

Mykhailovska O. V.,

*PhD in Economics, Associate Professor of Public and corporate management Department,
Chernihiv Polytechnic National University, Chernihiv
ORCID 0000-0002-7682-2292;*

Ladonko L. S.,

*Doctor of Economic Sciences, Associate Professor of Public management and administration
Department, Kyiv National University of Trade and Economics, Kyiv
ORCID 0000-0002-7699-7025;*

Mykhailovska A. I.,

*student PM-181, Chernihiv Polytechnic National University, Chernihiv
ORCID 0000-0002-1584-9897;*

Zapata-Buide A.,

*Cáceres Health Area, Spain
ORCID 0000-0001-5387-3153*

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REFORMING THE MEDICAL SECTOR: EXPERIENCE FOR UKRAINE

The article shows the health care system of Ukraine and Spain, examines their main differences, identifies the main factors that lead to the development of the Spanish health care system. The process of reforming the national health care system is analysed, the key roles of the main elements of the modern health care system in Ukraine are given, and the current demographic situation in both Spain and Ukraine is described. The characteristic of the interaction “doctor-patient” in the system in Ukraine and Spain, and it is also emphasized necessary skills which are provided for ensuring effective communication in this field.

Keywords: health care system, reform, interaction.

Formulation of the problem. Nowadays, more and more attention needs to be paid to the health of people in any country all around the world. The challenges facing humanity are first and foremost related to health care. There are different medical problems in the different countries and the factors that lead to them are also different. That are noticed before, leads to the search for effective ways of solving problems not only at the macro level, but also at the micro level, as it is the primary link that has a huge impact on the interaction in the “doctor-patient” system, which is the key to effective implementation of proper medical care.

Analysis of recent research and publications. Modern transformations in the field of the national health care system attract the attention not only of theorists, but also of practitioners in various scientific areas. A large number of studies are conducted and because of that scientists are trying to find answers to questions related to improving the efficiency of the Ukrainian model of health care. Various components of public administration in this area were considered by S. Antonyuk, V. Lobas, V. Rudy. Note that most of the works is related to the process of financial support of the medical sector or the functioning of medical institutions in general. At the same time, the issues of ensuring effective interaction in the “doctor-patient” system still remain unresolved.

The purpose of the article. To study the health care system of Ukraine, to compare it with the Spanish system as a leading country and identify main features in this field, as well as to form the basic requirements for the skills of the modern doctor, which influence the formation of effective relationships in the system "doctor -patient".

Presenting main research. In order to conduct the study, it is advisable to consider the following questions: 1) examine the impact of reform system on the health care system of Ukraine; 2) highlight specific issues that influence for ensuring the effectiveness of the health care system in Ukraine; 3) give the characteristic of current performance of Spanish health care system; 4) identify the basic management skills which are needed for doctors to ensure effective interaction within the "patient-doctor" system.

Today in Ukraine there are about 10 thousand specialized doctors of family medicine. In order to make the reform work, Ukraine needs more than 30,000 specially trained family doctors. Annually, medical universities graduate 12,000 people with the relevant diploma, but only about 3,5 thousands from them remain in domestic medicine, that is 10% of the required number.

In addition, the disadvantages of the previously existing system in Ukraine were: 1) it was divided into adult and pediatric clinics, health units, women's consultations, rural medical clinics; 2) there was no division into the services of primary and secondary medical care; 3) therapeutic and pediatric qualifications of

district doctors did not allow to solve all problems of primary health care of the population at the proper professional level; 4) patients had the opportunity to consult specialist doctors on their own without referring a district doctor; 5) the work of district doctors was paid at fixed rates and did not depend on the volume of their work, that led to the fact that doctors were not interested in patients [1].

The Verkhovna Rada of Ukraine voted in favor of Law 2168 - VIII "On State Financial Guarantees of Public Health Services" [2], and since January 2018 the Ministry of Health has begun to introduce changes in health care.

On March 30, 2018 was created the National Health Service of Ukraine – the central executive that implements the principle of the medical reform “money goes after the patient” – pays for the cost of actually provided medical services. This mechanism is gradually replacing the inefficient Soviet model of paying for beds places. The National Campaign for the Selection of Family Doctors, Therapists and Pediatricians started working in April 2018. For the first time Ukrainians were able to freely choose a doctor without being tied to a place of living. If, contrary to the decision of the primary care doctor, the patient will consult a specialist by himself, he must pay for the services independently.

Medical institutions that have contracted with the National Health Service have been granted financial freedom and they can manage their budget on their own. This will necessarily lead to increased requirements for the competence of doctors. Any person will be able to choose independently a doctor based on his professionalism. The country will pay for services not only to state and communal, but also to private medical institutions.

In 2019, family doctors, therapists and pediatricians switch to electronic records: electronic patient medical records, prescriptions for “Available Medicines”, referrals to narrow specialists, hospital documents. By the end of 2019, medical workers will work without paper. Also, because of this system, patients can track the availability of medicines at specific hospitals and pharmacies.

The next phase after the primary reform began in the second half of 2019 - the "Free Diagnostics program". At the direction of the family doctor, therapist and

pediatrician patients will be able to take examinations such as X-ray, ultrasound, mammography, echocardiography and other in any medical institution (that has contracted with the National Health Service) and for free . Thus, polyclinics, which are institutions of specialized outpatient care, will start to move to the new financing model [3].

It should be noted that in Ukraine any attempts to reform the medical system cause dissatisfaction between the medical workers, because at this stage the system satisfies them. This is explained by the reluctance or inability of managers to apply effective change management techniques (which are developed all over the world), that also confirms the lack of appropriate skills at all levels of health care management.

Nowadays, key roles in the healthcare system in Ukraine are as follows (Figure 1) [4]. The Ministry of Health regulates eHealth implementation at the regulatory level. The National Health Service of Ukraine contracts with health care providers; analyzes and uses data for the purpose of forecasting the needs of the population for medical services, developing a program of medical guarantees, setting tariffs, monitoring contracts; makes payments for medical services on the terms of the contract.

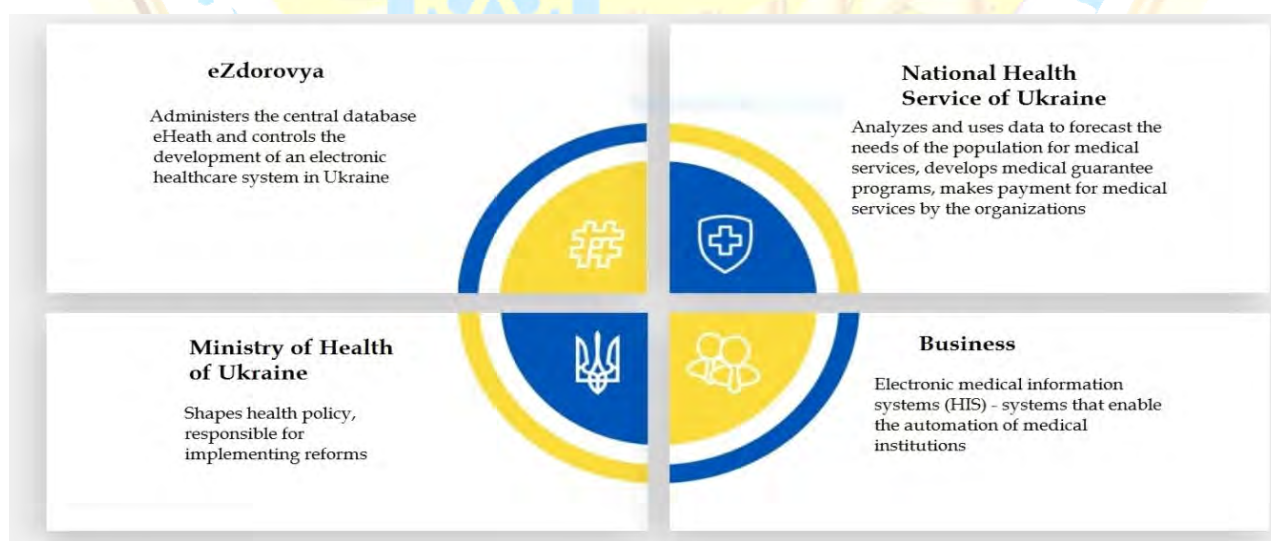


Figure 1. Key roles of the main elements in the health protection system in Ukraine [4]

Therefore, the main goals of eHealth are: sure transparency of health care financing; enable work without paper (gradual transition to electronic accounting (e-prescription, e-card); create the business environment for creating new electronic services; create space for innovation in medicine (machine learning, big data, block chain, etc.); promote the development of the medical IT market.

Following a survey of the population of Ukraine on the quality of health services, the following data were obtained [5]: 20% of Ukrainians believe that the quality of public health services has improved in the last two years; 37% saw worsening; 32% of Ukrainians surveyed believe that nothing has changed in medicine; 12% failed to respond (Figure 2).

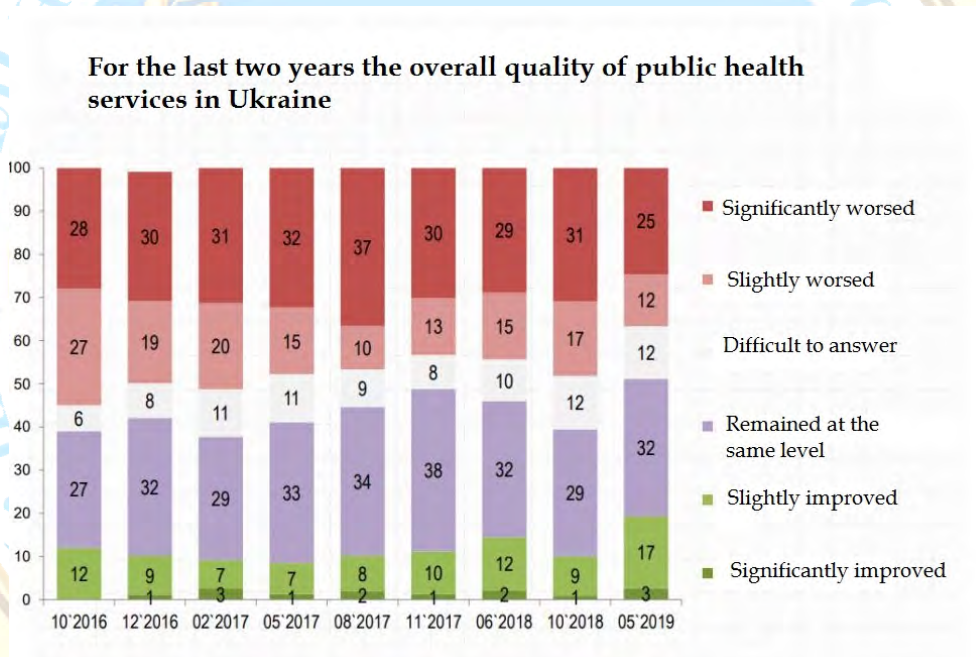


Figure 2. The result of the survey on the quality of health services in Ukraine [5]

So, the health system performance in Ukraine has not reached the proper level. The large-scale changes that have taken place today have been displaced the not-efficient system but, unfortunately, have not yet get sustained the positive result. On the one hand, this is explained by the lack of time and, on the other, by the ineffective interaction in the doctor-patient system, which influences the indicators of the survey and is provided by the relevant skills of primary care physicians, (which European

colleagues have been possessing for the long time). The new generation of medical workers must be taught modern methods of forming appropriate communication with the patient.

According to statistics (Figure 3) [6], the population of Ukraine has been steadily declining since 1994.

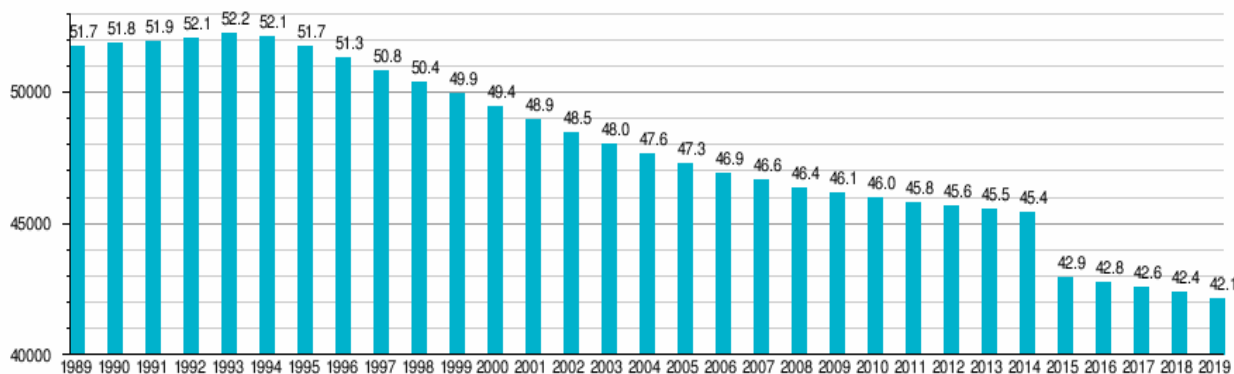


Figure 3. Population change in Ukraine [6]

Ukraine is the first country in the mortality rating by mortality from cardiovascular diseases caused by unhealthy diet (38.2 % of all deaths) between the former Soviet republics. So, those deaths can be prevented. According to the same data, people who have the best diets are in Spain, Israel and France. Scientists say that using a balanced diet can prevent about every fifth death. It is hoped that with the change of the health care system, the approach of primary care medical workers will interact not only in the treatment but also the prevention of diseases will change.

One of the current problematic issues in Ukraine in the health care system is the problem of inadequate vaccination of the population. As stated in Article [7], the population of Ukraine is accustomed to refusing vaccination because of certain thoughts and myths. The main followings are distinguished: 1) the population believes that there is no measles vaccine in Ukraine; 2) people can't be vaccinated during an epidemic and it is also impossible to be vaccinated during illness; 3) adults can't make vaccinations for free; 4) you can die from the vaccination or become ill with an incurable disease.

Nowadays, in Ukraine [8] the indicator of planned vaccination against major infections is critical. It should be noted that it has improved for measles, but remains low for infections such as polio, viral hepatitis B, diphtheria, etc. This is one of the important factors that influenced Ukraine's rating. Also it should be noticed that the responsibility for convincing the patient of the need for vaccination lies with the primary care doctor and depends on his or her skills.

Nowadays, according to a study by Chefra McKee and Christine Boannon, the main causes of the movement of opponents of vaccination are: 1) the religious beliefs of parents; 2) personal beliefs (for example, that acquired natural immunity is better than vaccination); 3) concerns about the safety of vaccines derived from information received from the media or from acquaintances; 4) lack of information on vaccines (parents want to know more about the benefits and risks of vaccines but don't receive this information).

This can be attributed to the fact that doctors in Ukraine are not able to convince patients even of this, or to convey important information to them. That proves why communication skills are essential for the modern medical workers. When a modern doctor has managerial skills (the ability to choose the right motivators, build constructive interaction, use change management techniques, etc.), the percentage of trust in him or her increases. As it can be seen, all the "myths" are very simple to refute, and to prevent deaths from cardiovascular diseases at the primary level of medical care through the formation of proper communication interaction in the system "doctor-patient". Therefore, many strategic issues of a macroeconomic character can and should be solved through the formation of effective doctor-patient interaction.

Spain has 46.5 million inhabitants, with predominance of women (50.7 %). The age group of less than 16 years accounts for almost 16 % and age group of those 65 and older over 19 %.

Of the total population, 5.7 million are foreigners, representing 12.1 %. Spain is the second ranking country of EU-27 with more foreign resident population, only surpassed by Germany which has over 7 million [9].

For the whole population, Spain has a life expectancy at birth of 83.4 years, a figure higher than the average of 79.7 for the EU-27. By gender, life expectancy at birth for Spanish men and women is 80.4 and 86.2 years of age, respectively. This constitutes a 4 year increase since 2001.

In absolute terms, the number of deaths in Spain was 410,611. The main causes are cerebrovascular disease and breast or colon cancer in women; coronary heart disease and lung or colon cancer in men. Infant mortality, with a clearly downward trend, shows low figures in Spain. Systematic vaccination of children has contributed to a large extent to the reduction in morbidity and mortality from vaccine-preventable diseases.

The main health problems and the most prevalent diseases have changed progressively in developed countries. With the reduction in infectious diseases, non-communicable diseases and chronic diseases have replaced the former as the principal causes of morbidity and mortality. Principal chronic health problems are: 20 % – high blood pressure, 19 % – lower back pain, 18 % – high cholesterol, 18% – osteoarthritis, 15 % – allergy, 11 % – Mental health and 8 % – diabetes (with an upward trend) [10].

The perception a population has of its health status is a good predictor of its health status and use of healthcare services. For the total population, 7 of every 10 inhabitants consider their health as good or very good.

Data for Spain (2010) place public healthcare expenditure, including longterm care expenditure, at 75,000 million euros, which represents 74.2 % of the country's total healthcare expenditure, which amounts to 101,000 million euros. As a percentage of GDP, the total healthcare expenditure in Spain is 9.6 %. Public healthcare expenditure accounts for 7.1 % of GDP and represents an expense per inhabitant of 1,622 euros. The countries of the European Union (EU-27) spend an average of 9.0 % of GDP, ranging from 12 % of GDP of The Netherlands, Germany or France, to 6 % of GDP of Estonia or Romania.

The National Health System has 3,006 health centers and 10,116 local clinics where professionals from the zone's health care center go in order to bring basic

services closer to the population. There are 790 hospitals (1.8 per 100,000 population) operating in Spain, equipped with 162,538 beds (352.5 per 100,000 population). National Health System professionals: Medicine – 147,000; Nursing – 182,000; Other professionals – 317,000.

Article 43 of the Spanish Constitution of 1978 establishes the right to health protection and healthcare for all citizens [11; 12].

A feature of Spanish healthcare is the decentralization of management and funding. The main functions of providing medical care are assigned to the regional authorities of the country. The central government allocates a grant to each of the 17 regions, while the regional authorities themselves determine how to spend the funds and have the opportunity to use their own budget in addition to the total grant received.

Responsibilities for central authorities on health: health basic principles and general coordination; foreign health affairs and international relations and agreements; legislation and authorization of medicinal products and medical devices.

Responsibilities of the autonomous communities: health planning; public health; healthcare services management.

Each autonomous communities has its own Health Service, which is the administrative and management body responsible for all the health centers, services and facilities in its region, provincial administrations, town councils and any other intra-regional administration.

Each autonomous communities is divided in Health Areas, which are delimited taking into account geographical, demographic factors (population between 200,000 or 250,000 inhabitants), socioeconomic, labor, epidemiological, cultural, climatological, communication routes and sanitary facilities.

The National Health System is structured into two health care levels, primary care and specialist care, in which there is an inverse relationship between accessibility and technological complexity.

Primary Care makes basic health care services available within a 15-minute radius from any place of residence. The main care facilities are the health care centers, staffed by multidisciplinary teams comprising general practitioners,

pediatricians, nurses and administrative staff, and, in some cases, social workers, midwives and physiotherapists. Since primary health care services are located within the community, they also deal with health promotion and disease prevention. The principles of maximum accessibility and equity mean that primary care also provides home care whenever this is necessary.

Specialist care is provided in specialist care centers and hospitals in the form of outpatient and inpatient care. Patients having received specialist care and treatment are expected to be referred back to their primary care doctor.

Supplementary common portfolio of the National Health System: It includes the following services: pharmaceutical services; orthopedic and prosthetic services; dietary products services; nonemergency health transport, subject to medical prescription for clinical reasons.

With regard to medicines, the patient has to pay about 40 % of the cost of medicines prescribed after discharge from the hospital. This law does not apply to the elderly and the unemployed, they receive medicines for free.

It should be noted that according to Bloomberg Healthiest Country (2019), which covers 169 countries, Spain took the first place, even ahead of Italy, and Ukraine has got the 93rd place in terms of health (The rating was based on a number of indicators - ecology, average life expectancy, sanitation and others) [13] (Figure 4).

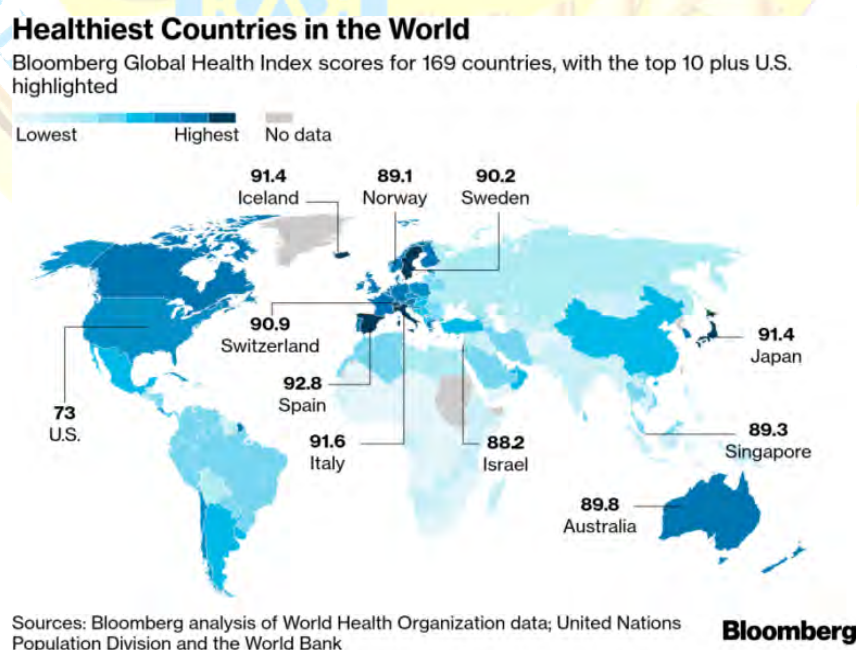


Figure 4. World average life expectancy [14]

As can be seen from Figure 4, according to the rating, life expectancy in Spain is 92.8 years. While according to Eurostat data (2018), Ukrainians live the least among Europeans – 72 years.

According to the UN, Spain has the highest life expectancy at birth among the countries of the European Union, and is next only after Japan and Switzerland in the World [15].

In Spain, primary care is mainly includes government providers, specialized family doctors and nurses who provide preventative services to children, women and elderly patients, as well as emergency and chronic care [16]. In the last decade in Spain, there has been a decline in cardiovascular disease and cancer mortality, which, as noted above, ranks first and second in Ukraine, respectively.

Therefore, the health care system of any country must meet certain universal criteria and take into account the peculiarities of the state of health of the population, its morbidity.

Despite Spain's per capita government spending below the OECD average (Organization of economic cooperation and development – International Organization for 35 countries), statistic shows that Spaniards are generally satisfied with their health care system, scoring it at 6.7 points on a 10 point scale. And as a result, very few people in Spain consider it necessary to reform the healthcare system.

In Spain, 40 % of hospitals belong to the national healthcare system, the remaining are private hospitals. Some of the private ones are operating under a contract that allows them to receive public funding (about 40 % of inpatient hospitals in Spain are funded by the budget of the national healthcare system). The Spanish government is encouraging the development of such hospitals by reducing taxes on entrepreneurs with health insurance.

The general law defines the modern way of Spanish health care, and the most important consequence of its adoption was the modification of the provision of primary care. In Spain, all public resources are integrated into a single, nationwide healthcare system with decentralized management and funding. Primary care is

provided by both public hospitals and private doctors. Government agencies provide further assistance.

During the 1980s and 1990s, the Spanish health care system underwent significant changes, which resulted in a significant expansion of providing assistance and streamlining of both the financing and management systems.

Patients can get free medical care in any region of the country. In each administrative district of Spain, there is a mandatory state hospital (at least one), equipped with all the necessary modern equipment, and selected high qualified personnel [17; 18].

Conclusion. So, it can be noted that there is some similarity between the health care system of Spain and Ukraine, but the difference in the satisfaction of the population with this system is significantly different. We consider it necessary to direct efforts in this area to achieve the level of Spain. Again notes, that it is mainly formed in the process of interaction at the primary link. In the future, it is necessary to raise the issue of creating an appropriate model of "doctor-patient" interaction at the micro level and the prerequisite will be to meet the needs of all stakeholders.

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Михайловська О. В.,

*к.е.н., доцент кафедри публічного управління та менеджменту організацій,
Національний університет «Чернігівська політехніка», м. Чернігів
ORCID 0000-0002-7682-2292;*

Ладонько Л. С.,

*д.е.н., доц., професор кафедри публічного управління та адміністрування,
Київський національний торговельно-економічний університет, м. Київ
ORCID 0000-0002-7699-7025;*

Михайловська А. І.,

*студентка гр. ПМ-181, Національний університет «Чернігівська політехніка», м. Чернігів
ORCID 0000-0002-1584-9897;*

Сапата-Буйде А.,

*медичний співробітник Центру здоров'я, м. Касарес, Іспанія
ORCID 0000-0001-5387-3153*

Реформування медичної галузі: досвід для України

У статті розглянуто процес реформування системи охорони здоров'я в Україні, виділено основні недоліки старої системи та переваги нової, що впроваджується в нашій державі, а також необхідні умови підвищення ефективності управління у даній сфері.

Охарактеризовано діяльність центрального органу виконавчої влади, який реалізує основні принципи медичної реформи. Описано ключові ролі та цілі основних елементів в системі охорони здоров'я України. Наведено результати опитування щодо якості медичних послуг в Україні, які засвідчують існування масштабних змін у даній галузі, що зрушили з місця давно не ефективну систему, але, на жаль, досі не забезпечили стійких позитивних результатів. На думку авторів, зазначене пояснюється як нехваткою часу, так і недостатньо ефективною взаємодією в національній системі «лікар-пацієнт». Наголошено, що Україна в рейтингу смертності знаходиться на першому місці серед колишніх радянських республік саме від тих смертей, які можна попередити. Наведено основні умови впливу на дану негативну тенденцію. Як приклад ефективного управління системою охорони здоров'я держави наведено іспанський досвід, оскільки середня тривалість життя в Іспанії у 2019 р. (за рейтингом Bloomberg Healthiest Country) була найвищою у світі. Наголошено, що система охорони здоров'я будь-якої країни повинна відповідати певним універсальним критеріям і враховувати особливості стану здоров'я населення, його захворюваність. Описано основні фактори, що вплинули на показники ефективності іспанської системи охорони здоров'я у процесі її реформування. З'ясовано, що існує певна схожість між системами охорони здоров'я Іспанії та України, але різниця у задоволенні населення даною системою суттєво відрізняється. Запропоновано спрямувати зусилля у даній сфері на досягнення рівня Іспанії. Відзначено, що воно, у більшості випадків, формується у процесі взаємодії на первинній ланці.

Ключові слова: система охорони здоров'я, реформа, взаємодія.

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