

MECHANISMS OF STATE-PRIVATE PARTNERSHIP AS THE BASIS OF DEVELOPMENT OF CONSULTATIVE AND DIAGNOSTIC CARE

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Abstract

The aim of the study is to substantiate the expediency of translating the Consultative and Diagnostic Centers (CDCs) into the principles of public-private partnership (PPP).

Materials and methods. To achieve this aim, general scientific methods of analysis, synthesis, generalization, interpretation of scientific data, as well as systematic approach, dialectical principles of comparison were used in the work.

Results

The article analyzes social aspects and reserves for the development of consultative and diagnostic care in the public health sector.

It is determined that one of the significant organizational and technological reserves for increasing the availability, timeliness and efficiency of providing consultative and diagnostic care and optimizing the work of the CDCs is the modernization on the basis of PPP. The functional and organizational structure of the CDC model on the principles of PPP is presented.

Conclusions. In the difficult economic conditions of the country, the modernization of the CDCs using the mechanisms of PPP is the basis of organizational and technological reserves to improve accessibility, efficiency of consultative and diagnostic care and introducing anti-crisis management in the CDCs.

Key words: modernization, consultative and diagnostic center, public-private partnership.

INTRODUCTION

Ensuring availability and quality of medical care is one of the most important goals of the state policy in the area of health care of Ukrainian citizens, as confirmed by the Constitution of Ukraine (Article 49) [1] and the Law of Ukraine "Fundamentals of the Ukrainian Legislation on Health Care" (Article 34 and 78) [2].

In Kyiv, in accordance with the Law of Ukraine "On the Procedure for Reforming the Health Care System in Vinnytsia, Dnipropetrovsk, Donetsk Oblast and the City of Kyiv" [3], a multi-level system of health protection, as recommended by WHO, was formed [4]. Outpatient clinics serving adults and children are reorganized into Primary Health Care Centers (CPSM) and Consultative Diagnostic Centers (CTCs) that provide primary and secondary outpatient care without age distribution. They decide on one of the priority tasks modernization of the health care system: shifting the priority in providing medical care to the population from the stationary level to the level of the outpatient clinic. However, the presence of financial and economic and organizational and structural problems in the activity of the KCC often results in the lack of sufficiently timely and quality consulting and diagnostic assistance that undermines their trust in these health care institutions.

Today QBO consum ebuyut stable first full year funding I, innovative developments in prevention, diagnosis and treatment of diseases [5]. They need an effective system of training and retraining of medical personnel, modern effective evidence-based management technologies, decent pay for health workers. All this requires significant financial investment and without the partnership of the state and business here can not do.

The development of public-private partnership in Ukraine, its specific forms, models and opportunities for their application, taking into account foreign experience, is a very topical task [6, 7, 8].

The purpose of the study is to substantiate the feasibility of transferring consulting and diagnostic centers to the principles of public-private partnership.

Materials and methods of research. In order to achieve this goal, the general scientific methods of analysis, synthesis, generalization, interpretation of scientific data, as well as methods of unity of logical development of socio - economic systems, system approach, dialectical principles of comparison are used in the work.

Research results

An analysis of the network of outpatient clinics showed that the mind. In Kyiv, by 2018, there were 13 consulting and diagnostic centers, of which two were children's. Us and KCTS of Kyiv are medical and preventive institutions, non-profit enterprises based on the communal property of the territorial community of Kyiv, which are classified in the area of district state administration administration and are subject to the health care administration of rayon state administrations. The maintenance of the KCC and payment of labor is carried out at the expense of the budget of the city of Kiev, as well as funds received by the legislation of Ukraine.

KDCs provide 38.6% - 57.1% of all visits to the refinery, which indicates the significant contribution of these institutions to the provision of outpatient and polyclinic care to the adult population of the capital, as well as structural imbalances in the activities of the primary and secondary sectors of the health care system. An analysis of paths of patients showed that 30% of patients referred to the KDC without referral to a general practitioner of family medicine.

The analysis of the structure of visits to doctors in terms of medical specialties showed that a quarter of all visits to the KDC include visiting obstetrician-gynecologists (24.7-27.2%), about every ten visits - to surgeons (9.1-13, 0%). The following positions in the structure of visits to the KDC include visits to neuropathologists (5.9-10.1% of all visits), otolaryngologists (6.8-10.2%), orthopedic traumatologists (6.0-10.0%), ophthalmologists (5,1-8,4%), endocrinologists (2,9-4,7%). In general, visits to doctors of the listed 7 specialties make up 68-75 % of all visits to the KCC .

KDCs provide significant volumes of diagnostic research. The rate for 100 visits to the KDC is 5.1-8.6 radiological, 2.1-8.1 ultrasound, 0.21-0.28 endoscopic, 3.2-6.2 functional studies, 128-194 laboratory analyzes .

In the structure of X-ray studies, thoracic (41.7- 44.6%) and bone and joints (31.5-39.7%) predominate. In the structure of ultrasound - the study of the kidneys (21,7-29,7%), the organs of the abdominal cavity (18,9- 28,7%, gynecological ultrasound (15,2- 25,3%), gastroduodenoscopy is 92,0-98 , 3% among all endoscopic studies, and electrocardiography - 88.3-94.5% among functional studies. In the structure of the performed laboratory tests, the largest share is general-clinical (41.5-49.0%) and haematological (8.8 -33.4%) study.

The structure of diagnostic research and laboratory analyzes in KDC is represented mainly by routine diagnostic technologies, which does not correspond to modern European practice and the existing needs of clinicians in the secondary provision of medical care.

The analysis of the financial support and material and technical condition of the KCC showed that during the 2014-2017 period, the financing of the general fund of the KDC budget was 50-60% of the need for 7 years. The material and technical base and funds of the KCC are fixed assets and working capital, as well as other tangible assets and financial resources, the cost of which is reflected in its independent balance sheet.

An urgent problem for all KDCs is the replacement and renewal of the existing outdated and physically worn-out equipment with a 100% exhausted operational resource. The supply of high-value equipment in each KDC is in the order of 13-18 UAH million

The SWOT analysis of the KSC system showed its strengths and weaknesses, it has made it possible to identify the main directions of development, as well as potential opportunities and threats. Found that in the current economic conditions and the weakness of municipal management system QBO is in a difficult situation, and for its development requires new approaches and initiatives to ensure that the QBO in the marketplace, including the introduction of the principles of public-private partnership.

Mechanisms of PPP in the activities of modern state medical organizations, in particular in the KCC, should be implemented and taking into account the socio-psychological characteristics of the perception of paid medical services by the population, the specifics of the advertising and information process in health care, bearing elements of network marketing, should facilitate the maximum satisfaction of demand patients to public health services and public health and the economic viability of medical institutions. The use of PPPs in state health care institutions of Ukraine may be considered as a social order of the society, since the main objective pursued is to bring the system of consulting and diagnostic services closer to the population, making them more accessible.

Public - private partnership is a set of forms of interaction between government and business to solve social problems on mutually beneficial terms. [9]

We have developed approximate functional and organizational models STRUCTURE QBO on the principles of PPP in which at AIN prophylactic department QBO (commercial and municipal) have their sources of finance, economic management mechanisms, the mechanisms regulating the flow of patient volume and quality of care.

The municipal department of the KDC model provides secondary outpatient medical care to the attached population in accordance with Article 49 of the Constitution of Ukraine and Articles 4 and 5 of the Law of Ukraine "The Fundamentals of Ukrainian Health Law", Law of Ukraine No. 796 IIX, dated January 4, 1991. "On the status and social protection of citizens who suffered as a result of the Chernobyl disaster" and other documents establishing

the right to free of charge medical aid in full. The department is financed by district state administrations on the basis of contracts of contracts.

The commercial department operates on the basis of self-financing and provides high-quality services with high service and modern high-value technologies. Funded by a private investor. The activities of the commercial division are an integral component of the model, has its own niche and the ability to meet the demand of a certain part of the population, provides additional funds to the KCC's budget. The medical-diagnostic process in the department is carried out on the basis of economic analysis, which is especially important in the organization of paid medical services.

The commercial department brings an element of market relations into the scope of the model, provides the principle of choosing a patient for medical services, actively affects the quality of services and professionalism of employees. In addition, the paid medical care sector within the KCC structure is an important incentive for citizens to maintain their health and to increase attention to available preventive care services.

KDC on the principles of PPP has its advantages. Benefits QBO activities on the principles of PPP for public vladypolyahayut the ability to implement socially important projects in the short term, with aluchenn and private funds for investments in public facilities, with korochnenn and utility costs of maintenance and operation QBO, he ozpodil and risks between the state and a private investor, with the introduction and modern high-tech technologies in the KCC.

Advantages s business activities QBO is a possibility of receiving direct government support, long-term investment allocation for guarantees public partner.

The benefits to the public due to the fact that the QBO mechanism of PPP becomes first legally and economically independent spine first, cost second resi spine may retain qualified medical personnel to use modern diagnostic equipment and medical technology. In implementing PPP mechanisms QBO is able to ensure the effective use of resources is, some not system management and innovation, information technology that will improve efficiency in the decision for the clinical objectives and providing both available isnoyi and her medical dopomohyd For all segments of the population.

Business and Partnership countries and facilitate positive changes in organizational and management activities first, rational planning yu, yu standardization and control activities as QBO, upgrade and optimize the use of her material - tehnicnoyii resource base.

Functioning health systems and the principles of PPP prize inevitably leads to improving the organization of consultative and diagnostic process in outpatient practice and improve the availability and quality of all medical care.

Conclusions

In the current economic conditions of the country, the foundation of the organizational and technological reserves to increase the availability and efficiency of providing counseling and diagnostic assistance , and the introduction of crisis management in the KTC is the introduction of mechanisms of state- private partnership.

Prospects for further research are to use the experience gained in developing an optimized model of KDC on the principles of PPP.

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