

IMPLEMENTATION OF THE PILOT PROJECT OF THE MEDICAL INSURANCE MECHANISM IN THE SYRDARYA REGION

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Abstract. The article highlights the essence of medical insurance, analyzes the directions of implementation of state medical insurance, and which regions will be covered in which years. The expenditure of funds allocated for state health insurance and the number of patients were studied. At the same time, the results and effectiveness of the introduction of state health insurance were studied, conclusions and proposals were made.

Keywords: medical insurance, compulsory insurance, voluntary insurance, insurance system, mechanism, primary medical care, medical examination, volume of medical services, clinical protocol.

Аннотация. В статье освещается сущность медицинского страхования, анализируются направления внедрения государственного медицинского страхования и какие регионы будут охвачены в какие годы. Были изучены расходы средств, выделяемых на государственное медицинское страхование, и количество пациентов. При этом были изучены результаты и эффективность внедрения государственного медицинского страхования, сделаны выводы и предложения.

Ключевые слова: медицинское страхование, обязательное страхование, добровольное страхование, система страхования, механизм, первичная медицинская помощь, медицинское обследование, объем медицинских услуг, клинический протокол.

Entrance

Foreign experience shows that medical insurance has various characteristics. Including: reflects the social significance of medical insurance for the population; its role in obtaining medical care by the population; its role in financing the healthcare sector from additional sources.

"The further improvement and development of reforms in the healthcare sector, the regulation of relations in the field of health insurance, the establishment of the legal basis for voluntary and compulsory health insurance, the provision of high-quality medical services under the insurance policy are important steps aimed at improving public health. The mechanism of financing the healthcare system through medical insurance The development of health insurance in the Republic of Uzbekistan serves as an important basis for strengthening the financial control of insurance companies over medical institutions, increasing the effectiveness of healthcare management, which effectively guarantees the patient's freedom to choose insurance and medical institutions.¹ .

Description of the methodology used in the study. . In the research process, methods of logical thinking, forecasting, synthesis, mathematical, systematic approach, structural and comparative analysis, economic comparison, scientific generalization, and statistical calculation were used.

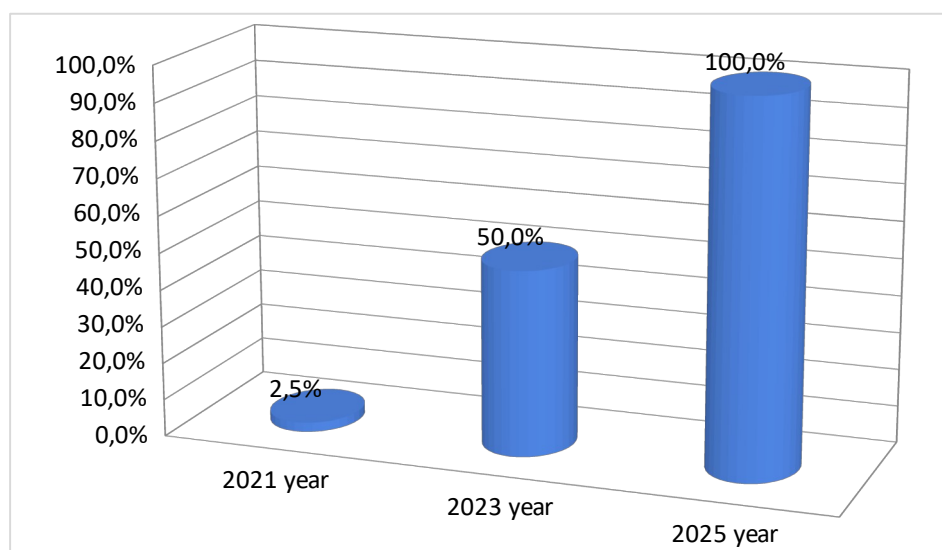
Analysis and results

The management mechanism of the healthcare sector in modern conditions is based on the following organizational and practical principles: a mixed healthcare system (public, private, insurance) operates; responsibility and responsibility for public health are increased; financial freedom of healthcare system organizations requires the formation of their activities in various forms of ownership (public, collective, private); the cost of medical services is determined based on supply and demand in the medical services market; it is carried out at the expense of revenues from self-financing of healthcare system organizations.

¹ Buriyeva N.Kh. Application of Healthcare Financing Models in World Practice. \ Economics and Finance. 2019. №4 –Б.57.

The following table shows the expected results from the introduction of compulsory health insurance in the draft Strategy for Financing Healthcare in the Republic of Uzbekistan for 2021-2025.

As can be seen from the data in Figure 1, mandatory health insurance will cover 100 percent by 2025, and mandatory health insurance will reach all regions of our country.



1- Figure. Compulsory medical insurance of the population by year coverage dynamics²

Taking into account the specifics of medical services, the following payment methods are being introduced:

- ✓ primary health care - a method of payment based on a single per capita standard with categorized correction coefficients, taking into account the characteristics of the regions, the type of institution, population density, and other factors, taking into account the results of the quality of medical services provided;
- ✓ specialized secondary outpatient care - a method of payment for specialized outpatient services;
- ✓ inpatient care a method of payment for "every treated case" by clinical and cost groups in treatment and prevention institutions.

² Тадқиқотчи томонидан мавзуга оид адабиётлар асосида тузилган.

The table below shows the positive results expected from medical insurance of funds allocated per bed-day for the purchase of food and medicine for inpatient medical institutions.

2-figure.

Sale of food and medicines to inpatient medical institutions

Funds allocated for accommodation expenses per day

in sums

№	Inpatient medical institutions	2023 year		2024 year	
		food	medication	food	medication
1.	District (city) central hospitals	15 936	18 368	17 530	20 205
2.	District (city) emergency medical care Sections	26 773	34 232	29 450	37 655
3.	District (city) emergency medical care Sections	26 773	60 853	29 450	66 938
4.	Anti-tuberculosis institutions	31 873	24 239	35 060	26 761
5.	Oncological institutions	31 873	58 429	35 060	64 272
6.	Narcological institutions	26 773	24 852	29 450	27 338
7.	Endocrinological institutions	28 048	29 093	30 853	32 003
8.	Cardiology institutions	13 769	35 585	15 146	39 143
9.	Infectious disease hospitals	26 773	22 884	29 450	25 172
10.	Children's hospitals	28 048	31 057	30 853	34 162
11.	For children with	31 873	9 427	35 060	10 794

	tuberculosis sanatoriums				
12.	AIDS centers for combating	26 773	16 657	29 450	18 323

"In medical insurance, the insured, in exchange for the insurance premium agreed upon with the insurance organization, transfers the risk of incurring expenses for the use of medical services, the amount agreed upon in the insurance contract concluded between the insurer and the insurance organization, to the insurance organization on the terms. When incurring expenses is mandatory due to the deterioration of the insured's health, the insurance organization reimburses these expenses within the funds specified in the insurance contract. Since medical insurance is socially oriented, additional requirements for financial stability and solvency are imposed on the insurance organization carrying out this type of insurance.

"The responsibility for providing medical services requires the imposition of financial responsibility on the medical worker and the healthcare institution, as a result of which the quality of medical services increases. Therefore, a system of compulsory insurance of the responsibility of medical workers to clients has been introduced"³.

"Compulsory liability insurance can be regulated by the following cases: inclusion in the documentation for a medical worker entering a medical institution; assigning control over the process of compulsory liability insurance to the employer, establishing compensation by the employer for damage caused to the user of medical services"⁴.

In the formation of medical insurance in the healthcare system, the task is to provide financial support for convenient and high-quality medical services for citizens of the country. A mandatory health insurance system will be gradually introduced in Uzbekistan starting in 2021. The first stage was held in Syrdarya

³ Bazarov Z. Theoretical and practical issues of medical insurance. // BUSINESS EXPERT. - Tashkent.2019.- № 9.

⁴ Rakhmonov D.A. Methodological Foundations for Improving the Financing of the Social Sphere in Uzbekistan. Monograph. T.: Science and Technology. 2017. –C.201.

region in 2021, the second stage will be implemented in Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhandarya, and Fergana regions from 2023, and the third stage will be implemented throughout the country from 2025. Measures were implemented within the framework of a pilot project to introduce a state medical insurance mechanism in the Syrdarya region.

The Concept for the pilot implementation of state health insurance in the Syrdarya region was developed within the framework of the implementation of the State Program for the implementation of the Action Strategy on five priority areas of development of the Republic of Uzbekistan in 2017-2021 in the "Year of Science, Enlightenment and the Digital Economy." The Concept defines the main directions for the pilot implementation and testing of the state health insurance system in the provision and financing of state-guaranteed medical care. It is planned to conduct an approbation of the state medical insurance system in the Syrdarya region from July 1, 2021 to the end of 2022, and to gradually introduce its positive results in other regions of the republic starting from 2023.

The population of the Syrdarya region has reached 846.3 thousand people, and their average life expectancy is 71.9 years (the average for the republic is 75.1 years). Over the past ten years, the birth rate in the region averaged 24.8 per thousand people, and the mortality rate was 4.6 per thousand. The overall morbidity rate in the region is up to 3.1 thousand per 100,000 population, depending on the type of disease. "In 2021, there are 137 healthcare institutions in the region, including 99 outpatient clinics, 26 inpatient treatment and prevention institutions, and 12 administrative medical institutions. These medical institutions employ 1.4 thousand doctors and 12.5 thousand nurses. The number of doctors is 17.6 people per 10,000 population (the national average is 23.0 people), and the number of paramedical personnel is 150.6 people (the national average is 103.6 people). In 2019, 358.9 billion soums were allocated from the state budget to finance the regional healthcare system. Within the framework of these funds,

7,589.1 thousand examinations were carried out in outpatient settings in medical institutions, and 162.4 thousand patients received inpatient medical care.⁵

Before the introduction of medical insurance, we want to emphasize that the healthcare financing system will have a negative impact on increasing the socio-economic efficiency of funds allocated to the sector, including:

the share of inefficient expenditures in the healthcare system reaches 40 percent;

the level of direct payments by the population for medical services remains at the level of 40-45%;

more than 60 percent of the total funds allocated to the healthcare sector from the state budget are spent on inpatient treatment and prevention care;

the main part of the funds allocated to primary health care institutions is spent on wages, and only 10 percent is directed to the provision of medical care;

the lack of equal conditions and a competitive environment for state and private medical organizations in the field of providing medical care to the population hinders the improvement of the quality of medical services;

the financial independence of medical institutions has not been fully ensured, as a result of which the possibilities of introducing modern management methods and paying decent wages to employees in these institutions are limited;

the average coefficient of substitution of existing doctors in medical institutions exceeds 2.0 (the national average is 1.4), and more than 700 doctor positions remain vacant.

As a result of the implementation of the Concept for the pilot implementation of the state health insurance system in the Syrdarya region and within the framework of the pilot project, an opportunity will be created to: gradually reduce the share of inefficient expenditures in the healthcare system; ensure openness and transparency in the medical services market and reduce the level of direct payments of the population for medical care; increase the share of

⁵ Decree of the President of the Republic of Uzbekistan dated November 12, 2020 No. UP-4890 "On measures to introduce a new model of healthcare organization and mechanisms of state medical insurance in the Syrdarya region."

primary health care within the funds allocated to the healthcare system; increase the financial independence of medical institutions and expand the mechanisms for material incentives for medical workers; increase the level of provision of quality medical services to representatives of socially vulnerable categories of the population; develop a competitive environment in the medical services market with the involvement of private medical organizations in the provision of state-guaranteed medical care to the population.

Conclusion

As a result of carrying out scientific research devoted to improving the mechanisms of budget and medical insurance in financing the healthcare system in the Republic of Uzbekistan, several scientific conclusions and practical proposals were formulated.

1. The State Insurance Fund is a state-owned non-profit organization, whose property is assigned to medical institutions on the basis of operational management, carrying out state policy in the field of compulsory health insurance and paying expenses for medical services provided to the insured client for medical services established on the basis of the compulsory health insurance program, with the accumulation of mandatory health insurance contributions and their territorial associations.

2. The draft Health Code of the Republic of Uzbekistan provides for the procedure for state regulation of the healthcare system, effective management of the sphere, the mechanism of state medical insurance, control and supervision in medical institutions, and interdepartmental interaction in the field of healthcare. This Code sets out the mechanisms for financing the healthcare system in the republic, and also provides a procedure for organizing sanitary and epidemiological surveillance in the country.

3. Public-private partnership in the healthcare system is a combination of attracting private capital to the public sector and improving the quality of social services. The introduction of such a practice in the healthcare system will lead to a new stage in the development of the healthcare system in our country.

4. It is advisable to form a list of the guaranteed volume of medical care covered by the state budget and mandatory placement of relevant extracts from the list on the official website of all state medical institutions of the republic by December 31 of each year in accordance with the specialization of the activities of these institutions.

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