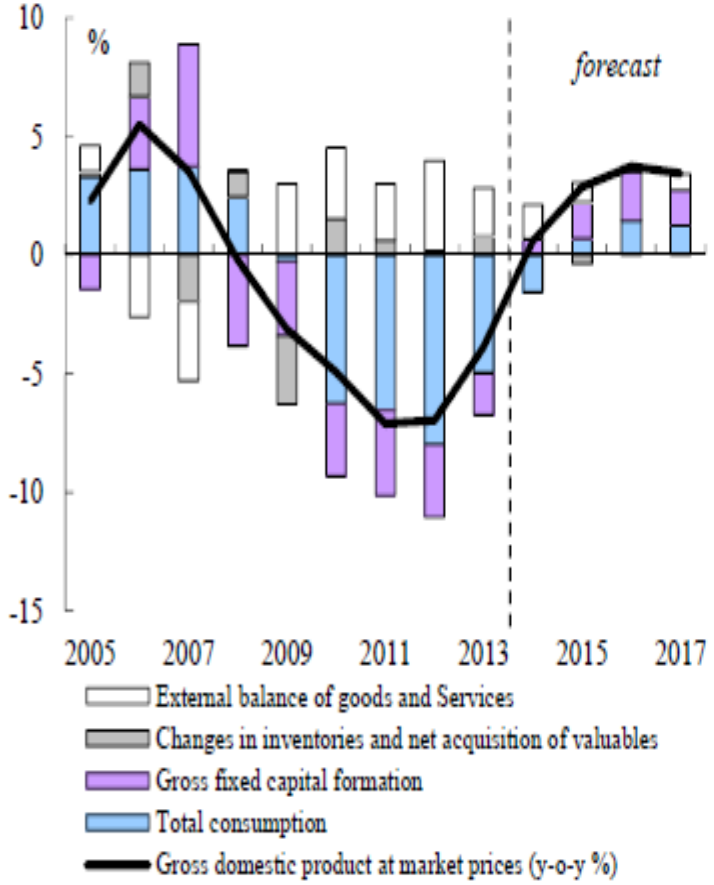
Source: EL.STAT.

Graph 4. Exports of goods and services and exports of travel services



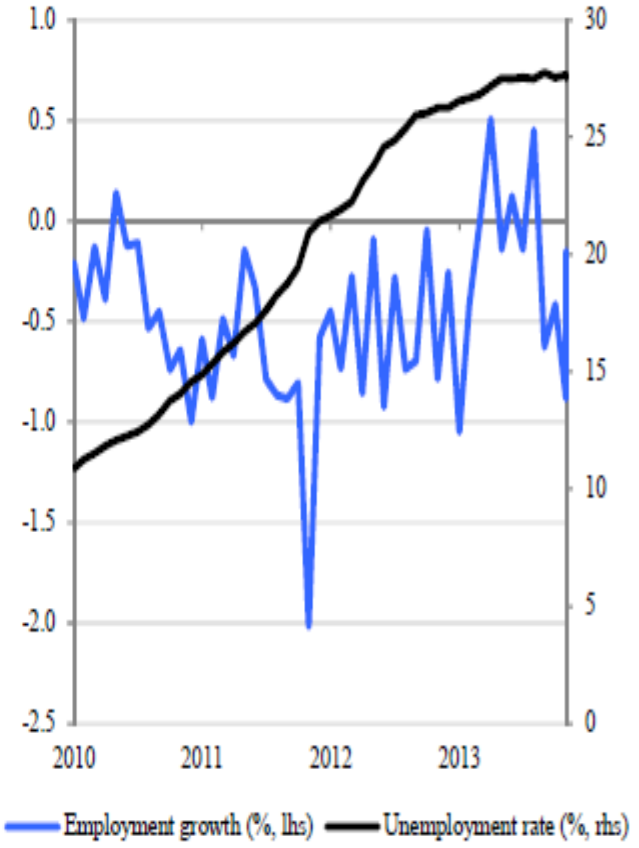
Source: Bank of Greece.

Graph 5. Contribution of GDP components to GDP growth



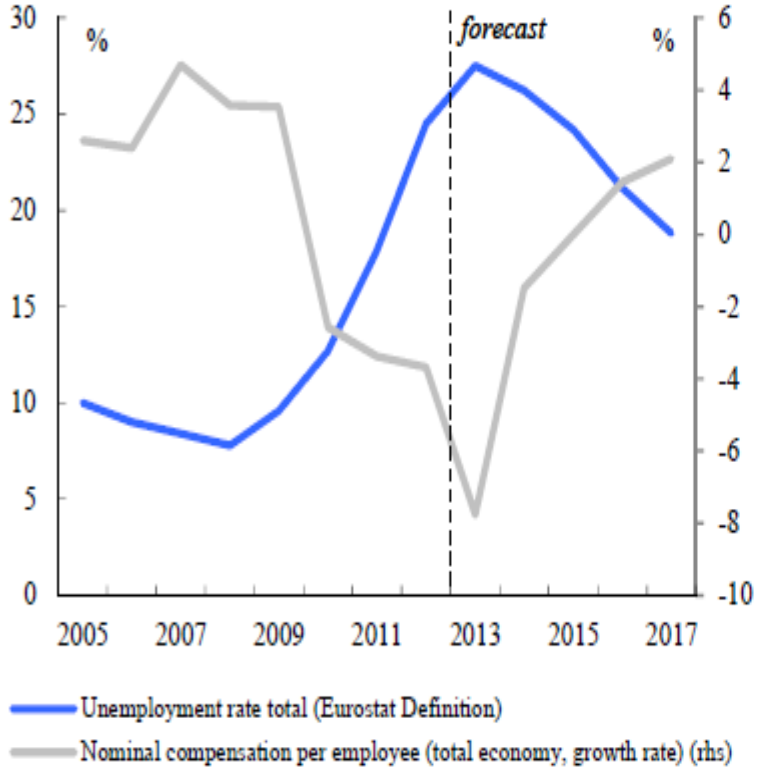
Source: European Commission services' calculations.

Graph 6. Labour market: unemployment rate vs. changes in employment



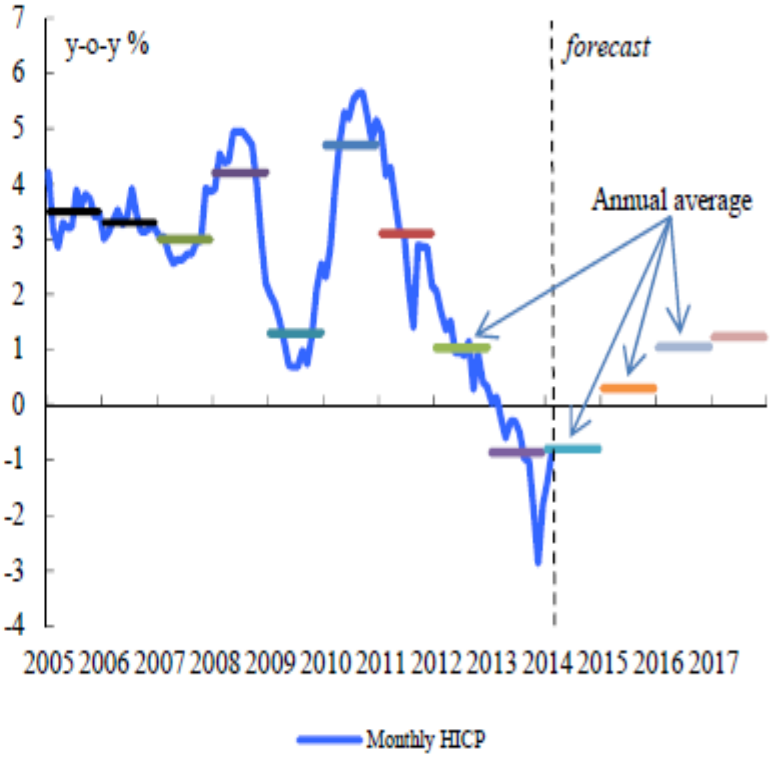
Source : EL.STAT and European Commission services' calculations.

Graph 7. Growth in nominal compensation per employee and unemployment



Source: European Commission

Graph 8. Monthly HICP developments and annual averages



Source: European Commission

Table 1. Macroeconomic scenario, main features (2012-2017)

	2012	2013	2014	2015	2016	2017
Real GDP (growth rate)	-7.0	-3.9	0.6	2.9	3.7	3.5
Final domestic demand contribution*	-11.1	-6.8	-1.0	2.3	3.5	2.7
Net trade contribution	4.1	2.2	1.5	0.9	0.2	0.7
Employment (growth rate)	-8.3	-3.7	0.6	2.6	4.0	2.9
Unemployment rate**	22.8	25.8	24.5	22.5	19.5	17.1
Compensation of employees, per employee (growth rate)	-3.7	-7.8	-1.5	0.0	1.5	2.1
Unit labour cost (growth rate)	-5.1	-7.8	-1.5	-0.3	1.6	1.2
HICP inflation (growth rate)	1.0	-0.9	-0.8	0.3	1.1	1.2
Current account balance (% of GDP)**	-4.6	-2.4	-2.3	-2.2	-2.1	-1.4
Net borrowing vis-à-vis RoW (% of GDP)	-2.3	-0.7	-0.7	-0.4	-0.4	0.3
General Government balance (% of GDP)***	-6.4	-3.2	-2.9	-2.1	-0.7	-0.7
General Government primary balance (% of GDP)***	-1.3	0.8	1.6	3.0	4.5	4.5
General Government debt (% of GDP)	157.2	175.0	177.2	172.5	162.9	154.2

** Excluding change in inventories and net acquisition of valuables*

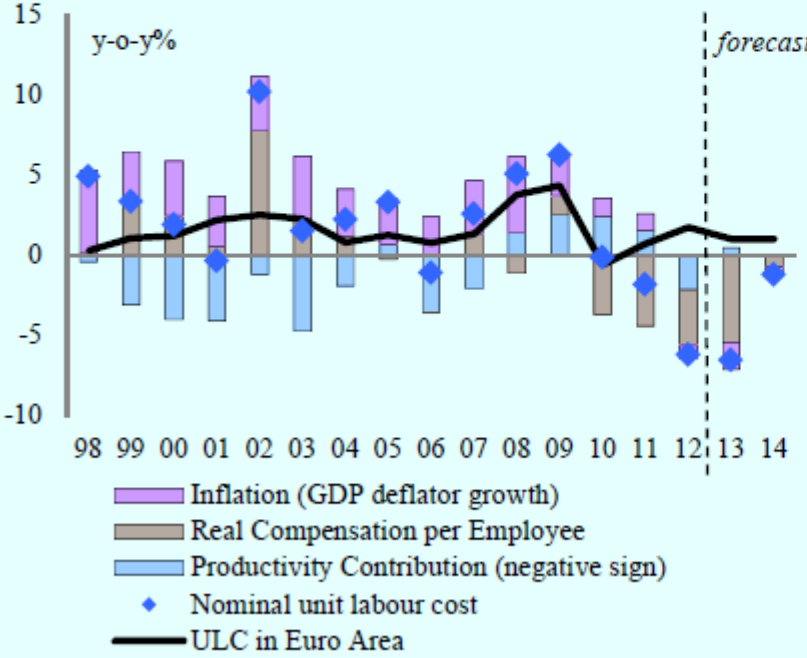
*** National accounts definition*

**** Programme definition*

Source: European Commission

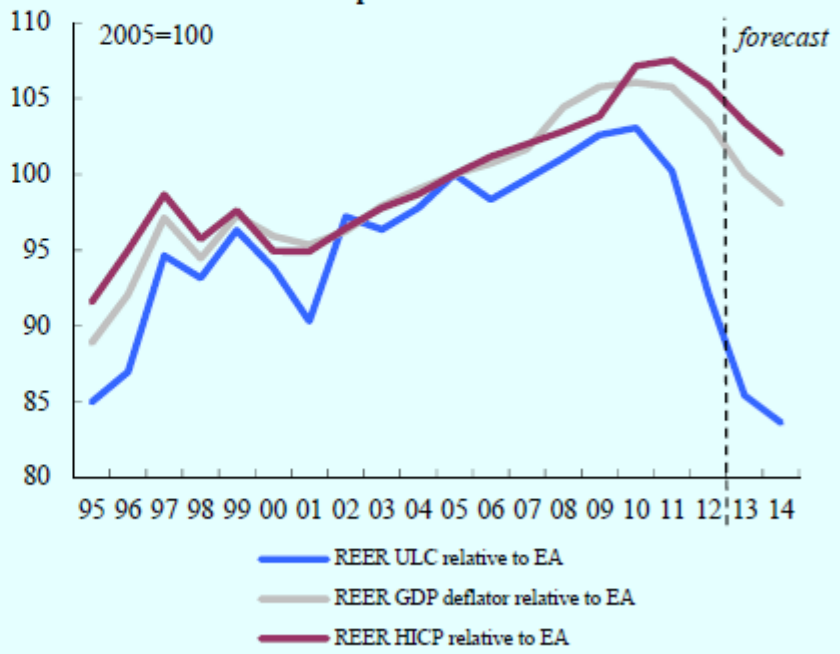
By 2014, Greece is projected to have broadly regained its 1995 labour cost competitiveness position relative to the Euro area. Supported by wide-ranging structural labour market reforms, such as wider use of decentralized wage bargaining, a lower minimum wage, and reductions in other non-wage labour costs, compensation per employee fell by 3.7% in 2012 and is forecast to decline by 7.8% in 2013 and by a further 1.5% in 2014. Overall, the ULC-based real effective exchange rate of Greece is forecast to fall by 21.6% between 2009 and 2014. Consumer prices are expected to fall in both 2013 and 2014. Over the period 2009-2014, the HICP-based real effective exchange rate is forecast to fall by 10.6% (see graphs 2.1 and 2.2).

Graph 2.1. ULC



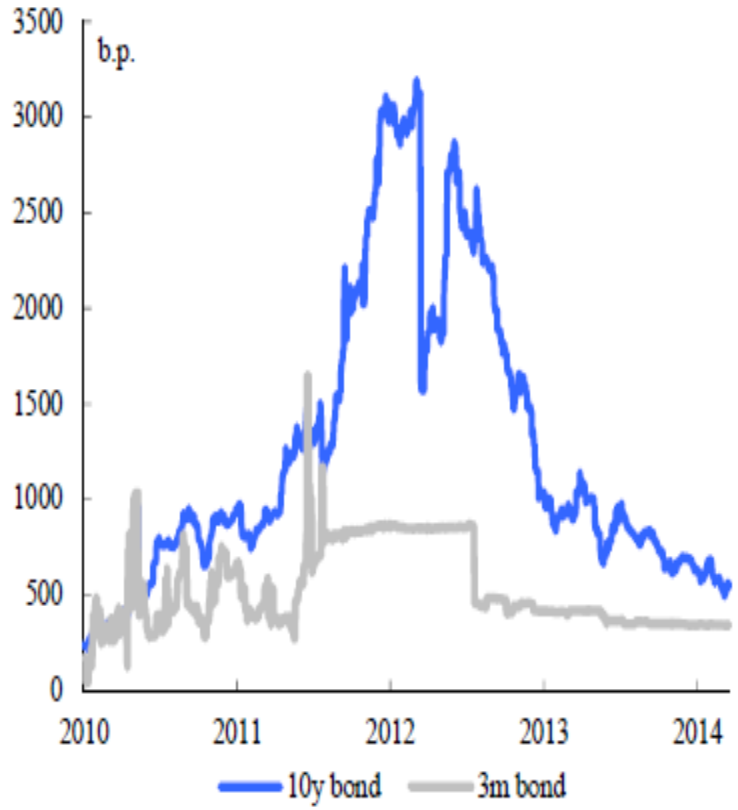
Source: European Commission

Graph 2.2. REER



Source: European Commission

Graph 9. Greek 10y and 3m Bond Yield spread against Bund



Source: Bloomberg

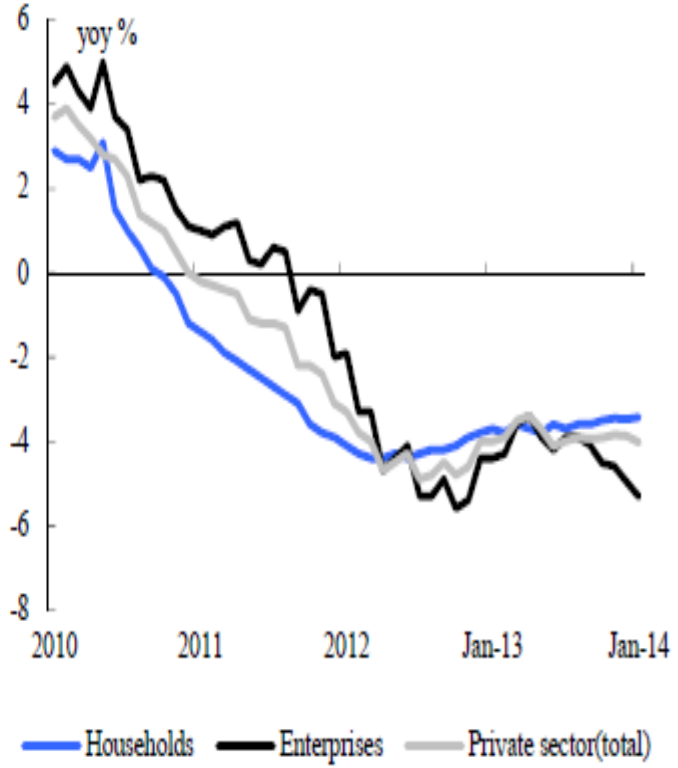
Graph 10. Athens Stock Exchange Indices

Source : Bloomberg

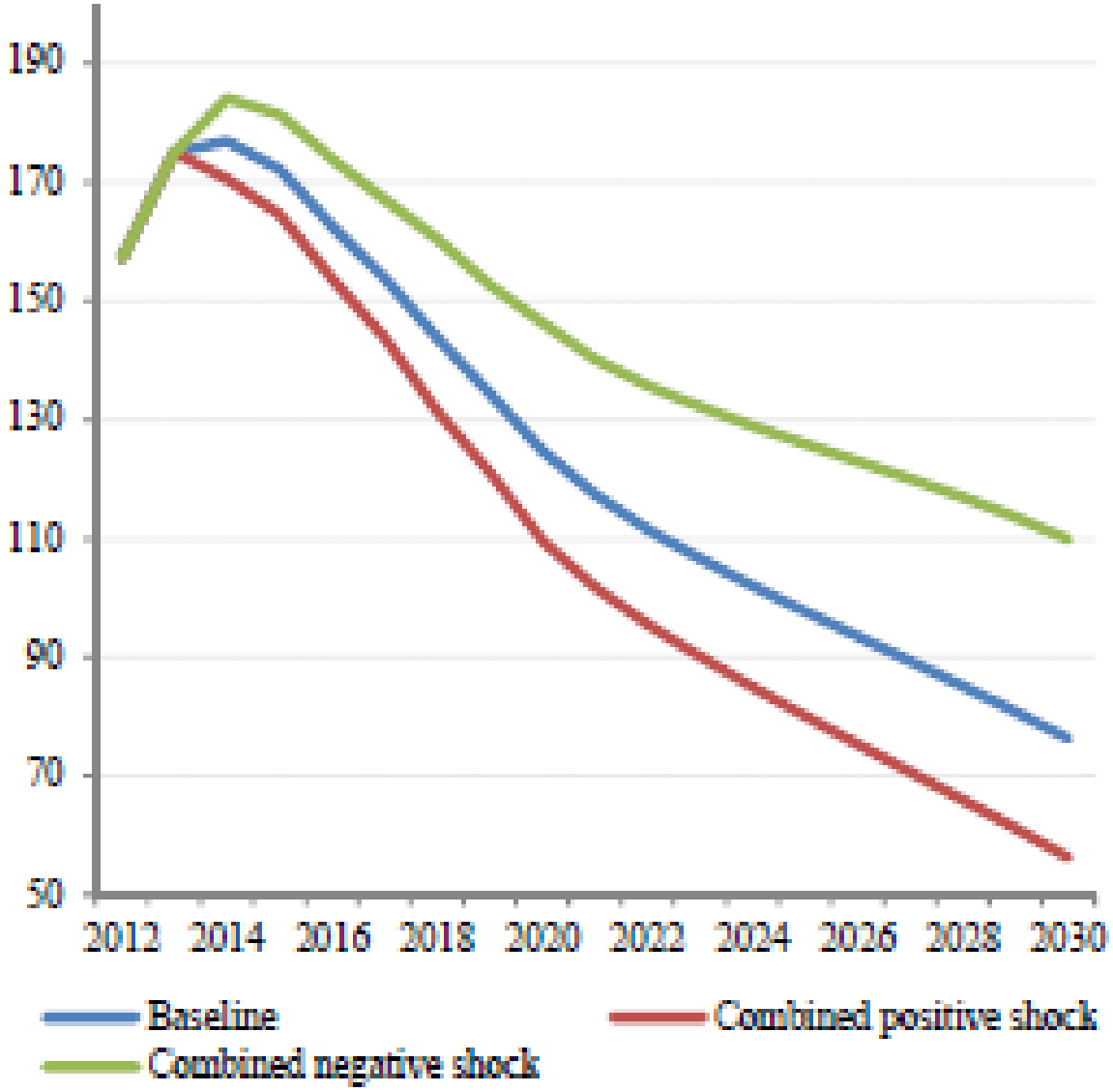
Graph 11. Bank deposits

Source: Bank of Greece.

Graph 12. Credit to private sector (% change, y-o-y)

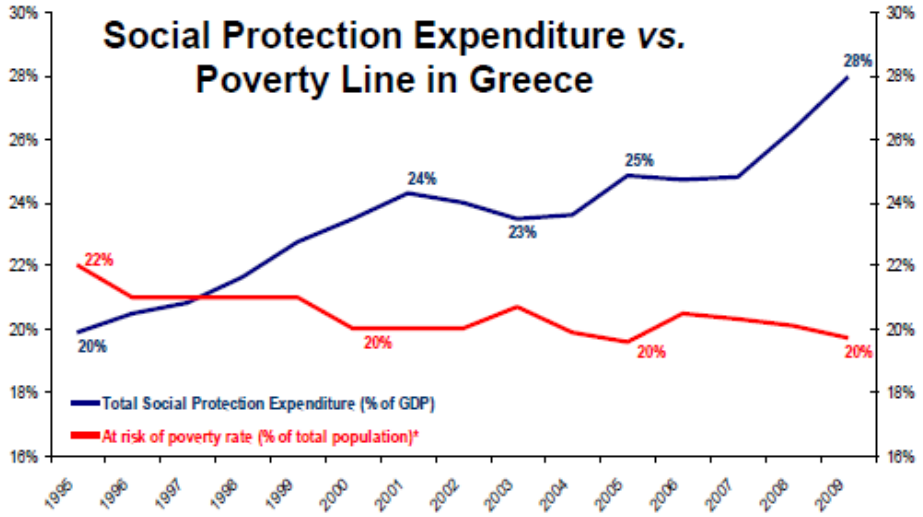


Source: Bank of Greece.



Source: European Commission services calculations.

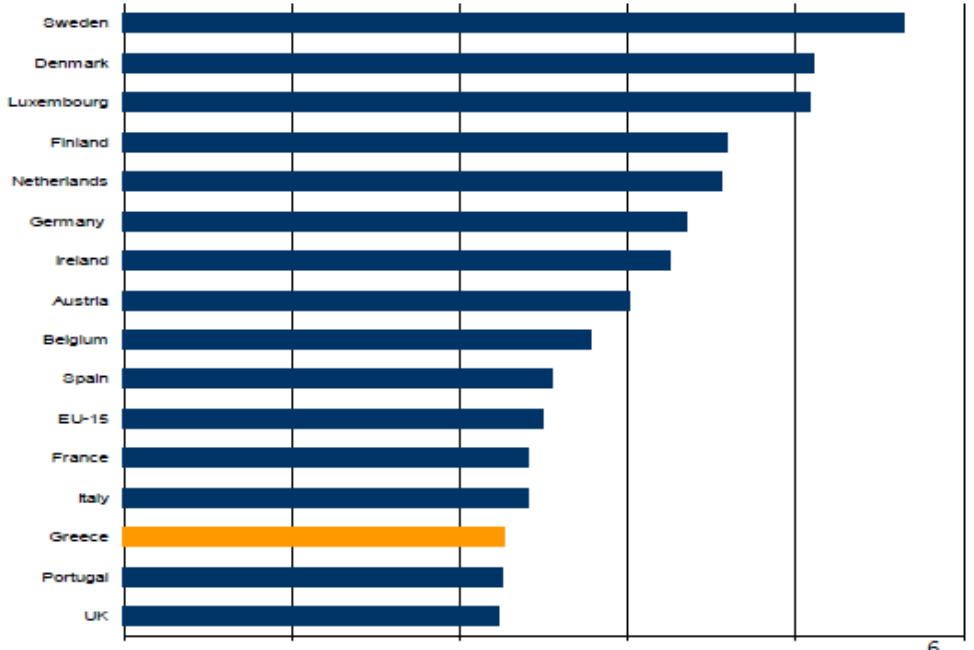
Fiscal Derailment
The paradox of social policy



While total expenditure on social protection has increased, the at-risk-of poverty rate has remained the same. Why?

- Waste in pension spending
- High pensions without corresponding contributions
- Wasteful pharmaceutical drug prescription
- State hospitals lacking accounting standards / system (+under-capacity)
- Overpricing of medical supplies & equipment
- Lack of expenditure monitoring
- High profit margins of pharmacists

Relative effectiveness of social protection expenditure to the poverty rate (Index)
(avg 1995-2009)

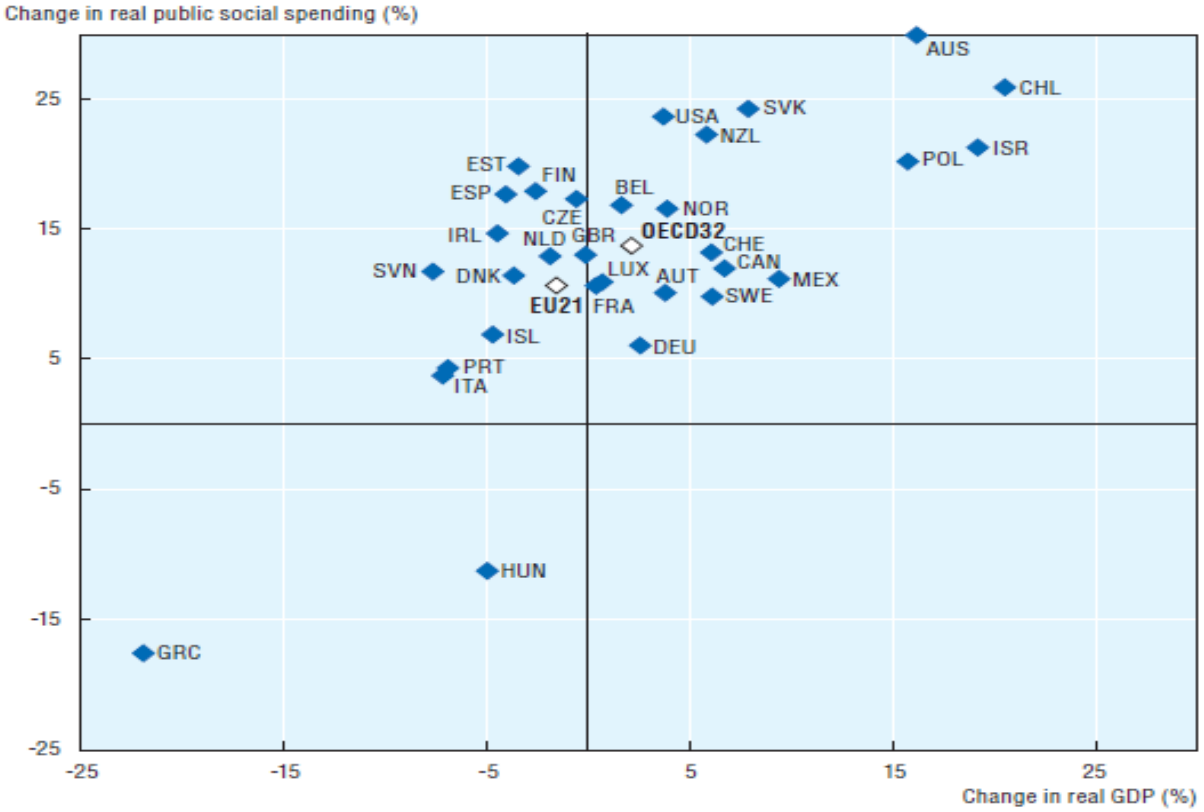


** (cut-off point: 60% of median equivalised income after social transfers)*
Sources: Eurostat, INE GSEE – Observatory of Social-Economic-Fiscal Developments: Poverty & Inequality, University of Athens – Department of Economics

Economics and economics of welfare

Figure 1.10. **Social spending increased least in countries most affected by the crisis**

Percentage changes in real public social spending and real GDP, 2007/08 to 2012/13



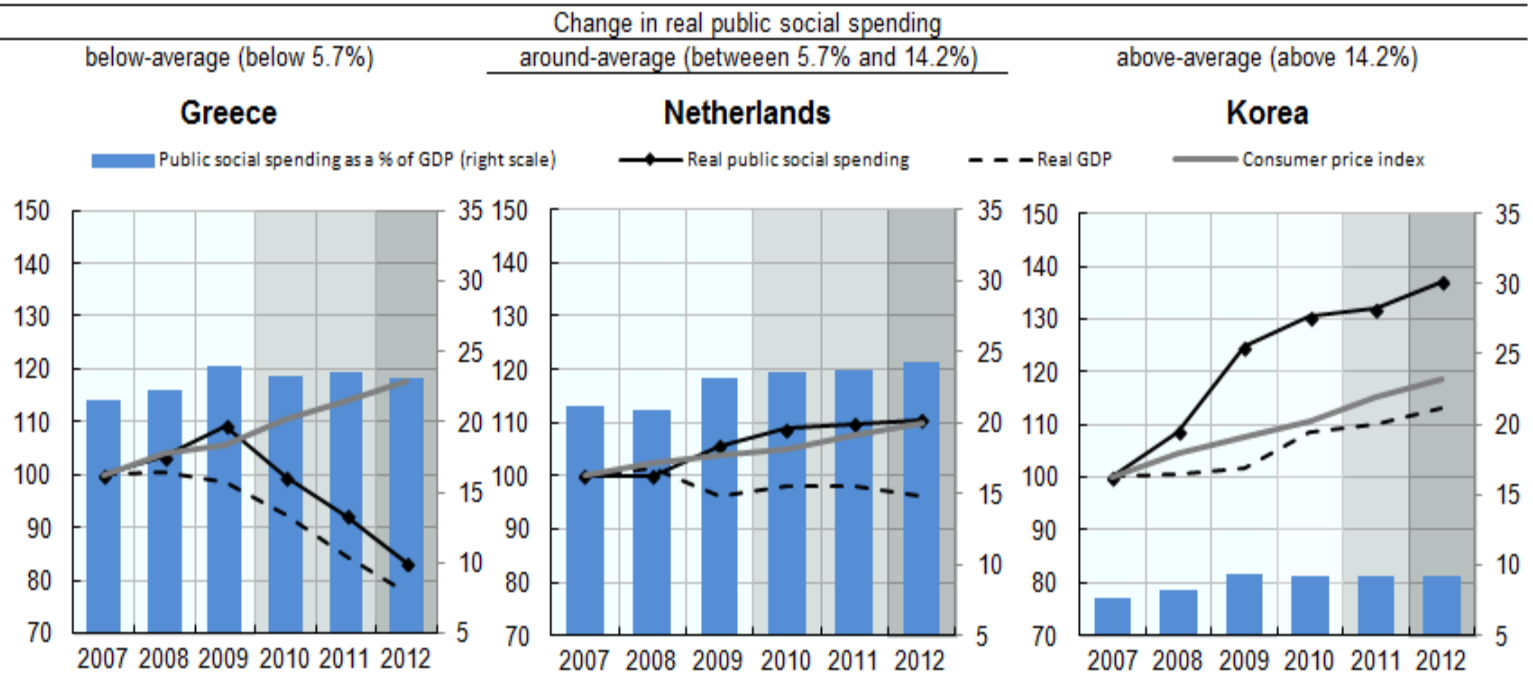
Note: See notes to Figure 1.9. Estimates for 2007-08 and 2012-13 are averaged over two-year periods to allow for the different years in which the crisis began across countries and to limit the effect of year-on-year fluctuations.

Source: OECD (2013), *OECD Social Expenditure Database* (SOCX), preliminary data, *www.oecd.org/social/expenditure.htm*.

StatLink http://dx.doi.org/10.1787/888932966048

Chart 2. In most countries, real public social spending is now at least 6% higher than in 2007/8

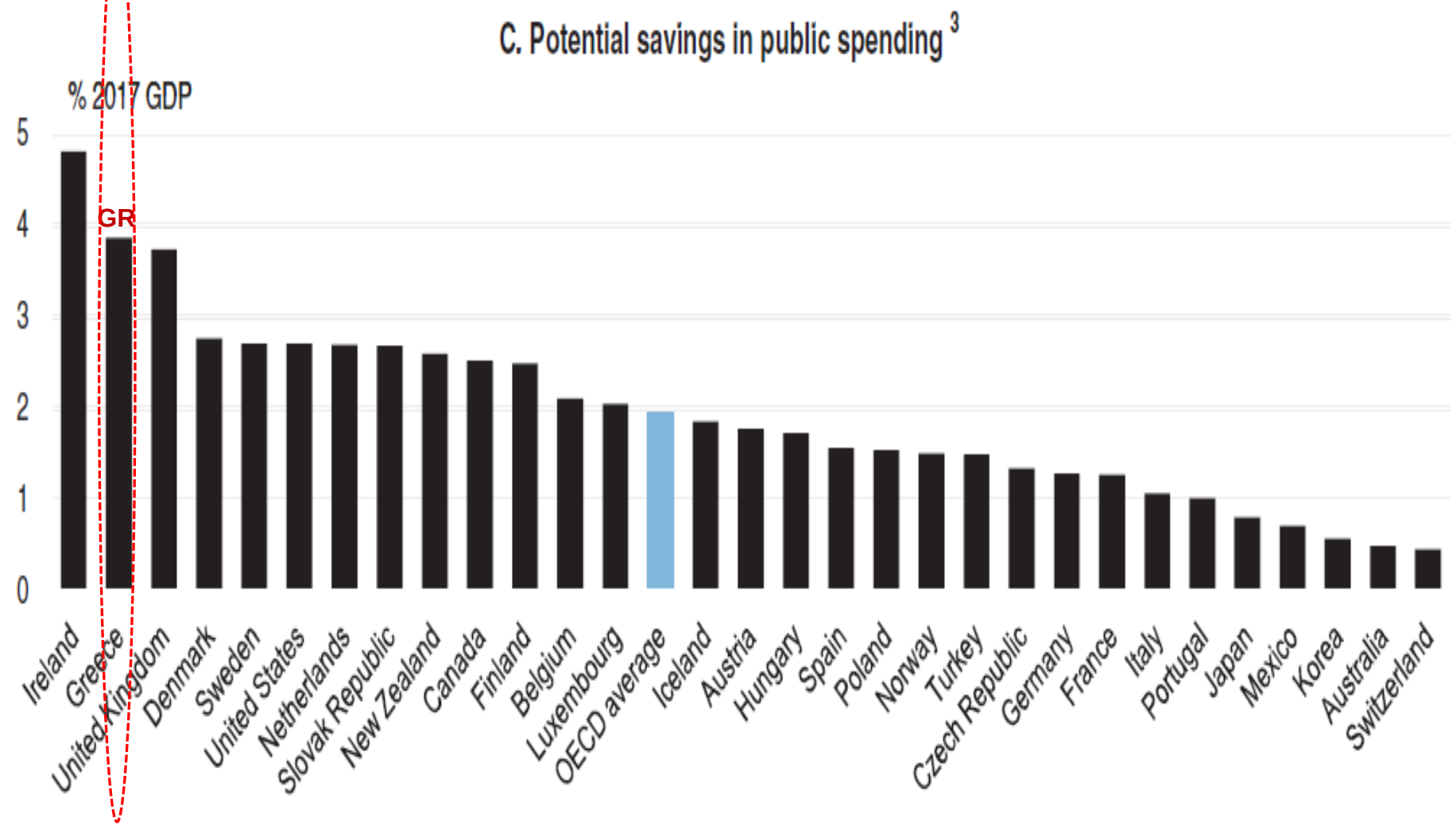
Real public social spending, and real GDP and CPI (Index 100 in 2007, left scale) and public social spending in % of GDP (right scale), 2007-12, by level of change between 2007/08 and 2011/12



Change in real GDP	Change in real public social spending: below-average (below 5.7%)	around-average (betweeen 5.7% and 14.2%)	above-average (above 14.2%)
above-average (above 3.6%)	-	Canada Mexico Poland Sweden	Australia Chile Israel **Korea** Norway Switzerland
around-average (between -4.9% and 3.6%)	Germany	Austria Belgium Denmark Finland France Luxembourg **Netherlands** Slovak Republic	New Zealand United States
below-average (below -4.9%)	**Greece** Hungary Iceland Italy Portugal	Czech Republic Estonia Ireland Spain Slovenia United Kingdom	-

www.oecd.org/els/social/expenditure.

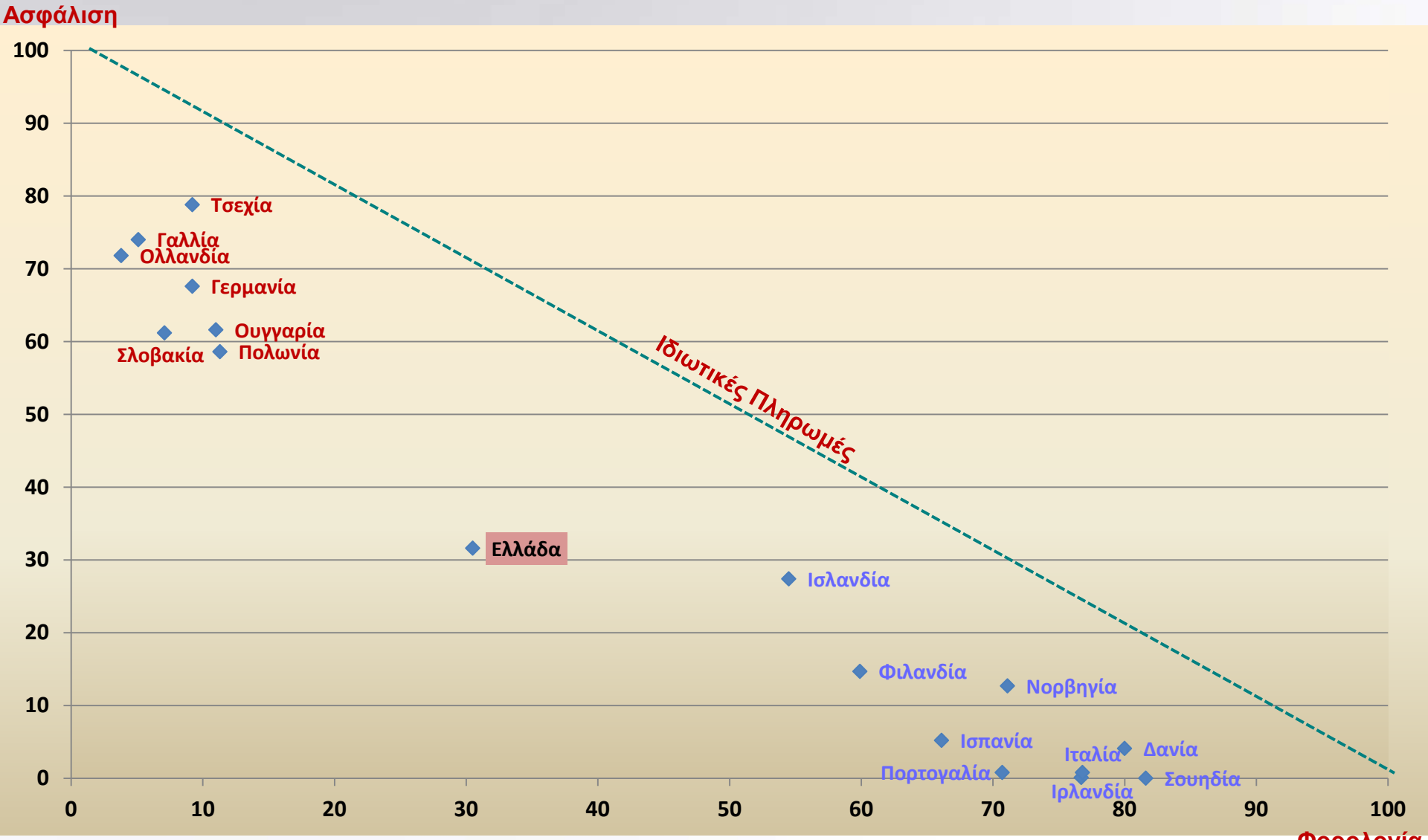
Αναποτελεσματικότητα στη χρήση πόρων



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.

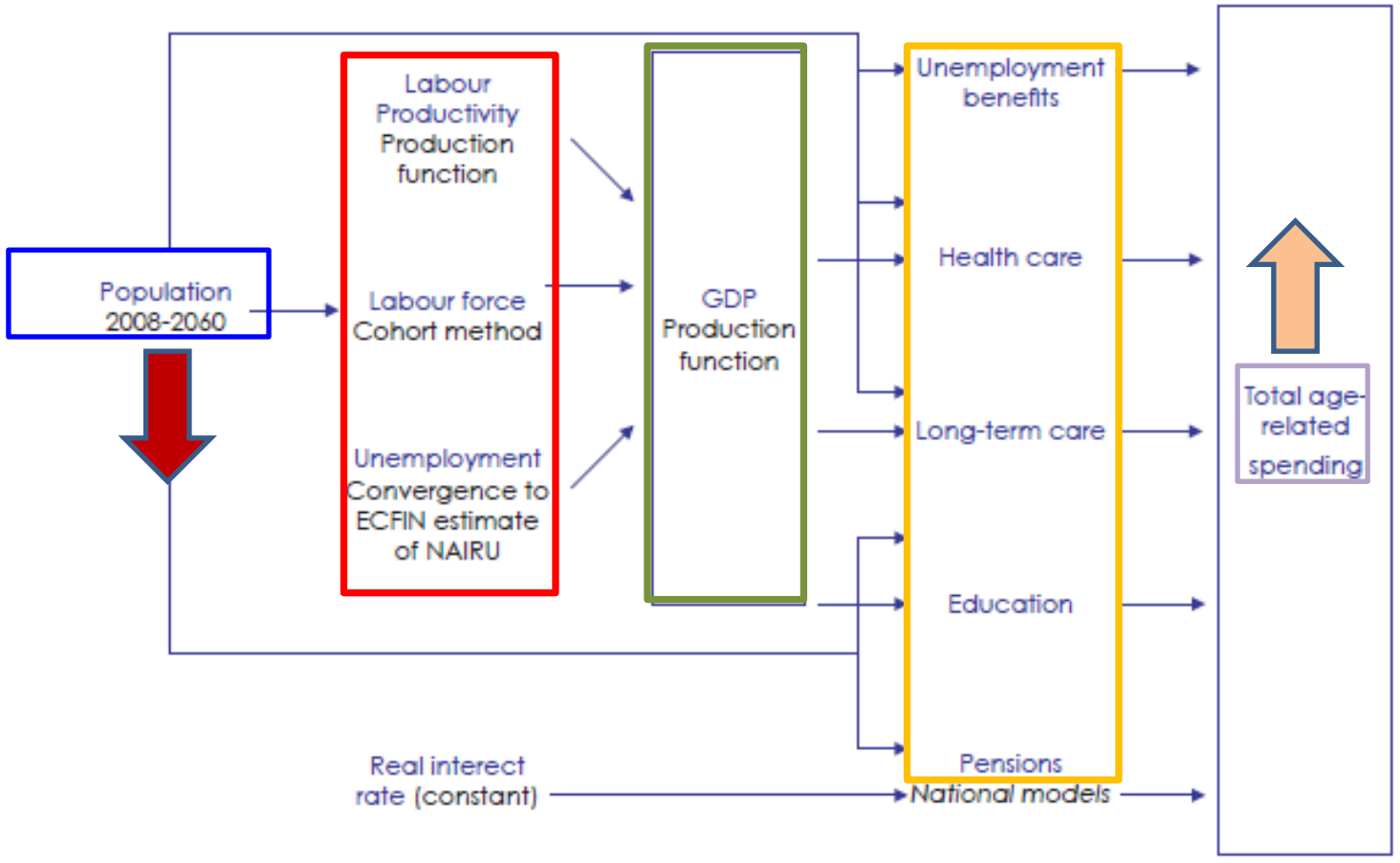
Μοναδικό στη χρηματοδότηση



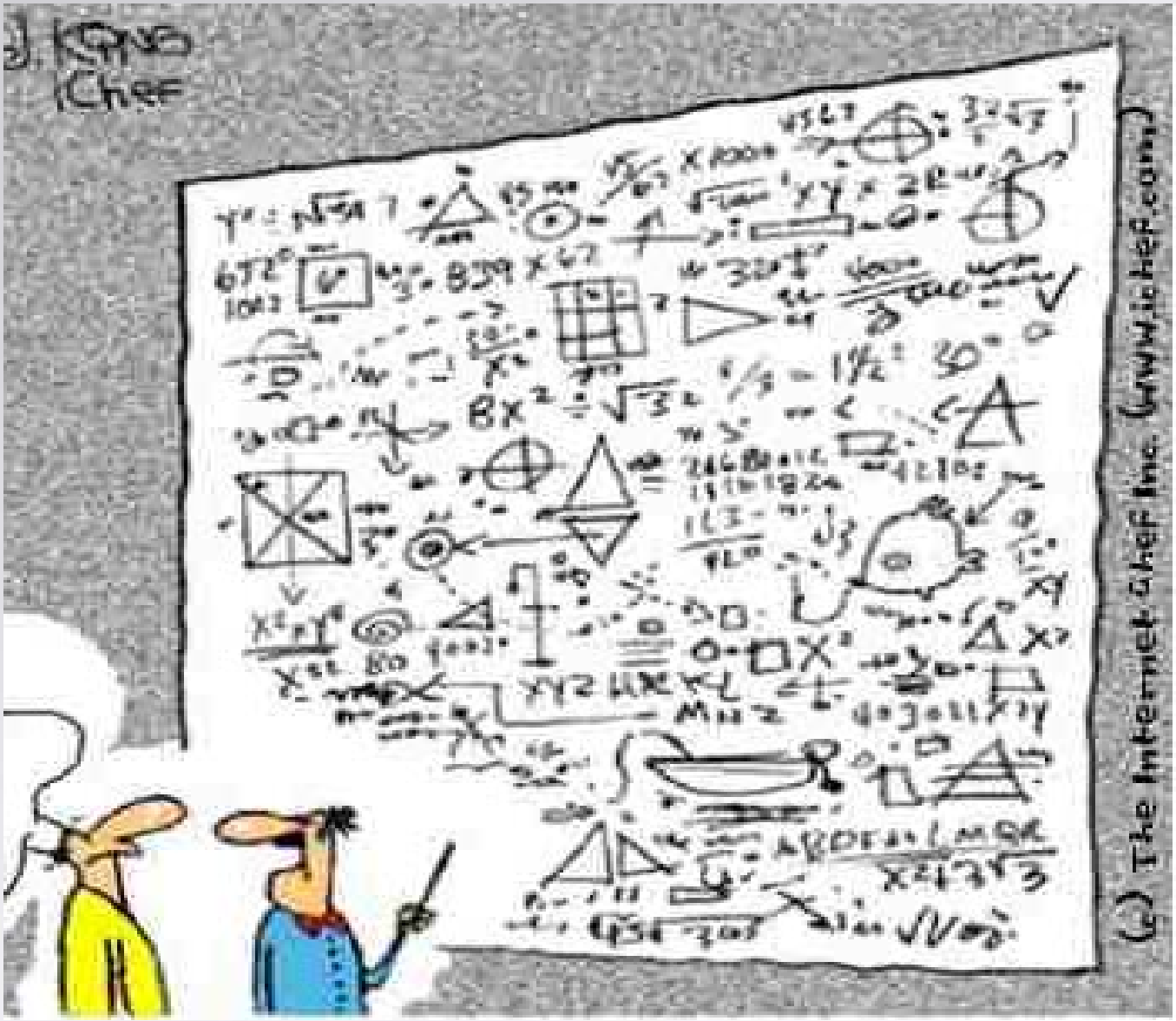
Πηγή: ΟΟΣΑ , 2010

The mechanics

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



Source: Commission services, EPC.



Από τη θεωρία στην εφαρμογή

European Commission

ISSN 1725-3209 (online)
ISSN 1725-3195 (print)

EUROPEAN ECONOMY

Occasional Papers 192 | April 2014

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

Στόχοι

Δημοσιο-οικονομικοί

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

Νοσοκομεία

- Να εκσυγχρονιστεί και να γίνει αποδοτικότερη και αποτελεσματικότερη η οργάνωση και διοίκησή τους

Ασφαλιστικό Σύστημα

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

Φάρμακο

- Να συγκρατηθούν οι δαπάνες για το φάρμακο

Παρεμβάσεις στα Φάρμακα

Φάρμακο

- Τιμολόγηση, αποζημίωση, γενόσημα, περιθώρια φαρμακοποιών, πλαφόν, στόχοι, διαγωνισμοί, διαπραγματεύσεις, κατευθυντήριες οδηγίες, προϋπολογισμοί, e-prescription, INN, Rebates, claw back, monitoring, risk sharing agreements, HTA, ανασφάλιστοι

Παρεμβάσεις στον ΕΟΠΥΥ

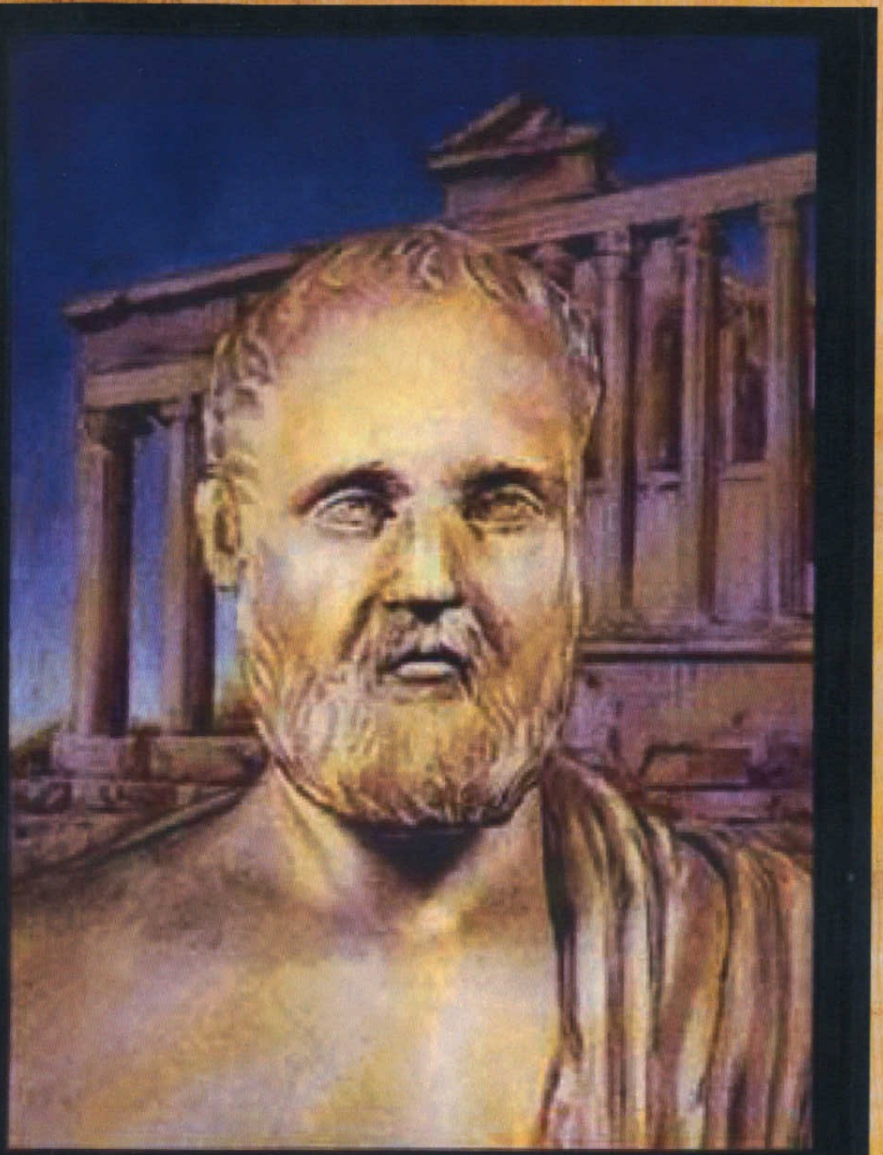
Ασφαλιστικό Σύστημα

- Ηλεκτρονική συνταγογράφηση, ενοποίηση παροχών, e-prescription εξετάσεων, auditing, monitoring, claw back, rebates, fixed budgets, guidelines, price volume agreements, accounting

Παρεμβάσεις στα Νοσοκομεία

Νοσοκομεία

- Μηχανοργάνωση, διπλογραφικό, αναλυτική λογιστική, ισολογισμοί, οικονομικός έλεγχος, έλεγχος αναλωσίμων και προμηθειών, κωδικοποιήσεις, e-prescription, γενόσημα, συνταγογράφηση με δραστική, mobility προσωπικού, ΚΕΝ, συνταγολόγια, κατευθυντήριες οδηγίες, δείκτες και απόδοση, logistics, medical records, ανασφάλιστοι, γενόσημα

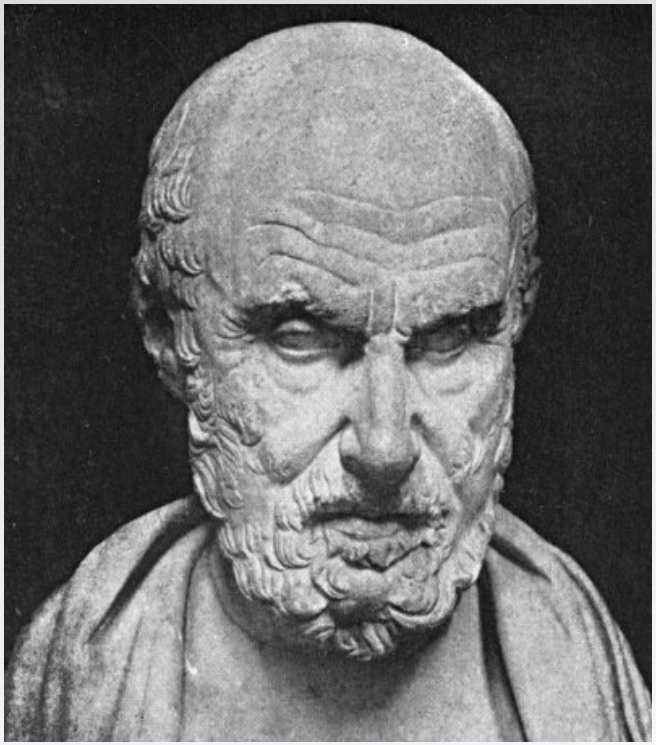


ΙΣΟΚΡΑΤΗΣ

«Η ΔΗΜΟΚΡΑΤΙΑ ΜΑΣ ΑΥΤΟΚΑΤΑΣΤΡΕΦΕΤΑΙ ΔΙΟΤΙ ΚΑΤΕΧΡΑΣΘΗ ΤΟ ΔΙΚΑΙΩΜΑ ΤΗΣ ΕΛΕΥΘΕΡΙΑΣ ΚΑΙ ΤΙΣ ΙΣΟΤΗΤΑΣ, ΔΙΟΤΙ ΕΜΑΘΕ ΤΟΥΣ ΠΟΛΙΤΕΣ ΝΑ ΘΕΩΡΟΥΝ ΤΗΝ ΑΥΘΑΔΕΙΑ ΩΣ ΔΙΚΑΙΩΜΑ, ΤΗΝ ΠΑΡΑΝΟΜΙΑ ΩΣ ΕΛΕΥΘΕΡΙΑ, ΤΗΝ ΑΝΑΙΔΕΙΑ ΤΟΥ ΛΟΓΟΥ ΩΣ ΙΣΟΤΗΤΑ ΚΑΙ ΤΗΝ ΑΝΑΡΧΙΑ ΩΣ ΕΥΔΑΙΜΟΝΙΑ»

ΙΣΟΚΡΑΤΗΣ 436π.Χ - 338π.Χ

The Greatest Wealth is Health

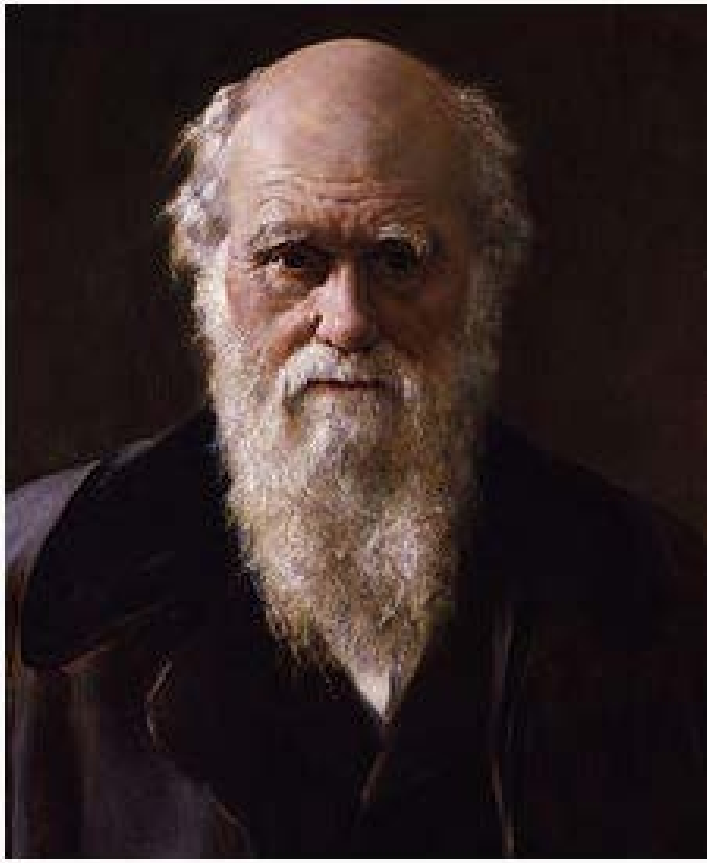


Hippocrates

"Health is the greatest of human blessings"

How are we going to face the challenges?

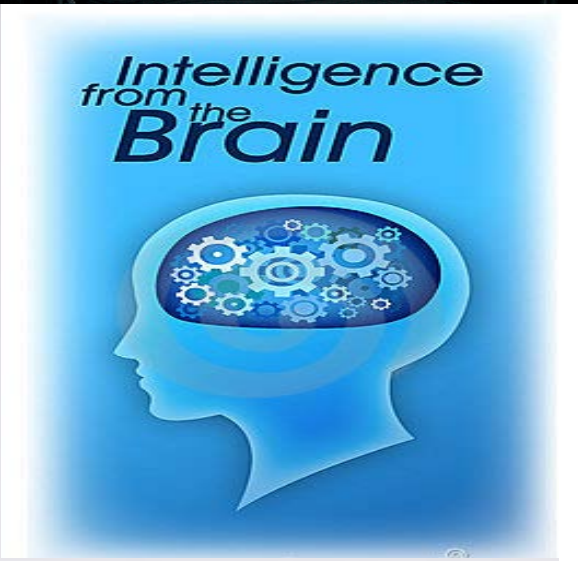
"**Survival of the fittest**"



"better adapted for immediate, local environment"


INNOVATION


B+
BE POSITIVE


Intelligence
from the
Brain


BEST
VALUE


INNOVATION


Reactive
Proactive
dreamstime


BE COOL