The Sun is shining on Cyprus HealthCare

Mrs Sophronia Charalambous Samouti
International Institute for Compassionate Care
Prof George Samoutis
Chairman CC National Centre for Quality & Safety in Cyprus

Agenda

- The 3 Major reforms in Cyprus Healthcare

- The new CY NHS

- The new National Centre for Quality and Safety in CY Healthcare

- The Person Centred Culture Change

- Lessons learnt

1

The New Cyprus NHS

R1 The new Cyprus NHS

- In June 2019 on the island of Aphrodite a new NHS was born

- Why : Absence of universal coverage and inequalities o
- Out-of-pocket health expenditure paid by patients (52/10)

- Overload of public sector – waiting lists

- Absence of co-ordination between the public and private sector, resulting in duplication of infrastructure and waste of resources

- Absence of data/ Lack of Universal EPR system
- Lack of transparency

Management of Cyprus new NHS: Single Payor

Health Insurance Organisation (HIO)

HIO is a public legal entity. Its mission is the implementation of the General Health System (GHS) and its main responsibilities include monitoring and managing the System in order to promote social solidarity, equal access and efficient use of resources.

HIO is governed by a 13 member Board of Directors, with **quadrilateral representation** (Government, Employers, Employees and Patients):

- **Chairman**
- **Director Gen. of Minist. of Health**
- **Director Gen. of Minist. of Finance**
- **Government** - 2 members
- **Employers** - 3 members
- **Employees** - 3 members
- **Self employed** - 1 member
- **Patients** - 1 member

The composition of the BoD provides autonomy and protection from political interventions and promotes consensus in decision making.

Key changes in the new NHS

- Integration of the public and private sector will lead to healthy competition between the healthcare providers and reduction of waiting lists

- Strengthening and organizing primary care with the implementation of the Personal Doctor

- Gradual implementation of clinical guidelines and detection/ prevention programs

- Implementation of minimum requirements to be met by healthcare providers

- Implementation of performance indicators which will promote the improvement of the quality of the healthcare services

- Facilitate patient service through the Supervisory Commissioner and the IT System

- Gradual creation of electronic patient history

Main Characteristics of GHS

Universal

- Coverage of the whole population regardless of income and health status

Social

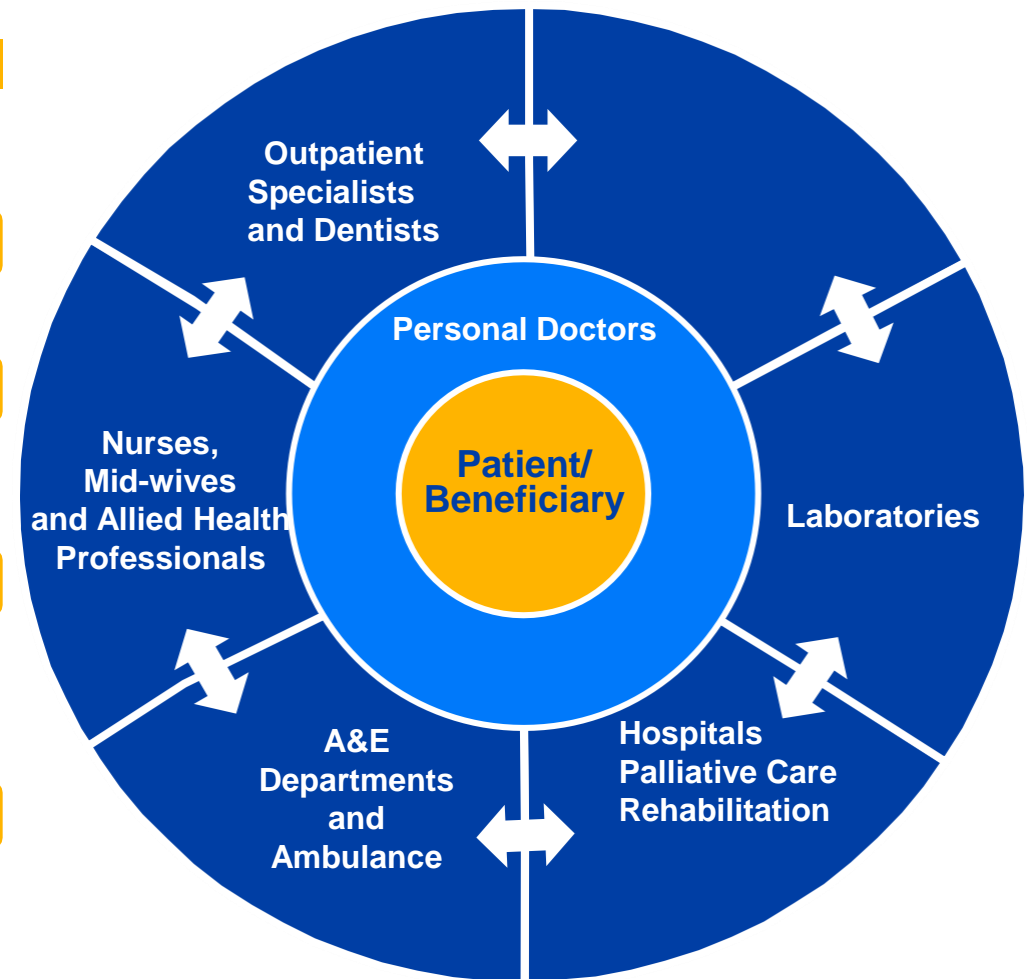- Contributions based on income

Solidarity

- Healthy population for the sick
- The affluent for the poor

Accessible

- Equal access for beneficiaries
- Free choice of providers in public and private sector

Comprehensive

- Provision of comprehensive healthcare services

CYPRUS NHS KEY STAKEHOLDERS

Parliament

Council of Ministers

Auditor General	Minister of Finance	Minister of Health	Supervisory Commissioner	Audit Committee
Audit	**Power**	**Power**	**Supervision**	**Audit**

Beneficiaries

- Cypriots
- EU nationals
- Third country nationals

that have their legal ordinary residence in the areas controlled by the Republic of Cyprus

Co-payments

Providers

- Personal Doctors
- Outpatient Specialists
- Laboratories
- Allied Health Professionals
- Hospitals
- Accident & Emergency
- Ambulance
- Pharmaceuticals
- Dentists
- Palliative care and Rehabilitation Centers

Health Services

HIO

GHS Fund

Income

Expenditure
Global Budget

Administration

Contribution Collection Services

- Ministry of Labour, Welfare and Social Security
- Tax Department
- Treasury of the Republic of Cyprus

Contributions

Contributors

- Employee
- Employers
- Self employed
- Pensioners
- Other income earners (rent, dividends, interest)
- Officials
- Government

Contributions

| Medical Board First grade	Medical Board Second grade	Drugs Advisory Committee	Drugs Review Council	Drugs Advisory Reimbursement Committee	Other Committees
Provision of Consulting Services	Medical diagnosis	Provision of Consulting Services	Provision of Consulting Services	Provision of Consulting Services	Provision of Consulting Services

NHS Healthcare Providers

NHS healthcare services are provided by all **public** and **private** sector doctors who are **contracted** with the Health Insurance Organisation (HIO).

For the provision of healthcare services, HIO contracts with natural persons, private sector entities and public sector (State health services organization)

In order to be able to contract with HIO, the healthcare providers must meet certain **minimum requirements** (qualifications, infrastructure, training, etc.)
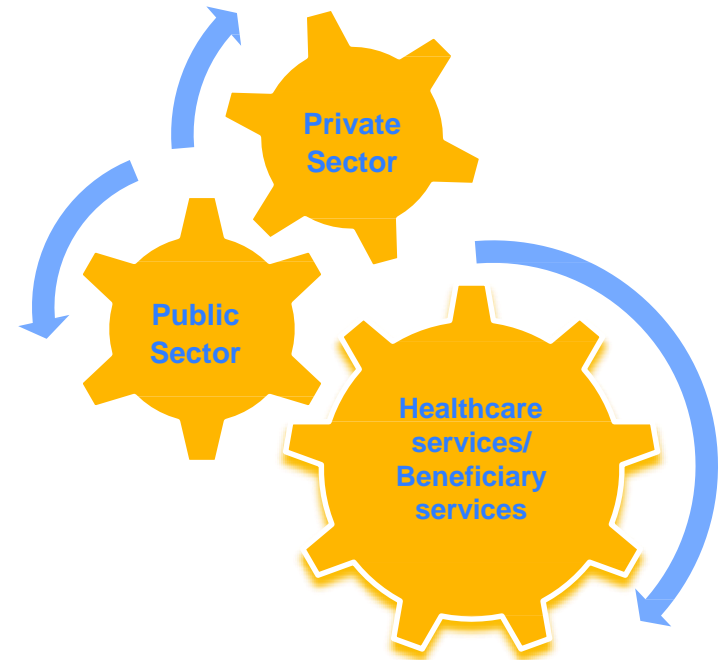
Personal Doctor role in the new Cy NHS

Family Doctor principle

o Organized primary healthcare with emphasis on prevention

o Correct navigation of patients in the System

o Unloading of Outpatient Specialists of non-specialized visits

The Personal Doctor ensures the continuous and comprehensive healthcare provision

Free choice of PD	Change of PD	Maximum number of beneficiaries per PD
• All beneficiaries are free to choose a PD and register on their list.	• Beneficiaries are able to change their PD 6 months after their registration to a PD	• PDs are able to have a maximum of 2500 beneficiaries registered to their lists

Co-payments

OBJECTIVES OF CO-PAYMENT IMPLEMENTATION

- Responsible use
- Avoiding abuse and waste

ENSURING ACCESS

- An annual maximum co-payment per person applies

ANNUAL CO-PAYMENT CAP*

- General population: €150
  Children under 21 years old: €75
  Low income pensioners: €75
  Minimum Guarantee Income earners: €75

No co-payment applies for:
- Personal Doctor visits
- Ambulance use
- Inpatient care

Comprehensive IT System

Healthcare Provider and Beneficiary support

- Creation of electronic patient history

- Electronic prescription, electronic issuance of referrals and faster patient service

- Management of activity catalogues

- Submission of claims for reimbursement

Expenditure control

- Recording, monitoring and controlling the utilisation of healthcare services

- Data analysis and implementation of corrective measures

- Avoid wastage

- Detection and prevention of fraud

Transparency and

- Comprehensive database with processing and analysis capability

- Monitoring efficiency, productivity and quality

- Protection of personal data

2

National Centre for
Quality & Safety in Cy
Healthcare

R2 National Centre for Quality & Safety in Cyprus

- In 2020 the Republic of Cyprus decided to set up a National Centre for Quality and Safety
- Aiming to develop/adapt clinical guidelines/pathways/protocols.
- Perform National Clinical Audits
- Provide inspections
- Perform Peer reviews,
- Implement trainings programmes for HCPs
- Inform National Strategies for preventive care

EU funded project - National Centre for Quality and Safety in HealthCare

1 "**Design the operating model** of the National Centre for Clinical Evidence and Quality Improvements"

2 "**Development of the legislation w**hich will cover the role, powers, responsibilities and operations of the Centre"

3 "**Adaptation and publication of 90 clinical protocols**" (50 by Q4 2024 + 40 by Q4 2025)

4 "**Development and implementation of audit, inspections, peer reviews,** training to healthcare professionals and communication to all stakeholders"

5 "**Design and implementation of the IT infrastructure** to enable successful implementation of the clinical protocols"

3

The Person-Centred Culture

What is a person centered culture?

It is a culture that prioritizes the individual needs, preferences, and values of each person within the organization or community.

The three dimensions of empathy developed by Carl Rogers

1. **Cognitive;** In the context of therapeutic settings or holistic care, it involves the caregiver's effort to intellectually grasp what the patient is going through, which helps in forming a more accurate and individualized care plan

2. **Emotional;** sharing the feelings of another person, which goes beyond just understanding those feelings. It involves the healthcare provider's emotional response to the emotions of the patient

3. **Behaviour;** In healthcare, this means that the provider not only understands and feels with the patient but also takes appropriate actions to alleviate their distress or improve their situation.
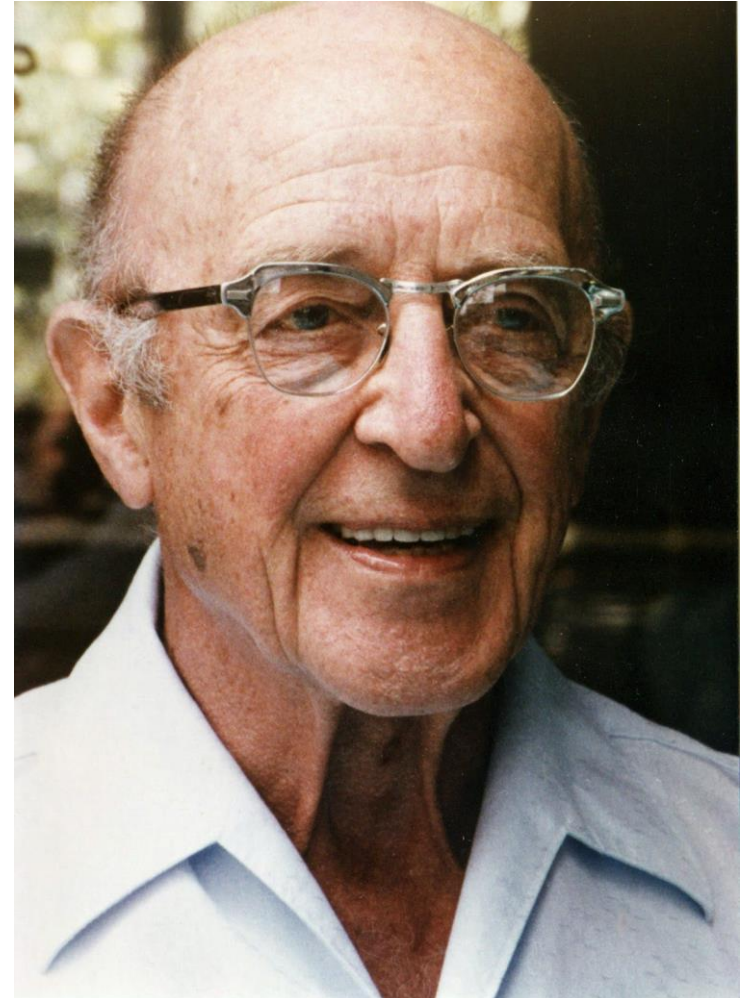
What is compassion?

'When someone gets hurt, we go and look after them, and then we make funny faces to make them feel better'.

(Definition from 5 year old William)

PATTENTS

- **ACCELERATES RECOVERY**
- **IMPROVES PAIN TOLERANCE**
- **IMPROVES ANXIETY AND DEPRESSION**
- **1 MOST IMPORTANT FACTOR**

HP & ORG.

- **DECREASES BURNOUT**
- **DECREASES COSTS**
- **INCREASES JOB SATISFACTION**
- **INCREASES CUSTOMER SATISFACTION**

Virtues	Skills
Empathy	Self-reflection
Trust	Active listening
Honesty	Advanced intercultural communication
Humility	Teamwork
Love	Conflict transformation
Gratitude	Supportive body language and voice tone
Mindfulness	Adversity Activated Development
Responsibility	Shared decision making
Patience	Cultivation of therapeutic relationships
Forgiveness	Patient centeredness
Kindness	Self-compassion

Focus

Can compassion be taught?

Gregory E Pence *Department of Philosophy and School of Medicine, University of Alabama in Birmingham, USA*

Author's abstract

Socrates (in the Meno*) denied that virtues like courage could be taught, whereas Protagoras defended this claim. Compassion is discussed below in this context; it is distinguished from related, but different, moral qualities, and the role of imagination is emphasised. 'Sympathy' and role-modelling views of compassion's acquisition are*

characteristically focused on a particular person or situation, whereas concern for social justice may be very abstract, legalistic, and not involve any particular situation. Social justice characteristically involves problems of equality among humans, whereas compassion is not paradigmatically concerned with these problems and may even be focused on animals.
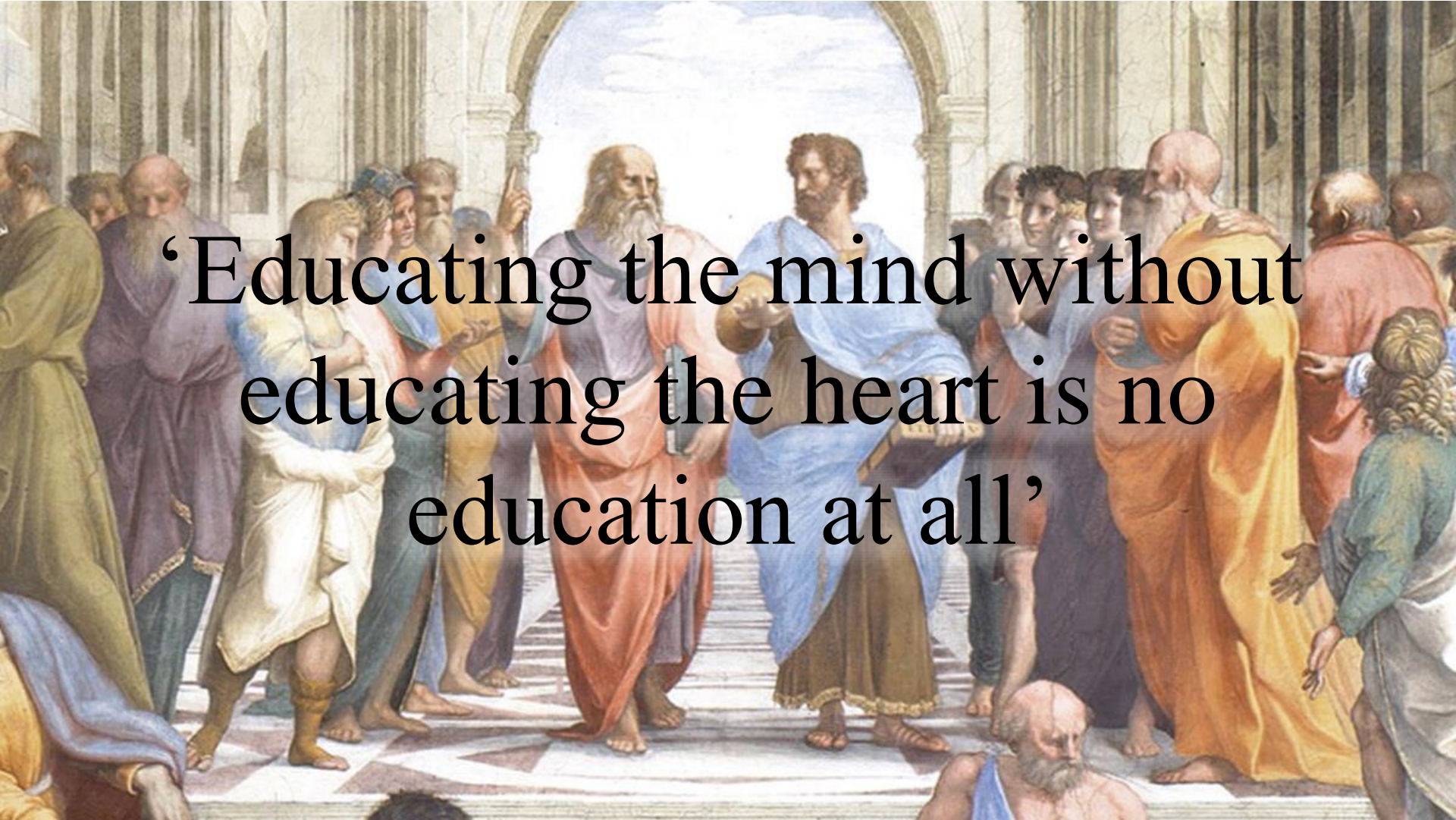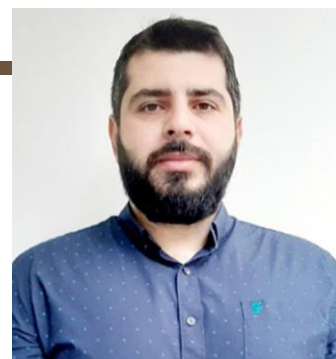
'Educating the mind without educating the heart is no education at all'

The 3S model in cultivating a therapeutic relationship

- 1 **Symponesis** (greek συν+πονέω, to suffer with, to take part in the toils of the other)

- 2 Symporefsis(greek συν + πορεύομαι, to walk together, to accompany)

- 3 Synchoresis (greek συν + χωρέω, to come to the same place, to concede, agree, forgive)

Strategies for Cultivating a Person Centred Care (1)

1. Leadership Commitment
- **Lead by Example**: Leaders at all levels should demonstrate a commitment to patient-centered values in their actions and decisions.
- **Policy and Vision**: Develop and articulate clear policies and vision statements that prioritize patient-centered care.

2. Staff Training and Development
- **Education**: Provide regular training for all staff on patient communication, empathy, and patient engagement strategies.
- **Empowerment**: Empower staff to make decisions that enhance patient care, ensuring they have the resources and autonomy to respond to patient needs effectively.

3. Patient and Family Engagement
- **Involvement in Care**: Encourage patients and their families to participate actively in the care process, including decision-making and planning.
- **Feedback Systems**: Implement robust mechanisms for collecting and acting on feedback from patients and families.

4. Personalized Care Plans
- **Individual Needs Assessment**: Recognize that each patient is unique. Assess and incorporate their specific needs, preferences, and values into their care plans.
- **Collaborative Goal Setting**: Work with patients to set realistic and meaningful health goals.

Strategies for Cultivating a Person Centred Care (2)

5. Communication and Information Sharing

- **Transparent Communication**: Ensure clear, open, and honest communication with patients and their families.
- **Accessible Information**: Provide patients with easy access to their own health information and educate them about their conditions and treatment options.

6. Environmental and Organizational Changes

- **Facilitate Access**: Simplify systems for accessing care, including appointment scheduling, consultations, and follow-ups.
- **Physical Environment**: Design care settings that are welcoming, relaxing, comfortable, and respectful of patients' privacy.

7. Quality Improvement Initiatives

- **Measure Outcomes**: Regularly measure patient satisfaction, health outcomes, and the effectiveness of patient-centered initiatives.
- **Continuous Improvement**: Use data from patient feedback and outcomes to continually refine and improve patient-centered practices.

8. Foster a Culture of Respect

- **Diversity and Inclusion**: Acknowledge and respect the diverse backgrounds, cultures, and values of patients.
- **Addressing Health Literacy**: Tailor communication strategies to meet the varying health literacy levels of patients.

9. Technological Support

- **Digital Health Solutions**: Leverage technology like patient portals, telehealth services, and mobile health apps to enhance patient engagement and accessibility to care.
- **Privacy and Security**: Ensure that all technological interventions respect patient privacy and data security standards.

THANK YOU !