2021-2027 assessment of the investment needs of EU funds and other funding sources in the health care sector, planning and implementing the transformation of the network of health care institutions

**Summary**

Dedicated to: the Ministry of Health of the Republic of Lithuania

Vilnius, 2023

The evaluation was carried out in accordance with the service provision agreement No. S-254 of October 28, 2022 between the Ministry of Health of the Republic of Lithuania and Smart Continent LT UAB

# Introduction

**The purpose of the assessment** – is to determine investment priorities at the level of municipalities and regions, in order to ensure the purposeful use of investments from EU funds and other financial sources in 2021-2027 in the health care sector, implementing the transformation of the network of health care institutions.

**Tasks of assessment**:

* According to the format and criteria agreed with the Ministry of Health, prepare 5 technical plans of functional health care regions regarding the layout of municipal and regional level health care institutions, organization of services, mutual cooperation, etc.
* Assess the need for investment in specific service organization tools, specialists and infrastructure of the municipal and regional level health care institutions that intend to participate in the transformation of the network of health care institutions.
* Submit proposals for setting investment priorities at the municipal and regional level.

**The goal of the regional functional health care plan** - to prepare a plan for the modernization of personal health care institutions, based on the regional cooperation model, in order to ensure the purposeful use 2021-2027 EU funds and other progress activities for investments in the health care sector, implementing the transformation of the network of health care institutions.

**Tasks of the regional functional health care plan**:

* Prepare and submit functional health care plans for 5 regions in which:
  + based on the information (data) provided by the National Health Insurance Fund under the Ministry of Health, to provide the volumes of ambulatory services, including day services, and inpatient active treatment services of the relevant profile, the dynamics of their change, trends in the use of these services (taking into account demographic indicators until 2030 in municipalities and the region); to list health care institutions that provide and will provide specific services at the level of municipalities, regions, and the state in the future, as well as describe in which specific institutions and what changes for the reorganization of services are needed;
  + propose the addition of the criteria and conditions formed by the Ministry of Health, according to which the modernization of health care institutions is foreseen.
* Evaluate and propose the investment volumes and stages of investment needed to implement service transformation changes in a specific area, taking into account the results required to be achieved according to the functional health care plans of the 5 regions prepared.

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| The main goal of the reform – high-quality (and safe) healthcare services would be provided to all residents of Lithuania, regardless of their place of residence, social or economic status.  Tasks of the reform:   * to ensure the availability of basic package services to the municipality residents; * ensure that personal and public health care providers in a specific municipality cooperate closely, coordinate their activities, and integrate where possible; * in the field of specialized healthcare:   + concentrate the provision of inpatient active treatment services, preserving their geographic availability;   + to develop the range and availability of ambulatory and day services for municipal residents.   Network development directions:   * determine the arrangement of institutions so that the system is ready to respond to the resulting challenges and threats; * create a basic basic package of health care services in municipalities by integrating primary and secondary ambulatory, day personal health care services, when participating public health offices in the activities; * to optimize inpatient active treatment services (secondary and tertiary health care) in order to reduce their consumption and transforming them into high-quality and safe ambulatory and day health care services; * to create a unified emergency medical service system that will provide opportunities for every person to receive emergency medical care in the shortest possible time; * sukurti ilgalaikės priežiūros modelį ir tinklą savivaldybėse (bendruomenėje).   The goal of the reform is to create a long-term care model and network in municipalities (community). |

Annex no. 1 provides information justifying the application of the evaluation methods used.

# Methodical part

The following key issues considered when preparing the regional plan: demographics, demand for services, supply of services, existing network of service providers, staffing and compliance with the proposed reform.

A regional plan for the modernization of personal health care facilities is prepared for each region. The health (functional) regions of Lithuania are divided according to the White Book of Lithuanian Regional Policy.

First of all, based on the data provided by the National Health Insurance Fund under the Ministry of Health, an overview of the demographics of the region is carried out when projecting forecasts of health care services in 2030. Regions are formed according to the use of services, and in this way, it is assessed what volume of services is needed in the region and in each municipality of the region separately, in which region the specificity of services must be ensured, taking into account the composition of the population. When designing the possible load of institutions, population flows, development of services and distribution of investments, the focus is on what the demographic composition of the population will be in 2030.

Municipalities will have to ensure the availability of services in the scope of (at least) the basic package to the residents of the municipality, and depending on the number of residents in the municipalities (registered), they are divided into three categories (A: <10 thousand inhabitants, B: 10-21 thousand and C: >21 thousand). Service package for individual municipalities of the region is formed taking into account the forecast of demographic indicators in 2030.

Investment priorities are determined taking into account strategic indicators in the field of health care and priority health care services set out in the National Progress Plan (hereinafter NPP). Criteria: NPP progress indicators, increasing demand for mandatory services, increasing service availability.

Table 1. Methodology of the plan

| **Method** | **Assessmen**t **questions[[1]](#footnote-2)** | **Application of the method in the assessment scope** |
| --- | --- | --- |
| Analysis of legislation | 9.1.1., 9.1.2. | * 2021-2030 national progress plan (approved by LRV 2020-09-09 resolution No. 998); * Development programme for increasing the quality and efficiency of health care for the years 2022-2030 ; * Health preservation and strengthening development programme for 2022-2030 ; * Plan for revitalizing the economy and increasing resilience "Naujos kartos Lietuva” * Description of the procedure for organizing the provision of health care services attributed to the health center;[[2]](#footnote-3) * • Action plan for the development of family medicine for 2016-2025 [[3]](#footnote-4) * Other [[4]](#footnote-5) |
| Analysis of secondary sources | 9.2.1., 9.2.2., 9.2.3., 9.2.4. | During the analysis of secondary sources, previous analyzes of the health care service network were analyzed. This was done to better assess existing network issues and emerging challenges. |
| Analysis of primary sources (physical visits to health care facilities) | 9.2.1., 9.2.2., 9.2.3., 9.2.4. | During the assessment, 16 health care institutions providing inpatient health care services were visited. During the visits, according to the established criteria, the actual situation was assessed, and the information obtained is used as supplementary material for the application of other (presented in the table) assessment methods. |
| Statistical analysis | 9.1.1., 9.1.2. | The analysis was applied in assessing the achievement of results and connecting the problems of the field with the goals and results. Statistical data analysis included data obtained from National Health Insurance Fund, Health ministry and statistical data (Eurostat, Official statistics portal) databases. |
| A theory-based evaluation approach using intervention logic determination and contribution theory to achieve the goals of a health care network review | 9.1.1., 9.1.2. | An evaluation approach was used to evaluate interventions to meet the objectives of the health care network review and to explain their outcomes. This method helps to assess the impact potential of the analyzed interventions by answering the question "Is the analyzed intervention theoretically possible to achieve the defined end goal?" |
| Expert evaluation | 9.2.1., 9.2.2., 9.2.3., 9.2.4. | An assessment of infrastructure, equipment and personnel needs was carried out based on the data of previous analyses. The accessibility of the population to various levels of health care is also evaluated (for example, using geographic information to determine which municipalities can cooperate in providing services). |

Source: Prepared by the Plan developers

Main data sources: official statistics, information/data of the Ministry of Health, information/data of the Institute of Hygiene, National Health Insurance Fund under the Ministry of Health information/data, publicly available or easily obtained/purchased data and data collected by evaluators.

The structure of services that are provided by the municipal health center [[5]](#footnote-6)

Municipalities are divided into three categories according to the projected population for 2030. Category A: >10 thousand inhabitants; Category B: 10-21 thousand inhabitants; Category C: >21 thousand inhabitants. Accordingly, the category of the municipality depends on what services and under what conditions the municipal health center must provide. The provision of health care services must be ensured by the municipal health center according to the Description. All municipalities, regardless of population, must provide family medicine, primary outpatient mental health care and primary outpatient dentistry services at the municipal health center. Outpatient care services at home and ambulatory palliative care services are also mandatory in all municipalities, but category A and B municipalities can ensure their provision through cooperation with other institutions. The provision of public health care services is ensured by municipalities, performing state (transferred by the state to municipalities) and independent public health care functions. Public health care is not classified as basic services, but the provision of these services in the municipal health center is mandatory for all municipalities. The form of work organization of other services in municipalities is linked to the projected number of inhabitants in 2030. It should be noted that the goal is that 80% of the services that must be provided by the municipality should be received by the residents of the municipality in the territory their own municipality.

Development of primary dentistry services in the regions

It is planned to finance infrastructure development (based on reasonable need) related to prevention in this area and adaptation of the environment for the disabled.

Development of ambulatory care services in the regions

Ambulatory care services at home, inpatient care and supportive treatment services - the direction/activity will be financed from the regional measure of the Ministry of Health "Ensure the development of long-term care services".

Development of ambulatory palliative care services in the regions

Outpatient and inpatient palliative care services - the direction/activity will be financed from the regional measure of the Ministry of Health "Ensure the development of long-term care services".

Development of psychiatry day inpatient services in the regions

It is planned to finance the development of psychiatric day inpatient services

* in municipalities where psychiatric day inpatient services are not currently provided and the population of the municipality together with the population of neighboring (adjacent) municipalities served is at least 30,000 inhabitants;
* psychiatric day inpatient service is created and/or developed in those Personal health care institutions where services are converted from active treatment psychiatric inpatient services, when it is planned to completely cancel the provision of inpatient services;
* psychiatric day inpatient service is created and/or developed by converting from active treatment psychiatric inpatient services, when it is planned to reduce the coverage of inpatient services;
* the cumulative incidence rate of mental and behavioral disorders in a specific municipality is 20 percent or higher than the national average. The indicator consists of the number of suicides per 100,000 inhabitants (50%), morbidity F20-29 (25%) and morbidity of severe depression with and without psychosis F32.2/2, F33.2/3 disorders (25%) components.

Day hospital in the regions

If a contract is concluded with another/other Personal health care institutions for the provision of services, a "green corridor" must be ensured for patients to receive these services, as stipulated in the cooperation agreement with the Personal health care institution. It is planned to finance the modernization of service infrastructure according to justified need, in the event of a lack of funds - priorities will be set, only in those Personal health care institutions at the municipal level, where:

* these services begin to be provided instead of calnceled inpatient active treatment services;
* these services are provided and the aim is to increase the volume of service provision;
* these services were not and are not provided, but the aim is to start providing them.

It is envisaged to finance the modernization and/or expansion of service infrastructure, including anesthesia services where day surgery services are provided, taking into account the need for services, which will be assessed at the regional level.

Emergency medical assistance in the regions

The territorial emergency medical department must be established in such a place that other departments of the institution providing multi-profile inpatient personal health care services can be reached by ambulance within no more than 1 hour.

Establishing an emergency room is not mandatory. The emergency medicine cabinet can operate in the premises of the primary outpatient personal health care service provider or in the premises of another personal health care provider according to the contract.

Performance criteria and financing of inpatient services in the regions

Article 11 of the Law on Healthcare Institutions of the Republic of Lithuania[[6]](#footnote-7) stipulates that the minimum layout of National Health System of Lithuania institutions, the requirements for their structure and the need for services shall be determined by the Ministry of Health together with the State Sickness Fund. In the course of the development of the network of health care institutions, based on the model of competence centers and cooperation (hereinafter referred to as the reform), adopt the Law of the Republic of Lithuania on Health Care Institutions No. I-1367 11, 151, 36, 39 amendment of articles, Supplement to the law by the 461 article law, Republic of Lithuania Health System Law no. I-552 12 amendment of articles, Supplement to the law 121 article law, of the Health Insurance Law of the Republic of Lithuania Nr. I-1343 2 ir 26 amendment of articles law, Law of the National Cancer Institute of the Republic of Lithuania no. XII-838 repealed bills of law, which created the legal prerequisites for the reform of the network of health care institutions.

The network of inpatient active treatment personal health care facilities of the National Health System of Lithuania is based on four criteria: geographical accessibility of inpatient active treatment personal health care services to patients; multi-profile personal health care services provided by a personal health care institution; 24/7 emergency assistance; providing quality services.

The following inpatient treatment services are analyzed in the scope of the study: inpatient obstetrics, inpatient surgery, inpatient therapy, inpatient psychiatry, inpatient pediatrics, resuscitation (intensive therapy, intensive care, anesthesia), inpatient infectious diseases.

The 2021-2027 European Union funds investment program is planned to promote the creation and implementation of innovative and effective service delivery models, as well as the improvement of existing service delivery models̨ (according to the "green corridors" principle model of oncology, cardiology, neurology and other service provision; according to selective screening and organization model of services provided by early diagnosis programs, etc.).

Investments must comply with the provisions of the general plan of the territory of the Republic of Lithuania [[7]](#footnote-8) which must be taken into account when making decisions on infrastructure development and implementing specific construction and digitization projects.

Specific criteria regarding the principle of operation of inpatient care facilities are listed in the table of criteria for the organization of intensive therapy services [[8]](#footnote-9).

Table 3. Criteria for the organization of intensive therapy services

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| --- | --- |
| Number of intensive care beds | 14 intensive care beds per 100,000 inhabitants in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys regions; |
| 3 intensive care beds to provide specialized services for 100,000 residents. Specialized intensive therapy services are provided to the residents of Vilnius and Panevėžys regions in the Vilnius region, Kaunas and Šiauliai region residents - in the Kaunas region, Klaipėda region residents - in the Klaipėda region. |
| Distance of service provision | Personal health care facilities providing intensive therapy services are arranged in such a way that intensive therapy services are available to patients within 60 minutes at the latest under normal traffic conditions. |

Source: Prepared by the drafters of the Plan based on the descriptions of the requirements for the provision of intensive care personal health care services for adults and the requirements for the provision of intensive care personal health care services for adults[[9]](#footnote-10)

Intensive care services are expected to be financed only in institutions that provide inpatient active treatment services for therapeutic patients. Development of anesthesia services - planned investments in the necessary infrastructure together with intensive care services.

Specific criteria for the operation of institutions providing inpatient care services are listed in the table of criteria for the organization of the provision of secondary and tertiary inpatient personal health care services for adult infectious diseases[[10]](#footnote-11).

Table 4. Criteria for the provision of secondary and tertiary inpatient personal health care services for adult infectious diseases

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| Requirements for personal health care facilities | Inpatient services for infectious diseases are provided in personal health care institutions licensed to provide secondary and/or tertiary level inpatient services for infectious diseases. |
| Personal health care institutions providing secondary level inpatient services for infectious diseases in one operational address must provide: |
| adult resuscitation and intensive care services (adult resuscitation II) and hemodialysis services; |
| radiology personal health care services; |
|  | laboratory diagnostic services. |

Source: Prepared by the drafters of the Plan, based on the project of special requirements for the provision of secondary level services in Infectology [[11]](#footnote-12)

Creation of a cluster of infectious diseases: it is planned to finance the modernization of the service provision infrastructure and the elimination of non-compliances with the established requirements in the 5 Personal Health Care Institutions listed in the "Naujos kartos Lietuva" plan. The analysis carried out includes only the analysis of the need for tuberculosis services. Although the need for inpatient tuberculosis beds will decrease, the Covid-19 pandemic has shown that preparation for the effective management of infectious diseases is necessary, therefore investments are planned for this area.

Specific criteria regarding the principle of operation of institutions providing inpatient care services are listed in the table of criteria for the organization of inpatient obstetric services [[12]](#footnote-13).

Table 5. Criteria for the organization of inpatient obstetric services

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| Requirements during the provision of the service | In an institution providing inpatient obstetric services, they must be provided 24/7 to patients of a personal health care Institution; |
| Number of births and distance | In at least one of the last two consecutive years, the personal health care facility has received at least 300 births, or the distance from one to the next (nearest) personal health care facility providing inpatient obstetric services must be greater than 50 kilometers. |
| Population and additional requirements | **The population is more than 300 thousand and one of the following conditions:** |
| A personal health care facility in which at least 600 births were taken in the personal health care facility in at least one of the last two consecutive years; |
| if there is only one Personal Health Care Facility in the territory that is not classified as a large city, there must be another Personal Health Care Facility providing inpatient obstetric services, where the number of births from that series at the Personal Health Care Facility was the highest in at least one of the last two consecutive years, but not less than 300 births. |
| **The population is less than 300 thousand and one of the following conditions** |
| Personal health care facilities in which at least 600 births were taken in at least one of the last two consecutive years Personal health care facilities; |
| if there is no Personal Health Care Institution in the territory that meets the requirements, there must be one Personal Health Care Institution providing inpatient obstetric services, in which the number of births from that territory's Personal Health Care Institution in at least one of the last two consecutive years was the highest, but not less than 300 births. |

Source: Prepared by the drafters of the Plan, based on the draft list of conditions for the provision of personal health care services paid from the budget funds of the Compulsory Health Insurance Fund

Specific criteria for the operation of institutions providing inpatient care services are listed in the table of criteria for the organization of inpatient surgical services [[13]](#footnote-14).

Table 6. Criteria for the organization of inpatient surgery services

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| Requirements for service time | In an institution that provides inpatient surgery services, they must be provided 24/7 to the patients of the Personal Health Care Institution. |
| Scope of services and speed of provision | In at least one of the last two consecutive years, at least 1,100 cases of surgical treatment were provided by the Personal Health Care Institution, when the intervention of operating groups was performed or the Personal Health Care Institution was required to provide services within 1 hour. |

Source: Prepared by the drafters of the Plan, based on the draft list of conditions for the provision of personal health care services paid from the budget funds of the Compulsory Health Insurance Fund

Implementation of the Emergency Medical Assistance service in the regions

When implementing the transformation of emergency medical care, the aim is that high-quality and safe personal health care services are provided to all Lithuanian residents, regardless of their place of residence, social or economic status, and that the services are accessible geographically, communicatively, organizationally and economically, and the health of the Lithuanian population is improved. The goal is: better health of the population, quality emergency medical services. This goal is planned to be achieved through the implementation of 6 fundamental principles of service organization.

Table 7. Principles of emergency medical services organization

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| --- | --- |
| Provision of emergency medical services | Providing services to residents in the city up to 15 minutes, in the countryside up to 25 minutes |
| Well coordinated and efficiently managed | Coordinated emergency medical services: more ambulances deployed according to availability |
| Speed and efficiency | The path of emergency medical assistance: clusters of myocardial infarction, strokes, injuries |
| The system is ready to respond to threats and provide emergency assistance in time | Emergency medical assistance transformation: more ambulance waiting places, covering dispatchers' blind spots |
| Regional organization of ambulance services | Services are provided regardless of the boundaries of administrative counties and municipalities |
| Cooperation. Integrated with other services | Provision of services in cooperation with other institutions. Receiving calls through the general help desk |

Source: Prepared by the drafters of the Plan, based on data from the Ministry of Health [[14]](#footnote-15)

# Regional healthcare plans

Taking into account the requirements of the technical specification, functional health care plans for 5 regions were prepared and submitted: Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys. Each plan details the respective municipalities of the region, regulated in the white book of Lithuanian regional policy. Regional functional health care plans were presented on March 29-31, 2023 in the respective regions, to the interested parties of these regions. The drafts of regional functional health care plans and their presentations are presented on the LR SAM website[[15]](#footnote-16):

* Vilnius region functional health care plan and its presentation [[16]](#footnote-17)
* Kaunas region functional health care plan and its presentation [[17]](#footnote-18)
* Klaipėda region functional health care plan and its presentation [[18]](#footnote-19)
* Šiauliai region functional health care plan and its presentation [[19]](#footnote-20)
* Panevėžys region functional health care plan and its presentation [[20]](#footnote-21)

The regional plans present summarized data collected during the assessment, planning is carried out taking into account the specifics, problems and investment needs of each region and its municipalities.

# Investments for the implementation of changes

Pursuant to Article 12 of the Law on Healthcare Institutions of the Republic of Lithuania [[21]](#footnote-22) – investments in health care are considered to be the use of funds to expand the range of services, implement new health care technologies, and improve the availability and quality of health care.

Investments are evaluated according to the public investments and their financing sources provided for the implementation of the activities of progress measures in the development programme for increasing the quality and efficiency of healthcare for 2022-2030. The layout of the network of health care institutions at the regional and republic level, changes in the organization and provision of services planned in them, changes in mutual cooperation, changes in the transformation of services are evaluated and taken into account.

As the Ministry of Health is implementing changes in the transformation of services, the progress instrument foresees the need for the following activities:

* The infrastructure of the psychic direction;
* "Soft" measures are provided for the activities of health care centers;
* Primary ambulatory personal health care;
* Secondary level ambulatory specialized personal health care;
* Day inpatient and day surgery;
* Emergency medical care and intensive care;
* Clusters of infectious diseases.

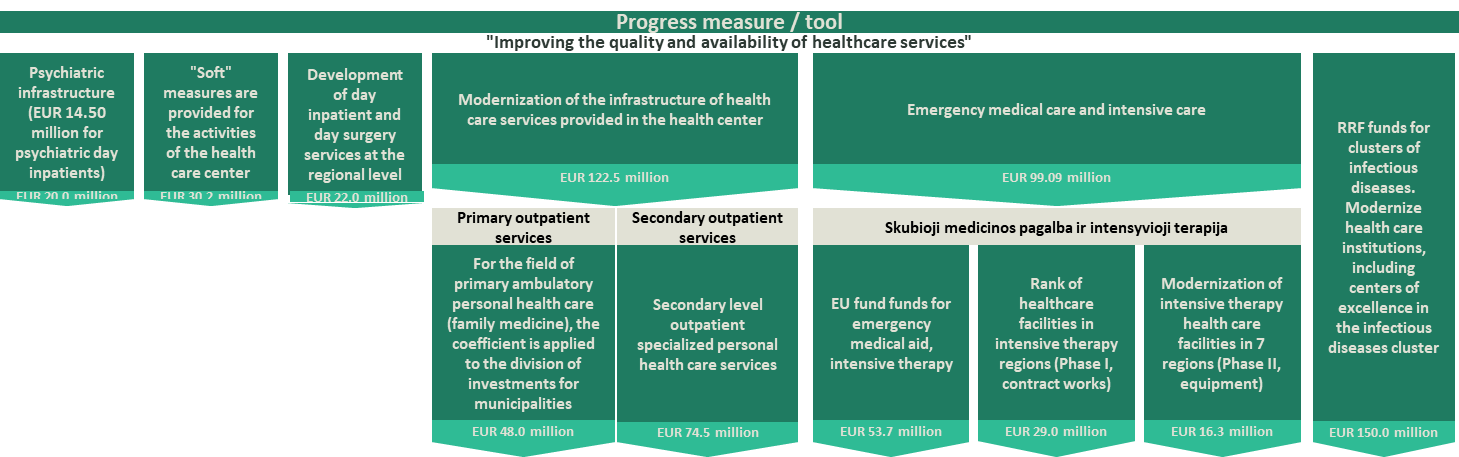


Figure 2. Distribution of funds, according to the 2021-2027 use of funds from EU funds and other progress activities for investments in the health care sector, implementing the transformation of the network of health care institutions.

## Investments for the implementation of regional changes

Infrastructure of psychiatry

Investment needs for psychiatric day inpatients in the regions are distributed as follows:

* **Vilnius region |** 3.68 million EUR, the investments are distributed among the municipalities of the region;
* **Kaunoas region |** 4.53 million EUR, the investments are distributed among the municipalities of the region;
* **Klaipėda region |** 2.59 million EUR, the investments are distributed among the municipalities of the region;
* **Šiauliai regione|** 2.31 million EUR, the investments are distributed among the municipalities of the region;
* **Panevėžys region |** EUR 1.36 million, the investments are distributed among the municipalities of the region.

Primary and secondary level ambulatory specialized personal health care

The total amount of investment allocated to the development of primary ambulatory personal health care in the regions is divided into two parts: 70% (base amount of funds, allocated to all municipalities in proportion to the projected number of registered residents in 2030) and 30% (additional amount of funds allocated proportionally to municipalities where it is appropriate to establish a structural health center (a mono-profile hospital that provides active treatment services and the number of registered residents will not exceed 21 thousand in 2030); municipalities that have officially informed the Ministry in writing about the planned establishment of a structured health center, but the number of registered residents will exceed 21 thousand in 2030).

The total amount allocated for the development of secondary-level ambulatory specialized personal health care services in municipalities is also divided into two parts - 70 and 30 percent.

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| --- | --- | --- | --- |
| Region | Level of health care | Allocated investment amount | |
|  |  | 70 perc. | 30 perc. |
| Vilnius | Primary ambulatory personal health care | 32.00 million EUR | 16.00 million EUR |
| Secondary level ambulatory specialized personal health care | 52.15 million EUR | 22.35 million EUR |
| Kaunas | Primary ambulatory personal health care | 32.00 million EUR | 16.00 million EUR |
| Secondary level ambulatory specialized personal health care | 52.15 million EUR | 22.35 million EUR |
| Klaipėda | Primary ambulatory personal health care | 32.00 million EUR | 16.00 million EUR |
| Secondary level ambulatory specialized personal health care | 52.15 million EUR | 22.35 million EUR |
| Šiauliai | Primary ambulatory personal health care | 32.00 million EUR | 16.00 million EUR |
| Secondary level ambulatory specialized personal health care | 52.,15 million EUR | 22.35 million EUR |
| Panevėžys | Primary ambulatory personal health care | 32.00 million EUR | 16.00 million EUR |
| Secondary level ambulatory specialized personal health care | 52.15 million EUR | 22.35 million EUR |

According to the forecasted number of registered persons in the municipalities of the region in 2030 (the number of registered population in 2030 is predicted based on the Eurostat 2030 population forecast), the investment need for the region (for primary outpatient personal health care) is calculated.

Emergency medical care and intensive care

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| --- | --- |
| Region | Allocated funds for Institutions |
| Vilnius | 1. Public Institution Republican Vilnius University Hospital – **18.24 million EUR;** 2. Public Institution Utena Hospital – **3.14** **million EUR.** |
| Kaunas | 1. Public Institution LSMU Kaunas Hospital – **7.71 million EUR ;** 2. Public Institution Alytus County S. Kudirka Hospital – **4.23 million EUR;** 3. Public Institution Marijampolė Hospital – **4.95 million EUR.** |
| Klaipėda | Public institution Tauragė Hospital – **3.95 million EUR.** |
| Šiauliiai | 1. Public institution Telšiai hospital– 3.15 million EUR   Funds for the second phase:   * Public institution Regional Mažeikiai Hospital (6 beds, average flow per year 11 552) – **5.78 million EUR**; * Public institution Telšiai hospital (6 beds, average flow per year 9 067) – **1.59 million EUR.** |
| Panevėžys | Funds for the second phase:   * Public institution Rokiškis regional hospital (6 beds, average flow per year 5 352) – **2.81 million EUR;** * Public institution Pasvalys hospital (3 beds, average flow per year 2 856) – **2.17 million EUR.** |

Infectious disease clusters and the development of day inpatient and day surgery at the regional level

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| --- | --- | --- |
| Regions | Clusters of infectious diseases | Development of day inpatient and day surgery at the regional level |
| Vilnius | It is planned to modernize health care facilities, including the competence centers of the infectious diseases cluster. The estimated amount of EUR 150.04 million will be allocated to the implementation of the project, of which EUR 46.16 million (30.7%) will be allocated to public institution Vilnius University Hospital Santaros Clinics. | For the day inpatient and day surgery, a competitive call is planned, the funding basket of which is EUR 22.00 million, of which EUR 5.50 million is allocated to the Capital Region (8 municipalities of the Vilnius region). |
| Kaunas | It is planned to modernize health care facilities, including the competence centers of the infectious diseases cluster. The estimated amount of EUR 150.04 million is allocated to the implementation of the project, of which EUR 45.98 million (30.6%) will be allocated to the hospital of the Lithuanian University of Health Sciences, clinics of Kaunas. | EUR 6.89 million is proportionally expected for day inpatient and day surgery in the Kaunas region. |
| Klaipėda | It is planned to modernize health care facilities, including the competence centers of the infectious diseases cluster. The estimated amount of EUR 150.04 million is allocated for the implementation of the project, of which EUR 19.36 million (12.9%) will be allocated to the public institution Klaipėda University Hospital. | EUR 3.59 million is proportionally estimated for the day hospital and day surgery in the Klaipėda region. |
| Šiauliai | It is planned to modernize health care facilities, including the competence centers of the infectious diseases cluster. The estimated amount of EUR 150.04 million will be allocated to the implementation of the project, of which EUR 19.36 million (12.9%) will be allocated to the public institution Republican Šiauliai Hospital. | EUR 2.90 million is proportionally estimated for the day hospital and day surgery in the Šiauliai region. |
| Panevėžys | It is planned to modernize health care facilities, including the competence centers of the infectious diseases cluster. The estimated amount of EUR 150.04 million is allocated for the implementation of the project, of which EUR 19.36 million (12.9%) will be allocated to the public institution Republican Panevėžys Hospital. | 1.89 million EUR is proportionally estimated for the day hospital and day surgery in the Panevėžys region. |

# Conclusions and recommendations

Main results of the assessment [[22]](#footnote-23):

* distribution of resources was carried out according to the use of finances from EU funds and other progress activities for investments in the health care sector in 2021-2027. Soft measures are provided for the activities of the Regional Health Care Center, a separate investment basket of EUR 30.02 million has been established for them, the financed activities of which may include a different range of activities of the Health Center's activity model. The assessment provides a detailed calculation of service rates.
* a network of institutions providing active treatment inpatient services was established for year 2030; Based on forecasts of the demand for inpatient health care services in the regions, predicting the dynamics of the use of inpatient active treatment services, the need and method of optimization in the regional clinics is determined.
* network for the development of day psychiatric inpatient services in Lithuania established: the network of day psychiatric inpatient services in the municipalities of each district is determined based on both the number of residents and the need for a specific service.

The table below shows the main recommendations provided in the regional plans, taking into account the needs of each regional municipality:

|  |  |  |
| --- | --- | --- |
| **No.** | **Recommendation type** | **Clarification on recommendation** |
| 1. | Number of services provided in the municipality | Recommendations are given for each region, presenting suggestions on what services should be developed or be provided together with the neighboring municipality. It is evaluated how many services are provided in one's own municipality and how many in other municipalities.  Recommendations are given according to the criteria set in the description, demographics, current scope of service provision. In the regional plan recommendations are provided for municipalities of each region. |
| 2. | Need of psychiatry day inpatient | In each region, the need for psychiatry day inpatient facilities for specific municipalities is presented, assessing whether these services should be expanded. |
| 3. | The network of providers of active treatment inpatient services in 2030 | In each region, recommendations for regional institutions regarding the provision of active treatment inpatient services network in 2030 |
| 4. | Criteria for planning the placement of stationary beds of appropriate profiles | When planning the arrangement of inpatient beds of the relevant profiles (according to the 2025 forecast), the criteria described below should be applied in the following order in specific hospitals of the region:  1. The predicted number of beds is distributed in economically sustainable hospitals (regional centers) taking into account the actual number of beds in hospitals. The number of beds in regional centers can also be reduced or increased (as needed).  2. It is estimated that the remaining number of beds of a certain profile must be distributed across several hospitals (after assessing economic sustainability).  3. The hospitals where the remaining beds are distributed are selected based on hospital evaluation indicators.  4. The availability of safe and quality emergency inpatient services within 60 minutes is evaluated. This is a special criterion that can adjust the effect of other criteria (an additional hospital may be included or a different hospital may be chosen (regardless of the hospital's indicators)). |
| 5. | The need for personnel according to the dynamics of service provision | Based on the data of National Health Insurance Fund, a forecast of the increase in services until 2030 and the required volume of the number of doctors have been determined.  The need for full-time positions to provide 80% of the calculated number of services is calculated, the specialization and need of personnel for personal health care services is assessed. |
| 6. | Financing | Recommendations regarding the amount and conditions of financing are provided in the methodological calculations of the regional plans.  Recommendations for financing conditions (taking into account health centers being created, service development, responses to threats, advanced solutions being implemented) are provided using the established methodology and spreadsheet.  Investments are estimated according to the public investments and their financing sources provided for the implementation of the activities of progress measures set in the development programme for increasing the quality and efficiency of healthcare for 2022-2030. The layout of the network of health care institutions at the regional and republic level, changes in the organization and provision of services planned in them, changes in mutual cooperation, changes in the transformation of services are evaluated and taken into account.  When implementing service transformation changes by Ministry of Health, the progress instrument foresees the need for these activities:  • The infrastructure of the psychic direction;  • "Soft" measures are provided for the activities of health care centers;  • Primary ambulatory personal health care;  • Secondary level ambulatory specialized personal health care;  • Day inpatient and day surgery;  • Emergency medical care and intensive care;  • Clusters of infectious diseases. |

 Source: prepared by the Author

1. The numbering corresponds to the question numbers in the technical specification [↑](#footnote-ref-2)
2. Description of the procedure for organizing the provision of health care services attributed to the health center. Access through internet: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAP/e4f861b09e3211eda06e9a4a8dd92fc1?positionInSearchResults=2&searchModelUUID=a533bff1-be81-4182-bc3e-00b1379eb2a1> [↑](#footnote-ref-3)
3. Description of the procedure for organizing the provision of health care services attributed to the health center (draft order of the Ministry of Health Reg. No. 23-1232). Access through internet: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/0b0610d183f211e6a0f68fd135e6f40c/asr> [↑](#footnote-ref-4)
4. A detailed list is provided in the appendices of the Regional Plan [↑](#footnote-ref-5)
5. Ministry of Health of the Republic of Lithuania, Development of a network of competence centers and personal health care institutions based on the regional cooperation model, November 4, 2021. Access through: <https://sam.lrv.lt/uploads/sam/documents/files/Veiklos_sritys/Tinklo%20reforma/Kompetencijų%20centrų%20ir%20regioninio%20bendradarbiavimo%20modeliu%20pagrįsto%20asmens%20sveikatos%20priežiūros%20įstaigų%20tinklas.pdf> [↑](#footnote-ref-6)
6. The Law on Health Care Institutions of the Republic of Lithuania, adopted on June 6, 1996 No. I-1367 (combined version 01-01-2023 - 06-30-2023). Access through internet: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.29546/asr> [↑](#footnote-ref-7)
7. General plan of the territory of the Republic of Lithuania, adopted by Resolution No. 789 of the Government of the Republic of Lithuania on September 29, 2021. Access through internet: <https://e-seimasx.lrs.lt/portal/legalAct/lt/TAD/ab6b8b21266f11ec99bbc1b08701c7f8> [↑](#footnote-ref-8)
8. Descriptions of the requirements for the provision of intensive care personal health care services for adults and the requirements for the provision of intensive care personal health care services for adults, approved by Order No. V-465 of the Minister of Health of the Republic of Lithuania dated March 2, 2022 (summary version 2022-11-24 - 2024-12- 31). Access through internet: <https://www.e-tar.lt/portal/lt/legalAct/13363a109a4311ec8d04d3fbbc911715/asr> [↑](#footnote-ref-9)
9. Description of the requirements for the provision of intensive care personal health care services for adults and the requirements for the provision of intensive care personal health care services for adults. Access through internet: <https://www.e-tar.lt/portal/lt/legalAct/13363a109a4311ec8d04d3fbbc911715> [↑](#footnote-ref-10)
10. Special requirements for the provision of secondary-level services in infectious diseases, approved by the order of the Minister of Health of April 30, 2004 No. V-303. Access through internet: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/ef22fd905cb011ecb2fe9975f8a9e52e> [↑](#footnote-ref-11)
11. Amendment of Order No. V-303 of April 30, 2004 of the Minister of Health of the Republic of Lithuania "On Approval of Special Requirements for the Provision of Secondary Level Services in Infectology". Access through internet: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/ef22fd905cb011ecb2fe9975f8a9e52e> [↑](#footnote-ref-12)
12. Draft resolution No. 370 of the Government of the Republic of Lithuania dated April 23, 2014 "On the approval of the list of conditions for the provision of personal health care services paid from the budget funds of the compulsory health insurance fund" [↑](#footnote-ref-13)
13. Draft resolution No. 370 of the Government of the Republic of Lithuania dated April 23, 2014 "On the approval of the list of conditions for the provision of personal health care services paid from the budget funds of the compulsory health insurance fund“ [↑](#footnote-ref-14)
14. Ministry of Health Protection of the Republic of Lithuania, restructuring of the emergency medical aid system. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/GMP%20Seimas%2011-21_galut.pdf> [↑](#footnote-ref-15)
15. Modernization of regional health care. Access through internet: <https://sam.lrv.lt/lt/veiklos-sritys/kompetenciju-centru-ir-regioninio-bendradarbiavimo-modeliu-pagristos-asmens-sveikatos-prieziuros-istaigu-tinklo-vystymas/5-regionu-sveikatos-prieziuros-modernizavimas> [↑](#footnote-ref-16)
16. Project and presentation of functional health care plan of Vilnius region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/V_Pristatymas_04_05(1).pptx>; <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Vilniaus%20regionas(1).docx> [↑](#footnote-ref-17)
17. Project and presentation of functional health care plan of Kaunas region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/K_Pristatymas_04_05(1).pptx>; <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Kauno%20regionas(1).docx> [↑](#footnote-ref-18)
18. Project and presentation of functional health care plan of Klaipėda region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/Kl_Pristatymas_04_05(2).pptx>; <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Klaipedos%20regionas(1).docx> [↑](#footnote-ref-19)
19. Project and presentation of functional health care plan of Šiauliai region. Access through internet. Prieiga internetu: <https://sam.lrv.lt/uploads/sam/documents/files/S%CC%8C_Pristatymas_04_05(2).pptx>; <https://sam.lrv.lt/uploads/sam/documents/files/2023%2005%2030%20Regiono%20planas_projektas_Siauliu%20regionas.pdf> [↑](#footnote-ref-20)
20. Project and presentation of functional health care plan of Panevėžys region. Access through internet. Prieiga internetu: <https://sam.lrv.lt/uploads/sam/documents/files/P_Pristatymas_04_05(3).pptx>; <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Panevezio%20regionas(1).docx> [↑](#footnote-ref-21)
21. The Law on Health Care Institutions of the Republic of Lithuania, adopted on June 6, 1996 No. I-1367 (combined version 01-01-2023 - 06-30-2023). Access through internet: <https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/TAIS.29546/asr> [↑](#footnote-ref-22)
22. The results of each region and regional municipalities can be found in the regional functional health care plans projects, which are presented on the website of Ministry of Health of the Republic of Lithuania:

    • Functional health care plan of the Vilnius region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Vilniaus%20regionas(1).docx>

    • Functional health care plan of the Kaunas region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Kauno%20regionas(1).docx>

    • Functional health care plan of the Klaipėda region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Klaipedos%20regionas(1).docx>

    • Functional health care plan of the Šiauliai region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/2023%2005%2030%20Regiono%20planas_projektas_Siauliu%20regionas.pdf>

    • Functional health care plan of the Panevėžys region. Access through internet: <https://sam.lrv.lt/uploads/sam/documents/files/Regiono%20planas_projektas_Panevezio%20regionas(1).docx> [↑](#footnote-ref-23)