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IMPLEMENTATION OF MODERN MEDICAL MANAGEMENT INTO THE SYSTEM OF CHRONIC AND SOCIAL DISEASES CONTROL IN THE BLACK SEA REGION OF UKRAINE

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Abstract

The era of global transformation brings significant changes in public views and opinions – issues of socially dangerous diseases, as well as problems of education in this area, lose their “taboo character” over time. The participation in these processes of specialists from Ukrainian high medical educational institutions that are responsible for training students in the medical management direction is particularly noteworthy.

Theoretical understanding of modern management elements in health care as part of management science, the study of methods, forms, means of its practical introduction are attracting increasing attention of scientists who are developing, substantiating and expanding new possibilities of practical application of innovative management technologies in the field of health care and new directions for their application have been identified. This is also due to other modern technologies use for which traditional medical care stereotypes should be restored, a new outlook formed and the prevention process participants mentality changed. The system of modeled measures for social and chronic illnesses should be proactive and preventive resulting in changing citizens behaviour to be faithful and safe.

The introduction of modern elements of medical management into the system of control over chronic and social diseases in the Black Sea region of Ukraine should be built taking into account public health features, which include interdisciplinary approaches of epidemiology, biostatistics and health. One should outline the other important areas for this policy - environmental and public health, psycho-hygiene, traffic safety, health economics, public policy, mental health, insurance medicine, occupational safety and health.

Key words: medical management; chronic and social diseases; Black Sea region of Ukraine.

Introduction. The State Statistical Service of Ukraine forecasted the average men life span equal to 66.3 years, women - 76.1 years. Death risk for men who might die at the age up to 60 equals 40%. For example, not more than 8% of population in Switzerland dies before their 60s. Thus, we have understood another statistic indicator: only 60 male representatives per 100 people in Ukraine will live up to the pension age, and 92 in Switzerland.

In Ukraine the tendency of young population prevalence is negative. In 1991 the percentage point of citizens aged over 60 years was 18.7%, while now it equals to 22.1%.

The percentage point of young people under the age of 14 has decreased (from 21.4% to 15.2%). According to demographers, such a trend will lead to the fact that retirees in Ukraine will make up 30% of the population in 2036 which is twice bigger pertaining the number of young people aged 14 years.

According to a World Bank study, one third of Ukrainians smoke daily, 20% abuse alcohol, 10% lead a sedentary lifestyle. Such trends are mostly observed among 18-29-year-old young people – 28%.

Based on these statistics, we can predict that the structure of mortality will be following: alcohol, tuberculosis and infectious diseases, other causes, accidents and suicides, non-communicable, oncological diseases and circulatory problems might cause the death of 2%, 2%, 4%, 6%, 7,14%, 65% of citizens, correspondetnly. Prostate cancer among men ranks second in mortality due to oncology.

The Ukrainian population is at a high risk of mortality at an early age – almost half of the adult population, mainly young people, suffers from one or more chronic diseases. More than 25% of the adult population of Ukraine aged between 18 and 65 years have a chronic illness or condition, more than 7% have several (more than 3) chronic diseases or conditions. Morbidity does not depend on the financial status – both rich and poor suffer from chronic diseases. The prevalence of hypertension is highest among women in the two lower quintiles

of material status. This poses a risk of additional costs to be spent, since the treatment of chronic diseases requires a lot of money and expensive medications that patients pay for [1].

The aim of our study – to analyze the current situation in the health care system of Ukraine with the patients with socially dangerous infections treatment and with these diseases prevention, to outline this problem peculiarities features in the Black Sea region of Ukraine and to perform out the complex organizational measures that can qualitatively solve the problem of socially dangerous infections prevention both in the country and in the Black Sea region.

Results. The modern challenges society is facing right now meeting chronic and social diseases are the following:

- the necessity for development and implementation of scientifically-based approaches to the population provision with better medical care in case of the lack-of-resources situations;

- the need to improve approaches and update policies that ensure the universal access to education, information and services for socially dangerous diseases, especially in the context of key groups' representatives (these groups include people with increased risk of HIV infection: men who have sex with men, prisoners, injection drug users, sex workers and transgender people);

- the creation and implementation of mechanisms for monitoring services provided at a qualitatively higher level as well as the consolidation of efforts of private, non-governmental and public sectors.

The recurrent relevance of socially dangerous diseases' problem in the modern world is beyond question. Historically, the task of improving preventive activities has traditionally been posed to healthcare management systems. So, for example, during the first years of Soviet regime, preventive work was aimed at fighting with the infectious diseases epidemics. The preventive direction has become one of the key approaches in the health care system provided by V.A. Butt (1926), Z.P. Soloviev (1940), C. B. Kurashov (1945), H.A. Semashko (1947) and many other well-known scientists and health care organizers.

Very important is the counteraction to pathogenic factors, as well as the creation and development of modern public health system, which should be based on the common international achievements of modern social medicine and epidemiology. At the same time it should be noted that providing the health care system reforms in Ukraine several ideas relevant to the scientific community, were perverted: the unified principles of health care system organization and decentralization, equal access to health care for all citizens, special

attention to childhood and motherhood, unity of prevention and treatment; elimination of social basis of disease; public involvement in health care.

In addition to the above examples, epidemics of injection drug addiction, viral hepatitis, tuberculosis, HIV/AIDS are persistent in Ukraine. Injection drug users are at high risk of contracting hepatitis B, C and HIV. According to the WHO Ukrainian Bureau, approximately 6% of the population is carriers of viral hepatitis C while public organizations give quite a different figure – 9%. At the same time, more than 90% of patients are not aware of about their diagnosis, and less than 1% of patients can receive the full-fledged quality assistance from the state.

Concerning HIV in Ukraine, government agencies have already applied and keep applying mainly for a medical approach, rather than a comprehensive medical and social approach, often without taking into account the principles of modern public health. Among the national measures of the epidemic counteraction, the treatment is still in domination, and there are problems with the consequences, and not with the cause, in the majority of its behaviorally caused cases of infection. Despite the efforts made the so called leaders in the number of people infected with HIV are traditionally Odessa, Mykolaiv and Dnipropetrovsk regions.

The main part of primary prevention conducted today in Ukraine by non-governmental organizations, mainly at the expense of international donors. This process is not fully coordinated by the state neither at the national nor at the regional levels.

The development of global, regional and sectorial action plans in response to challenges of the public health system should involve leading scientists who form opinions in the fields of medicine, economics, law and other essential spheres of human life. In could not be denied that the special attention should be paid to ideas of representatives of higher educational institutions of medical profile and university clinics – young scientists and students, because it is they who are more inherent in such qualities as initiative and enterprise in a science.

It is no coincidence that, at the turn of the millennium, a new concept of illness and health has emerged – the biopsychosocial model according to which the health of the patient, the onset of the disease and its prognosis are determined by biological, psychological and social factors interactions. The course of any acute and chronic disease is highly dependent on the person's behavior and psychological status [2].

An important factor is the management in medical clinics (i.e. organization of work and management of the organization as a whole) including a quality management system that

includes marketing [3] - this is an organizational function and a combination of the processes of creation, promotion and provision of the product or service to customers, as well as the relationship management relations with them for the benefit of the organization [4].

In a wide sense, the objectives of marketing are to identify and satisfy human and social needs:

- relationship with customers (long-term service/assistance, service);
- quality control at all stages of assistance/provision of services;
- prompt response to quality problems.

Any additional investments could not save the healthcare system in modern conditions if it cannot prove its advantages over other systems and models, i.e. to ensure the competitiveness of its activities, which includes, among other things, the quality that strictly meets the needs of consumers.

To overcome the main determinants, public health long time relied on collaboration with neighborhood sectors such as education, food, housing, water and sanitation. Combating the forces that drive the marketing of health-damaging products is much more complex and controversial, but victory can also be achieved [5].

The basis of competitiveness is the quality of care. The American scientist William Edwards Deming declare firstly his 14 key principles of management who considered the constancy of the goal – continuous improvement of the product/service to achieve its competitiveness. He said that quality improvement causes a positive chain reaction and, as a result, the organization's position is strengthened [6].

Describing the features of modern approaches to the concept of “quality service” we cannot ignore one of the most attractive options for the development of social movement – a philosophy that focuses on continuous improvement of services and production processes, auxiliary business processes and management, as well as all aspects of life. For illustrative purposes, we can cite the Japanese practice of Kaizen [7], which represents continuous improvement, from executors to senior management, from the director of the organization to an ordinary consultant. Improving standardized actions and processes, the goal is to work without loss of quality.

Based on the concept of "continuous improvement", everyone is involved in the process – from managers to ordinary employees, and its implementation requires relatively small material costs. Life in general (*labor, public and private*) should be focused on continuous improvement.

Below we would like to offer several key criteria as an example for quality service in the healthcare system:

1. ***Focus on patients*** – the most important thing for a clinic is the fact that its services satisfy the needs of clients.
2. ***Continuous changes*** – a principle that characterizes the essence of improvement which means continuous small changes in all areas of the organization – management, implementation of projects, consulting, personal relationships etc.
3. ***Open recognition of problems*** within health care – all problems are brought up for discussion. Improvement is not possible until any problems in the field of services provision are not discussed.
4. ***Promotion of open principles*** – clinics are as widely accessible to patients and convenient for them.
5. ***Creation of teams*** – each employee of a medical institution becomes a member of the team and the corresponding “quality circle” (a new employee for the organization is a part of the first-year club, for example).
6. ***Project management*** with the help of multidisciplinary teams – any team will not work effectively if it operates in only one functional group. A certain employees interchangeability and periodic delegation of authority to colleagues are necessary to achieve a better result.
7. ***Formation of “supportive relationships”*** – for a medical institution, financial results are not as important as the involvement of employees in its activities and good relationships among employees, since this will necessarily lead receive high results in clinic.
8. ***Horizontal development*** – the personal experience of each employee which is acquired during training or at work should become the property of the entire clinic.
9. Both ***self-discipline and self-improvement development*** – the ability to control yourself and respect both yourself and other employees and the organization as a whole. It is useful to accustom yourself to determine the questions for which every one is personally responsible unlike those for which others are responsible and it is worth starting with solving your own problems.
10. ***Employees’ awareness*** – all staff members should be completely informed about their clinic.
11. To manage means ***to start with planning*** and ***to compare results*** with the plan after. The presence of a work plan and development of the clinic is a prerequisite for successful development.

12. *A constant analysis of news in the medical institution and evidence-based action* – conclusions should be made on the basis of reliable data. To obtain this data one should consider creating a clear and harmonious system of data collection and control.

13. *Elimination of the causes and possible problems* throughout the medical services provision in the clinic and relapse prevention. True causal relationships skills making studying (Ishikawa diagram, for example).

14. *Quality integration* into the process of services assisting and/or delivering as early as possible.

15. *Standardization.*

The above mentioned examples of criteria for quality service can be used and supplemented by the teams of clinics when working on standards. The introduction of modern elements of medical management into the system of control over chronic and social diseases in the Black Sea region of Ukraine should be built while taking into account public health features, which include interdisciplinary approaches of epidemiology, biostatistics and health care. The concept of development of the public health system was approved by the Cabinet of Ministers of Ukraine in November 2016 [8].

Conclusions. Theoretical understanding of modern management elements in health care as part of management science, the study of methods, forms, means of its practical introduction are attracting increasing attention of scientists who are developing, substantiating and expanding new possibilities of practical application of innovative management technologies in the field of health care and new directions for their application have been identified. This is also due to other modern technologies use for which traditional medical care stereotypes should be restored, a new outlook formed and the prevention process participants mentality changed. The system of modeled measures for social and chronic illnesses should be proactive and preventive resulting in changing citizens behaviour to be faithful and safe.

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REFERENCES

1. Menon R., Frogner B. The main causes of high mortality in Ukraine. — VERSO-04, Kyiv. 2010: 60 p [In Ukrainian].
2. Zaporozhan V.M. Sketches on morality. The nooetic aspect. ONMedU, Odessa. 2015: 51 p [In Russian].
3. Armstrong G., Kotler F. Introduction to marketing. Marketing: An Introduction. – Williams, Moscow. 2007: 832 p [In Russian].
4. Kotler F., Wong V., Saunders J., Armstrong G. Fundamentals of marketing. Principles of Marketing: European Edition 4th. – Williams, Moscow. 2007: 1200 p [In Russian].
5. Chan M. Ten years in public health, 2007–2017: report by Director-General of the World Health Organization. – WHO. 2017: 95.
6. Deming V. Overcoming the Crisis.- Publishing House Alba, Tver, 2018: 32 p [In Russian].
7. Masaaki Imai. Kaizen. Key to the success of Japanese companies. Kaizen: The Key to Japan's Competitive Success. – Alpina Publisher, Moscow. 2018: 274 p.
8. On approval of the Concept of development of the public health system. Order of the Cabinet of Ministers of Ukraine. -November 30, 2016. N 1002-p [In Ukrainian].