

## **MEDICAL REFORM AND CONTRADICTIONS OF FINANCIAL MANAGEMENT**

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Modern medical reform in Ukraine is aimed at structural adjustment of health care, changing priorities of the movement of expenditures of the State Budget of Ukraine and increasing the efficiency of financial management in medical institutions. Ideally, the main goal should be the needs of the patient, rather than the reimbursement of the depreciation of the cost of buildings or services housing and communal services or the maintenance of bureaucracy. According to the Law of Ukraine “On State Financial Guarantees for the Provision of Medical Services and Medicines” subjects of the management of the money received under the contract from the National Health Service (operates separately from the Ministry of Public Health), at the first stage there is a head of the outpatient institution, on the second one appears a family doctor. The patient receives free services, which are defined by the state. A family doctor receives a significant increase in remuneration for his/her activity, which actively influences on the growth of supply of labour of young doctors, and also qualified doctors.

The family doctor starts to act not only as a medical subject and treats according to quality protocols, but also becomes an active economic one. He/she has power approved by the state, independently makes managerial decisions (and is responsible for them) for the sign of contracts, the formation of staffing, a recruitment of health workers. The primary care physician can work in the private or public health sector, but the most important thing – he/she is forced to implement genuine financial management by comparing costs and results of his/her activity, minimizing non-productive losses, and developing public-private partnership.

However, there are some obstacles on the way of implementation the ideal model of reform. They are connected with the prevailing demand for qualified primary care physicians and institutional managers over their supply. The reason is the low salary, which has not changed for a long time, because there were not any investment expenditures into modernization and new medical technologies. Health has always been an unattractive industry in terms of the initial accumulation of capital in Ukraine. The price of labour in the industry is significantly lagging in

comparison to other types of economic activity, according to the data of the State Statistics Service of Ukraine. So, in November 2017 the average wage in Ukraine in general, was € 7479, in financial and insurance sphere it was about 10,378; in the industry it was 8169, but in health care it was just € 5,142 [6]. Moreover, the proportion of workers with wages of more than \$ 15000 in health care was lower than this figure in transport, industry, public administration, defense and compulsory social insurance; information and telecommunications sectors; financial and insurance activities respectively was in 5.8; 6.1; 12.1; 13.3; 15.7 times. Even in education, this indicator exceeds the similar in health care in 2.3 times. In the primary care situation with the quality of life of doctors and nurses is difficult because they have less access to informal high income. Many of them just migrate.

Migration is caused by global and national factors. The first one is the growth of international mobility of citizens (especially cross-border one) and visa liberalization. Among national factors of health workers' migration we have to mention the fall in real wages, military operations in the East, the long-term degradation of the health care system, a significant devaluation of hryvnia in 2014–2016, the increase of risks of labour activity and even the inevitability of participation in corruption schemes, which repels those doctors who honestly took the oath of Hippocrates. Migration of doctors with the growth of demand for them can lead to either the monopolization of the medical market and the growth of informal payments, or to long queues for admission to doctors.

The medical reform involves a final renunciation of vertical management and the participation of local authorities in the distribution of money for outpatient clinics in cities, as well as the change in the economic behaviour and psychology of their managers, health workers and patients. As institutions turn into non-profit enterprises, there is the question of effective management. Polyclinics and ambulatory clinicians need real market managers, but unfortunately modern Head physicians are usually not ready to make optimal solutions in the context of scarce resources. Progressive managers in such situation have no the support among the conservative staff. The number of them is too small and foreign top managers adapt with difficulty to our environment because of the opacity of economic processes. Therefore, the most likely subjects of the reform of primary medicine for some time will remain the previous Head doctors. There are threats of manual distribution of wages, artificial redistribution of patients between doctors. The danger is also the formation of shadow schemes between family physicians and narrow specialists regarding the referral of patients on the terms of the refund of part of the cost of services in cash. To this we must add that the National Health Service itself acts as a monopsonist and reproduces the appropriate risks.

In our opinion, medical reform is necessary, but in condition of redistribution of public money in favour of health care, a real reduction of the monopoly-oligarchic

economy and the change of national priorities for purposes of human development. There is an important point – the gradual implementation of the reform and the persistent growth of the Institute of Family Physician, without jerks and surprises, because medicine is a very conservative field. The development of the market of managers, the gradual replacement of the Head doctors of the previous sample for new ones, is part of the formation of the market for contracts. Competition of doctors for patients should be complemented by a real choice for doctors themselves – to formalize the status of an individual entrepreneur or to work under the direction of the chief manager of the clinic. The main condition for the Physical Individual Entrepreneur (PIE) is the transparency and simplification of the system of licenses for economic and professional practice, which gives doctors independence in the distribution of gross income and the choice of the lessor. It is necessary to increase the powers of non-profit medical organizations in regulating the medical and entrepreneurial activity of doctors. The effectiveness of primary health care reform also involves the assistance of local authorities and rural communities that are able to create suitable living and working conditions for a prospective physician.

**Міністерство охорони здоров'я України  
Харківський національний медичний університет**



**Громадське здоров'я в Україні:  
проблеми та способи їх вирішення**

Матеріали науково-практичної конференції  
з міжнародною участю  
*(до 95-річного ювілею з дня заснування кафедри  
громадського здоров'я та управління охороною здоров'я  
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