RESPUBLIKINIS
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CENTRAS

Substance Use Disorders Treatment Quality Assurance in Lithuania

Respublikinis priklausomybės ligų centras
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Outline

A brief introduction about SUD treatment field and QA system

Context of developing the QA system and shifting “from standards to real quality assurance system” (including key stakeholders and their roles)

Description of your work with Quality Standards (QS), focusing on the procedural line (what you do)

Practical impact and consequences of using QS

Substance use disorders (SUD) treatment

Part of Personal Health Care / within mental health care

Treatment delivered mainly in 2 levels:

1. primary (outpatient)
2. **secondary (specialized outpatient and inpatient)**

Services are funded from:

- National Health Insurance Fund (NHIF)
- State budget (Republican Center for Addictive Disorders – RCAD)

Specialized SUD treatment

Outpatient:

- Specialist consultation, prescribing pharmacotherapy
- Opioid agonist therapy (OAT) including case management
- Day Care – (4 h/day at the facility for consecutive 30 days)

Inpatient treatments:

- Withdrawal treatment (detox),
- Minnesota model (28 days)
- Psychosocial Rehabilitation (15 days)
- Child rehabilitation (1-3 months)

Quality Assurance System – stake holders
(general to personal medicine)

State Health Care Accreditation Agency under the MOH issues **licenses/certificates** for:

- for health care providers/institutions
- health care specialists
- medical equipment and products

National Health Insurance Fund under the MOH (NHIF)

- approves QS for SUD specialized treatment, which is reimbursed by NHIF
- approves prescription medications, which are reimbursed from NHIF

State Medicine Control Agency under the MOH – responsible of registration of medications

Shifting from QS to real QA system

In 1990-ies National Health Care reform left SUD treatment behind (due to low priority not funded from National Health Insurance Fund)

Professionals accessed Western treatment approaches / considered about implementation at home

Availability of traineeships abroad (Open Society Institute, PHARE programs)

Implemented:

- Minnesota program (internal QS, 1992)
- drug detox (internal QS,1993)
- OAT (national QS, 1995)

QS were initiated/lobbied by addiction psychiatrists (Lithuanian Association of Addiction Psychiatry/Lithuanian Psychiatric Association)

Shifting to real QA system

- SUD treatment gradually gained increasing political support (2005 - 2021)
- Additional funding from National Health Insurance Fund increased (NHIF)
- National QS were approved by MOH and reimbursed by the NHIF:

  - OAT (methadone) – 2016
  - Inpatient psychosocial rehabilitation (15 days), 2016
  - Day Care – 2017
  - Minnesota model (inpatient, 28 days) 2021
  - OAT (buprenorphine/naloxone) – 2022 (with pharmacy involvement)

Internal Minimal Quality Standards System

MOH of 2008 April 29 Nr. V-338 "On the Approval of the Description of the Minimum Quality Requirements for Personal Health Care Services

Implies an obligation for each health care provider to develop and approve **internal documents/procedures to:**

- protect patient's rights
- provide information to other institutions strictly according legal acts
- investigate complaints of patients
- provide emergency medical aid
- safeguard patients' personal data

Also obligation to designate **the QA Team Leader/members to supervise the QA system**

QA Team leader – initial 48 training on QA, 24 h every 5 years

QA Team member – initial 24 training on QA, 12 h every 5 years

Internal Minimal Quality Standards System/ implementation

The overall responsibility is on Executive Director of the institution

Executive Director of Health care institution is responsible for:

- Development and approval of QA Policy/ how it will be implemented

- Shaping the culture of patient - staff relations, values, attitudes, models of perception, competencies and behavior

- Determination of
  - clinical and organizational indicators according priorities
  - scope of services
  - activities to monitor and evaluate service effectiveness and risks

- Development of internal control procedures (audits, risk and adverse event management, etc.)

Internal Quality Assurance system how it works:
case example

In December 2021 methadone (MTD) procurement was interrupted for 3 weeks

Actions:

- The staff urgently developed a **local draft protocol of continuation of OAT with slow release morphine (SR-MOR)**
- Local Medical Ethics committee approved the protocol as an evidence based and ethical
- Executive Director approved protocol as an internal document, which was communicated to patients and MOH
- Patients were allowed to choose between SR-MOR or buprenorphine/naloxone instead of MTD
- There were several complaints from patients on side-effects of SR-MOR
- All complaints were dealt by reviewing them individually and replying patients in written

Practical impact of using QS

Clearly defined procedures of QS helps for patients and staff / management to have a common understanding on:

- what are the goals of treatment
- how it works
- who are specialists, their responsibilities
- which external institutions are needed to be linked with
- what outcomes are expected and how much effective treatment can be
- what would be the expected follow-up treatment
- which indicators of treatment are monitored on routine basis
- what is the international “good practice” and how this particular treatment could be improved
- patients’ complaints on service quality (if they happen) are seen as a tool to improve

Practical impact of using QS

Clearly defined QS helps to:

- shape realistic expectations among general public about value of current treatments
- reduce stigma of treatments and patients with SUD
- distance services from “magic therapies” (hypnosis, acupuncture, laser therapies, religious approaches)
- differentiate evidence-based treatment from self-help groups
- apply National Health Insurance Fund for funding of new services

Thank you!

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