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# The role of management and health insurance in improving the health care system

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## Abstract

The article highlights the concept of modern management, the relevance and relevance of management in the management of the healthcare system of the Republic of Uzbekistan. The main functions of management, ensuring the effectiveness of the organization's activities are given. In full growth, the question arises not so much about what the manager knows, but about how he can apply this knowledge in a changing environment to solve the problems that arise in front of him. All this and much more creates new problems that only managers who are able to change their role in organizations, apply the right decision, plan and organize work, motivate employees and control their activities can cope with. Changes in the field of health care in the conditions of doing business have a serious impact on approaches to management training. In this regard, there is a need to create a health management laboratory at TMA. Currently, state medical insurance is gradually being introduced into the health care system of the republic. For the successful implementation of this task, it is the training of personnel with a broad knowledge of health insurance, which will determine the relevance of creating a health insurance laboratory in TMA. The article describes the goals and objectives of the health insurance laboratory in optimizing the process of implementing health insurance, improving its quality and efficiency.

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## 1. Application of modern management principles in the health care system

When teaching management, special attention should be paid to its goals, objects and subjects, the specifics of healthcare management in Uzbekistan, their reforms, results, traditional management functions, public administration, leadership, management and staff, management and communication in healthcare.

Due to the peculiarities of Uzbekistan, its mentality, political, social and economic conditions, a healthcare system has been created that can be proudly called the Uzbek model of healthcare. Health professionals working and leading in this field, working from the top to the bottom of the industry, must have a deep knowledge of the basics of management. Because if there are two people in the organiza-

tion (doctor, nurse-client), there must be modern and high-quality management. For this reason, for the healthcare system, the subject "Health Management" plays an important role in the system of higher medical education, in the training of doctors with higher education, highly qualified health managers [5].

This science takes its rightful place in the medical schools of the country, as well as in developed countries, and makes an effective contribution to the training of general practitioners, mature organizers and leaders of health institutions and the implementation of health care reforms.

Management is the ability and ability to achieve goals. Management is the behavior of other people, the ability to achieve the set goal with the help of the work of the intellect

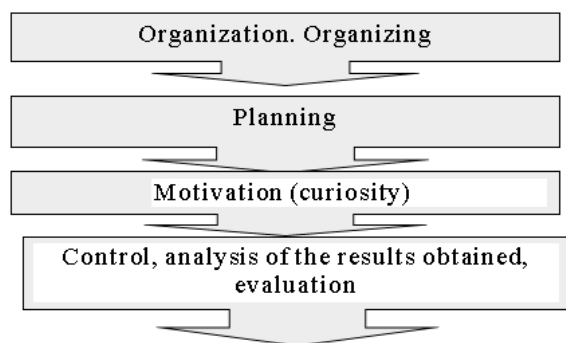
[11,12,15].

Management is the art of management aimed at achieving maximum efficiency through the rational use of available raw materials, material, financial and intellectual resources in production.

One of the important aspects of the restructuring of the health care system in the country is the training of specialist managers, so this topic is of great importance in the training of future healthcare managers. The expected result can be achieved only if these tasks are successfully solved in the healthcare management system [5,6].

Management is seen as a continuous process, because achieving a goal with the help of others is not just a one-time action but several interrelated actions. Each of these activities, in turn, is a process and plays an important role in the success of the organization. There are called management functions.

Thus, the management process is structurally interconnected and consists of a continuous cycle, which consists of four stages:



Health care as an object has a closed system, the activity of which is determined by the highest health authorities and to a greater extent depends on them. Its activity level will be stable, and the level of upgrades and improvements will be somewhat limited. In this case, the citizen-patient is the object of management [9,10]. Therefore, future organizers and leaders of health care need to have an in-depth knowledge of the health care system of Uzbekistan and its reforms before mastering managerial functions.

In order to improve the quality, efficiency and popularity of primary health care, strengthen the role and status of medical workers in society, raise the effectiveness of healthcare reforms to a qualitatively new level. In November 12, 2020 PD №6110 "On the introduction of completely new mechanisms in the activities of healthcare institutions and measures to further improve the effectiveness of reforms

in the healthcare system" was adopted by the President of the Republic of Uzbekistan - [2]. In this decree:

Creation of a competitive environment for the training, retraining and advanced training of mature and advanced personnel in the field, the formation of an effective system of advanced training of personnel based on international best practices, increasing the efficiency, quality and popularity of local healthcare assistance through the development of medical science;

To carry out specific practical measures to strengthen the role and status of medical workers in society, increase their respect for our people, create decent working conditions and increase their income, as well as strengthen their social protection;

the tasks of introducing modern local management, reducing redundant and bureaucratic procedures in the management process, increasing the efficiency of the healthcare financing system and improving digital medicine [2].

In order to implement effective programs of digital transformation adopted in this direction, as well as to ensure the efficiency of work of medical personnel, to increase the quality of provision of services to the population, to reduce the excess procedure principle in the management process, to introduce the unified framework of Information Systems and digitization of the health sector on February 23, 2021, In it: Introduction and monitoring of the unified information systems "Electronic healthcare", as well as ensuring their integration with other government bodies Information Systems;

in order to expand the scale of digitization of the medical sector, the tasks of introducing the single platform of the healthcare information system, which includes the information systems and software products have been defined [4].

In order to carry out these tasks consistently, it is worthwhile to open a **laboratory of Healthcare Management** in the School of public health of Tashkent Medical Academy.

The main **purpose** of health management laboratory:

It will consist of the training of highly qualified modern manager specialists who have deep knowledge, skills and practical skills in health care system.

#### Tasks:

1) Theoretical justification of the policy of the government of the Republic of Uzbekistan on health care and development of new forms

and methods of health care, provision of medical care to the population, as well as their application into practice;

2) Manager-staff training with high competence about modern management system in the health sector;

3) Retraining and professional development of Health Practice Management personnel;

4) To study the healthcare system and the health of the population and develop scientific-based measures to improve them.

**Expected results.** To transfer the health care, healthcare indicators of the population to the levels of developed countries, further increase in the popularity, quality and effectiveness of medical care; training and professional development of Meijer specialists that are in line with the requirements of the period; increase the responsibility of the population towards the formation of a healthy lifestyle, its medical culture, the maintenance of its health.

## **2. Introduction of health insurance system in healthcare**

The population of the Republic of Uzbekistan reached 35271.3 thousand people, the birth rate - 25.9 %, the death rate 5 %, their average life expectancy - 73.4 years [19].

Today in the Republic there are 6032 outpatient and polyclinic institutions, 1232 stationary treatment and prophylactic institutions. 93.3 thousand doctors and 369.9 thousand secondary medical personnel have been working in these institutions [20].

The introduction of the mechanisms and principles of market economy in the Republic of Uzbekistan dictates the need for radical changes in the organization of health care, namely the transition to the methods of economic management of the health system. It is worth noting that the reform of the health care system in Uzbekistan is defined as one of the priority areas of medical insurance in the state program [1].

The studies carried out in the regions of the Republic indicate the negative impact of the current system of financing of health care on the socio-economic efficiency of the funds allocated to the sphere, including the share of inefficient expenditure is 40%, equal conditions and no competitive environment are created for public and private medical organizations, the lack of medical personnel in primary medical – sanitary institutions.

In order to solve the listed problems and shortcomings, to increase the quality, efficiency and popularity of providing medical care to the population, to expand the scope of primary

medical and sanitary assistance, The works have begun by the decision of the president of the Republic of Uzbekistan on November 12, 2020 № PD-4890 " on the measures of the new model of the organization of healthcare system and the introduction of the mechanisms of state medical insurance in Sirdarya region. In addition, with the introduction of medical insurance, medical groups will be formed in primary medical and sanitary assistance institutions, a package of free medical services and medicines guaranteed by the state will be developed, monitoring of indicators related to the health of the population, maintaining medical documents and directing patients to medical institutions will be carried out through a single electronic platform, the achievement of it will be monitored and additional incentive fees will be paid depending on the results [3].

**Two types of medical insurance are distinguished in the world:** compulsory and voluntary (private).

The main difference between compulsory and voluntary insurance is that compulsory medical insurance is based on the principles of compulsory and equal membership and, as a rule, provides a stable flow of funds-insurance contributions [5, 7, 17]].

**Compulsory medical insurance** is carried out only on the basis of the law, in which the types, conditions and procedure for carrying out insurance are established.

The experience of many countries (Germany, France, Japan, South Korea, Mexico, the Philippines, the countries of Eastern and Central Europe, as well as the countries of the former Soviet Union) shows that the transition to compulsory medical insurance takes place in one of two common ways.

The first method of development (common in developed countries) is based on the gradual transition from special insurance schemes, including voluntary insurance, to the mandatory (state) system for the working population with an increase in the welfare of the country (Germany, France, Japan, Korea, Mexico).

The second way is to move from the National Health System that is funded and provided by the state to the system that is financed by health insurance. This path is often chosen by countries with economies in transition (the countries of Eastern and Central Europe and the former Soviet Union). A distinctive feature of this pathway is the co-operation of compulsory medical insurance and budgetary financing system for the purpose of additional financ-

ing of health care.

The model of voluntary health insurance is based on the principles of volunteerism and choice of the scope of insurance coverage according to the requirements and wishes of the insurers.

In other words, the basis of voluntary medical insurance lies in the land of the parties in the contract of insurance, and the types, conditions and procedure of this form of insurance are determined by the insurance company in accordance with the current law [5, 6, 7].

Voluntary health insurance is usually 3 important features in health insurance:

1) general coverage is not provided if the state does not cover its citizens with compulsory medical insurance (China, USA);

2) voluntary insurers are not covered by compulsory medical insurance (Hungary, Germany);

3) to provide additional insurance for services not included in compulsory medical insurance (Canada, France, Japan, England). Alternatively, there are several types of voluntary (private) health insurance in cooperation with the state Health System [14].

#### **Positive aspects of medical insurance.**

Health insurance has emerged as an important element of social protection of the society, aimed at providing access to medical care in the event of a member of the society experiencing difficulties (loss of employment or income). However, this type of insurance has led to the main method of financing medical services in the later stages of development, and in many countries it has become the main source of financing health care.

The introduction of health insurance along with the financing of health care will help to solve a number of important problems of the health care system itself and the health policy as a whole.

The analysis of the experience of countries with different economic development shows that with the introduction of medical insurance:

- first of all, citizens have personal responsibility in financing their own health care, which radically changes the attitude of society to health care and their own health tirade;

- secondly, it will ensure the transparency of the health insurance system for the population;

- thirdly, state regulation of the system of medical insurance (the legislative basis of guarantees and rights in the field of insurance protection, the level of payments and the quality of services) is carried out;

- from the Quaternary, a large part of the

health care costs will be removed from the state;

- in the fifth, reducing the monopoly of medical service providers, a competitive environment is formed between the market of medical services and medical service providers;

- in the sixth, the opportunity to attract additional innovation is created [5, 8].

**Disadvantages of medical insurance.** The introduction of medical insurance, as well as the provision of coverage of the population of the country to the whole; can lead to a number of serious problems associated with the high administrative costs of the medical insurance system and, accordingly, the increase in the cost of medical services.

The difficulty to come up with when switching to medical insurance is primarily due to the loss of control over the costs of medical care. The introduction of medical insurance in countries (Czech Republic, Slovakia and Hungary) that have passed from a centralized (government-funded system to medical insurance) has led to a significant increase in health care costs [8, 16, 18].

**Functions of medical insurance.** The analysis of the current medical insurance in developed and developing countries, including the CIS countries, shows that the current medical insurance must comply with the following requirements:

- attract additional resources to the health care system;

- increase the efficiency of the use of resources;

- improve the quality of medical care.

*Attract additional resources to the health care system.* In many countries, the state finances free medical services within the guaranteed volume of medical and sanitary services. The financing of the guaranteed package is carried out on the basis of the established budget. Medical services, which are indicated in excess of the prescribed in the guaranteed package, are carried out on a paid basis. Consequently, the use of medical insurance to finance medical services as a primary and complementary source of income can be an important source of income.

*Effective use of resources.* Medical insurance, as an extra-budgetary structure, can accumulate funds and distribute health resources to treatment-prophylactic institutions without much expense items. Such a system of financing simply creates the necessary conditions for rational conduct of payment for medical services provided by them, without financing the

maintenance of the premises and capacity of treatment-prophylactic institutions, it is impossible to do this in a system financed by the state budget.

*Improve the quality of medical services.* Medical insurance provides a wide range of opportunities both for providing more qualitative medical services and for their organization, in particular, it gives patients the right to choose the medical service providers themselves (free choice printing); the legal right to demand the full receipt of medical care (through the insurance company); the opportunity to control the quality of services provided by the manufacturers of medical; resource accumulation authority and opportunity; opportunity to monitor revenue flow [5, 6, 7].

The study of the quality and effectiveness of the work carried out in the field of medical insurance, the identification of the problems that have arisen and the development of scientifically-based recommendations for their solution are of great importance in determining the success of work in this direction. It requires personnel who have excellently mastered the basics of medical insurance, are able to apply the best experience of the world in this field in their practical activities. The organization of the "Medical insurance laboratory" under the school of public health of the Tashkent Medical Academy serves to a certain extent in the fulfillment of the tasks assigned to medical insurance and making recommendations based on science in this regard.

**The purpose of the medical insurance laboratory** is to provide scientific and methodological assistance in the introduction of medical insurance and the proper organization of its further activities, as well as training of personnel working in the field.

**The medical insurance laboratory performs the following functions:**

Studies the process of introduction of medical insurance and develops scientifically-based recommendations, having studied the experience of foreign countries in solving the problems that have arisen.

It examines the impact of the introduction of health insurance on the health performance of the population and the level of population satisfaction from the medical care provided.

Identifies and conducts scientific research work aimed at solving actual problems related to medical insurance.

Prepares employees with a master's degree for the medical insurance fund and medical institutions, including managers.

Organizes and teaches courses of professional development of medical insurance for employees who work practically in health organizations and health insurance funds.

**Expected result.** Medical insurance laboratory develops scientific-based practical recommendations aimed at providing medical insurance fund and medical institutions with qualified personnel, identifying and solving problems in the field of medical insurance. This serves to a certain extent to optimize, improve the quality and efficiency of the process of gradual introduction of medical insurance on the territory of the Republic.

#### CONFLICT OF INTEREST, FINANCING & COMPLIANCE WITH PATIENT RIGHTS AND PRINCIPLES OF BIOETHICS

The author declares no conflict of interest. The study was performed without external funding. All patients gave written informed consent to participate in the study.

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