



MINISTRY OF HEALTH  
OF THE REPUBLIC OF LITHUANIA

# Health is wealth: a pathway to sustainable society

11-09-2019

Aurelijus Veryga  
Minister  
September 11<sup>th</sup>, 2019

# Healthy people - a guarantee for sustainable development and economic growth

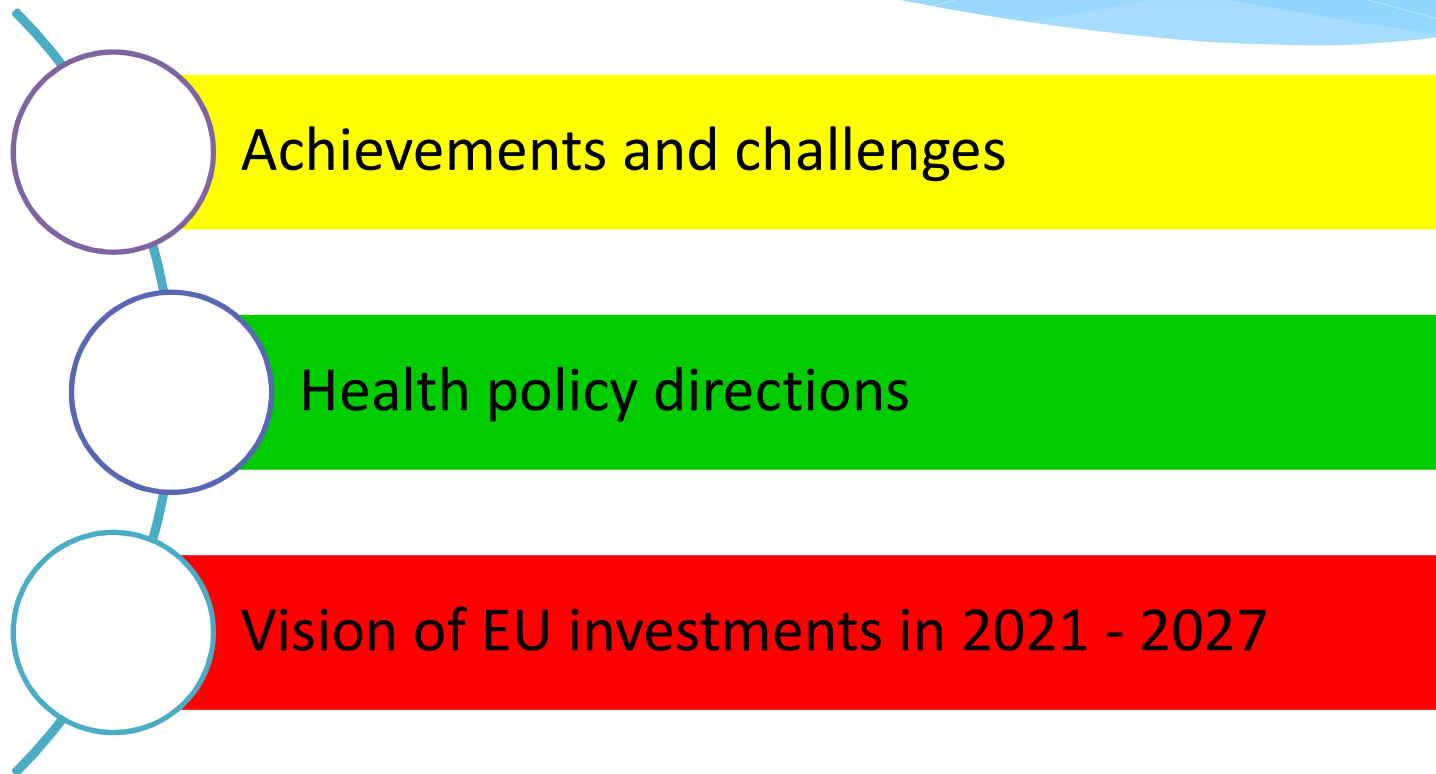
**Health is a human value and the foundation of life. Public health is both an asset and a capital. Healthy and able people are a guarantee for smart, sustainable and inclusive economic growth.**

Lithuania Health Strategy 2014-2025



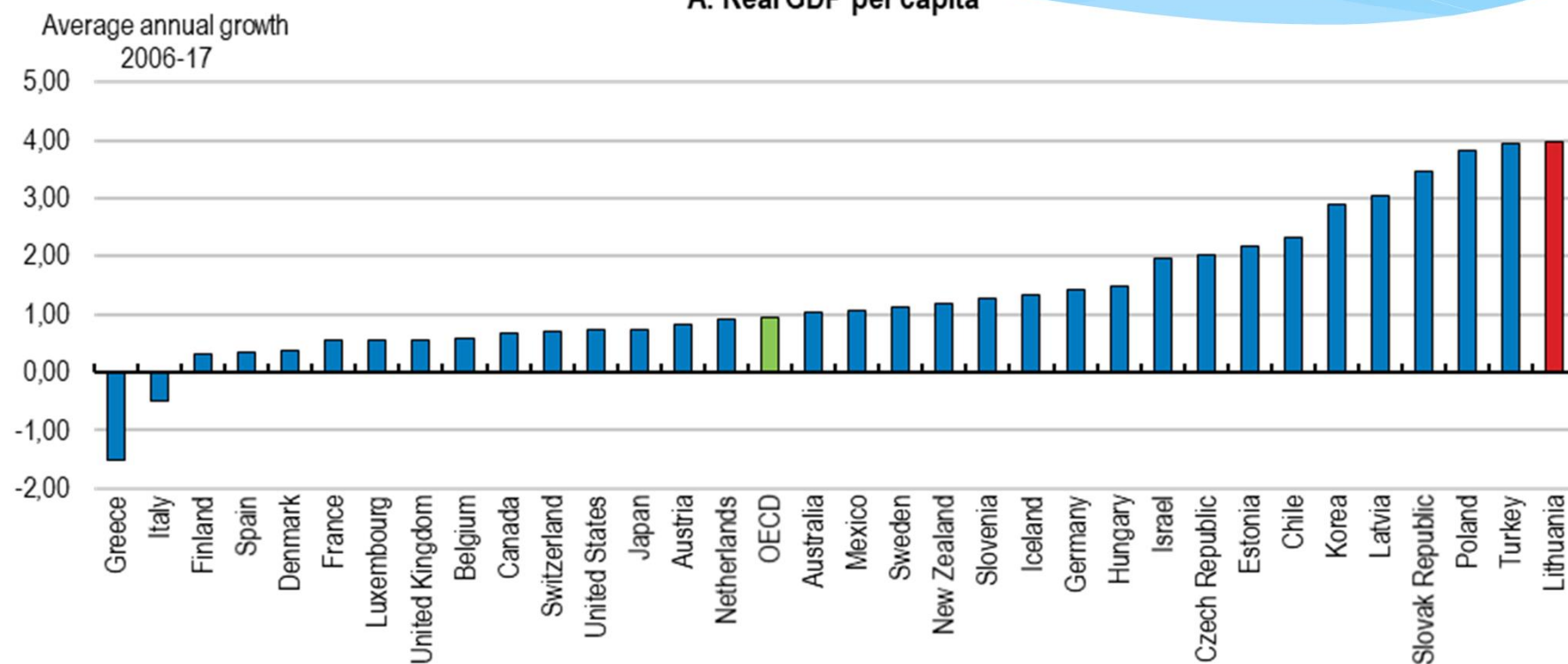
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# Presentation content



# Lithuania has a dynamic economy

A. Real GDP per capita

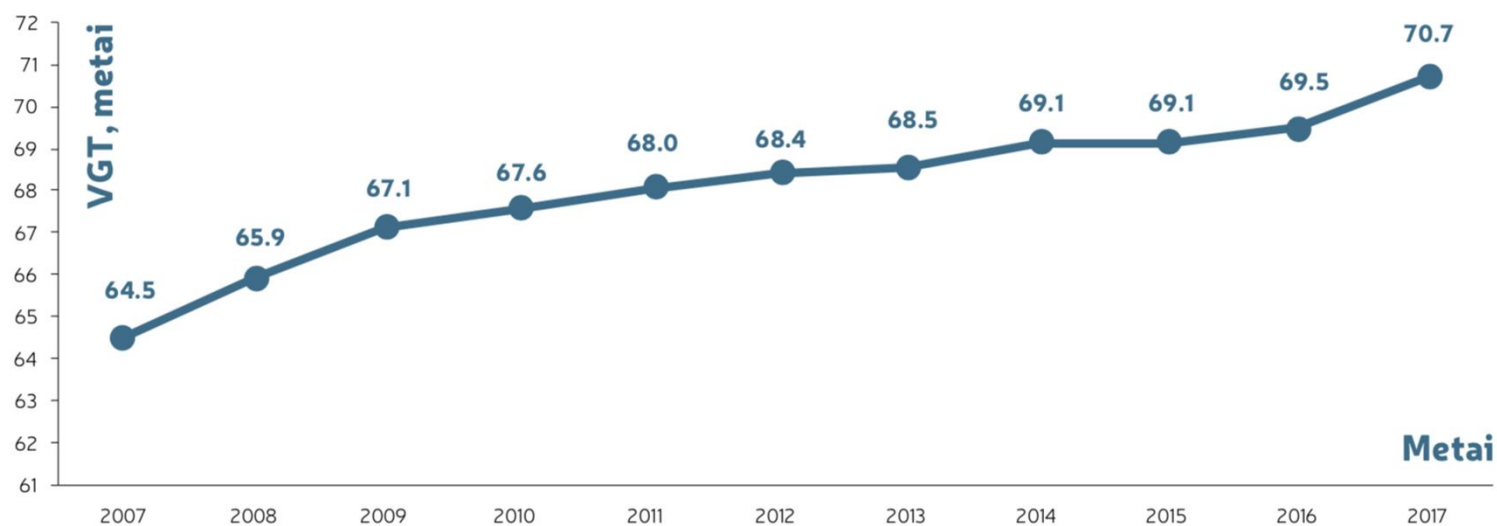






## Life expectancy at birth, male (years), 2007–2017

Lithuanian Statistics

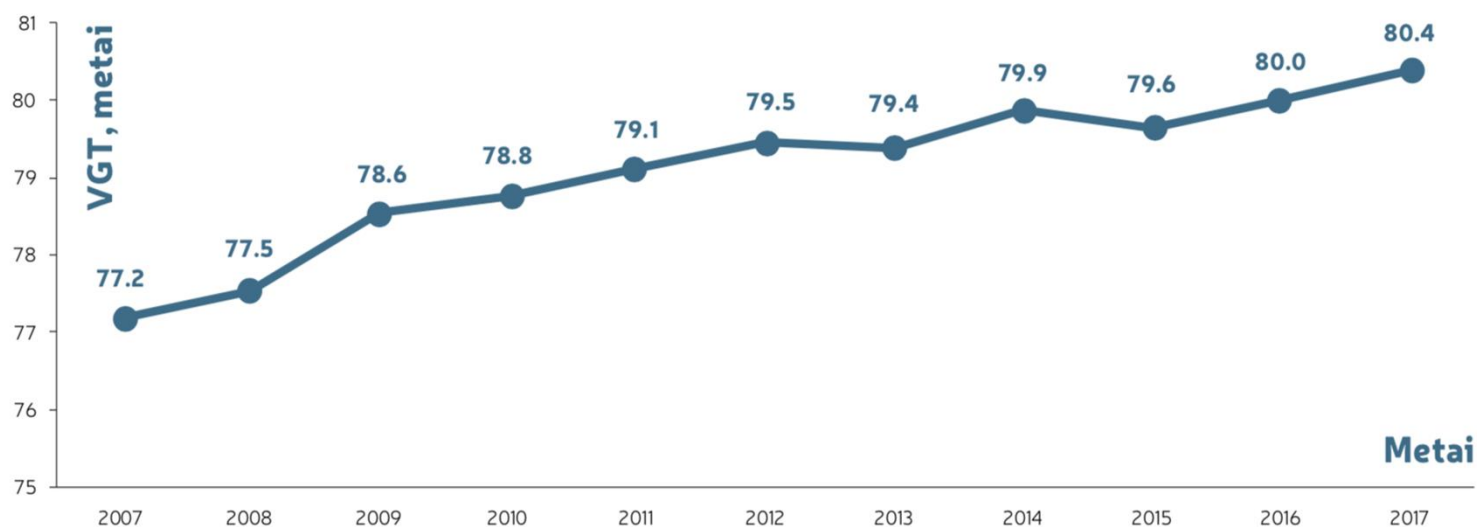


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## Life expectancy at birth, female (years), 2007–2017

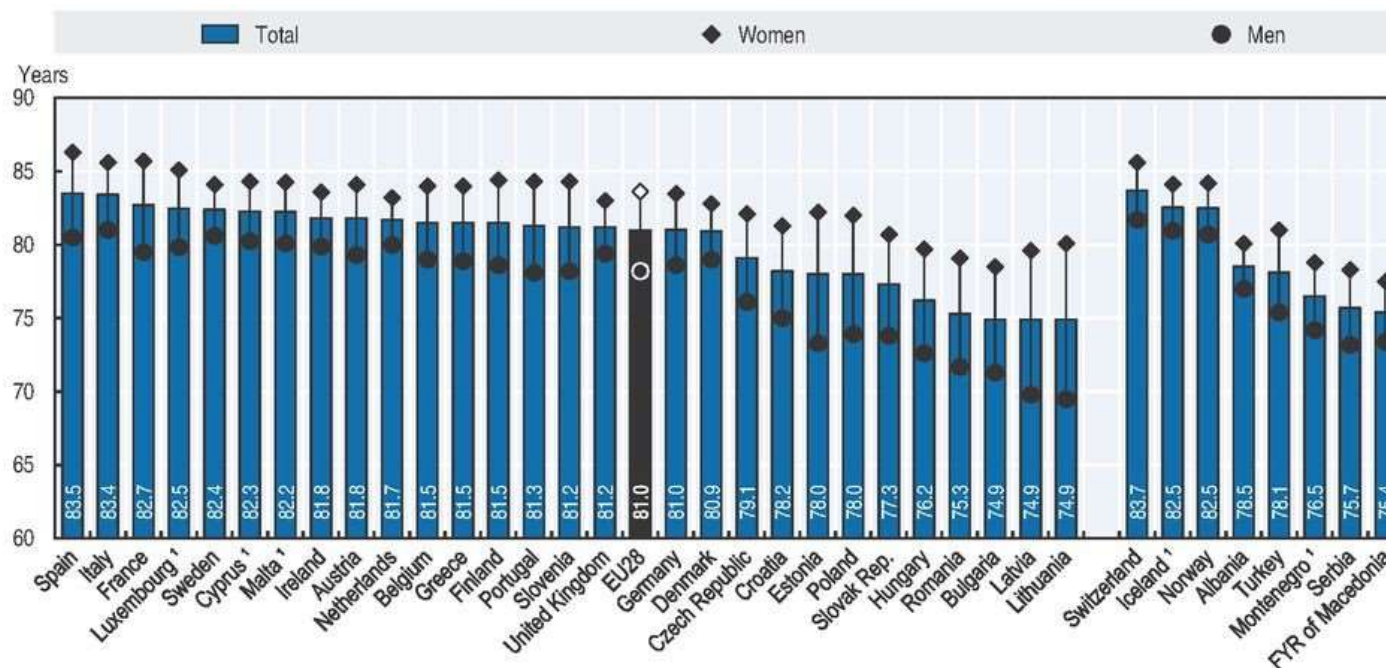
Lithuanian Statistics



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# Life expectancy in Lithuania is low

## 3.1. Life expectancy at birth, by gender, 2016



1. Three-year average (2014-16).

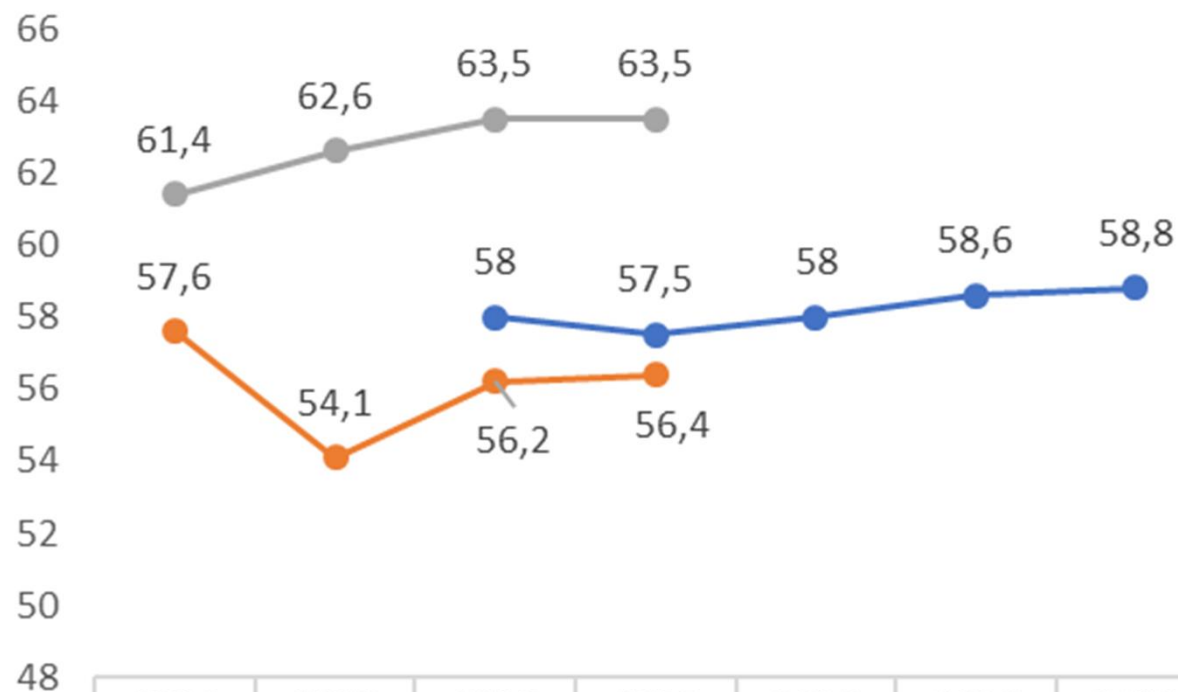
Source: Eurostat Database.

StatLink  <http://dx.doi.org/10.1787/888933834281>



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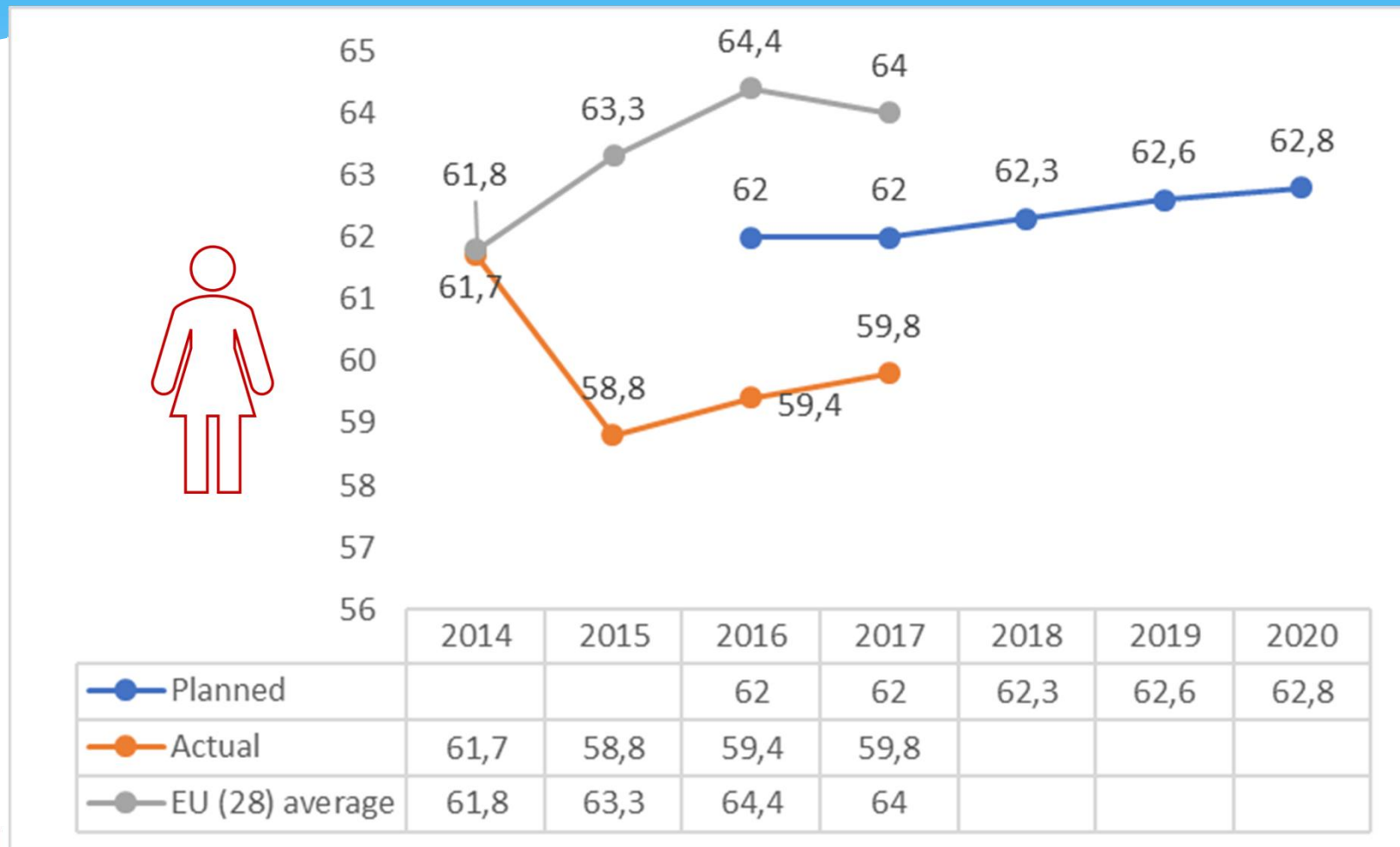
# Healthy life expectancy at birth for males



	2014	2015	2016	2017	2018	2019	2020
Planned			58	57,5	58	58,6	58,8
Actual	57,6	54,1	56,2	56,4			
EU (28) average	61,4	62,6	63,5	63,5			



# Healthy life expectancy at birth for females

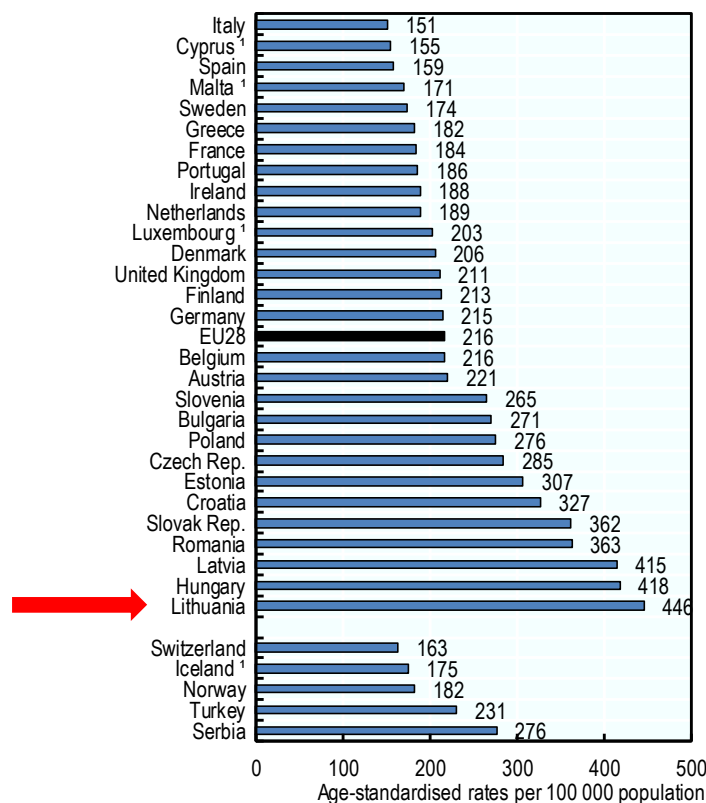


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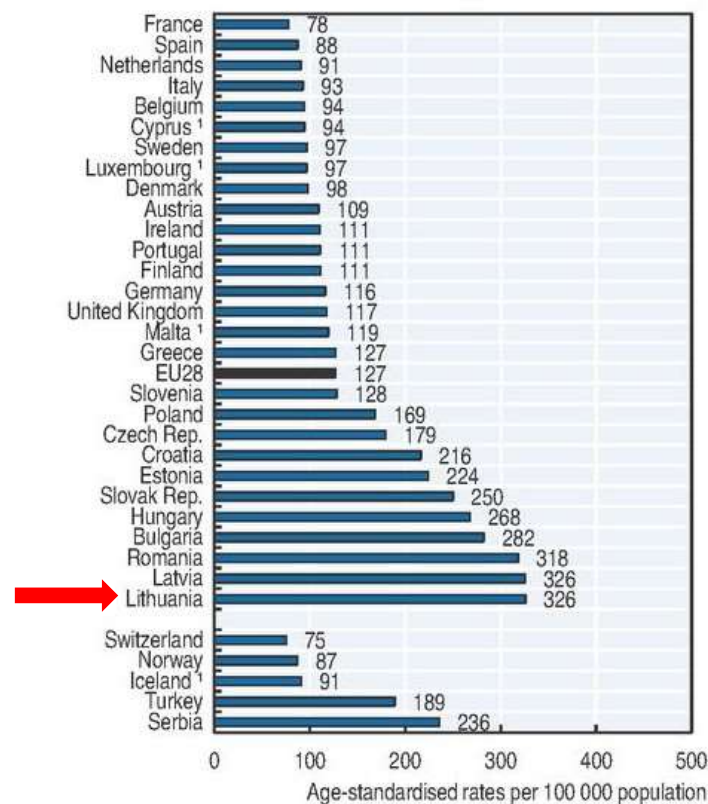
Source: Eurostat data

# Avoidable mortality

Figure 6.2. Preventable mortality rates, 2015



6.3. Amenable mortality rates, 2015



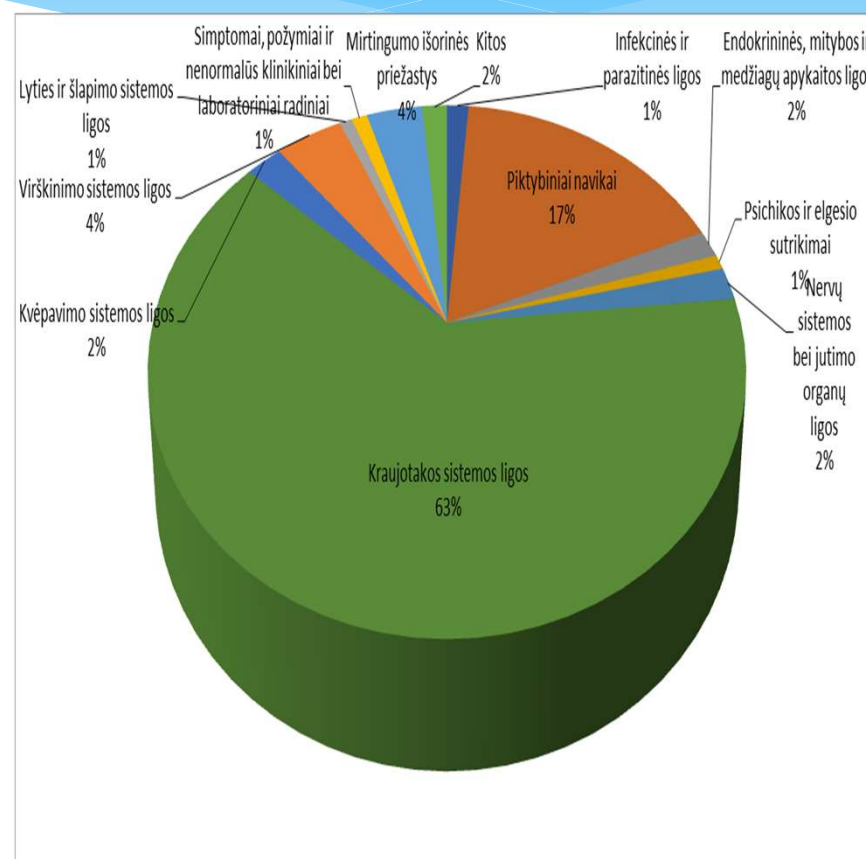
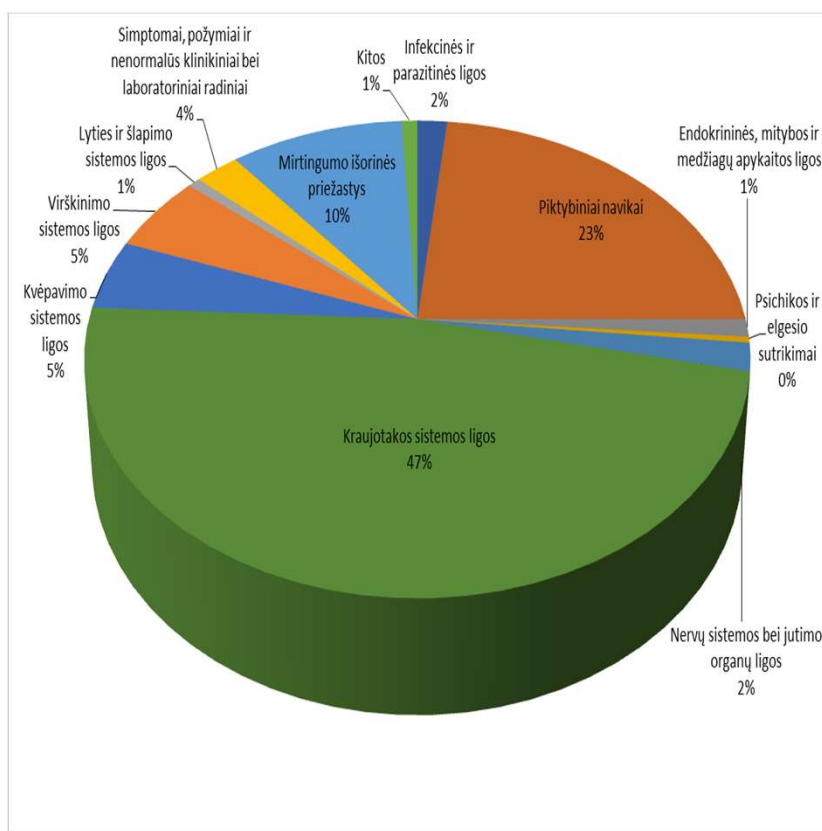
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1. Three-year average (2013-15).

Source: Eurostat Database.

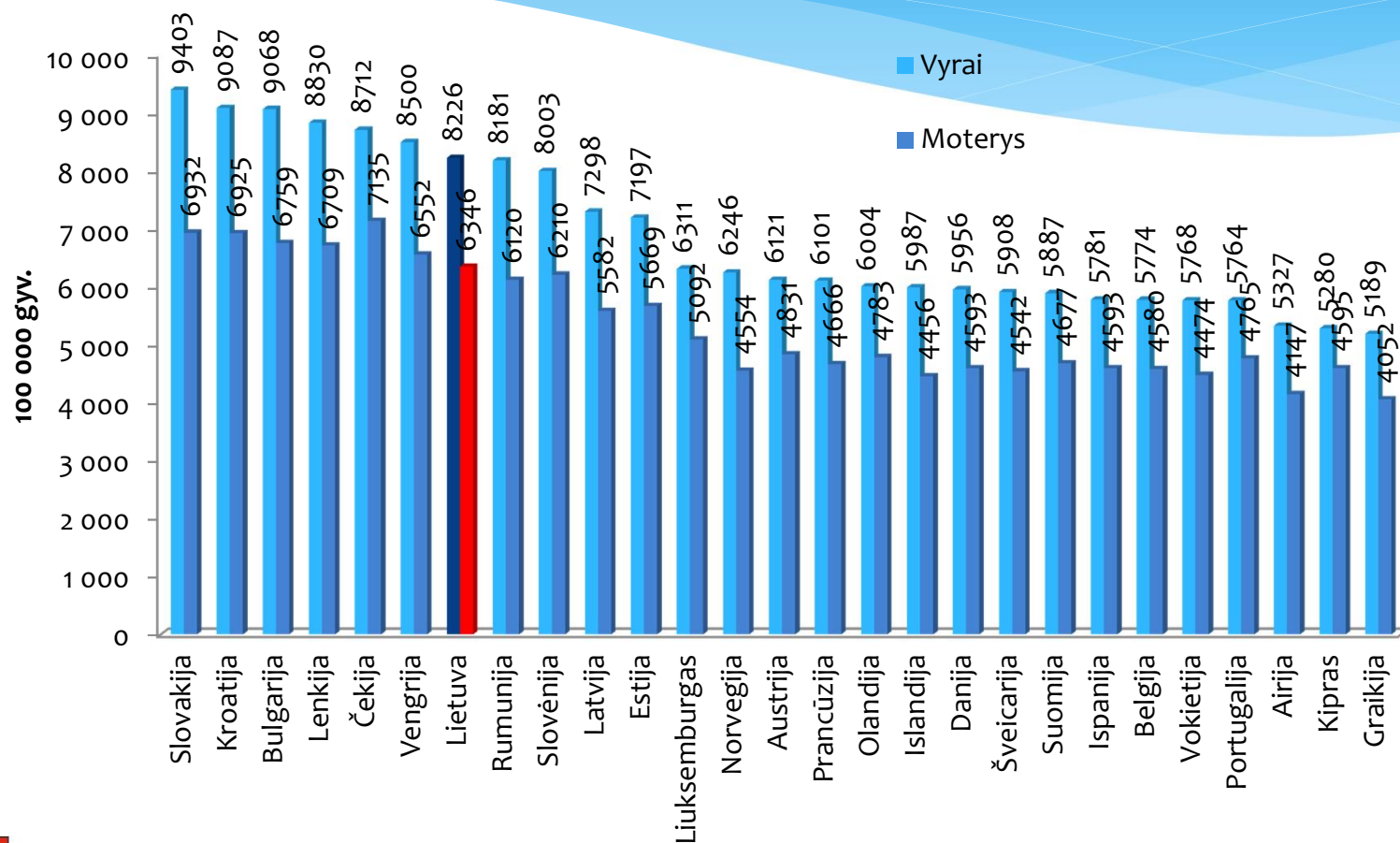
StatLink <http://dx.doi.org/10.1787/888933835668>

# Main causes of mortality in 2018



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# Standardised cardiovascular disease morbidity among men and women in EU selected countries

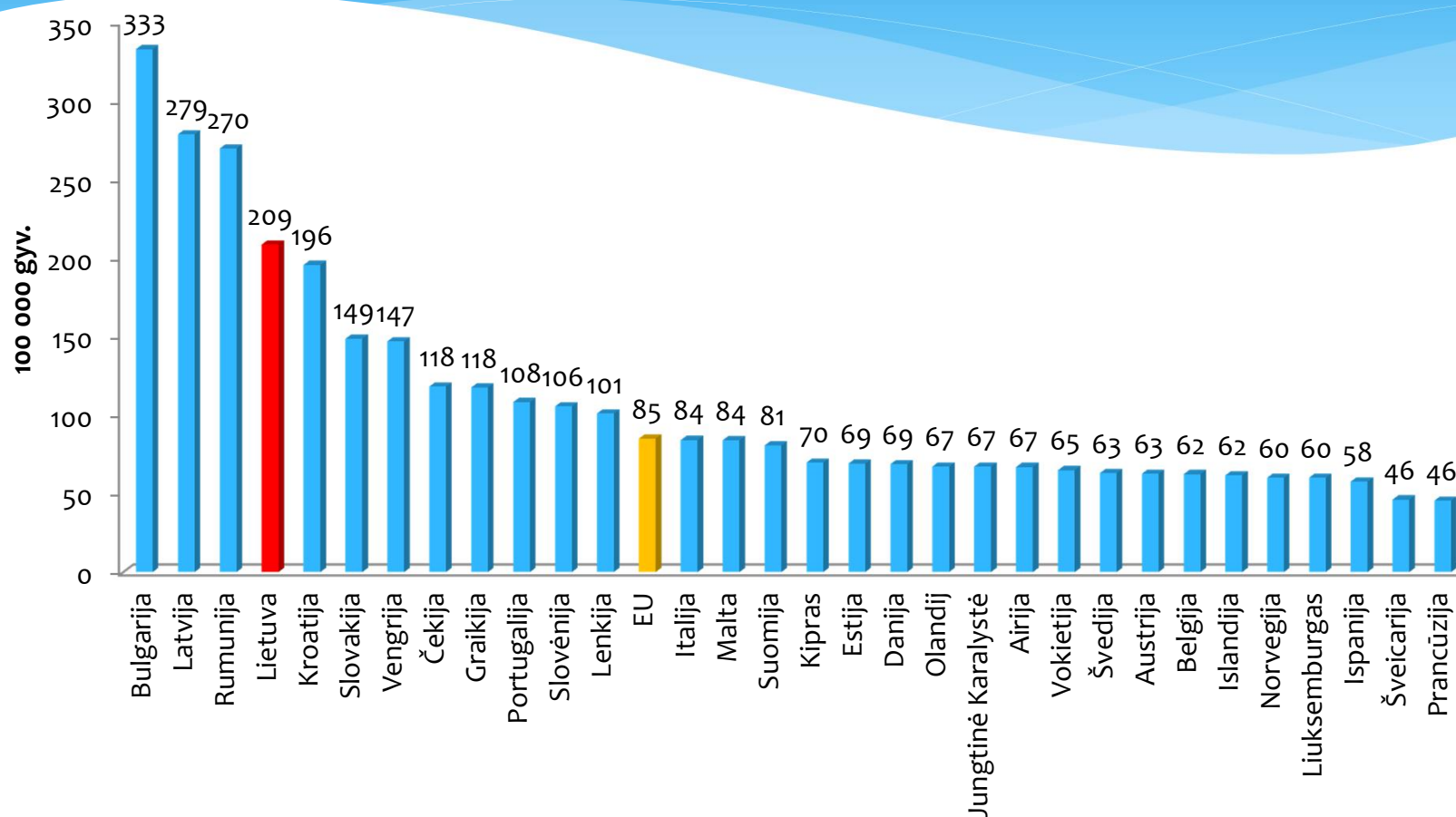


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Šaltinis. Global Burden of Disease duomenų bazė



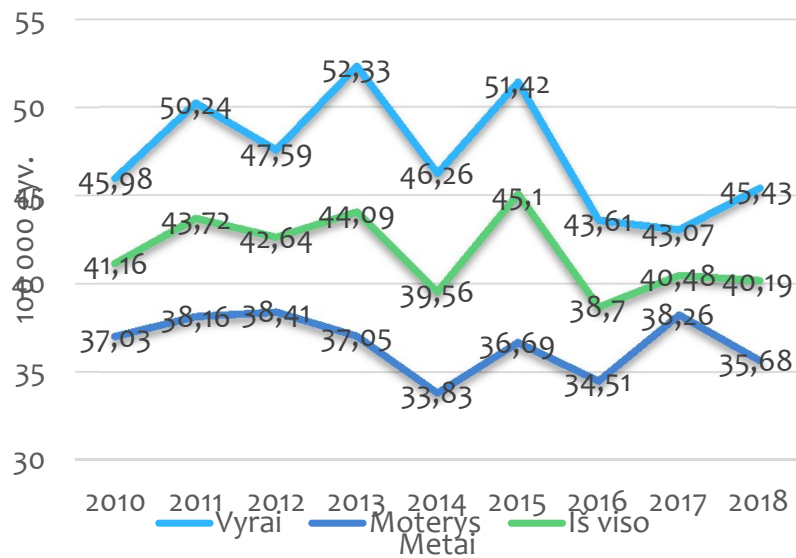
# Standardized mortality rate from stroke in selected EU countries in 2015



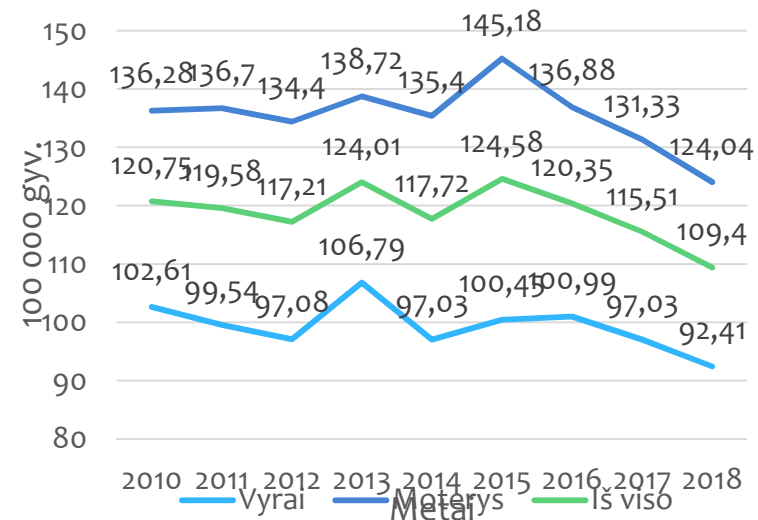
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Šaltinis. Eurostato duomenų bazė

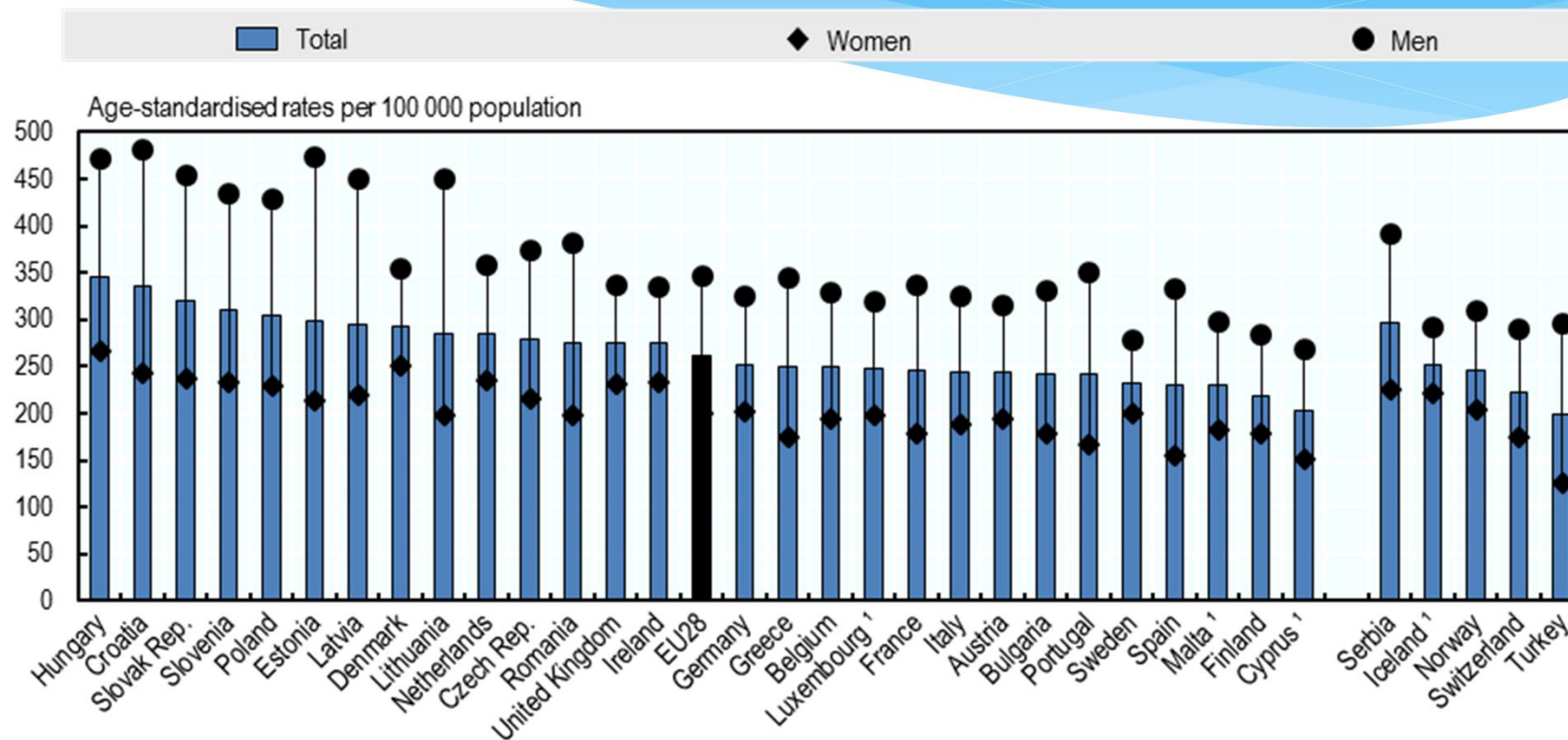
## Trends in acute myocardial infarction



## Trends in stroke mortality



# Cancer mortality



1. Three-year average (2013-15).

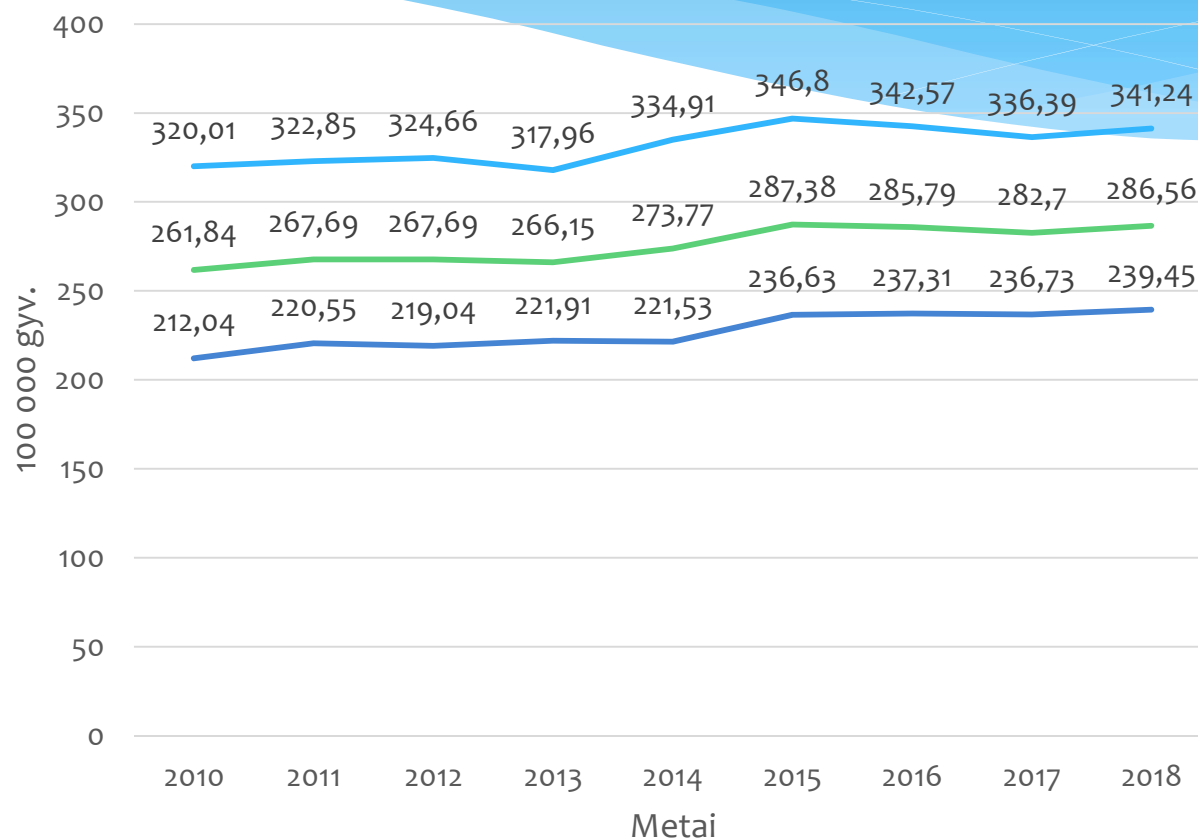
Source: Eurostat Database.

Source: *Health at a Glance: Europe 2018* - © OECD 2018



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# Trends in mortality from cancer

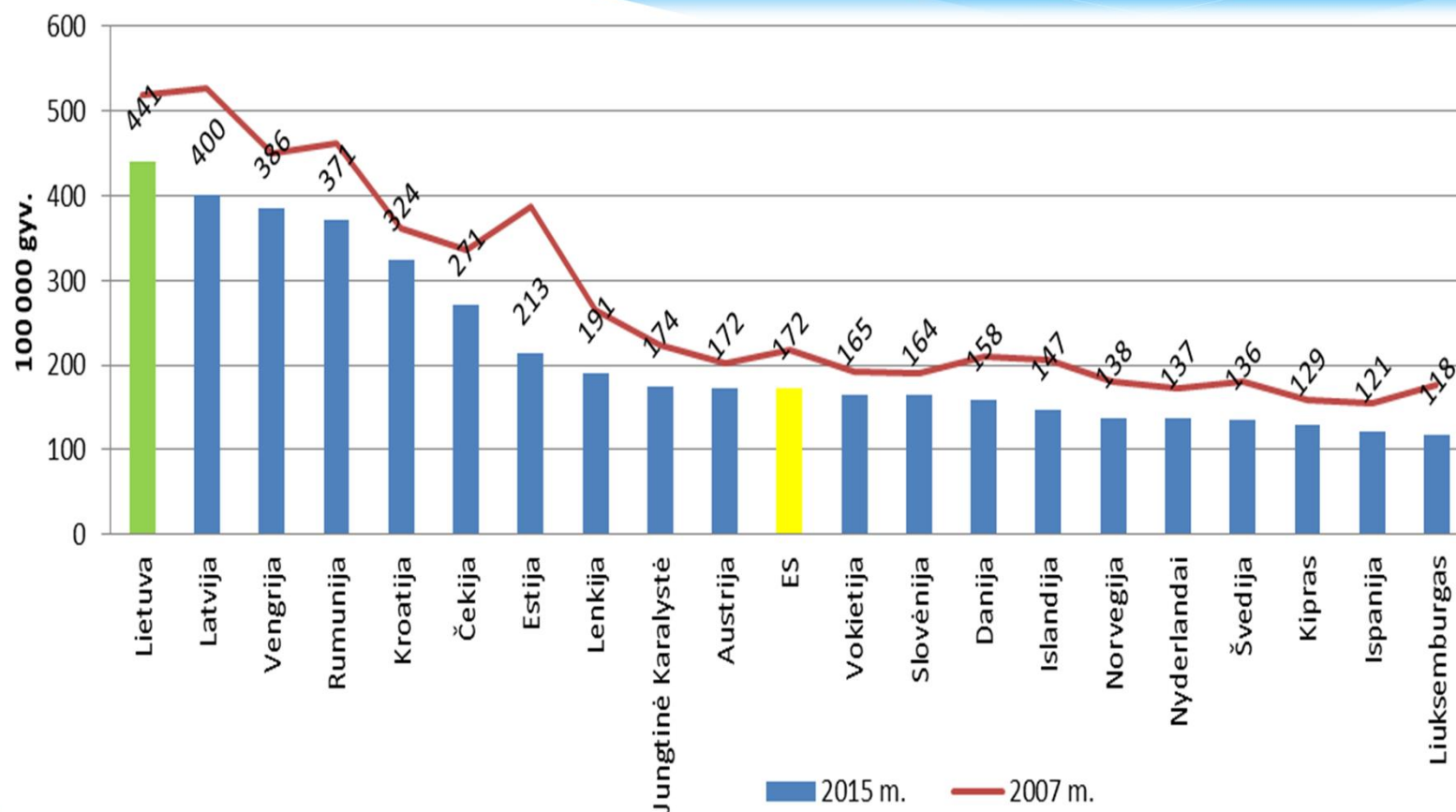


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— Vyrai — Moterys — Iš viso

Šaltinis. Higienos instituto Mirties atvejų ir jų priežasčių valstybės registras

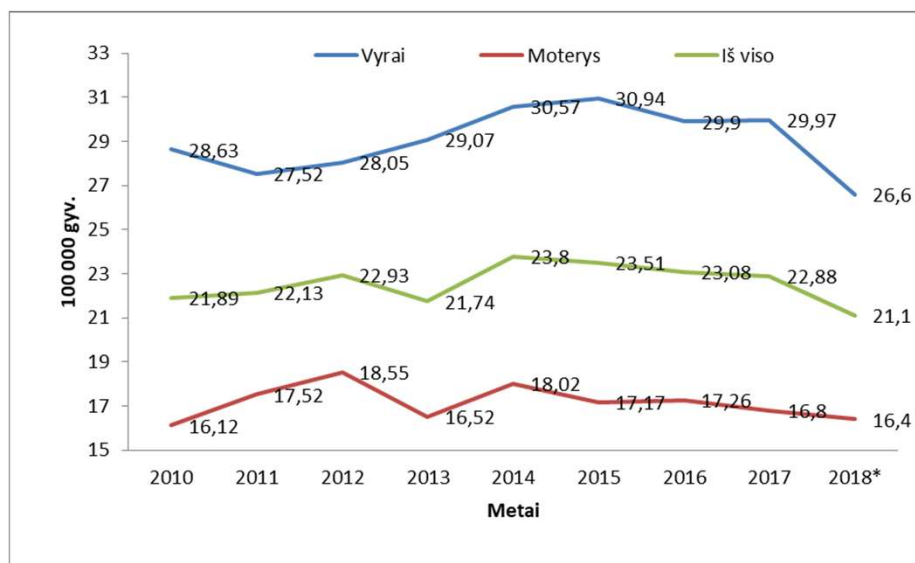
# Mortality rate due to smoking in EU and Lithuania in 2007 and 2015



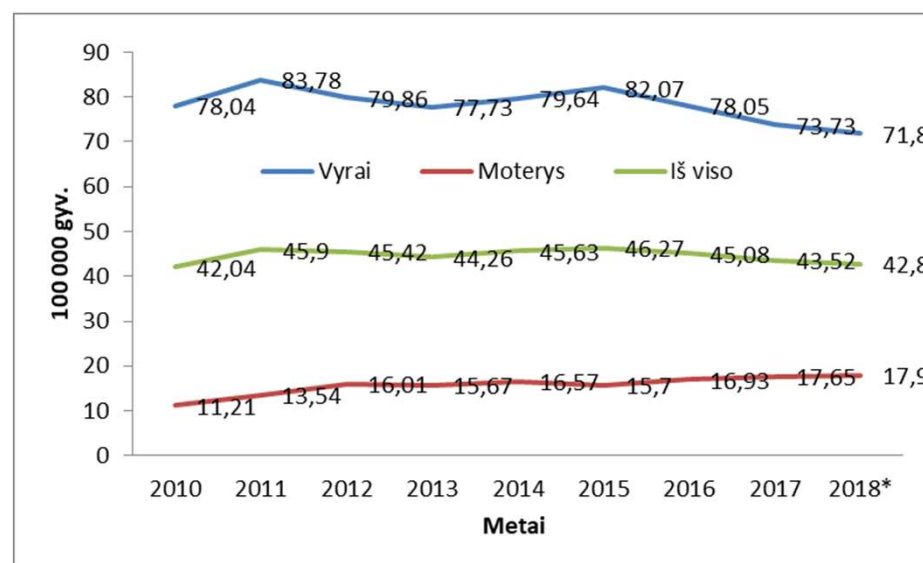
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# Trends of mortality rates due to smoking in Lithuania

## Smoking-associated liver cancer mortality by gender



## Smoking-associated lung cancer mortality by gender



## PUBLIC HEALTH INITIATIVES TO MITIGATE HIGH SUICIDE RATE MADE A SIGNIFICANT PROGRESS

**LITHUANIA: SUICIDE RATES, PER 100 000  
POPULATION BY YEAR**



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Institute of Hygiene: [www.stat.hi.lt](http://www.stat.hi.lt)

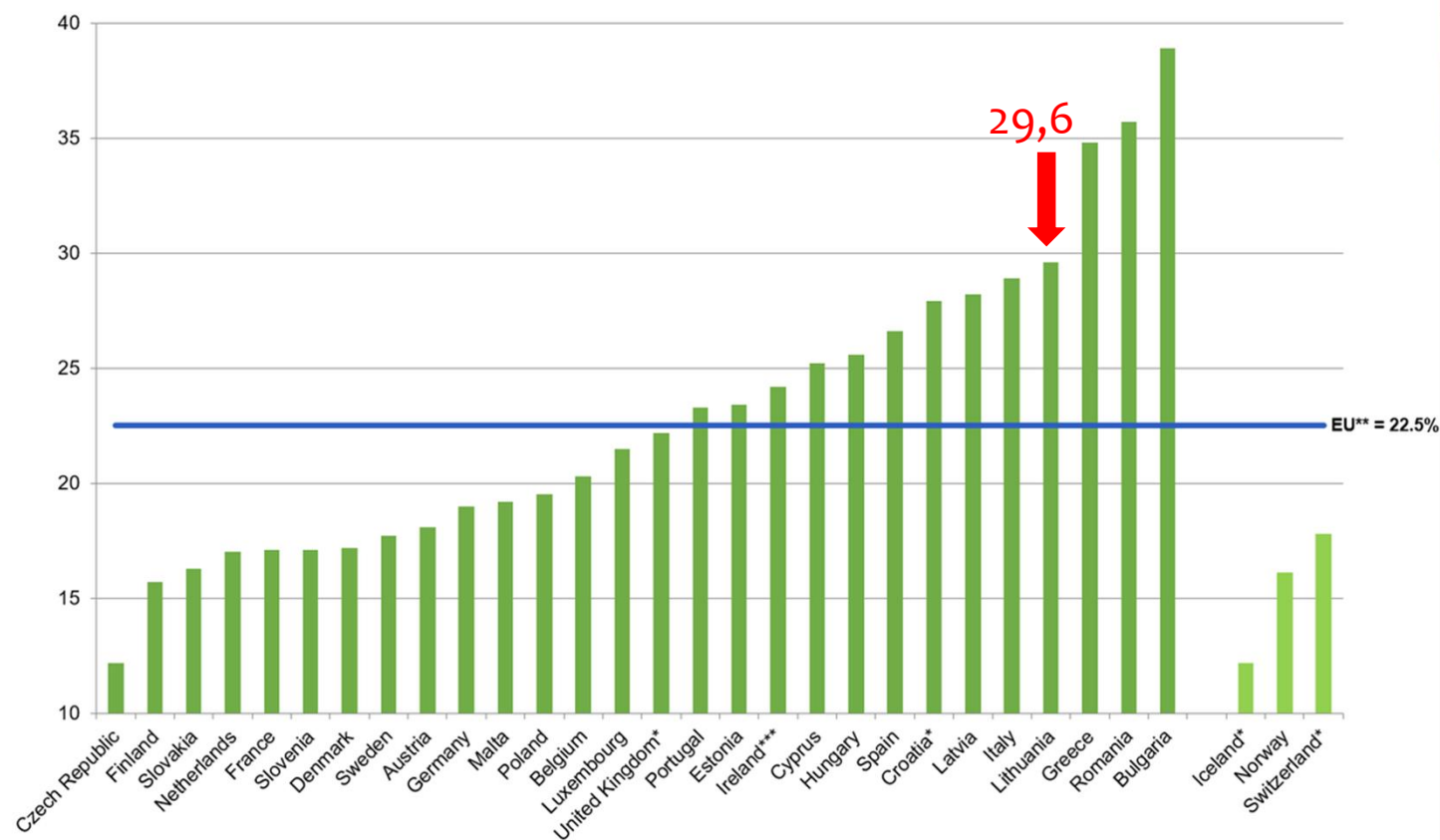
# CHALLENGES



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## People at risk of poverty or social exclusion in the EU Member States, 2017 (% of total population)



\* 2016 data instead of 2017.

\*\* Data have been estimated.

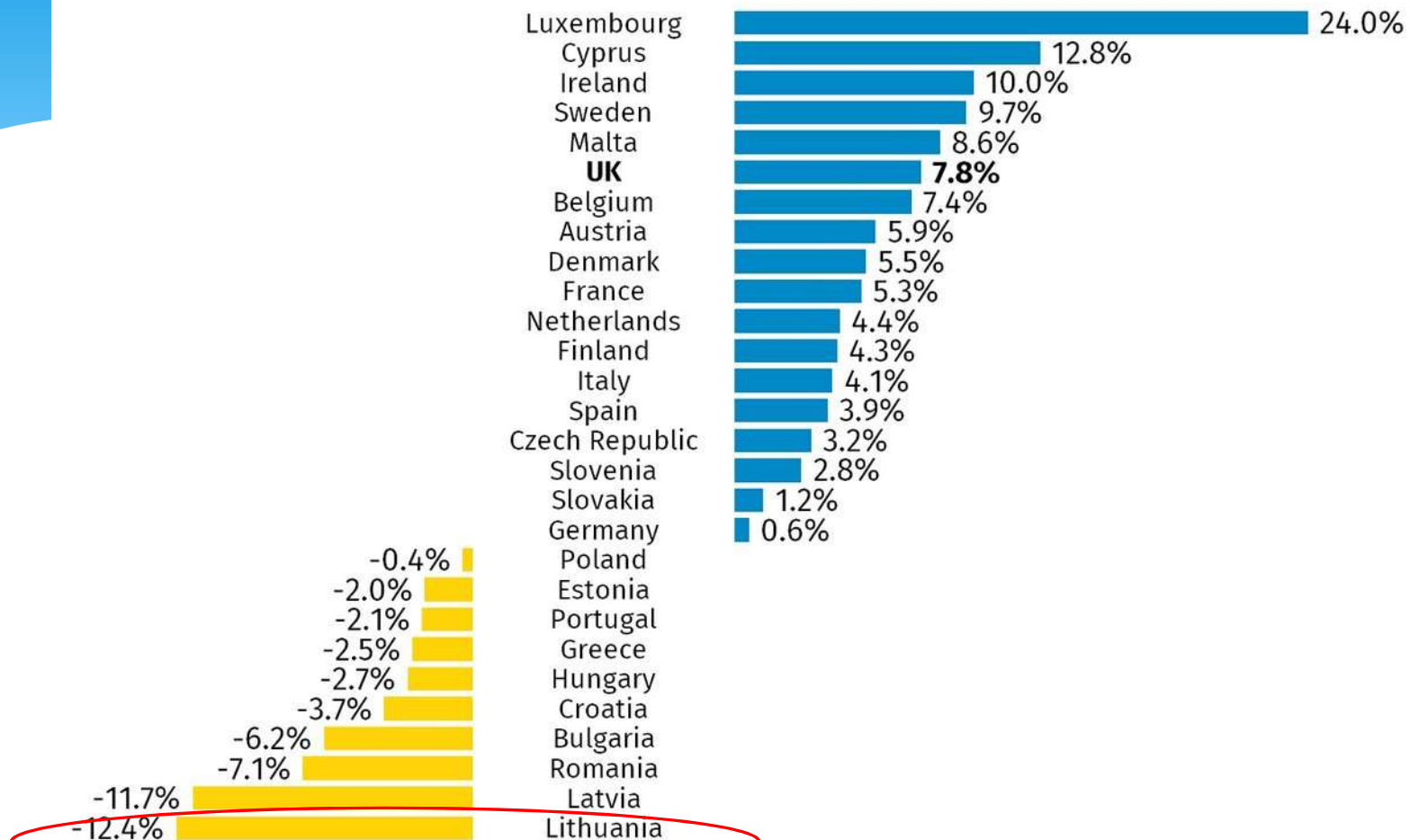
\*\*\* Data are provisional. 2016 data instead of 2017.

[ec.europa.eu/eurostat](http://ec.europa.eu/eurostat)



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## Population change in EU countries: 2007 v 2017



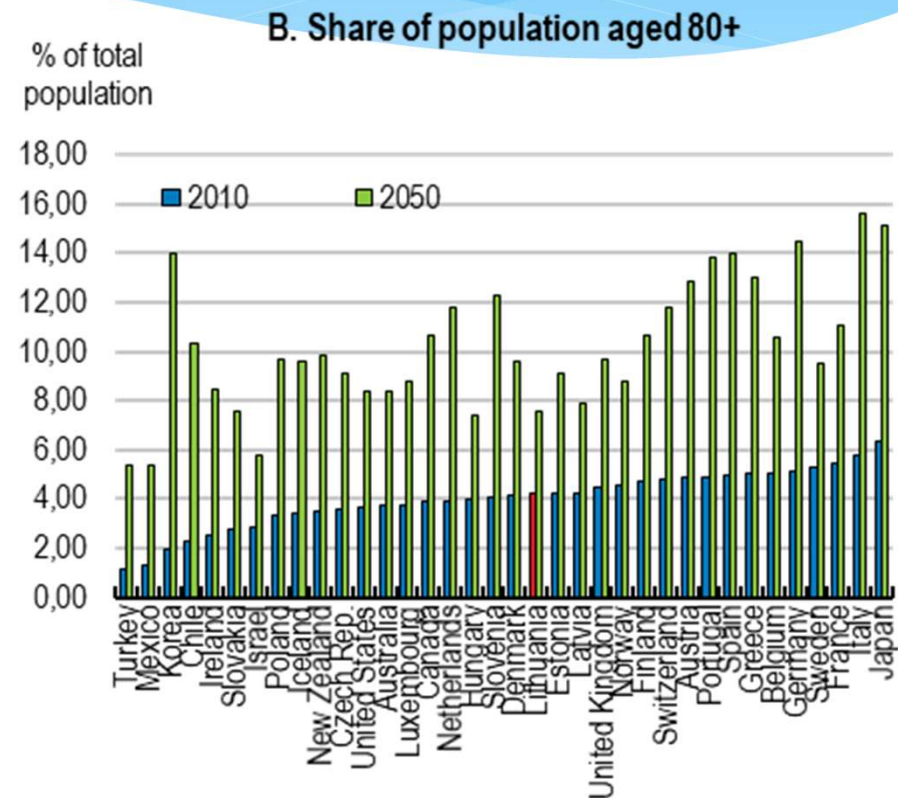
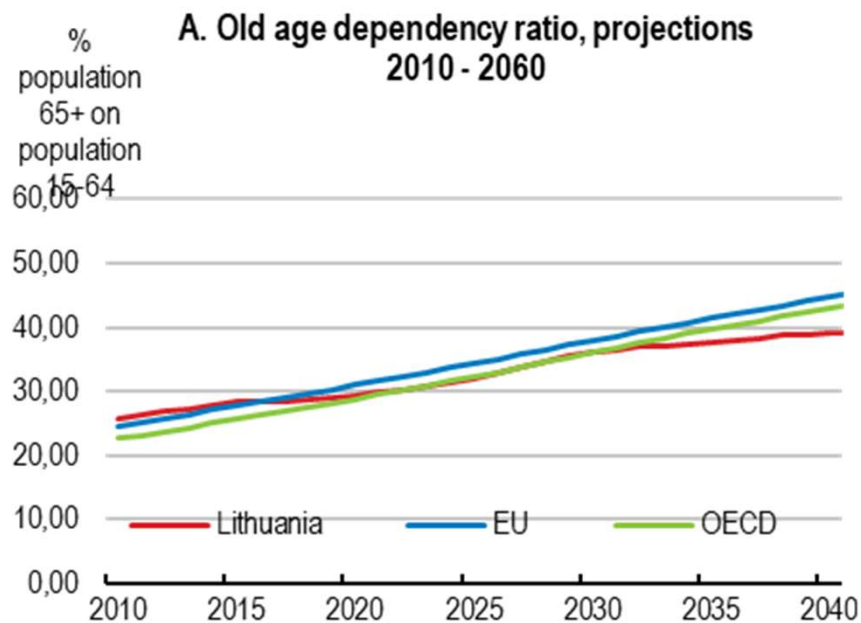
Source: Eurostat

PA

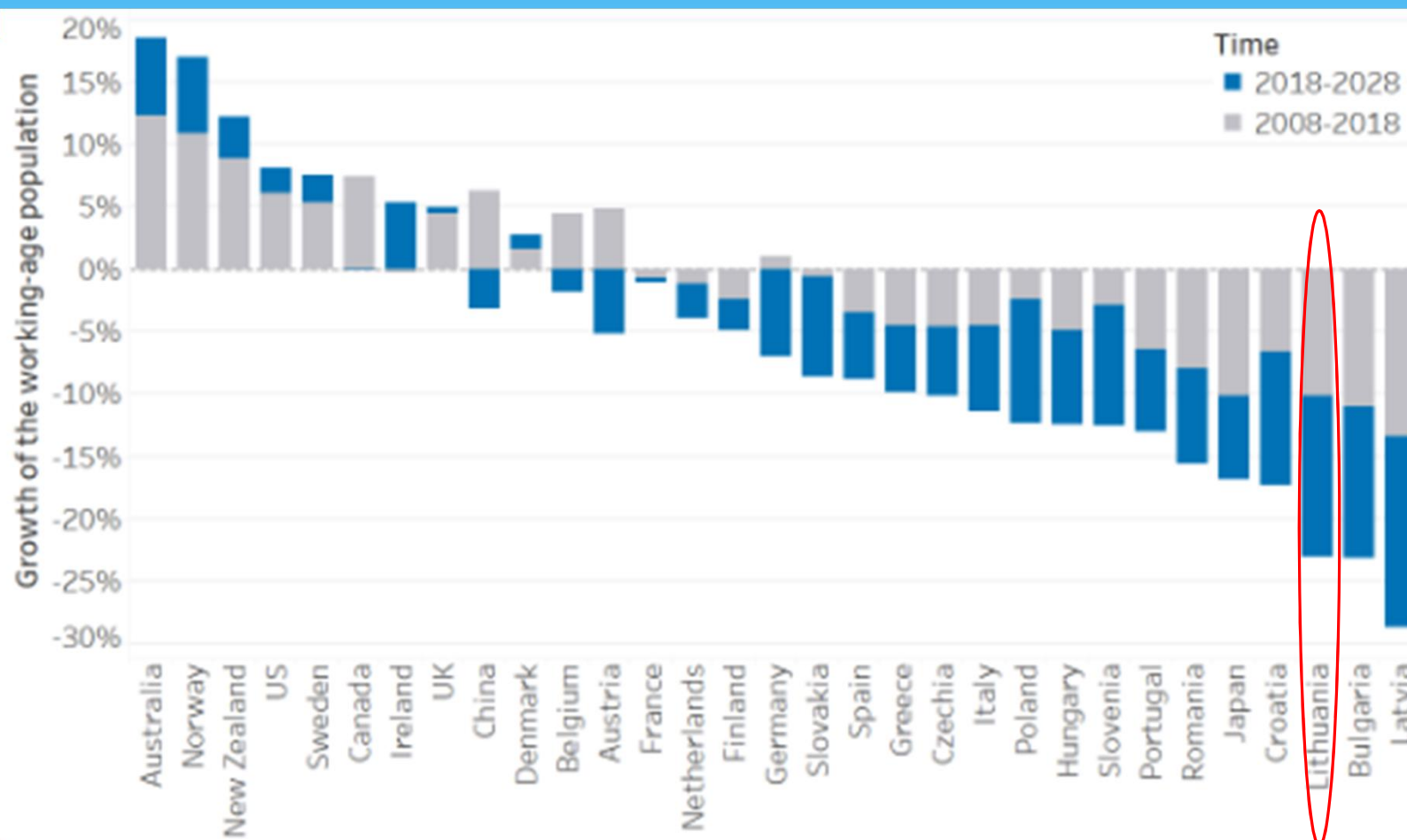


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# Worsening demographic situation



# Working age (20-64) population projections

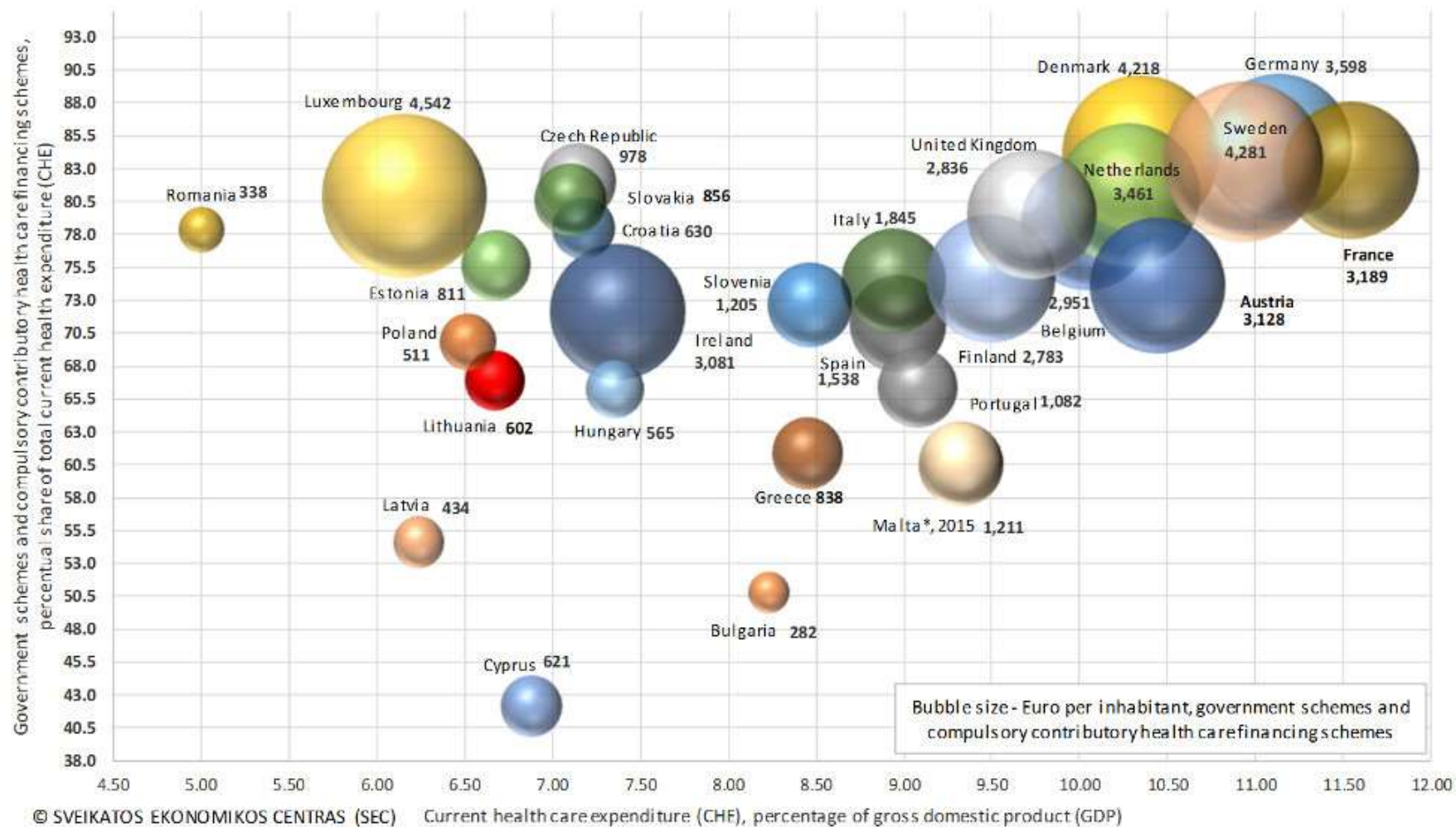


# Main Indicators of Health Financing in Lithuania, 2017

	2017
Total health expenditure (THE) (€ million)	2 719,7
Public expenditure (€ million)	1818,8
of which Compulsory Health Insurance (€ million)	1566,7 <b>(86%)</b>
Private expenditure (€ million)	900,3
of which private households OOP (€ million)	876,4
THE as % of GDP (%)	<b>6,45%</b>
Public expenditure on health as % of GDP (%)	4.31%
Private expenditure on health as % of GDP (%)	2.14%
Public expenditure on health as % of THE	<b>67%</b>
Private expenditure on health as a % of THE (%)	<b>33%</b>
THE per capita (in €)	<b>960,2</b>

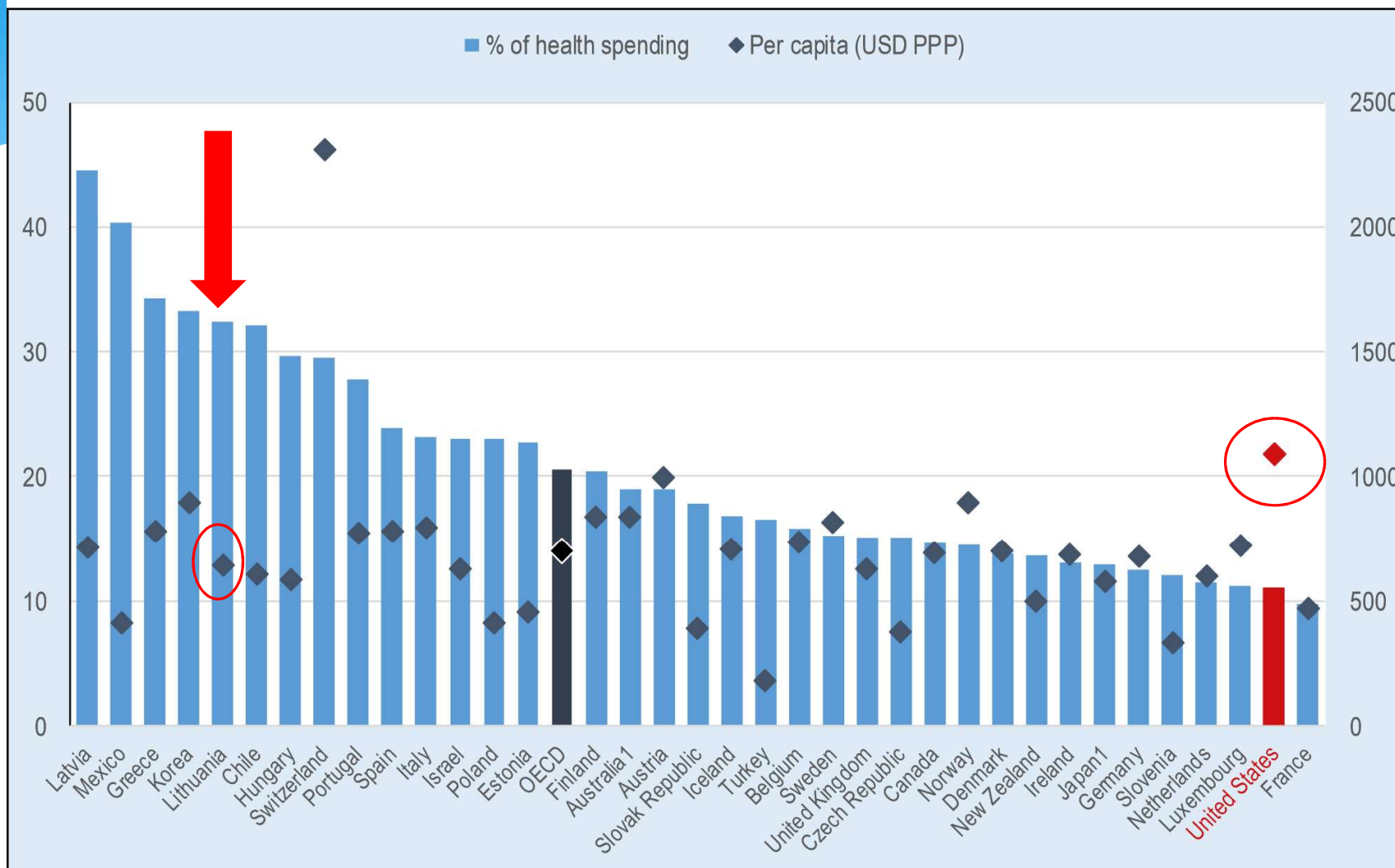


Current health care expenditure (CHE), 2016, Eurostat



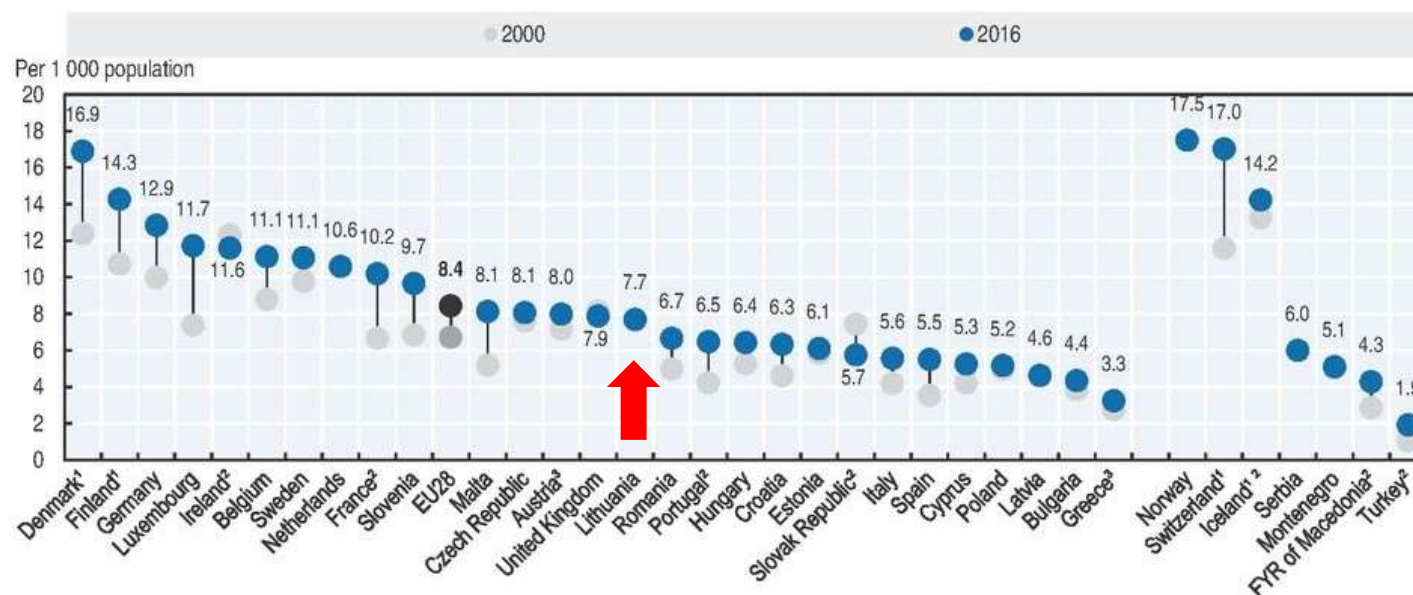


# Out-of-Pocket Health Care Spending



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### 7.13. Practising nurses per 1 000 population, 2000 and 2016 (or nearest year)



1. In Denmark, Finland, Iceland and Switzerland, about one-third of nurses are "associate professional" nurses with a lower level of qualifications. In Denmark and Switzerland, most of the growth in the number of nurses since 2000 has been in this category of associate professional nurses.
2. Data include not only nurses providing care for patients, but also those working as managers, educators, etc.
3. Austria and Greece report only nurses employed in hospital.

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

Statistik <http://dx.doi.org/10.1787/888933836428>

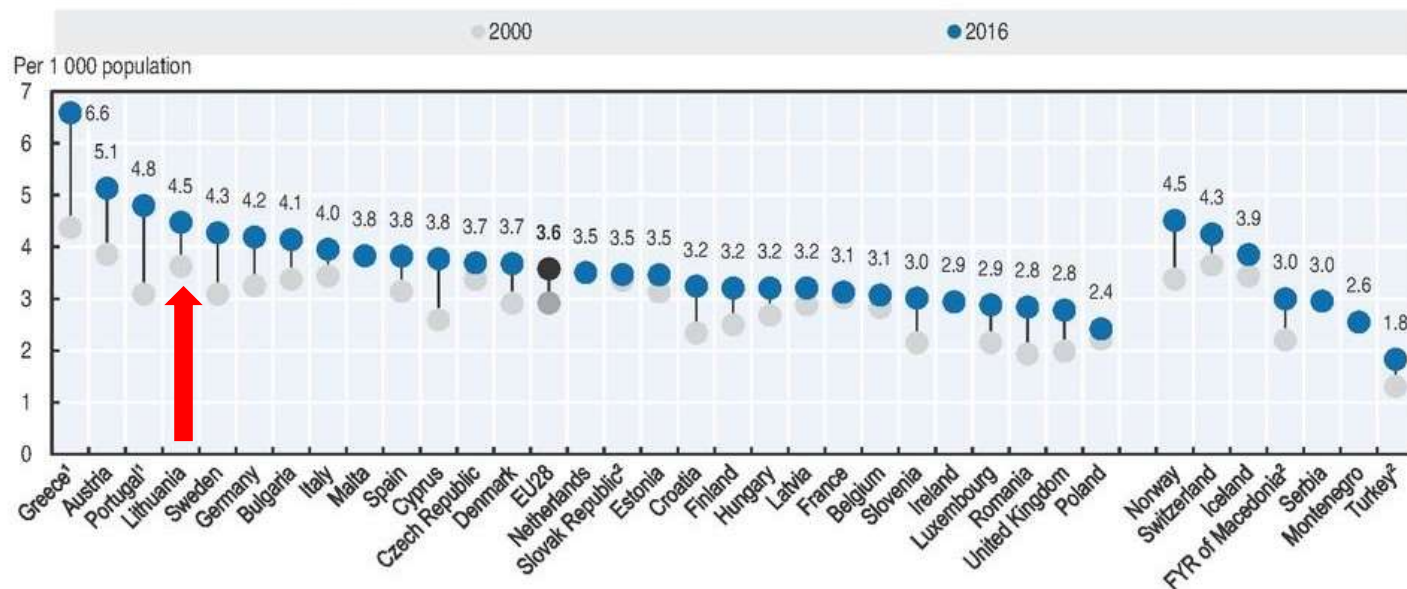


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The number of Lithuanian physicians per 1000 population is one of the highest in the EU

### 7.11. Practising doctors per 1 000 population, 2000 and 2016 (or nearest year)



1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836390>



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## **Experience from 2014-2020: PRIORITY AXIS 8. Promoting Social Inclusion and Combating Poverty and Any Discrimination**

**Main  
objective**

Reduce health inequalities  
by improving health-care  
quality and accessibility for  
target population groups  
and promoting healthy  
ageing



## MAIN PROBLEMS

Large territorial disparities in terms of health status, quality and accessibility of health care

Undeveloped health services for socially vulnerable groups of population

Rapidly aging population - increasing health care needs of elderly people

## SUPPORTED ACTIVITIES

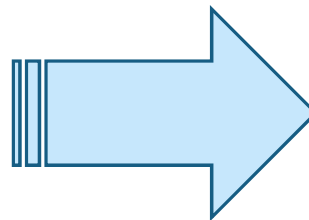
Health promotion, effective primary disease prevention

Effective family medicine

Accessible and high-quality health care services for persons at social risk

Effective integrated health care

Accessible and high-quality specialised health-care services



The target groups are:

- population in regions (territories) with the highest rates of premature mortality from the main non-communicable diseases;
- certain social risk groups with high rates of morbidity with certain diseases (such as tuberculosis, alcohol addiction), with limited access to health-care (people with disabilities, etc.);
- children (below 18 years);
- elderly people (over 55 years).





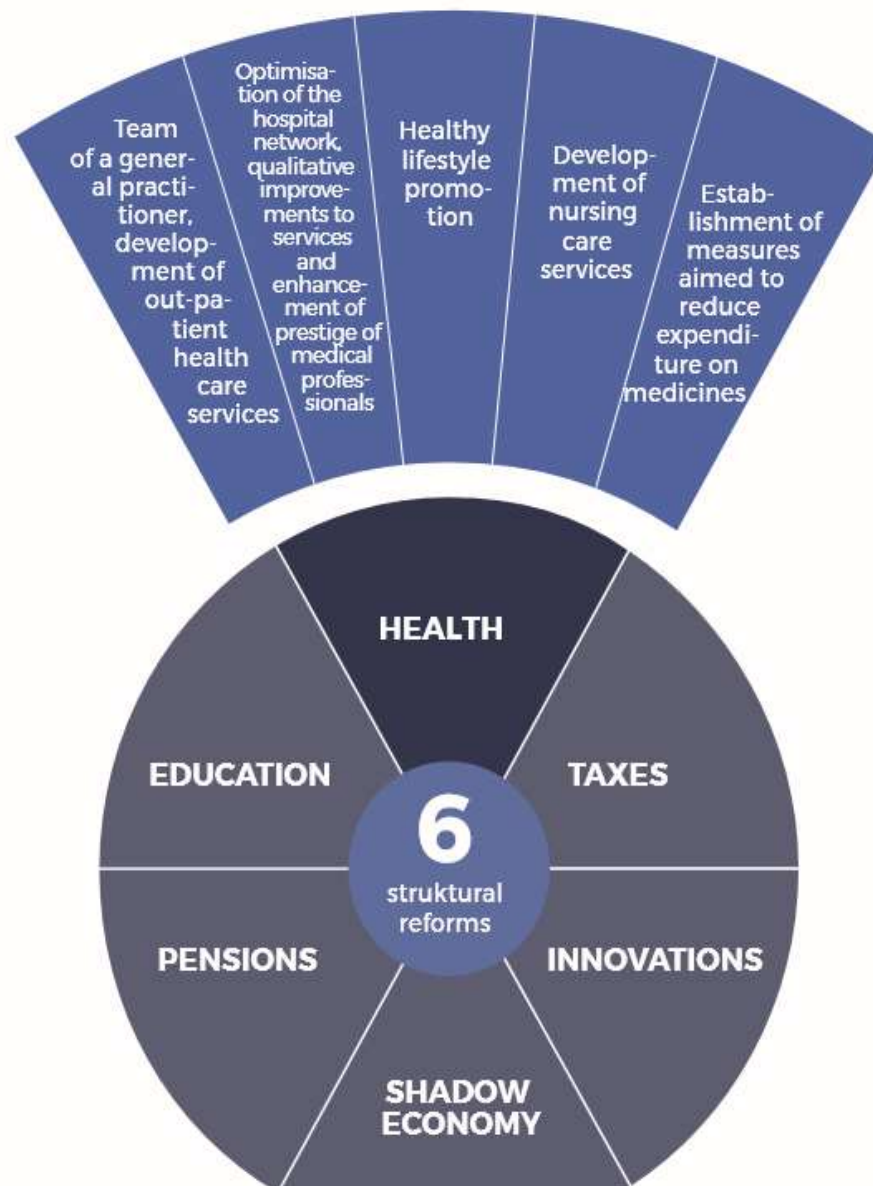
# HEALTH SYSTEM REFORM

## Benefits of reform

- ✓ Healthy life expectancy will increase by 10 months
- ✓ Approx. 350 lives will be saved every year which will amount to 1600 lives over a period of five years
- ✓ Number of deaths from heart attack will decrease by 1/3, from stroke - by 1/4
- ✓ Number of suicides will decrease by 1/3
- ✓ Efficiently developed system of long-term nursing care services will enable 25 thousand of residents to work more hours



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## CHALLENGES

### High mortality rate

Mortality rate in Lithuania amounts to 1,4 times the EU average. The number of deaths that could have been avoided by having recourse to a health care establishment is the second largest in the EU.

### Low life expectancy

The estimated life expectancy in Lithuania is 5 years shorter than the EU average. The number of deaths from avoidable causes related to health care, prevention and healthy lifestyle is the largest in the EU.

### Undeveloped long-term nursing care

Weak system of services is extremely inconvenient to residents who take care of their close relatives and reduces their possibility to participate in the labour market more actively.





## HEALTH SYSTEM REFORM

### Team of a general practitioner, development of out-patient health care services

#### Challenges

The hospitalisation rate in Lithuania is higher than elsewhere in the EU, although in 20 % of cases hospitalisation could be avoided by directing patients to primary health care establishments. In practice periods before a health care service is provided are excessively long which entails excessive waiting time or compels the patients to abandon the idea about asking for help. The patient registration system has shortcomings, it allows to register the same patient for visits to several medical professionals of the same specialisation which artificially extends the waiting time for others. Since it is possible to solve 80 % of health problems (diagnosis and treatment of acute forms of diseases, long-term surveillance of chronic diseases, disease prevention, etc.) by providing primary health care services, higher quality and availability of such services must be ensured.

#### Goal

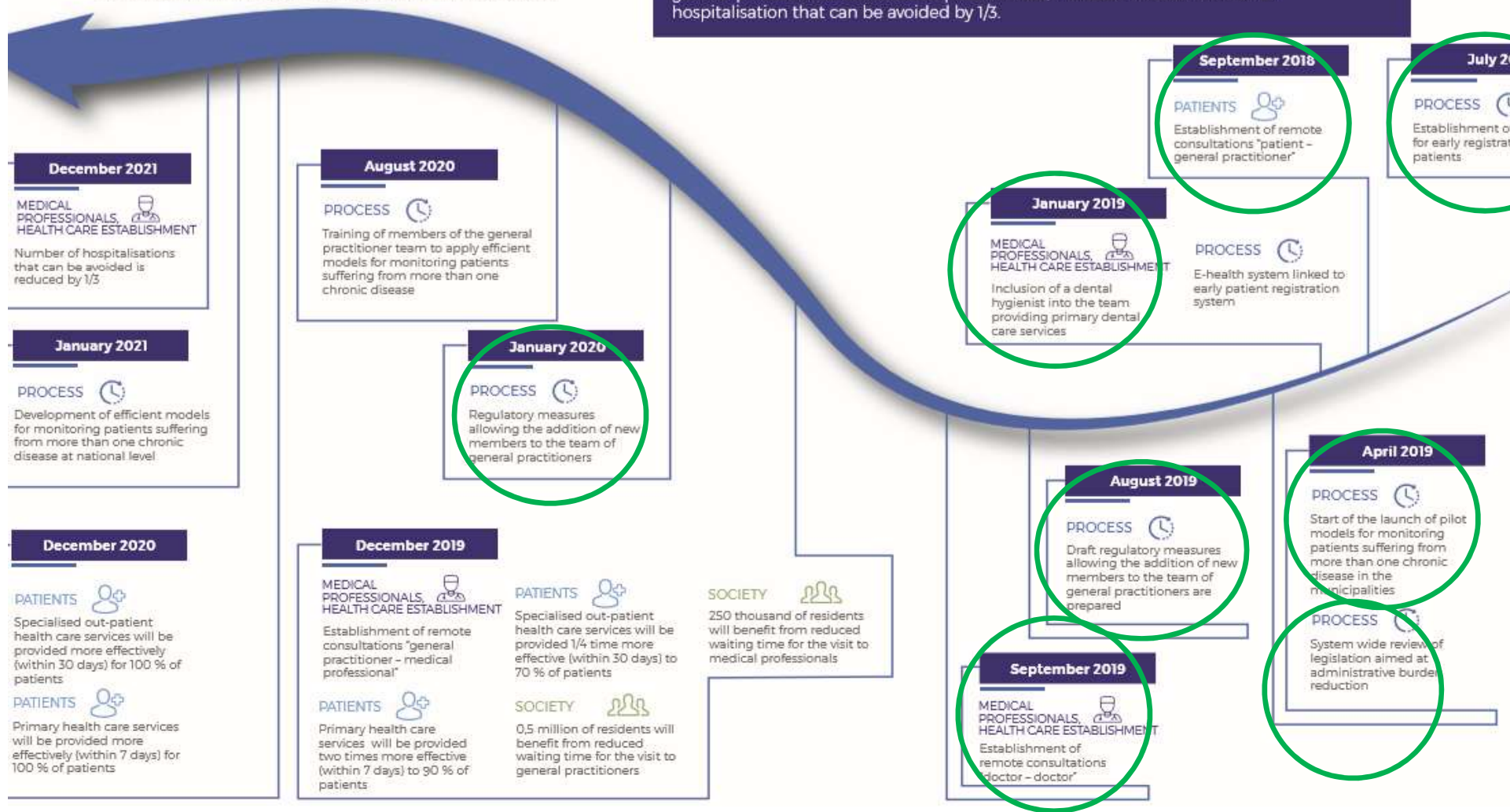
Improve the quality and availability of health care services, reduce the waiting time for visits to general practitioners and medical professionals, reduce the number of cases of hospitalisation that can be avoided.

#### Benefit of the whole project

Improved quality and availability of health care services, reduced waiting time for visits to general practitioners and medical professionals, reduced number of cases of hospitalisation that can be avoided by 1/3.



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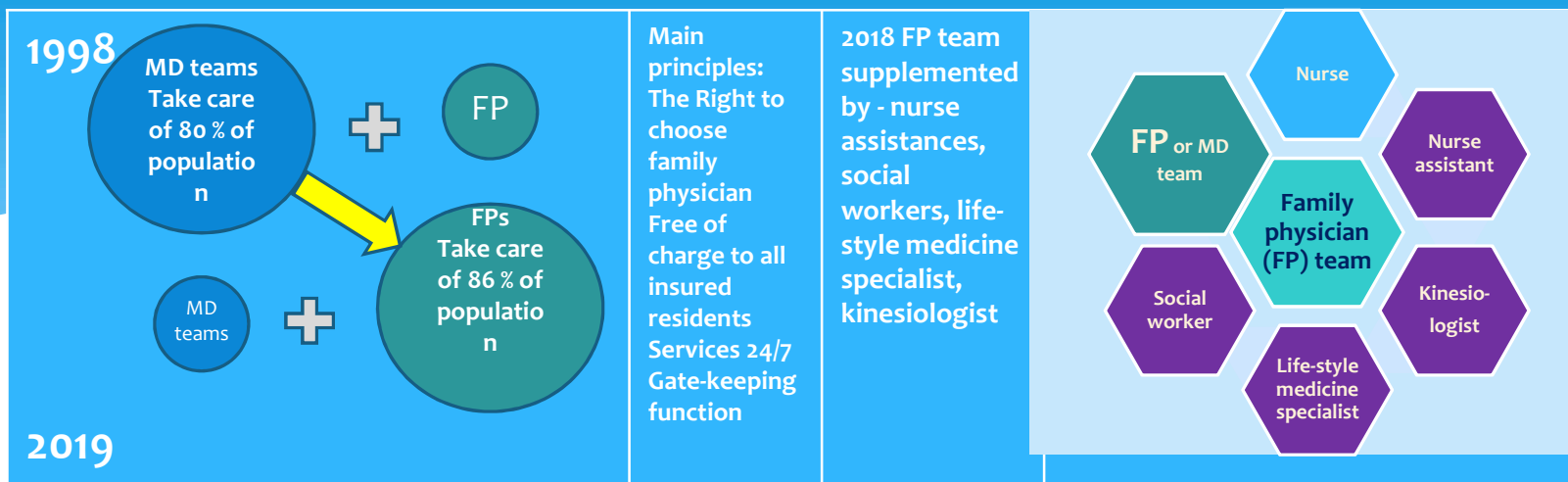


## Effective family medicine

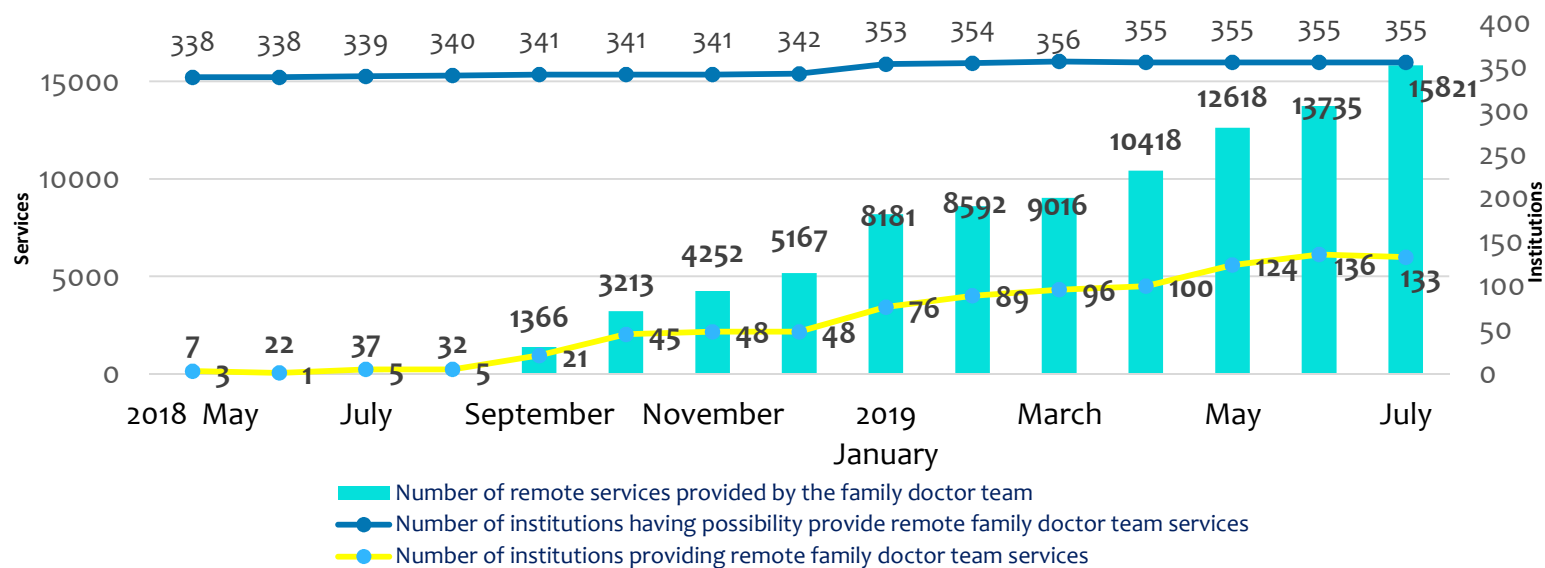
- Modernization of infrastructure aimed at improving the quality and accessibility of primary personal health-care (reconstruction of premises, acquisition of medical equipment, vehicles for mobile services, PC and software).
- Implementation of innovative and effective models for Multimorbidity.



# FAMILY MEDICINE IN LITHUANIA

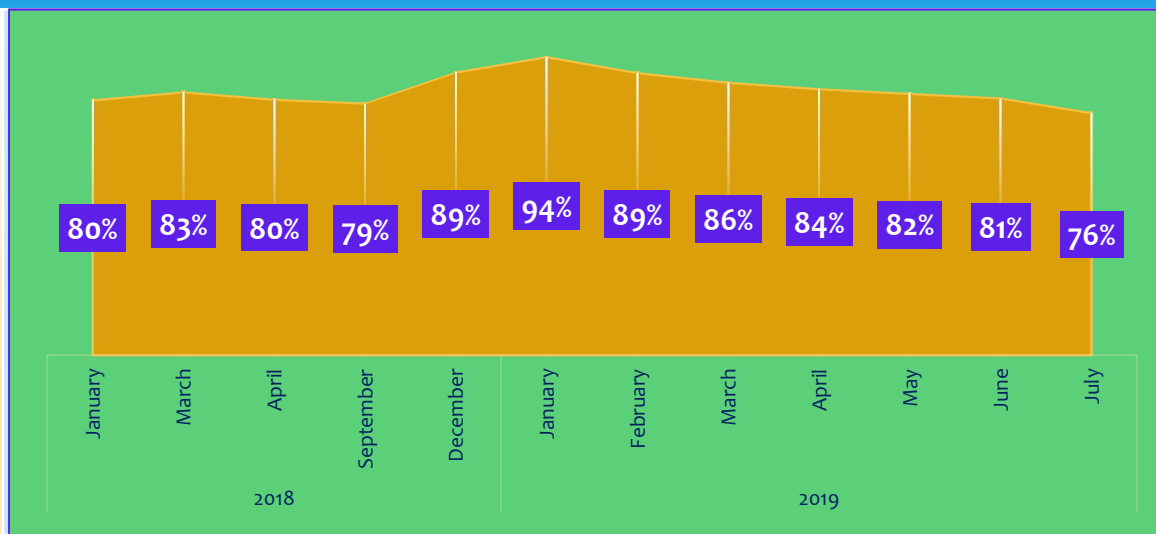


RANGE OF PRIMARY OUTPATIENT PERSONAL HEALTH CARE REMOTE SERVICES (2018 – 2019)

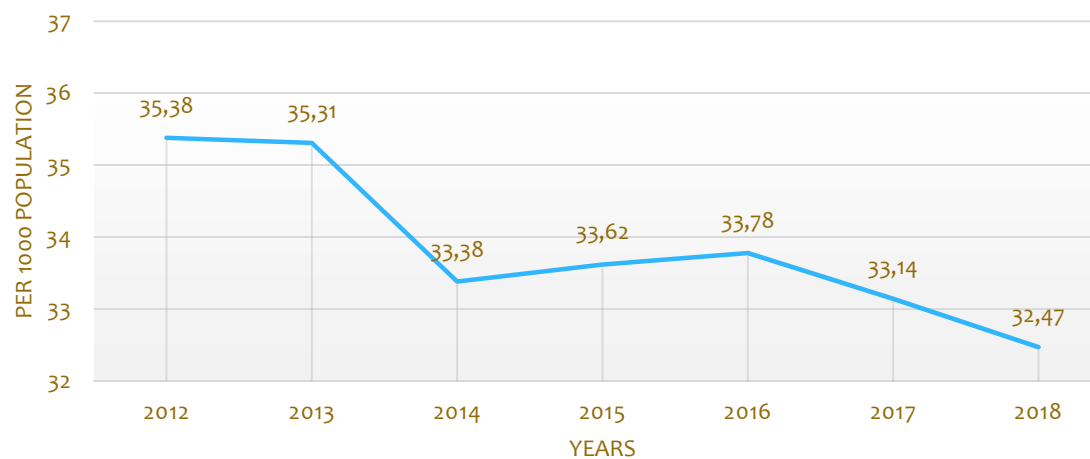


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## ACCESABILITY OF FAMILY MEDICAL SERVICES WITHIN 0-7 DAYS



## CHANGES IN AVOIDABLE HOSPITALISATIONS IN LITHUANIA 2012-2018





# Patients Online Registration System



Safe Patient Authentication (eGovernment Gateway)



Integration with eHealth (ESPBI IS)

Integration with referrals  
Family doctor linking



Search by concrete service (specialization)



Waiting times management



Automatic reporting for Health Insurance Fund

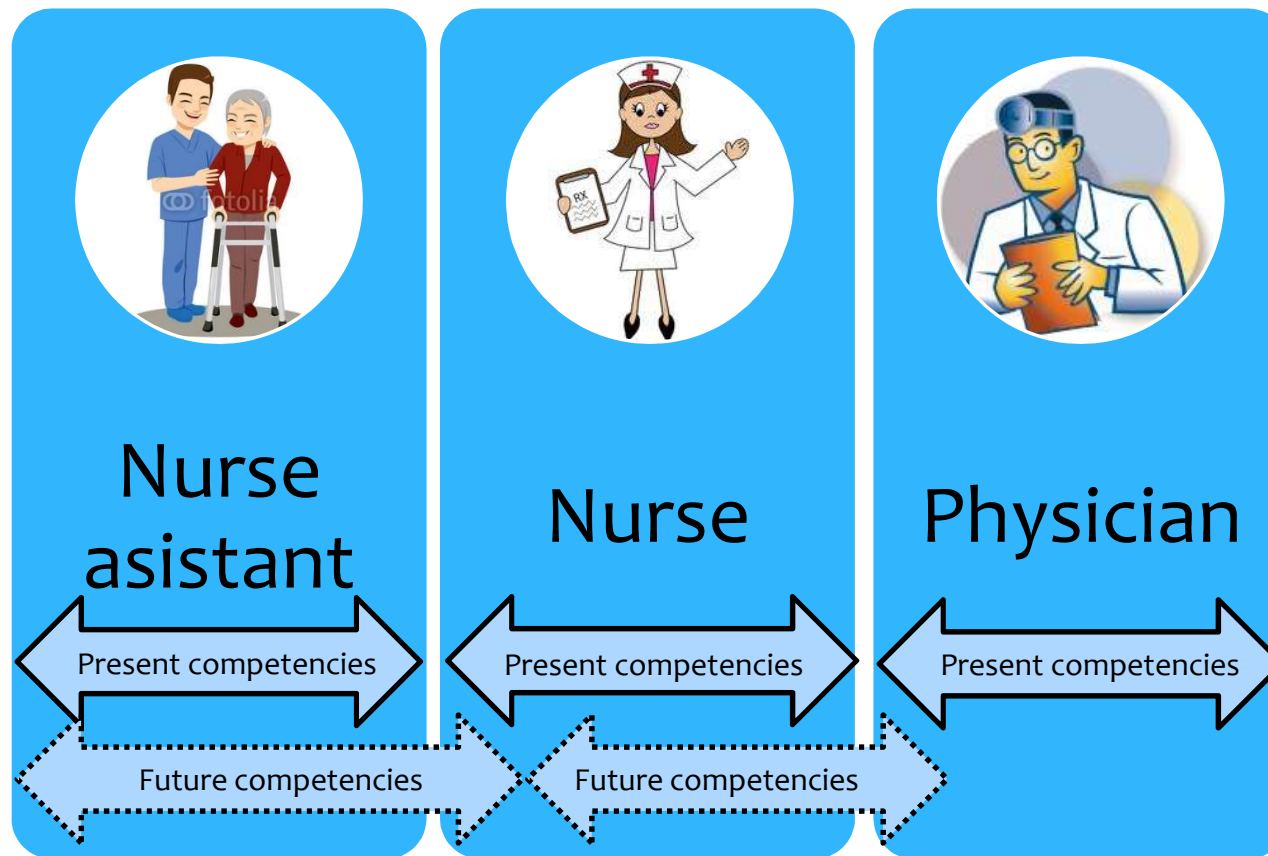


Reminders about appointments (hope to reduce patient no-show-ups rate)

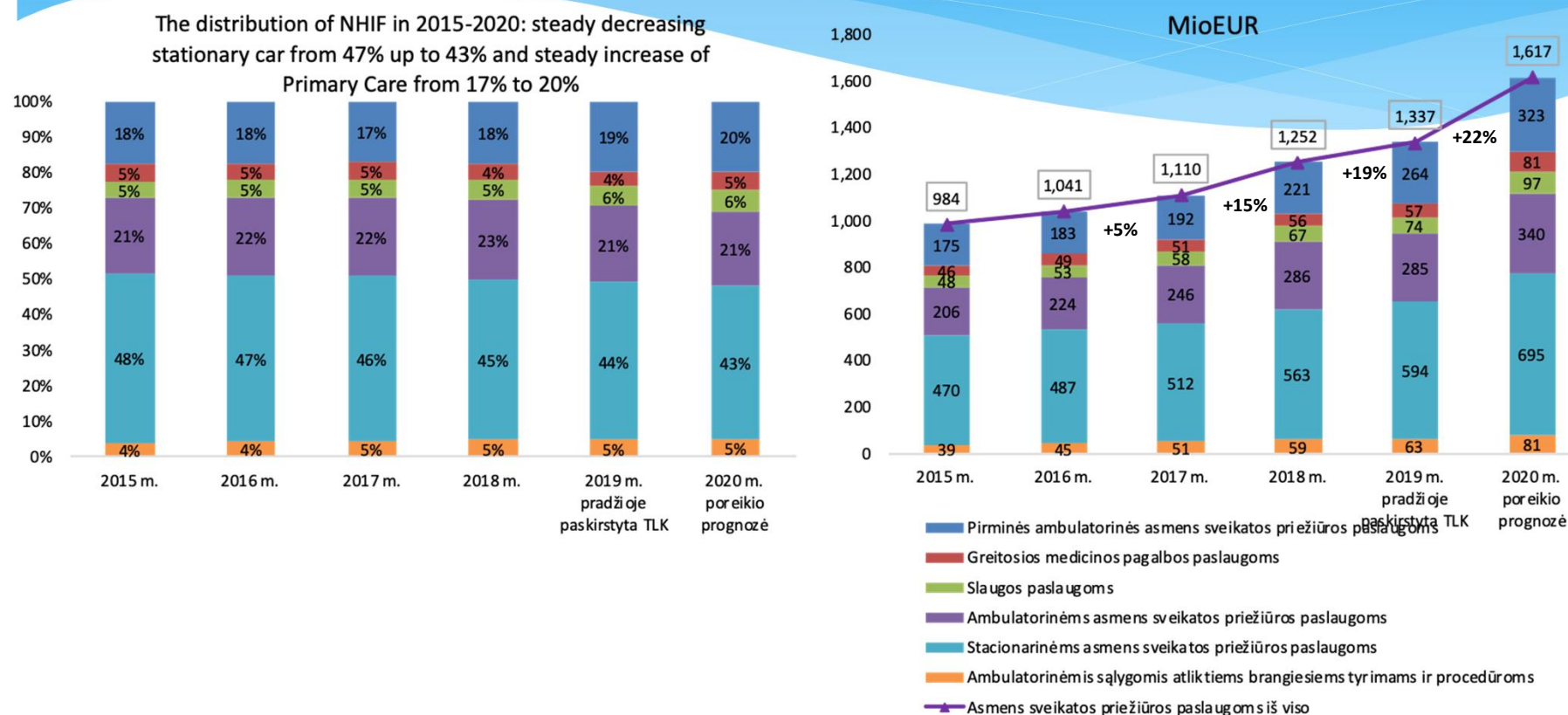


LIETUVOS RESPUBLIKOS  
SVEIKATOS APSAUGOS MINISTERIJA

# COMPETENCIES OF THE NURSE: PRESENT AND FUTURE

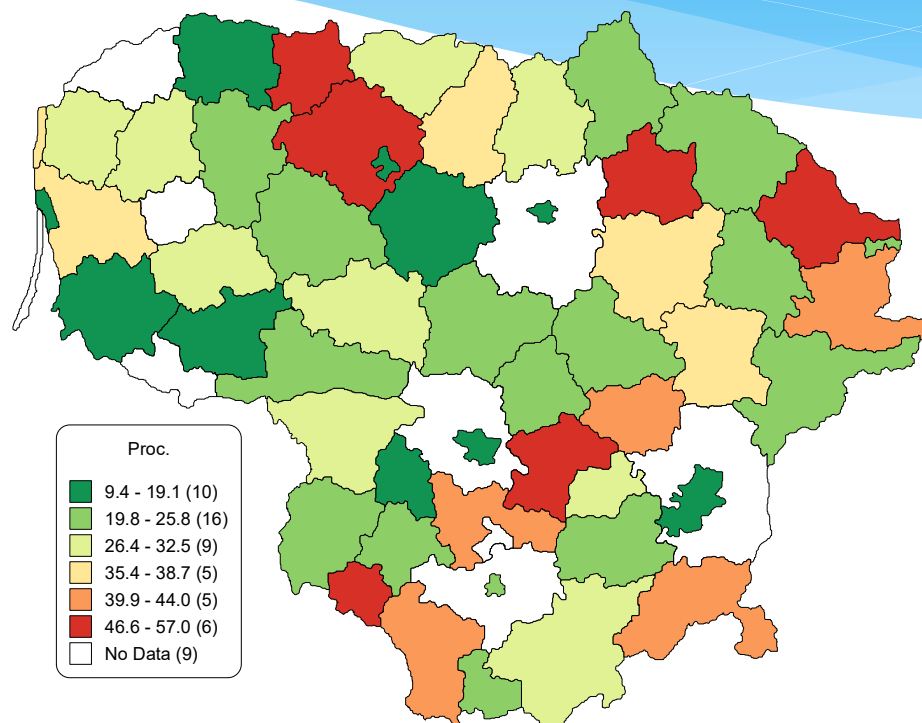


Lithuania as of 2017 gradually increasing Health Care investment in to Primary Care to mitigate growing demand (+3% per political cycle) and to boost health care system efficiency and effectiveness (Value growth from 5% YoY to 22% YoY), NHIF data



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## Share of avoidable hospitalisations in 2017



(Pastaba: No Data – savivaldybėje nėra ligoninės teikiančios aktyviojo gydymo paslaugas)



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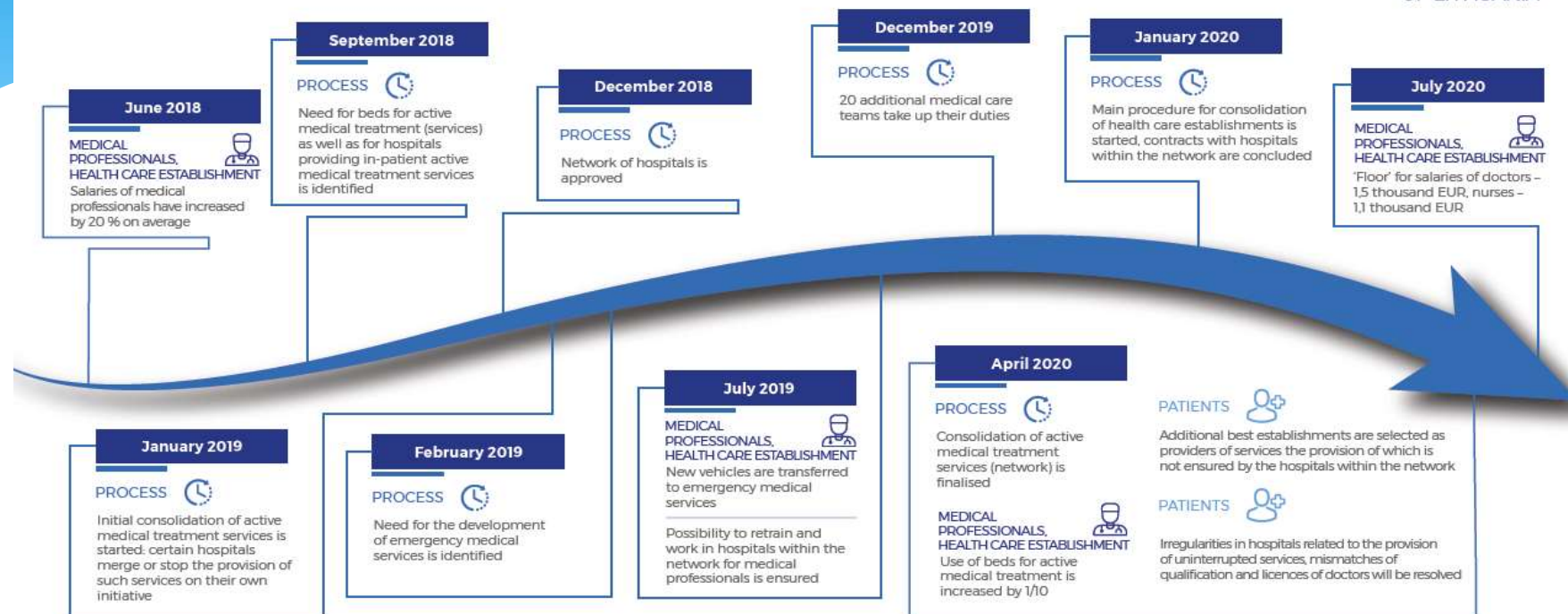


## HEALTH SYSTEM REFORM

Optimisation of hospitals, quality of services, prestige of medical professionals



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### Challenges

Due to population decline the current network of hospitals that provide active medical treatment services became superfluous and inefficient and fails to ensure the security and quality of services. The number of hospital beds for active medical treatment which is two times more than the EU average and hospitalisation rate which is one third more than the EU rate indicate the inefficiency of the Lithuanian health care system. It is enough to increase the functionality of beds to reduce the number of beds for active medical treatment by 12 % (1 900 beds). The improvement of hospitalisation rate to account for 18 cases per 100 inhabitants would result in the vacation of 29 % of beds for active medical treatment (4 600 beds). Despite the well-developed network of hospitals health indicators in Lithuania significantly lag behind the indicators in many EU and OECD countries. Irregularities related to quality and security of services, high hospital mortality from myocardial infarction and ischemic stroke are recorded in a considerable number of hospitals.

### Goal

Ensure public access to secure in-patient active medical treatment services of appropriate quality, improve health indicators of population, improve the quality of services provided in hospitals, increase the efficiency of hospital activities, reinforce the emergency medical services

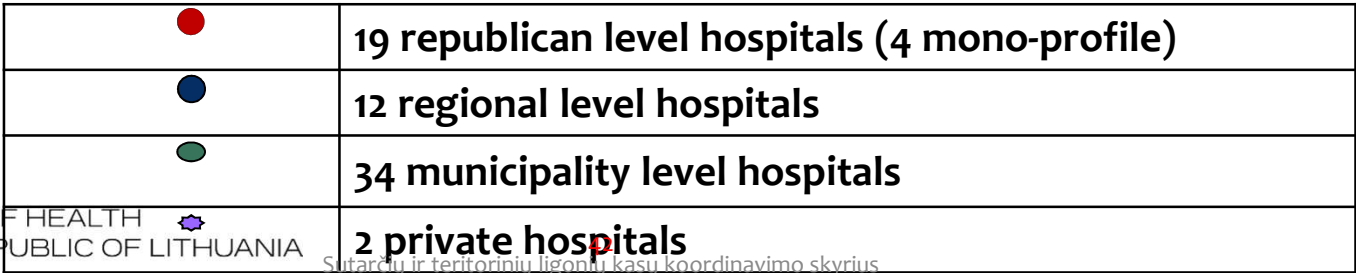
### Benefit of the whole project

Improved quality of services provided by hospitals, reduced number of deaths: number of deaths from heart attack will decrease by 1/3, from stroke - by 1/4



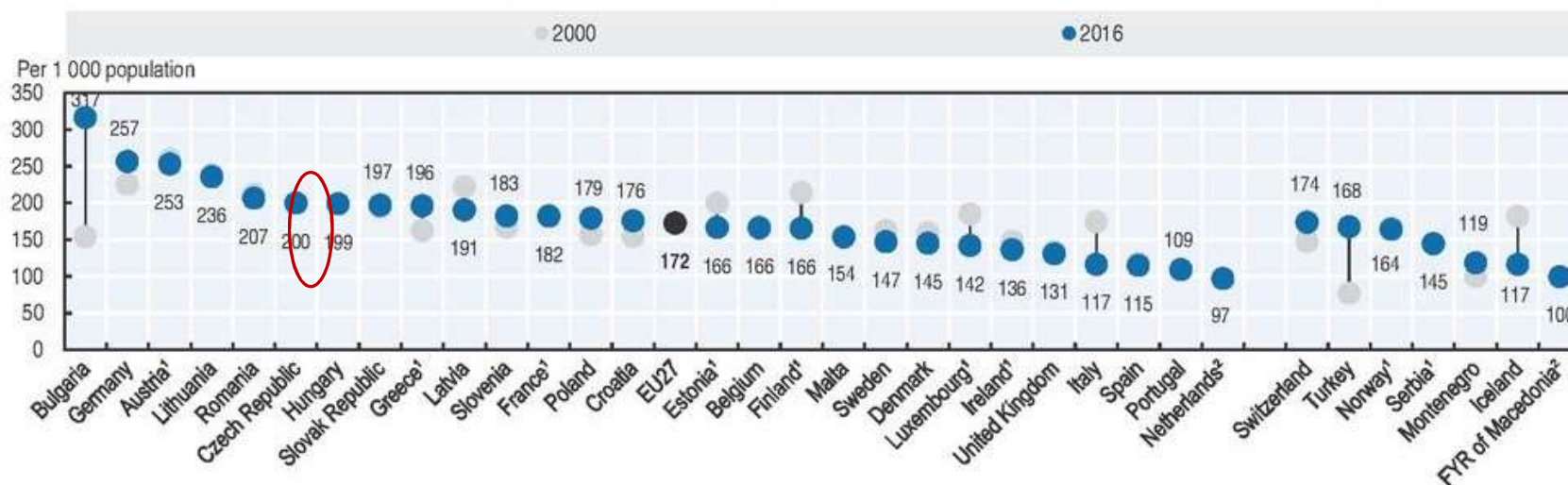
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# Map of acute hospitals





### 7.23. Hospital discharges per 1 000 population, 2000 and 2016 (or nearest year)



1. Data exclude discharges of healthy babies born in hospital (between 3-10% of all discharges).

2. Data include discharges for curative (acute) care only.

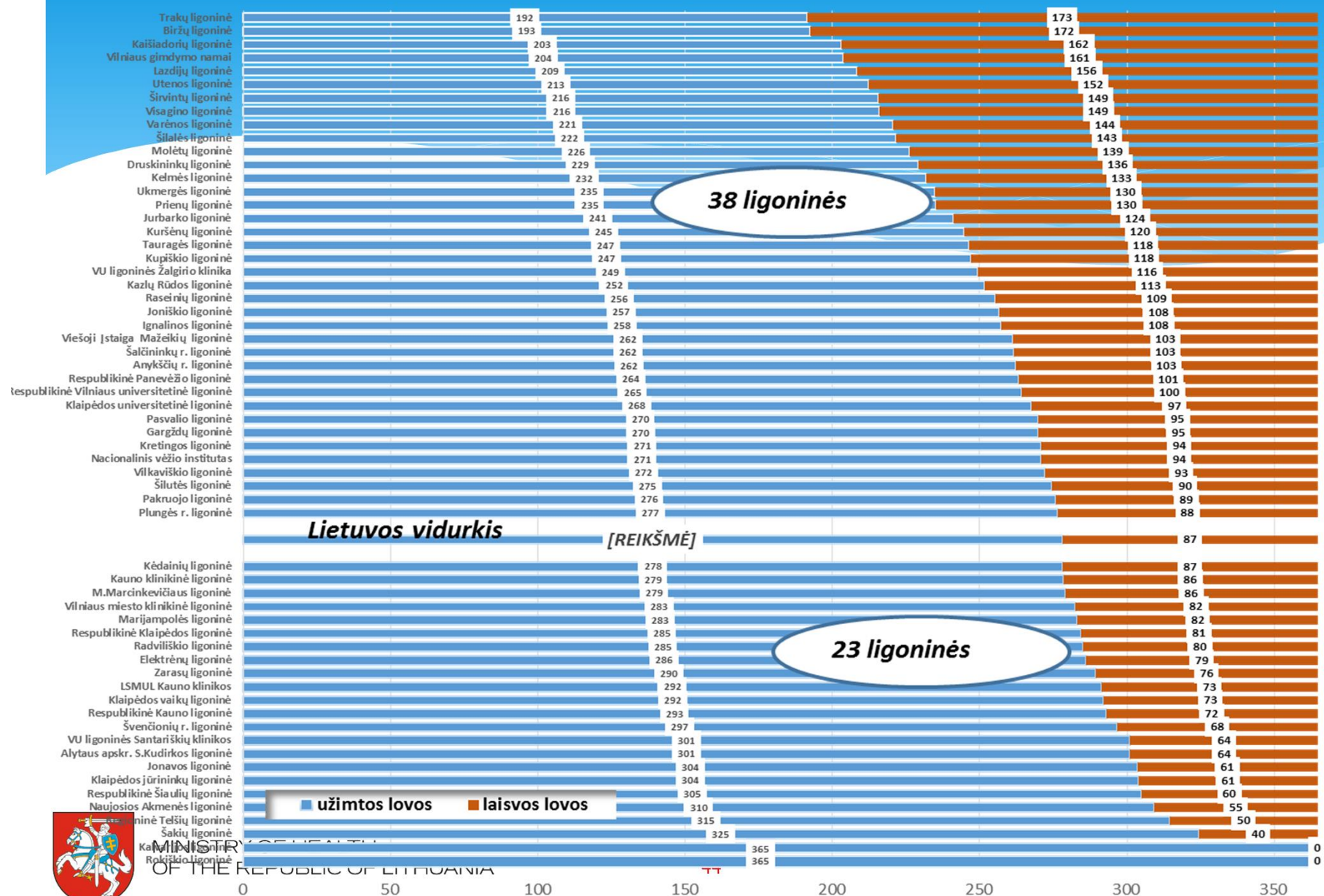
Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836618>



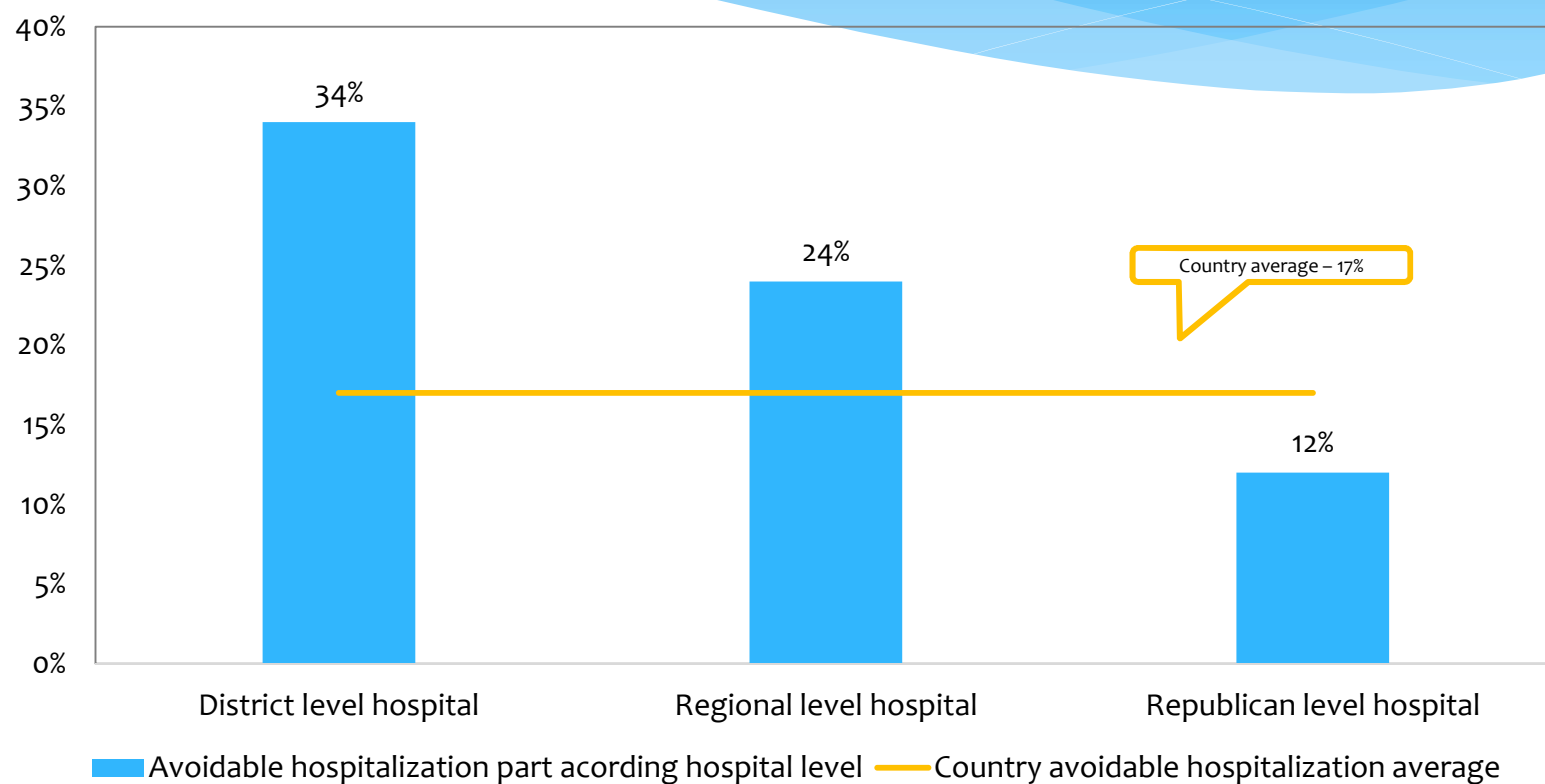
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# The acute care bed occupancy (number of days) in hospitals (2016)





PROPORTION OF AVOIDABLE HOSPITALIZATIONS (%),  
COMPARED TO THE TOTAL NUMBER OF HOSPITAL  
ADMISSIONS AT DISTRICT, REGIONAL AND REPUBLICAN  
HOSPITALS IN 2017



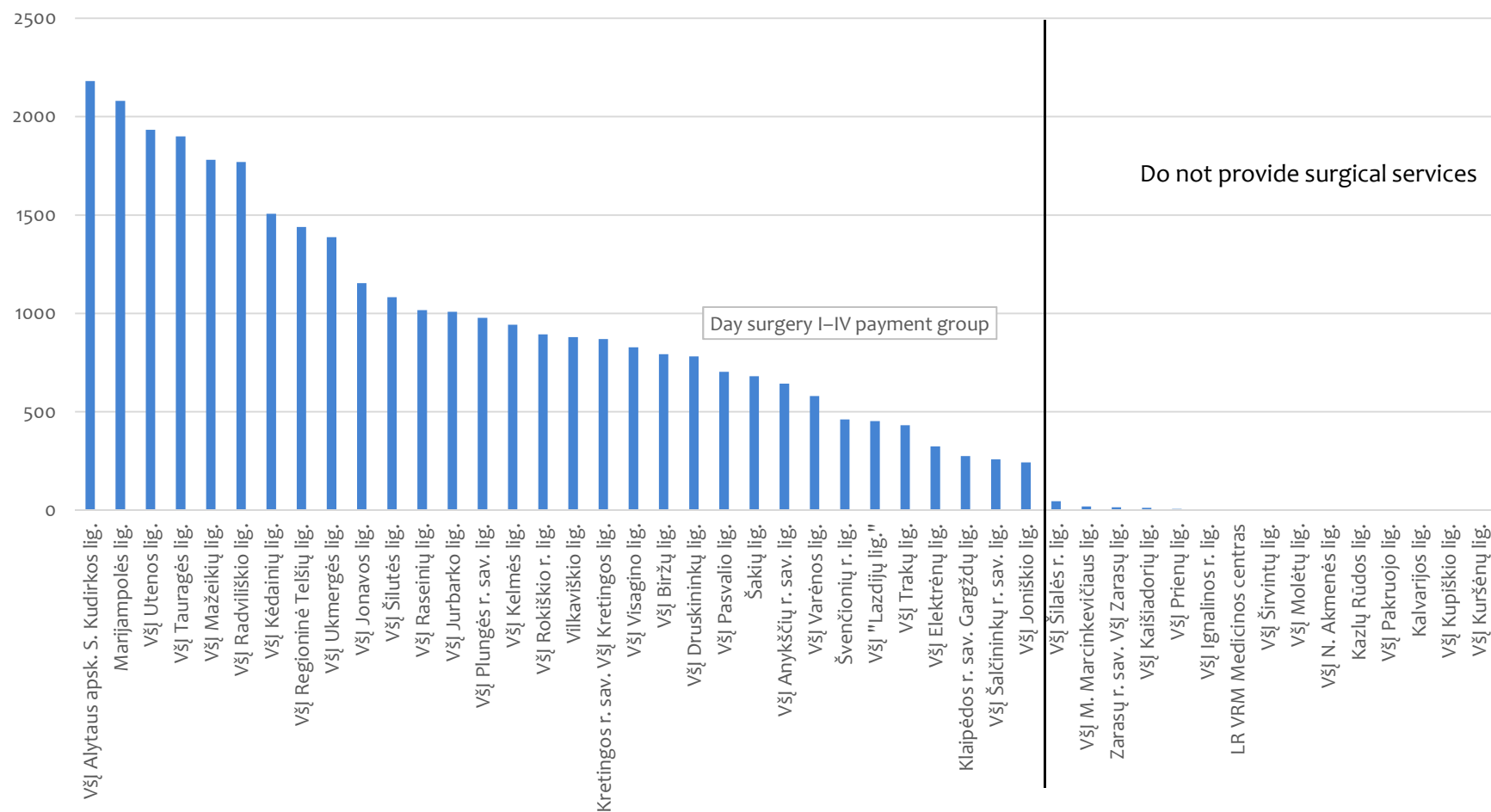
# Stages and Results of Hospital Sector Restructuring

Stage I (2003-2005)  
Stage II (2006-2008)  
Stage III (2009-2012 )  
Stage IV (2016-2017)

- The number of hospitals was reduced by 42 legal entities ( $\approx 40\%$ ) via incorporation of mono-profile hospitals into multi-profile;
- The number of beds decreased by more than 10.300 beds ( $\approx 15\%$ );
- The average length of stay in the hospital was down from 9.44 to 7,1 days (acute + LTC);
- A number of municipal hospitals have closed their obstetrics and surgery units due to low number of deliveries and surgical operations



# Number of Surgical Cases in Regional and Municipal Hospitals, 2017



## Remarks:

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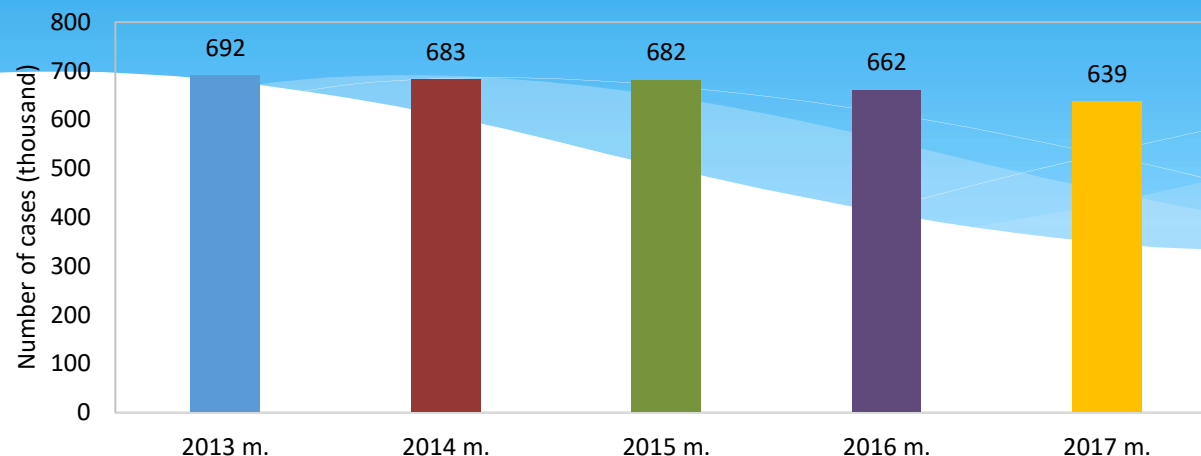
1. Day Surgery cases included

2. 16 hospitals do not provide surgical services

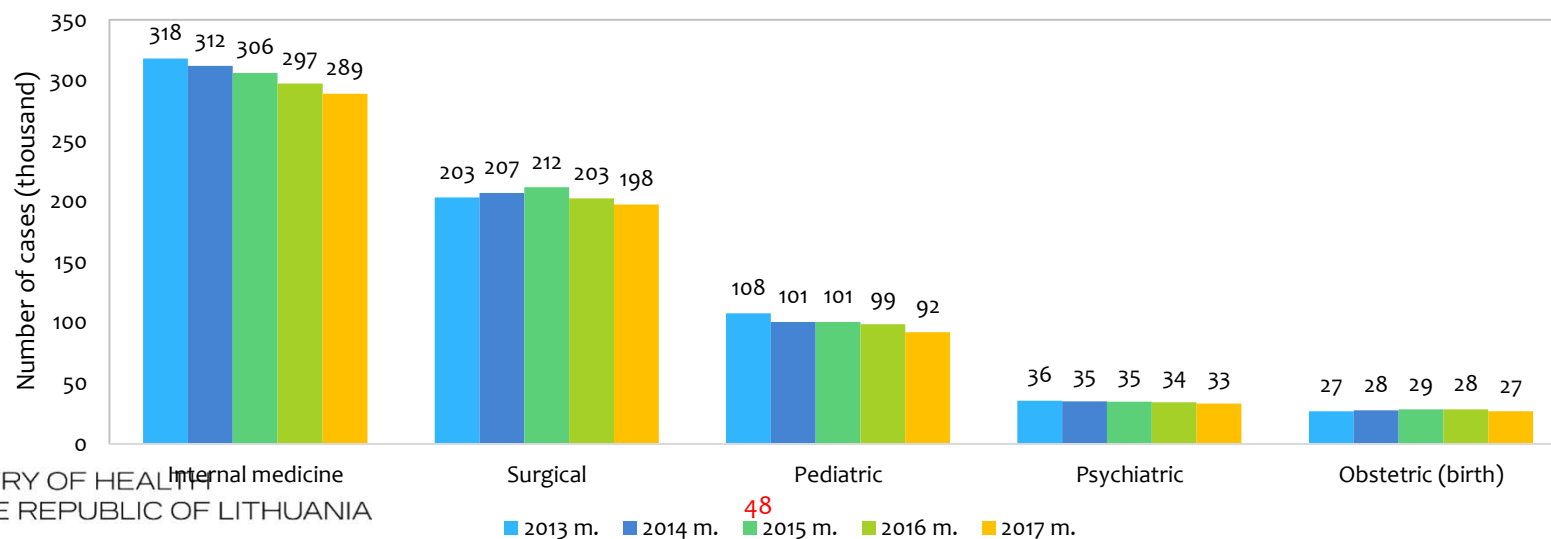


# Changes in the Number of Acute In-patient Cases (2013–2017)

Total number of cases (thousand)



## Acute care cases by service groups (thousand)



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# EK SPONSORED SRSS PROJECT STARTED ON HOSPITAL NETWORK REFORM

## Structural Reform Support Service



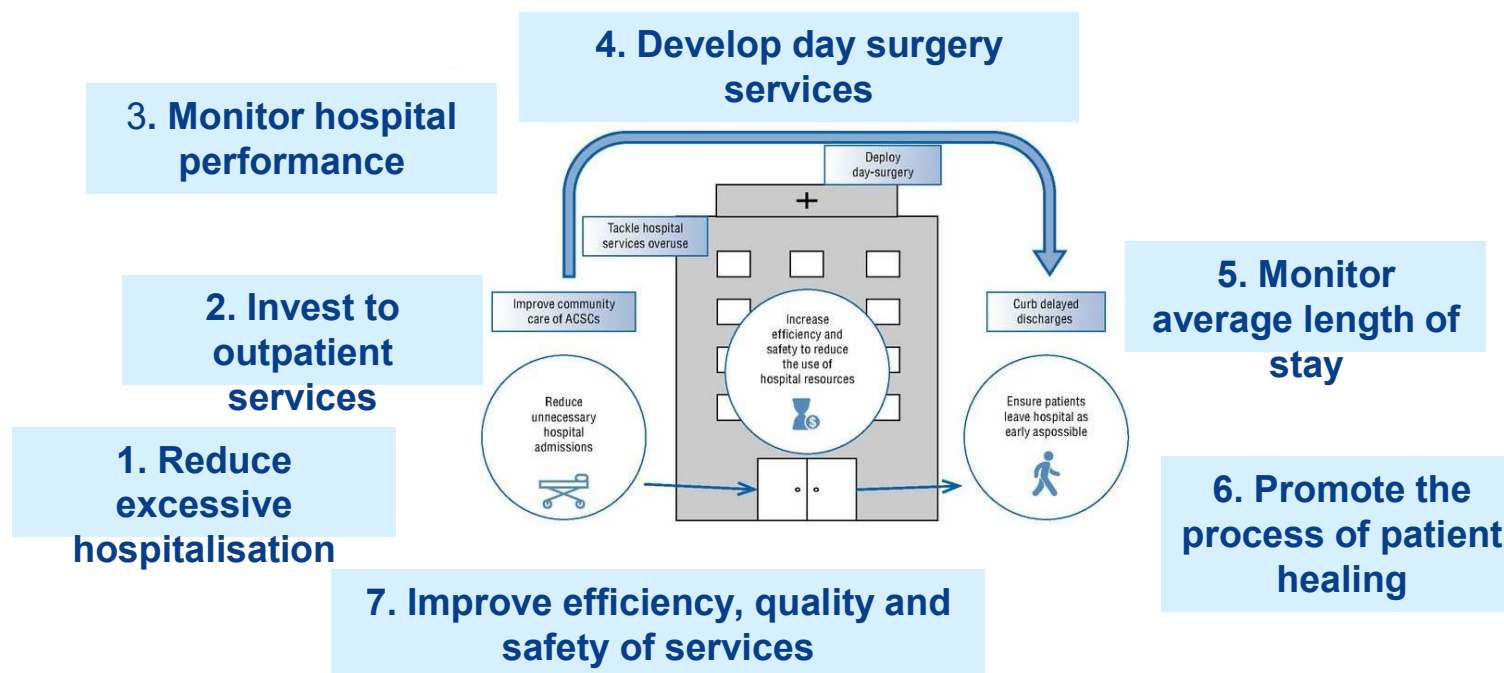
## Structural Reform Support Service

### Support to Hospital Consolidation in Lithuania

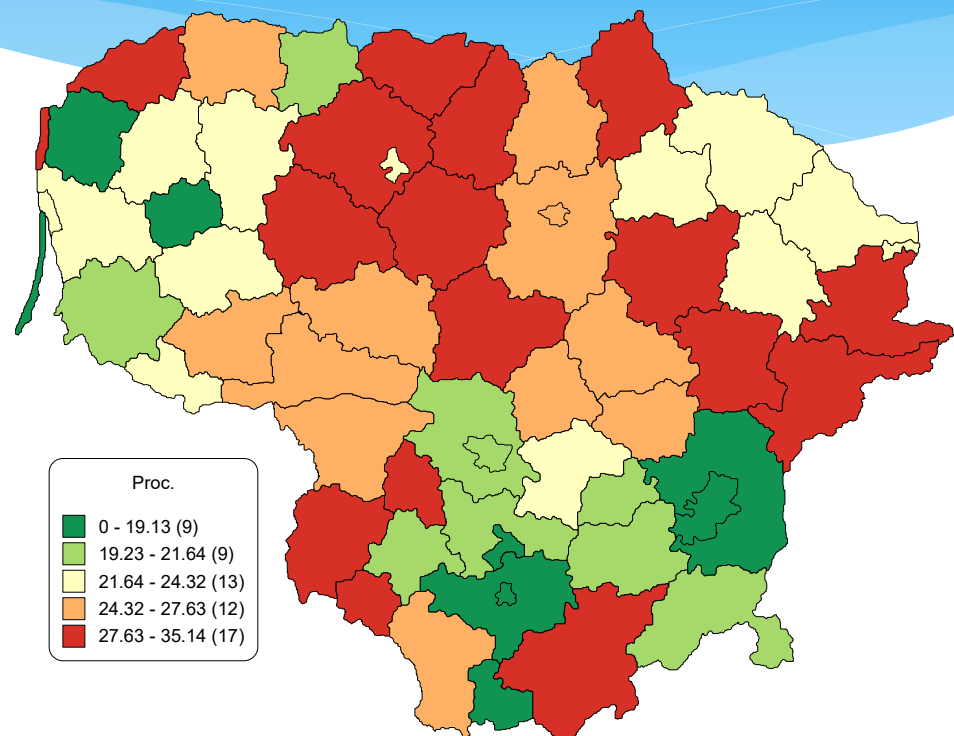


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# HOW NOT TO WASTE (EBPO, 2018)



30 day mortality after  
admission to hospital  
for ischaemic stroke  
based on linked data  
2017





## Effective integrated health care

- modernization of the infrastructure of ambulance services;
- modernization of infrastructure of the personal health care facilities providing the highest level of emergency care in case of myocardial, stroke, trauma and other external causes;
- implementation of innovative technologies in specialized oncology centers;
- establishment of centers of excellence for pediatric rare diseases in university hospitals; modernization of infrastructure of health care institutions providing specialized services for children; improving the competence and qualifications of health professionals; public education on child health improvement issues;
- selection and implementation of innovative and efficient service delivery models; improving skills of professionals.

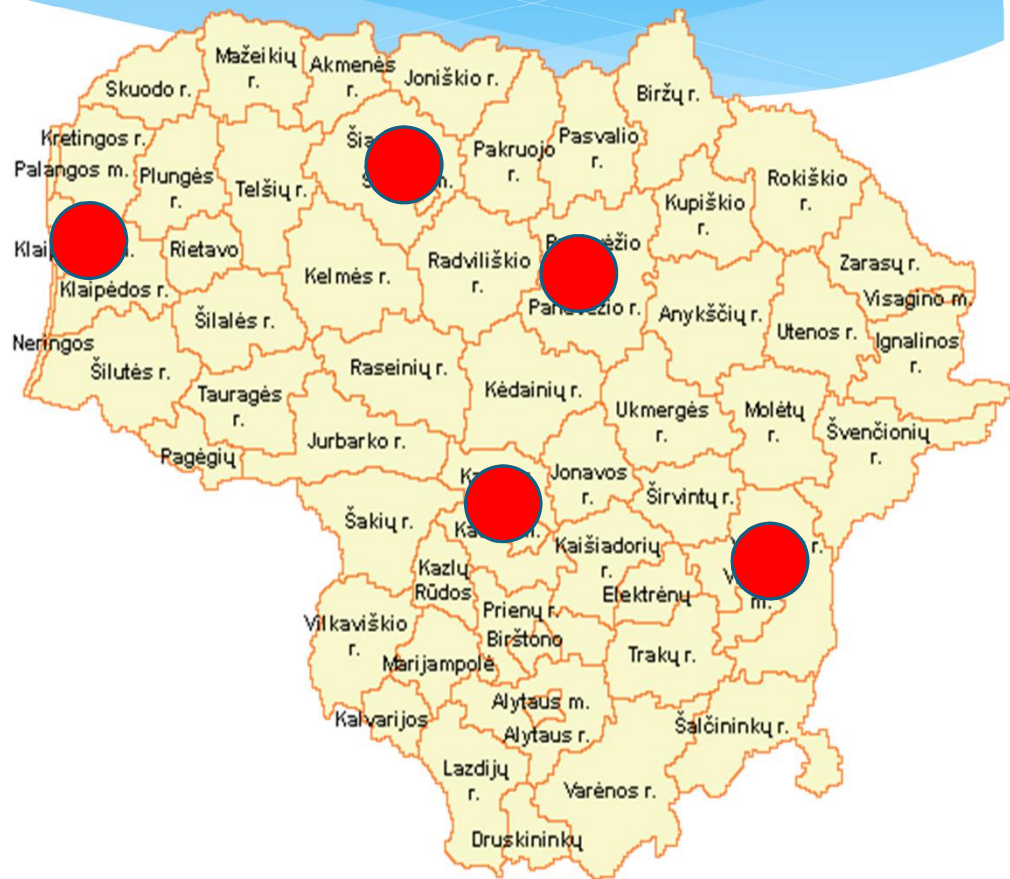


# INTERVENTIONAL CARDIOLOGY CENTERS (5)

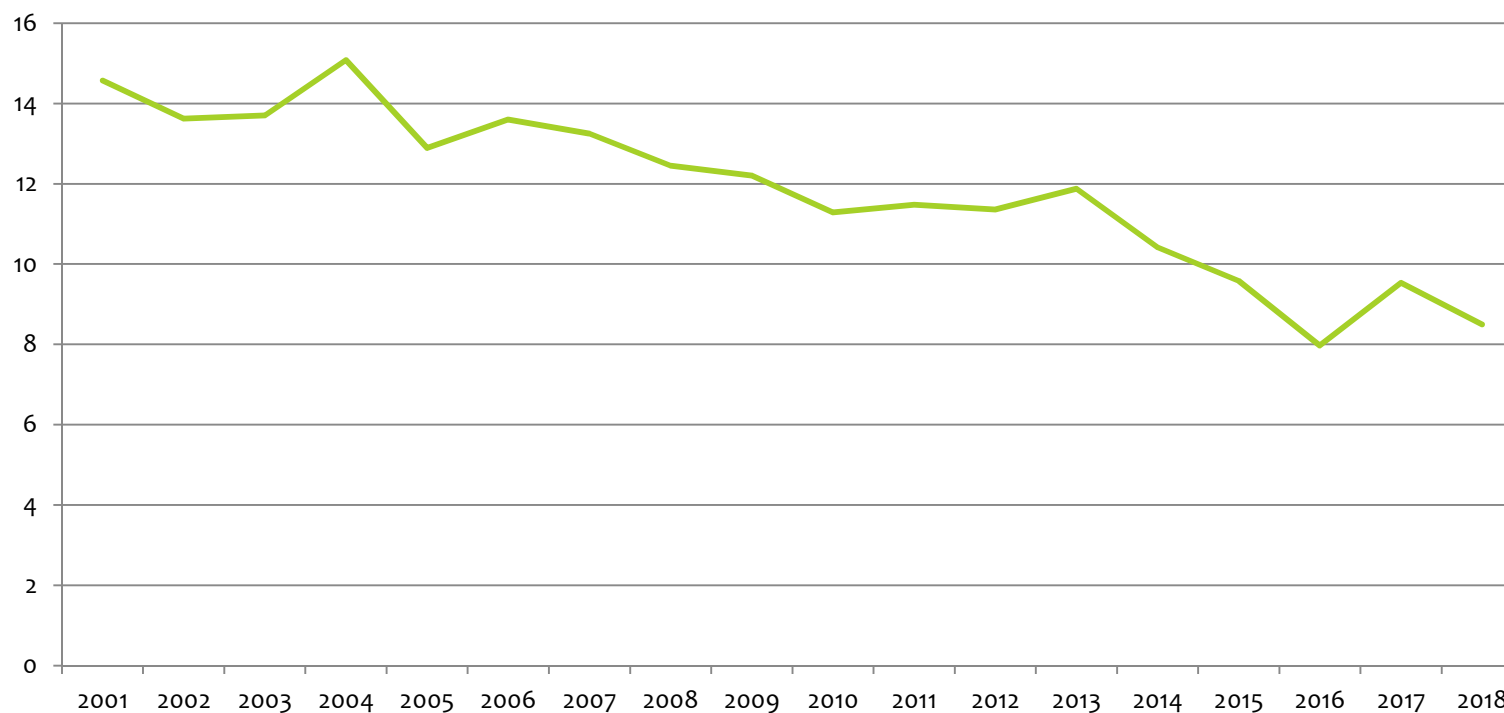
2014 - management of health services provided in cases of acute myocardial infarction **with ST-segment elevation**

2017 - management of health services provided in cases of acute myocardial infarction **without ST-segment elevation**

Care *must be provided within 2 hours* for patients with suspected myocardial infarction after first contact with health care specialist



**STANDARDIZED MORTALITY (EU STANDARD POP.)  
FROM THE MYOCARDIAL INFARCTION (I21–I22)  
AGE 0–64, PER 100 000 POP. (Hygiene institute)**



# STROKE TREATMENT CENTRES (6) AND TRANSITIONAL STROKE UNITS (5)

2014 - management of  
health services  
provided in cases  
acute stroke

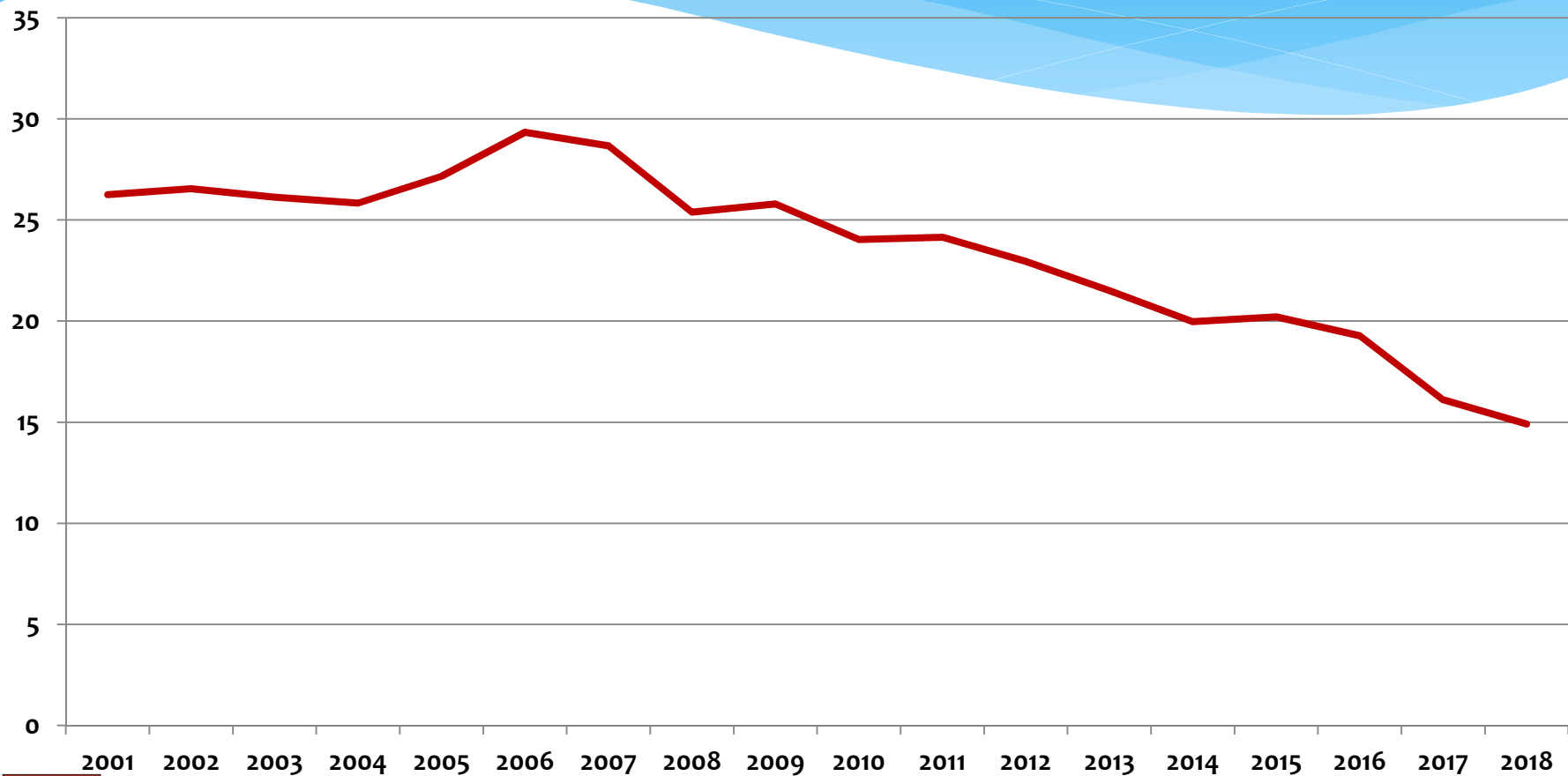
Emergency stroke *care*  
*must be provided*  
*within 1 hour*

Insulto gydymo centrų tinklas



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**STANDARDIZED MORTALITY (EU STANDARD POP.)  
FROM THE STROKE (I60–I64), AGE 0–64, PER 100 000  
POP. (Hygiene institute)**



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# SPECIALIZED CANCER CARE

Indicators to monitor accessibility  
and quality

The time to diagnosis

The time from the diagnosis to treatment (14 c.d.)

The waiting time of scheduled outpatient  
appointment (30 c.d.)

The waiting time of scheduled inpatient care

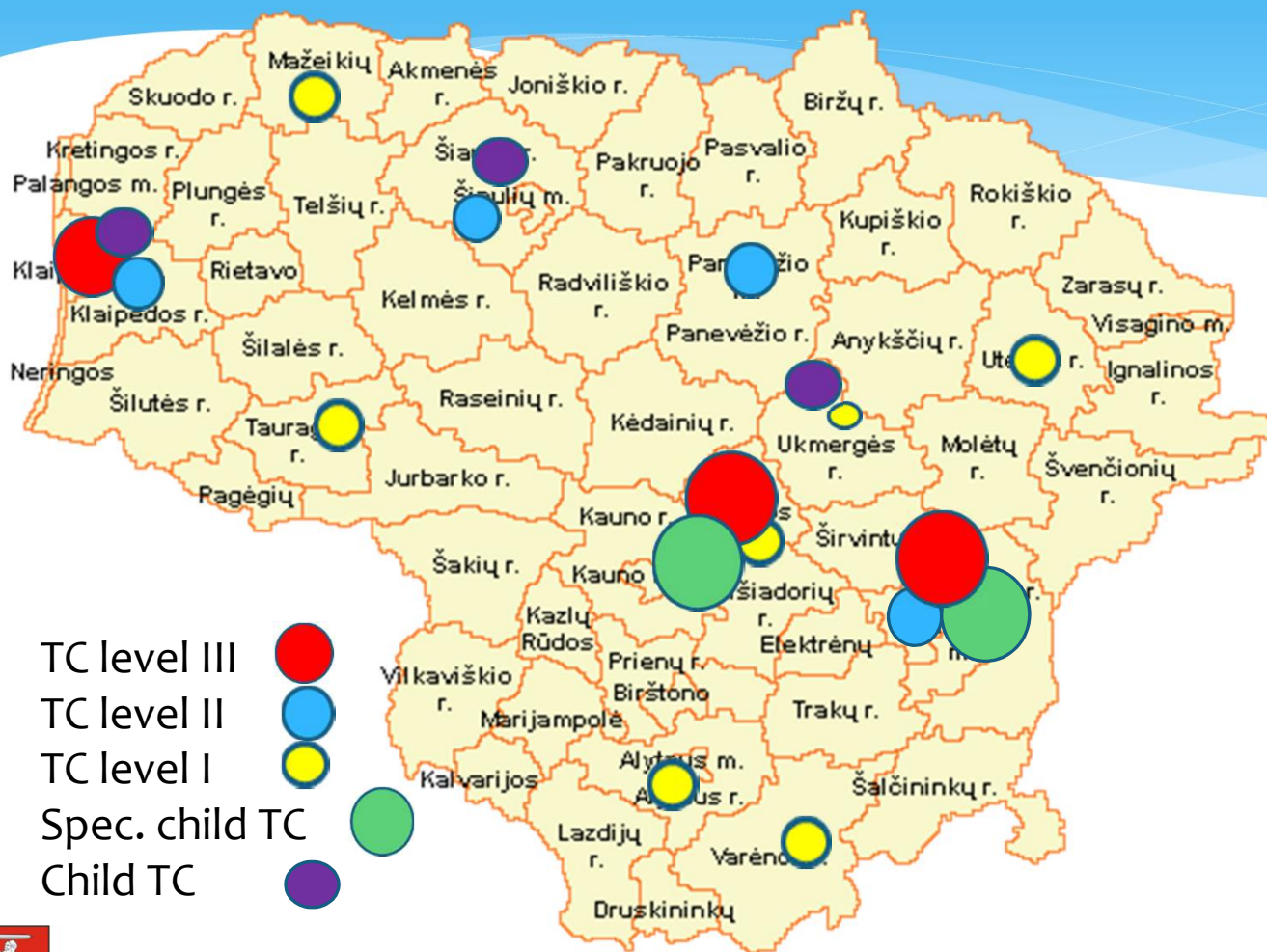
The waiting time for expensive diagnostic test

The wait time from the date of admission to  
hospital to the date of elective surgery performed  
(2 c.d.)



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# TRAUMA TREATMENT CENTRES



2018 -  
procedures for the  
provision of  
health care  
services in cases  
of severe injuries

Emergency major  
trauma care must  
be provided at the  
nearest specialized  
trauma centre



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## Health care services for persons at social risk

- modernization of the infrastructure of personal health care institutions providing public in-patient health care in the field of tuberculosis; public awareness, education and training;
- social support measure for tuberculosis patients receiving outpatient treatment (food voucher distribution);
- adaptation the physical and information infrastructure to the needs of the people with disabilities; implementation of a pilot project to improve provisions of dental care services for the patients with disabilities, development of a model;
- modernization of the infrastructure of the Center for addictive disorders and its affiliates;
- setting up opioid substitution treatment rooms;
- improving the competence and qualifications of health professionals;
- promoting cooperation between NGOs, health professionals and community organizations in reducing health inequalities.



## Horizontal measures contributing to the effectiveness of planned interventions

- improvement of doctors' competences and qualifications (updating doctoral programs, preparation of new programs, improvement of doctors' special competencies by updating or providing professional qualification knowledge and practical skills in development courses, seminars, internships, scientific conferences, taking into account the constant progress of science and practice, by inviting experts, by distance training);
- development and deployment of staged competencies of resident physicians model (implemented under a measure administered by the Ministry of Education, Science and Sport);
- attracting health professionals to the regions to reduce health inequalities.





Within two years the average wage in state-run health establishments earned by

✓ **doctors** increased by **EUR 379 (28 %)**,

✓ **nurses** increased by **EUR 207 (30 %)**.

✓ Wage increase was **twice the size** of the developments in the average national wage.



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# Development of eHealth System



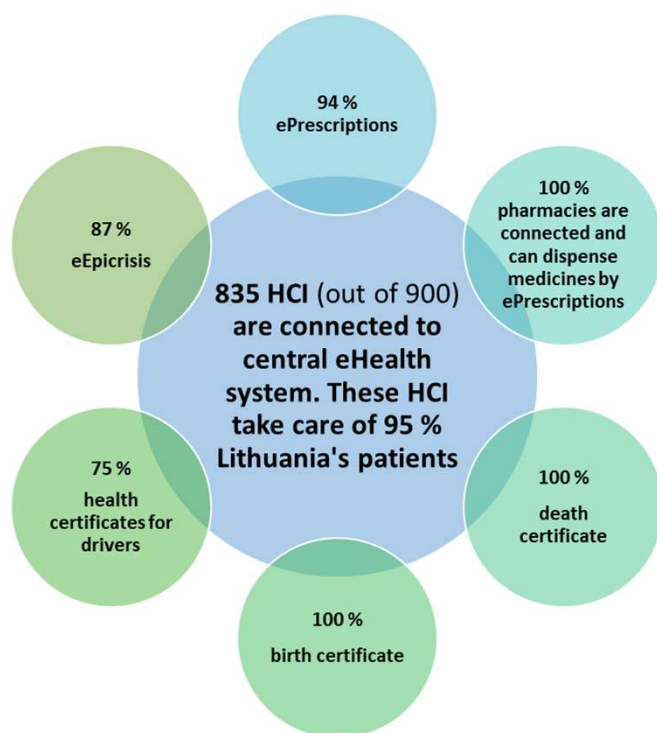
Implementation of  
national eHealth  
and other  
information  
systems

New documents  
stored per month  
2016.12 – 116.000  
2017.12 – 1.240.000  
2018.12 – 2.331.000  
2019.07 – 3.181.000

Action plan 2019-2025  
Development  
projects for 3 years  
perspective



# Statistic Of Central eHealth System



Central eHealth system (ESPBI IS) is capable of storing patient information from various HCl in one eHealth history.

One Patient – One eHealth history



# Current challenges

Full  
one Patient –  
One eHealth  
history

To increase  
attractiveness  
of the ehealth  
system

Adaption of  
the patient  
online  
registration  
system

Development  
of ehealth  
solutions

Digital health  
literacy

Implementation  
of the ehealth  
data analytics  
tools



# Further steps

Consolidation of  
hospital network



Enhancement of primary  
care network



Development of  
emergency care network



Introduction of long  
term care network







## HEALTH SYSTEM REFORM

### Healthy lifestyle, prevention

#### Challenges

Health is a value which is vital to individual, family and community life and essential to economic and social development. Life expectancy rates tend to grow in Lithuania as well as in many EU countries, however, it is equally important that people stay healthy as long as possible. The average healthy life years indicator of women in Lithuania is by almost 5 years below the EU average. In case of men, this indicator is by 7.3 years below the EU average. Mortality from suicides and intentional injuries in Lithuania remains the highest in Europe for more than 20 years. Only 9.7 % of children take part in sporting activities on a daily basis.

#### Goal

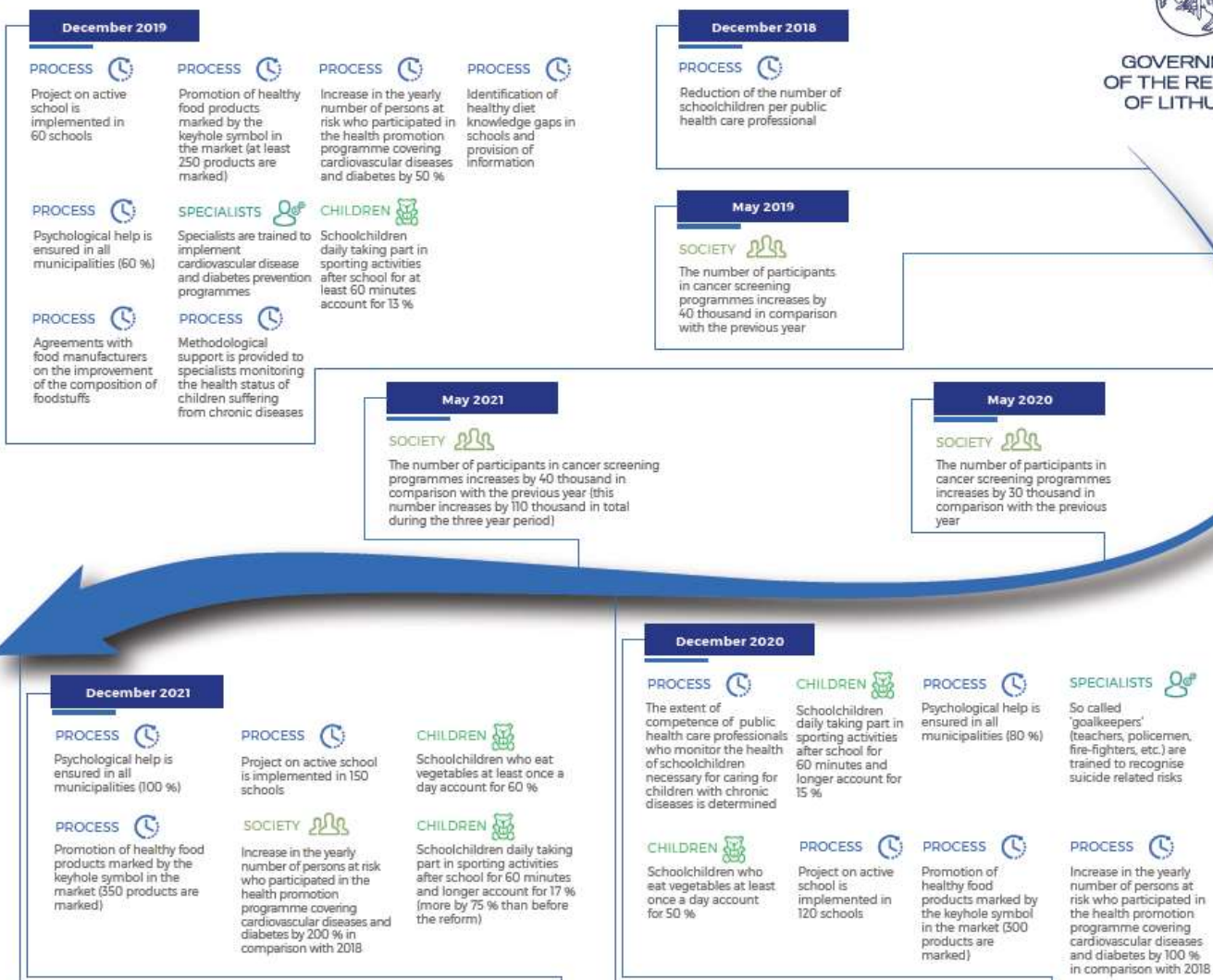
Improve the quality of public health care services to the entire population, reduce health imbalances of the population, reduce morbidity and mortality from cervical cancer, breast cancer and colorectal cancer, promote healthy ageing, develop a system for early suicide recognition and help.

#### Benefit of the whole project

The health status of population will improve, the number of suicides will decrease by 1/3, mortality from cervical cancer, breast cancer and colorectal cancer will decrease by at least 1/5 in the long term (2028)



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## **Health promotion and effective primary disease prevention**

Promoting healthy lifestyles in the municipalities;

Training in the target municipalities, providing knowledge on first aid and increasing access to professional assistance;

Promoting cooperation between NGOs, health professionals and community-based organizations in reducing health inequalities;

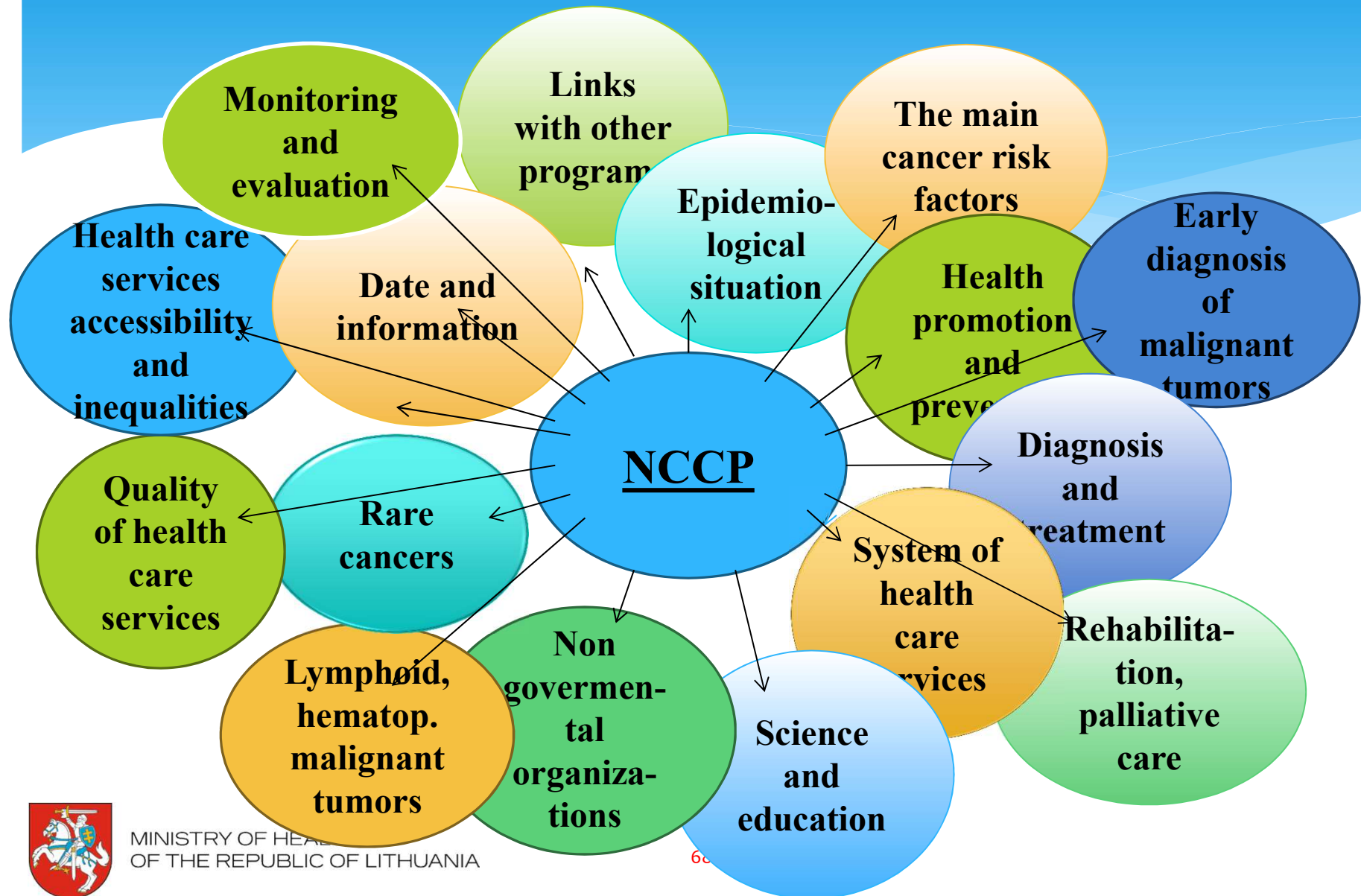
Awareness raising and education on a healthy diet;

Dissemination of information on rational use of medicines;

Enhancing the effectiveness of screening programs for oncological diseases



# ***CONTENT OF THE NCCP***



## ***OBJECTIVE AND TASKS***

- ✓ The NCCP sets up operational objective to be achieved by 2025 – reduce the mortality rate from cancer
- ✓ ACTIONS:
  - to improve cancer care coordination;
  - to develop an informed and healthy society;
  - to improve screening programs implementation;
  - to ensure timely comprehensive quality cancer diagnosis and treatment, reduce health services inequalities;
  - to improve quality of life for patients with cancer;
  - to improve the quality of training, development of education;
  - to develop of cooperation with non-governmental organizations
  - to ensure a high-quality cancer data registration and publicly available information





# SCREENING PROGRAMMES (TARGET POPULATION, FREQUENCY OF SCREENING AND TESTS)

Screening programme	Target population	Frequency of screening	Screening test	Target group
Cervical cancer	Women aged 25-60	Once every 3 year	Pap smear test	796 121
Breast cancer	Women aged 50-69	Once every 2 year	Mammography	451 128
Colorectal cancer	Women & men aged 50-74	Once every 2 year	Fecal occult blood test (iFOBT)	955 875



## PARTICIPATION RATE (TASK – 70 proc.)

<b>Cervical cancer screening</b>	<b>Breast cancer screening</b>	<b>Colorectal cancer screening</b>
16,0 proc. Pap smear 2018	23,5 proc. mammography 2018	25,1 proc. iFOBT 2018
<b>40,4 proc.</b> 2013–2016	<b>40,4 proc.</b> 2015–2017	<b>44,3 proc.</b> 2016–2018



# GAMMA KNIFE



Tumors  
Vascular pathology  
Functional disorders (tremor, pain,  
epilepsy)  
Mental disorders



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✓ „Implementation  
of innovative  
technologies for  
treatment of head  
tumors in Kaunas  
clinics“

✓ 7 700 000 eur

✓ First procedure  
**2019-06-11**

✓ **105** procedures  
were performed



# PUBLIC HEALTH INITIATIVES TO MITIGATE HIGH ALCOHOL CUMSUMPTION MADE A SIGNIFICANT PROGRESS WITH POSITIVE TAX REVENUE EFFECT

€243 mln. 2016 // €304 mln. 2017 // €323 mln. 2018

## Alcohol control taxation measures since 01/03/2017

Increase of excise duty on alcohol

**112 %** - for beer

**92-111 %** - for wine and other fermented alcoholic beverages

**13 %** - for spirits

### Results achieved:

- ✓ decrease of sales of alcoholic beverages
- ✓ increase of revenues collected to the state budget

## Alcohol control measures introduced in Lithuania since 01/01/2018

- ✓ **total ban of alcohol advertising** (including digital media); (with exceptions to name and type of the beverage, the name of the producer, the trademark (brandname), country of origin, geographical region of origin, ethanol content, labeling information, price in sales points, on producers and sellers websites);
- ✓ **increase of the legal age for buying, possessing and consuming alcoholic beverages** from **18 to 20 years** old (alcohol retailers have a duty to ask for the ID from buyers if there is uncertainty if the person is younger than 25 years old);
- ✓ **prohibition of use of persons under the age of 20 in alcohol promotion campaigns;**
- ✓ **restriction of alcohol sale hours** (retail stores are allowed to sell alcoholic beverages from 10 am until 8 pm Monday to Saturday, and 10 am to 3 pm on Sunday. Prohibition is not applied to alcohol beverages sold for local use in catering establishments)
- ✓ since 01/01/2020 introducing **ban of sales of alcohol on beaches and in non-stationary catering places**

Fig. 1. Consumption of legal alcohol

Litres of absolute (100 per cent) alcohol

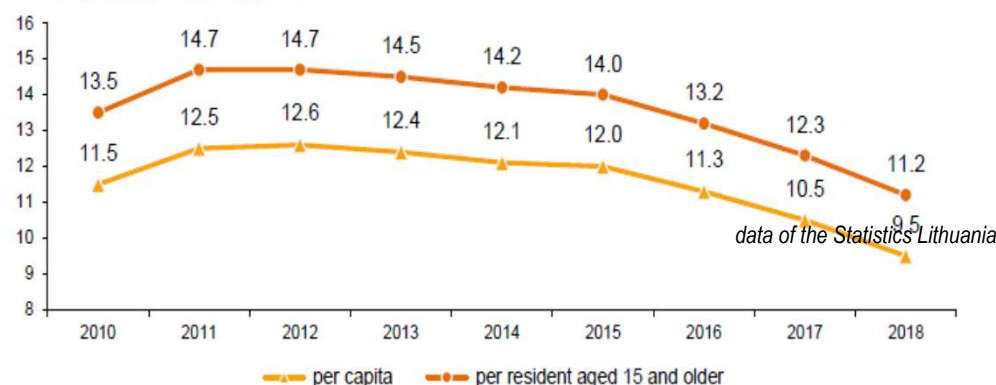
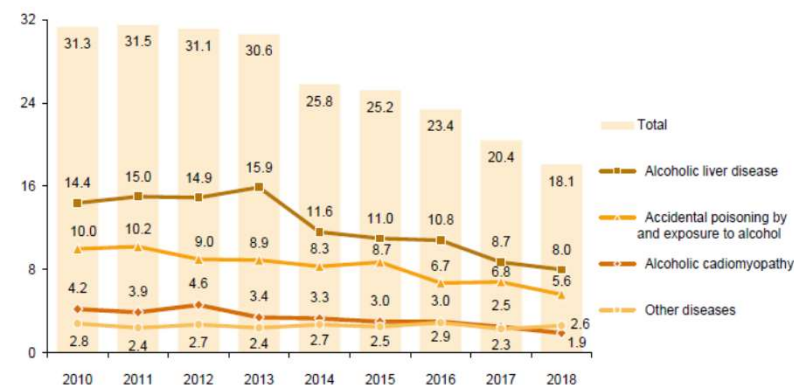


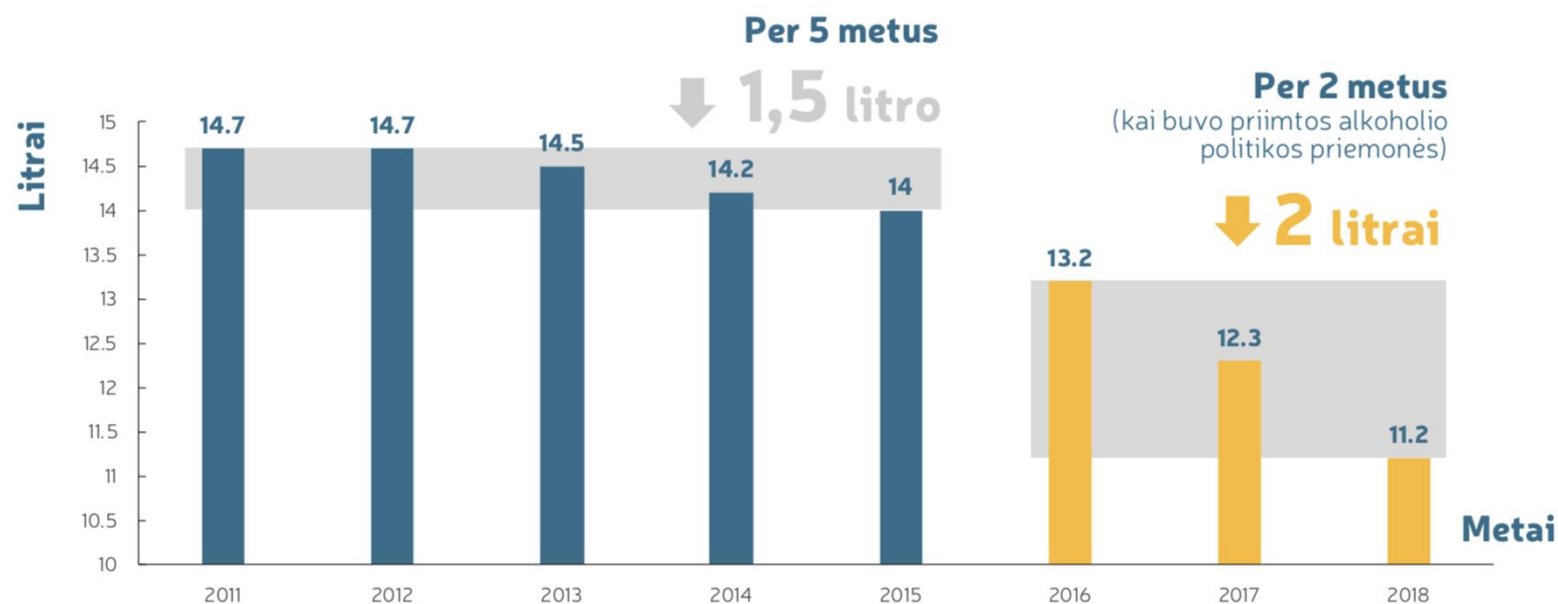
Fig. 6. Mortality due to diseases directly linked to alcohol consumption

Data provided by the Institute of Hygiene

Deaths per 100 thousand population



## Alcohol consumption among individuals aged 15+, expressed in litres of pure ethanol consumed per person per year



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## Impact on health

### Apsinuodijimas alkoholiniais gėrimais:

2016 I ketv. – **1452**

2018 I ketv. – **1271**



**-12 %**

### Alkoholinės psichozės:

2016 I ketv. – **1048**

2018 I ketv. – **795**

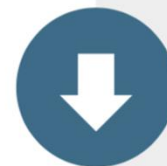


**-24 %**

### Alkoholinė priklausomybė:

2016 I ketv. – **6082**

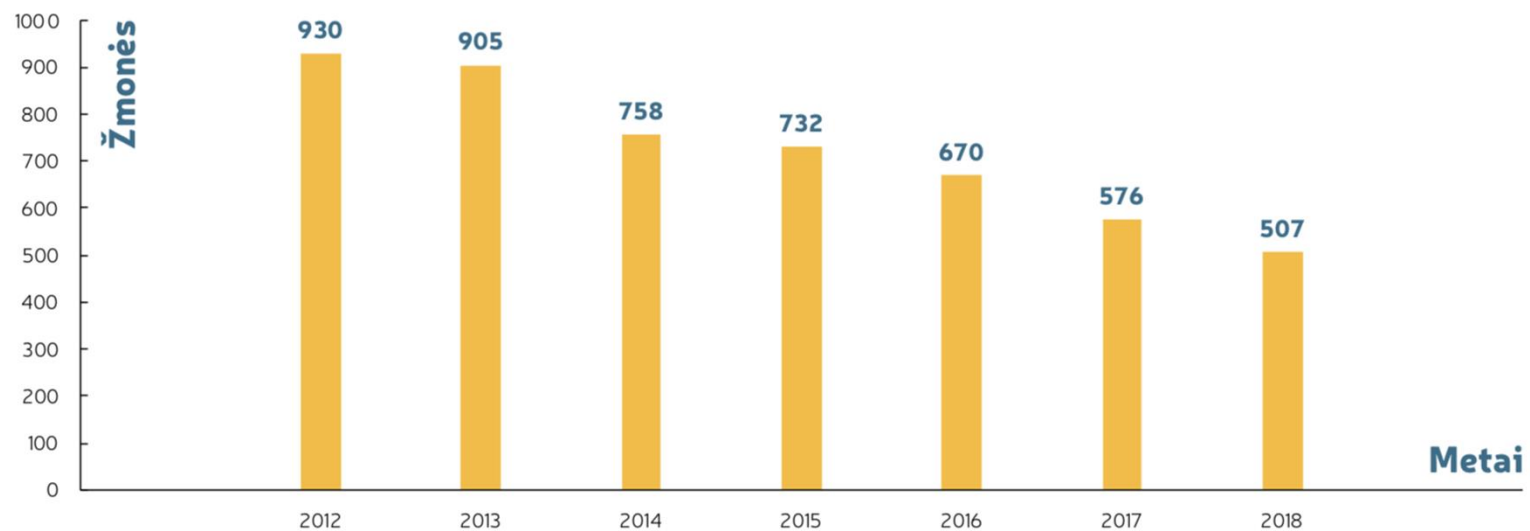
2018 I ketv. – **5431**



**-11 %**



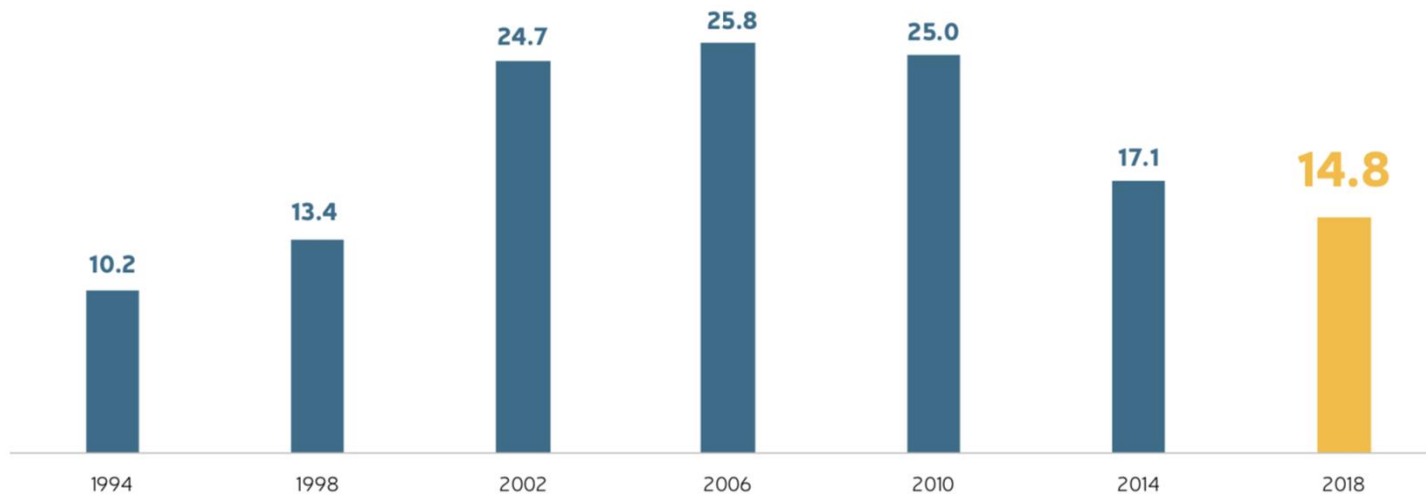
# Number of deaths



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## Alcohol consumption among 11-13-15 year old schoolchildren

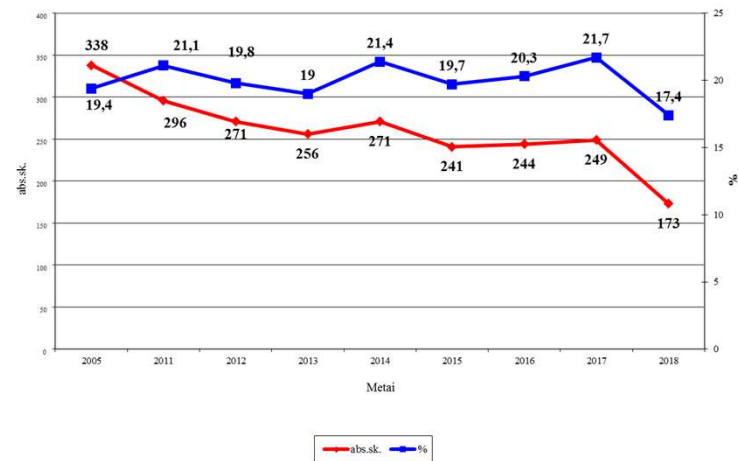
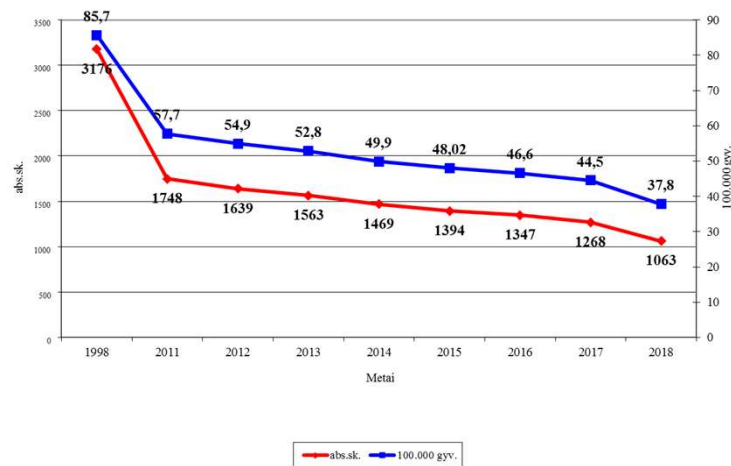
Mokiniai, kurie **daugiau nei 1 kartą** buvo apsvaigę nuo alkoholio, %



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# TUBERCULOSIS INCIDENCE

# MDR TB PREVALENCE



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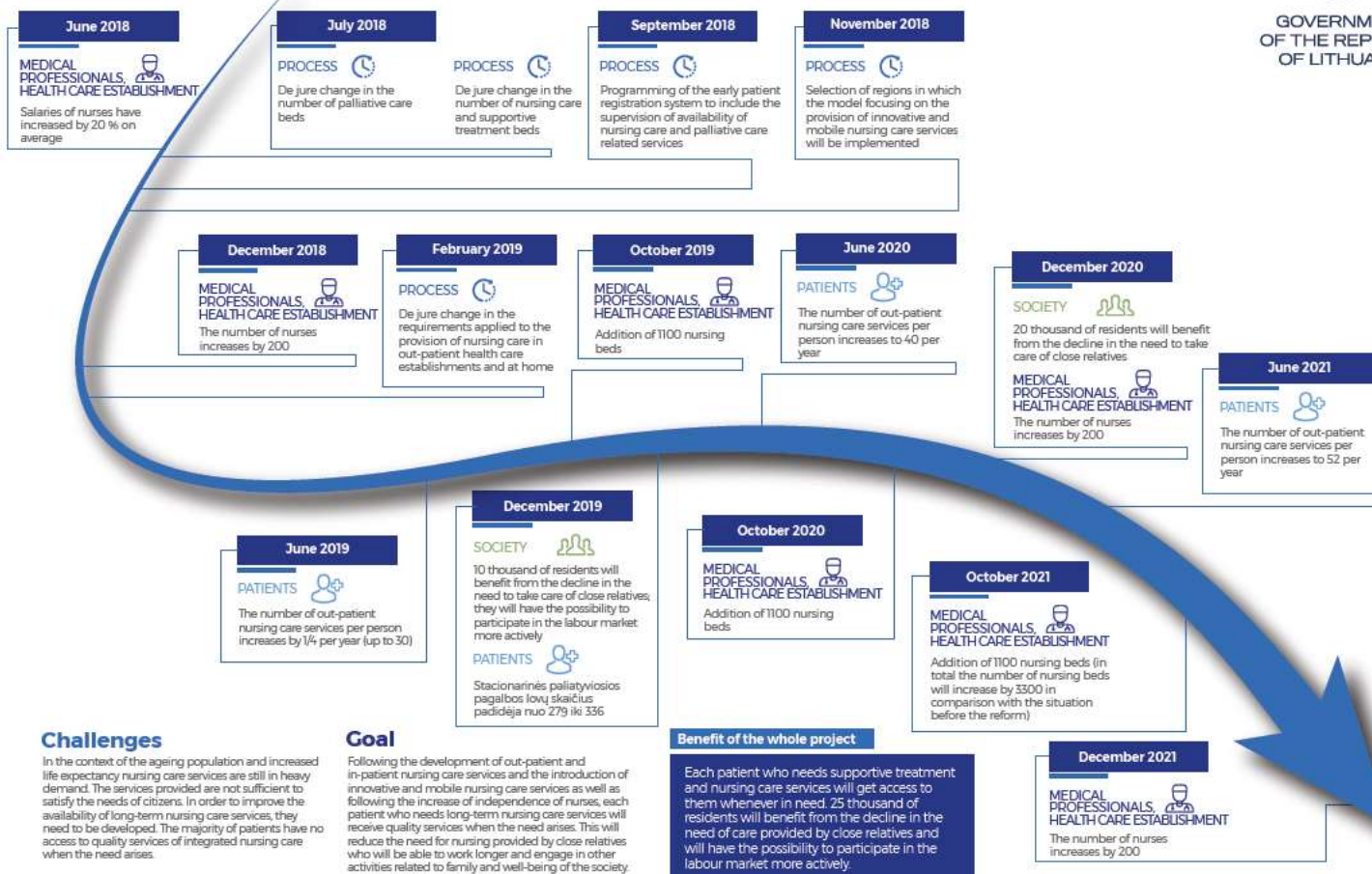


## HEALTH SYSTEM REFORM

### Development of nursing care services



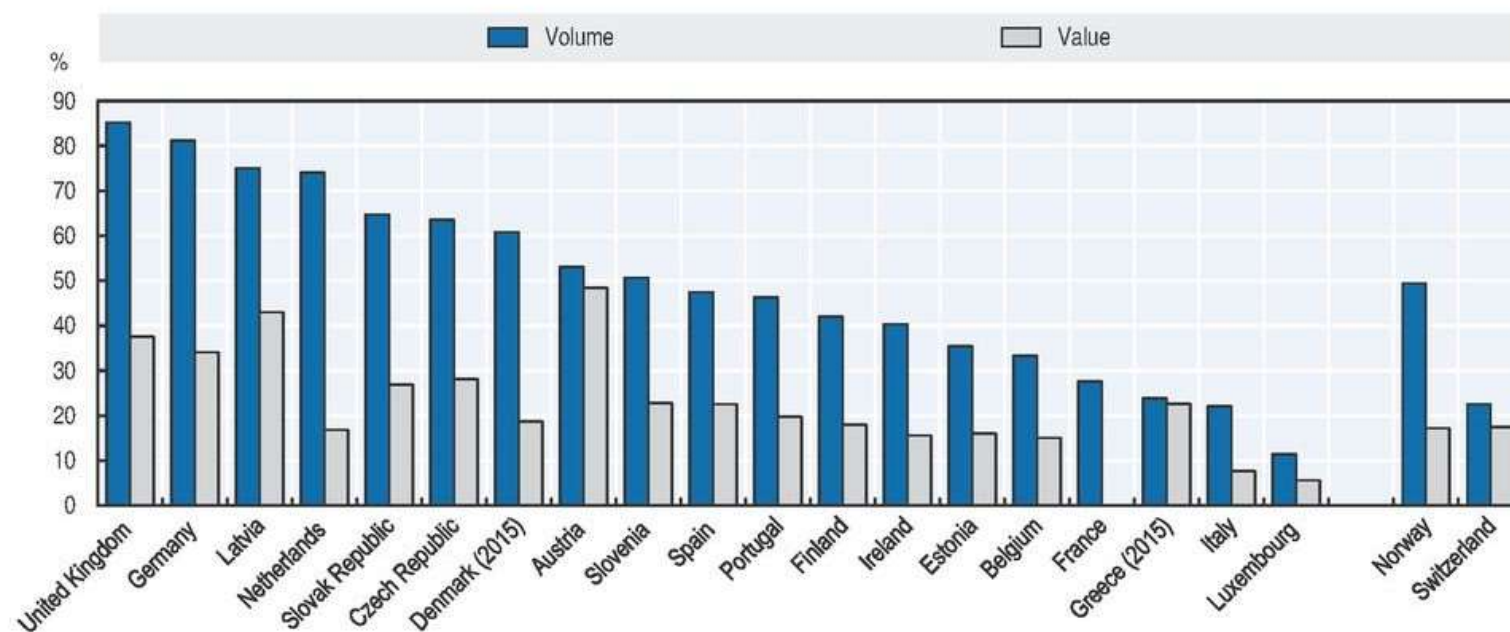
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Figure 2.10. **Generic market share by volume and value, 2016 (or latest year)**



Note: Data reflect the total market when available (if not, data reflect the reimbursed market or the community pharmacy market).

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en> and Eurostat Database.

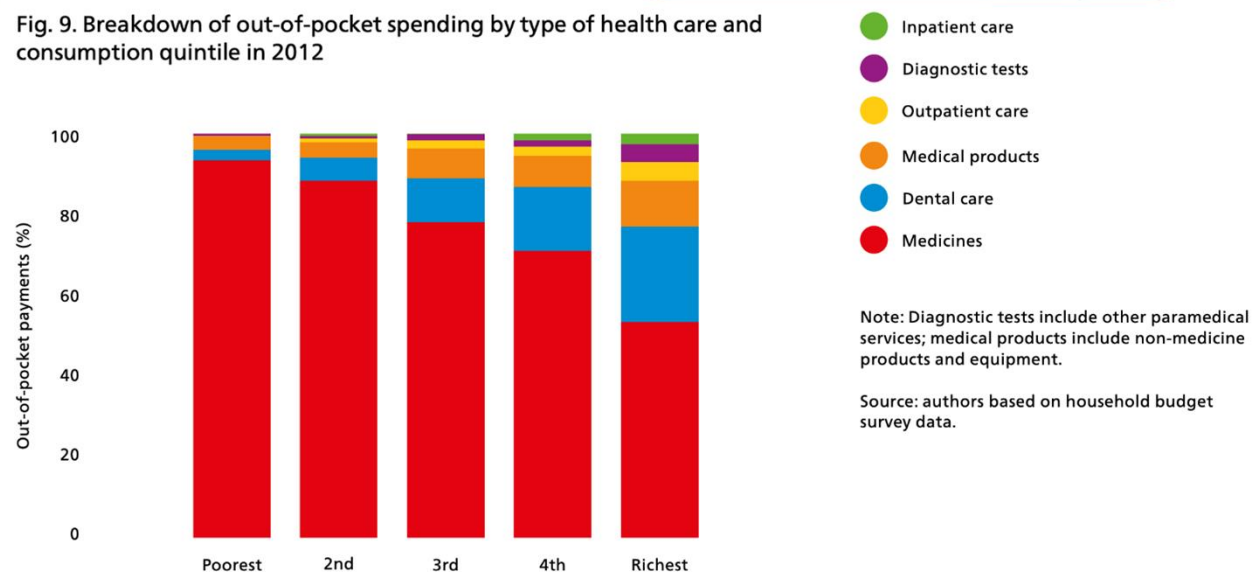
StatLink  <http://dx.doi.org/10.1787/888933834224>



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Fig. 9. Breakdown of out-of-pocket spending by type of health care and consumption quintile in 2012



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In 2012-2017 the share of expenditure on reimbursable medicines incurred by the patient in relation to all expenditures on reimbursable medicines ranged



In January and February of 2019 the share of expenditure on reimbursable medicines incurred by the patient decreased to

**6.8 %** which is by two thirds lower than previous indicators that existed for years



Average extra payment per one prescription decreased from **EUR 3.40** to **EUR 2.30**

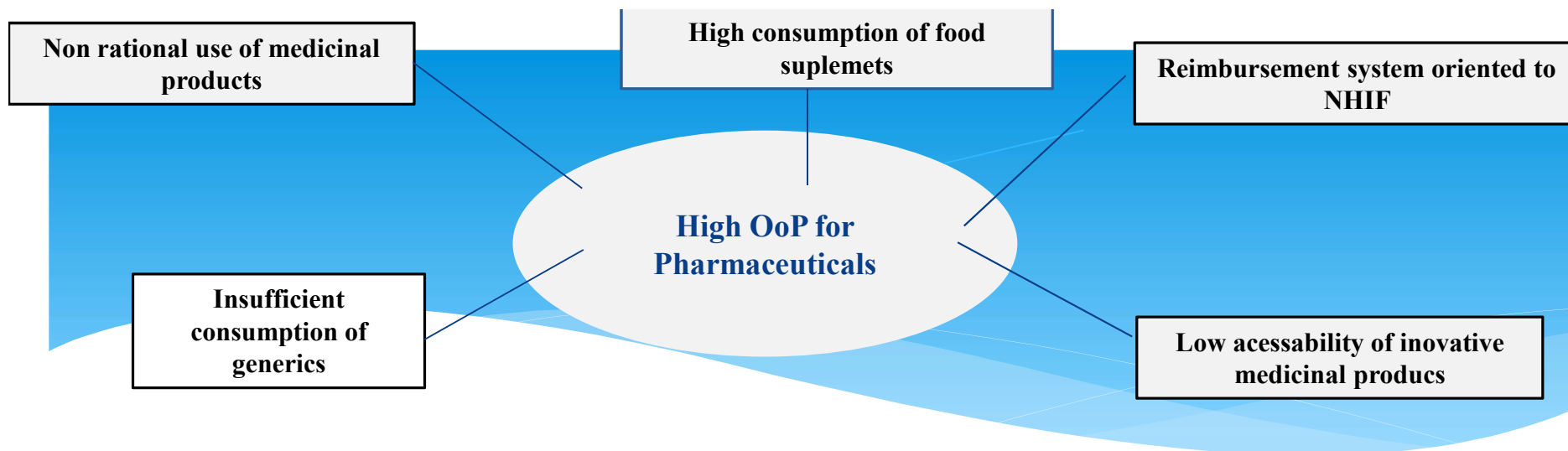


In 2018 patients saved approx. **EUR 15 million** in comparison with 2017

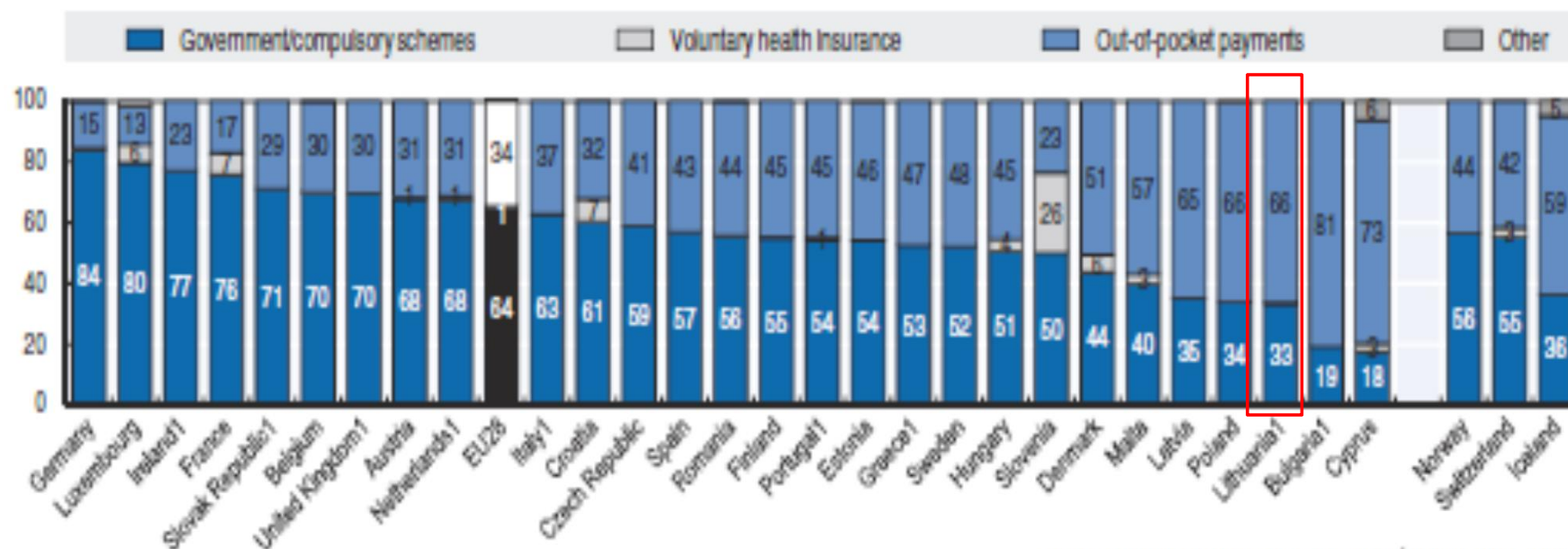


**45 medicines** were included in the medicines reimbursement list





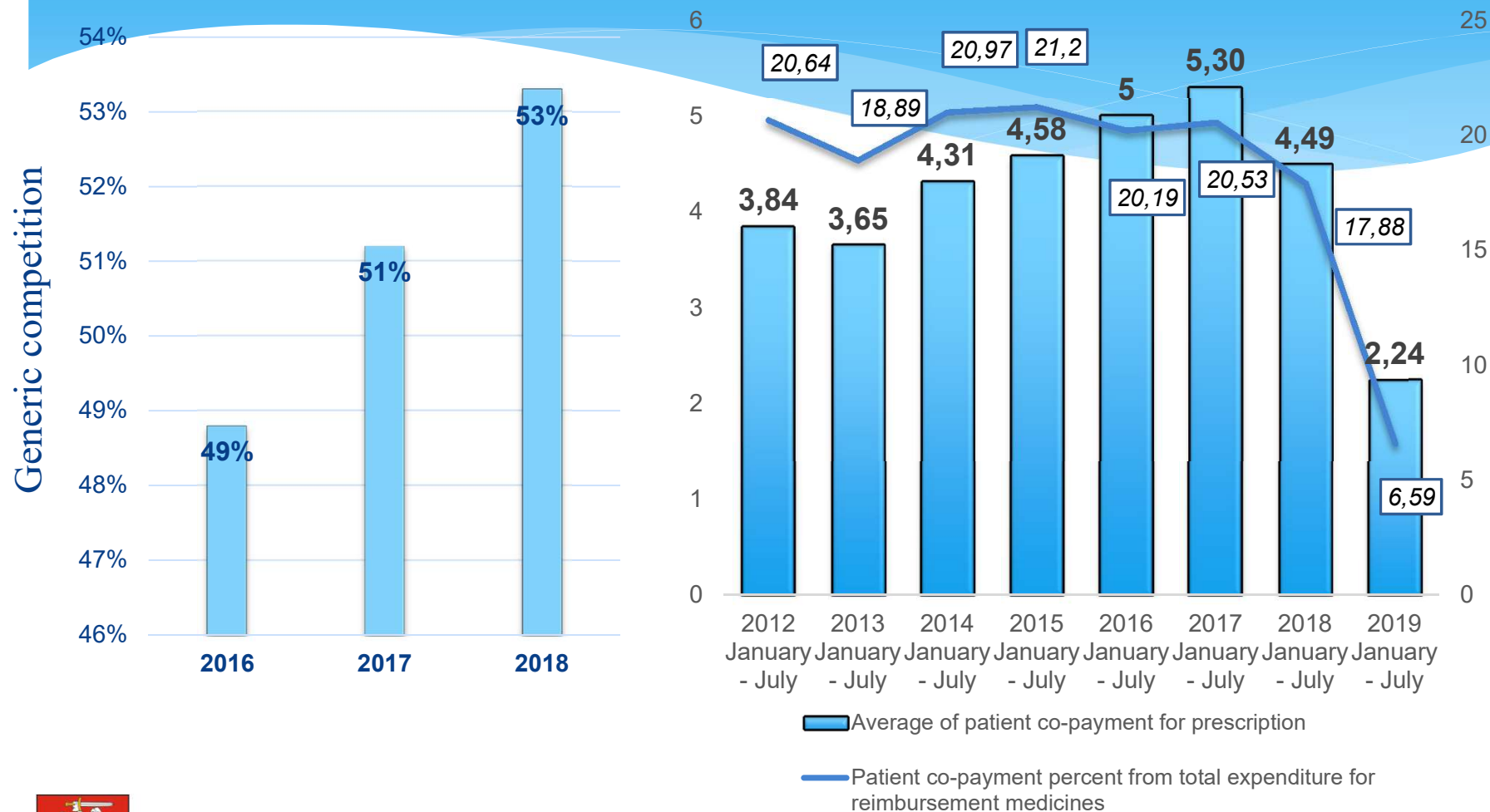
### 5.11. Expenditure on retail pharmaceuticals by type of financing, 2016



HEALTH AT A GLANCE: EUROPE 2018 © OECD/EUROPEAN UNION 2018



# Patient co-payment percent from total expenditure for reimbursement medicines and average of patient co-payment for prescription (2012 January- July – 2019 m. January-July)

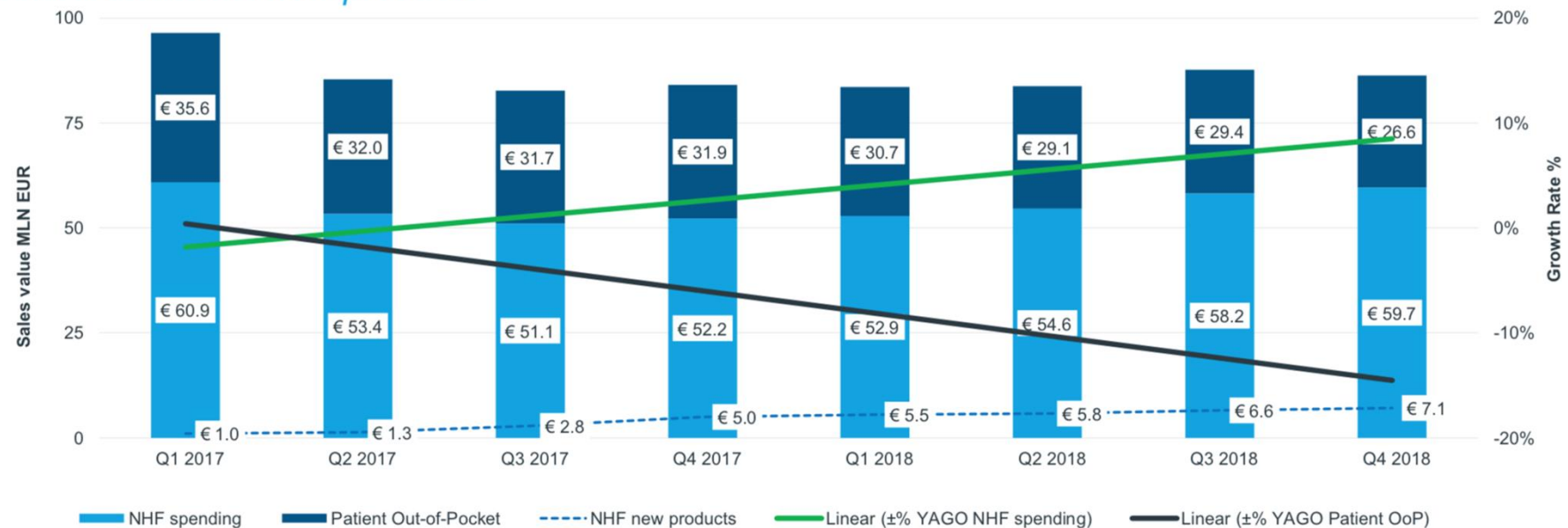






## Lithuania Rx market NHF spending vs patient OoP

*Patient OoP is decreasing constantly in Rx market from 2017Q1. It is driven by several actions from MOH VAT change from 21% to 5%, strengthen of Rx dispensing and Max co-payment introduction from July 12, Tendering in 3+ group in RL. NHF spending is increasing mainly due to reimbursement of new products.*



**Patient Out-of-Pocket (OoP)** – Patient spending for reimbursed drugs, sold with and without reimbursement;

**OoP % by value** – share of Patient spending for reimbursed drugs vs. NHF sold with and without reimbursement (Total spending = NHF spending + Patient Out-of-Pocket spending); Values are with VAT in both countries. Reimburse list and VAT level are different in each country

Source: IQVIA Lithuania Retail Audit 2018 and NHF reimbursed data 2018

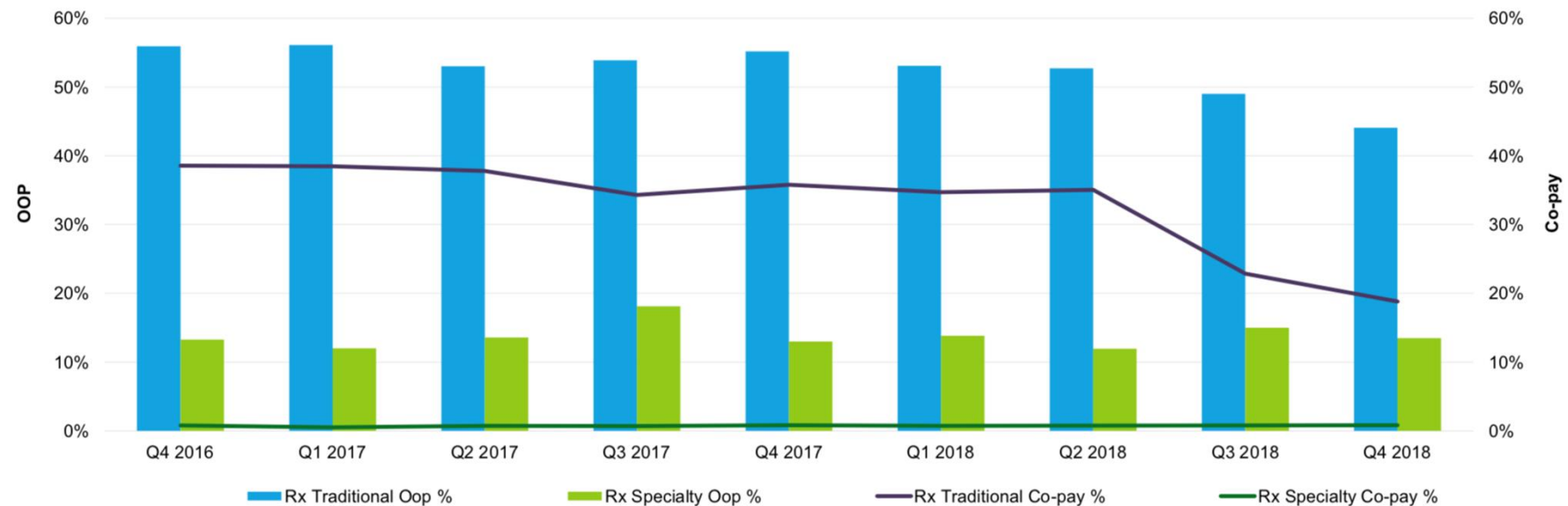
Global & regional trends. Baltic's performance & drug shortages monitoring | June 2019 | Presentation for MoH LT





## Lithuania Rx market OoP and Co-pay dynamic in Rx market

*Average co-pay decreased up to 18.8% in Q4. Driver is decreased co-pay in Rx Traditional segment. Symbolic or no co-pay for Specialty drugs.*



Patient Out-of-Pocket (OoP) – Patient spending for reimbursed drugs, sold with and without reimbursement.

OoP % by value – share of Patient spending for reimbursed drugs vs. NHF sold with and without reimbursement (Total spending = NHF spending + Patient Out-of-Pocket spending); Values are with VAT in both countries. Reimburse list and VAT level are different in each country

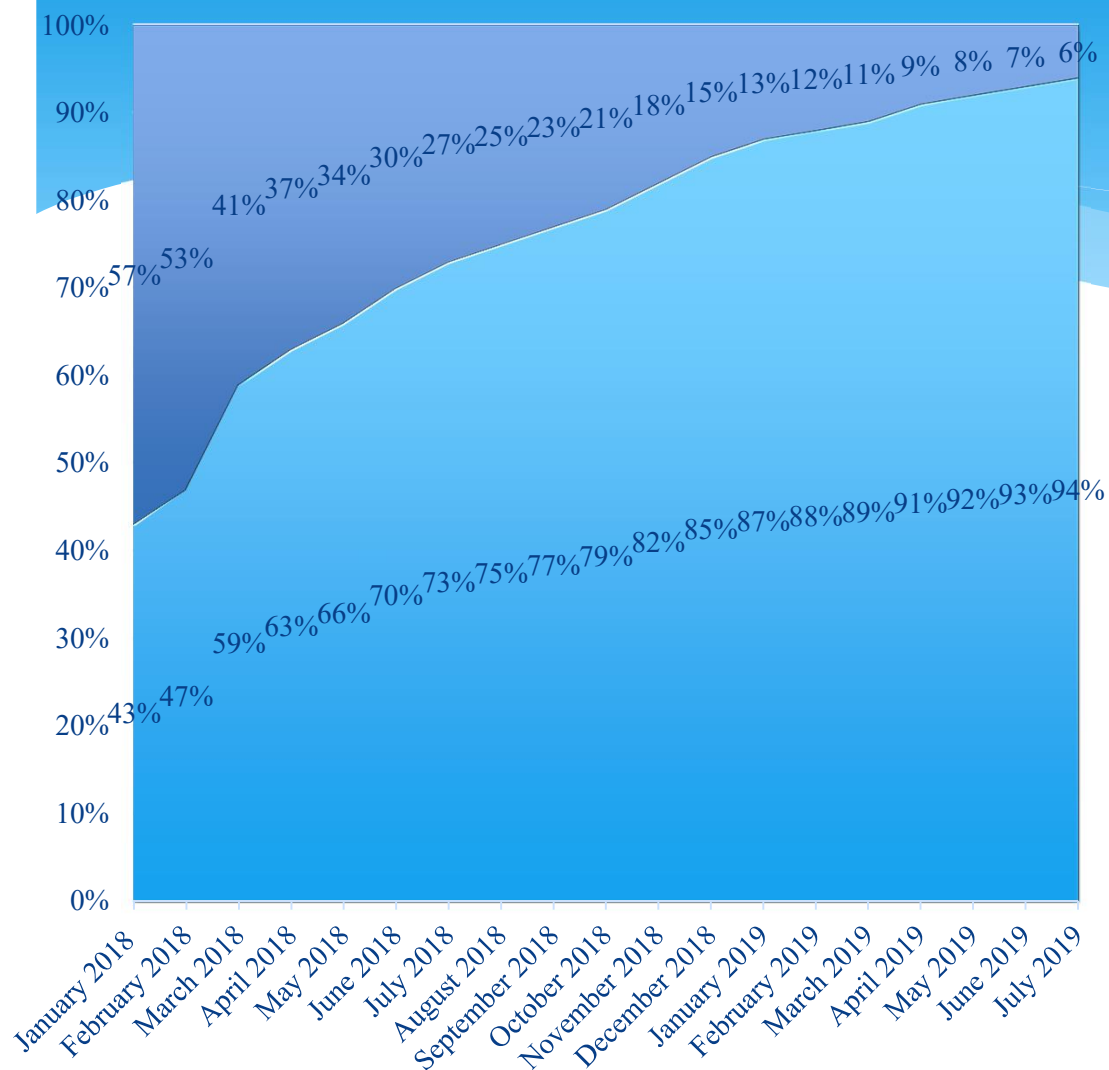
Source: IQVIA Lithuania Sell-in audit 2018

Global & regional trends. Baltic's performance & drug shortages monitoring | June 2019 | Presentation for MoH LT





## e-Prescriptions as share of all reimbursed prescriptions



### More introduces measures:

- Dispensing of the cheapest generic for the patients whom medicinal product is prescribed first time (aprox. 75% patients start from cheapest generic)
- E-pharmacy of PoM (since November 1, 2019)

### Pending problems:

- Insufficient Doctors trust in generics
- Insufficient Patients trust in generics ( same quality but lower price)





Kliniškai reikšminga sąveika, kurios vertėtų vengti



Kliniškai reikšminga sąveika, kurią galima kontroliuoti, pvz., koreguojant dozę

2019 m. birželio mėn. iš viso nustatyta beveik 140 tūkst. kliniškai reikšmingų vaistų sąveikų (C ir D).

	Fiksuota sąveikų išrašinėjant vaistą	Išrašyta e. receptų su sąveikomis	IŠVENGTA POTENCIALIŲ SĄVEIKŲ
<b>D</b>	8 387	2 850	<b>90 971</b>
<b>C</b>	130 343	39 372	<b>5 537</b>

Pamatė sąveiką

Nebuvo galima  
išvengti

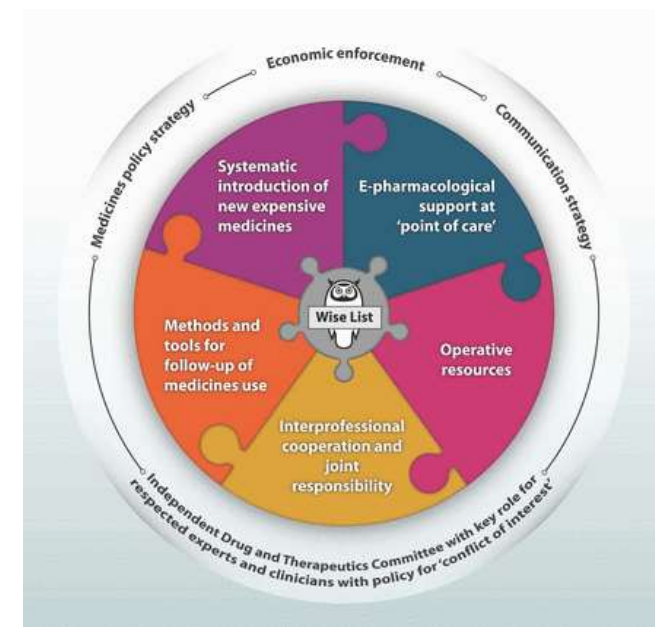
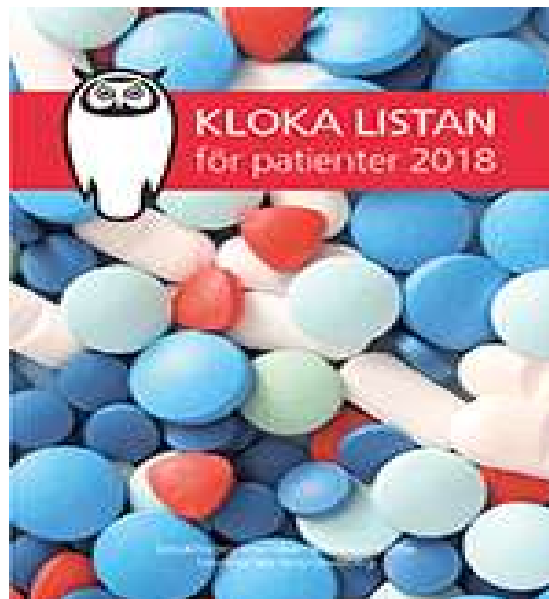
Pasirinko kitą  
vaistą



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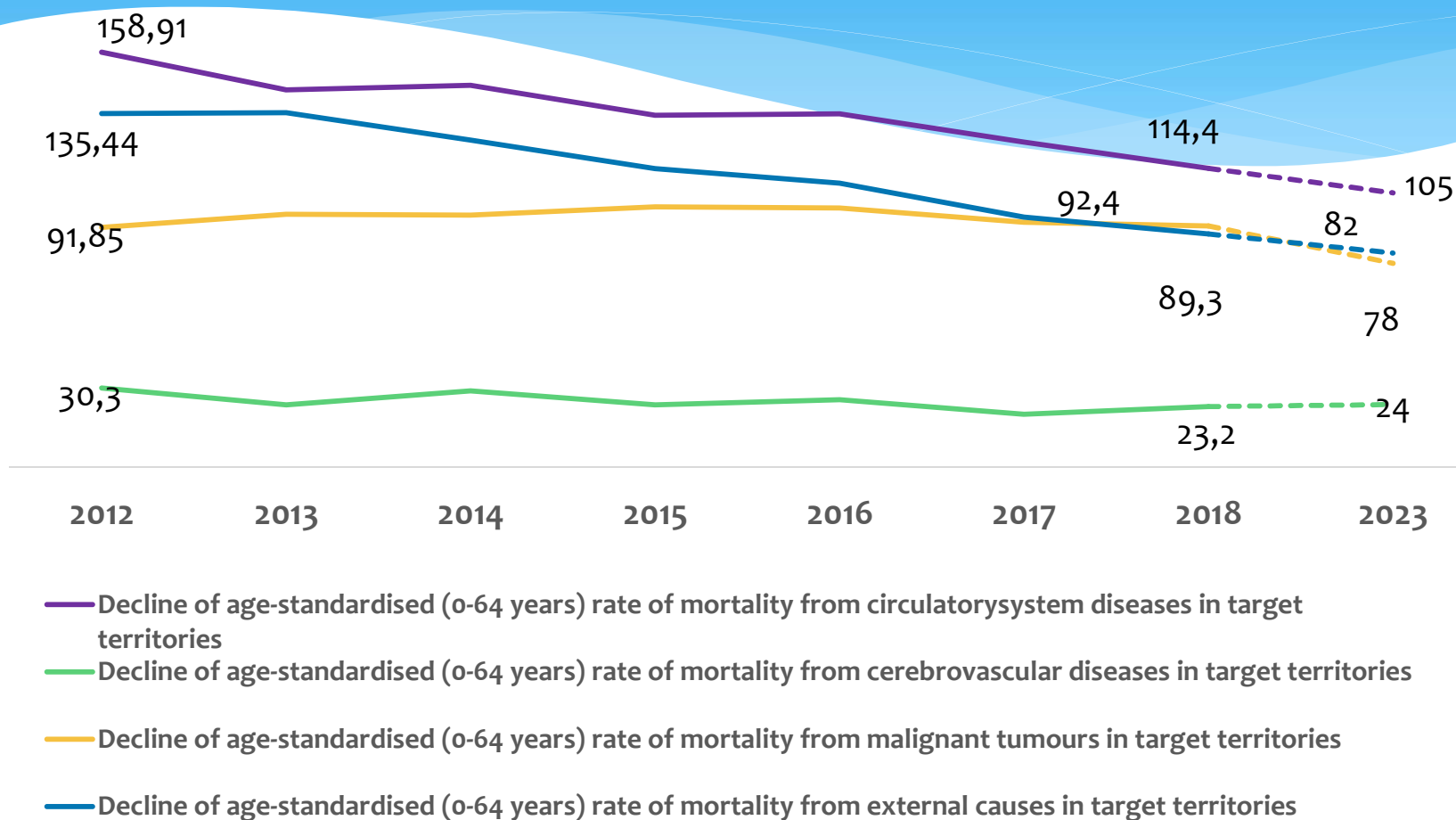
# Rational use of medicines – Lithuania “Wise list”

- \* Lithuania is going to introduce one of the most successful initiatives of rational use of medicines– Sweden „Wise list“ and from **2019 of September** start create the **Lithuania „Wise list“**
- \* **Main task:** pay for performance for health care providers.



## PRIORITY AXIS 8. Promoting Social Inclusion and Combating Poverty and Any Discrimination

### Achieved results (I)



# Achieved results (II)

67 242



Persons of target groups who participated in awareness-raising, educational and training events and activities to promote health literacy

68



Public health-care institutions with upgraded infrastructure for the provision of services



Population covered by improved health services



Growth of the share of population of regions with largest disparities in terms of health status and health-care accessibility engaged in preventive programmes

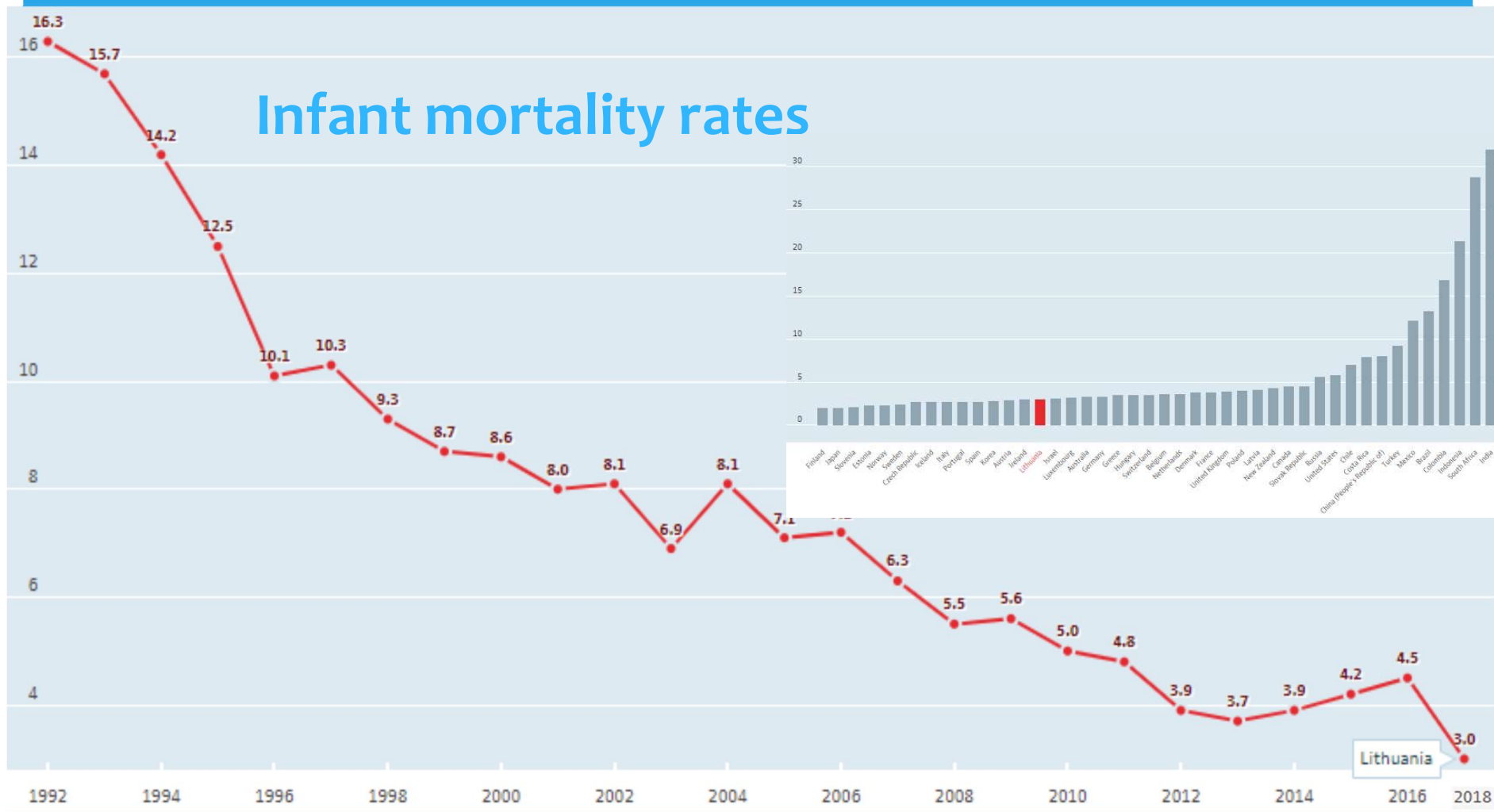
1 722 745

23,3



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# Infant mortality rates



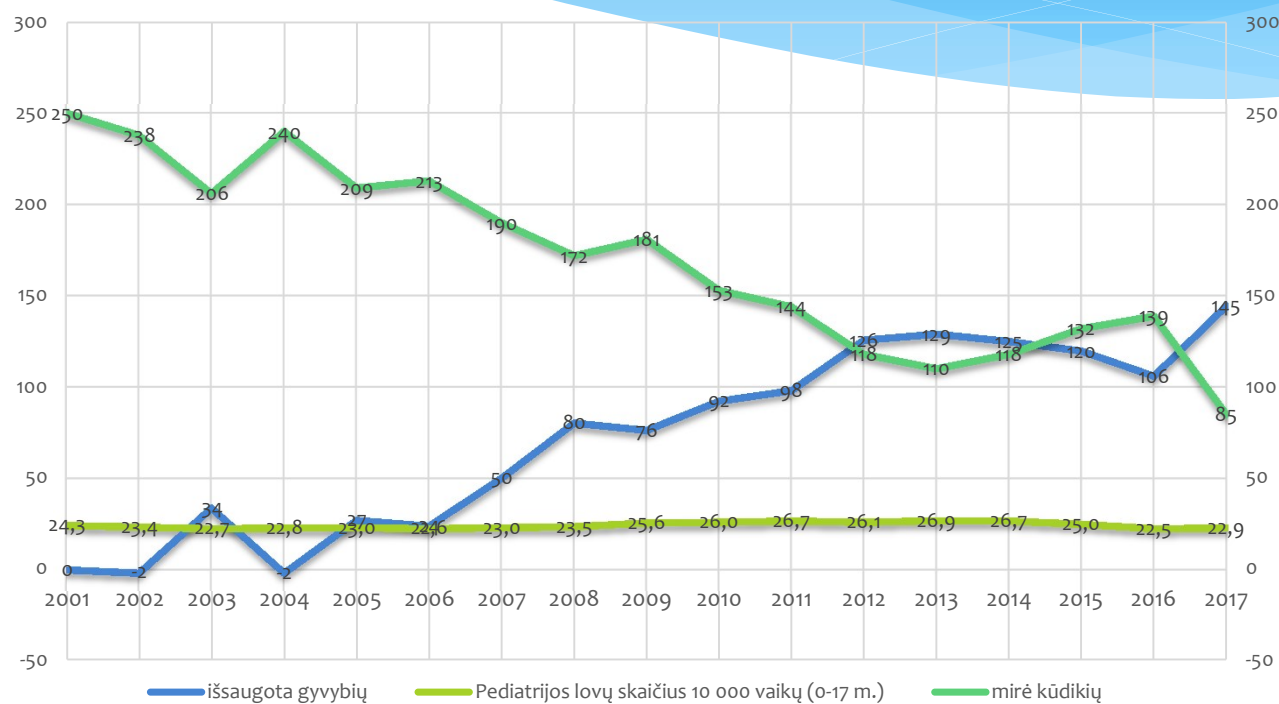
Total, Deaths/1 000 live births Source: OECD Health Statistics: Health status



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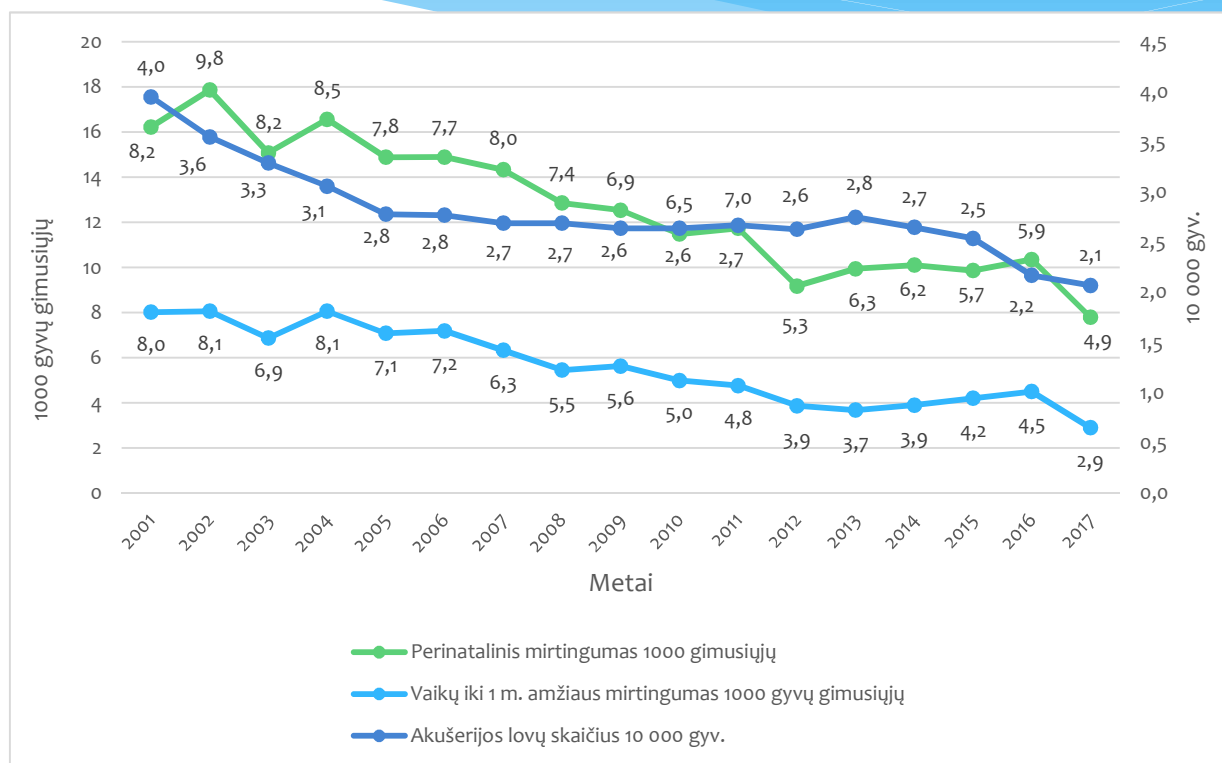
## Decline of infant mortality: 2002 – 2017

1229 lives saved





## Infant mortality dynamic after consolidation of obstetric beds in Lithuania 2001–2017

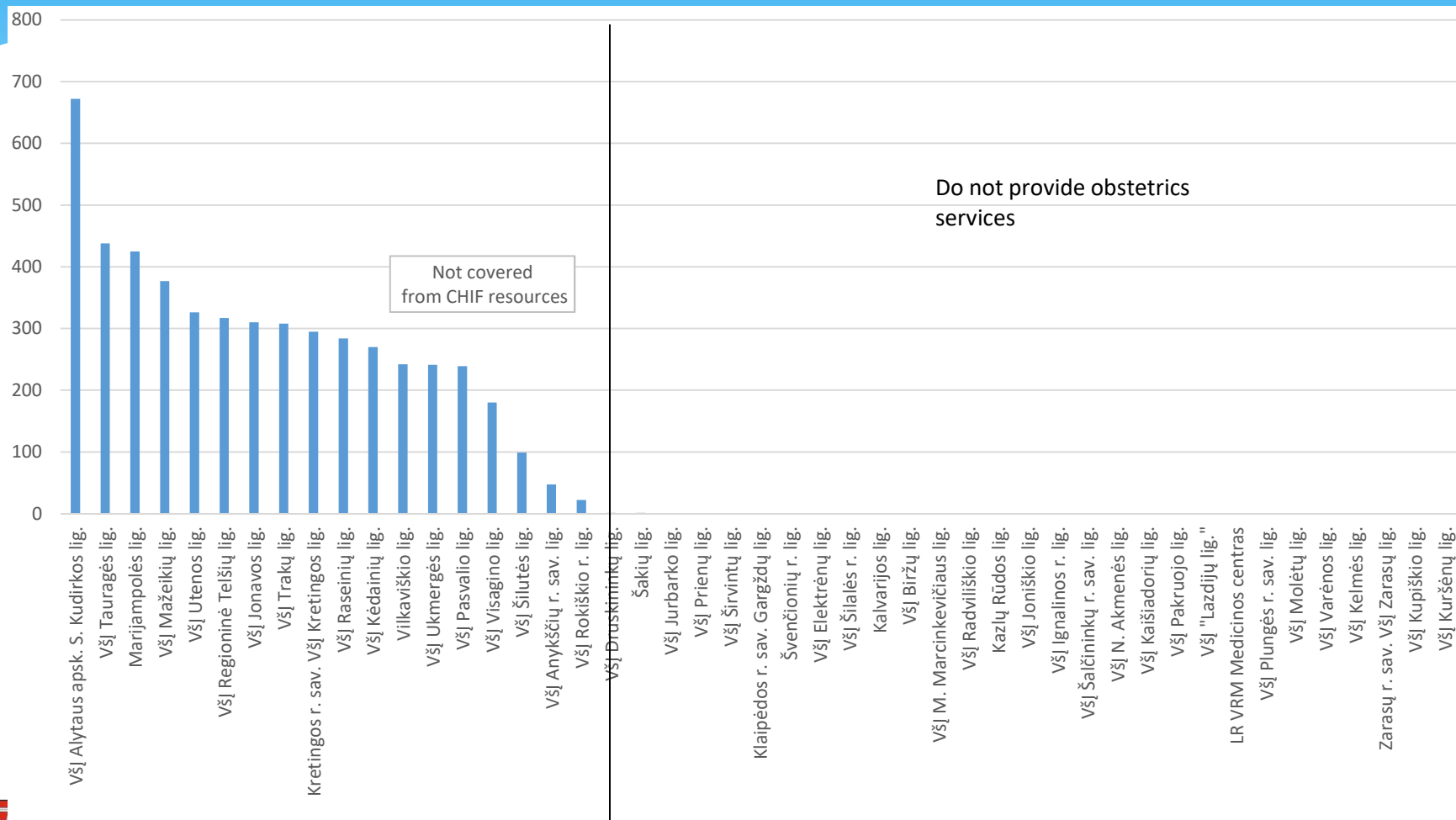


\*Perinatalinis mirtingumas – negyvagimiai ir 0–6 parų mirę kūdikiai.



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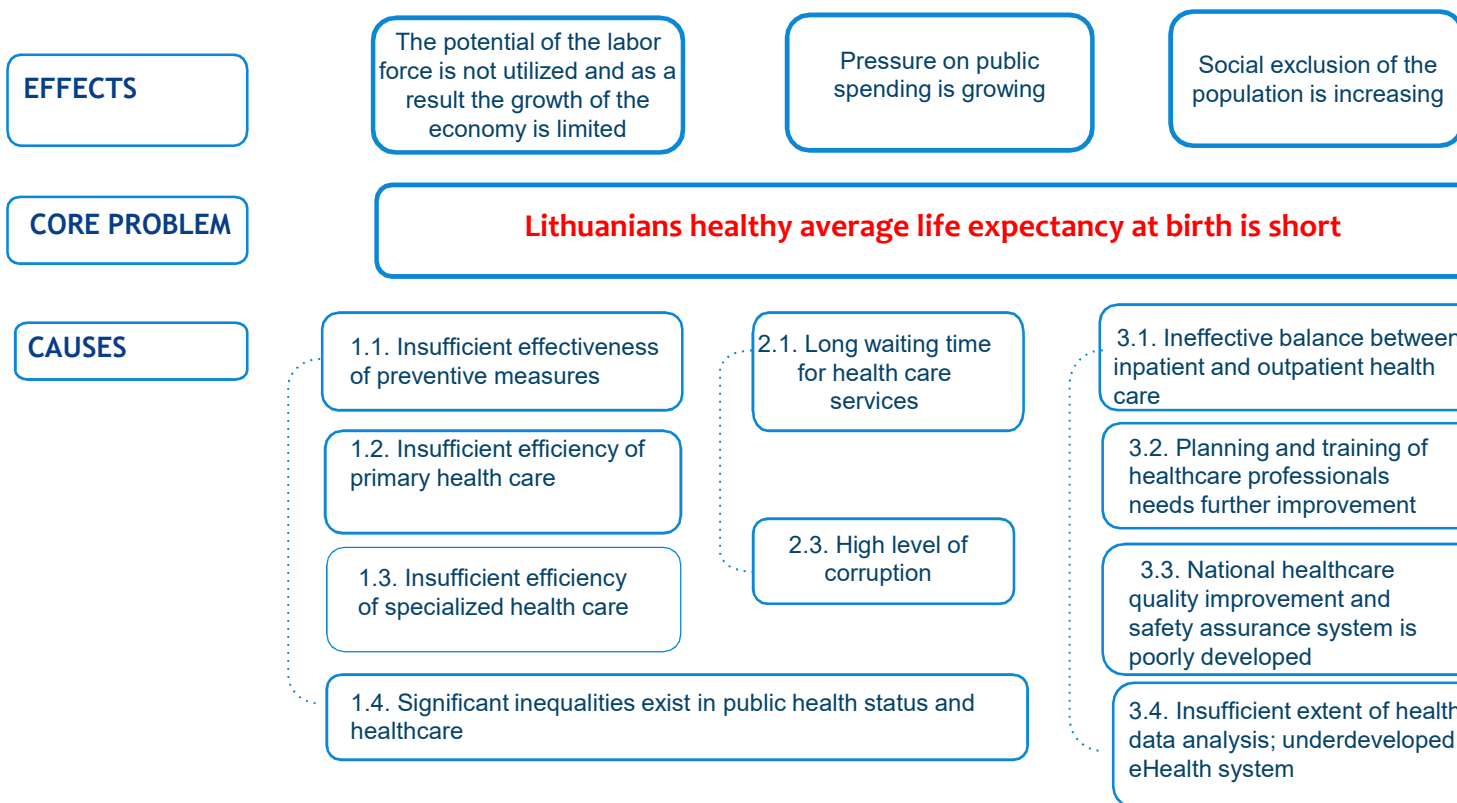
# Number of Deliveries in Regional and Municipal hospitals, 2017



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Remark: 29 hospitals do not provide obstetric services

# Health system problem-tree analysis

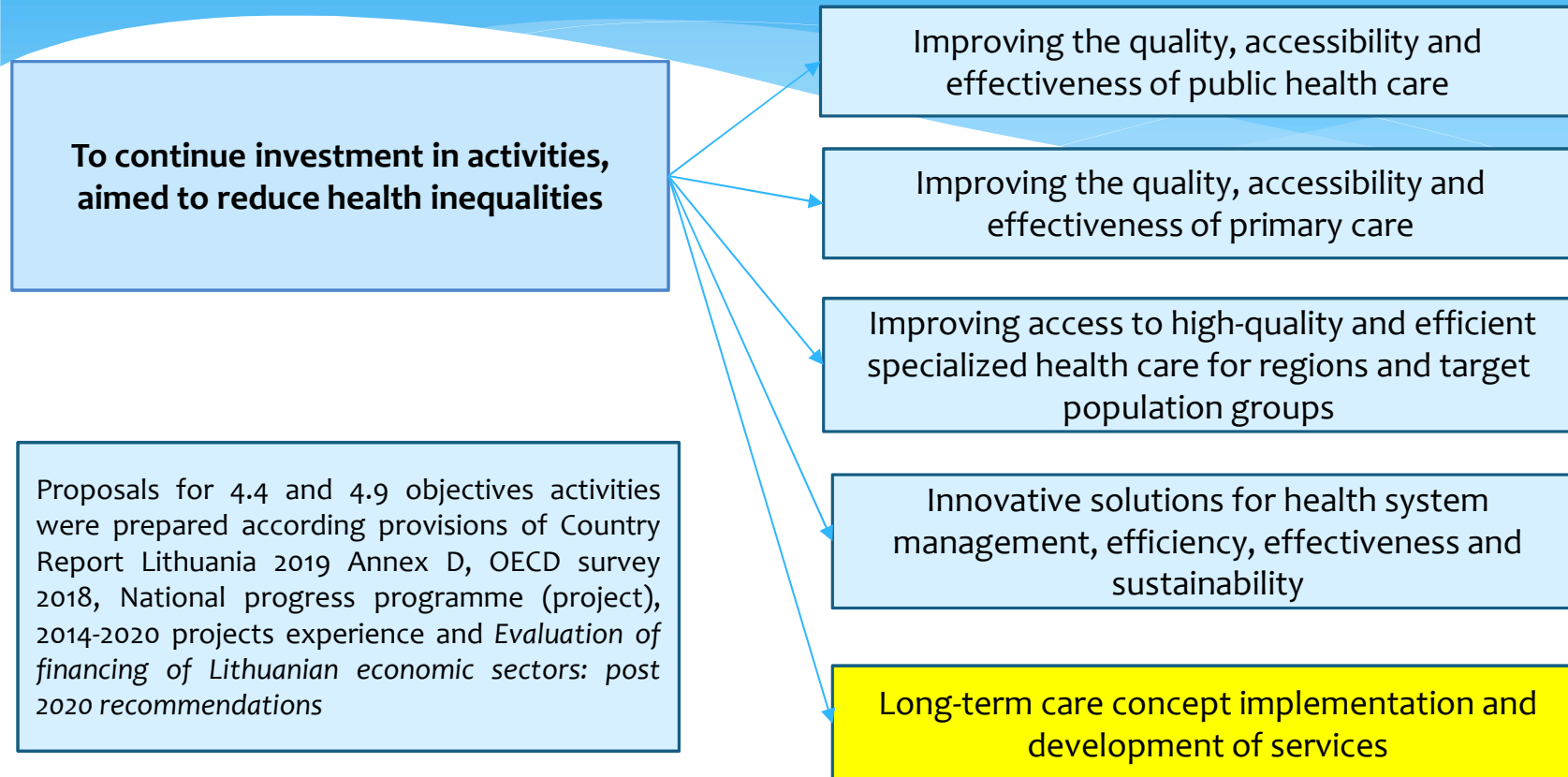


„Evaluation of financing of Lithuanian economic sectors: post 2020“



# 2021-2027 investments

## Proposals and recommendations



## **NATIONAL PROGRESS PROGRAMME GOAL:** Strengthen mental health resilience of the community and enhance activities devoted to strengthening health promotion and healthy lifestyle

### **TARGET GROUPS:**

- Children
- Adults 65+
- High risk individuals (substance abuse patients)

### **IMPACT MEASUREMENT INDICATORS:**

- Preventable death
- Self-perceived health
- Alcohol consumption
- Tobacco consumption
- Obesity
- Performance of the health-enhancing physical activity
- MMR vaccination rates among children by age 24 months
- Suicides
- Rates of bullying among school aged children

### **ACTIVITIES:**

- Increasing the availability of mental health services by strengthening early diagnosis and interventions, with a particular focus on the development of child mental health services;
- Strengthening the prevention of mental disorders and public awareness and tolerance of mental and behavioral disorders;
- Measures to increase physical activity and promote a healthy diet;
- Measures on health literacy improving;
- Regulatory measures to increase responsibility of local public health offices;
- Regulating the commercial or public availability of alcohol and tobacco through laws, policies, and programmes;
- Measures to create and strengthen models of public health bureaus cooperation with primary care teams;
- Development of the of performance indicator; assessment system;
- Measures addressing developing of the key drivers of poor health with a focus on specific risk groups.



## 2021-2027 investments

### **Improving the quality, accessibility and effectiveness of public health care**

Implementing evidence-based and international best practice measures addressing key risk factors for health disorders and specific target and vulnerable groups, raising health literacy of the population

Developing and deploying innovative and personalized digital tools for health promotion and disease prevention, mental health improvement

Evaluation of the effectiveness of preventive measures



## **NATIONAL PROGRESS PROGRAMME GOAL:** Increase the efficiency and accessibility of health care

### **TARGET GROUPS:**

- Children
- Adults 65+
- Population in regions (territories) with the highest rates of premature mortality from the main non-communicable diseases;
- Certain social risk groups with high rates of morbidity with certain diseases

### **IMPACT MEASUREMENT INDICATORS:**

avoidable hospitalisations for chronic diseases

### **Activities:**

- To reduce the administrative burden in PHC
- To ensure the provision of PHC services for 7 days/24 hours per week
- Developing the standards for diagnosis and treatment
- To improve criteria for work evaluation for family physician team
- Improve and increase payment for PHC services
- Strengthening PHC services for patients with chronic non-infectious diseases - to test innovative effective care models for multimorbidity patients and to implement them at national level
- To develop remote consultations between family physician team and patient. Create remote consultations between family physicians and medical practitioners; between nurses
- To develop professional competence for nurse and nurse assistant, working in team with family physician
- To develop the spectrum of new outpatients nursing care services
- Synergy of primary health care with public health and lifestyle medicine, oral health, advanced nursing, social care
- Clear pathways for intersectoral collaboration
- Better use of e-health in PHC





## 2021-2027 investments

**Improving the quality, accessibility and effectiveness of primary care**

Development of services provided by the primary care team

Implementation and development of innovative and digital remote outpatient personal health care services / consultations

Deployment and implementation of integrated health care delivery programs and models



## NATIONAL PROGRESS PROGRAMME GOAL: Increase the quality and safety of health care

### Targets (key indicators)

- Reduce amenable mortality
- Reduce 30-day mortality after admission to hospitals for AMI
- Reduce 30-day mortality after admission to hospital for ischaemic stroke
- Increase cancer (breast, cervical, colorectal) five-year net survival

### Target groups

- Regions with high amenable mortality
- Adults 65+
- People living in social exclusion

### Focus of action

Reorganizing the hospital network and adapting it to the needs of the regional population, creating incentives for healthcare efficiency and effectiveness

### Key activities

- Developing a model for planning the need for healthcare professionals;
- to develop a model for the qualification of health care professionals;
- Establishing a system of quality assessment and monitoring of the performance of health care institutions;
- Developing the standards for diagnosis and treatment;
- Developing ehealth to improve monitoring of access to health care services (monitoring of waiting times)
- Developing health technology assessment
- Improvement of health care pricing and reimbursement systems
- Developing evidence-based investment decision-making systems;



## 2021-2027 investments

Improving access to quality and efficient specialized healthcare for target groups to reduce inequalities in terms of health status and quality and accessibility of health care

Reorganizing the hospital network and adapting it to the needs of the regional population, creating incentives for efficiency and effectiveness

Establishment of long-term care network and development of services

Development of outpatient and day care services and improvement of accessibility

Ambulance and emergency service development, quality and efficiency improvement

Improving integrated healthcare delivery (disease clusters)

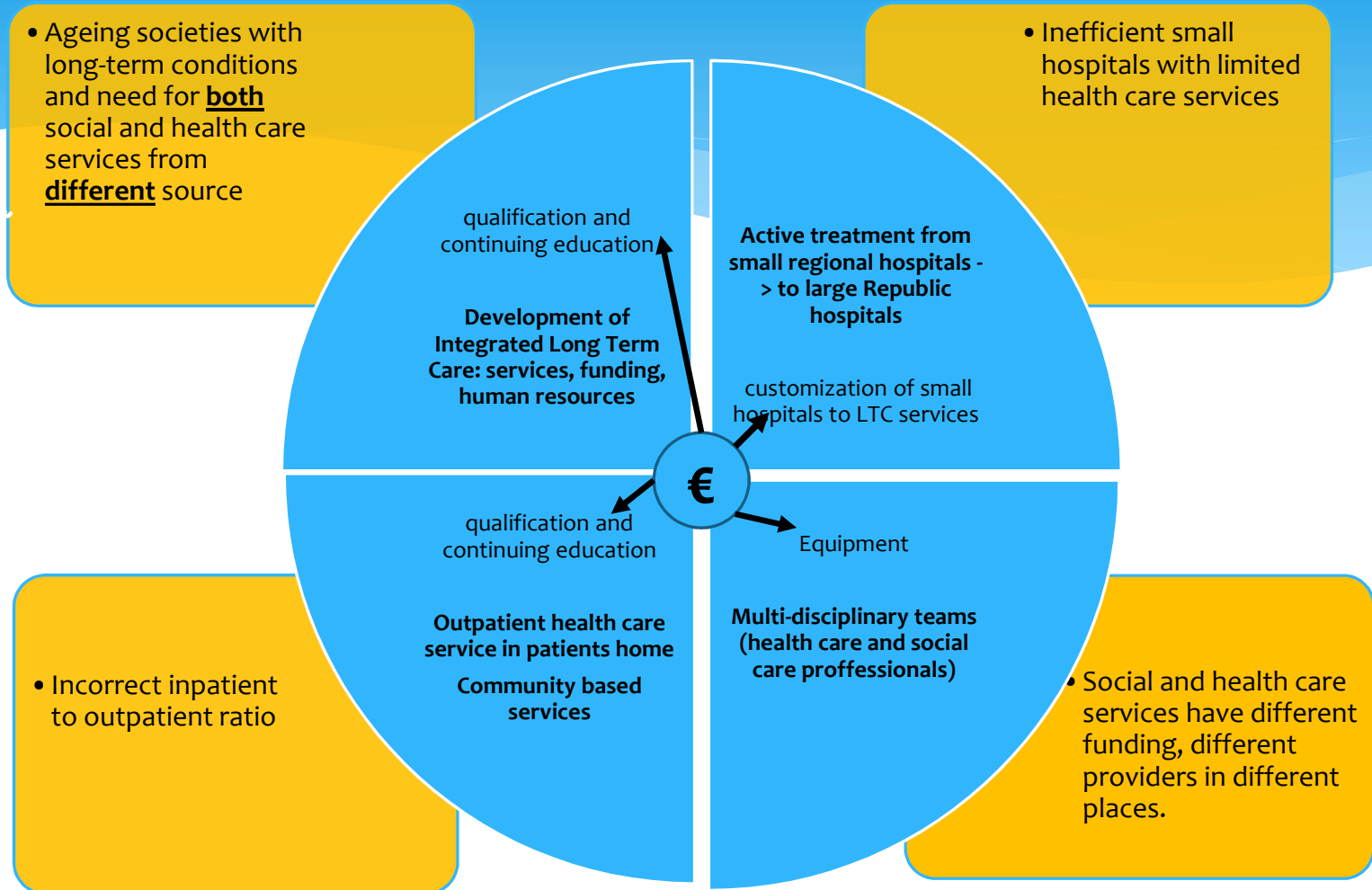
Improving the quality, efficiency and accessibility of health care services - circulatory system diseases, oncological diseases, communicable diseases (tuberculosis), as well as children and vulnerable groups

Improving the accessibility of tertiary centers of excellence

Ensuring convenient and safe access to health care infrastructure for disabled persons and persons with special needs



# Drivers for LTC system



## 2021-2027 investments

Innovative solutions for health system management, efficiency, effectiveness and sustainability

Creation of innovation and e-health infrastructure components needed for effective health system management, implementation of the ehealth data analytics tools, to improve efficiency of patient treatment results, quality of health services, effectiveness of health professionals work, promoting rational use of resources of the national health system of Lithuania

Strengthening human resources, analytical and special capacity of personal and public health care institutions, state and municipal institutions

Enhancing the empowerment of target population groups to participate in health care

Implementation of corruption prevention measures



# eHealth Future

To create and develop advanced and integral ehealth services that meet the needs and expectations of the society, patients, healthcare institutions and professionals



# An information event – discussion with social partners (vision of EU investments in 2021 – 2027) took place at Ministry of Health on 1st of July, 2019







# Thank You!



MINISTRY OF HEALTH  
OF THE REPUBLIC OF LITHUANIA