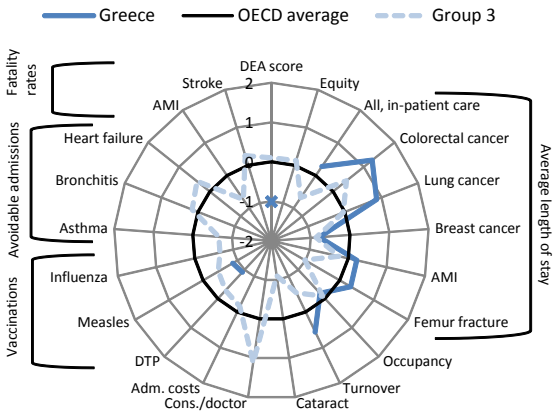
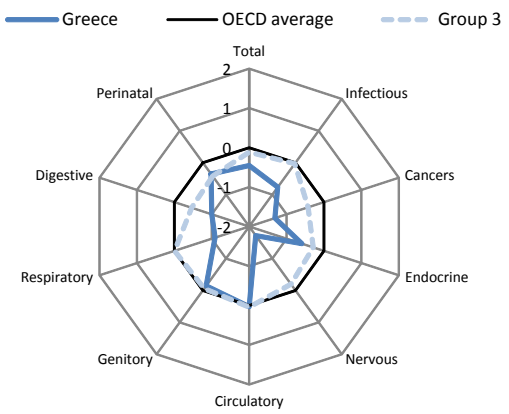
Greece: health care indicators

Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg

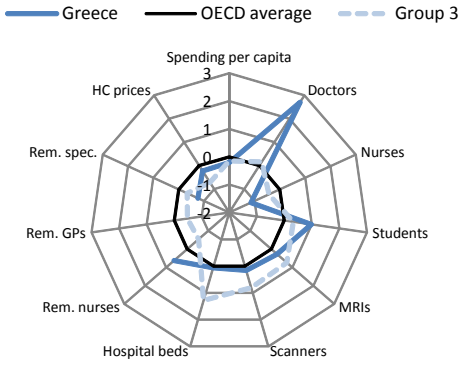
A. Efficiency and quality



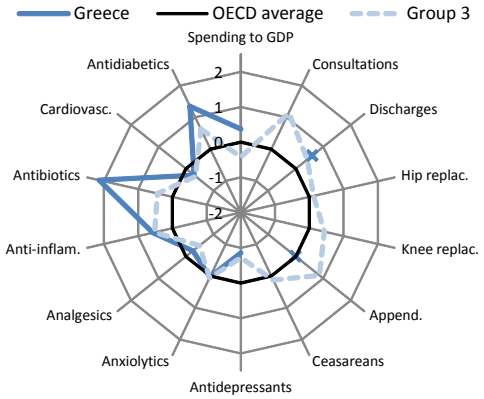
B. Amenable mortality by group of causes



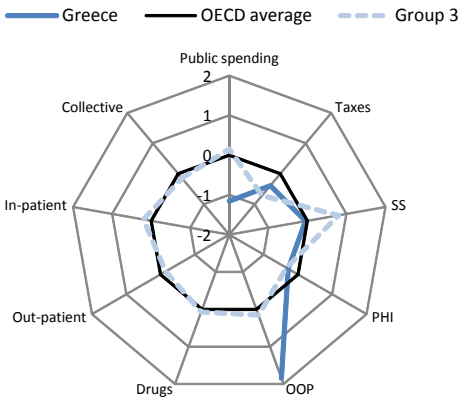
C. Prices and physical resources



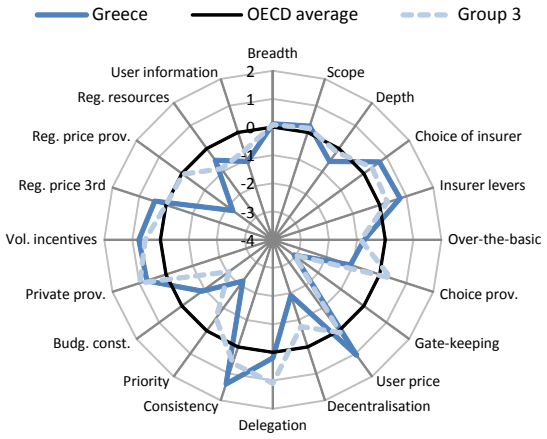
D. Activity and consumption



E. Financing and spending mix



F. Policy and institutions



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the OECD average country).
In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area).
In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations.
In Panel F, data shown are simple deviations from the OECD average.

Source : OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

GREECE

GROUP 3: Public basic insurance coverage with little private insurance beyond the basic coverage. Extensive private provision of care, with wide patient choice among providers and fairly large incentives to produce high volumes of services. No gate-keeping and soft budget constraint. Limited information on quality and prices to stimulate competition.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
Lower DEA score. About average amenable mortality rate		Higher level of health care spending to GDP ratio	Lower public funding share. Higher out-of-pocket payments	Rather low depth of coverage	The Greek health care system is difficult to assess with the existing set of indicators, given its very fragmented nature (including the rather large parallel system). Internationally comparable data are also often missing, in particular on the allocation of spending across sub-sectors and on the quality of care
Mixed signals on acute care (output) efficiency				Less choice of provider and more price signals on users (often in the form of informal payments)	Improve information on prices for users
	More doctors and students *per capita*, less nurses			Regulation of provider prices are often not fully complied with	Introducing a hybrid compensation system for physicians (capitation payments and fee-for-services) should be considered. For hospitals, moving from a per-diem and retrospective payment approach to a DRG system could be an option to promote value for money
Few internationally comparable data on the quality of care	Higher relative income of nurses			Less priority setting	To control health care spending better, stricter budget norms and better priority setting should be considered