

Dear president, dear members of the EUMASS council

It is my honor to represent and introduce ELIEAKAP, the Hellenic Medical Society of Disability, Social Security and Welfare, on behalf of which I would like to thank EUMASS for this opportunity.

Special thanks belong to the President of EUMASS, Gert Lindenger, who has offered us his advice throughout our preparation for membership, and who has welcome me and introduced me to a lot of colleagues from various countries during our stay in this beautiful city, which hosts the very well organized 21st EUMASS Congress.

I would like to take here the opportunity to congratulate all the members of the Organizing and Scientific Committees expressing the hope, that in the not so far future we will be able to invite you to Greece for a EUMASS Congress. Until then, you are most welcome to visit our country and enjoy all that it has to offer, from sunny beaches and crystal clear waters, to ancient and contemporary culture and from warm hospitality to fantastic cuisine.

What is ELIEAKAP?

ELIEAKAP is the only Hellenic Medical Association, with the aim to **unite, educate, support** and **consult** physicians in Greece, who are involved in any way in the assessment of disability, so as for them to work and function in a thorough manner.

We founded our association in the summer of 2013 realizing that the partly empirical and not sufficiently organized way our colleagues worked all over the country led to malfunction of the whole system.

Before proceeding with the history of ELIEAKAP, allow me to offer you some insight on the **Greek system**:

Up to September 2011 the assessment of people's inability was the job of practically two different systems: One was the system within the borders of **IKA**, the state health assurance institution, responsible for private employees and workers which cared for the assessment of the farmers too.

The second were **various state committees**, mainly in hospitals and health headquarters of the counties, with the duty to assess people working in the public sector and those who were self employed.

The first one, IKA, had developed since the early 90's a corps, mainly in Athens and Thessaloniki in northern Greece, the second biggest Greek city. This corps consisted of physicians who worked part-time as assessors and part time in the institution's outpatient services. Their task was to examine the claimants all over the country and assess their disability, using a guideline book, which contented the illnesses and disorders accompanied with a suggested range of percentages of disability (ex. Epilepsy 35% up to 67%, depending on the gravity, in a not strictly defined way of evaluation). Unfortunately this book had been edited by various university professors, who evidently had never been confronted with social and assurance medicine.

The other system of assessments (aimed for public employees etc.) used randomly various physicians without any prior specific education or training and mostly coming from public hospitals. They were usually applying more diffuse criteria and were by far not so strict in their decisions. For example, many people were granted disability pension or social welfare benefits after having just presented a simple medical report mentioning that they had "depression" and having been prescribed an SSRI.

Since **September 2011** the committees have been unified, with a new applicable law concerning the disability percentages of the various diseases. Now the basis of the rules is the **ICD-10** system. As you can imagine, **functionality** is not being evaluated in any proper manner and extend.

As a consequence of the unification of the committees under the health and assurance institution, IKA, the vast majority of welfare benefits and disability pensions granted to employees of the public sector and to people without any substantial social security, were cut. The problem is that to a great extend these benefits were a means of augmenting the income of the low wage population, somehow under the auspices of the state itself, which wanted to avoid real wage rises. The mingling of social welfare and assessment of supposed disability came largely to an end.

Nowadays approximately 700 physicians are working part-time in the sector of assessment. They are from all regions of Greece and have various clinical specialties given that there is nothing like “Assurance Medicine” as a specialty in my country.

These committees consist of three physicians selected at random and there are two instances of examination. The file of each claimant consists of the **application form**, in which we can see what is the benefit or other allowance

the person wishes to be granted, information about the **occupational status**, and of course the **medical history** and **present medical condition**.

There is an accumulation algorithm of the various disability causes one may have. (50% plus 50% results to 75%).

The cut off points of the evaluation scale are 50%, 67% and 80%.

- From **0% to 49%** nobody can claim anything.
- Between **50% and 66%** there is chance for some categories of claimants to get partial pension or some allowances and they have officially the right to work part-time.
- Between **67% and 79%** one is being assessed as non able to work due to “normal” disability, and
- **80% <** one is considered “severely” disabled and may get various more benefits and allowances

History of ELIEAKAP

ELIEAKAP was founded in the **summer of 2013** as an initiative of **53** physicians, who had been working for over than one decade in the field of disability assessment. To date we count more than **500** members from all over Greece.

Our first priorities were to **organize** our association and to get widely **known** in all fields of interest and related sectors, such as the state assurance institutions, the ministries of Social Affairs and Health, the various organizations of people with disabilities and specific disorders, the other medical associations and the Chamber of Greek Physicians.

One of our next tasks was to create within our association **working groups**, divided according to specialties, with the aim to detect the specific difficulties and troublesome issues of their topics. An example is the **modification of the medical application form**, according to the various diseases a person may have. These forms provide a **sort of guidelines** about the necessary information, clinical details and laboratory examinations we need in our job as assessors of the claimants.

During the past years we had numerous **meetings** with the heads of the assurance institutions, the directors and staff of the departments and administrations in

charge of disability assessment and allowances. Our wish is to **cooperate in the developing** of our social welfare system and the assessment of people in need, so that it can address modern needs. **We consider our admission to EUMASS as a great opportunity to bring and apply information, knowledge and experience deriving from all member-countries to the contemporary Greek reality.**

We have started to **organize sessions** in various Medical and Social Congresses, thus exchanging information and getting known in wider parts of the Greek Society.

Our own **1st Pan-Hellenic Congress** was held in **February 2015** in Athens. More than 200 people attended it and we dare to say that the discussions, the gained experience and the outcomes were really satisfying.

In **July 2015** a so called **“Special Scientific Committee”** was treated by the Ministry of Social Welfare, with the duty to revise the Law determining the percentages of disability. Our association was officially appointed to be member in this committee. Besides our seat, there are four other seats held by physicians working as assessors, and all of them are members of our association. Although we believe that the evaluation of disability must take functionality of claimants into account, we see our involvement in that committee as an

outstanding opportunity to establish our association further.

In **autumn 2015** we started to offer our colleagues all over Greece **educational programs**, concerning the everyday problems they might be confronted with. Our aim is to establish a thoroughly worked out program, which will help physicians and administrative personnel working in the field of assurance medicine. We hope that this kind of education will become mandatory in the future.

In **May**, just a couple of weeks ago, ELIEAKAP and the **Hellenic Society of Physical Rehabilitation Medicine** jointly organized a **Congress on Leisures of Spinal Cord and the Head** and their impact on Functionality and Disability.

Future goals of ELIEKAP

- ✓ To establish new standards in the evaluation of disability in Greece
- ✓ To create a wholly elaborated proposal on the way the Greek society should handle the issues of Assurance Medicine
- ✓ To edit new guidelines, taking into account modern aspects as functionality, return to work, avoidance of easy access to Disability Pension
- ✓ Educate our colleagues
- ✓ Getting, at first hand, the status of a Subspecialty
- ✓ And, in the future, the status of a new Specialty