# Marios Themistocleous – Secretary General of Primary Health Care, Ministry of Health, Greece



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*Speaking exclusively to PharmaBoardroom Marios Themistocleous, secretary general of primary health care at the Greek Ministry of Health, introduces the transformation that primary healthcare in Greece has undergone since the COVID-19 pandemic and the impact that EU RRF funding stands to have. Themistocleous also touches on the administration's approach to partnerships with private sector actors to drive better patient outcomes, as well as attempts to secure sufficient numbers of healthcare professionals in the country.*

**Could you start by introducing the scope of your current role as Greece's Secretary General of Primary Health Care and the key items on your agenda? How do you draw on your experience as a practising neurosurgeon in this role?**

The role of Secretary General of Primary Health Care in Greece is highly challenging due to the underdeveloped state of the primary health care (PHC) system. The key areas of responsibility include policy development, organization, supervision, and monitoring of implementation by the National Health System (NHS) and the private sector through the National Organization for Health Care Services Provision, with the primary goal of ensuring sufficient and equitable access to healthcare for all citizens.

Taking on this role during the pandemic, my initial priority was to organize the National Vaccination Program against Covid-19 under difficult circumstances and within a tight timeframe. Looking back on what we have accomplished almost two and a half years later, it is nothing short of a miracle. We successfully coordinated all relevant parties and carried out one of the most successful vaccination campaigns, reaching every island and remote area of the country.

Building on this success and with high sense of responsibility, we initiated the transformation of PHC in Greece a year ago. Reforming PHC has been set out as one of the core priority reforms by the Prime Minister of Greece, Kyriakos Mitsotakis. Our whole-of-society approach to healthcare aims to maximize health and well-being by addressing people's needs as early as possible, from health promotion and disease prevention to treatment, rehabilitation, and palliative care. Moreover, with secured European funding, we will renovate and upgrade PHC buildings.

Our current focus is on the establishment of the institution of the "Personal Doctor", i.e. a Primary care physician system. For the first time in the Greek NHS history, registration with a personal doctor is mandatory for all citizens, and over **54 percent** have already been registered.

At this point I would like to come to the second aspect of your question. As a Neurosurgeon, I have faced highly demanding situations requiring attention to detail and precision, and as the Secretary General, I bring the same level of emotional strength and discipline to my work and towards my approach to politics.

**EUR 271 million of Greece's EU Recovery & Resilience Facility (RRF) funding has been earmarked for primary care. What are the areas within Greek primary care in most need of an upgrade and how significantly would a more efficient primary care system, whereby patients visit hospitals far less, impact the overall healthcare system and the amount being spent by the Greek state?**

The reform of Primary Health Care aims to establish a robust PHC network and to create a modern system that will ensure citizens' equal and universal access to quality health services.

Therefore, the entire **271 million package of the EU RRF funding** is going to be utilized towards fully upgrading the PHC in Greece. We have already advanced far into the process, and we feel confident that by the end of 2025, we will have succeeded in the following: 1) **Renovation of at least 156 out of 312 PHC units**, 2) PHC unit medical equipment modernized and maintained in all PHC units, and 3) Retraining of **more than 10,000 PHC healthcare professionals** in

modern practices to enhance comprehensive health management.

The focus is on providing first-line care, managing chronic diseases, and reducing social inequalities in healthcare while promoting prevention and health. The initiatives will address the shortcomings of the current system and provide better access to healthcare, resulting in fewer hospital visits and a more sustainable PHC system. Overall, this will lead to improved health outcomes and a stronger healthcare system.

The last key aspect of our policy is the digital reform of the Greek NHS. This includes the upgrade of the existing digital infrastructure and the development of novel information systems of the PHC settings. The goal is for the latter to assume the key role of gathering information and completing the electronic health record of each individual patient. Those systems will be connected to the centralized database, ensuring that the electronic health record will be available throughout all aspects of the NHS.

**Can you tell us about any initiatives or reforms that the Greek Ministry of Health has already implemented to improve this system?**

To begin with, the reform of Primary Health Care in Greece is centred around the institution of the “Personal Doctor”, which involves mandatory registration of citizens to a primary care doctor, incentives, and IT infrastructure for PHC appointments including booking, among other things. Our primary goal is for all citizens to be registered with a personal doctor (general / family medicine or internal medicine specialities), in order to ensure the provision of comprehensive and continuous care to all citizens with the aim of preventing diseases and optimizing their health.

Currently, more than **4.7 million citizens** have already registered with a personal doctor. This corresponds almost to **54 percent of the eligible population**. In terms of age groups, more than **72 percent of citizens older than 70 years** are **already registered**, followed by **65 percent of citizens** in the **50-69 age group** and **40 percent in the 17-49 age group**.

The personal doctor is responsible for coordinating and interfacing with other specialist doctors in the local PHC network, as well as with tertiary referral hospitals. We introduced the health advisor of every citizen, and today **3,385 personal doctors** have been enrolled in the system, who are responsible for the following: 1) Management of: the most common chronic diseases and conditions in the community, the major risk factors and health care and rehabilitation services, as well as the coordination and the interface with other specialist doctors of the local PHC network as the case

may be, as well as with the tertiary Referral Hospitals, 2) Support, orientation and responsible guidance of patients within the health system, 3) the implementation of preventive and screening programs, as well as the implementation and monitoring of vaccination programs, 4) the referral of citizens-users of PHC services to other medical specialties and to preventive and screening services and other levels of care, as defined by appropriate guidelines and protocols, which in turn are implemented by the Ministry of Health on the basis of international standards-of-care, and 5) overseeing the creation and maintenance of the individual electronic health record for each citizen registered in the “personal doctor” registry, thus ensuring the continuity and coordination of care.

In addition, an IT infrastructure for booking and managing appointments was developed and within the first two months, more than one million slots were available for medical appointments. We also further supported the procedure by developing the website of the “personal doctor” which was launched to provide useful information on the institution and functions as a platform for easier access to the system for registrations and booking appointments.

Further to what we will achieve by upgrading the digital infrastructure, we are also planning to develop a network of mobile health units. The mobile health units (KOMY) will act as reinforcements both in terms of their location and in terms of their staffing, with the existing structures of PHC. According to our goal, the operation of KOMY in 168 points throughout the country covering remote mountainous and island areas, with the provision of comprehensive PHC services to vulnerable and underserved groups of the population, as well as preventive health programs to the entire population of the country, is envisaged.

**How is the Greek government working with private sector companies and other stakeholders to achieve its healthcare goals?**

The ultimate goal is to provide every citizen with high-quality services, and in order to achieve it, close cooperation of all sectors is needed, both public and private. The collaboration between public and private sectors is crucial in creating a strong and sustainable public health system which provides equal and optimal quality healthcare access to all.

Let me give you some examples. In the institution of the personal doctor, **1,142 self-employed doctors** contracted with the National Organisation for Health Care Services Provision are enrolled in the system so far. Moreover, the private sector supported the health system during the pandemic and perhaps most importantly, the success of the vaccination program is a good example of how the contribution of both public and private sectors can result in a positive outcome

for the entire society.

The introduction of quality assessment criteria for recruiting private providers and self-employed doctors is another important step in ensuring that private healthcare providers meet the same standards as their public counterparts.

It’s also important to have governance and collaboration with all parties involved before introducing any measure, to ensure that the best possible approach is taken and as the benefit of every citizen is the main goal. By working together, both public and private stakeholders can contribute to building a stronger, more effective, and more efficient healthcare system.

**Given the significant brain drain that Greece experienced during the crisis years, what strategy does the Greek government have in place to address the shortage of healthcare professionals, such as doctors and nurses, in the country?**

That’s true, in the last decade, due to the financial crisis, Greece experienced a significant leak of highly educated and highly skilled individuals. Understandably, people desire a better quality of life, better education, jobs and healthcare. Especially during and after the pandemic.

From our perspective, there is a very specific strategy to reverse this trend and it is our commitment to greatly improve the healthcare system by enhancing its various aspects.

To be more specific, the first step was to significantly increase the funding of the healthcare system so that it becomes equivalent to the European average in the coming years. A closer look at the data highlights some of our achievements in reaching this goal: The budget for healthcare in 2019 was **3.8 billion euros** while now it is **5.2 billion euros**, **increased by 1.4 billion euros.**

However, most important and above all actions is investing in people. Towards that direction, more than **15,000 professionals** have been hired during the last four years in the NHS, with **more than 5,000** of them in 2022. This amounts to an **increase of around 7 percent of the total staff** in the public sector of our healthcare system. Other improvements include a **10 percent increase in the salary of doctors**, for the first time after 15 years, monthly allowance at the rate of **400 euros** to intensivists and anaesthetists, and **250 euros monthly allowance** to emergency room doctors. To that, we have also to add the significant bonus of approximately **800 euros** to the personal doctors of the public settings who have more than **1500 registered** citizens in their lists and the reimbursement of self-employed personal doctors for providing free services to citizens up to 60,000 euros per year.

This government revised also the rates of risk and hardship allowances by increasing it to 200 euros for nurses monthly, and by including other personnel categories to this.

Again in PHC what we do is to increase productivity in the high-skilled personnel, many of whom are in the public sector, and making salaries more competitive would mean workers remaining with PHC. We do care about our people and we continue to constantly develop education and training programs for all the personnel of the PHC in order to provide them with up-to-date evidence.

It is clear that the overall investment in healthcare has increased a lot, and if we include in this the 1.5 billion of the RRF funding for healthcare it seems that we have achieved the securing of a complementary budget for health.

Our focus remains on prevention and the transfer of resources to screening and early diagnosis with the aim not only to cure the disease, but to keep the citizens healthy. For this purpose, **254 million euros** with the possibility of an additional **130 million** are provided to five **basic preventive programs: cancer screening (for breast, cervical and colorectal cancer), cardiovascular diseases and the prevention of childhood obesity.**

Ultimately, our most effective long-term approach to stop brain drain is to discourage citizens from leaving in the first place by giving them a reason to stay, and this means providing better jobs, more opportunities, and a higher standard of living.

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