LITHUANIA

Task Delegation from Family Physicians and Psychiatrists

GRANT AGREEMENT NUMBER – 10111173

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Background and context: Lithuania's healthcare system faces uneven staff distribution and long waiting times. The main challenges in terms of Healthcare Workforce are:

- Overall high number of service providers and doctor specialists, GP's services
- consumption without clear decrease in the number of amenable deaths rate;
- Uneven distribution of doctors (physicians) and nurses in primary care across regions;
- Regional inequalities in service provision and service quality;
- Long waiting times, limited access to doctor specialists and GPs.

Nurses are being incentivized to take on expanded roles to improve primary care efficiency and quality. Additionally, the Ministry of Health is planning a transformation of the healthcare institution network, presenting an ideal opportunity to introduce evidence-based innovations—such as task shifting—while incorporating the outcomes of the Pilot Project.

Scope of the pilot: Two major primary care institutions (*Centro poliklinika* and *Kauno miesto poliklinika*) partnered with the Ministry of Health to identify tasks that could be shifted from physicians and psychiatrists to nurses, psychologists, and nursing assistants. In particular, the shifting will take place:

- From family doctors/physicians to nurses;
- From nurses to nursing assistants;
- From psychiatrists to psychologists and mental health nurses in primary care setting;
- From health professionals to IT solutions;
- From family medicine doctors/physicians and psychiatrists to nurses, nursing assistants, psychologists;

Furthermore, there will be:

- Enhancement of nurses' and nursing assistants' competencies.
- Recommendations to institutions, which implement the policy. If needed, legislative changes will be initiated.

Task analysis: Tasks like prescribing equipment, medication extension, managing prevention programs, and wound care were identified. Focus groups and surveys **confirmed staff willingness and enthusiasm about task shifting** but

highlighted training needs and patient trust issues. In particular, the focus groups discussions identified:

- **Activities** that according to legal regulations tasks are currently assigned to GPs, but **could potentially be shifted**:
  – Prescribing healthcare supplies/medical equipment for home care (e.g., wheelchairs);
  – Patient consultations;
  – Management of healthcare prevention programmes;
  – Issuing referrals for tests, scans, or specialist consultations;
  – Prescribing medications;
  – Extending prescriptions;
  – Providing follow-up assistance;
  – Conducting home visits.
- **Barriers to task shifting:**
  – Regulatory and legal constraints;
  – Lack of appropriate competencies;
  – Patients' expectations (patients often believe that nurses are not capable of managing even simple conditions and prefer to consult a GP for more complex issues);
  – Insufficient training.
- **Suggested measures:**
  – Development of nursing education programmes;
  – Legislative reforms (including regulations concerning family doctors, psychiatrists, and nurses);
  – Implementation of targeted training programmes (e.g., wound care, ECG interpretation, etc.).

An informal concrete example of task shifting: A nurse working in the Primary Care office (Family Health Team) shared his experience about true task shifting stories. Task shifting between the GP and the nurse occurred informally due to the GP's increased workload and administrative burden. The nurse took on various tasks—mainly administrative but also some clinical—based on mutual trust, though these activities were not officially reported as they are not yet regulated by medical norms.

Learning needs: Surveyed nurses expressed high interest in taking on new responsibilities but stressed the importance of proper training and updated education programs for all healthcare workers.

Opportunities and limitations: Opportunities include better task distribution and reduced physician workload. Limitations involve patient resistance, legal constraints, and insufficient training.

Key findings:

- Both doctors and nurses support **rethinking and potentially expanding or deepening their skills**. Accordingly, a number of tasks were identified and agreed upon with professionals that could be transferred from doctors to nurses working in primary care.
- The tasks were categorized into three groups:
    1. Tasks that nurses can perform **independently**;
    2. Tasks that nurses can perform **with some consultation or assistance** from doctors;
    3. Tasks that nurses are **not yet capable** of performing due to a lack of skills or knowledge.
- Regarding satisfaction among stakeholders, **patients were the most skeptical**. They generally preferred to see a doctor, indicating that further **awareness-raising efforts** are necessary.

Main References:

- TaSHI Project. *The Project – Empowering EU Health Policies on Task Shifting.* Available at: https://tashiproject.eu/the-project/).
- TaSHI Project - D5.1 CASE STUDIES OF IMPLEMENTATION SITES Available at: D5.1-Case-studies-of-implementation-sites.pdf
- TaSHI Project - D5.2 GUIDEBOOK ON TASK SHIFTING Available at: D5.2-Guidebook-on-task-shifting_revised_final_ISBN.pdf