



NATIONAL AUDIT
OFFICE OF LITHUANIA
• BRINGING BENEFITS •



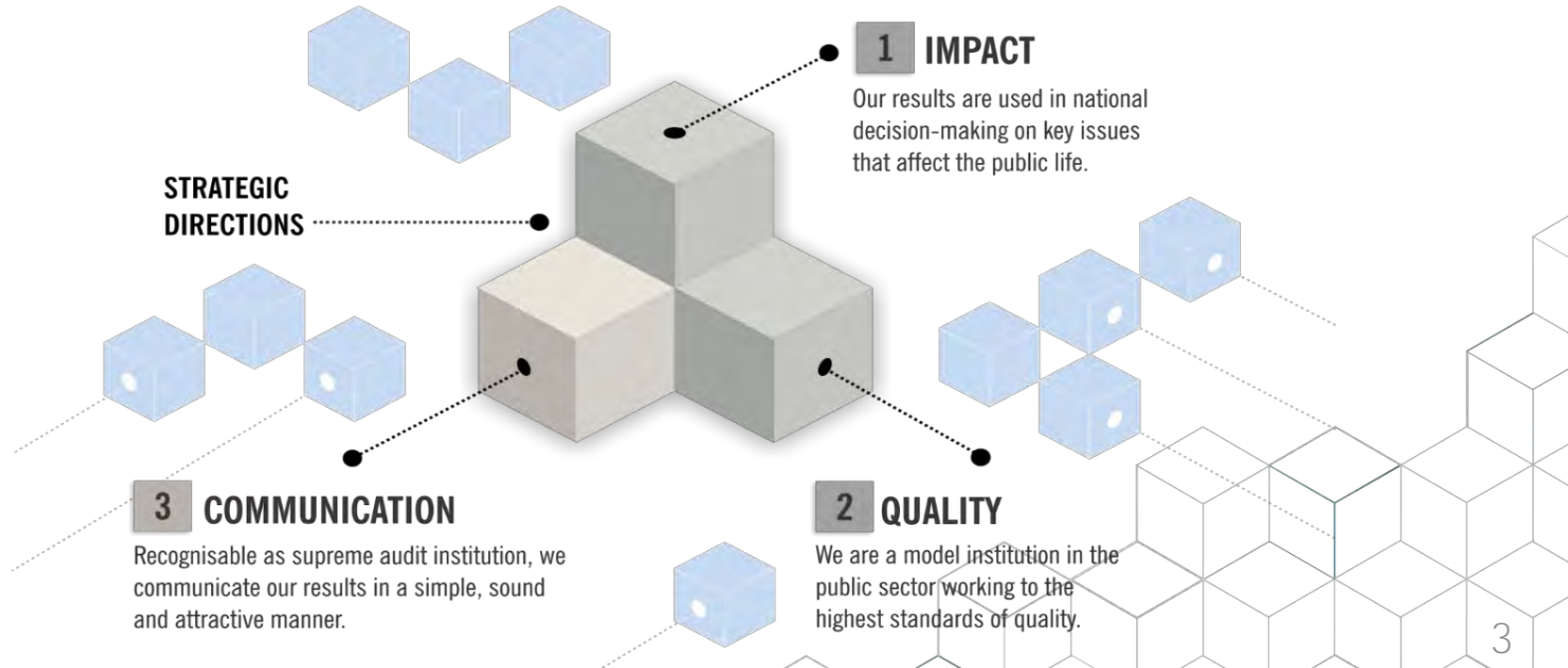
Quality of health services: evaluation at three levels (central and local government, entities)

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SAI Strategy for 2020



New innovative ways

Strengthening implementation of recommendations:

- timing
- summary reports to the Parliament
- open data

Awareness and engagement

- annual international conference

The screenshot shows the website of the National Audit Office of Lithuania (Valstybės kontrolė). The header includes the logo, name, and tagline "Aukščiausioji audito institucija". Navigation tabs include "Administracinė informacija", "Audito ataskaitos", "Lėšavos", "Tarptautiniai ryšiai", "Naujienos", and "Kontaktai".

The main content area features several news items:

- 2018-05-30** Seimo valdyba pritarė valstybės kontroleriaus teikimui dar 5 proc. sumažinti didžiausią leistiną institucijos pareigybių skaičių.
- 2018-05-24** „Rail Baltica“ stebėsenos darbo grupė Vilniuje tariasi dėl bendro audito.
- 2018-05-23** Valstybės kontrolėje lankosi Azerbaidžano valstybės tarnybos atstovai.
- 2018-06-01** Pasiūti naujieji valstybės kontroleriaus pavaduotojai.

The sidebar on the left contains several categories:

- Struktūra ir kontaktai
- Teisinė informacija
- Veiklos sritys
- Rekomendacijų įgyvendinimas
- Korupcijos prevencija
- Paslaugos
- Viešieji pirkimai
- Asmens duomenų sauga
- Karjera
- Klausimai
- Nuorodos
- Prisijungti

At the bottom of the sidebar, there are several icons representing different types of data or reports:

- BIUDŽETO POLITIKOS STEBĖSENA
- 2017 VALSTYBĖS KONTROLĖS VEIKLOS ATASKAITA
- VYKDOMI AUDITAI
- SĄLYGAI DĖL VALSTYBINIO AUDITO PROGRAMOS
- ATVIRI DUOMENYS (highlighted with a red box)

The right sidebar contains a "Naujųjų prenumerata" section with logos for "METU INSTITUCIJA 2016" and "BUREAU VERTAS Certifikatas".

Open data

Recommendations of earlier audits:

„Suicide Prevention and Aid to Individuals Related to the Risk of Suicide“

- To cooperate with other institutions in developing a scheme for the provision of aid to individuals related to the risk of suicide
- To organize assessments of the quality and accessibility of health care services to individuals related to the risk of suicide

Awareness and engagement





Ongoing performance audit

Quality of healthcare services

The objective of the audit is to evaluate healthcare quality
in three dimensions:

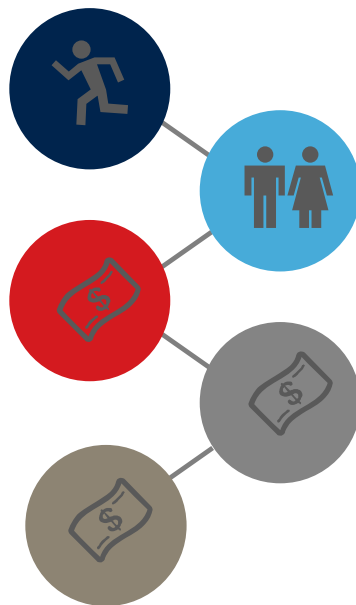
- **are services built according to patients' needs?**
- are the services effective and safe?
- are healthcare services readily available?

Statistics – what do we have?

Life expectancy in Lithuania is six years lower than EU average (80,6) and the lowest in the EU.

Health expenditure per capita in Lithuania (EUR 1 406) is half the EU average (EUR 2 797).

32% of health spending is paid „out-of-pocket“, compared to the 15% EU average.



In addition, the gap between men and women is exceptionally large (69,2 – men, and 79,7 – women). The largest gender gap in the EU.

As a share of GDP, health spending has increased from 5.6% in 2005 to 6.5% in 2015 but is the sixth lowest in the EU.

Statistic – what do we have

- **Cardiovascular diseases** are the leading cause of death among women and men in Lithuania. In 2014, - 22 500 people died from cardiovascular diseases.
- **Cancer** is the second largest cause with 8 000 deaths.
- **External causes** are the third and fourth broad main causes of death.
- **Ischemic heart diseases and stroke** remain the top two causes of death in Lithuania with mortality rates four and two times above the EU average respectively.
- **Lung cancer** is now the third leading cause of death, a legacy of high smoking rates. Lithuania also has the highest **suicide** rate in the EU, which poses a serious challenge to mental health services

Audit's aim and time period

To evaluate:

- the system, built for quality of healthcare services,
- the role of central government, local government and healthcare providers

Audited time period – 2014-2016.

In order to obtain a more accurate assessment, we have also used data from earlier time periods, as well as the year 2017.

Evaluation at three levels



Constitution guarantees free medical care (Article 53)

Three dimensions



Patient quality- are services built according to patients' needs

Specialist quality – safety and efficiency

Organization quality – availability of healthcare services

Pre-study – How do we begin?

Understanding the business without medical knowledge:

- reading literature about healthcare economic
- interviewing doctors, students, patients organizations
- studying surveys
- outsourcing a public survey about patients' satisfaction

Audit plan - questions in three dimensions

Patient quality

- Do we know patient care needs?
- Do we measure patient experience?
- Do we ensure patient participation in decision making?
- Do we analyze patient complaints?
- Do we improve patient literacy? Do they know their rights and obligations?

Specialist quality

- Continuous medical education and licensing
- Treatment standartization
- Assessing new and existing technologies
- Developing the reporting and learning system from adverse events
- Quality control at three levels

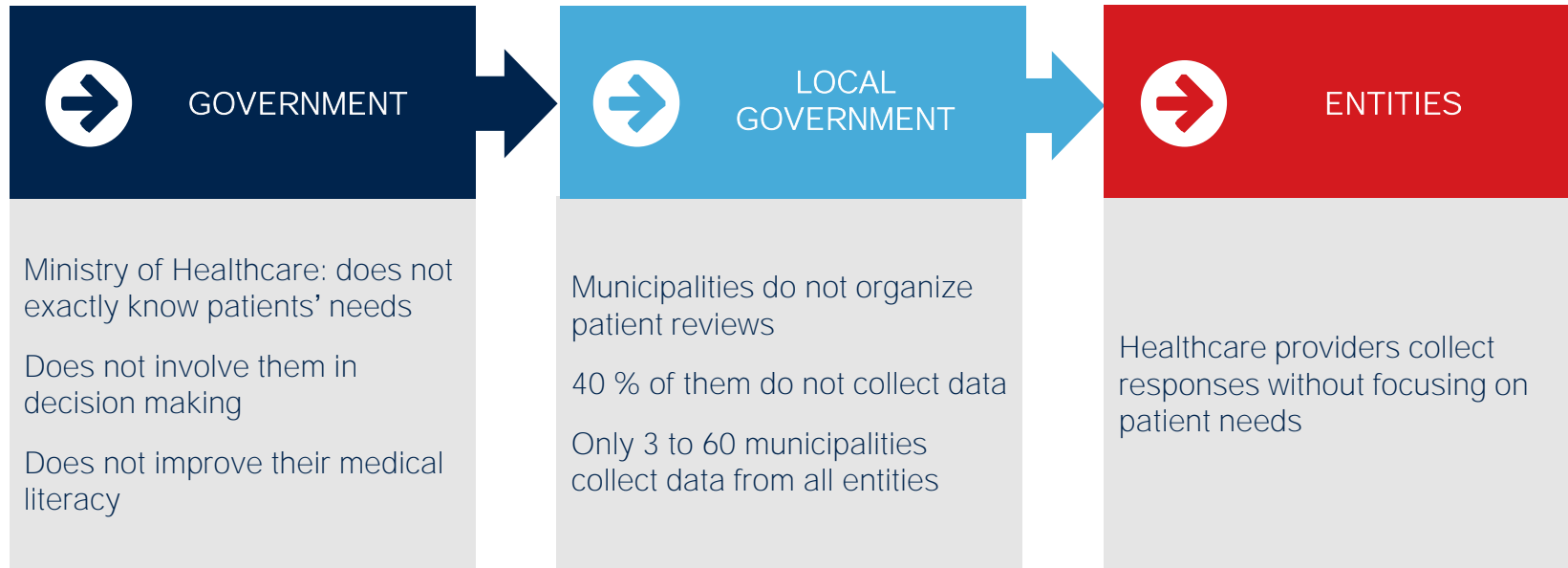
Organization quality

- Do we have enough medical specialists?
- Do we manage queues?
- Do reforms of the system bring benefit?

Conducting

- communication with Ministry of Healthcare and other institutions;
- survey on municipalities' policies
- survey on healthcare providers' performance
- survey on medical specialists' associations
- analyses of all data

Patient quality – findings- what have we found



Patient quality – conclusions

- central government does not emphasize patients' obligations and there are not enough measures to enforce them
- about 20 % of all patients do not come to doctors' visits at the appointed time
- central government does not analyze patients' complaints, therefore this information can not be shared **with other entities and employed to avoid same mistakes in the future**

Specialist quality - findings - what have we found



Specialist quality – conclusions

- healthcare providers are not aware of particular professional weak spots at the level of entity as well as individual doctor
- doctors have to pay for their own professional enhancement
- treatment standartization needs to be developed
- there is no improvement of the system of reporting adverse events, based on mistakes from the past
- new technology assesment and its funding needs to be related

Organization quality – findings - what have we found



Organization quality – potential conclusions

- the role of primary care nurses that can manage the inscreasing demands for healthcare is not developed
- the means are not sufficient enough to ensure the availability of healthcare (long queues to see a specialist)
- 4 reforms of the system did not give the expected results thus the existing healthcare provider network still need further finetuning

Searching for the most beneficial recommendations



To create and improve the system of assessing medical specialists' competence



To set indicators that measure the outcomes; to improve the quality of the maintenance system



To expand the list of adverse events, to encourage their registration and to analyze patient complaints



To involve associations of medical specialists in the treatment standardization process



To review the new technology assessment process

Considerations for the near future

Potential audit topic –

Quality of Public Health: **encouraging citizens live healthy**

Is it relevant? Is it beneficial? Is it auditable?

Let's discuss it further