Report on networks of services and stakeholders involved in person-centered community-based care and strategies to link them to the CBITs

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7th Health Region Crete
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1 INTRODUCTION

1.1 Scope and purpose of the report

The TeamCare project aims to strengthen person-centred, integrated, and community-based care through the development of Community-Based Interprofessional Teams (CBITs). Within this framework, the present report provides an overview of the existing health, social, and community care ecosystem in the Region of Crete, Greece, focusing on the networks of services and stakeholders involved in integrated and people-centred care.

The report analyses the regional healthcare and social care landscape, identifies the main stakeholders involved in community-based services, and examines the mechanisms and pathways through which Community-Based Interprofessional Teams can collaborate with local structures and institutions.

The report also incorporates recent developments in Greek health policy, including:

- The ongoing reform of Primary Health Care (PHC) lead by the Greek Ministry of Health with the aid of national, regional and local stakeholders.
- The strengthening of integrated care pathways and the digitalization of the referral process.
- WHO-supported and WHO-led initiatives for quality of care and patient safety, including the National Strategy for Quality of Care and Patient Safety (2025–2030), developed by the WHO Athens Office on Quality of Care and Patient Safety in direct collaboration with the Greek Ministry of Health and the Agency for Quality Assurance in Health (ODIPY).
- The HEALTH-IQ project and the 3PH Programme (Enhancing the Primary Health Care System in Greece by Strengthening Accessibility, Quality, and Sustainability) lead by World Health Organization Country Office in Greece in partnership with the Ministry of Health in close collaboration with reference regions (including the Healthcare Region of Crete).
- The emerging 3PH approach for integrated, proactive and person-centred primary health care with active links to Public Health.
- Investments under the Greek Recovery and Resilience Plan.

The report was developed using:

- Regional and national strategic documents
- Data from the Hellenic Statistical Authority (ELSTAT)
- OECD and WHO publications
- The "Greece Country Health Profile 2025"

- Internal reports and stakeholder mapping exercises developed within TeamCare
- Data from the 7th Healthcare Region of Crete
- Regional social care mapping studies

2 CHARACTERISTICS OF THE REGION OF CRETE

2.1 Geographic and demographic profile

Crete is the largest island in Greece and one of the country's thirteen administrative regions. With a resident population of **624.408** people (Census, 2021, Hellenic Statistical Authority), Crete is the largest island of Greece and the fifth largest island in the Mediterranean. The Region of Crete is divided in four prefectures: Heraklion (305.017 inhabitants), Chania (156.706 inhabitants), Rethymnon (84.866 inhabitants), and Lasithi (77.819 inhabitants). **Table 1** depicts the resident population of the Region of Crete as well as the number of small settlements (<50 inhabitants) and settlements with less than 2,000 inhabitants. The number of settlements with a small number of inhabitants is indicative of the necessity of developing the network of Primary Health Care services.

Prefecture	Settlements <2000 inhabitants		Settlements <50 inhabitants		Resident population	
Chania	456	29%	256	35%	156.706	25%
Rethymnon	290	19%	108	15%	84.866	14%
Heraklion	468	30%	157	21%	305.017	49%
Lasithi	350	22%	211	29%	77.819	12%
Total	**1.564**		**732**		**624.408**	

Table 1- Permanent population and number of small settlements per Prefecture

Crete demonstrates significant demographic ageing, particularly in rural and remote areas. Lasithi presents the highest median age among the Regional Units. The ageing population increases demand for chronic disease management, long-term care, home care, rehabilitation services, and integrated community support.

At the same time, the region faces geographic inequalities in access to services due to:

- Mountainous terrain
- Island geography

- High seasonal tourism pressures
- Population dispersion in rural areas
- Workforce shortages in remote locations
- Healthcare staff shortages

Figures 1 – 3 present indicators of population aging, which highlight the need to develop services in the community, but also for older age groups.

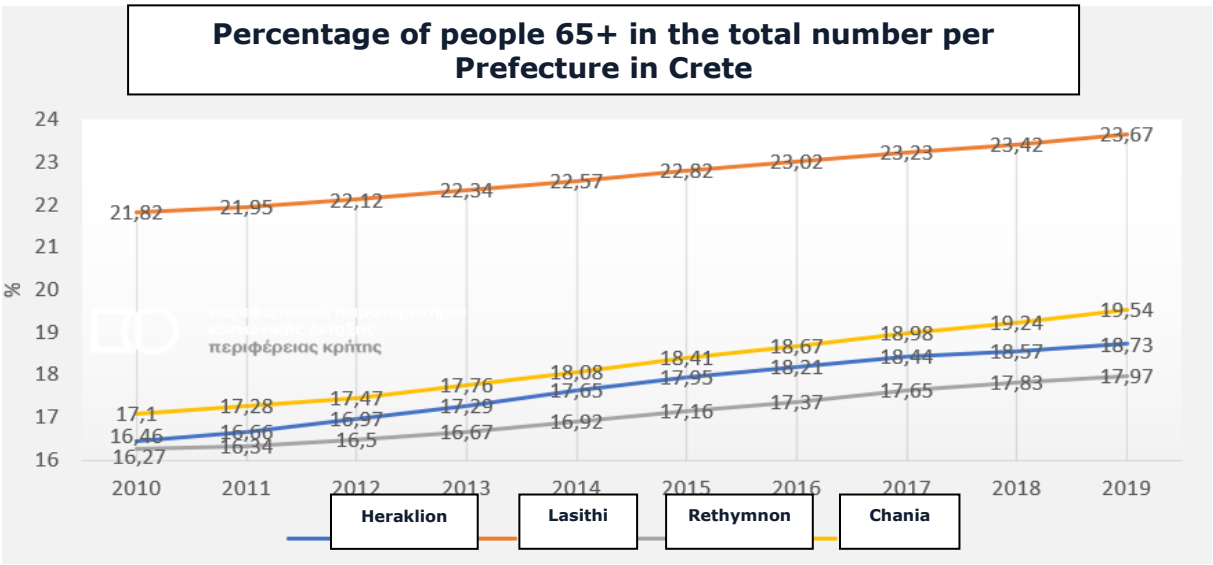

Figure 1 - Percentage of people 65+ in the total number per Prefecture in Crete

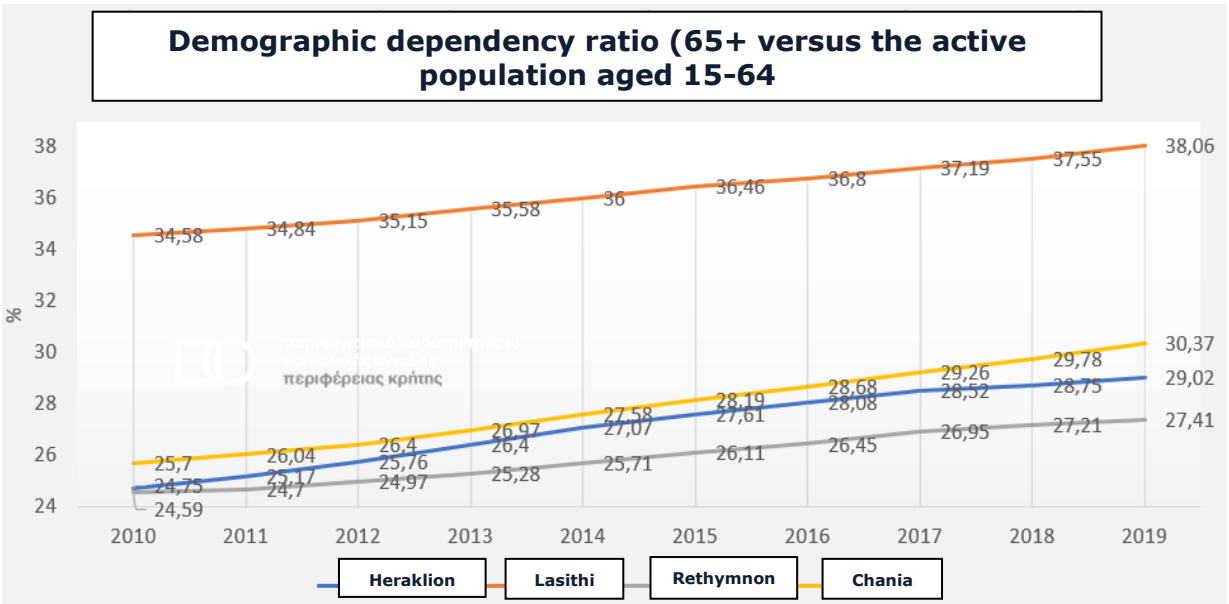

Figure 2 - Demographic Dependency per Prefecture in Crete

Source for Figures 1-2: OECD 2021. Edit: Crete Regional Observatory for Social Inclusion

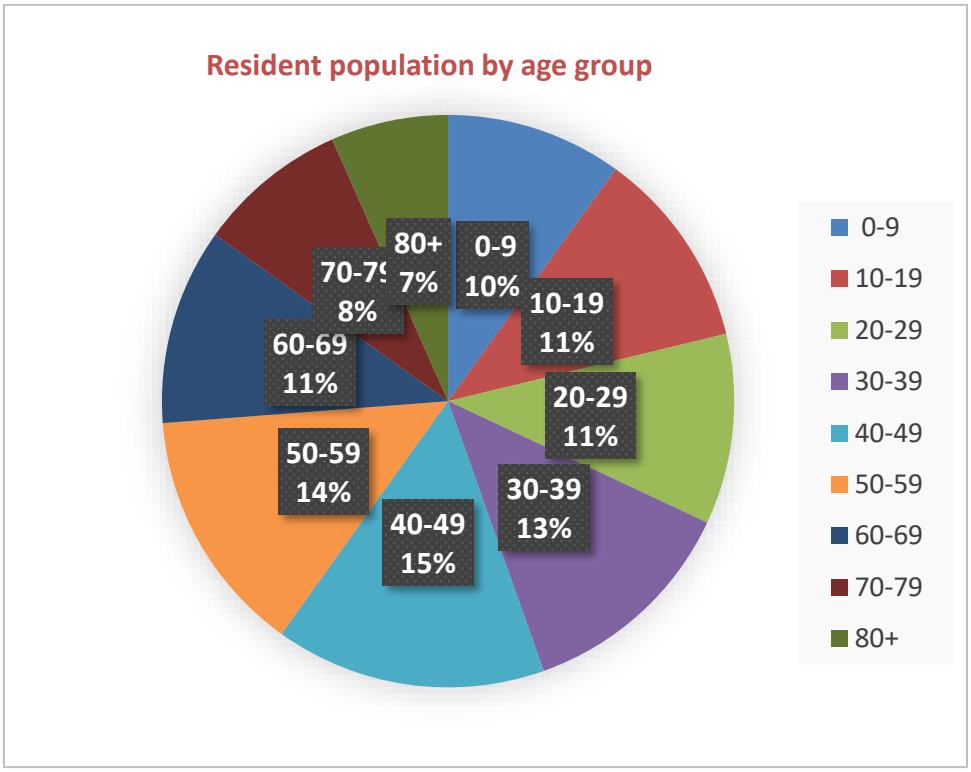

Figure 3 – Resident population by age group (2021 Census)

2.2 Socioeconomic profile

Crete's economy is based on tourism, agriculture, services, and increasingly research and innovation. However, important social inequalities remain. According to regional social inclusion studies, the region presents:

- Increasing risk of poverty and social exclusion.
- Unequal access to social structures between urban and rural areas.
- Higher needs among older adults and vulnerable populations.
- Significant challenges related to mental health and chronic diseases.

Regional analyses also identify gaps in services for:

- Homeless populations
- Victims of domestic violence
- Migrants and Roma communities
- People living in extreme poverty
- Long-term community mental health support

The social welfare mapping conducted by the Region of Crete identified substantial territorial inequalities, especially in the Regional Units of Lasithi and Rethymnon.

2.3 Health indicators and health challenges

According to OECD, WHO and other sources[1], Greece continues to present:

- Higher than average life expectancy compared to the EU average
- High prevalence of chronic diseases
- High out-of-pocket expenditure for healthcare
- Unequal access to healthcare services
- Workforce shortages in primary healthcare
- Fragmentation between health and social care systems

Moreover, major public health challenges include:

- Cardiovascular disease
- Cancer
- Diabetes
- Obesity
- Mental health conditions
- Healthy ageing
- Health inequalities
- Access barriers in remote areas

The Region of Crete also faces additional pressures due to tourism seasonality and increased demand during summer months, while the touristic season continues to get prolonged from year to year.

3 HEALTH AND SOCIAL CARE SYSTEM IN GREECE

3.1 Health System and Social care at a glance

The **Greek healthcare system** is based on universal health coverage and is financed through taxation and social insurance mechanisms. Public healthcare services are provided through the National Health System (ESY), while the private sector also plays a major role, especially in outpatient care and diagnostics. The Ministry of Health is responsible for national health policy and governance, while healthcare delivery at

[1] WHO Europe – Greece Country Health Profile 2025
OECD – Greece: Country Health Profile series
European Commission – State of Health in the EU: Greece
Hellenic Statistical Authority (ELSTAT)
Operational data from the 7th Healthcare Region of Crete Operational Plan 2024
Regional social welfare mapping study of the Region of Crete

regional level is coordinated through seven Health Regions. The Region of Crete is administered by the 7th Healthcare Region of Crete.

The Greek healthcare system includes:

- Primary healthcare services
- Secondary and tertiary hospital care
- Mental health services
- Public health services
- Rehabilitation and long-term care services
- Emergency medical services

The National Organization for the Provision of Health Services (EOPYY) acts as the main purchaser of publicly funded healthcare services. In 2017, a law (Act 4486/2017) was enacted to define the general principles of the National Health System (NHS) at primary healthcare level, as defined in the Alma-Ata Declaration. In the context of this law, primary healthcare services include, amongst others, health promotion, disease prevention, diagnosis, treatment, rehabilitation, and palliative care, ensuring equal access, universal coverage, and continuity of care. This law also introduced Local Health Units and family doctors (presently personal doctor according to the Act 4931/2022). The law also established two levels of primary healthcare units. The first level includes various peripheral clinics and local health units that provide family and systematic health monitoring, home care, counseling, patient education, referral to hospitals if necessary, and the development of interventions and actions in the community. The second level comprises of health centers[2], urban or rural, which provide specialized services such as ambulatory care, laboratory and imaging tests, emergency and urgent care services, maternal care, childcare, specialized prevention, social services, and public health services.

Figure 4 schematically represents how healthcare services are basically being delivered in Greece at urban and rural areas. At rural areas, the public sector dominates the delivery of healthcare services.

[2] According to the Greek law, a Health Center provides the following services: a) specialized ambulatory care for patients who either voluntarily come to the Health Centers, or are referred by other PHC services, b) extraordinary and urgent incidents, c) laboratory and imaging control, d) dental care for adults and children, e) mother and child care, f) child and adolescent care, g) specialized prevention, h) physical therapy, occupational therapy and speech therapy, i) occupational medicine, j) social medicine and public health, k) health promotion.

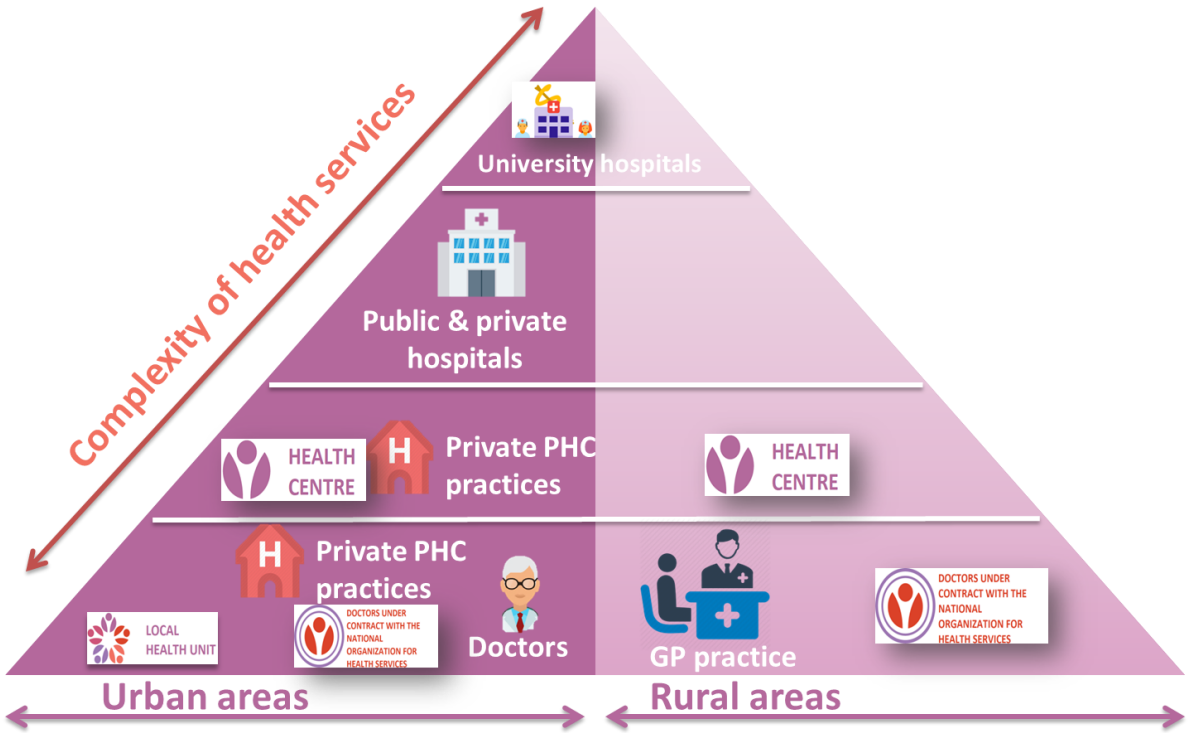

Figure 4– Health services delivery model

On the other hand, **social care**, according to the Greek legal system (Act 2646/1998), is *"the protection provided to individuals or groups with prevention and rehabilitation programs and aims to create conditions for equal participation of individuals in economic and social life and to ensure for them a decent standard of living. The support of the family is the main goal of the above programs."*

The social care system in Greece is fragmented and comprises of **four** major stakeholders:

- the National System's of Social Care institutions (administered by the Ministry of Social Cohesion and Family) (Acts: 2646/1998, 2889/2001, 3106/2003)
- the social care services of the local government organizations (Municipalities, Regions, administered by the Ministry of Interior)
- and the private sector or civil society organizations (non-governmental organizations, non-profit organizations, social cooperatives etc.)
- informal carers. The majority of care needs are still met informally by families with often devastating financial and psychological impact on the whole family and the persons engaged.

The need for stronger integration between health and social care remains one of the key priorities of current reforms.

3.2 Integration of Health and Social care services

The integration of Health and Social care services in Greece is sporadic, mainly based on the informal personal relations of professionals and locally targeted. The collaboration of professionals from both sectors is more active in rural areas due to the following basic reasons:

- the reference population of rural Health Centers is well defined and smaller in relation to the impersonal approach of urban Health Centers, where the target population is bigger in numbers and diversities,
- municipalities are smaller and mostly lack the resources to fully deploy their social care services (most of the Municipalities in Crete count less than 50.000 residents), thus the need to work closely with healthcare professionals of the public healthcare system,
- there is close cooperation with the municipal authorities at local level,
- Personal Doctors are closely related to the residents of his/her reference villages,
- there is a dually understood need to work closely with local stakeholders for both health and social care providers to deliver better services,
- the "Aid at Home" programme provides primary health services offered by a nurse of the programme and includes house visits for measuring and recording blood pressure, etc., prescribing medication and accompanying you to the hospital for your scheduled examinations. There is a close collaboration between the Personal Doctor and the services of the “Aid at Home”.

4 PRIMARY HEALTH CARE REFORM AND COMMUNITY-BASED CARE IN GREECE

4.1 An ongoing reform

Since 2017, Greece has implemented a major reform of Primary Health Care (PHC), aiming to shift the system from a hospital-centred model towards community-based, prevention-oriented and people-centred care.

Key elements of the reform include:

- Establishment of Local Health Units (TOMYs)
- Introduction of multidisciplinary PHC teams
- Strengthening prevention and health promotion
- Development of the Personal Doctor model

- Improved continuity and coordination of care
- Expansion of community-based services

The TOMY model[3] introduced multidisciplinary teams including:

- General practitioners
- Nurses
- Health visitors
- Social workers
- Administrative staff

The reform aimed to strengthen first-contact care, continuity of care, health promotion and prevention.

Despite important progress, several challenges remain:

- Workforce shortages
- Uneven territorial distribution of services
- Limited interoperability between systems
- Fragmentation between healthcare and social care
- Limited integration of mental health and long-term care
- Insufficient community nursing capacity

Recent reforms supported by the Recovery and Resilience Facility and WHO initiatives focus on:

- Digital transformation
- Quality improvement
- Community care
- Integrated care pathways
- Prevention and public health
- Patient-centred approaches

4.2 The "Prolamvano" National Prevention Programme

An important pillar of the ongoing reform of Primary Health Care in Greece is the implementation of the National Prevention Programme "Prolamvano" ("Προλαμβάνω"), a flagship public health initiative financed through the Greek Recovery and Resilience Plan "Greece 2.0" and supported by the European Union. The programme represents a strategic transition from a traditionally reactive and hospital-centred healthcare model

[3] Local Health Units: they are staffed by a 12-member team, comprising of 4 General/Personal Doctors or Internists, 1 Pediatrician, 2 Nurses, 2 Health Visitors, 1 Social Worker, 2 Administrative staff.

towards a proactive, prevention-oriented and population-based approach to health management.

The programme was developed under the coordination of the Ministry of Health and constitutes one of the largest organized prevention and screening interventions ever implemented in Greece. Its central objective is to strengthen preventive healthcare services, improve early diagnosis of chronic diseases and cancers, reduce avoidable morbidity and mortality, and promote health equity through universal and free access to preventive services.

The "Prolamvano" programme is strongly aligned with international strategic priorities promoted by the World Health Organization (WHO), the OECD and the European Union, particularly regarding:

- strengthening primary healthcare systems,
- improving population health outcomes,
- reducing health inequalities,
- promoting healthy ageing,
- supporting early intervention,
- and enhancing health system sustainability.

The programme introduces a coordinated national framework for organized screening and preventive interventions targeting major public health burdens in Greece. It includes nationwide screening programmes for:

- breast cancer,
- cervical cancer,
- colorectal cancer,
- and cardiovascular risk assessment (including specific actions for obesity).

A major innovation of the programme is the extensive use of digital health technologies and interoperability mechanisms. The programme utilizes:

- the national electronic prescription system,
- digital citizen registries,
- electronic referral pathways,
- automated SMS notifications,
- and integrated health information systems.

Eligible citizens are informed electronically regarding preventive examinations for which they qualify, facilitating proactive participation and reducing traditional administrative barriers to access. This digital approach contributes significantly to improving accessibility, monitoring participation rates and strengthening continuity of care.

The implementation of "Prolamvano" relies heavily on the role of Primary Health Care structures and multidisciplinary collaboration. The programme involves:

- Health Centres,
- Local Health Units (TOMYs),
- hospitals,
- contracted diagnostic centres,
- physicians,
- nurses,
- public health professionals,
- and administrative support services.

In this context, Primary Health Care services are expected not only to provide referrals but also to actively engage in prevention, health promotion, counselling and population outreach activities. The programme therefore contributes to redefining the role of PHC in Greece as the first line of contact for prevention and long-term health management.

The programme creates important opportunities for strengthening community-based and integrated care by facilitating:

- earlier diagnosis and intervention,
- improved coordination between primary healthcare and diagnostic services,
- better monitoring of vulnerable populations,
- enhanced public awareness and health literacy,
- and stronger prevention-oriented community services.

The initiative is also highly relevant for the implementation of Community-Based Interprofessional Teams (CBITs) within the TeamCare framework. The principles underpinning "Prolamvano" are closely aligned with the objectives of CBITs, including:

- proactive population health management,
- multidisciplinary collaboration,
- prevention-oriented interventions,
- patient-centred care,
- continuity of care,
- and community outreach.

CBITs may play a critical role in supporting the programme through:

- identification of high-risk populations,
- community education and awareness campaigns,
- patient navigation and follow-up,
- support for adherence to screening programmes,
- and coordination between healthcare and social care services.

Moreover, the programme contributes to the broader strategic transformation of the Greek health system towards a "health in all policies" and "whole-of-society" approach, where prevention, community participation and intersectoral collaboration become central components of healthcare delivery.

Despite its significant potential, the implementation of "Prolamvano" also faces several challenges, including:

- unequal geographical distribution of services,
- workforce shortages,
- digital literacy gaps among vulnerable populations,
- limited prevention culture in some population groups,
- and the need for stronger integration between health and social care sectors.

Addressing these challenges will require sustained investment, workforce development, interoperable digital systems, and continuous evaluation mechanisms. Nevertheless, the programme constitutes a landmark reform initiative with the potential to significantly improve population health outcomes and strengthen the transition towards integrated, people-centred and community-based healthcare in Greece.

5 MAP OF SERVICES AND STAKEHOLDERS INVOLVED IN PERSON-CENTERED COMMUNITY-BASED CARE

The Region of Crete has a diverse network of healthcare, social care, community and academic stakeholders involved in the provision of person-centred and community-based care. The ecosystem includes public healthcare providers, municipal social services, community support structures, academic institutions, non-governmental organisations and private sector providers.

The development of integrated and person-centred care pathways requires strong collaboration among these actors, particularly in relation to prevention, chronic disease management, mental health support, healthy ageing and social inclusion. The mapping of services and stakeholders presented below is based on regional strategic documents, stakeholder mapping exercises conducted within the TeamCare project, operational data from the 7th Healthcare Region of Crete, and regional social welfare mapping studies.

5.1 Public Social-Health Services

Public social-health services in Crete are delivered through collaborative mechanisms involving the Ministry of Health, the Ministry of Social Cohesion and Family, the Region of Crete, municipalities, healthcare providers and community organizations. These services aim to address the social determinants of health and support vulnerable populations through integrated community-based interventions.

The Region of Crete has developed a network of social-health structures that support older adults, persons with disabilities, vulnerable families, individuals living in poverty and people with chronic health conditions. However, important territorial inequalities remain between urban centres and remote rural areas.

Key public social-health services include:

- Community Centres (Kentra Koinotitas)
- Open Care Centres for Older People (KAPI)
- Day Care Centres for Older People (KIFI)
- "Help at Home" programmes
- Centres for Creative Activities for Children with Disabilities (KDAP-MEA)
- Sheltered Supported Living structures
- Community mental health structures
- Mobile mental health units
- Social pharmacies
- Social grocery stores
- Homeless support structures
- Women's counselling centres and shelters
- Disability support services
- Child protection and family support programmes
- Roma inclusion and migrant support services

Municipalities play a central role in coordinating social-health interventions at community level. Community Centres serve as important access points for social support, welfare benefits, counselling and referral services, particularly for vulnerable populations.

The regional mapping of social welfare structures highlighted significant disparities in service availability across the island, with more limited infrastructure in the Regional Units of Lasithi and Rethymnon. At the same time, several municipalities face difficulties related to infrastructure capacity, workforce shortages and sustainability of services.

Public social-health services increasingly collaborate with healthcare providers and primary healthcare units in order to improve continuity of care and strengthen integrated support pathways for individuals with complex needs.

5.2 Public Social Services

Public social services in Crete are mainly coordinated by municipalities and regional authorities and constitute a critical pillar of social protection and community support. Their role has become increasingly important in the context of economic pressures, demographic ageing, chronic disease burden and growing social inequalities.

Municipal social services provide interventions related to:

- Social welfare and social assistance
- Poverty reduction and emergency support
- Housing and homelessness assistance
- Child and family protection
- Elderly support programmes
- Disability support
- Psychosocial support
- Employment counselling and social inclusion
- Support for victims of domestic violence
- Migrant and refugee integration
- Community outreach and prevention activities

The Community Centres established throughout Greece under EU-supported social inclusion policies operate as one-stop access points for citizens seeking social support and welfare services. These centres provide counselling, psychosocial support, referral services and assistance with access to social benefits and healthcare services.

Social workers play an essential role in coordinating care pathways and supporting vulnerable individuals and families. In several municipalities, multidisciplinary collaboration between social workers, psychologists, nurses and healthcare professionals has gradually strengthened through local initiatives and European-funded programmes.

The Region of Crete also supports social inclusion initiatives through the Regional Observatory for Social Inclusion, which monitors social inequalities, maps social needs and contributes to evidence-informed policy planning.

Despite improvements in recent years, significant challenges remain, including:

- Unequal geographical distribution of services
- Limited specialised support structures
- Workforce shortages
- Dependence on temporary funding mechanisms
- Insufficient integration with healthcare services
- Limited digital interoperability

Strengthening cooperation between social services and healthcare providers remains a key priority for the development of person-centred and integrated care models.

5.3 Public Healthcare Services

The public healthcare system includes primary, secondary and tertiary healthcare services, mental health services, rehabilitation structures and public health interventions. Public healthcare services in Crete are coordinated by the 7th Healthcare Region of Crete, which is responsible for the planning, coordination and supervision of healthcare services across the island.

The Administration of the 7th Healthcare Region of Crete is the coordinating, supervisory and control body of the administration of the National Health System at the level of the Region of Crete. It supervises, coordinates and controls the operation:

- 8 Hospitals (2,502 beds)
- 19 Health Centers
- 7 Multipurpose Regional Clinics (Tympaki, Platanias, Plakia, Makri Gialou, Archanes, Kokkini Hani, Palaiochora)
- 129 Regional Clinics
- 12 Local Health Teams
- 51 Mental Health structures/services
    - 4 clinics (3 public, 1 private) for adults and 1 (public) for children and adolescents
    - 5 boarding schools (2 public, 3 private) for adults
    - 4 Mental Health Centers for adults and 4 for children and adolescents (KoiKEPSYPE, Mental Health Center)
    - 8 Day Centers (3 public, 5 private) for adults
    - 8 Hostels (8 public) for adults
    - 6 Protected Apartments for adults
    - 5 Mobile Units (3 public, 2 private) for adults and 1 (public) for children and adolescents
    - 5 other bodies (4 KOISPE, 1 other body)

- **Hospital Services**

The hospital network in Crete includes:

- University General Hospital of Heraklion (PAGNI)
- Venizeleio General Hospital of Heraklion
- General Hospital of Chania
- General Hospital of Rethymnon

- General Hospital of Agios Nikolaos
- General Hospital - Health Centre of Ierapetra
- General Hospital - Health Centre of Sitia
- General Hospital - Health Centre of Neapoli

These hospitals provide acute care, emergency services, specialised care, surgical services, intensive care and outpatient services. The University Hospital of Heraklion functions as the major tertiary referral centre for Crete and the wider southern Aegean region.

- **Primary Healthcare Services**

Primary healthcare services represent a major pillar of ongoing healthcare reform in Greece. In Crete, the PHC network includes:

- Health Centres
- Local Health Units (TOMYs)
- Regional Clinics
- Multipurpose Regional Clinics
- Mobile health units
- Public health and prevention services

Health Centres constitute the backbone of PHC in rural and semi-urban areas and provide:

- General medical care
- Chronic disease management
- Preventive services
- Maternal and child healthcare
- Emergency care
- Vaccination programmes
- Basic diagnostic services
- Public health interventions

Local Health Units (TOMYs) introduced multidisciplinary and community-oriented approaches to care delivery, aiming to strengthen prevention, continuity of care and population health management.

Figure 5 schematically illustrates the operating units in relation to the reference units (for PHC units).

Figure 5 – Hospitals and Primary Health Centres in Crete

- **Mental Health Services**

Mental health services in Crete include:

- Community mental health centres
- Child and adolescent mental health services
- Day centres
- Psychosocial rehabilitation units
- Addiction treatment services
- Mobile mental health units
- Residential mental health structures

Mental health reform in Greece has promoted deinstitutionalisation and the expansion of community-based mental health services. Nevertheless, important service gaps remain, particularly in relation to child and adolescent mental health and long-term psychosocial support.

- **Public Health and Prevention**

Public health services increasingly focus on:

- Vaccination programmes
- Cancer screening

- Chronic disease prevention
- Health promotion
- Epidemiological surveillance
- Environmental health
- School health programmes

The implementation of the national prevention programme "Prolamvano" further strengthens prevention-oriented healthcare and expands population-based screening initiatives.

5.4 Private Services

The private sector constitutes an important component of healthcare and social care provision in Crete and often complements the public healthcare system, particularly in areas where public sector capacity is limited.

Private services include:

- Private clinics and hospitals
- Diagnostic and imaging centres
- Specialist outpatient clinics
- Rehabilitation centres
- Physiotherapy services
- Elderly care facilities
- Home care services
- Mental health and psychotherapy services
- Occupational health services
- Pharmacies and pharmaceutical services

Private providers play a particularly important role in:

- Diagnostic services
- Rapid access to specialist consultations
- Rehabilitation care
- Home-based services
- Long-term elderly care

Several private providers are contracted with the National Organization for the Provision of Health Services (EOPYY), allowing publicly insured citizens to access selected private healthcare services.

However, the strong reliance on private healthcare services in Greece is also associated with:

- High out-of-pocket expenditure
- Inequalities in access
- Fragmentation of care pathways
- Variable coordination with public services

Improving coordination between public and private providers remains important for ensuring continuity and integration of care.

5.5 Academic and Research Institutions

Crete hosts an important academic and research ecosystem that significantly contributes to healthcare innovation, workforce education, public health research and digital transformation.

Major academic and research institutions include:

- University of Crete
- Medical School of the University of Crete
- Hellenic Mediterranean University
- Foundation for Research and Technology – Hellas (FORTH)
- Institute of Molecular Biology and Biotechnology (IMBB)
- Institute of Computer Science (ICS-FORTH)

These institutions contribute to:

- Undergraduate and postgraduate education
- Health professions training
- Public health research
- Clinical research
- Biomedical innovation
- Digital health development
- Artificial intelligence applications in healthcare
- Community-based interventions
- Health systems research

The collaboration between academic institutions and healthcare providers has become increasingly important in supporting:

- Workforce capacity building
- Interprofessional education
- Evidence-based policy making
- Quality improvement initiatives
- Patient safety programmes
- Innovation in community-based care

The Healthcare Region of Crete has significant experience participating in European-funded programmes related to:

- Integrated care
- Digital health
- Public health
- Quality of care
- Active and healthy ageing
- Artificial intelligence and health data
- Workforce development

This strong academic and innovation environment provides favourable conditions for the development and implementation of Community-Based Interprofessional Teams (CBITs).

5.6 Civil Society and Community Organisations

Civil society organisations and community networks play a major role in supporting vulnerable populations and strengthening community resilience in Crete.

Key stakeholders include:

- Non-governmental organisations (NGOs)
- Volunteer organisations
- Faith-based organisations
- Patient associations
- Professional associations
- Local community networks
- Charitable organisations
- Caregiver support groups
- Advocacy organisations

These organisations contribute to:

- Social support and inclusion
- Community outreach
- Mental health support
- Food and material assistance
- Refugee and migrant support
- Health promotion campaigns
- Volunteer care services
- Support for older adults and persons with disabilities
- Public awareness and prevention activities.

Patient associations increasingly participate in discussions related to:

- Patient-centred care
- Quality improvement
- Health literacy
- Shared decision-making
- Chronic disease management

Professional associations, including medical, nursing and social work organisations, contribute to continuing professional development, advocacy and workforce support. Collaboration between healthcare providers, municipalities, NGOs and academic institutions has strengthened in recent years through European projects, public health initiatives and integrated care pilots.

However, civil society organisations often face challenges related to:

- Funding sustainability
- Workforce and volunteer capacity
- Coordination with formal healthcare systems
- Administrative burdens
- Limited digital infrastructure

Strengthening structured collaboration pathways between civil society and healthcare services is essential for advancing integrated and community-based care models in Crete.

6 COMMUNITY-BASED INTERPROFESSIONAL TEAMS (CBITs) IN CRETE

The development of Community-Based Interprofessional Teams (CBITs) represents a key strategic priority within the TeamCare project and aligns closely with the ongoing transformation of Primary Health Care (PHC) in Greece. CBITs are designed to support integrated, person-centred and community-oriented care by promoting collaboration among healthcare professionals, social services and community stakeholders.

The CBIT model responds to several major challenges currently affecting the healthcare and social care system in Crete, including:

- demographic ageing,
- increasing prevalence of chronic diseases,
- fragmentation between healthcare and social services,
- mental health needs,
- geographic barriers in rural and remote areas,
- workforce shortages,
- and growing demand for long-term and community-based care.

Within this context, CBITs aim to strengthen continuity of care, prevention, early intervention and integrated care coordination at community level.

6.1 Concept and Objectives of CBITs

Community-Based Interprofessional Teams are multidisciplinary teams operating within community and primary healthcare settings in order to provide coordinated and holistic support to individuals, families and vulnerable populations.

The CBIT approach is based on the principles of:

- person-centred care,
- integrated care,
- multidisciplinary collaboration,
- prevention and health promotion,
- community participation,
- continuity of care,
- equity in access,
- and population health management.

The main objectives of CBITs include:

- improving coordination between services,
- strengthening community-based care,
- reducing avoidable hospitalisations,
- supporting chronic disease management,
- enhancing prevention and early diagnosis,
- improving patient experience and quality of care,
- supporting vulnerable and socially excluded populations,
- and promoting healthy ageing and independent living.

The CBIT model also supports the transition from fragmented and hospital-centred healthcare delivery towards proactive and integrated community care pathways.

6.2 Composition of CBITs

CBITs in Crete are expected to involve professionals from multiple disciplines, depending on local needs, service availability and population characteristics.

Potential team members include:

- General practitioners and family physicians
- Nurses and community nurses
- Social workers

- Psychologists
- Health visitors
- Midwives
- Physiotherapists
- Occupational therapists
- Speech and language therapists
- Dietitians and nutritionists
- Pharmacists
- Public health professionals
- Community health workers and mediators

The multidisciplinary composition of CBITs enables a holistic approach addressing medical, psychological and social needs simultaneously. In rural and remote areas of Crete, flexible and mobile team configurations may be particularly important due to workforce shortages and geographical barriers.

6.3 Role of CBITs in Primary Health Care Reform

The CBIT model strongly aligns with the national reform agenda for Primary Health Care in Greece, particularly regarding:

- strengthening multidisciplinary PHC teams,
- improving prevention and public health,
- enhancing continuity of care,
- integrating health and social care,
- and expanding community-oriented services.

CBITs may operate in close collaboration with:

- Health Centres,
- Local Health Units (TOMYs),
- municipalities,
- Community Centres,
- hospitals,
- mental health services,
- home care services,
- rehabilitation structures,
- social care professionals from the Region of Crete
- and non-governmental organisations.

The teams are expected to contribute significantly to the implementation of prevention-oriented initiatives, such as the national “Prolamvano” programme by supporting:

- outreach activities,
- health education,
- screening participation,
- chronic disease monitoring,
- patient navigation,
- and follow-up care.

CBITs also support the strategic shift towards proactive population health management and integrated care coordination promoted through the WHO-supported 3PH approach.

6.4 Target Population Groups

CBITs are particularly relevant for individuals and groups with complex or multidimensional needs requiring coordinated interventions across multiple sectors.

Priority population groups may include:

- Older adults and frail elderly persons
- Individuals with chronic diseases
- Persons with disabilities
- Individuals with mental health conditions
- Patients requiring rehabilitation or long-term care
- Socially vulnerable populations
- Individuals living in rural and remote areas
- Migrants and refugees
- Homeless individuals
- Families facing socioeconomic difficulties
- Children and adolescents with complex care needs

The community-based and multidisciplinary nature of CBITs allows more personalised and continuous support tailored to the needs of each individual and community.

6.5 Collaboration and Integration Pathways

Effective operation of CBITs requires strong collaboration mechanisms among healthcare, social care and community stakeholders.

CBITs are expected to establish structured cooperation pathways with:

- Public healthcare services
- Municipal social services
- Community Centres

- Mental health structures
- Rehabilitation services
- Home care programmes
- Educational institutions
- NGOs and civil society organisations
- Patient associations
- Local authorities and regional governance structures

The teams may also facilitate bidirectional communication between hospitals and community services, improving discharge planning and reducing fragmentation of care. Digital interoperability and shared communication systems will be critical for effective coordination and information exchange.

6.6 Workforce Development and Training Needs

The successful implementation of CBITs requires significant investment in workforce development and interprofessional education.

Key training priorities include:

- Interprofessional collaboration skills
- Community-based care approaches
- Prevention and public health
- Communication and shared decision-making
- Case management
- Mental health literacy
- Digital health competencies
- Cultural competence and equity-oriented care
- Patient-centred care methodologies

Academic institutions in Crete, including the University of Crete and the Hellenic Mediterranean University, may play an important role in supporting training, research and capacity building for CBIT professionals.

The TeamCare project itself contributes substantially to this objective through the development of educational materials, competency frameworks and interprofessional learning approaches.

6.7 Challenges for CBIT Implementation in Crete

Despite the important opportunities associated with the CBIT model, several implementation challenges remain.

These include:

- Workforce shortages, especially in rural areas
- Limited community nursing capacity
- Fragmentation between health and social care sectors
- Limited interoperability of digital systems
- Organisational resistance to change
- Unequal distribution of services
- Limited financial and human resources
- Need for sustainable governance mechanisms
- Variable levels of interprofessional collaboration experience

Additionally, the island geography and remote mountainous areas of Crete create logistical and accessibility challenges that require flexible and locally adapted models of care delivery.

6.8 Opportunities and Strategic Importance

The Region of Crete offers important opportunities for the successful implementation of CBITs due to:

- existing PHC infrastructure,
- strong academic and research institutions,
- experience in European-funded projects,
- active regional governance structures,
- digital health initiatives,
- and established collaboration networks.

The CBIT model has the potential to contribute significantly to:

- strengthening integrated community-based care,
- improving quality of care and patient safety,
- promoting prevention and early intervention,
- reducing avoidable hospital admissions,
- enhancing health equity,
- and improving population health outcomes.

The implementation of CBITs is also strongly aligned with broader national and European strategic priorities related to resilient health systems, integrated care, healthy ageing and sustainable healthcare transformation.

7 RELATIONS AND COOPERATION PATHWAYS WITH CBITs

The effective operation of Community-Based Interprofessional Teams (CBITs) depends on the establishment of strong cooperation mechanisms among healthcare providers, social services, municipalities, community organisations and academic institutions. In the Region of Crete, collaboration pathways are gradually evolving within the broader framework of Primary Health Care reform, integrated care development and community-based service expansion.

CBITs are expected to function as coordination hubs connecting medical, psychosocial and community support services in order to ensure continuity of care and comprehensive management of patient needs.

7.1 Services That Can Be Activated Through CBITs

CBITs may facilitate access to a wide range of healthcare, social and community services depending on the needs of individuals and families.

These include:

- Primary healthcare services
- Specialist consultations
- Diagnostic and laboratory services
- Mental health and psychosocial support
- Rehabilitation and physiotherapy services
- Home care and community nursing
- Long-term care services
- Public health and prevention programmes
- Social welfare services
- Disability support services
- Elderly care services
- Child and family support services
- Addiction treatment programmes
- Housing and homelessness support
- Community-based support programmes

The multidisciplinary nature of CBITs allows the integration of clinical and social interventions through personalised and coordinated care pathways.

7.2 Existing Cooperation Pathways

Several formal and informal cooperation mechanisms already exist within the Region of Crete and may support the implementation of CBITs.

Current collaboration pathways include:

- Referral systems between Health Centres and hospitals
- (Informal) Coordination between municipalities and healthcare providers
- Community mental health networks
- Public health prevention campaigns
- Home care coordination initiatives
- Collaboration between universities and healthcare organisations
- Integrated care initiatives developed through European projects
- Local partnerships with NGOs and volunteer organisations

In several cases, cooperation mechanisms rely heavily on informal professional networks and personal communication between professionals rather than standardized operational frameworks. The strengthening of structured referral systems, digital interoperability and multidisciplinary case management remains essential for improving continuity and integration of care.

7.3 Role of Digital Health and Information Systems

Digital transformation constitutes an important enabling factor for integrated care and CBIT coordination.

Digital tools may support:

- Shared patient information
- Electronic referrals
- Care coordination
- Telemedicine services
- Remote monitoring
- Population health management
- Screening and prevention programmes
- Continuity of care pathways

National initiatives such as electronic prescription systems and the "Prolamvano" prevention programme provide important infrastructure for improving communication and coordination across services. Furthermore, 7HRC is only of the most advanced IT-based Healthcare Region, based on an Integrated Information System, common for all

publics units, which facilitates the data collection and dissemination. However, limited interoperability between health and social care systems remains a significant barrier.

7.4 Challenges in Collaboration Pathways

Despite important progress, several operational and structural barriers continue to affect integrated collaboration.

Major challenges include:

- Insufficient mapping of the available healthcare and social care services
- Fragmentation between healthcare and social care systems
- Limited interoperability of information systems
- Workforce shortages
- Uneven distribution of services across regions
- Limited case management mechanisms
- Lack of standardized referral protocols
- Administrative complexity
- Variable organisational cultures
- Insufficient multidisciplinary training

Geographic characteristics of Crete, including mountainous areas and remote communities, further complicate coordination and accessibility.

8 CHALLENGES, GAPS AND GOOD PRACTICES

The analysis of healthcare and social care services in the Region of Crete highlights important achievements, but also significant structural and operational challenges affecting the delivery of person-centred and community-based care:

- **Health System Challenges:** The healthcare system in Crete continues to face increasing pressures associated with demographic, epidemiological and organisational factors.
- **Social Care Challenges:** Social services in Crete also face multiple challenges affecting service sustainability and equity.
- **Workforce Challenges:** Human resources constitute one of the most critical challenges for healthcare and social care transformation. The successful implementation of CBITs requires targeted workforce development strategies and investment in interprofessional education.

- **Organisational and Governance Challenges:** Several governance and organisational barriers affect the integration of services (e.g fragmented governance structures, limited coordination mechanisms, administrative complexity, weak integration between primary healthcare and social care, limited community participation in service planning)

8.1 Good Practices and Opportunities

Despite these challenges, the Region of Crete presents several important strengths and opportunities. Several good practices have emerged within the Healthcare Region of Crete that may support CBIT development.

Examples include:

- Multidisciplinary PHC teams within TOMYs
- Mobile mental health units serving remote areas
- Telemedicine services for island and rural populations
- Integrated home care initiatives
- Public health prevention campaigns
- University-healthcare collaborations
- Community outreach interventions
- European-funded integrated care projects

These initiatives demonstrate the growing capacity for collaborative and community-oriented care within the region. The TeamCare project itself contributes to strengthening collaboration pathways by promoting interprofessional education, integrated care competencies and community-based approaches.

The region also benefits from:

- Strong academic and research infrastructure
- Active regional governance structures
- Growing digital health capacity
- WHO-supported quality and PHC reform initiatives
- Increasing emphasis on prevention and integrated care

These factors create favourable conditions for the implementation of innovative and sustainable community-based care models.

9 THE ROLE OF THE WHO 3PH PROJECT AND HEALTH-IQ INITIATIVE IN THE REFORM OF PRIMARY HEALTH CARE

9.1 WHO-Supported Health System Reform in Greece

Greece is currently implementing an extensive reform agenda aimed at strengthening Primary Health Care, improving quality of care and promoting integrated community-based healthcare delivery. These reforms are being supported by the World Health Organization (WHO), the European Commission, OECD and the Greek Recovery and Resilience Plan.

The reform agenda focuses on:

- Strengthening PHC infrastructure
- Improving prevention and public health
- Expanding community-based services
- Strengthening integrated care pathways
- Enhancing quality of care and patient safety
- Supporting digital transformation
- Promoting equitable access to healthcare

The WHO Country Office in Greece and the WHO Office on Quality of Care and Patient Safety have played a central role in supporting technical assistance, policy development and implementation activities.

9.2 The HEALTH-IQ Initiative

The HEALTH-IQ initiative ("Development and Implementation of a Framework for Quality Care") is a major WHO-supported reform project implemented in Greece between 2023 and 2025. The initiative aims to establish a national framework for quality improvement and patient-centred care across the healthcare system.

Key objectives include:

- Development of quality indicators
- Strengthening patient safety mechanisms
- Improving patient experience measurement
- Supporting evidence-based healthcare planning
- Enhancing accountability and transparency
- Promoting integrated quality management systems

- Strengthening healthcare workforce competencies

The initiative covers multiple sectors including:

- Primary healthcare
- Hospital care
- Long-term care
- Mental health services
- Prevention and public health

HEALTH-IQ contributes significantly to the transition towards a more resilient, accountable and quality-oriented healthcare system.

9.3 The WHO 3PH Approach

The reform of Primary Health Care in Greece increasingly adopts principles aligned with the WHO "3PH" approach, which promotes:

- Proactive care
- Preventive and public health-oriented services
- Person-centred integrated care
- Population health management
- Community participation
- Multidisciplinary teamwork
- Health promotion and early intervention

The 3PH model aims to reposition Primary Health Care as the central coordination mechanism for healthcare and social care services. This approach is particularly relevant for the Region of Crete due to:

- demographic ageing,
- high chronic disease burden,
- geographic inequalities,
- and increasing need for integrated long-term care pathways.

The implementation of 3PH principles supports:

- stronger continuity of care,
- better coordination between providers,
- improved prevention and screening,
- reduction of avoidable hospitalisations,
- and enhanced patient empowerment.

9.4 Alignment with TeamCare and CBITs

The TeamCare project and the CBIT model are strongly aligned with the strategic priorities promoted through the WHO-supported reforms. Shared priorities include:

- Integrated care
- Community orientation
- Prevention and health promotion
- Interprofessional collaboration
- Patient-centred approaches
- Workforce upskilling
- Digital transformation
- Quality improvement
- Health equity

CBITs may serve as operational mechanisms for implementing many of the objectives promoted through the 3PH approach and the HEALTH-IQ initiative. The Region of Crete offers favourable conditions for piloting innovative community-based integrated care models due to its strong academic ecosystem, active regional governance and experience in European-funded healthcare projects.

10 RECOMMENDATIONS

Based on the analysis of healthcare and social care services in Crete, the following recommendations are proposed for strengthening integrated, person-centred and community-based care. These recommendations can be part of the sustainability plan of the Teamcare project.

- **Strengthening Community-Based Interprofessional Teams**
    - Expand the implementation of CBITs across all Regional Units of Crete.
    - Strengthen multidisciplinary collaboration between healthcare and social care professionals.
    - Develop formal referral and coordination protocols between services.
    - Promote integrated case management approaches for vulnerable populations.

- **Workforce Development**
    - Strengthen workforce planning for primary healthcare and community services.
    - Expand community nursing capacity.

  - Develop targeted recruitment and retention incentives for remote areas.
  - Promote interprofessional education and continuous professional development.
  - Strengthen digital health competencies among healthcare professionals.
- **Digital Transformation and Information Systems**
  - Improve interoperability between healthcare and social care information systems.
  - Expand telemedicine and remote monitoring services.
  - Strengthen digital public health and prevention infrastructure.
  - Develop integrated patient-centred electronic care pathways.
- **Prevention and Public Health**
  - Strengthen prevention-oriented healthcare services.
  - Expand participation in the "Prolamvano" prevention programme.
  - Promote community outreach and health literacy initiatives.
  - Strengthen early detection and chronic disease management programmes.
- **Governance and Integration**
  - Strengthen coordination mechanisms between municipalities, healthcare providers and civil society organisations.
  - Promote evidence-based regional health planning.
  - Strengthen patient and community participation in healthcare planning and evaluation.
  - Develop sustainable integrated care governance frameworks.

- **Equity and Vulnerable Populations**
  - Improve access to services in rural and remote areas.
  - Strengthen support structures for older adults and persons with disabilities.
  - Expand mental health and psychosocial support services.
  - Promote equity-oriented interventions for socially vulnerable populations.

11 CONCLUSION

The Region of Crete presents important opportunities for the development of integrated, person-centred and community-based healthcare models. At the same time, the region faces significant demographic, organisational and workforce-related challenges that require coordinated and sustainable responses.

Ongoing reforms in Greece, particularly those related to Primary Health Care transformation, prevention-oriented healthcare and quality improvement, create favourable conditions for strengthening integrated care pathways and expanding community-based services.

The TeamCare project and the development of Community-Based Interprofessional Teams (CBITs) can contribute significantly to this transformation by:

- improving continuity of care,
- strengthening multidisciplinary collaboration,
- supporting prevention and early intervention,
- enhancing patient-centred care,
- and reducing fragmentation between healthcare and social care services.

The implementation of the WHO-supported 3PH approach and the HEALTH-IQ initiative further reinforces the strategic orientation towards proactive, integrated and quality-oriented healthcare delivery.

The Region of Crete as an ecosystem and living lab, with its strong academic institutions, active regional governance structures and experience in innovation and European cooperation, provides a particularly favourable environment for piloting and expanding community-based integrated care models.

Continued investment in workforce development, digital transformation, prevention, governance and interprofessional collaboration will be essential for ensuring sustainable and equitable healthcare transformation in the years ahead.