The Cost-Effectiveness of Cardiovascular Medicine in Greece: Brief Notes

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The total cost of medical care in the industrially developed countries absorbs about 10% of GNP. In the case of the USA this percentage is around 17% and is tending to increase. In Greece, it is estimated that 6% of GDP is provided for healthcare by public spending and 4% by private spending. In both cases, a significant proportion goes on cardiovascular medicine. Developments in this field, including advances in diagnostic and therapeutic capabilities, have prolonged the lives of people who suffer from these diseases by 7 to 8 years.

Sudden cardiac death, heart failure, ischaemic heart disease, and valvular diseases have for a long time seen evident progress in their diagnosis and treatment. However, in spite of these advances, our field has often come in for censure concerning the cost of today's cardiovascular medicine.

Here I shall try and address the main questions briefly:

1. Is cardiovascular medicine today beneficial and cost-effective?

Undoubtedly yes. Nobody doubts the diagnostic and therapeutic value of the techniques used, in contrast to the often very poor effectiveness of other medical specialties.

2. Are costs in Greece within an acceptable range?

These costs, as in all of Europe, are undergoing a substantial reduction. This is happening because many major medications (such as, for example, clopidogrel and atorvastatin) are sold at the price of generic drugs, while devices of prime significance, such as stents and cardiac rhythm control devices, today cost a fraction of what they cost during the first years of their use.

3. Is the use of drugs and devices in Greece above the average in relation to international or European data?

Not at all. No one has demonstrated that the overall use of medical devices in Greece is higher than the European average. A typical example is the numbers corresponding to the implantation of cardiac rhythm control devices (pacemakers and defibrillators). The mean European index for implantable defibrillators is 130 devices per million population annually, while the Greek index varies around 120 devices annually. On the other hand, there have been some disgraceful examples of colleagues with a higher use index, who are literally destroying the image of the wider cardiological community. Unfortunately, even today, there is no electronic registry of all devices or stents.

In contrast to devices, the use of drugs, mainly statins, has indeed increased during recent years in Greece.

4. Will the cost of drugs and devices continue to go down or not?

In my estimation, these costs will remain low as long as the industry does not introduce new expensive products into the diagnostic or pharmaceutical arena. On the other hand, new products will appear sooner or later, and the cost will not continue to decrease but may increase once again. It is precisely here that the cost-effectiveness relation and correct management, take on material significance.

5. Who, then, should be the main regulator of any developments?

Of course, the state regulatory authorities. Until recently, these authorities have been ignorant, indifferent, and opaque with regard to their choices. The main regulatory authorities have tremendous power to impose easy and practical solutions, so that at least the possibilities for waste and excess in the use of drugs or products of medical technology can be limited.

Pride of place here should of course be given to registries of drugs and devices used. Such registries have many positive benefits:

– First, because they allow correct knowledge and accounting.
– Second, because they provide the opportunity for accurate financial assessment and planning in relation to needs.
– Finally, because they help stamp out any form of delinquency.

Of course, the regulatory authorities, and the state as a whole, need to focus on prevention rather than cure.