Scirocco Exchange

Capacity-building for integrated care

SELF-ASSESSMENT PROCESS
IN LITHUANIA

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SCIROCCOxchange

MATURITY ASSESSMENT PROCESS

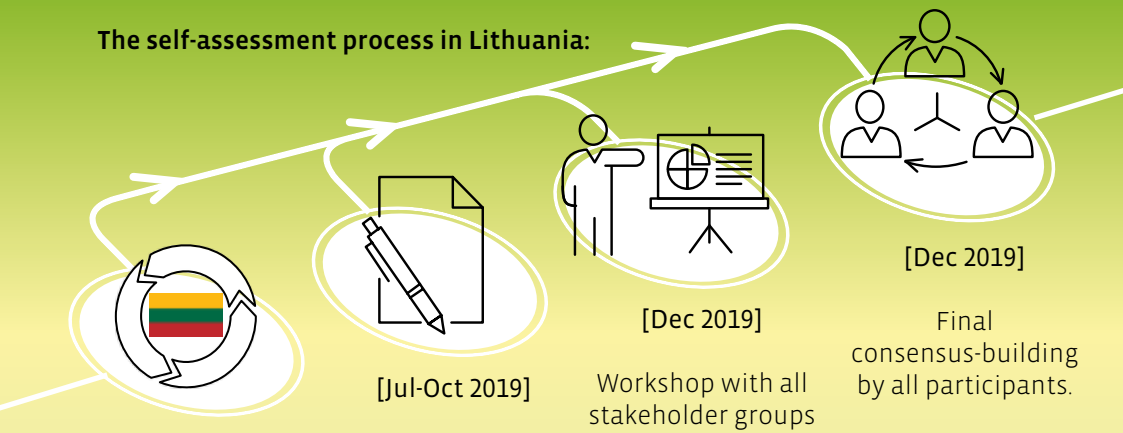
METHODOLOGY

The SCIROCCO Exchange Tool was used in the self-assessment process. This is structured as a 12 questions survey, each of which is associated to a particular "dimension". The maturity level in each dimension is evaluated by an assessment scale which goes from **a minimum rating of "0" to a maximum rating of "5"**.

DIMENSIONS

Q1	Readiness to Change	Q7	Population Approach
Q2	Structure & Governance	Q8	Citizen Empowerment
Q3	Digital Infrastructure	Q9	Evaluation Methods
Q4	Process Coordination	Q10	Breadth of Ambition
Q5	Finance & Funding	Q11	Innovation Management
Q6	Removal of Inhibitors	Q12	Capacity Building

The self-assessment process in Lithuania:



[Jul 2019]

The SCIROCCO Exchange Tool translation to Lithuanian language .

[Jul-Oct 2019]

Presentation (webinar) of the tool to relevant stakeholders and self assessment process.

[Dec 2019]

Workshop with all stakeholder groups to discuss overall outcomes of the self-assessment survey.

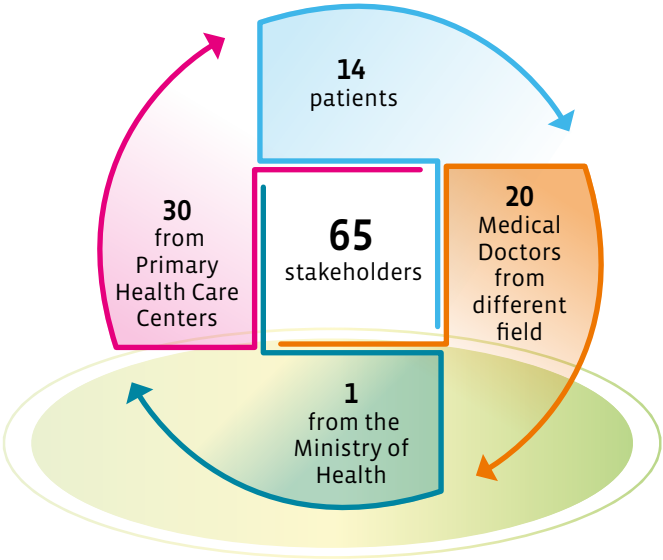
[Dec 2019]

Final consensus-building by all participants.

SCOPE

- Public PHCC*, Vilnius: administrator, chief, nurse, resident, a family physician.
- Public PHCC*, Panevėžys: a family physician, midwife, chief, lawyer, social worker.
- Public PHCC*, Vilnius: family physician, administrator, chief, nurse.
- Private PHCC*, Kaunas: family physician, chief, nurse.
- Private PHCC*, Vilnius: family physician, regional manager, administrator, chief, nurse.

* **P**rimary **H**ealth **C**are **C**entre



- cardiologists
- pulmonologists
- allergist
- endocrinologists
- gastroenterologists
- nephrologists
- geneticists
- pediatricians

The selection of the stakeholders was made based on the idea to cover a more comprehensive assessment of integrated care maturity in Lithuania.

MATURITY OF LITHUANIA IN INTEGRATED CARE

THE RESULTS OF PHCC AND MEDICAL DOCTORS

PHCC final spider diagram

Medical doctors final spider diagram

STRENGTHS

Three dimensions were ranked as strengths:
Q3 - Digital Infrastructure [3-PHCC, 3-Doctors];
Q7 - Population Approach [4-PHCC, 3-Doctors];
Q10 - Breadth of ambition [3-PHCC].

WEAKNESSES

Three dimensions were ranked as weaknesses:
Q5 - Finance and funding [0-PHCC, 0-Doctors];
Q9 - Evaluation Methods [0-Doctors];
Q10 - Breadth of ambition [0-Doctors].
Q12 - Capacity Building [2-Ministry];

Some dimensions were ranked more positively by PHCC; such results may have been influenced by the specialists' more practical point of view as they rely on practice.

SUMMARY AND CONCLUSION

Comparing the results of PHCC and Medical Doctors, it can be concluded that some similarities exist. The most significant dissimilarities were observed in the following domains: Evaluation Methods (PHCC – 2, Medical Doctors – 0) and Breadth of Ambitions (PHCC – 3, Medical Doctors – 0). Both dimensions were ranked much more positively by PHCC. Such results may have been influenced by the specialists' more practical point of view as they rely on practice.

MATURITY OF LITHUANIA IN INTEGRATED CARE

THE RESULTS OF THE MINISTRY OF HEALTH AND PATIENTS

The Ministry of Health
final spider diagram

Patients
final spider diagram

STRENGTHS

Four dimensions were ranked as strengths:
Q1 - Readiness to Change [5-Ministry,1-Patients];
Q7 - Population Approach [5-Ministry];
Q8 - Citizen Empowerment [5-Ministry];
Q11 - Innovation Management [5-Ministry];

WEAKNESSES

Three dimensions were ranked as weaknesses:
Q6 - Removal of Inhibitors [1-Ministry];
Q4 - Process Coordination [2-Ministry, 0-Patients];
Q12 - Capacity Building [2-Ministry];

The results of Patients and the Ministry of Health highlights the problem of miscommunication between patients and the government.

SUMMARY AND CONCLUSION

Comparing the results of Patients and the Ministry of Health, it can be concluded that there are no similarities at all. It highlights the problem of miscommunication between patients and the government.

There could be several assumptions about why it happens. The Ministry of Health works on a legal basis, they are well informed and are defining the priorities, while patients have a completely opposite view, very practical, usually very biased, based on their personal experience, with limited information on theoretical priorities or strategic plans.

MATURITY OF LITHUANIA IN INTEGRATED CARE

THE FINAL RESULTS

The spider diagram of the total results **before** the workshop

The spider diagram of the total results **after** the workshop

THE RESULTS BEFORE AND AFTER THE WORKSHOP

TOTAL RESULTS OF THE SELF-ASSESSMENT PROCESS BEFORE THE WORKSHOP AND AFTER EXPRESSED (IN VALUES)

Dimension	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Results before workshop	1	1	3	2	0	1	3	1	0	0	1	1
Final consensus after workshop	2	2	3	2	2	1	3	3	2	2	2	2

During the negotiation and consensus-building process based on the total results of the self-assessment survey before the workshop, all the 12 dimensions were discussed thoroughly, especially those with the most significant differences in scoring and the consensus was built.

The following three dimensions were highlighted as priority dimensions for the beginning of changes:

- Process Coordination
- Removal of Inhibitors
- Capacity Building.

CONCLUSIONS AND NEXT STEPS

- It could be stated that the outcomes of the self-assessment reflect the overall maturity, even though the results vary considerably between the groups. With a considerable number of responders, it also reflects the actual situation of the region.

- The results of stakeholders' groups, Patients and the Ministry of Health, were extremely different. It highlights a possible miscommunication between patients and the policy makers, which might not help when debating on the priorities for the integration of the health services.

- Many connections could be distinguished between all 12 dimensions, as each of the dimension more or less interacts with each other. Though the dimensions Funding, Breadth of Ambition, Innovation Management, and Removal of Inhibitors could be distinguished as there are some connections via financing, more specifically, - the lack of funding.

- By comparing with the overall consensus diagram, Digital Infrastructure dimension could be considered as the current strength in term of integrated care of the region. As well Population Approach and Citizen Empowerment could be named as stronger maturity having dimensions, but there is no dimension where enough maturity was reached. All the 12 dimensions in the region need further improvements.

- By comparing with the overall consensus diagram, Removal of Inhibitors has the lowest evaluation and should be considered as our weakness. Besides this, the other two dimensions, Process Coordination and Capacity Building, were highlighted as priority dimensions for changes in the region.

- From the cultural perspective, the lack of benevolence to delve into complex issues could be named as one of the factors which restricted the scope of the research. The bigger scope of stakeholders participating in the research could vary the assessment outcomes insignificantly, but it would not change the final consensus results.

- Different stakeholders' involvement allows reflecting on the situation from different angles, providing very different results, when comparing patients and policymakers. Suggesting a lack of common views and communication between the groups. Stakeholder debates were fruitful to agree on the priorities and/or reflect on the actual situation when taking into account different perspectives.

- The results of the self-assessment process before the consensus-building workshop and after vary quite strongly. The following three dimensions were highlighted as priority dimensions for changes: Process Coordination, Removal of Inhibitors, and Capacity Building.

KEY MESSAGES

3 key success factors:

- Primary Health Care in Lithuania is well developed, majority privately owned.
- PHCCs are willing to cooperate in order to adopt further change.
- Government support on quality improvements.

3 key challenges:

- Better intersectoral cooperation between the health care system and social care system.
- Rural and urban areas.
- Large workload for GPs.

The self-assessment process facilitated discussion among different levels of stakeholder groups. Different stakeholders' involvement allows reflecting on the situation from different angles, providing very different results, when comparing them. But having these discussions help to align theoretical integrated care implementation process with current practice and highlights the dimension where maturity for integrated care is not high enough and requires to take further actions.

About SCIROCCO Exchange

SCIROCCO Exchange is a 32 month project, running from January 2019 to February 2022. The project's total budget is € 2,649,587. The project consortium consists of 14 partners from 10 countries, including national and regional healthcare authorities, universities, competence centres and membership organisations. Capacity-building support will be provided to 9 national and regional healthcare authorities, with diverse maturity and organisation of integrated care.

SCIROCCO Exchange Consortium

National and Regional Health and Social Care Authorities

Belgium - Flanders Agency for Health and Care
Germany - Optimedis
Italy - Regional Agency of Health and Social Care of Puglia
Lithuania - Vilnius University Hospital Santaros Klinikos
Poland - National Health Fund
Scotland - Scottish Government (Project Co-ordinator)
Slovakia - Pavol Jozef Safarik University
Slovenia - Institute of Social Protection of the Republic of Slovenia
Spain - Basque Health Service - Osakidetza

Universities and Competence Centres

Scotland - University of Edinburgh
Spain - Kronikgune - Institute for Health Services Research
Spain - University of Valencia

Membership Organisations

Belgium - European Health Telematics Association
France - Assembly of European Regions

This leaflet is designed as part of the SCIROCCO Exchange project (826676) which has received funding from the European Union's Health Programme (2014-2020)

Co-funded by
the Health Programme
of the European Union