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REDUCING WAITING QUEUES FOR PERSONAL HEALTHCARE SERVICES

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SUMMARY

Relevance of the Assessment

The state cares for people's health and guarantees medical assistance and services when people fall ill, ensuring the inherent right of every person to enjoy the best possible health and acceptable, accessible, and appropriate healthcare[1]. The World Health Organization emphasizes that organizing healthcare requires more than just ensuring adequate infrastructure, medical equipment, and access to healthcare professionals. In order to improve healthcare services, special attention must be paid to the quality of services. These services must be provided in a coordinated and timely manner and be oriented towards the needs of service users[2].

Ensuring the availability of personal healthcare services for insured persons is one of the main health policy priorities. The vision of the Lithuania 2050 strategy *Lithuania 2050* envisages that people will take care of their health by using the developed healthcare infrastructure and the conditions created for this purpose[3]. The National Progress Plan[4] aims to improve the quality and accessibility of healthcare services. The Programme for Improving the Quality and Efficiency of Healthcare 2022–2030, prepared by the Ministry of Health, focuses on ensuring the availability of personal healthcare services as one of the ways to reduce the high mortality rate from diseases that can be prevented by treatment. Ensuring the availability of quality services, implementing measures to reduce long waiting queues,

[1] Article 53 of the Constitution, adopted by the citizens of the Republic of Lithuania in a referendum on October 25, 1992 (as amended on April 25, 2006). Internet access: https://www.lrs.lt/home/Konstitucija/Konstitucija20220522.htm, viewed on 18 February 2025.

[2] Delivering quality health services: a global imperative for universal health coverage, p. p. 11, 31 and p. 32, 2019. Internet access: Delivering quality health services: a global imperative for universal health coverage, viewed on 8 July 2025.

[3] National Progress Strategy "Lithuanian Vision for the Future "Lithuania 2050", approved by the Seimas on 23 December 2023 by Resolution No. XIV-2466, p. 29.

[4] National Progress Plan for 2021–2030, approved by Government Resolution No. 998 of 9 August 2020.

and shorter waiting times for services for patients at highest risk are among the priorities set out in the Programme of the 19th Government[5].

Objective and Scope of the Assessment

The objective of the assessment is to provide systematic information on whether the conditions for reducing waiting queues for personal healthcare services have been created.

Main areas of the assessment:

- ✓ whether patient registration is implemented in a way that reflects the actual availability of services;
- ✓ whether measures to improve the availability of personal healthcare services are producing the expected results;
- ✓ whether regulation creates the conditions for reducing waiting queues for personal healthcare services.

The entity being assessed is the Ministry of Health.

We surveyed 282 selected healthcare institutions; conducted a representative public opinion survey; we used data provided by the National Health Insurance Fund, the State Enterprise Center of Registers, and the State Accreditation Service for Health Care Activities; we communicated with representatives of the Lithuanian Medical Movement and the Lithuanian Medical Directors' Association (Annex 2).

Period under assessment: 2022–2024, with data from 2025 used to assess changes.

Key Assessment Results

The ministry initiates and implements measures to improve the accessibility of healthcare services, but progress is not measurable or implementation is delayed, the potential of advance patient registration for queue management is not being used, specialist doctors' workloads are not regulated, and referrals are issued incorrectly. Therefore, the conditions for reducing waiting queues for treatment services are not yet sufficient.

Accessibility to personal healthcare is not improving

The problem of accessibility of healthcare services is becoming increasingly acute for residents: since 2018, the proportion of residents who consider long waiting queues to be the main problem of the healthcare system has increased (from 55% to 73%). Rural residents (32%) are more likely than urban residents (22%) to experience difficulties registering for services and visiting doctors closer to home (34% and 17%, respectively). Advance patient registration data (2025-05) also reveals regional disparities: in 13

[5] The 19th Government Programme, approved by Seimas Resolution No. XV-54 on 12 December 2024. Internet access: XV-54 On the Programme of the 19th Government of the Republic of Lithuania, viewed on 20 May 2025.

municipalities, more than half of the population waited longer than 7 calendar days for family doctor services; the largest proportion of residents in Radviliškis, Jonava, Ignalina, and Vilnius waited more than 30 calendar days for a visit to a specialised doctor, such as a dermatologist; the largest proportion of residents in Šiauliai and Elektrėnai waited for a visit to a gynaecologist. The proportion of specialist doctor consultations for which patients have to wait 31 days or longer remains largely unchanged: 23.4% in 2023 and 24.5% in 2025. In 2025, the longest waiting times were for services provided by ophthalmologists, physical medicine and rehabilitation specialists, cardiologists, endocrinologists, dermatologists, hematologists, gynecologists, and others. Failure to provide patients with healthcare services within the time limits set by law does not create the conditions for the smooth functioning of the healthcare system, guaranteeing the timely provision of the necessary healthcare services (Section 1, p. 12).

Planned improvements to accessibility to services may not have the desired effect

To ensure the availability of healthcare services and manage waiting queues, the ministry has planned six progress activities to be implemented by 2030, which will be assessed against 12 indicators. The interim targets for 2025 for four of these (the ratio of family doctor teams, the volume of day surgery and day inpatient care, the empowerment of healthcare professionals, and the number of institutions that have implemented projects to attract and retain staff) may not be achieved because the planned 2024 targets for health center infrastructure have not been achieved due to a shortage of specialists and delayed funding. Failure to achieve the planned indicators means that the opportunity to make the necessary progress in improving accessibility of services at the planned pace will be lost (Sub-section 2.1, p. 16).

In order to reduce waiting queues and improve the accessibility of services, the ministry approved the Plan of Measures for Reducing Waiting Queues for Personal Healthcare Services for 2023–2024. Still, it did not set specific assessment indicators and target values. At the end of the implementation period, it did not assess the extent to which the targets had been achieved and the causes of the queues had been eliminated. Due to prolonged activities, the implementation of three measures of the plan has been postponed until 2025. The ministry has no data on the implementation of the plan in municipal healthcare institutions (152), as it only monitors its implementation in subordinate healthcare institutions (19), 18 of which have not implemented at least one measure provided for in the plan. Sixty-six percent (97 out of 148) of the state healthcare institutions surveyed apply selected measures of the plan, but only 20 percent (19 out of 97) implement all of them. If healthcare institutions fail to implement all the measures set out in the plan, and the ministry has no information about the extent to which the measures have been implemented, and in the absence of established indicators for the implementation of the measures and an assessment of the impact achieved, there are no prerequisites for effectively eliminating the causes of queues and achieving the objectives of improving the accessibility of services (Sub-section 2.2, p. 18).

On August 1, 2023, the ministry began restructuring the network of personal healthcare institutions, one of the aims of which was to ensure the provision of basic personal healthcare services in municipalities. In May 2025, these services were provided by 66 health centers: two provided services independently, while the rest used 343 other healthcare institutions (247 private and 96 public), including seven tertiary hospitals; 51

health centers in 47 municipalities did not yet provide one basic service: outpatient early intervention services for expectant families and children under 2 years of age. The number of healthcare institutions providing active inpatient services (surgery, pediatrics, obstetrics, etc.) is decreasing. The inability to ensure the provision of all basic services in one's own or neighboring municipality and the inclusion of healthcare institutions providing level III services in the provision of services assigned to health centers may have a negative impact on the accessibility of services in the most important level III healthcare institutions in the country. (Sub-section 2.3, p. 19).

Untapped potential of advance registration of patients in managing service queues

An increasingnumber of healthcare institutions are using the Advance patient registration Information system, but it has not yet become a universally used registration tool for patients:

- ✓ In 2023–2025 (Q2), registrations for primary healthcare services in the Advance patient registration system increased from 20% to 43%, and for specialized services from 52% to 76%. However, according to the scoreboard data, only about 7–8% of patients register through the system (according to the ministry's calculations, based only on the times opened for patients in the system, 13–16%), while 42% register by phone, according to a resident survey. On 6 August 2025, 48% of primary and 52% of specialized healthcare appointments were open to patients in the system. 54% of the healthcare institutions surveyed that publish available appointment times in both the Advance patient registration system and their own systems show different percentages of available appointments.
- ✓ If healthcare institutions are unable to offer patients an available appointment time, they must register them on a waiting list, which, as of 15 April 2025, must be created in the Advance patient registration system and allow patients to register themselves. Waiting lists are maintained by 45% of the healthcare institutions surveyed, but almost half of them (46%) maintain them in their own information systems. On 23 May 2025, only 10% (60 out of 631) of institutions compiled waiting lists in the Advance patient registration system, and 3.5% (22 out of 631) of institutions allowed patients to register themselves on the lists.

Since healthcare institutions and residents do not universally use the Advance patient registration system, do not publish all available appointment times in it, and do not register waiting lists, conditions are not created for the even distribution of patients among healthcare institutions and specialists, patients have limited opportunities to choose the fastest or most convenient appointment time with a specialist. (Sub-section 3.1, poskyris, p. 22).

Waiting queues are monitored on the Advance patient registration scoreboard – only for primary and specialized outpatient services – and on the National Health Insurance Fund website, which, although it covers all services, only shows the situation at a given moment on a single day, rather than for the entire period, and is based on data provided by healthcare institutions. The data on the scoreboard is also insufficient for monitoring the dynamics of queue formation and the impact of measures taken, because: it presents summary data for the last three months; according to data from 5 June 2025, the system is

used by 62% (285 out of 461) of primary care institutions and 57% (334 out of 586) of specialized care institutions, with 43% and 75% of visits registered, respectively; territorial health insurance funds identify shortcomings in the use of the system by healthcare institutions, but they are not empowered to control the announcement of free visits or the registration of patients in the system, and no impact measures are provided for. Without a reliable and comprehensive queue monitoring tool, without a full registration of visits in the Advance patient registration system, without an institution responsible for ensuring that healthcare institutions publish all the necessary information in the system, it is not possible to use this system reliably to monitor queues in the healthcare system and to make informed decisions on the management of service waiting queues based on the data it holds (Sub-section 3.2, p. 26).

More consistent implementation of the legal regulation would contribute to the management of queues for services

There are no international or national recommendations for assessing the workload of healthcare professionals and the factors that determine it, and there is a lack of methodological and practical guidelines. The workloads of specialists by professional qualification or specialization (except for family doctors, nurses, midwives and physical medicine and rehabilitation staff) are not regulated. Almost 80% (219 out of 282) of the healthcare institutions surveyed analyze the workload of healthcare professionals, of which 51% (112 out of 219) consider the workload of their specialists to be high or very high, and more than 60% believe that reducing the workload would help improve the quality of healthcare services. More than 60% believe that increased funding from the CHIF budget, the smooth operation of e-health, and the attraction of specialists would help to reduce the workload. The Competence Platform became operational on 1 January 2025. As of 30 June 2025, 25% of healthcare institutions had entered data on the positions of healthcare professionals working in their institutions. Despite the limited amount of data and the platform's restriction on entering more than 1.5 positions per institution, 41 cases[6] (out of 13,400) were identified where a professional exceeded the 1.5 position limit set by the Labour Code (ranging from 1.51 to 2.75). According to the Platform's data, there are specialists (mostly oral surgeons, obstetricians-gynecologists, gastroenterologists, vascular surgeons, dermatovenerologists, radiologists, orthopedists, pediatric cardiologists, etc.) working in 6–12 healthcare institutions. Without comprehensive data on the positions held by specialists and without systematic analysis of this data, it is not possible to monitor the workload at the national level. Without regulating workloads, it is difficult to centrally identify excessive workloads of healthcare specialists, assess their impact on the accessibility of services, and make informed decisions. (Sub-section 4.1, p. 29).

Between 2022 and 2024, the number of referrals issued rose from 8 million to 10 million. Family doctors issued almost twice as many referrals as specialists each year. According to data from the National Health Insurance Fund, approximately 60% of referrals are issued incorrectly each year, with no reason given for the referral, and over 20% of all referrals do not specify the service or specialist to whom the patient is being referred. 30% (84 out of 282) of healthcare institutions participating in the survey face the problem of inappropriate or unjustified referrals, most often when they are issued without

[6] 24 nurses, 12 family doctors, and 5 specialists in other fields (anesthesiologists, resuscitators, urologists, radiology technologists, dentists, physical medicine and rehabilitation doctors) working in 2 or 3 healthcare institutions.

specifying or describing the diagnosis (48%) or without specifying the reason for the referral or the required service (44%). According to the ministry's assessment, incorrect or unjustified referrals have a negative impact on waiting queues, but no systematic analysis of the impact of such referrals on waiting queues has been carried out. Without analyzing unjustified and inappropriate referrals, the real impact of this problem on the formation of service waiting queues is unknown, and the actual demand for services and the resulting excessive workload for healthcare professionals cannot be identified. (Subsection 4.2, p. 33).