

Health Technology Assessment in Greece: evaluation of current status and prospects

Kostas Athanasakis¹, Nikos Nomikos², Ilias Kyriopoulos², Kyriakos Souliotis³
¹ Laboratory for Health Technology Assessment (LabHTA), Department of Public Health Policy, School of Public Health, University of West Attica, Athens, Greece
² Institute for Health Economics, Athens, Greece
³ University of Peloponnese, Corinth, Greece

Introduction and Objectives

The COVID-19 pandemic has put enormous pressure on health systems globally, through increased needs for health services and subsequent costs. The purpose of this analysis is to provide an updated estimation of the direct healthcare cost for the management of COVID-19 confirmed cases in Greece

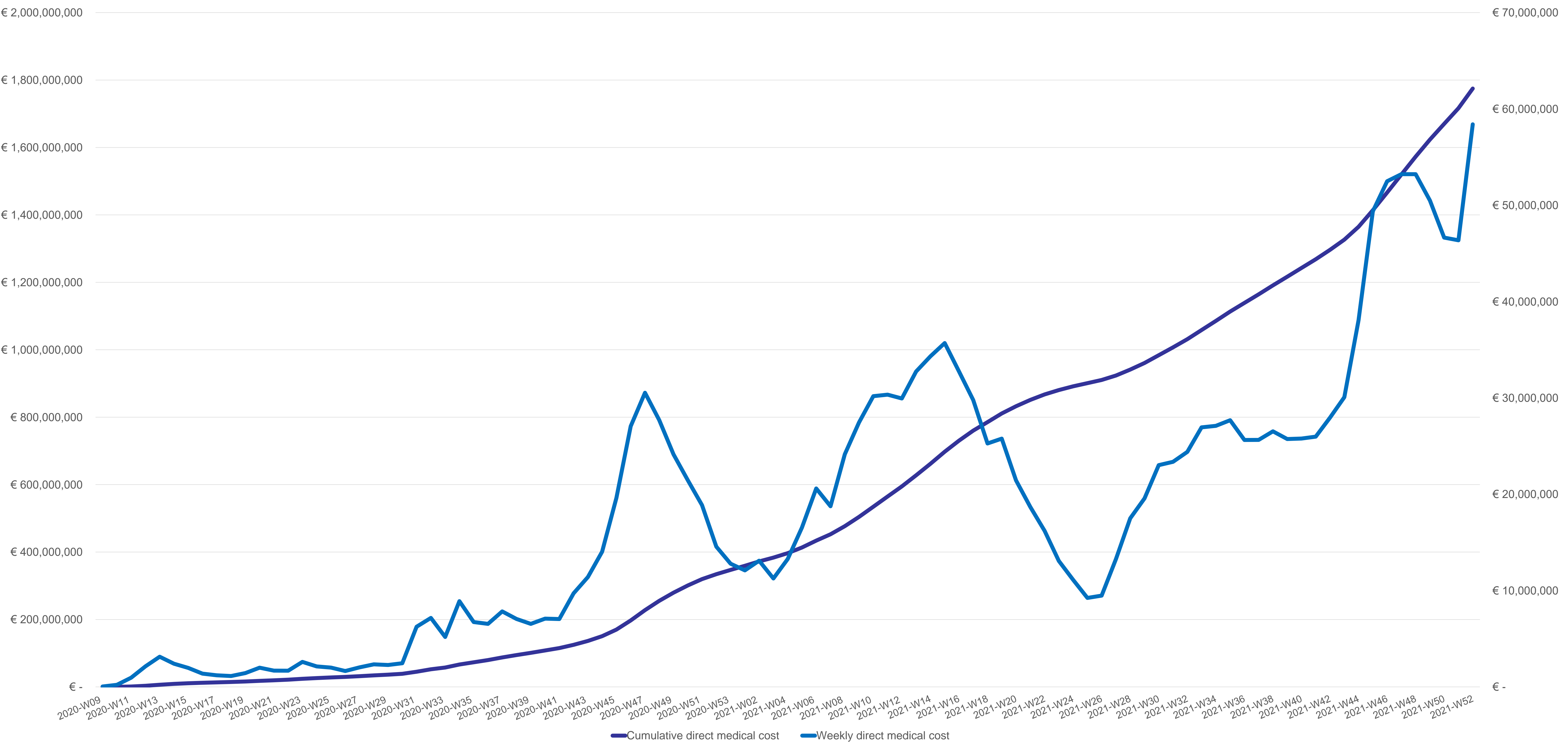
Methods

Costs were estimated under the health care sector perspective, and include the resources attributed to the use of health services. More specifically, the analysis included the cost of testing for COVID-19 and the cost of hospitalizations (in a general ward (GW) or in an Intensive Care Unit (ICU)). Resource use data, namely rates of hospitalizations of COVID-19 patients, ICU rates and length of stay, were obtained on publicly available sources and published literature. Testing rates obtained from the relevant reports of the Greek Ministry of Health were used. Unit prices are those of the third-party payer in Greece. The time horizon of the analysis covers the period from March 2020 to December 2021.

Results

Total direct healthcare expenditures for the management of Covid-19 confirmed cases during the time horizon of the study amount approximately to 1.78 billion €. For the year 2021 only, the cost estimated at 1.43 billion €, which is equal to 14.7% of the yearly public health spending and 9.1% of the total health spending in Greece. The majority of costs (almost 1bn €) is attributable to testing, as about 48 billion COVID test have been made during the time horizon of the study. The remaining costs refer to hospitalizations (341.7 and 434.8 million € for GW and ICU bed-days respectively). The average cost per case required GW-hospitalization only was 3,101.6 € whereas the respective cost of ICU-hospitalization was 34,538.6 €.

Graph 1. Cumulative direct medical cost per ISO week and weekly direct medical cost



Conclusions

Covid-19 is associated with a substantial disease burden and significant direct healthcare costs. Apart from the above, however, productivity and welfare losses, which do not fall under the scope of the present analysis, can also be a substantial burden to society

Acknowledgments:

N/A

Funding:

N/A