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### Leadership Meets Politics

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Both speakers for this session strongly put forth the need for political decision makers to align health systems with societal changes. They are also very lucid about structural obstacles to face in order to carry out that political mission. Medical savings accounts are a tool to enhance free movement of goods, services and people.

Gediminas Cerniauskas, MD, PhD, Minister of Health, Lithuania Starting with a brief presentation on Lithuania and its healthcare system Mr. Gediminas Cerniauskas, the Lithuanian Minister of Health emphasised that change is just beginning

in his country. Lithuania's low life expectancy illustrates the varying standards of healthcare within the EU but his presentation of the innovative scheme of medical savings accounts (MSA) demonstrates that things are evolving.

Mr. Cerniauskas believes that healthcare markets in Europe are fragmented due to high transaction costs and the prevalence of national insurance systems. These problems are not high enough on the political agenda as shown through discussions on the EU directive on services. Will compulsory health insurance ensure financial sustainability?

MSA are based on personal medical savings accounts used in the USA (voluntary health insurance model) and Singapore. They will be used to finance health services not covered by national statutory systems. If subsidised by tax breaks for the income used to pay contributions to MSA, the scheme will create a zone in between free-of-charge services and services fully paid by patients. The format is a debit card system, meaning that payments from MSA would not be costly and would lead to a substantial reduction of administration costs.

If approved, the scheme will start in 2009 with almost universal coverage of taxpayers and their families. The key objectives of medical savings accounts are an increased accessibility of services and poverty reduction. But these accounts could also pave the way for the development of integrated healthcare markets in the EU as the debit cards may be used both at home and abroad.

Reforming the Greek National Health System; many efforts with few results. Lessons to be learned

Yannis Tountas, MD, MPH, PhD, Chairman of the Governing Board of the International Network of Health Promoting Hospitals and Health Services, Medical School, University of Athens, Greece

Yannis Tountas spoke about reforms and their level of success in the Greek National Health System.

Mr. Tountas emphasised that health systems are social systems and one must change when the other does. Society is changing; an increasingly aging population means different needs must be met. Socio-economic changes such as migration, unemployment, globalisation and health inequalities increase the demand for healthcare and therefore also increase expenditure.

He highlighted the fundamental Principle of the Ljubljana Charter on Reform: reform must be driven by values, targeted on health, centred on people, focused on quality, based on sound financing and orientated towards primary health care. He explained the two strategies available. The first is the delivery of cost effective health services and the second is hospitals in transition. Delivering cost effective health services includes initiatives such as decentralisation, coordination and integration, empowering the patient, enhancing quality, evidence based medicine and upgrading human resources. The hospital in transition strategy includes new services such as day care and home care, new public management, tailored purchasing mechanisms, new information and communication technology, and health promoting hospitals.

Mr. Tountas then illustrated the problems of the Greek National Health System. Controlled by the Minister of Health, public hospitals have underpriced services and insufficient personnel; there is a low quality of services, inadequate equipment and low public satisfaction. To rectify this situation both general and specific reforms were proposed. General reforms included increasing public health expenditure, decentralisation/ regional organisation, developing a central purchasing organisation

for social insurance and a comprehensive primary care health system. Specifically in hospitals, hospital management should be reinforced, there must be a productive hospital budget, private payments should be introduced and hospital information systems and quality improved.

Results however were varied. Although decentralisation and the reinforcement of hospital management were successful and some progress was made in the introduction of private payments, hospital information systems and quality improvement, the rest of the reforms were unsuccessful. The reasons for this failure include a lack of unified policy, a lack of consensus, a lack of continuity, a lack of resources and managerial skills and a lack of autonomy. So Greece remains in this continuous crisis: fragmented, lacking in quality and with inadequate public expenditure.

The lessons to be learned from this relative failure in Greece are without doubt the importance of the socioeconomic environment, of governmental health policy, of continuous and robust leadership and of having consensus among the main partners. What must be understood is that health systems are complex non-linear systems. (LC)

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