

**Europos Komisijai;**

**Europos komisijos pareigūnui**

**Ričardui Gauriui;**

ricardas.gaurys@ec.europa.eu

*Teikiama el. paštu.*

*Originalas siunčiamas nebus*

2024-01-29 Nr. 24/02

**QUESTIONS ON REFORMS AND INVESTMENTS INCLUDED IN LITHUANIAN RECOVERY AND RESILIENCE PLAN**

▣ *Improving the access to health services is one of the main objectives of the Recovery and Resilience Plan:*  
○ *In terms of the ongoing Lithuanian health reforms, what are your views on the ongoing reorganization of the network of personal health care institutions and centralization of ambulance services?*

Optimizing the network of personal health care institutions and the Emergency Medical Services (EMS) activities is imperative, primarily owing to the disparate distribution of services and resources within the healthcare system. We commend the establishment of residency bases in republican regional hospitals; however, the progression of competence centers has encountered impediments due to the cessation of European Structural Funds earmarked for this initiative.

The Lithuanian University of Health Sciences (LUHS) and the Faculty of Medicine at Vilnius University (VU) commenced the phased implementation of the residency studies project in 2018. A sum of 4 million euros was allocated from European Union funds to facilitate the restructuring of residency studies at both universities. It is noteworthy that, despite the initial infusion of 4 million euros, the two universities pioneering advanced step-by-step residency studies find themselves at an impasse, grappling with a dearth of funds required to sustain studies of this caliber. The allocated funds were designated exclusively for the restructuring of study programs and the establishment of an information system, with the stipulation that these resources must be expended by the conclusion of 2023. These funds were utilized to formulate a comprehensive step-by-step residency study project, revamp all residency study programs—63 at VU and 64 at LUHS. Additionally, a study monitoring and administration information system, encompassing the resident's electronic diary, was developed, and implemented. The simulator database underwent necessary updates.

Subsequent to the initial disbursement, the ongoing necessity for robust monitoring of residents and the continuous maintenance and updating of the installed information systems became

apparent. Regrettably, no separate funding was allocated for these crucial aspects. The universities assert their inability to sustain the installed modern yet exceedingly expensive information systems using their own resources. Consequently, they appeal to the government not to disengage from the project post-commencement. However, the supervising ministries, Ministry of Health and Ministry of Education and Sports, assert that there is no inadequacy of funds and question the purported need for integrating hospital information systems with universities. They contend that such integration would automate the transfer of data on resident doctors' activities to the university, eliminating the manual workload for resident managers and mentors. The Emergency Medical Services (EMS) reform is of paramount importance to ensure the uniformity of services; however, it has encountered challenges impeding its smooth implementation. The primary issue lies in the deficiency of both human and financial resources. As per established norms, The ambulance assistance should consist of a three-person team; however, in practice, teams comprise only two employees. It is crucial to note that the transportation function, constituting 20-30% of the ambulance services, is mandated for the ambulance to undertake. Unfortunately, neither the financial nor human resources have been augmented to accommodate such services, leading to the inevitable conclusion that the planned transportation function is being executed at the expense of responding to urgent calls. Encouragingly, positive strides have been made in the Emergency Medical Services (EMS) reform, particularly in the domains of staff training and the standardization of equipment in the ambulance vehicles.

*o Do you assess that these changes to the regulatory framework effectively improve access and the quality of the health system in the country?*

The Lithuanian Medical Movement (LMM) positively assesses the direction of the reform, which aims to reduce the volume of inpatient services and transfer patient care to homes. This change not only provides a more comfortable environment for people to recover, but also helps prevent the risk of hospital-acquired infections. Nevertheless, these processes require a methodical implementation, taking into account a detailed assessment of the available resources. LMM is concerned about the officials of the Ministry of Health avoiding to estimate the actual number of doctors and nurses - natural persons. Statistical data derived from employment estimates are considered potentially misleading. Nursing shortage care is of particular concern. Limited opportunities to increase their number to the required level pose a real threat of treatment and nursing complications, even the death of patients. Without a comprehensive understanding of the existing workforce, particularly the number of nurses, it is impossible to formulate a plan that meets the needs of reform. The future output of universities and colleges, although being prepared, is not sufficient to meet the expected eightfold increase in demand. In order to solve this problem, it is necessary to take concrete steps to improve the working conditions of nurses - providing the necessary equipment and clothing, curbing cases of mobbing and ensuring fair wages. These measures are necessary to strengthen the workforce and guarantee the success of the reform.

*o Do you think these reforms are sufficiently comprehensive? What challenges do you anticipate during their implementation?*

The Lithuanian Medical Movement (LMM) has constantly expressed concerns about inadequate preparation for health care reforms. The association emphasizes the lack of a comprehensive impact assessment and notes that the analysis conducted in December of last year was based on only a subset of data - only institutions that have signed contracts with the State Health Insurance Fund. In addition, no detailed impact report was provided. The lack of coherence of the Municipal Health Center (VSC), long-term care and scheduled patient transport projects is also a cause for concern. The methods by which these initiatives will improve the quality and accessibility of health services remain unclear. Before the law came into force, there was a noticeable lack of constructive dialogue with municipalities, so there was still a lack of clarity regarding the execution of the mentioned projects and the funding that the medical institutions will receive after being integrated into the center. This ambiguity creates challenges in the planning and implementation of these fundamental health care reforms..

- The plan also foresees investments in new and renovated infrastructure to accommodate the needs of the patients, in particular the modernization of 5 infectious disease cluster centres and the modernization of the emergency departments and resuscitation units of seven regional hospitals:
  - Do you think these investments will improve Lithuania's ability to react and improve its resiliency in front of health emergencies?

The reason for the decision to establish five infectious disease cluster centers remains unclear. Although there has been a significant increase in oncology since the pandemic, there seems to be a lack of strategies to expand service delivery in this critical area. In addition, in the face of the threat of war, it is noticeable that there are no plans to install new, modern and explosion-proof operating rooms. The Lithuanian Medical Movement (LMM) assures that it is necessary to build and equip centers of various competences that could be adapted to real needs. At the same time, LMM emphasizes the need to stockpile medicines and protective equipment. In addition, informal preparation of doctors to work with polytrauma patients is necessary. This includes developing treatment algorithms for such patients and disseminating this information to the medical community. Such proactive measures are critical to addressing changing healthcare challenges and ensuring that healthcare facilities adapt to the dynamic needs of the population.

#### Other questions:

- ☐ What is your view on the regulatory and investment initiatives targeted at strengthening the primary care and prevention in Lithuania?
- ☐ What would be other new major initiatives needed in the area of health policy beyond those envisaged within the Recovery and Resilience Plan?

1. **Realistic Assessment of System Resources and Strategic Planning:** Conducting a pragmatic evaluation of system resources and implementing strategic planning to address the needs of Lithuania. Resource replenishment can be achieved by delegating certain processes to universities and self-government entities.
2. **Diversification of Funding Sources and Addressing Monopolies:** Introducing alternative funding sources by dismantling the monopoly within the Citizens' Social Insurance Fund (CSIF). Recognizing and rectifying this flaw in the system to foster a more dynamic and diversified financial landscape.

3. **Application of Civil Service Reform Principles to Medical Institution Leadership:** Applying relevant aspects of Civil Service reform to candidates for leadership positions in public sector medical institutions. Prioritizing criteria such as knowledge, abilities, skills, and decision-making preparedness. Strengthening leadership competencies through training and ensuring protection against undue pressure, as long as decisions are not clearly illegal.
4. **Establishment of Medical Self-Government:** Informally instituting medical self-government and integrating it into system processes, including legislation, qualification development, licensing, assessment of work ethics, and the representation of community interests.
5. **Equitable Assessment of Service Providers:** Ensuring an equal assessment of service providers and creating conditions that are independent of ownership types. Promoting fairness and impartiality in evaluating the performance of healthcare entities.
6. **Control of Shadow Practices through Incentives:** Implementing measures to control shadow practices by introducing incentives, such as premiums, for specific services. This can help mitigate unauthorized or unregulated activities in the healthcare sector.
7. **Informal Preparedness of the Health System in Extreme Conditions:** In anticipation of extreme conditions, an informal preparedness plan for the health system can be established with the following components:
  - 7.1. **Secure Operating Rooms:** Installing operating rooms in secure premises to ensure uninterrupted and safe medical procedures during extreme conditions.
  - 7.2. **Training of Diverse Medical Specializations:** Conducting training programs for doctors of various specializations and competencies to equip them with the skills required to work effectively in extreme conditions.
  - 7.3. **Development of Treatment Algorithms:** Creating detailed algorithms for surgeons, outlining the correct assessment process for polytrauma patients and guiding where to initiate treatment.
  - 7.4. **Reserve Accumulation:**
    - 7.4.1. **Protective Measures:** Accumulating reserves of protective measures to safeguard healthcare professionals and patients in extreme conditions.
    - 7.4.2. **Medicines:** Stockpiling essential medicines to ensure uninterrupted healthcare delivery during emergencies.
    - 7.4.3. **Instruments:** Amassing reserves of medical instruments to facilitate efficient medical procedures in challenging circumstances.
  - 7.5. **The Emergency Medical Services (EMS) training:** Providing comprehensive training for the ( EMS) service, including the creation of an algorithm for their work in extreme conditions.
  - 7.6. **Training the Private Transportation Sector:** Conducting training programs for the private transportation sector and creating operational algorithms to enable them to function effectively during extreme conditions.

8. **Introduction of a medical worker as a freelancer.**

9. **Regulation of doctors' workloads**

10. **Creation of systematic measures for the maintenance and protection of the health of mental health practitioners**

These measures collectively aim to enhance the resilience and adaptability of the health system in the face of unforeseen and challenging circumstances.

☒ In terms of ongoing Lithuanian health reforms, what is your view on the main reform areas, such as: Transformation of public health care; We do not have data on the transformation of public health care.

Transforming mental health care; - the situation is described below.

Implementation of patient transport services; Developing Long-Term Care services.

The smooth implementation of patient transport and long-term care services faces significant challenges due to lack of resources. Currently, regular transport services are provided by Emergency Medical Assistance (EMS). Worryingly, EMS provides up to 30% of ride-hailing services. Failure to increase funding and recruit new staff affects their ability to respond promptly to emergency calls. Due to uncertain conditions, municipalities have cut funding to non-governmental organizations (NGO) that provided patient transport services. There is a severe shortage of human resources for long-term care, and the number of nurses would need to increase eightfold compared to pre-reform levels to meet the demands of the ongoing reform. Addressing these challenges necessitates urgent attention to resource allocation, increased funding, and the recruitment of additional personnel. Ensuring a sustainable solution to the shortage of nurses is paramount to the success of the reform, as the current strain on existing resources compromises both scheduled services and emergency response capabilities. Efforts to attract more students to study nursing and to retain professionals in the health care system have been insufficient. In fact, as of 2020, the number of people wanting to study nursing has steadily declined, with only a third of nursing graduates choosing to stay in the healthcare system. In solving these challenges, it is very important to focus on improving the working environment, employee salaries, and equipment for long-term care services. Efforts should not be limited to verbal "prestige raising".

☒ Do you think the ongoing reform of healthcare centers is effective and ensures equality in access across Lithuania?

Municipal Health Centers (MHC) will in no way ensure an even distribution of services to the population, as neither the functional nor the structural merging of medical facilities reduces the existing deficit of system resources, which leads to the formation of patient queues. There are also questions about MHC funding, which can vary tenfold. The Ministry of Health does not explain why there are such inequalities in the distribution of finances. This creates unequal conditions for the initiation, development and patient services of MHC.

Unequal funding rules for affiliated and unaffiliated providers create discriminatory economic conditions for non-Municipal Health Centers (MHC) treatment facilities. This may lead to the bankruptcy of some health facilities and may result in doctors emigrating or leaving the system. Private capital companies that have been providing high-quality healthcare services to the population for many years are pushed out of the system, an additional burden falls on public

sector medical institutions, further burdening the doctors working in them.

In addition, the possibility that doctors will seek better working conditions abroad is quite real. Due to unfavorable social, geopolitical and even geographical conditions and the language barrier, Lithuania cannot rely on medical immigration from third countries to solve the shortage of healthcare specialists.

Instead of creating artificial disturbances, it is extremely important to improve the conditions for institutions providing health services, regardless of their form of ownership, and to protect medical personnel in Lithuania. These include ensuring fair funding, ensuring equal opportunities for all health care service providers, and creating a favorable environment for retaining and attracting qualified doctors in the country. By addressing these concerns, Lithuania can protect its health care system and the well-being of its population.

☒ Please provide your views on the potential measures which would contribute to addressing challenges related to: • shortage of health professionals;

The Ministry of Health is responsible for the strategic planning of the required number of specialists for the next five, ten and fifteen years. This requires a comprehensive assessment of the existing medical workforce, including the current workforce and those approaching pre-retirement and retirement age. At the same time, the Ministry of Health must notify the Government, universities and colleges about these carefully prepared plans.

Based on this strategic vision, the Government could submit state orders to universities, allocating financial allocations to support medical and residency studies. In addition, the Government could provide that persons studying state-financed studies commit themselves to work in certain regions for a certain period of time after their studies. This concerted effort ensures a smart alignment of evolving health care needs and strategic medical workforce development across the country.

• difficulties in attracting specialists to the regions;

The regional development policy aims to create a favorable environment for small business, reducing the tax burden and bureaucratic obstacles for persons engaged in business. This includes streamlining taxes for companies operating in the regions, thus promoting economic growth and sustainability.

Along with the regional revitalization strategy, there is an urgent need to expand health services and restore educational opportunities to the regions. Cooperation efforts with regional authorities are very important in developing the infrastructure of utility networks and recreational areas and thus improving the overall quality of life.

An important aspect of the proposed policy is the deliberate attraction of medical professionals aged 50 and over to the regions. Emphasizing the unique advantages of rural living, this initiative aims to address regional health care needs while harnessing the expertise and knowledge of experienced physicians. This multifaceted approach aims to create a holistic and sustainable regional development paradigm.

• the strong influence of demographic factors (ageing health professionals).

The year 2023 is important because the demographic landscape is undergoing a fundamental change, with the retirement age population exceeding the working age population. This demographic turning point poses a major challenge over the next two decades, as the working-age



population is projected to continue to decline compared to a growing retirement-age population. Consequently, the demand for health services may increase, requiring more resources for their efficient delivery.

Of particular concern is the prevailing situation in regions where a significant number of health care professionals, including doctors and nurses, fall into the retirement age category. This demographic composition predicts potential stress on the availability of basic health care services in the near future. Urgent measures and strategic interventions are necessary to mitigate the impending impact and ensure continued access to vital health care services for the population.

▣ In addition, how do you assess the current situation of the health workforce?

The healthcare sector is currently struggling with a chronic shortage of human and financial resources, placing a huge burden on healthcare workers. A notable problem is the lack of regulation governing workloads for doctors, and the existing regulation governing workloads for nurses is only advisory, giving treatment facilities autonomy to set internal procedures. This scenario has resulted in constant overwork for doctors, which has led to an alarming rate of burnout, depression and suicide in the profession.

Urgent and comprehensive reform is needed to address this critical situation. The implementation of strict regulations governing the workload of medical professionals, especially doctors, is essential to ensure their mental and physical well-being. At the same time, greater financial resources must be allocated to the health care system in order to reduce the strain and ensure adequate staffing of medical facilities. A proactive and coordinated effort involving regulatory authorities, medical institutions, and government agencies is necessary to create a sustainable and supportive work environment for health care workers, ensuring optimal patient care while prioritizing the well-being of those entrusted with this critical responsibility.

What are the shortages or regional imbalances? In your view, what needs to be done in order to reduce these shortages?

The current imbalance in the provision of health services in Lithuania is significantly influenced by the management of regional state medical institutions. The effectiveness of these institutions depends on compliance with legal mandates, not political decisions.

As not-for-profit entities, public sector treatment facilities are not prohibited by law from operating for profit, although they are committed to serving the public interest and are encouraged to achieve financial sustainability to help expand and improve their operations.

Unfortunately, the prevailing problem is the lack of managerial competences in the management of public sector medical institutions. Many of these managers are politically dependent and lack the necessary leadership skills, which hinders the effective organization of health care services.

The consequences of this lack of leadership are manifold. Regions are struggling with labor shortage, making it difficult to maintain adequate health care services. Furthermore, monitoring and preventing mobbing in these institutions is difficult due to the lack of strong leadership.

A comprehensive measure requires a concerted effort to strengthen management capacity in the public health care sector. These include targeted training programs, the implementation of transparent and merit-based appointment processes, and the development of a professional ethic that prioritizes adherence to legal frameworks over political considerations. In addressing these systemic challenges, Lithuania can aim to create a health care infrastructure characterized by

effective leadership, workforce stability and a commitment to fostering a favorable work environment.

According to the principles of civil service reform, the selection criteria for managers should include key aspects such as knowledge, abilities, skills and training, including qualities such as determination and motivation to make informed decisions. Leadership competencies among administrators need to be strengthened, and ongoing training programs are needed to improve their skills.

It is very important to create a mechanism to protect administrators, especially in cases where their decisions are outside the law. Protection from excessive pressure from political parties, media influence and the threat of arbitrary dismissal is necessary to ensure an enabling environment for effective decision-making. These safeguards not only maintain the integrity of executive duties, but also contribute to the overall stability and effectiveness of nonprofit institutions in serving the public interest.

Managers of public sector treatment facilities need a clearly defined role in collaboration with the regulator Ministry of Health, funding bodies and patients. At the moment, there is a fear in the environment of the managers of medical institutions, which prevents them from expressing their opinions, speaking up for the right conditions for employees, and improving the institutions' operations.

Establishing clear lines of communication and collaboration between managers, regulators, funding bodies and patients is essential to foster a more constructive and transparent environment. This means creating a system that encourages open dialogue where managers feel empowered to express their opinions without fear of confrontation. In addition, mechanisms should be developed to help managers promote employee well-being and institutional improvement.

▣ [What is your view on the ongoing efforts to reform the mental health care systems and what needs to be done to ensure that citizens with intellectual or psychosocial disabilities are integrated in the society?](#)

Successful implementation of mental health reform requires fundamental shifts in the psychiatric community, which continues to stigmatize people with mental disabilities and favors biomedical treatment with a conscious approach to coercion. Unfortunately, the psychiatric community in Lithuania remains extremely closed and conservative. Community resistance is holding back the development of Level II service provision in the public sector.

It should be noted that the survival and growth of practices such as electric pulse therapy in Lithuania, despite global recommendations that give preference to non-coercive methods, highlights the need for urgent reforms. The World Health Organization (WHO) and the World Psychiatric Association emphasize the importance of non-coercive treatment, a perspective consistent with modern principles of mental health care.

The lack of an effective evidence-based mental health care system, especially for children, is a major concern. The existing infrastructure is fragmented, human and financial resource utilization mechanisms do not meet modern requirements. Addressing these gaps requires a comprehensive policy review, strengthening stakeholder collaboration and promoting evidence-based practice. Such a reform is necessary to ensure that mental health services in Lithuania meet global standards, promoting a supportive and efficient system for those who need it.

<https://hrmi.lt/koalicijos-psichikos-sveikata-2030-pasiulymai/>



Despite the laudable efforts of the Ministries of Health, Social Protection and Education in promoting mental health promotion and prevention, considerable steps still need to be taken in reforming the mental health care system itself. Long-standing systemic gaps in support for children and adults with mental health problems remain a glaring gap in the development of a comprehensive network of second-level permanent outpatient services.

Prioritizing these important services, ensuring adequate funding, and fostering an environment conducive to the harmonious development of social innovation is a key factor for substantial improvement. These long-term systemic challenges need to be addressed in order to strengthen the mental health care system and ensure that those who need it receive the support and services they need. By focusing on strengthening secondary outpatient services, the overall effectiveness and inclusiveness of the mental health care system can be significantly enhanced, making the mental health care system more resilient and responsive.

The coalition strongly recommends the implementation of effective measures to stop this widespread and historic phenomenon observed in everyday medical practice. It is worrying that a significant number of patients continue to use psychotropic drugs without clear indications for such treatment. This malpractice, largely influenced by trends in medical education and biased information provided to the public and policy makers, is causing great harm. In most cases of mental disorders, psychosocial support methods should take precedence over treatment. Planning and resource allocation for the development and maintenance of these services is critical to ensuring comprehensive and appropriate care for people experiencing mental health problems. The coalition emphasizes the importance of shifting the treatment paradigm toward evidence-based psychosocial support methods, thereby promoting more effective and patient-centered mental health care practices.

The Lithuanian mental health care system is faced with a clear inefficiency in solving the mental health problems of children and adolescents, therefore the coalition proposes to devote a separate section to these issues. The document explains why ongoing support for children and young people with mental health problems is often not effective, and outlines the key services that need to be developed to make tangible improvements.

A critical observation is that there is no effective system in Lithuania that facilitates evidence-based mental health care for children. The current infrastructure is fragmented, and the existing human and financial resource allocation mechanisms do not meet modern requirements. It is notable that most municipal mental health centers lack specialized teams to provide mental health care services to children. Consequently, in more complex cases requiring ongoing non-pharmacological intervention or specialist team support, such essential support remains unavailable.

To address these shortcomings and truly transform child and adolescent mental health care, the coalition emphasizes the urgent need for comprehensive reform. This includes addressing structural weaknesses, reallocating resources to meet modern standards and developing specialist teams in mental health centers to meet the unique needs of young people struggling with mental health issues.

One of the most prominent challenges in entry-level centers is the understaffing of child and adolescent psychiatrists, psychologists and social workers, who work part-time or not at all to work with children. Addressing this critical issue is a key focus of the coalition's proposals.

In addition, the coalition advocates the establishment of principles protecting human rights in the Lithuanian mental health system. In order to free ourselves from excessive dependence on institutional care, reduce the number of unjustified hospitalizations and minimize the use of

coercive measures, it is necessary to develop a network of high-quality, innovative services. The main focus should be on developing these services in non-hospital and non-primary centers. Recognizing the extremely important importance of public mental health in the modern age and realizing that many vital issues cross the boundaries of individual ministries, the coalition proposes to restore the State Mental Health Commission under the Government of the Republic of Lithuania. This restoration corresponds to the 2007 The goals outlined in the Mental Health Strategy approved by the Seimas, emphasizing the need for cooperation and a comprehensive approach to mental health management.

Lietuvos Medikų sąjūdžio vardu  
Auristida Gerliakienė