

## Knowledge Transfer - Lithuania

(extract from D7.1 Knowledge Transfer Programme)

Involvement of 4 stakeholders' groups: a) Primary Health Care Centres (PHCC) from different areas of Lithuania (covering representatives from rural and city areas); b) medical specialists and other health professionals (from different medical specialties); c) Government: representative from Ministry of Health of the Republic of Lithuania and d) Patients, allowed to reflect on the maturity of Lithuania in integrated care from different angles, providing very different results, particularly when comparing patients and policymakers' perspectives. Based on the results of the maturity assessment of the strengths and weaknesses in integrated care in the Lithuania region, the following dimensions were identified as priorities for knowledge transfer:

**Dimension(s) for improvement:** these can be either weaker points, or relatively strong areas on which the region intended to improve further:

- Process Coordination
- Removal of inhibitors
- Capacity Building

The following knowledge transfer and capacity building activities were carried out in the Lithuania region:

### a) Meeting / Webinar - 11 February 2020

The objective of this capacity-building activity was to identify the most important gaps in the provision of healthcare services and the overall maturity of integrated care, including a target group of patients to whom integrated care improvements would bring the greatest value. The main focus of the workshop was to:

- Discuss/review the frequency and structure of chronic diseases in the Lithuanian population.
- Review and present the results of the previous projects (SCIROCCO, JA-CHRODIS, JA-CHRODIS+ (<http://chrodis.eu>)) which could inform about the existing good practices in the disease management and integrated care programmes.
- Present potential benefits (expected improvements and impact) of improved integrated care programmes.

More than 50 stakeholders representing 30 PHCC were participating.

### b) Meeting / Webinar - 10 March 2020

The objective of this capacity-building support was to better understand problems of multimorbid patients and their impact on the provision of health and social care, including the importance of addressing the needs of multimorbid patient care through integrated care solutions. The main focus of the meeting was on the prevalence of multimorbidity, its consequences and impact on healthcare systems. Potential solutions were presented, including an in-depth overview of Lithuanian's integrated care model for multimorbid patients with a view to identify areas for future improvement. Practical insights and lessons learned from the testing pilots were also shared. The ultimate goal was to identify appropriate local stakeholders to

potentially collaborate in the implementation process of new improved solutions. More than 50 stakeholders representing 30 PHCC participated in the meeting and expressed the interest for further collaboration.

#### c) Online workshop with PHCCs - 8 December 2020

The objective of the workshop was to discuss and commonly agree on the needs that could be addressed in the knowledge transfer process. 16 stakeholders representing 8 PHCC participated in this workshop. After the online workshop, the most important needs for each PHCC were identified:

- Holistic assessment
- Individualized care plan
- Case management

#### d) Training session 1 - 14 June 2021

The objective of this training session was to perform the SCOPE analysis and align the local needs, expectations, strategic objectives and real possibilities of integrated multimorbidity care model implementation. The training covered the following steps:

- Get to know each other and explain the objectives of the session.
- Introduce the integrated care model - framework for care of patients with multimorbidity potentially applicable across Europe (Palmer et al. Health Policy 2018).
- Identify, specify, and analyse determinants that act as barriers and enablers that could influence implementation of integrated care model outcomes.
- Present sixteen components across five domains: Delivery of Care, Decision Support, Self-Management Support, Information Systems and Technology, and Social and Community Resources)
- Identify the integrated care model components to work with and define the potential scope of implementation the institution.

10 stakeholders representing 3 PHCC from 4 different sites participated in this training session.

#### e) Training session 2 - 7 July 2021

The objective of this session was to increase the knowledge and understanding of integrated care by presenting the structure and implementation strategy of the integrated multimorbidity care model. Following activities were carried out:

- Detailed presentation of the integrated multimorbidity care model components.
- Discussion about each component, focusing on a) possible adaption to local setting, b) aims, c) key characteristics, d) target populations, and e) relevance for multimorbidity patients.
- Define feasible goals aligned with improvement areas.
- Define the actions to be implemented with the “change package” (During this step we answered three questions: What are we trying to accomplish? What changes can be made that will result in improvement? How will we know that a change in an improvement?) The Change Package is the set of changes or components of the integrated MM care model that led to improvement in practice.
- Specify the key performance indicators to assess the impact of the actions.
- Review and adapt the scope definition, if needed.

10 stakeholders representing 3 PHCC from 4 different sites attended the session.

#### f) Training session 3 - 5 of October 2021

The objective of this session was to Improve continuity of care and communication among healthcare professionals and levels of care by presenting multimorbid patient care coordination and "case manager" guidelines. Based on local experience and knowledge integrated care model fully adapted and specified for further local implementation was determined. Holistic assessment, a personalised action plan and a case manager were introduced as key-elements to provide the integrated care for multimorbid patients. Tasks and responsibilities for the case manager were defined and comprehensive assessment of patients' health tool was developed.

10 stakeholders representing 3 PHCC from 4 different sites participated in this session.

#### Challenges in the implementation of the SCIROCCO Exchange Knowledge Transfer Programme in the Lithuania region

Due to the pandemic situation, some unforeseen situations and uncertainty appeared. Face-to-face trainings were switched to webinars and held virtually. Due to the increase of the workload during the pandemic, timing was challenging. But it didn't have major influence on the outcomes. Stakeholders representing PHCC were participating. The target group of stakeholders was successfully reached. This was mainly achieved due to additional/complementary face-to-face training which increased the participation. The training sessions also helped to reveal possible ways and methodology to implement gained knowledge into routine practice.

#### Impact of SCIROCCO Exchange Knowledge Transfer Programme

The key priorities of the knowledge transfer were identified with a clear impact:

- Encouragement of the cross-boundary collaboration and identification of the most important issues for improvement of integrated care and target groups of patients to whom the integrated care improvements would bring the greatest value.
- Removal of some of the key bottle necks, such as coordination of care, in order to improve continuity of care and communication among healthcare professionals and levels of care; and increase knowledge and understanding of integrated care by presenting the structure and implementation strategy of the integrated multimorbidity care model.

As planned together with experts, a practical training program for healthcare professionals was implemented. In order to reach more healthcare workers, we invited participants from different types of (included private and public) PHCC. Representatives were from different regions of Lithuania (rural and city areas). We inquired that one of the participants should be a decision maker in the institution. In that case if the training would prove useful for them, they could proceed with the implementation of integrated care model and transfer gained skills and knowledge in their institution. The practical training program served the purpose of solving the persistent issues of training of medical personnel, especially when it came to a wider integrated care application. Some of the participants also introduced a case manager into practice, so the training program fitted this purpose very well.

The training participants felt that the new knowledge and practical experience will help them improve daily activities in their institutions and improve integrated care.

We decided to do the follow-up call after couple of months just to ensure that everyone is moving forward with the good practices.