

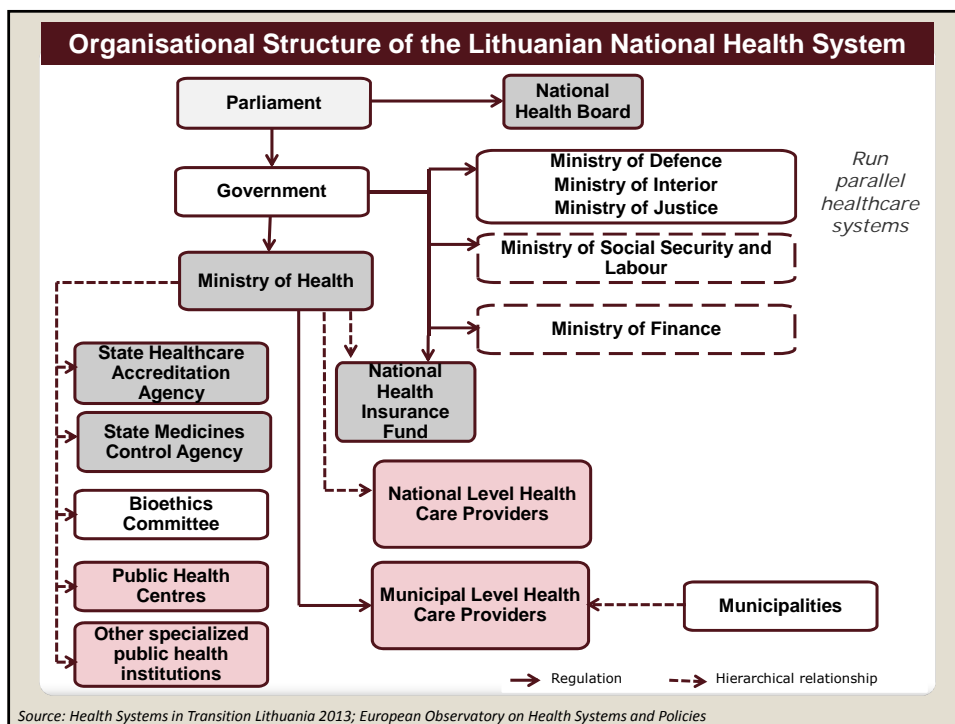
Organisation and Funding of the Health Care System in Lithuania

**Riga
November 19-20, 2015**

Outline

- **Organization and governance of the National Health system**
- **General financial information**
- **Basic conditions for the provision and funding of healthcare**
- **Revenues and Expenditure of the Compulsory Health Insurance Fund Budget**

Organization and Governance of the National Health System

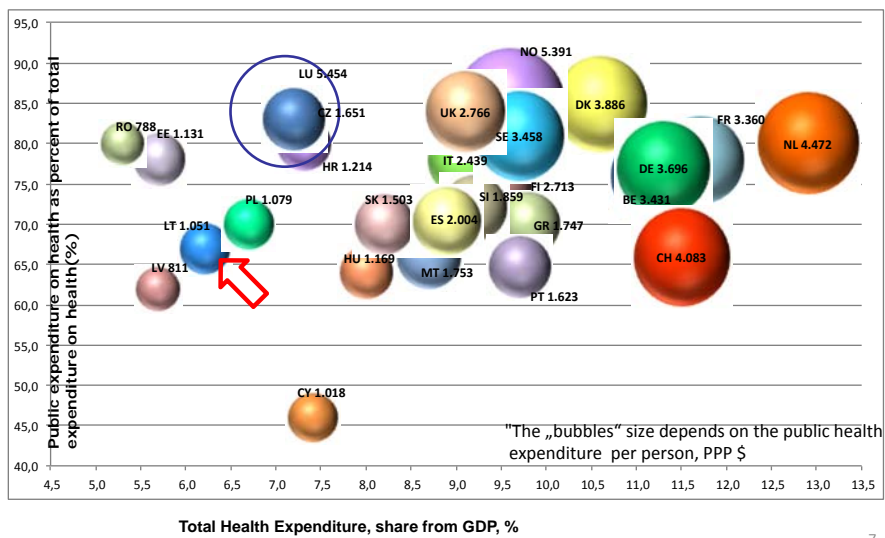


General financial information

Main Indicators of Health Financing in Lithuania, 2013

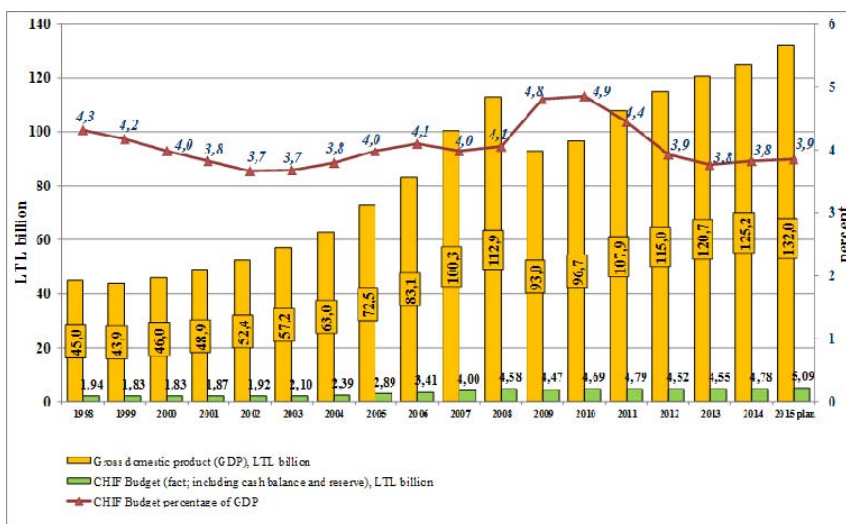
Total health expenditure (THE) (€ million)	2,273.4
Public expenditure (€million)	1,489.7
of which Compulsory Health Insurance Fund (€million)	1,235.0 (83%)
Private expenditure (€million)	714.6
of which private households OOP (€million)	695.5
Capital investments (€million)	135.8
THE as % of GDP (%)	6.5%
Public expenditure on health as % of GDP (%)	4.3%
Private expenditure on health as % of GDP (%)	2%
Public expenditure on health as % of THE	65.5%
Private expenditure on health as a % of THE (%)	31.4%
THE per capita (in €)	768.6

Comparison of the Health Expenditure and Public spending per capita, 2013



Source: World Bank database „HealthStats“

Dynamics of CHIF Budget and Gross Domestic Product, 1998–2015



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Basic conditions for the provision and funding of health care

State Guarantee for all Permanent Residents

- The Law on Health Insurance of the Republic of Lithuania provides that all permanent residents of the Republic of Lithuania are eligible for the Compulsory Health Insurance scheme.
- All people covered by the compulsory health insurance scheme in Lithuania have a right to receive the healthcare services guaranteed by the State.
- The urgent medical care in the territory of Lithuania is available free of charge to all permanent residents irrespective of whether or not they are covered by the compulsory health insurance

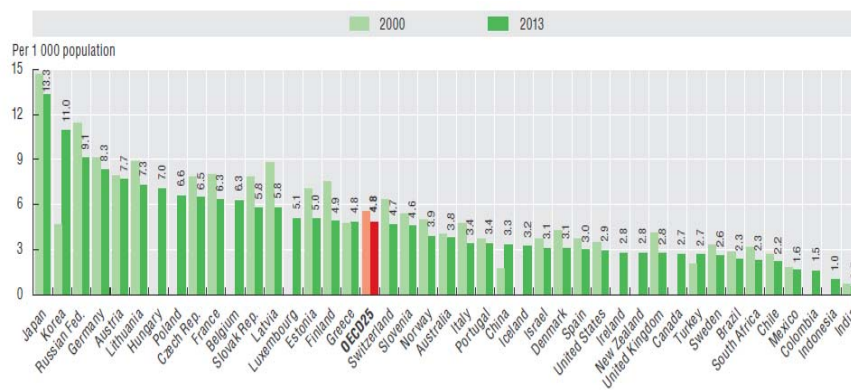
Basic Conditions for the Provision of Health Care Covered by the Compulsory Health Insurance (CHI)

- Health care services should be provided by the healthcare providers which have concluded contracts with the Territorial Health Insurance Funds.
- The patient has to turn to the general practitioner primarily (gate keeping).
- In order to get specialized healthcare services, the patient should have the referral from his general practitioner.
- The patient is entitled to choose a primary health care institution and a practitioner as well as a secondary and tertiary health care institution and a practitioner.

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Contracting of Health Care Providers

- 814 health care institutions (69 hospitals)
 - 1416 pharmacies
 - Conditions for contracting: valid licence (the only condition)
- Hospital beds per 1 000 population, 2000 and 2013 (or nearest year)

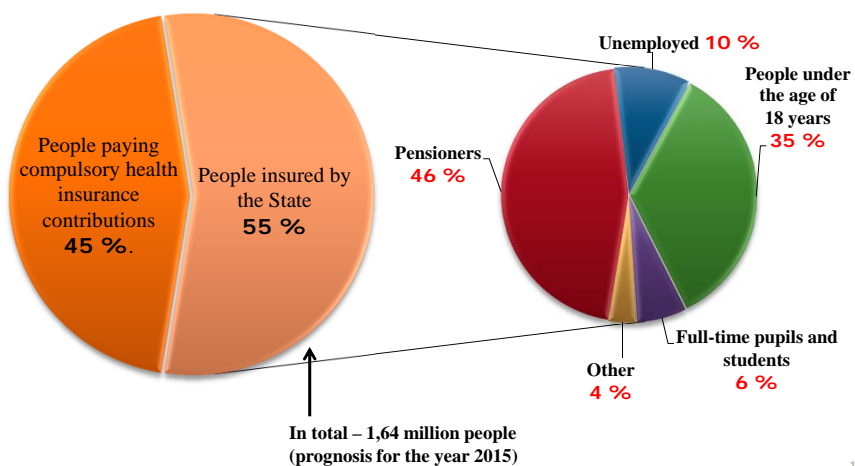


Source: OECD „Health at a Glance: Europe 2015“

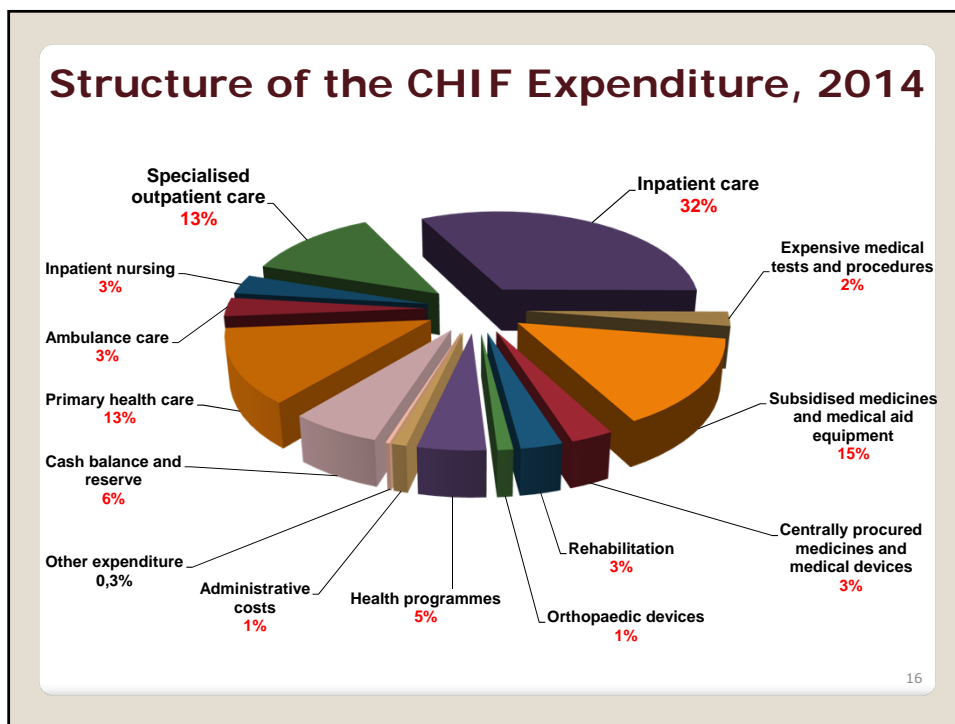
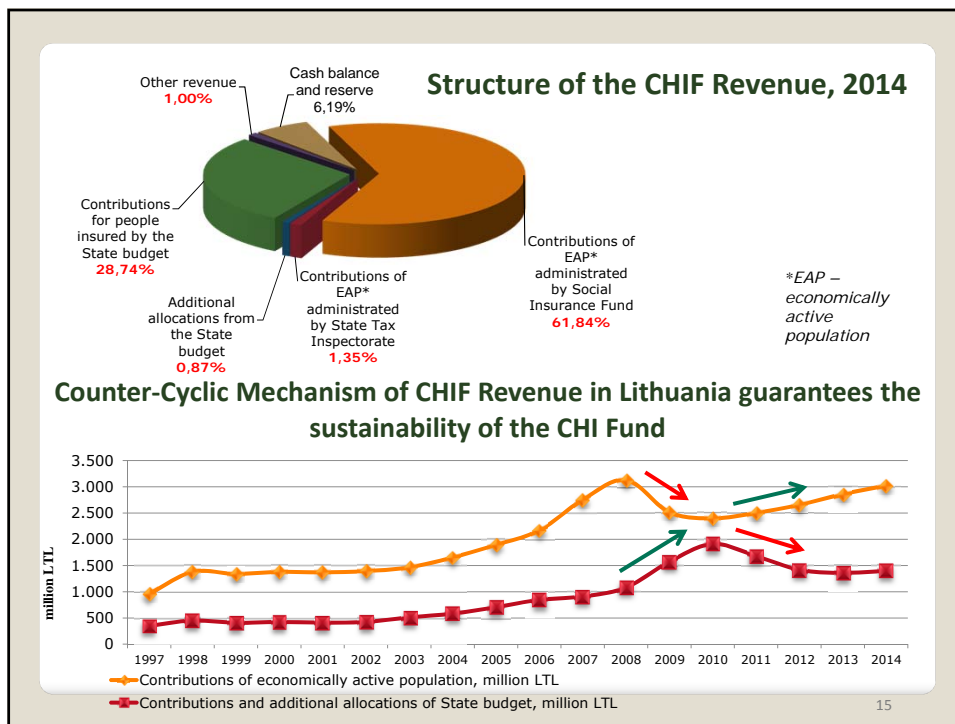
Revenues and Expenditure of the Compulsory Health Insurance Fund Budget

The Major Part of the Population is Insured by the State

(Total population at the beginning of the year 2015 accounts to 2,92 million people)



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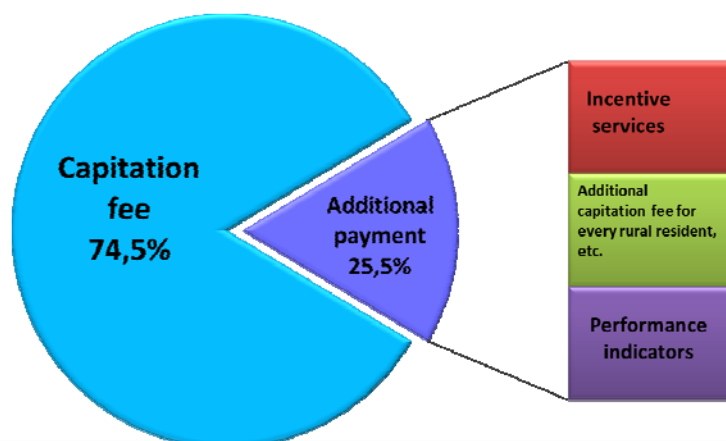
Single Payer System

- The resources of the CHIF are allocated to Territorial Health Insurance Funds according to the risk-adjusted formula which takes into account the *number, age* and *gender* of the population
- This transparent mechanism protects patient selection and ensures funding adjusted to need

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Funding of Primary Care

74,5% capitation fee + 25,5% fee for service payment (for the extra services based on activity results, for example - early diagnostics of cancer, etc.)



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Preventive Programmes Financed from the CHI Fund

- Cervical cancer prevention programme;
- Programme of selective mammography;
- Prostate cancer early diagnostics programme;
- Cardiovascular disease prevention programme;
- Dental programme for children (coverage of molars with sealants);
- Colorectal cancer prevention programme.

Payment for Outpatient Specialist Care

- Payment method: per episode (named *Consultation*) consisting of up to 3 visits due to the same reason
- Consultations are divided into two types:
 - 1) ordinary consultations
 - 2) consultations with interventions (e.g. with biopsy, puncture etc.).
- Incentives to provide more 2nd type consultations
- Outpatient rehabilitation:
 - Payment per bed-day

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Payment for Inpatient Care

- Acute care:
 - DRGs (AR-DRGs v. 6.0)
- Long-term care:
 - Per bed-day (till 120 days per year)
- Inpatient rehabilitation
 - Payment per bed-day, according to the terms and rules approved by the MoH

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Reimbursement of Pharmaceuticals and Medical Devices for Outpatient Care

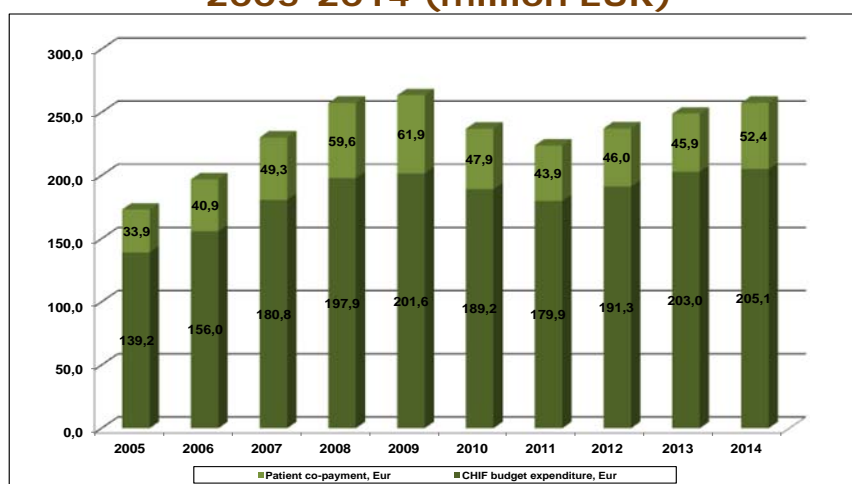
- Positive list (approved by the Ministry of Health)
- Reimbursement rates:
 - 100%, 90%, 80%, 50% of reimbursed price according to "A" list (list of diseases and medicines)
 - 100%, 50% of reimbursed price according to "B" list (list of medicines for certain social groups)
 - 100% of reimbursed price for medical devices for outpatient care according to the "C" list

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Reimbursement of Cost of Medicines Used for the Treatment of Hepatitis B and C

- Doctor gastroenterologist and infectious-diseases doctor can prescribe reimbursable medicines for hepatitis B and C treatment.
- 6 pharmaceuticals are included into the positive list A (reimbursement level 100% of the reference price):
 - *Telaprevir*
 - *Boceprevirum*
 - *Peginterferonum alfa-2b + Ribavirinum*
 - *Peginterferonum alfa-2a + Ribavirinum*
 - *Ombitasvir + Paritoprevir + Ritanovir*
 - *Lamivudine*
- There is a possibility to get *Entecavir*, *Adefovir* for the treatment of hepatitis B. Decision on reimbursement of such a treatment is made on individual basis by the special committee at the National Health Insurance Fund

The Comparison of the CHIF Budget Expenditure for Out-patient Medicines, Medical Aids and Patient Co-payments in 2005-2014 (million EUR)



Payment for the Pharmaceuticals Utilised in Inpatient Care

- The cost of pharmaceuticals used in inpatient care is included into the reference price of service
- Expensive, innovative pharmaceuticals (mostly for the treatment of cancer) are procured by the NHIF and delivered to hospitals
- Hospitals providing chemotherapy receive additional payment from the CHIF for some chemotherapy medicines

Thank You for Attention