

## WONCA Europe Secretariat

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Recipient Name: President of the Lithuanian College of Family Physicians, Prof. Leonas Valius  
**Subject : Health care reform in Lithuania**

To whom it may concern

The European Society of General Practitioners/Family Physicians, WONCA Europe, recently learnt about the current health reform plans in Lithuania, which apparently includes joining regional hospitals with family medicine practices and teams. It seems that the Lithuanian College of Family Physicians or other organisations representing family doctors feel that they have not been included into the process of preparing these plans, and assessing their consequences.

This raises our concern, and we would like to offer some facts and advice for your consideration:

Strong primary health care has been scientifically proven to be the essential cornerstone of effective and cost efficient health care system. Providing citizens with free and easy access to community based family doctors and their teams results in better health outcomes for the population as well as lower health care expenditures. Deregulating access to secondary care by providing free access to specialists without a family doctor's referral results in poorer health outcomes, overload of secondary care facilities and higher costs for individuals and society, due to coexisting over- and under-supply of services and a lack of guidance and coordination. Thus, looking at best practice models across Europe and the world, the role of a Family Doctor always includes the coordination of care for their patients with a holistic and comprehensive approach, as well as community orientation and longitudinal continuity.

With its so-far primary care oriented national strategy, Lithuania has an impressive history of developing family medicine and providing the population with good access to and care by Family Doctors and their teams. This has been beneficial to the people of Lithuania, but has also further strengthened the speciality: Major investments have been made to offer medical students a world-class education in family medicine. More major investments have already been allocated to further improve the excellence of family medicine residents to enable them to lead their practice teams and provide first class care to their patients. Family Medicine offers multiple career options and is very popular among medical graduates.

This is a fortunate situation, different from many other European countries which struggle with current or imminent shortages of Family Doctors. Lithuania should not risk its current position of strength and excellence in primary health care by a reform which could dilute the underlying principles and blur the areas of responsibility of primary and secondary care.

We understand the challenges to small regional hospitals as a potentially necessary structure of care particularly in very remote rural areas. The problem of dwindling health care infrastructure in rural or less affluent (sub-)urban areas is highly prevalent throughout Europe, as is the need of tertiary care hospitals for further specialisation. However, just integrating family medicine into regional hospitals as one of many medical services provided will not provide the expected results, from both a public health and health economics perspective: It easily opens the door for patients to access secondary care specialist services without being referred by their family doctor, with detrimental effects on health, availability and costs. It also easily incites hospital managers and/or different medical specialist to work offer services in a competitively instead of coordinated way, or to advocate overuse just because a service is available and can be charged.

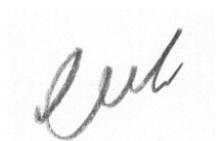
Instead, as a much more affective approach, family doctors should be given the lead of healthcare services in remote and rural areas. Making use of their professional skills as coordinators, longitudinal care providers, and specialists for common diseases(NCD) diseases and multi-morbidity as well they can refer to, commission, or even purchase added specialist services where needed. Like this, hospitals remain viable and available to the local population with specialized services remain available but well contained and adapted to health needs. Such a solution will maintain the full advantages of a health system with strong, well defined and autonomous primary health care. This approach is already tested or realized in several other European countries.

We advise to maintain the autonomy of family medicine as a clinical and academic speciality with its crucial role of care coordinators.

We strongly advise to include the relevant organizations and stakeholders of family medicine into any reform planning, and definitely into the current process. We are ready to contribute from our knowledge and experience.

We congratulate Lithuania on its past achievements in the field of primary health care and public health, and wish you success in continuing to develop your health system in an effective and sustainable way.

Sincerely,



Prof. Dr. Shlomo Vinker  
WONCA Europe President



Prof. Dr. Eva Hummers  
WONCA Europe Honorary Secretary