

# ЕКОНОМІЧНА БЕЗПЕКА ДЕРЖАВИ ТА СУБ'ЄКТІВ ГОСПОДАРЮВАННЯ

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## SOCIAL RESPONSIBILITY IN THE CONTEXT OF HEALTH REFORM IN UKRAINE AND GEORGIA

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**Introduction.** Medical reform was one of the most awaited reforms of the two countries, which radically changed the health system. It provided a lot of significant transformation in the provision of quality health services reform unit of primary care, division of services paid and free.

**Overview of the latest sources and publications.** Analysis of recent researches and publications shows that a significant contribution to research of the concept of keep health reform in Ukraine make scientific works by V.D. Popkov V.M. Lekhan, H. S. Kovalchuk, M.V. Shevchenko, M.O. Shypulina and others [4].

**The purpose of the article.** Definition of the main provisions of health care reform. To analyze the main aspects of the reform of health reform Ukraine and Georgia.

**Basic material and results.** October 19, 2017, Verkhovna Rada of Ukraine gave the start of medical reform, finally adopting the law «On state financial guarantees of medical services and medicines» (№6327) [1].

According to the law are as follows. Made provision for the possibility of financing primary mechanism through grants. The principle of «money follows the patient» works like this: when a patient comes to the doctor, he gets a free primary care, and the money for the work the doctor receives from the state. Operator will benefit the National Health Service of Ukraine. The original plan, with the 2018 law should translate «primary» in principle «money follows the patient», as a State authority contracts with those who provide primary care – or medical institutions, or doctor.

According to the innovation, the patient chooses, one has to be treated, regardless of location, and the doctor not refuse – until it attains a maximum of two thousand people. Lay Ukrainian declaration may have from 1 April 2018.

A declaration is a document that confirms that the patient wants to be served with this doctor. So, when you sign a declaration with a specific physician, you notify the state (the National Health Service of Ukraine, NSZU) that the payment for your care should be found at this medical institution, the statement reads.

It is noted that the declaration is not a legal document and is not signed «once and for all»: at any time a patient can make a declaration with another therapist, pediatrician or family physician. In this case, it is not necessary to cancel the previous declaration – it is enough simply to conclude a new declaration with the chosen doctor, and the changes will automatically be recorded in the system. The choice of a doctor occurs at the request of the patient, and not the place of registration or residence. As explained by the Ministry of Health, the following steps need to be taken to sign a patient's medical statement:

1. The patient should apply to a medical institution where the therapist, pediatrician or family doctor works with whom he wants to sign the declaration. You need to have passport, tax number and mobile phone with you.

2. The data and the contact phone number of the patient will be entered into the system «Electronic health».

3. An authorized medical officer prints a copy of the declaration for checking from the «Electronic Health» system. The patient should carefully check all her data. If there are mistakes, you should tell this to the authorized person of the medical institution. The declaration will be printed out until everything is correct.

4. If everything is correct, the authorized person of the institution prints from the system E-Health is another instance of the Declaration. Both copies of the declaration must be identical and error-free.

5. The patient signs two copies of the declaration. One copy remains with him, the other one – to the medical institution.

6. An authorised person of the medical institution puts a digital signature on the Declaration and sends it to the system of «Electronic health».

Electronic Health E-Health should form a central registries, medical institutions, physicians and patients. For this primary health facilities should be equipped with computers and have internet network. Ensure establishment has all necessary local authorities. And after entering patient data base to create electronic medical records.

Currently director of the institution itself determines where he will spend the funds that the company will receive. Including – financing repairs. Now the government allocate money not on the institution and the individual. Income doctor will depend on the number of patients. Establishment of the National Health Service of Ukraine (NSZU) – customer health services, independent of the providers (hospitals, local authorities and the Ministry of Health).

This is a central executive body that will order services for patients manage the budget and its distribution among medical institutions. However, independence NSZU destroy something provision of subvention in primary care. The reform began with primary care, family physicians, internists and pediatricians. You can contact your family doctor, internist or pediatrician as soon as you feel the need for examination or treatment. In developed countries, doctors of primary medical aid without hospitalization solve 80% of medical applications using modern knowledge, basic equipment and the most common tests and medicines [9].

These services are 100% covered by the state budget. The physician will families agent in the health system. It will monitor health and provide full support for primary diagnosis. To do this, the doctor should be motivated primarily – financial.

Since 2018 primary health care institutions that have contracted with the National Health Service, will receive funding for a new model - a fixed annual payment for each patient care, which the doctors of the institution signed. However, the size of payments for young people and the elderly differ significantly with the increasing number of applications due to age characteristics.

In turn, the primary care doctor – a specialist who has all the information about your health. This he sees the relationship and can determine at what stage the desired profile intervention specialist. Information about the patient's condition will be contained in electronic health system. Even when citizens move to another doctor, all information will be available.

The main duty of the primary care physician – in time to prevent or detect the disease early. And provide emergency care for acute conditions and sudden health deterioration, high body temperature, acute and sudden pain, cardiac arrhythmias, bleeding and other conditions, diseases, poisonings and traumas that require emergency care. Primary care physician, according to the respective treatment protocols, patient surveys and appoint the necessary tests, most of which will be held simultaneously in clinic. Based on the information received family doctor decides to treat both acute and chronic conditions of the patient [11].

If necessary, the family doctor makes a referral to specialized professionals. The duties of the family doctor will include:

- disease prevention in high-risk groups;
- vaccination;
- issuing medical certificates and sick leave;
- issuing prescriptions for drug reimbursement program «Available drugs», including prescriptions for chronic patients.

In rural family physician chooses the local community. Tariff rates of wages for primary care physician will be canceled. Rural communities will finally be able to significantly improve primary care. Establishing a good doctor living and working conditions, the village will invite prospective professionals. Provide decent wage state [10].

If the village is home to a small number of people, a family doctor can serve several settlements located nearby. In this case, the doctor is supported by several local communities. Since 2020 the state will cover the examination, advice and treatment prescription or doctor specialized tertiary medical institution only if referral

from primary care physician. Because, according to statistics, the majority of citizens are the responsibility of the family doctor without the involvement of a specialist profile or account for emergency calls. The family doctor can not prescribe a specific referral to a specialist and / or a particular institution. He said only highly specialized medical profile. The patient decides where to apply.

2020 apply to doctors or highly specialized medical institutions patients can both transfers and independently. When a citizen needs emergency specialized assistance, it refers to any emergency facility. Treating cases, life-threatening, the state will be covered at 100%.

Reforming the financial model of medical institutions specialized care starts with 2019 and highly – from 2020. Until held reforming the system of primary care and will be collected the necessary statistics to implement changes at the secondary and tertiary link. At the level of secondary and tertiary care government directly pays medical institution for each medical service provided in a transparent and uniform tariffs for the whole country. The tariff includes all costs, and medication and repair of equipment, and the work of doctors [9].

Each year, the volume of services guaranteed by the state, and tariffs will be approved by Parliament as part of the State Budget, the document will be called health security program. The first program of medical guarantees will be made for 2020, when the new funding model will work on all levels. All rates are reasonable and open. This means that under guaranteed package of health services, the government will cover 100% of the cost of treatment, including supplies and medicines.

There are red and green installation services list. The state covers 100% («green list») and the services that the patient pays the full («red list»). The Red list of services includ additional services and those that are not vital. For example, aesthetic dentistry, plastic surgery and others. The cost of these services citizens will pay for themselves. Red List of services also will vary from year to year, depending on how much the state can guarantee services. As a result of the fact that the medical reform in Ukraine is based on health reform Georgia so consider health reform in Georgia. Medical reform in Georgia includes the privatization of hospitals, clinics and the introduction of universal health insurance. No free medicine, pay for it or you when you buy an insurance policy, or you it partially covers the state in the form of a limited voucher or all at their own expense [15].

Initially, the assistance provided organization World Health and USAID, who developed the strategy and development of medicine in Georgia. Restore health care on their own, given the state budget was unrealistic. The first stage was the privatization of most pharmacies and hospitals, in addition Narrow institutions. Privatized hospital had to keep its direction. For funds received from privatization agencies in the past was an overhaul of the reduction of beds and staff.

For example, hospitals with 200-300 beds have clinics for 15-20 beds. Then there were registered six major insurance companies who have to service the 2-3 area of the country on the basis of competition. In addition to being able to earn a lot of money on servicing corporate clients, insurance companies had to either take care of existing hospitals or build new ones. The average cost of a policy that includes all types of medical care for no more than \$ 60,000, is about \$ 20 per month.

Under the program, the entire population was divided into 19 groups. Here are some of them:

1. children and adolescents under 18,
2. students,
3. people with disabilities,
4. veterans
5. pensioners
6. internally displaced persons
7. some other disadvantaged population.

Depending on the size of personal incomes are divided into four groups:

- high income
- average income
- low income
- socially unsecured.

The citizens are considered high-income people whose annual income is about \$ 17,000. This takes into account not aggregate family income and individual income citizens. These citizens will not be able to use public health insurance program – except mandatory services. Persons middle income – those citizens whose monthly income reaches \$ 415 and annual income does not exceed \$ 16,620.

These people must choose between using general health programs and private health insurance package. They can not use simultaneously both types of health insurance. The group of people with low

incomes include citizens whose monthly income is less than \$ 415. In the same group are citizens who themselves employ or have irregular income. They also face a choice: if you purchase a private health insurance – can not use general health package in its entirety [7].

Vulnerable children and seniors use the most expensive and the complete suite of general health. Moreover, only members of this group have the right to fully enjoy both a private and public insurance. In Georgia, there are 3 types of health insurance: public insurance, commercial insurance, corporate insurance. The citizens themselves choose – to apply for insurance to private companies or to issue government insurance. But in practice the majority of Georgians prefer it to the state.

Georgians use public health insurance based on income level: the smaller they are, the greater the costs covered by the state. Commercial insurance companies sell only 12. The cost of insurance and the list of services they are about the same. Differ only annual limits on treatments and a list of clinics where the customer can receive services.

Georgians know which hospitals have the best reputation, and therefore apply to the insurance company that signed a contract with the institution you can trust your life and health. Usually Georgians pay for insurance about \$ 20 per month. However, you can choose insurance affordable: prices range from 11 to 46 dollars. Corporate insurance – is provided by the employer. The employee can choose an insurance company (for the employer signs a contract with only one company), but only picks up a package that is right for him and his family. Plus corporate insurance – available discounts.

While reforming Georgia hospital were sold to private ownership. For example, today one of the country's best hospitals – New Hospital – was sold for a thousand dollars. But the new owner pledged to invest her \$ 16 million. I still did it. Investors had to take a loan in one of the European banks. The Georgian government has actively contributed to foreign institutions are not denied a large loan. Now the net monthly income of the hospital New Hospital is an average of \$ 581 thousand. That is, invested 16 million hospital earned less than 2.5 years. After repairs were completed, the state institution provided a steady stream of clients now pays medical institutions under public insurance. Since medical care has become a profitable business.

Prices for services in private hospitals are almost identical. While the hospital itself determines rates for their services, but there is state regulation – bar, above which it is impossible to raise prices. In turn, the clinics are fighting for customers, improve infrastructure, luring the best specialists (surgeons there the salary – \$ 25,000), because the patient himself can decide which institution to restore health. Profit Hospital receives patients. Outpatient about three thousand a month, fixed – a thousand and a half. Thus, monthly hospital earns \$ 539-580 thousand. But this amount could rise to \$ 1 million 244 thousand.

**Conclusion.** Thus, we analyzed the medical reform in Ukraine and Georgia. The advantages of health reform Georgia is the availability of health insurance that allows all segments of the population regardless of their income levels receive high-quality medical services. Ukrainian health reform is currently on reform and needs radical change.

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У статті зосереджується увага на тому, що з 2018 року заклади первинної медичної допомоги, які уклали контракт з Національною службою здоров'я, отримують фінансування за новою моделлю — щорічну фіксовану виплату за обслуговування кожного пацієнта, з яким лікарі цього закладу підписали договір. Водночас розмір виплати на молодих людей та людей похилого віку суттєво відрізнятиметься з урахуванням збільшення кількості звернень у зв'язку з віковими особливостями.

Медична реформа в Грузії включає в себе приватизацію лікарень, поліклінік, а також введення загального медичного страхування. Безкоштовної медицини немає: за неї платите або ви при покупці страхового поліса, або вам його частково покриває держава у вигляді лімітованого ваучера, або все за свій рахунок. В Грузії існує три види медичного страхування: державна страховка, комерційна страховка, корпоративна страховка. Громадяни самі вибирають - звертатися за страховкою в приватну компанію, або ж оформляти державну страховку.

**Ключові слова:** Соціальна відповідальність, охорона здоров'я, сімейний лікар, медична допомога, реформування системи охорони здоров'я.

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**Dubischev Victor**, D.Sc. (Economics), Professor of the Department of Economic Theory and Economic Cybernetics. Poltava National Technical Yuri Kondratyuk University. **Yatsenko Vita**, Master-Student. Poltava National Technical Yuri Kondratyuk University. **Social Responsibility in the Context of Medical Reform in Ukraine and Georgia**. The main aspects of the medical reform in Ukraine and Georgia are considered in the article. The main stages of reform in Georgia are determined.

**Keywords:** social responsibility, health, family physician, medical care, health care reform.

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**Ключевые слова:** Соціальна відповідальність, здравоохранение, семейный врач, медицинская помощь, реформирование системы здравоохранения.