

Interview: Jūratė Sabalienė - Director, National Health Insurance Fund (NHIF), Lithuania



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Jūratė Sabalienė, who was appointed in September 2017 as the director of the National Health Insurance Fund (NHIF) of the Republic of Lithuania, explains her commitment as well as the back-up strategy to ensure the access to medicines of all Lithuanian patients in a financially sustainable manner.

Could you please introduce the role of the National Health Insurance Fund (NHIF) in the country?

The NHIF is one of the main actors in the Lithuanian healthcare system. We are working to ensure the sustainable financing of our healthcare system as well as the accessibility to healthcare services and pharmaceuticals to all insured citizens. In this context, we also need to maintain the level of universal coverage in the country and to manage responsibly the patients' contributions in order to insure the level of care what they need.

This year we are celebrating the 20th anniversary of the Lithuanian Health Insurance system and 25th anniversary of the National Health Insurance Fund. Of course, the institution has been developed over the course of the years and we are always focusing on bringing the best practices from other systems to Lithuania thanks to international cooperation with our counterparts in other countries, especially with European nations.

On this front, we regularly participate in the Baltic policy dialogues facilitated by the WHO and share experience with Estonian and Latvian colleagues. Additionally, we are also participating in other European Union institutional meetings in which we can share experiences, opinions on the systems and best practices with our counterparts such as the Slovenian Health Insurance Institute, which has been long-lasting partner for us. Lithuania is also bringing ideas as well as best practices to such meetings – Indeed, the Lithuanian primary healthcare system has been recognized as an example of good practices and many countries are interested in implementing the same system in their geographies.

The reimbursement system of pharmaceuticals is structured in four different ranges of coverage. Can you expand on this structure and what the reimbursement criteria is behind each range?

All citizens participating in the Compulsory Healthcare Insurance system have the same compensation rate of care services. That being said, we have different ranges for the compensation of pharmaceuticals since the level of reimbursement is not established in accordance to the level of insurance but more to the purpose of the drug. Indeed, a 100 percent coverage will be reserved for life-saving drugs such as oncology products while the 80 percent coverage is mainly dedicated for chronic diseases. The other two levels (90 percent and 50 percent) are rarely applied.

The high co-payment rate of medicines by patients and the limited funds of the NHIF are common topics in the Lithuanian healthcare sector. What strategies are you implementing to ensure the most efficient use of the NHIF budget?

Financial sustainability is always at the top of our priorities, as we need to manage efficiently as well as effectively our budgets – I believe that this applies to any healthcare system in the world. Having said that, it is important to reckon that Lithuania is one of the lowest healthcare budgets in Europe.

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In terms of evolution of the budget, in 2017, the total compulsory health insurance fund revenue grew almost by 10 percent compared to the previous year. In 2017 total health care expenditure grew 9.5 percent, while the expenditure for pharmaceutical products grew by only 8.8 percent. To erase such difference the pharmaceutical policy guidelines, which was approved last August 2017, has established that the percentage of increase for pharmaceuticals should match the percentage of increase of the healthcare budget.

In that sense, we are now forecasting and planning the budget of 2018 and our main priority is to follow this new imperative. Therefore, I am delighted to share that we have received this year a surplus budget for 2018, so we are modifying our allocation system to better manage the resources in joint with the Ministry of Health.

Considering this important budget constraint, how would you assess patient access to healthcare?

Of course, everybody would like to have a better access and I am pleased to say that most of the time Lithuanian patients do not have any problem accessing healthcare services. Indeed, despite our limited funds, the laws in place are quite satisfactory and even better than other countries since the waiting list for patients in need of healthcare services would not be as long as in other nations. Some Lithuanian migrants even come back to the country to get healthcare services.

So, when talking about primary healthcare services, we are trying to ensure the best accessibility in this field. However, we have identified longer patients' waits when they are looking for more specialized services, but it is usually due to their choice of hospitals or specialists rather than the availability of services by itself.

How would you describe the collaboration between the different stakeholders in the healthcare environment?

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The most recent piece of legislation was the pharmaceutical policy guidelines, which were established thanks to a strong collaboration between the Ministry of Health and the government. Several priorities were determined in such guidelines being the increase of transparency of the system one of them. Therefore, according to the national health system law, the Ministry of Health exclusively undertakes health policy decisions but, at the same time, all stakeholders have the right to participate in the discussion around these issues before the final decision.

Hence, I believe that the level of collaboration between the different stakeholders is drastically improving and the aforementioned national health system law is a clear example. On top of that, I would like to highlight that the NHIF is highly open for discussions with the industry and, in this front, we actively participate in meetings regarding new products or just asking their opinions. In fact, and as a benchmark, it is important to highlight that Lithuania has the biggest number of risk-sharing agreements amongst all the Baltic States.

As you mentioned, the Lithuanian healthcare system is rather young and in development. What specific actions are you putting in place in order to improve the healthcare system overall?

The healthcare system is not a tool that we can copy-paste from one country to another, so our main objective is to gather the best practices in each country and adapt what is adaptable to the Lithuanian system. As for Lithuania, sustainability is one of our key priorities and we count with all stakeholders to help us to advance towards this goal.

One of the main particularities of the Lithuanian healthcare system is the high rate of co-payment for pharmaceuticals and we are aiming to reduce that. Besides there is a need to determine which medicine has the best therapeutic value as the NHIF cannot reimburse all new medicines coming to the market.

Another priority of the Ministry of Health, and aligned with the one just commented, is the development of the e-policy. Within this area, the NHIF is mainly focused on the e-prescription activity. Indeed, the number of e-prescription is increasing significantly with more than 45 percent of all e-prescriptions in Lithuania – We aim to reach a higher percentage in the upcoming years. This method can help us to work faster, monitor the system more easily and it is also convenient for the patients.

As you have been recently appointed at the head of the NHIF, what are your main ambitions and what role should the NHIF play within the healthcare environment in Lithuania?

My main ambitions are aligned with the common goals to the entire NHIF. The main objective is to ensure the universal healthcare coverage to all citizens in Lithuania. We are aiming to cover 100 percent of the eligible population in the next few years. Secondly, we aim to financially cover the compulsory health insurance, which includes health services and other medical aids, in the most efficient and transparent manner. The third goal, and in combination with the first two, is to achieve the sustainability of the national healthcare system.

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