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THE MOST IMPORTANT TENDENCIES IN THE REFORM OF PRIMARY HEALTH CARE IN UKRAINE.

The world experience generalized by the World Health Organization demonstrates that the development of primary health care on the basis of family medicine is the most effective way of achieving equitable distribution and rational use of funds, improving the performance of the health sector. One of the main principles of reform is the principle of availability of medical and preventive care, according to which «everyone has the right to health care, medical care and health insurance». At present moment the state aims to create conditions for effective and accessible medical care for all citizens. Models of primary health care (PHC) vary in different countries due to the historical development of national health systems in various social, economic and cultural circumstances. However, the only common practice for most PHC systems was and remains the general practice – family medicine (GP/FM), which is the most consistent with the content and functions of PHC and the most important element of national health care systems.

Since January 2018, health care reform has begun in Ukraine [2]. For the first time the reorganization of the financing mechanism of medical institutions providing primary health care has taken place. The motto of these changes is the slogan «money follows the patient». Previously funding was not based on the number of patients and the quality of medical services. Thanks to the Law of Ukraine «On State Financial Guarantees of Medical Care of the Population» [1], for the first time Ukrainians were able to freely choose a doctor without reference to the place of residence registration. At any time, you can change your doctor by signing a declaration with another. The signing of the declarations on the choice of the doctor and the payment of medical services by the National Health Service for each patient at the medical institution where this service is provided became possible thanks to the electronic health care system. This is the first step towards transition to electronic document management in Ukrainian medical institutions. Until now, only the paperwork was used in all medical institutions.

In 2018, in the electronic health care system, medical institutions could only sign a declaration on the choice of a doctor and enter into agreements with the National Health Service. In 2019, family doctors, physicians and pediatricians will adopt the electronic document management: an electronic medical card of the patient, recipes for «Affordable medications», referral to narrow specialists, sick leave certificates. By the end of 2019, family doctors will work without paper.

Medical institutions that had entered into an agreement with the National Health Service [3] have received financial freedom and may independently dispose of their budget. They are not limited by scale of rates or staffing schedule. This allowed the chief doctors to review their salary policies. For doctors who work efficiently, salaries have risen to three times. If before the primary care physicians received up to

5 thousand UAH, then after the first payments of the Service the effective institutions were able to raise salaries for their doctors up to 15 thousand UAH. Salaries of junior medical personnel have also significantly increased. All communal health facilities in the country, where family doctors, physicians and pediatricians work, have transited, from January 2019, to payment for services under contracts with the National Health Service.

When providing traditional outpatient care, the provider of services (institution represented by its medical staff) assumes responsibility for the person who came to the consultation. However, there are patients suffering from the disease, but postpone visits to the PHC institutions. For various reasons, such patients do not have access to medical care or, while in risk groups, do not realize this and do not go to health care institutions. The local factors that contribute to the deterioration of health – social, environmental or labour-related ones – are not taken into account. All this is the lost opportunity of successful health care.

An alternative approach implies that each PHC team has a clearly defined responsibility for a particular community or group of people. Established and clearly formulated comprehensive responsibility of the PMD team for the health of a particular group of people, in the presence of appropriate mechanisms for financial and administrative reporting, leads to a change in the activities of PHC institutions. PHC centres (outpatient clinics) expand the range of assistance offered by developing measures and programs aimed at increasing the effectiveness, which might be otherwise neglected by them. There is a need for investment in preventive and recreational activities, as well as coverage of areas that are usually out of attention, such as health care at schools and at work. This forces PHC centres (outpatient clinics) to maintain contact with organizations and individuals in the local community, which serve as mediators between doctors and patients, or to mobilize groups of activists, social workers, self-help groups, etc. Unlike other types of medical care, the interaction of a physician and a patient in the PHC is not limited to a separate episode of the disease. The PHC coverage of a person should be constant: from the moment of his/her birth (and sometimes earlier – for example, in the case of prenatal care) and to death (and sometimes later – for example, until the death certificate is issued). This ensures the continuity of patient care throughout their lives.

One of the reasons for the lack of effective healthcare reforms in the domestic healthcare system is the almost complete absence of scientifically based and adapted to the conditions of our country approaches to managing the development of medical care. In the current conditions, this issue becomes of particular relevance, as the population assesses the state of medicine primarily by the level of PHC organization. The improvement of the system of professional health care and the provision of medical care to medical personnel is aimed at creating a clear organizational structure of the health care system and the organization of medical care for healthcare workers at the territorial and local levels, ensuring its priority focus on the prevention of general and occupational diseases, minimizing the negative impact of occupational risks, conducting systematic monitoring of health indicators of those who work in

the medical sector as an instrument for the development of management measures for health preservation and recovery.

References:

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3. Decree of the Cabinet of Ministers of Ukraine as of December 27, 2017, No. 1101 «On Creation of the National Health Service of Ukraine»

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СУЧАСНІ ТЕНДЕНЦІЇ ІННОВАЦІЙНОГО РОЗВИТКУ ЕКОНОМІКИ

Сучасна економіка вступила в період кардинальних глобальних трансформацій. І тому сьогодні країнам належить створити необхідні умови для прискореного переходу від ресурсної моделі до моделі інноваційного розвитку. Динаміку та спрямованість її розвитку визначає фактор інноваційності, він стає драйвером розвитку та підвищення конкурентоспроможності економіки, науково-технічного, технологічного та соціально-економічного прогресу. За сучасних умов під впливом соціальних і технологічних трансформацій зростає динаміка кризових економічних явищ, підвищується рівень невизначеності економічного розвитку та ін. Особливий вплив на характер і способи економічного розвитку чинить фактор інноваційності. Даний фактор в сучасних умовах властивий промислово розвиненим країнам і, як стверджує більшість науковців, сьогодні він перетворився на вирішальний чинник конкурентоспроможності на всіх рівнях – від людини до держави [4, с. 23].

Фактор інноваційності «вимагає», відповідно, перебудови інфраструктури процесу функціонування національної економіки, світового господарства в цілому, способу життя людей тощо. В економічній науці фактор інноваційності починає осмислюватися тільки в останні роки і, не дивлячись на значний обсяг наукових досліджень, й досі не отримав належного обґрунтування. Сьогодні «інноваційність» вивчається в контексті прояву її ролі в забезпеченні конкурентоспроможного та сталого розвитку економіки, як фактор інтенсивного економічного зростання [3, с. 60].

При розгляді поняття «інновація» проблемним є питання: визнавати чи не визнавати інновацією будь-яке нововведення? Наприклад, принципово новими розглядаються відкриття в природничих науках – вони можуть змінювати погляди та уявлення на пізнання і предмет діяльності. В контексті економічної науки мова повинна йти про нововведення (новації). У зв'язку з цим доцільно говорити про відмінності винаходів та інновацій в сфері економічної діяльності, коли увага акцентується на їх значенні в досягненні більш високої ефективності