

**Family Medicine in Lithuania****Leonas Valius<sup>1</sup>**

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Lithuania is one of the three Baltic States, which regained independence in 1990. Back in 1989 a Congress of Physicians of Lithuania took place in which the necessity to reform the health care system was discussed. To implement these reforms the National Health Care Conception was adopted in 1991 by the Parliament. The main goal of reform – to optimise health care resources and services for better health of population. The development and reformation of Primary Health Care was underlined as a key factor of a whole Health Care Reform. The main concept urges development of the primary health care services reorienting them from disease centered episodic activities to patient needs, continuity, comprehensiveness, health promotion and disease prevention.

For this purpose in 1992 departments of Family Medicine were established and family medicine residency program was created in Kaunas University of Medicine and Vilnius University. At that time first 30 resident students were admitted to the residency. According to the reform goals, all practicing physicians in primary health care level (district internists and paediatricians) should be replaced by family doctors (GPs) until 2010 year. With an average of 1600 population per one GP, Lithuania needs approx. 2100 GPs. That means, that approx. 1700 district doctors should be retrained into GPs and other 500 should be trained by regular residency. Therefore since 1997 retraining process of district doctors started in both universities and every year graduates approx. 250 of trainees. In the year of 2000, 1000<sup>th</sup> graduate received

Family Medicine diploma. Currently (at the beginning of 2007) there are almost 2200 trained or retrained family physicians.

During 2001-2002 years residency program was upgraded. The EU experts recognized the program as conforming to the EU requirements.

In 1996 the Lithuanian College of General Practitioners was established, which in 1999 became a full member of WONCA. Currently there are over 300 members of the College of GPs. Main goal of the College – promotion of continuous medical education and quality of care. Under guidance of the College or Department of Family Medicine of Kaunas University of Medicine national conferences for family doctors takes place 8 times per year and 200-300 participants take part in these conferences. Since 1999 y. 30 to 60 GPs – members of the College participates in WONCA events every year.

In 1997 a scientific journal for family physicians “Lithuanian General Practitioner” was issued. Today it is a monthly magazine printed in 1000 copies. This year the magazine celebrates its 10<sup>th</sup> birthday. Almost a half of all pages of the journal is devoted for publication of scientific articles, 30 percent of them family physicians are authors and co-authors. The journal is also available on the website <http://www.bpg.lt>. In 1997-1998 and 1999-2000 PHC reform process was reinforced by PHARE interventions: 40 trainers in family medicine were trained, two university departments of Family Medicine were equipped, and

establishment of 54 private GP clinics across Lithuania was supported.

**Family medicine today:**

Currently, more than 2200 family physicians have graduated and 100 more are studying in the residency. Primary health care services provided by family doctors gradually is increasing and currently covers approx. 75% of Lithuania population, of them 97 % rural population particularly. 200 public and 120 private GP clinics are in operation. Health care system financing principles are based on compulsory health insurance. PHC services are reimbursed by capitation fee of patient list, which average is about 25 Euro per capita per year.

Since 1998 existing partial gate – keeping role in 2002 was switched to complete gate-keeping. That means – all health problems (excluding critical emergency) must be seen and evaluated by GP. Since March 2003 some elements of “fee for service” are coming up: “fee for service” principle is used mostly for preventive/monitoring activities (early cancer detection, Pap smear, mammography, cardiovascular diseases risk evaluation, prostate cancer marker evaluation). It takes approx. 25-30 % of whole physician/nurse reimbursement part.

*Problems:*

1. Not all GPs graduates are practicing family medicine (almost 25 % of them after graduating of retraining returned to district doctor practice or do not practicing family medicine at all).
2. PHC services provided by GPs remains oriented to problem solving rather to problem prevention;
3. GPs does not operates in full professional competence (range);
4. There is lack of stimulation to perform quality and/or comprehensive services by GPs;
5. Family physicians and other PHC service providers are overloaded by paper work – to 60 % of daily working time GPs spend on paper works.
6. Insufficient income does not allow to provide “patient friendly” services (short consultation time, long waiting list, beaurocratic referral system, lack of preventive activities), and keeps physicians on “looking for additional earning” regime;
7. MOH regulations as “primary health care provision round o’clock despite holiday days” does not match with practical/financial potency of PHC settings;
8. Absence of e-health system negatively interacts on accessibility and continuity of care and in-time exchange of patient data between primary and consultant levels.