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The administrative and governmental landscape of hospital pharmacy in Greece



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The Pharmacy Department in Greek hospitals is a part of the Medical Services Section, but its function also involves financial and administrative services. This means that hospital pharmacists, in addition to their scientific duties related to health care, also have the obligation to be involved with public economy issues. This represents a major problem for pharmacists in Greece as they have to deal with the hospital manager on a day-to-day operational basis.

As the Greek administration system is characterised by lack of decentralisation, most managerial decisions in the hospitals have been replaced by administrative rules, interpreted outside the hospital by different bureaus, in different ministries.

A significant issue for hospital pharmacies are personnel, e.g. being high level and well trained; organisation and funds. This all must take place within a constrictive system where movement is difficult. If a hospital pharmacy needs any kind of additional personnel three ministers (Health,

Finances, and Interior) and an independent authority (responsible for the legitimacy of the process for the recruitment of public servants) are involved. The recruitment process is done at the national level and takes between 2–4 years for a pharmacist to get a job at a hospital. This stands in sharp contrast to other countries, such as some parts of France, where the procedure takes a month.

Specialities and training are vanguard ideas with no application in Greek hospital pharmacies. Although a lot of hospital pharmacists are trained and have postgraduate titles in clinical pharmacy, public health, and other specialised fields, there is a lack of opportunities to apply these specialties in hospitals.

Laboratories and pharmacokinetics units or parenteral dilutions units, and special units involved with haematology or chemotherapy, are established in a few hospitals only after the strong intervention of qualified hospital pharmacists. All these activities are not covered by any official act.

The main problem is the small number of hospital pharmacists – less than 300 serving 132 hospitals. Greek hospital pharmacists, mainly because of the small number and the unbelievable bureaucracy, are usually lost in piles of documents, bills, orders, and arguing with the hospital manager for procurements and expenses.

Many projects have failed due to the lack of appropriate human resources. Of course there are some exceptions but they mainly refer to well-known pharmacists and brilliant managers.

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Integrated healthcare services in Greece: reality or dream?



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Integrative health care has become a common term to describe teams of healthcare providers working together to provide patients the best of conventional and complementary health care [1]. In essence, the integra-

tive model of team practice in health care: i) consists of an interdisciplinary, non-hierarchical blending of both conventional medicine and complementary and alternative health care that provides a seamless continuum of decision-making

and patient-centred care and support, ii) is based on a specific set of core values that include the goals of treating the whole person, assisting the innate healing properties of each person, and promoting health and wellness as well as the preven-

tion of disease, and iii) employs an interdisciplinary team approach guided by consensus building, mutual respect, and a shared vision of health care that permits each practitioner and the patient to contribute their particular knowledge and skills within the context of a shared, synergistically charged plan of care.

Over the past few years Greece has undergone several endeavours aimed at modernising and improving the national healthcare services. Integrated health care has been attempted at the regional level and partly through primary care initiatives [2]. Quality improvement and coordination of outpatient and hospital services, through the implementation of information and communication technologies (ICTs), namely e-Health activities, have been fragmented and uncoordinated, although a number of projects for the improvement of health and welfare services via application of ICT, both at a national and a European level, were and currently are under implementation [3].

The e-Health Unit in the General Hospital of Chest Diseases 'Sotiria', an 800-bed public teaching hospital in Athens, was established in March 1999 as a horizontal research and therapeutic unit [4]. The hospital mainly serves elderly and chronic patients (pulmonary, cardiology, oncology, etc.), as a percentage more than 50% of its total capacity. The e-Health Unit efforts are mainly focused on the implementation of emerging ICTs in everyday clinical practice as an initiative to modernise the previously offered rehabilitation services for these chronic patients. Therefore, the activities of this e-Health Unit include rehabilitation and chronic disease management, early discharge and personalised care, home-based follow up, and home-hospitalisation.

In the projects that the e-Health Unit participates in, patient-centred services, supported by ICT solutions, are customised to each patient's needs, proactively follow the patient at any step he/she takes in the care delivery

system, bridging and empowering all the points of care delivery. They are accordingly organised in three phases: 1) recruitment of high-risk chronic patients and initial outpatient rehabilitation, 2) chronic outpatient comprehensive care (home- and community-based rehabilitation), 3) home hospitalisation and early hospital discharge. In all of the above stages, services are provided by all medical and paramedic specialties. Through these services, holistic care delivery around individual care plans, as well as interventions by multiple collaborating professionals at the right time and place, become feasible in a well-orchestrated and cost-effective way.

In all phases of all projects carried out by the 'Sotiria' e-Health Unit a pharmacist was included in the team, in order to access, implement and certify the prompt, safe, and proper use of pharmacotherapy [5]. Especially in those projects where chronic disease patients were included, patient education and subsequent follow-up monitoring improved compliance and effectiveness of prescribed treatments, while medication errors were detected, prevented and contained, thus reducing the number and consequences of adverse events [6, 7].

The e-Health Unit has been participating in several European projects (Med-ContiNET, MEDASHIP, GALENOS, AMICA, Future Health, Healthware, NEXES) that access and support continuity of care. The e-Health Unit was recently awarded the 'e-Inclusion 2008' first prize of the European Commission, for its innovative utilisation of ICTs to fight the exclusion of socially disadvantaged and fragile groups of patients. The provided services were evaluated as the most impressive among European public organisations participating in the 'e-Inclusion Awards 2008' competition. Moreover, the unit is included in the Best Practices of the eu.practice portal (www.epractice.eu), a special distinction awarded to only 1% of the projects described in this portal.

Although investigations over the past several decades has shown the value of pharmacy services to be poor, it is constantly improving [8, 9], and pharmacists are expected to add value to the healthcare system via added services, e.g. medication reconciliation and safety, and significant cost savings [10-12]. In more and more hospitals, positions of pharmacists are shifting from predominantly distributive, with maybe just a few clinical positions, to a model that has most positions serving in an integrated clinical/distributive role. Therefore, currently, the pharmacist is an essential member in all integrated healthcare teams, as the qualified professional that ensures appropriate, safe, and cost-effective use of medications.

Integrated healthcare services need to be included into National Health Systems on a regular basis and not only through pilot studies and projects. Evidence acquired through these studies and projects support the integrative approach through the cost-effective character and essential improvement accomplished both in patient safety issues and healthcare expenses.

As Greece struggles to evolve in matters of patient safety and quality in health care, approaches like the one discussed above, are realised gradually but steadily. The dream of a patient-centred healthcare system can become a reality only when it is reached through contribution of all stakeholders involved. Sooner or later, Greece will also catch up!

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