PRIMARY HEALTH CARE DEVELOPMENTS IN LITHUANIA

Jovile Vingraite
Primary Health Care Coordination Division
Personal Health Care Department

Riga, 2016-09-05
Principles of Primary health care (PHC) organization

* PHC is freely accessible to all residents of Lithuania

* In order to get compensated PHC it is compulsory to register with PHC physician
* Residents have the right to choose PHC service (providing family medicine and primary mental health care) and physician

* Compensated from the budget of the Compulsory Health Insurance Fund (for insured residents)
* Additional support from municipal budget - for certain vulnerable groups (pregnant, unemployed, disabled, orphans up to 18 y., etc.)

* Compensated specialized health care services are provided only after referral from PHC („gate-keeping“ role). Exception – emergency medical care.

* Primary health care:
  * Family medicine
  * Primary mental health care
  * Primary dental health care
# Structure of primary health care

## Primary health care providers

<table>
<thead>
<tr>
<th>Cabinets of family physicians</th>
<th>Primary health care centres</th>
<th>Polyclinics/combined centres</th>
</tr>
</thead>
<tbody>
<tr>
<td>(responsibility to ensure primary dental and mental care by agreements with providers of such services)</td>
<td>(family medicine + primary dental care / primary mental care)</td>
<td>(family medicine / primary dental care / primary mental care + specialized care)</td>
</tr>
</tbody>
</table>

### Family medicine

- **Family physician** (83.2 %, in 2015 y.) + general practice or community nurse + accoucheur (not obligatory)

7.14 family physicians per 10 000 population (in 2015 y.)

- **Team of physicians (16.8 %)**
  - district internist
  - district paediatrician
  - surgeon
  - obstetrician gynaecologist
  + general practice or community nurse + accoucheur (not obligatory)

### Primary mental health care

**Team:**
- psychiatrist
- nurse of general practice
- medical psychologist
- social worker
- other specialists if needed

### Primary dental health care

- dentist
- nurse of general practice

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Public providers – 39 % (70 % of population)
Private providers – 61 % (30 % of population)
Physicians providing family medicine

<table>
<thead>
<tr>
<th>Year</th>
<th>Family physicians</th>
<th>District internists</th>
<th>District paediatricians</th>
<th>Obstetricians gynaecologists</th>
<th>Surgeons</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998 December</td>
<td>230</td>
<td>1412</td>
<td>993</td>
<td>417</td>
<td>237</td>
</tr>
<tr>
<td>2001 December</td>
<td>910</td>
<td>995</td>
<td>799</td>
<td>361</td>
<td>234</td>
</tr>
<tr>
<td>2004 December</td>
<td>1678</td>
<td>566</td>
<td>521</td>
<td>358</td>
<td>225</td>
</tr>
<tr>
<td>2007 December</td>
<td>1896</td>
<td>481</td>
<td>465</td>
<td>366</td>
<td>224</td>
</tr>
<tr>
<td>2010 September</td>
<td>1984</td>
<td>439</td>
<td>429</td>
<td>366</td>
<td>212</td>
</tr>
<tr>
<td>2012 January</td>
<td>2037</td>
<td>393</td>
<td>412</td>
<td>330</td>
<td>217</td>
</tr>
<tr>
<td>2015 January</td>
<td>2142</td>
<td>323</td>
<td>368</td>
<td>328</td>
<td>212</td>
</tr>
</tbody>
</table>
Number of family physicians per 10 000 population

Still shortage of family physicians in rural areas

Residency studies for family physicians for target territories (EU investment funds, 12 family physicians)
Public and private family medicine providers: distribution of population

- Public providers: 80%
- Private providers: 20%

Population size, thousands:

<table>
<thead>
<tr>
<th>Year</th>
<th>Public providers</th>
<th>Private providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>2794.6</td>
<td>684.3</td>
</tr>
<tr>
<td>2007</td>
<td>2676.9</td>
<td>781.5</td>
</tr>
<tr>
<td>2008</td>
<td>2571.3</td>
<td>878.3</td>
</tr>
<tr>
<td>2009</td>
<td>2531.8</td>
<td>901.5</td>
</tr>
<tr>
<td>2010</td>
<td>2562.0</td>
<td>870.3</td>
</tr>
<tr>
<td>2011</td>
<td>2492.9</td>
<td>943.4</td>
</tr>
<tr>
<td>2012</td>
<td>2248</td>
<td>890.6</td>
</tr>
<tr>
<td>2013</td>
<td>2287.6</td>
<td>940.4</td>
</tr>
<tr>
<td>2014</td>
<td>2246.2</td>
<td>952.0</td>
</tr>
<tr>
<td>2015</td>
<td>2208.2</td>
<td>963.7</td>
</tr>
</tbody>
</table>
Family medicine: differentiated by age (7 groups):
- <1 year
- 1–4 y.
- 5–6 y.
- 7–17 y.
- 18–49 y.
- 50–65 y.
- >65 y.

Dental care:
- <18 years
- 18 years and above

Mental care: not differentiated

Services of primary health care and financing

1. **Performance** (good results) (12 indicators - intensity of care, prophylactic check-ups of children, care of patients with chronic diseases, intensity of implementation of preventive programmes)
2. **Promotional services** (addressing the main problems; 17 groups include 63 services)
3. **Care of rural patients** (villages and towns up to 4000 residents)
4. Patient’s choosing a family physician instead of team of physicians (wider range of services)

Capitation fee 73.5% (in 2016)

Additional financing 26.5%
## Recent new performance indicators

<table>
<thead>
<tr>
<th>Primary health care</th>
<th>Index</th>
<th>Additional financing since</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>Implementation of preventive programme for colorectal cancer</td>
<td>2016-01</td>
</tr>
<tr>
<td></td>
<td>Implementation of preventive programme for breast cancer</td>
<td>2014-01</td>
</tr>
<tr>
<td>Mental care</td>
<td>Hospitalization index of patients with schizophrenia</td>
<td>2011-07</td>
</tr>
<tr>
<td>Dental care</td>
<td>Intensity of children dental screening</td>
<td>2014-01</td>
</tr>
</tbody>
</table>
## Recent new promotional services

<table>
<thead>
<tr>
<th>Primary health care</th>
<th>Service</th>
<th>Additional financing since</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family medicine</td>
<td>Vaccination of risk population against influenza</td>
<td>2016-01</td>
</tr>
<tr>
<td></td>
<td>Rapid group A beta-haemolytic streptococcus test in 2–7 year-old children with upper respiratory diseases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preparing child to pre-school</td>
<td>2015-05</td>
</tr>
<tr>
<td></td>
<td>Tuberculin test in 7 year-old children</td>
<td>2014-11</td>
</tr>
<tr>
<td></td>
<td>Blood tests before planned surgery</td>
<td>2012-10</td>
</tr>
<tr>
<td></td>
<td>Urine test for asymptomatic bacteriuria in pregnant women (including antibioticogram)</td>
<td>2011-07</td>
</tr>
<tr>
<td>Mental care</td>
<td>Care of patients under substitution therapy</td>
<td>2016-01</td>
</tr>
<tr>
<td></td>
<td>Care of disabled patients (home visits)</td>
<td>2014-11</td>
</tr>
<tr>
<td></td>
<td>Blood tests in patients under substitution therapy (for syphilis, HIV, hepatitis C)</td>
<td>2012-01</td>
</tr>
<tr>
<td>Dental care</td>
<td>Preparing child to school</td>
<td>2014-11</td>
</tr>
<tr>
<td></td>
<td>Emergency care of non-listed patients under 18 years</td>
<td>2013-01</td>
</tr>
</tbody>
</table>
## Preventive programmes

<table>
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<th>EU recommended</th>
<th>Others</th>
</tr>
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<tbody>
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<td><strong>Colorectal cancer</strong> (since 2009-07 starting in 2 counties, since 2014-07 covering the whole country)</td>
<td>Dental programme for children: molar coverage with silants (2005)</td>
</tr>
</tbody>
</table>

A coordinator for coordination of implementation of preventive programmes, prophylctic check-ups, care of patients with chronic noncommunicable diseases has to be employed in PHC facilities with >10 000 patients (since 2004-11)
Cardiovascular disease prevention programme. Integration of personal and public health care

Health promotion programme for patients identified as having risk for cardiovascular diseases

* Started in 2015-01
* Organized by Municipal Public Health Office specialists
* Voluntary, free for patients
* Lectures, discussions, demonstrations, case studies, practical teaching
* Specialists: cardiologist, family physician, psychologist, dietitian, physical therapist, public health specialist, others if needed
* Duration: 16 teaching meetings (~ twice a week)
* Control meetings after 3 months and 1 year from the commencement
* Biochemistry tests at the commencement and after 1 year
* Health indicators (physical, circulatory, biochemical, lifestyle) improved in ~68% of participants

From 2017-01 the Programme will also include patients identified as having risk for diabetes
Children health improvement

* Procedure for prophylactic checks-ups of psychomotor development of children <4 years – laid down in order of the Minister of Health (since 2015-11)
  
  gross motor skills, fine motor, cognitive and language comprehension, language expression, self-regulation, social emotional development

* Immunization calendar: new vaccines for children
  
  * Pneumococcal vaccine (at 2, 4 and 12–15 mo.) (since 2014-10)
  * Pertussis vaccine in 15–16 year teenagers (since 2015-10)
  * Human papilloma virus vaccine (11 year-old girls) (since 2016-09)
  
* Promotional services (rapid streptococcus test, tuberculin test, preparing child to pre-school, school)
Developtments in nursing practice

* Prescriptions for medical aids (following physician’s instructions) (since 2015-08)
* Greater involvement in patient checks-ups for non-communicable diseases (since 2015-08)
* Increased list of patient groups receiving nursing services at home (since 2016-07)
* Possibility for separate contracts with territorial patients funds (since 2016-07)
* Nurses of extended practice
  * university master’s degree programme since 2015-09, duration – 2 years
  * planned competencies: prescriptions for certain medicines, routine health status check-ups, disease prevention, issue of health certificates, etc.
National Oral Health Programme for 2016–2020

* Employment of oral hygiene specialists in team providing primary dental health care services
* Requirement for professional oral hygiene twice a year
* Studies for prevalence of oral diseases in 5–6, 12–15, 35–44 and 65–74 y. age groups
* Education of general population and various risk groups
* Recommendations for family physicians, nurses, other related specialists
* Other measures

Promotional services

* Preparing child to school (since 2014-11) – can be submitted for payment only if child‘s teeth are healthy or cured
Accreditation of primary health care providers

- Implemented in collaboration with Accreditation Canada International experts
- Pilot project ended in 2015 (6 participants, both public and private)
- National accreditation standards and accreditation procedure approved in 2016-02
- Voluntary
- Validity of accreditation certificate – 4 years
- Planned financial incentives (starting in 2017)
eHealth

Consists of 29 eHealth projects (all finished by the end of 2015)
Electronic prescription, electronic health record, medical picture creating and information exchange, outpatient booking system, telecardiology system, medicines register, health care specialist register, health care providers register, etc.

Health care institutions gradually join eHealth system (including PHC)

Initially – only the most important patient health information (prescriptions, medical records, certain medical certificates)

EHR – Electronic Health Record
Rx – Electronic Prescription Subsystem
xRAY – Radiological Image Subsystem
Thank You For Your Attention

jovile.vingraite@sam.lt