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MODERN APPROACHES TO REFORMING HEALTH SERVICE SYSTEM IN UKRAINE

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Purpose *– to propose up-to-date approaches to reforming the system of medical aid to population in Ukraine.*
Methods: *systematic approach, structural-and-logical analysis, conceptual modeling, bibliosemantic. In the course of study data of personal research, data of scientific publications and personal experience of organizational work were used.*
Results. *Up-to-date approaches to reforming Health Service System in Ukraine are proposed. They include priority given to developing primary medical aid basing on the principles of family medicine; developing hospital circuits with hospitals of intensive treatment; changes in the system of financing.*
Conclusions*. Introduction of modern effective methods of financing of medical institutions and medical personnel payments are planned.*
Key words: *reform of Health Service System in Ukraine, modern approaches.*

Introduction

At present stage of state development reform in Health Service System is being held in Ukraine [1, 5]. Before introducing new Health Service System at state level its pilot testing is conducted [4]. The reform anticipates structural changes in the system and changes in the system of financing [1, 3, 6]. Structural realignment in the system of health service should be conducted alongside with administrative-and-territorial reform in the country.

The purpose of work – to propose up-to-date approaches to reforming the system of medical aid to population in Ukraine.

Material and methods

Systematic approach, structural-and-logical analysis, conceptual modeling, bibliosemantic. In the course of study data of personal research, data of scientific publications and personal experience of organizational work were used.

Results of research and their discussion

Health Service System in Ukraine requires consecutive and deep institutional and structural changes aimed at improving public health and meeting just demands in medical aid. Principle directions of changes in health service system of Ukraine are: increasing effectiveness of health service system functioning; increasing quality of medical aid; increasing availability of medicines; introduction of social medical insurance; introduction of professional management. Special attention in this article is paid to increasing effectiveness of health service system functioning.

Central role in realization of this direction is played by structural reorganization of the system to meet the demands of population in different types of medical aid.

Primary level of structural reform provides:

– clear delimitation of primary and secondary medical aid;

– creation of network of primary level hospitals, mostly ambulatories of general practice/family medicine for 2 doctors in rural regions and 4 doctors in urban regions equipped correspondingly to tables of equipment with different models for rural and urban regions.

It is planned to create the Centers of primary medical-and-sanitary aid to optimize directing primary level hospitals, use of financial resources and financial stability of hospitals for primary medical-and-sanitary aid. Centers (with rights of juridical person) include doctors' ambulatories, doctor's assistant and midwife dispensaries that provide population of certain rural region with 30 to 100 thousand people with primary doctor's and predoctor's aid.

The functions of Center include: conclusion of contracts with customers for primary medical aid, planning, coordinating the activity of primary medical-and-sanitary aid institutions included in the Center, providing qualified medical aid, accounting and

bookkeeping, financial management, determining and distribution of stimulating payments for personnel.

Basing on the data of conclusive management and the best world experience to improve quality of secondary medical aid with simultaneous increase of effectiveness in the use of available resources and elimination of doubling in medical services we propose hospitals differentiation taking into account intensiveness of medical aid that is provided in:

– hospital of intensive therapy for twenty-four-hour medical aid to patients with acute status that require highly intensive therapy and nursing (myocardial infarction, insults, acute bleeding etc.). Resource provision of the hospitals of this type requires intensive technologies, specialized highly expensive diagnostic and therapeutic equipment, service of resuscitation and intensive therapy, urgent diagnostics;

– planned therapy for repeated courses of anti-relapse or restitution therapy according to standard schemes;

– hospitals of restitution therapy for reconstruction of functions broken by sickness or injury to prevent disability and for rehabilitation of disabled patients need special equipment (physiotherapeutic, gym apparatuses etc.);

– hospices for providing palliative and psychological aid to terminal patients require special equipment for aid and nursing, specially trained personnel (mostly nurses) and wide involvement of volunteers. For medical-and-social aid (nursing, social and palliative aid) this type of institution requires minimal diagnostic and therapeutic equipment, aid is mostly given by nurses.

Most important role is played by multi-profile hospitals that provide intensive therapy, first of all urgent medical aid, just because health and life of patients depends on their activity. Hospitals of this type compose about 90% of all the hospitals in developed countries.

For effective functioning hospitals of this type should provide with medical aid not less than 120–200 thousand people and have not less than 3000 surgeries and not less than 400 deliveries per year.

Proposed changes can be realized at present administrative-and-territorial division by creation of hospital circuits that unite health service institutions of several rural regions or cities and districts depending on density of population, character of its settling and taking into account traffic communication, material-and-technical and personnel potential of hospitals, profile of their activity and structure of medical services.

Structure of hospital circuit includes: multi-profile hospital of intensive therapy (organized on the base of powerful district and city hospitals); hospitals of restitution therapy correspondingly to demands; hospice – one in the circuit; institutions of medical-and-social aid/ nursing (organized on the base of central regional, district or city hospitals that do not function as intensive therapy hospitals); hospitals of planned therapy for chronic patients in every rural administrative region, city without division in districts, district of a city (organized on the base of central regional, district or city hospitals that do not function as intensive therapy hospitals, hospitals of restitution therapy, hospice). Diagnostic examination for primary level and planned ambulatory specialized aid are provided in polyclinic departments of planned therapy hospitals or consultative-and-diagnostic polyclinics. In acute cases aid will be given by specialists from hospitals of intensive therapy.

Gradual weighed amalgamation of multi-profile and mono-profile or specialized institutions is also provided.

The following model for patients being taken to institutions of secondary medical aid is proposed:

– to hospitals of intensive therapy patients are taken by sanitary car or use their own traffic;

– to hospitals and polyclinics of planned therapy for chronic patients order is given by the doctor of primary level;

– to hospitals of restitution therapy order is given by from the doctors of primary level, doctors of intensive therapy hospital, specialists of polyclinic department in planned therapy hospital for chronic patients, doctors of tertiary level coordinated with the doctors of primary level;

– to hospitals of medical-and-social aid and hospices order is given by the doctor of primary level.

Health service institutions of all types are to be reequipped correspondingly to their functions. Calculations taken show that expenses for additional equipping intensive therapy institutions in proposed model of secondary level aid are 27.4% less than expenses for necessary additional equipping of the whole now existing network. Concentration of intensive aid will give way to improving quality of aid owing to the increase of qualification level of medical personnel.

Management of the institutions of secondary level that are included in hospital circuit is to be provided by regional department of health service. Part of managing functions related to coordination of institutions functioning inside the circuit can be passed to the group of institutions in the form of corporation. Optimal version of management will be determined after approbation in pilot regions.

There are many problems in functioning of ambulance and emergency service and among most

important is substantial part of work that is not special of first aid functions, like calls to chronic patients, calls for injections of analgesics for oncologic patients, loss of time to get to patient, non-profiled calls for specialized personnel. The frames of reforms provide the following:

– to separate the functions of ambulance and emergency service and pass urgent aid as function to primary level;

– to release ambulance service of aid to oncologic patients (injections of analgesics at home) and pass this function to primary level by giving licenses for introduction of narcotic medications to the structures of primary aid and providing primary aid institutions with modern non-opioid analgesic medications;

– to include ambulance stations to hospital circuit, to compose their capacity, number of substations and places of temporary basing of ambulance service personnel so that to meet the demand of principal criterion of service functioning – time for getting to sick or injured person limited by 10 minutes in the city and 20 minutes in rural region;

– to create on regional level united controller service;

– to provide ambulance aid mostly with doctor's assistants crews equipped and trained according to clinical records.

Conditions for structural reforms in state section of health service on the primary level of medical aid are:

– separation of primary and secondary levels of medical aid;

– uniting financial resources for primary medical-and-sanitary aid on district/city levels;

– free choice of general practitioner-family doctor who determines patient's medical route.

Conditions for structural reforms in state section of health service on the secondary level of medical aid are:

– uniting financial resources for secondary medical aid on regional level that will help to rationalize planning the network of institutions, to eliminate unjustified fragmentation in health service system and to work out real management mechanisms for deciding the problems of restructuring the network of institutions of regional health service, in particular functional differentiation of hospitals depending on intensity of hospital aid.

Conditions for structural reforms in state section of health service on all the levels of medical aid are:

– revision and uplifting of criteria for licenses and accreditation, deformalization of these procedures;

– transmission for operative managing the resources of all institutions of primary aid to district/city level and of secondary aid to regional level.

Everything mentioned above will require changes in legislative base of Ukraine on health service.

Special feature of approaches to reforming Health Service System at present stage consists in provision of its correspondence to administrative-and-territorial reform and to international approaches.

Conclusion

Strategy of reforms in Health Service System of Ukraine includes structural changes depending on different levels of medical aid. Priority is given to introduction of primary medical-and-sanitary aid on the base of family medicine. On the secondary level of medical aid hospital circuits are organized with reorganization of existing hospitals into health service institutions of new type: hospitals of intensive therapy, hospitals of planned therapy, hospitals of restitution therapy and hospices.

Projects of next research are related to the study of reform effectiveness.

References

1. *Лехан В. М.* Стратегія розвитку системи охорони здоров'я: український вимір / В. М. Лехан, Г. О. Слабкий, М. В. Шевченко // Україна. Здоров'я нації. – 2010. – № 1 (13). – Р. 5–23.
2. *Методичні* рекомендації стосовно розробки місцевими органами виконавчої влади та органами місцевого самоврядування планів заходів щодо спеціалізації закладів охорони здоров'я, оптимізації їх мережі та створення об'єднань таких закладів, зокрема міжрайонних / за ред. Г. О. Слабкого. – Київ, 2010. – 24 с.
3. *Первинна* медико-санітарна допомога/сімейна медицина : монографія / З. М. Митник, Г. О. Слабкий, Н. П. Кризина ; за ред. В. М. Князевича ; МОЗ України. – Київ, 2010. – 404 с.
4. *Про* порядок проведення реформування системи охорони здоров'я у Вінницькій, Дніпропетровській, Донецькій областях та місті Києві : Закон України від 07.07.2011 р. № 3612-VI [Electronic document]. – Access mode : http://www.zakon.rada.gov.ua. – Title from screen.
5. *Реформування* галузі охорони здоров'я: Вінницька, Донецька, Дніпропетровська, Одеська, Полтавська області, м. Київ. Результати, проблеми, шляхи вирішення / В. В. Лазоришинець, Р. В. Салютін, Г. О. Слабкий [та ін.]. – Київ, 2014. – 207 с.
6. *Слабкий Г. О.* Сучасні підходи до фінансування системи охорони здоров'я / Г. О. Слабкий, М. В. Шевченко, О. О. Заглада. – Київ, 2011. – 345 с.

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Сучасні підходи до реформування системи охорони здоров'я України

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Мета – висвітлити сучасні підходи до реформування системи надання медичної допомоги населення в Україні.

Методи: системного підходу, структурно-логічного аналізу, концептуального моделювання, бібліосемантичний.

Результати. Сучасні підходи до реформування системи охорони здоров'я України полягають у пріоритетному розвитку первинної медичної допомоги на засадах сімейної медицини, а також у формуванні госпітальних округів зі створенням лікарень інтенсивного лікування та зміні системи фінансування.

Висновки. Запрограмовано впровадження сучасних ефективних методів фінансування закладів охорони здоров'я та оплати праці медичного персоналу.

Ключові слова: реформа системи охорони здоров'я України, сучасні підходи.

Современные подходы к реформированию системы здравоохранения Украины

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Цель – представить современные подходы к реформированию системы оказания медицинской помощи населению в Украине.

Методы: системного подхода, структурно-логического анализа, концептуального моделирования, библиосемантический.

Результаты. Современные подходы к реформированию системы здравоохранения Украины заключаются в приоритетном развитии первичной медицинской помощи на принципах семейной медицины; а также в формировании госпитальных округов с созданием больниц интенсивного лечения и смене системы финансирования.

Выводы. Запрограммировано внедрение современных эффективных методов финансирования учреждений здравоохранения и оплаты труда медицинского персонала.

Ключевые слова: реформа системы здравоохранения Украины, современные подходы.

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