NATIONAL AUDIT OFFICE OF LITHUANIA
• BRINGING BENEFITS •

THE ACCESSIBILITY OF HEALTH CARE SERVICES AND THE ORIENTATION TOWARDS THE PATIENT

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SUMMARY

The Importance of the Audit

The OECD has noted that Lithuania requires more engagement to improve the health of its residents, reduce the imbalances in the quality and accessibility of health care, and the assurance of quality health care services for the public[1].

The accessibility of services and the orientation towards the patient are both important aspects of the quality of health care services, which also include the safety and effectiveness of said services[2], an assessment of which we have already provided in September 2018[3]. Accessible health care services are those services which are provided without delay, at a geographically justified distance, and at locations with sufficient skills and resources. Patient-oriented services are those services which are provided in accordance with both individual and public expectations and priorities.

Entities responsible for accessible and patient-oriented health care services include the Ministry of Health, the State Health Care Accreditation Agency, the National Health Insurance Fund, and approximately 1,200 medical establishments. In 2017, health care was funded via the Compulsory Health Insurance Fund (CHIF) (1.55 billion Eur) and the Health Care Quality Assurance Programme (19 million Eur), yet the costs incurred by the state in relation to health care remain unclear because medical establishments are provided with

[1] OECD recommendations to Lithuania, 2017.

[2] *World Health Organization, Quality of Care. A process for making strategic choices in health systems*, 2006, p. 9–10.

[3] Public audit report No. VA-2018-P-9-3-9 "The Quality of Health Care Services: Safety and Effectiveness" of 28 September 2018.

buildings and equipment free of charge, and the price of the services remains unrelated to objective expenditure[4].

The service accessibility issue remains relevant due to long queues, having been identified by 55 percent of surveyed residents. Since 2010 there has been an increase in the number of residents (23 percent to 37 percent) who abstain from contacting medical establishments in case of illness, with a fifth of them doing so because of over-long queues[5]. Compared to previous years, Lithuanian public opinion on the accessibility of specialist and family doctors has gone down. Patients are still not being included into decision-making procedures, and remain passive participants in their own health care.

In order to assess whether the developed and implemented health care policy is solving the issues related to the accessibility of services, and the orientation towards the patient, the Supreme Audit Institution conducted a systemic performance audit.

The Goals and Scope of the Audit

The goal of the audit was to assess the assurance of the accessibility of health care services, and the orientation towards the patient.

The key questions of the audit:

- the management of waiting queues for health care services;
- the appropriateness of the planning of the required number of health care specialists;
- the effectiveness of the use of expensive equipment owned by medical establishments;
- the development of conditions necessary to ensure the accessibility of the latest medical technologies and review of technologies already in use;
- the identification, assessment, and management of patient expectations.

Audited entities:

the Ministry of Health, which organises the planning of the demand for health care specialists, sets the health care service accessibility requirements, and ensures the dissemination of information to patients, and their inclusion into decision-making procedures.

The State Health Care Accreditation Agency under the Ministry of Health, which conducts the state supervision of the quality and accessibility of health care services, and assesses the management and use of expensive medical equipment (devices), as well as health care technologies related to said medical equipment (devices).

The National Health Insurance Fund, which conducts the management of the amount and quality of health care services paid for via the Compulsory Health Insurance Fund.

Data and information were collected from the following: medical establishments (we have surveyed 671 establishment, received replies from 262 medical establishments founded by the state, municipalities, and private individuals, and corresponded with the heads of

[4] Public audit report No. FA-2018-P-6-3-7-1 of 01 October 2018.

[5] Assessment of health care services in Lithuania conducted in 2017 by the Social Information Centre and Vilmorus on behalf of the National Audit Office.

47 establishments), professional organisations (societies and associations) of health care specialists, patient organisations, science establishments, and municipalities.

On behalf of the Supreme Audit Institution, the public opinion and market research institution Vilmorus performed a survey, which constitutes a part of the study on the quality of Lithuanian health care services.

We have analysed a number of recommendations and reports issued by the World Health Organisation, the Organisation for Economic Cooperation and Development, and the European Commission, as well as a number of published studies and other publications concerned with the accessibility of health care services.

Audited period – 2014-2016. Data from 2017 and 2018 was examined only to the extent of its relevance to the changes which took place during the audited period.

The audit did not include dental services because most of the establishments which provide them (1,231 out of 1,233[6]) have been founded by private legal entities, and mostly provide services which are not compensated for by compulsory health insurance, while public establishments provide only partial compensation (for materials) via the Compulsory Health Insurance Fund. For more information on the funding of the above services, see the public audit report on the Compulsory Health Insurance Fund[7].

The audit was carried out in accordance with the Public Audit Requirements and the international standards of supreme audit institutions. A more detailed description of the scope and methodology of the audit is provided in Annex 2, The Scope and Methodology of the Audit (p. 37).

Main Results of the Audit

While the Ministry of Health is taking measures to improve the accessibility of health care services, and the orientation towards the patient, as part of its efforts in developing health care policy and organising its implementation, the following shortcomings remain:

1. The ineffectiveness of measures designed to reduce the waiting queues for services

The Ministry lacks objective information on queues, as well as the tendencies and the underlying factors, which prevents it from planning effective measures to reduce them. The Ministry also fails to analyse the impact of deployed measures on the fluctuation in queues. The queue-reduction measures have failed to deliver desired results because of the failure to address key issues related to patient flows, the functioning of the e-health care system, the imbalance of the structure of health care specialists, etc. As a way of addressing the service accessibility issue, 17 percent of patients use paid services (half of whom do so because of over-long queues), and 19 percent engage in self-treatment (Section 1, p. 11-18).

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[6] Medical establishments which are separate legal entities, see the Institute of Hygiene, *Health Statistics Lithuania*, 2016, p. 49.

[7] Public audit report No. FA-2017-P-10-10-4-1 of 29 September 2017.

2. The need to improve the planning of the demand for health care specialists

When drawing up the request for the training of health care specialists for science and education establishments, the Ministry fails to assess the changes in the service structure, the demand for said services in regions, specialist workloads, doctors' resignation from their professions, and emigration forecasts. The Ministry only attempts to replace doctors going into retirement, but does take into account the demand for nurses. The number of doctors exceeds the EU average, yet there is a lack of experts in specific areas, such as cardiology, ophthalmology, and neurology, as well as of nurses, which impacts the accessibility of services (Section 1, p. 18-20).

3. The ineffective use of expensive devices at medical establishments, and the lack of incentives for the assessment of new technologies

The intensity of the use of more than half (59 percent) of expensive medical devices (over 29,000 Eur) is low (in accordance with set indicators of the respective devices), and 7 percent are not used at all. During the audited period, the Ministry commenced the regulation of the procurement of new devices, yet failed to initiate the redistribution of expensive devices. For this reason, the issue of the ineffective use of available devices remains to be solved (Section 2, p. 21-24).

The initiation of the assessment of new technologies is sluggish (during the four year period, medical establishments and private providers submitted only 11 technologies for assessment) because of the lack of funding for the use of new and approved health care technologies. Upon emergence of new technologies, available ones are often not subject to assessment. This leads to the failure of ensuring treatment with the latest technologies for all patients (Section 2, p. 24-28).

4. Patients are not included into the development of health care which meets their expectations

Both the Ministry and medical establishments fail to make use of patient surveys designed for the determination and management of their expectations. Municipalities take no interest in patient expectations – although half of the audited municipalities collect data on medical establishments, they still fail to make use of it when making decisions regarding the organisation of services. Patient representation is fragmentary – patient representatives have not been included into as many as 60 percent of working groups related to issues which they find important. Patient notification of their rights and duties is incomplete, fails to develop the preconditions necessary for improving health literacy, and does not motivate patients to uphold their duties, which leads to their neglect (approximately 20 percent of patients miss their appointments) and impacts the development of queues (Section 3, p. 28-33).

Recommendations

To the Ministry of Health:

1. In order to increase the accessibility of health care services, reduce waiting queues, and use available resources more effectively we recommend:

    1.1. to set the periodicity of and to perform the monitoring and analysis of the use and accessibility of services, and patient flows, as well as the impact of the application of measures designed to reduce queues, and to base the implementation of measures to address the causes of the development of queues on the outcomes of said monitoring and analytic efforts (the first key finding of the audit);

    1.2. to develop a system for the planning of the demand for all health care specialists based on the analysis of data (the second key finding of the audit);

    1.3. to expand the annual assessment of establishments by including the expensive medical device usage indicators (the third key finding of the audit);

    1.4. to specify the procedure for the funding of new technologies which have been assessed, and to review and reassess health care technologies already in use (the third key finding of the audit).

2. In order to improve the orientation of the health care system to patients we recommend the following:

    2.1. to expand and/or revise the contents of the patient outlook studies and surveys conducted by the Ministry and medical establishments related to the identification of patient expectations, which could then be used to improve the organisation of health care (the fourth key finding of the audit);

    2.2. to expand the contents and means of informing the public designed to encourage patients to uphold their duties and execute their rights (the fourth key finding of the audit);

    2.3. to set criteria for the inclusion of patient organisations into the decision-making performed by committees and working groups with regards to the improvement of health care (the fourth key finding of the audit).

Measures and terms for the implementation of recommendations are provided on page 34 in, the plan for the implementation of recommendations (p. 34).