

MEDICAL LIBRARIES IN THE ENVIRONMENT OF HEALTH CARE REFORMS

В системе здравоохранения Литвы реформы были начаты в 1991 г. Их ближайшие задачи: создание базы законов, перераспределение инфраструктуры и ресурсов, опираясь на обязательное страхование здоровья.

Дальнейшие задачи: улучшение качества здравоохранения, осуществление государственных программ, улучшая показатели здоровья, качество жизни, профилактику и образование медицинских работников.

За этот период медицинские библиотеки столкнулись с недостатком информации, особенно в сфере политики здравоохранения, управления ресурсами, по вопросам подготовки законодательной базы. Реформа побудила работников медицинских библиотек примкнуть к новой ситуации и активно включиться в процесс претворения реформ в жизнь.

Традиционные источники медицинской информации не удовлетворяли потребителей. Началась автоматизация библиотечных процессов, подключение их к Интернету, поиск новых информационных источников.

Программы развития медицинских библиотек опираются на идентификацию групп потребителей, анализ информационных запросов, на внедрение новых рабочих форм и повышение квалификации библиотечных работников.

A necessity to initiate health care reforms rises up when the existing system, incapable to satisfy the population's needs, is not cost-effective due to improper pricing and management policy.

The health care system in Lithuania entered a period of reforms in 1991, and in the years to follow they have been gathering the speed.

The formation of health care policy began with the adoption of the new Lithuanian Health Concept /1991/, a backbone document, setting out objectives and targets in health care sector. The second important step, The Lithuanian Health Law, passed in 1994, started lawmaking activities : about twenty laws and regulations, defining health care policy were adopted. Only in 1997, the health care was declared a priority sector in the State.

The Second National Conference on Health Policy Formulation /1997/ evaluated the gains and challenges of reforms and approved the project of Health Programme, aiming to maintain a stable and gradual long-time policy, independent from the will of a political party in power. Next year the Programme was reviewed by the Parliament. Centralized budget financing for health care has been replaced by a new financing system, based on mandatory health insurance. It was aimed to quality improvements in the primary health care and access to appropriate services for the population. A patient has become a central figure of reforms.

The Health Programme implementation was laid on Health Care Reform Bureau, established in 1993. Its workers became regular users of medical information and services in the Library.

As an essential part of knowledge infrastructure, libraries are catalysts and participants of the progress in the society. Their performance has direct impact on the success of reforms. The activities of libraries are defined and regulated by the Law on Libraries of the Republic of Lithuania, approved in 1995.

In the period of significant changes in health care, medical libraries faced with the increasing needs for information, primarily on health care policy- and resource management, lawmaking, quality indicators as well as specific fields of medical science. The importance of information was clearly understood by medical librarians , stimulating them to promote transformation of a traditional library into a modern information centre, capable to provide policy- and decision makers with speedily accessible and relevant data.

The network of medical libraries is comprised from 68 libraries scattered all over the country including two major medical libraries : the Lithuanian Library of Medicine with its nine branches in research institutions and hospitals, and Kaunas Medical University Library.

The Lithuanian Library of Medicine /LMB/, which I represent, operating under the supervision of the Ministry of Health, is functioning as a special library and centre of bibliography and health information with

