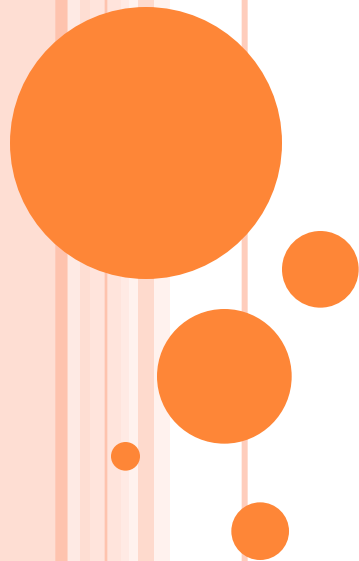


# IMPLEMENTATION OF PRIMARY HEALTH CARE REFORM AND FAMILY MEDICINE: CASE OF THE REPUBLIC OF LITHUANIA



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# THE MAIN STEPS OF PHC REFORME IN LITHUANIA

## 1990-1992

- **The development of a national strategy for reforms in health care:**
  - National Health Concept, adopted by the Seimas of the Republic of Lithuania on October 31, 1991
    - Strengthening health promotion, according to the principles of the WHO:
      - development of primary health care (PHC)
      - introduction of Family doctor's (GP) institutions
- **Decentralization of health care management**
  - increased role of municipalities in the management of the health system
    - organization of Primary health care services are transferred to municipalities
- **Retraining of pediatricians and internists and training of GPs**

# THE MAIN STEPS OF PHC REFORME IN LITHUANIA (2)

## **1993 – 1995 - No significant changes in the system**

- Discussions:
  - Private rather than public institutions (privatization)
  - Free choice of patients, as opposed to the functions of gatekeeper for the family doctor

## **1995 – 1996**

- The Strategy of Primary Health Care Reform 1995 December
- The first pilot PHC centers - family doctors instead of the internists
- Increasing number of family doctors
  - Retrained pediatricians and internists and changing the system of retraining
  - GPs after 3 years residency
- Financing from the State Patient Fund, threw Territorial (10) Patient Funds (1996)



# THE MAIN STEPS OF PHC REFORME IN LITHUANIA (3)

## **1997 - 1998** The main practical changes in the health care system

- Reorganization of the budgetary health care institutions to the public (non-profit) health care institutions (municipal / regional / national)
- Separation of primary and secondary level medical services (on the basis of The Law on the Health Care System and The Law on Health Care Institutions)
- Strengthening the role of municipalities in the management of PHC
  - Mandatory plan for the development of PHC approved by the municipal council



# REGULATION

- The Ministry of Health is responsible for the general regulation of primary health care (PHC) (licensing, financing rules)
- The State Patient Fund under the Ministry of Health and Territorial (10) Patient Funds – for financing PHC
- Municipalities – for organization PHC at the local level



# STRUCTURE OF PHC

## ■ **Out – patient institutions**

- Primary health care centres
- Family doctor (general practitioner) offices
- Ambulatories
- Medical stations (aid posts)
- Polyclinics (PHC and specialists' care)

## ■ **Nursing hospitals** (Nursing and maintenance treatment services and Palliative care services)



# Key players in PHC

## ■ **General practitioner (family doctor)**

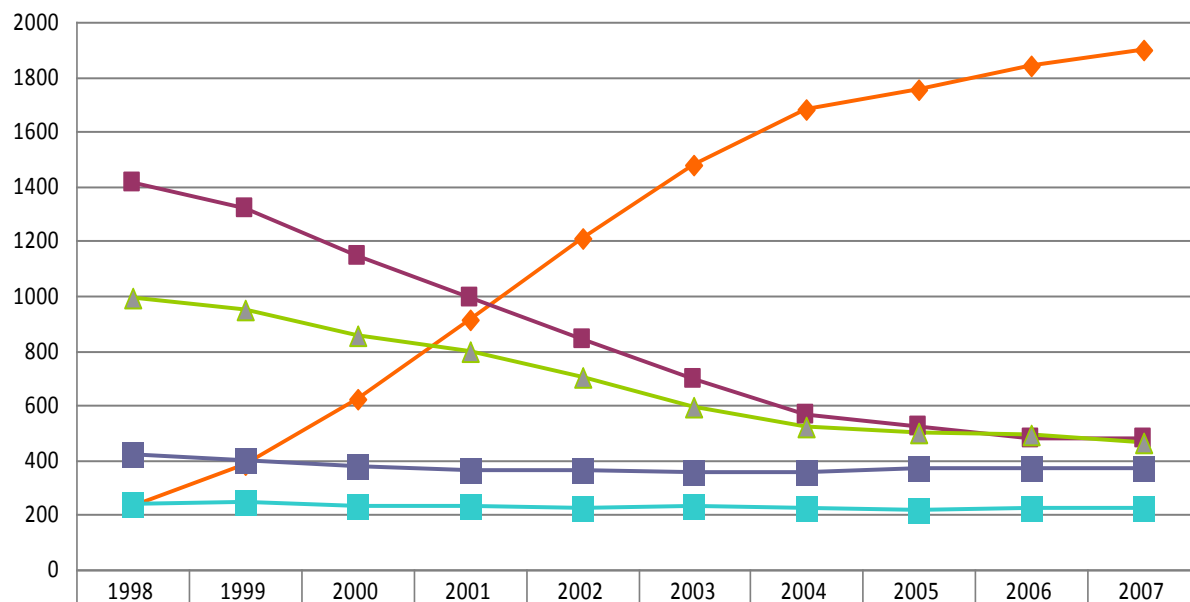
- General practice / community nurse

## ■ **Teams of specialist:**

- Internist
- Pediatricians
- General surgeon
- Obstetrician – gynecologist
- General practice / community nurse
- Midwife



# THE NUMBER OF FAMILY (GENERAL PRACTICE) PHYSICIANS AND PHC PROFESSIONALS WORKING IN TEAMS (1998-2007)

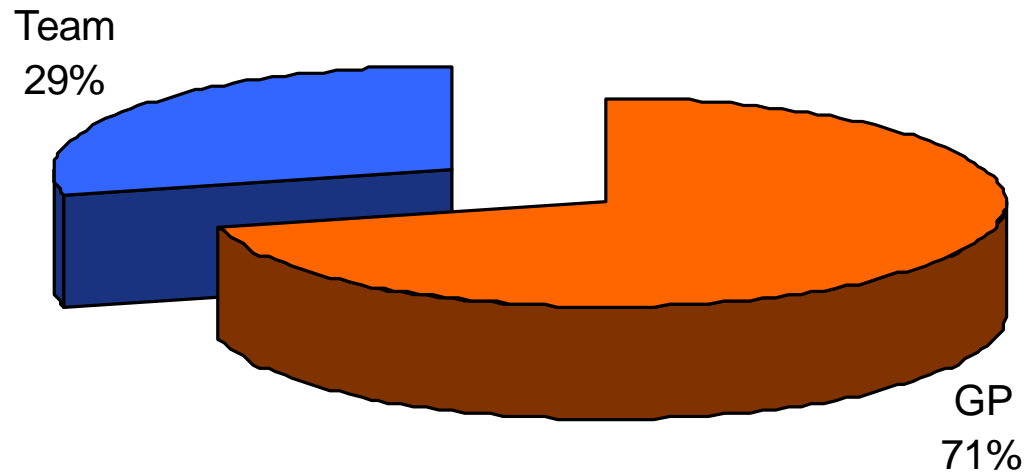


	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Family (General practice) physicians	230	385	620	910	1210	1477	1678	1755	1837	1896
Internists	1412	1318	1146	995	838	694	566	521	475	481
Pediatricians	993	947	857	799	700	595	521	498	490	465
Obstetrician - gynecologist	417	400	378	361	360	355	358	367	370	366
General surgeons	237	244	233	234	228	231	225	216	223	224





# Listing of population



# Gate – keeper model

- PHC is generally accepted as the entry point to the health care systems in Lithuania.
- PHC is the first contact professional care.
- Gate – keeper's functions for GP (with exception – consulting of dermatovenerologist).
- The insured persons can choose PHC institution without any restrictions in the territory of Lithuania.



# Private practice of PHC - independent contractors

- It is referred in the strategy but not in the system until 2000
- They are accepted painfully by society (it would be afraid of paid services) and public PHC centres

## **This is part of the National Health Care System:**

- Private institutions licensed to provide primary health care services and have contracts with Territorial Patient Funds (TPF), using private property and equipment.
- Territorial Patient Funds (TPF) pays for services of independent contractors
- Prices of services are equal for public PHC centres and independent contractors



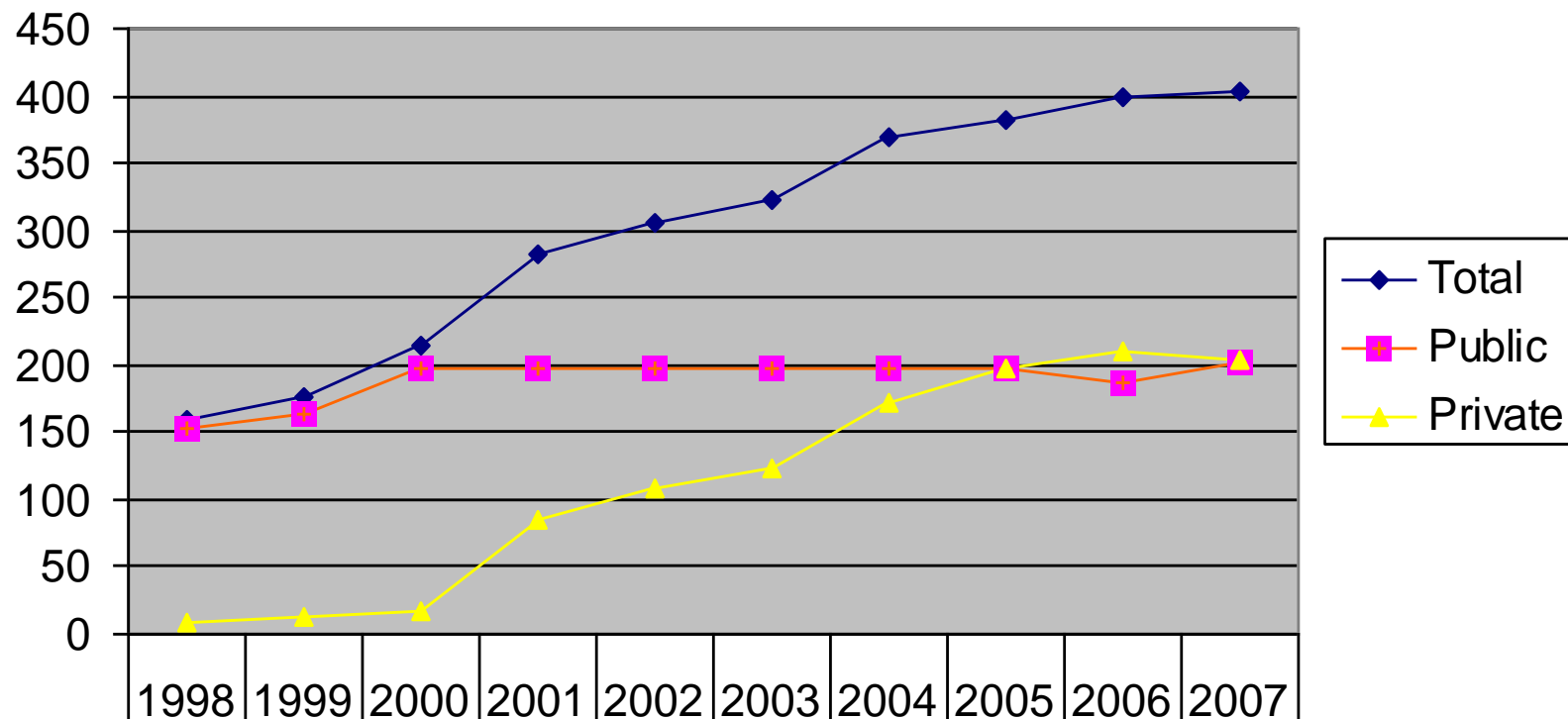
# Private practice of PHC - independent contractors

## Why are private contractors important?

- They are able to provide qualified PHC
- They make an impact on public health care providers, replacing the administrative relationship to the market



# The number of institucions providing PHC services



◆ Total	160	177	214	283	306	322	370	383	398	404
■ Public	152	164	198	198	198	198	198	198	187	201
▲ Private	8	13	16	85	108	124	172	197	211	203

# FINANCIAL RESOURCES

- State Budget
- Compulsory Health Insurance Fund Budget
- Municipal budgets
- EU structural funds
- Donations and private expenditures



# Financing PHC

## Financing rules:

- Age-weighted capitation fee; (about 80%)

1998 – 2005 - 4 age groups

(till 5 year, 5 – 15 year, 16 – 64 year and 65 year and upper)

Since 2005 - 7 age groups

(till 1 year, 1 – 4 year, 5 – 6 year, 7– 17 year, 18 – 49 year, 50 – 65 year, 65 year and upper)

- Motivating payment for services (since 2003)
- Bonus payments for performance introduced (since 2006)



# Motivating payment for services

- Diagnostics of early stages of cancers (2003)
- For testing of blood clotting condition (2004): Prothrombin activity test and INR test
- Glycosylated hemoglobin test (2005)
- Care of pregnant (2005)
- Care of children under 1 year (2005)
- Care of the disabled (2005)
- Immunoprophylaxis of children (2005)
- Preventive check -up of schoolchildren (2005)
- Nursing at home of chronically ill patients services (2005)
- Blood group test, rhesus factor (RH) test, syphilis blood test and HIV antibody test for pregnant women (2006)





## **WB LOAN for PHC programs period 2000-2006**

- Development and modernization of infrastructure in PHC (9.88 mln €)

## **ES STRUCTURAL FUNDS FOR INVESTMENT IN PHC**

### **Period 2004-2006**

- Development and modernization of infrastructure in PHC (23.64 mln €)

### **Period 2007-2013**

- Development of nursing and maintenance treatment services (18.9 mln. €)



# THE FURTHER DIRECTION OF DEVELOPMENT OF PHC

- Development of PHC, so that about 60 % health problems would be addressed in primary health care;
- Promotion of activities of private PHC institutions; at least 60 % PHC services should be provided by private family doctors;
- Improving the model of PHC funding and bonus payments for performance;
- Development and modernization of nursing and maintenance treatment services;
- Integration nursing and social services into PHC.



**THANK YOU FOR YOUR  
ATTENTION!**

