Brief Communication

Cataract Services in Greek Public Hospitals through and after the Austerity Period

Abstract

The recent financial crisis caused several problems in the health systems of affected countries like Greece. The present short report highlights several issues regarding the operation of cataract services in Greek public hospitals while certain acts are proposed to cope with recently appeared tight spots. The final aim is to promote relevant discussion in Greece and countries in the region that similar conditions may apply. The cataract service is one of the busiest parts of modern ophthalmology clinics and since they are considered high cost procedures, are affected by limited monetary funding. Institution of a national cataract institute could improve the quality of provided services: To reduce waiting period for a cataract operation, secure safety of procedures and maintain an adequate level of cataract surgeons training.

Keywords: *Financial resources, Greece, medical billing and coding, phacoemulsification*

Konstantinos T. Tsaousis

Department of Ophthalmology, Volos General Hospital, Volos, Aristotle University of Thessaloniki, Thessaloniki, Greece

Introduction

In the era of the financial crisis, which started in 2009, the Greek public health system has exhibited significant dysfunctions. Funding of public hospitals has been decreased by 50%. The quality of provided services has been considerably compromised due to the lack of material resources and also because of a dramatic drain of capable medical personnel.[1,2] In Ophthalmology, things are expected to be worst than other medical subspecialties, since it is involving sophisticated high technology equipment and consumables of high cost.[2] According to approximated unofficial data (no official data available), 80,000 cataract operations are performed in Greece every year, both in the public and private sectors. The ongoing exhaustion of economic resources in Greece and other countries leads in several problems.

The present report aims to demonstrate some of the dysfunctions in cataract services of Greek hospitals during the fiscal crisis.

Capacity Issues

Following the cuts in funding from public insurance companies, many eye clinics, both public and private, do not have sufficient amounts of essential parts for cataract surgeries. A direct effect is the postponement or cancellation of procedures resulting in substantial elongation of the waiting period for a cataract operation, up to 1 year (<3 months during the previous decade).[3] The almost nonexisting administrative support in most of the Greek health institutions should be noted,[4] and the nonoperational method of handwritten waiting lists is, in many cases, still the only alternative.

Safety Issues

Apart from waiting lists elongation, there are a number of concerns that, within this ominous environment, need to be addressed. Although there are no known recent reports of increased complications, i.e., rate of endophthalmitis, there are specific fears about sterilization processes and adequate workforce.[5,6] On top of that, there are no defined ways to report the cataract surgery outcomes in a national level. During the last years, there is a huge effort in the United States and Europe to establish certain tools to monitor issues such as surgery outcomes and infections.

One more concern about safety is that there are no defined pathways for the management of complicated operations. Only a small fracture of eye clinics has a qualified team

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Address for correspondence:
Dr. Konstantinos T. Tsaousis, Medical School, Aristotle University of Thessaloniki, Thessaloniki, Greece.
E-mail: konstantinos.tsaousis@gmail.com

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of vitreoretinal surgeons to support them with cases in need of posterior segment interventions.[7] In district hospitals, where cataract operations performed, when there is a need for referral, there is no defined pathway in which setting the patient could and should be referred to. This leads to unjustified delays and subsequently increased risk for patient's health. There are no available data regarding the situation before the crisis, but given the inability of the majority of patients to seek care in the private sector, a clear definition of the referral system appears necessary.

Training of Cataract Surgeons

An additional aspect is the ongoing training of cataract surgeons which cannot be secured or controlled. Basically, there is no organism to ensure that an ophthalmologist has adequate training to become an ophthalmic surgeon and perform any kind of ophthalmic surgery. Everyone that completes the 4-year residency of Ophthalmology is considered an ophthalmic surgeon which is inaccurate since surgical training during residency is inadequate in most cases.[8,9] Previously, it was reported that not all surgeons have access to the current guidelines.[10] Despite their official training and title as Ophthalmic surgeons, only a small portion of Greek Ophthalmologists are actively operating in real life due to insufficient surgical exposure to trail the mandatory learning curve.

Introduction of a Regulatory Authority

One first step, to address some of this multifarious problem could be the institution of an independent authority; in a national or even a regional level (Greece is divided into seven distinct health regions). The assignment of this authority would be to specify the needs of each department, coordinate surgical planning of adjacent settings, aiming toward the minimization of the waiting time. Each patient could be given a unique waiting number and be operated in the first available slot of any hospital in his region. Such a centrally organized, booking system that will assign patients even in different hospitals could facilitate the shortest time between diagnosis of visual impairing cataract and an operation to be achieved. An analogous model has been successfully applied in Sweden and Spain and reduced waiting time.[11,12]

A further task would be to track records regarding clinical outcomes and rate of intra- or postoperative complications (similar to the European EUREQUO or the TASS task force in the United States).[13] This process will help cataract surgeons to maximize their quality of work and guarantee the best outcomes for patients. It would be under its responsibility to handle the management of complicated cases and secure that these patients will have the optimal further management. This authority could manage the ongoing training of active surgeons so they can more easily follow best practice guidelines.

Conclusion

There is an urgent necessity for immediate acts in the Greek public health system and one of them could be the establishment of an independent authority that will undertake the task to manage and systematize the bulk of cataract cases. Eye surgeons should be assisted by administrative arrangements to improve the quality of surgical outcomes and also contend with capacity problems in cataract theatres. The present time is ideal for a novel approach to improving the Greek public health system which actually became more cost-effective through new initiatives toward amplified transparency. It is imperative to promote the discussion about clinical governance and risk management issues,[14] to generate an attractive working environment for doctors and ensure the best of possible care for patients.

The ophthalmology community is obliged to suggest solutions in these raising issues and not ignore the risks for public health caused by financial problems. There is perfect timing now that Greece tries to redefine institutions and regulations able to reform the relationship between the state and the citizen. Greece should not ignore this global effort and this will benefit the quality of provided services.

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Conflicts of interest

There are no conflicts of interest.

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