NATIONAL AUDIT OFFICE OF LITHUANIA
• BRINGING BENEFITS •

QUALITY OF PERSONAL HEALTHCARE SERVICES: SECURITY AND EFFECTIVENESS

28 September 2018

No. VA-2018-P-9-3-9

SUMMARY

The importance of the audit

The Lithuanian Health Strategy 2014–2025 [1] sets out to improve the quality and accessibility of healthcare, attain improved health of the Lithuanian population by 2025 as well as longer life and reduced health inequities among the regions.

The quality of personal healthcare services is determined by safe, effective, accessible, patient-oriented services. Safe means the provision of services that are not harmful to patients; effective means delivering the best possible treatment outcome; accessible means provided on time, at geographically reasonable distance and where there are sufficient skills and resources; patient-oriented means tailored to both individual expectations and priorities, and the community culture.

The main entities ensuring the quality of health services are the Ministry of Health, the State Healthcare Accreditation Agency, the National Health Insurance Fund and about 1 200 healthcare providers. In 2017, personal healthcare was funded by Compulsory Health Insurance Fund (EUR 1.55 billion) and personal healthcare quality assurance programme (EUR 19 million).

Compared to EU states, the health indicators of Lithuania are not good: Lithuanian citizens live six years less than the average statistical European citizen; the number of deaths that could have been avoided after applying to a healthcare provider in Lithuania is twice the EU average (431 cases per 100 000 residents in Lithuania, 204 in the EU), even though we have more doctors (4.3 per 1 000 residents in Lithuania and 3.6 in the EU on average),

[1] Approved by Resolution No. XII-964 of the Seimas, Item 95 — the overall objective of the strategy is to attain improved health of the Lithuanian population by 2025 as well as longer life and reduced health inequities.

while residents visit healthcare providers more often (8.6 times a year per resident in Lithuania on average, 6.5 times in the EU on average).

The consumer survey[2] has shown that Lithuanian residents are not satisfied with the quality of healthcare services. Lithuania ranks 31st out of 34 European states surveyed.

The OECD notes that Lithuania needs to do more in terms of improving the health of the population and reducing unevenness in the accessibility and quality of healthcare; high-quality healthcare services should be accessible to the population[3].

In order to assess whether the healthcare policy being formulated and implemented helps to ensure the quality of the healthcare services provided, the Supreme Audit Institution performed a systematic audit of the quality of personal healthcare by assessing the safety, effectiveness, accessibility and patient orientation of the services.

This audit report presents the results of the assessment of the safety and effectiveness of personal healthcare services, while the results of the audit of the accessibility and patient orientation of the services will be presented in the second half of 2018.

Audit purpose and scope

The purpose of the audit is to assess whether personal healthcare services are safe and effective.

Key audit issues:

- is the provision of personal healthcare services sufficiently standardised to ensure that the services are provided on the basis of effective treatment methods and procedures;
- is it ensured that healthcare services are provided by qualified specialists;
- are the processes properly identified and managed so that the factors that increase the risk of harming the patient's health are maximally controlled;
- is the quality of healthcare services in the country monitored and evaluated.

Audited entities:

The Ministry of Health, which sets the accessibility, quality/suitability requirements for healthcare services, organises licensing of personal healthcare, planning of specialist needs and professional development.

The State Healthcare Accreditation Agency under the Ministry of Health, which licenses individuals for healthcare activities; carries out state supervision of the quality of personal healthcare services; supervises the compliance of natural and legal persons with standards and other requirements of normative documents in matters of healthcare quality.

[2] *EuroHealth Consumer Index 2017*, available at: https://healthpowerhouse.com/publications/euro-health-consumer-index-2017.

[3] OECD Recommendations for Lithuania, 2017.

The National Health Insurance Fund, which carries out the quantity and quality control of personal healthcare services paid from the budget of the Compulsory Health Insurance Fund.

Data and information were collected from: healthcare providers (we interviewed 671 institutions, received responses from 262 state, municipal and private healthcare providers, contacted representatives of 47 institutions); healthcare professional organisations of healthcare specialists (unions, associations), patient organisations, educational institutions; we also conducted a survey of municipalities. The data was provided by the Centre of Excellence of the Healthcare and Pharmacy Specialists, the Institute of Hygiene, the Radiation Protection Centre.

At the request of the Supreme Audit Institution, the public opinion and market research Centre 'Vilmorus' conducted a survey of respondents, as part of the study on the quality of Lithuanian healthcare services.

In addition, we analysed the recommendations and reports of the World Health Organisation, the Organisation for Economic Co-operation and Development and the European Commission, studies published by other states and other publications on matters related to the quality assurance of healthcare services.

The period audited was 2014–2016, while the data of 2017 and 2018 were analysed only to the extent that they were related to the changes that took place.

During the audit, we did not evaluate dental healthcare services, as the majority of these services (1,231 out of 1,233[4]) are established by private legal entities and their licensing and the quality control of the services are performed by the Lithuanian Dental Chamber.

The audit was performed in accordance with the Public Auditing Requirements and the international standards of Supreme Audit Institutions. The scope and methods of the audit are described in more detail in Annex 2 'Audit Scope and Methods' (p. 47).

Key audit results

The Ministry of Health, in formulating and implementing health policy, provides and implements measures to improve the quality of personal healthcare services, but no assumptions have yet been made to ensure their safety and effectiveness. This is due to the following weaknesses:

1. Only one fifth of diseases and conditions are treated according to standardised methods

Diagnostic and treatment standards/methodologies developed on a state level cover only one fifth of diseases and health conditions, therefore, the quality of service is not guaranteed in all institutions, and 53% of healthcare providers did not prepare the standardisation documents/protocols for diagnostics and treatment, which they have to prepare themselves. The involvement of medical professional associations is not coherent and effective (Chapter 1, p. 13–17).

[4] Healthcare providers that are separate legal entities, see the Institute of Hygiene, *Lithuanian health statistics*, 2016, p. 49.

2. There are no conditions under which the approval of licenses would ensure the support of specialists' competencies and professional development

When approving specialist licenses, the compliance of their professional activities and professional development with the competencies specified in medical standards is not ensured.

Medical standards are not periodically reviewed and updated. Over the past 5 years, the ministry has failed to review 51% of valid medical standards for doctors and is has failed to draft and approve medical standards for the specialities of three doctors.

healthcare providers (data provided by 262) do not evaluate specialists' competencies, therefore specialists improve their competencies without objectively assessing and identifying areas for improvement of professional activities. The Ministry of Health allocates the state budget funds (EUR 45 400 in 2017) for the professional development of specialists without assessing the key needs of the state in relation to demographic and morbidity trends (with the exception of up to 5% of funds allocated for professional development under three programmes). Responsibilities of the ministry, the founder, the healthcare provider for the funding of the professional development of specialists are unclear (Chapter 2, p. 17–24).

3. Without any data on undesirable events, it is difficult to take precautionary measures to increase patient safety

The list of undesirable events (undesirable results for the patient) that are mandatory to register in Lithuania is too narrow (6 groups), and only 13 (out of 28 evaluated) healthcare providers have resolved to register non-listed events. Thus, healthcare providers avoid registering them. Patient complaints are not considered as a source of information on undesirable events. Patient survey data has shown that they are reluctant to complain about the damage caused (30% of the respondents would not contact healthcare providers in case of suffering damage; of 20% who said they had suffered harm, only 7% contacted healthcare providers). Complaints and undesirable events are not analysed at the national level and no preventive measures are taken (Chapter 3, p. 24–32).

4. The effectiveness of healthcare services is not evaluated so it is not known whether the patient has received the best treatment result

Indicators for measuring the quality of healthcare services are missing. Payment for services is not linked to their quality, therefore, healthcare providers have no financial incentives to improve this quality.

In the absence of indicators for measuring the quality of healthcare services, there is no assessment of the effectiveness of healthcare services (what impact the service has had on the patient). Assessment of services is limited to the conditions for the provision of services set out in the legislation (for example: licenses, possession of medical equipment).

There is no institution that methodically guides the activities of internal medical audit; methodologies, standards to be used by auditors are not established (Chapter 4, p. 32–38).

Recommendations

To the Ministry of Health of the Republic of Lithuania:

1. In order to ensure continued professional development of and assistance to specialists in providing safe and efficient services, it shall:

   1.1. improve the drafting and updating of diagnostic and treatment methodologies in order to prepare the missing and update the outdated diagnostic and treatment methods in Lithuania (1st key audit result);

   1.2. establish medical standards of specialists of all medical practice qualification types and update them in accordance with the development of clinical practice (2nd key audit result);

   1.3. review and modify the professional development system of specialists so it is based on the assessment of competencies and ensures that specialists improve their professional qualifications in accordance with the competencies established in their medical standards; develop and apply specialist development programmes for this purpose; have the assessment carried out during the review of compliance with the conditions of the licensed activities (2nd key audit result);

   1.4. establish a clear mechanism for funding professional development; ensure that legislation provides for sources of funding and responsibilities, having assessed the appropriateness of funding from the state budget (2nd key audit result).

2. In order to increase patient safety and reduce diagnostic and treatment complications, undesirable consequences for patient health, it shall:

   2.1. expand the compulsory lists of undesirable events to be registered and the sources of identification of these events (3rd key audit result);

   2.2. perform a periodic analysis of data collected on undesirable events in order to identify preventive measures (3rd key audit result);

   2.3. identify and apply measures to encourage healthcare providers to continuously improve the management of undesirable events (3rd key audit result).

3. In order to ensure the rights of patients to high-quality healthcare and the implementation of the right to choose a healthcare provider based on reliable information, it shall:

   3.1. establish a system of indicators measuring the effectiveness of services, to be used to assess, compare and publicise in regions and the state the quality of services of healthcare providers (4th key audit result);

   3.2. establish a mechanism for external assessment of the effectiveness of the activities and services of healthcare providers (for example, by expanding the accreditation of institutions) (4th key audit result);

   3.3. expand the link between the payment for services from the PSDF budget and the quality of services provided (4th key audit result);

3.4. appoint an authority that would methodically guide the internal medical audit services of healthcare providers and draft documents governing medical audit (4th key audit result).

4. Implement measures to encourage more active involvement of specialist unions and strengthen the role of specialists in the healthcare system (1st key audit result).

The measures and time limits for the implementation of the recommendations are presented in the section 'implementation plan for the recommendations' (p. 39).