

# **Integrated Health Care in Greece: difficulties in its implementation**

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## **Editorial**

Health and social sector can be seen as a divided and highly specialized structure, where health professionals work in an autonomous way taking care to achieve their own goals. Many different providers are responsible for health care that work in different organizations or scientific bodies with their own organizational culture, regulations and goals and founded by different sources.

From the consumers' point of view, health and social sector is a stressful area-in some cases terrified- trying to satisfy physical or/and psychological or/and social needs using a mix of different services delivered by multiple providers in institutional settings, community and home.

The situation above, stress the need for achieving synergy among of all these distinct components of the health and social sector. According to WHO [1] this effort needs to be supported because integrated health services promote the various types of rights of everyone to a universal minimum standard of health and health care. It can also combat the problems related to equity, responsiveness and lack of resources, which can be faced by vulnerable groups of citizens and/or multi-morbid patients Integrated, people-centered health services delivery is: holistic, ethical, continuous, endowed with rights and responsibilities, preventive, sustainable, equitable, comprehensive, co-produced, collaborative, respectful, goal oriented, empowering, shared accountability, evidence informed, led by whole systems thinking and coordinated [1].

Kodner and Spreeuwenberg [2] have defined integrated care (IC) from the health professional's view as “..... *a coherent set of methods and models on the funding, administrative, organizational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors*”.

From the users' point of view, IC means that their care should be planned with

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people, who work together, who can understand them and their carer(s), coordinate and deliver services to achieve their best outcomes [3].

In order to achieve the implementation of people centered health care delivery, developed countries have to reorient their health systems and services. Establishing co-ordinated provider networks, developing and using electronic patient records, creating groups of multidisciplinary professionals (managers and administrators, physicians, nurses, pharmacists and other allied personnel), changing current practice by established clinical guidelines are some of the principal steps which should be taken place [4].

The Greek Ministry of Health has to do multiple interventions to change the organizational culture -at first - of health care organizations and institutions to the direction of IC. Although the rise of general and family medicine at the end of the 20th century globally has cultivated the idea of more integrated medicine [2] the role of the family doctor is still non-existent -despite the existent relevant, voted by the Greek Parliament, acts- while the efforts of general practitioners to bridge the gap between primary care services, hospitals, rehabilitation institutes and social services continue to be questioned by the other specialized doctors [5].

On the other hand the role of Greek nurses remains limited and almost downgraded. Despite the fact that well trained nurses graduate from the Greek Universities their impact on the policy making is almost nonexistent. There is a paradox about nursing in Greece: There is the lowest ratio of practicing nurses per 1,000 inhabitants (in contrast with the high ratio of physicians per 1,000 inhabitants, which is the highest in the OECD states members) [6]. Because of that the Greek health system is oriented on curative services delivered in hospitals, rather than other services such as home care or public health (health promotion and disease prevention), diminishing its efficiency. The above, drew the system away from the proven benefits of nurse-led care, such as increased patients' satisfaction and reduction of hospital admissions and mortality [7, 8]. Unfortunately Greek nurses have not managed to introduce the use of the nursing process in their practice in a clear way, citing the shortage of nurses [9]. This is a significant barrier to the use of a common language for describing nursing work. The use of such a language is imperative for empowered nurses to take the lead into an integrated health care system in Greece.

Final result of the aforementioned is the inability of development and implementation of the IC pathways, which detail the basic steps in the care of patients with a specific problem and describe the expected progress of the patient [11].

As it is perceived, Greece must strive hard to achieve the implementation of integrated health care model. Existing experience from overseas countries can be a valuable guide to a successful implementation of the model. Besides, country's critical economic situation is the biggest trigger for this effort.

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