



The specificities of the various European countries in the following areas:

- ***Typology of the Health System***
- ***Level of resources and investment in Health System***
- ***Hospital management model(s)***
- ***Healthcare managers professionalization***

GREECE

I. Typology of the Health System

Country identification: **Greece**

Number of inhabitants: **10.43 million**

Health System Model characterization: Bismarck, Beveridge, Other?

The Greek health system comprises elements from both the public and private sectors and is financed by the state budget via direct and indirect tax revenues and social insurance contributions. Historically, social insurance funds have always played a very important role (in coverage, financing and provision of health-care services). Simultaneously, Greece today has one of the most "privatized" health care systems among EU countries; given the country's universal coverage by the public system and private payments that exceed 40% of the total health expenditure, this may be called "the Greek paradox".

Health System Funding:

Financed by state budget (~27,5%), social insurance contributions (~31,3%) and private payments (voluntary health insurance ~4,4% & out-of-pocket ~36,4%), (Hellenic Statistical Authority/ELSTAT, Mar-2020 for year 2018).



II. Level of resources and investment in Health System

GDP per capita: **19,582.5 USD (The World Bank Data, 2019)**

Average Life Expectancy: **81,2 (at birth, WHO Data, 2018)**

Doctors per 1.000 inhabitants: **6.1 (Health at a Glance 2019, OECD INDICATORS)**

Nurses per 1.000 inhabitants: **3.3 (Health at a Glance 2019, OECD INDICATORS)**

Level of allocation of family doctors: **n/a**

III. Hospital Management Model(s)

Describe the hospital management model in your country:

Greek hospitals may be classified into four categories, depending on their legal type, (a) public law entities, (b) private law entities, built by charitable foundations and operating under the supervision of the Ministry of Health as non-profit-making institutions, (c) private clinics/profit-making organizations and (d) special status hospitals, e.g. military hospitals. An obsolete management model -in the majority of Greek public hospitals (121 public law entities)- cannot follow the scientific developments that have occurred in all health area fields over the past decades. The current organizational charts provisions for staffing needs are based



on the number of beds of each hospital (rather than its output). The human resources management is naked of tools measuring performance, and of linking such performance to a rewards (positive or negative) system.

Hospital Manager is the Chairman of Board, which manages public hospitals (government appoints the majority of the members). Neither the manager, nor the Board have the authority to hire, fire or amend the organizational structure; working within the frame of a huge, oversized bureaucracy which is, however, at the same time very weak and impotent in terms of strategy, policy making and management capacities.

The hospital manager (executive director, representing the organization) reports to the Director of the Health Region (7 Health Regions), who further reports to the Minister of Health in the context of a very centralized NHS. Consequently, the arising issues are not solved as close to the level where they are created but rather are forwarded to the highest hierarchical levels.

Describe the model of hiring / appointment of Healthcare managers / Hospital directors / CEOs:

Despite having in place legislation for the recruitment procedure, the appointment of Hospital Managers is literally a political decision in a form of governments' "clientelism" and patronage system. In practice, hospital managers are considered political appointments of ruling party cadres and former candidates for Parliament.

The minimum requirement is the possession of an academic degree, in any field, at any time. When emptied, the job position is announced, candidates submit their resumes, and a committee (appointed by the Minister of Health) evaluates and proposes to the Health Minister, who has the last word. Over the last decade, the appointment of hospital managers took huge publicity as governments were selecting and appointing people with obviously irrelevant background. The current Health Minister has announced, in November 2019 after the last selecting and appointing process (as described above), that the new hospital managers who do not meet the criteria set by the government in its evaluation procedure will be replaced without receiving compensation. Health Minister's portfolio includes the appointment or dismissal at any time of top administrators for Greece's public hospitals, and in any government change, the recruitment of new hospital managers is a predetermined path.



It is worth noting that the other managerial jobs, such as the Chief Operations Officer (COO), the Chief Financial Officer (CFO), the Chief Medical Officer (CMO), the Chief Nursing Officer (CNO), etc, are not announced; these positions consider to be an internal affair, that serves the employees career path within the organization.

Composition and model of appointment of the Board of Directors:

As mentioned above, the hospital Board manages public hospitals and government appoints the majority of the members. The number of the hospital Board members based also on the number of beds, with up to 399 beds to have 5 and those of >400 7 members.

The Minister of Health has substantive supervisory power, since in the Board of five the 3 of them and of seven the 4 of them (manager and 2 persons in the first case and, in second, manager, deputy manager and 2 persons) are appointed by him. These 2 persons are not necessarily relevant with health sector or business/hospital administration, are not reimbursed and they can also be replaced at any time. Two more board members are elected through personnel (one representative for the medical and one for the rest of the staff).

IV. Healthcare managers professionalization

Do you have a formal recognition of the hospital/healthcare manager profession in your country?

No. Despite international recognition of the importance of healthcare management in the development of high-performing systems, the path by which some countries may develop and sustain a professional healthcare management workforce has not been articulated.



Hellenic Health Services Management Association (HHSMA) is working for decades for a national framework that elevates the professional management role, for the establishment of a professional workforce of healthcare managers, with standards for healthcare management, and a monitoring function to promote adherence to standards and a graduate level educational path to ensure a pipeline of well-prepared healthcare managers. Moreover, HHSMA in cooperation with International Organizations, as is the EAHM and the IHF, try to positively impact patient care through heightened leadership capability and increased recognition for the profession of healthcare management.

Do you have a certification competency model in your country?

No

Do you have a mandatory training model in your country?

No

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