

## INTERNATIONAL BEST PRACTICES OF HEALTHCARE MANAGEMENT FOR EVOLUTION OF FAMILY MEDICINE IN UKRAINE

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**Purpose** – to study modern effective healthcare management practices of family doctors activity in foreign countries for possible use in Ukraine.

The **methods** used in carrying out the work: structural and logical analysis, systematic approach, comparative analysis. The article analyzes international experience of using healthcare management technologies for family doctors activity.

**Results and conclusions.** The results of activity of international experience showed that the main management technologies provide the quality of care family physician is the proper management of its domestic and living conditions of the working month, the optimal loading of, innovative technologies, including medical diagnostic and motivational activities.

**Key words:** family doctor, management, motivation, innovative technology, efficiency, telemedicine.

### INTRODUCTION

The health status of the population in Ukraine is extremely unsatisfactory. Preventing of health disorders or timely diagnosis is considered a significant positive contribution to healthcare. Reforming of the national healthcare system has performed for more than 20 years. However, the main characteristics of the population health have not been improving. Institutional evolution of family medicine in Ukraine intended to perform basic tasks, first of all approximation preventive medicine to the patient.

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### RESULTS AND DISCUSSION

There are several ways of Family Medicine (FM) practice management (e.g. individual practice, group (brigade) practice, centers of general medical practice. Experience of plenty countries has shown that the low level of primary healthcare makes the whole system of healthcare expensively and less effective [1].

There are also various models of Family Doctors (FD) practice management such as a family physician who works alone (solo model); two family physicians who work together, one of them tend to specialize in pediatrics (couple model); union of Family Physicians, working independently or together with specialists (group model) [3, 13, 14, 19, 20].

One of the main achievements of the FM in the world is a group practice of family doctors. This system of work allows providing medical care 24 hours a day, 7 days a week. Vacation, sick leave, family circumstances, any difficulties that arise in everyday doctor's life without affecting the quality of care. A crucial role for this effect is played by interchangeability of FD's, who leading group practices.

Family medicine in North America and the European Union allows providing a more comfortable patient care provided at home. This is very useful, for example, for parents: do not take a child to the hospital every time when a suspicion of a disease arise, but get consultation of FD on the phone with the next examination at home. The tradition to seek medical help from the one and the same doctor over many years makes it possible for FD to observe the development and health status of the child from birth and regularly assess its general development, tailored to its individual characteristics. Thus, it's much easier for physician to prevent diseases. In Germany established strict rules of the working day, of which a significant proportion is spent on providing explanations to patients about their issues related to health status. The WHO Regional Office for Europe (WHO/Europe) studied effectiveness of family medicine in Estonia commissioned by it's Government, recommended to spread this experience in Eastern Europe. Estonian and the UK family doctors carry out "function of gatekeeping", that is the first point of contact for the patient and make a decision: whether to steer redirect it to another level of care [4].

The volume of health care which gives by FD depending on local conditions. For example, in difficult of access areas it is more widespread compared with cities where accessibility to healthcare a higher level. The features of the FD works in the countryside have become individual practice with full independence and personal responsibility for health care of patients. Loading on a family physician who provides primary care in Eastern Europe of 1200 attached of rural population and 1500 – urban population. The standards of the load can vary depending on specific social and geographical conditions of the region within 800 persons. In some developed countries, which is considered by scientists element of civility, family doctors serve 400–600 people, for comparison, in some post-Soviet states their number reaches 2000. This means that the family doctor has to take up to 40 patients a day at a rate of 15 minutes per person, which is actually beyond human capabilities [2].

Using of modern technology in family medicine. For better organization of FD's practice in developed countries

are widely applied innovative technologies. For example, to efficient use of time FD convince their patients with simple issues to address over the Internet. For this scanned patient's medical history, which has access only to the patient, such as X-rays, CT scans computer, echocardiogram. Synchronization and backup information is usually done via Internet services «Carbonite» and «Dropbox». Special program facilitates for FD receiving payments from insurance companies. Websites allow to patients of family doctors recorded the reception via the Internet (the number of such persons has reached 70%), to learn the test results and order a drug that reduced the amount of phone calls for 30–50 a day or three times. An important factor in the management of FM is that telemedicine and other IT and eHealthCare technologies play a key role in the FD's practice. Teleconsultation, telemonitoring, distance learning, become an integral part of the specialty FM, during which health reform health is recognized as a priority. This use of remote recording and transmission of physiological parameters, monitoring and control in real time, teleconsultation patients given the opportunity to raise a family medicine to a new level. Became available round the clock medical consultations, preventive actions nearly continuous, long-term monitoring, control and emergency adjustment of key parameters of life. Telemedicine is a modern medical trend, based on the use of telecommunications to address the exchange of medical information between professionals in order to improve quality and access to diagnosis and treatment. Clinical case discussion by two doctors over the phone or conducting interactive video consultations between medical centers around the use of satellite communications makes the patient is one of the target points of telemedicine systems [9]. Last years increasingly being family doctors in their daily practice to obtain advice of colleagues using telephone, fax and Internet [17, 18]. Moreover quality of these consultations is continuously monitoring and cases of professional errors made by FD's record [12]. In Japan, for example, FD's perform telesonographic studies directly at patient home and communicate via the Internet the information to a specialist consultant at hospital [7], which reduces the load on doctor's specialized care, and significantly reduces the cost of health care for both their providers and patients.

The European Community is funding international projects aimed at developing different aspects of telemedicine to a family doctor (e.g., draft HOMER-D). Use of Internet network and telecommunication technology has become an integral part of the practice of FD's. General practitioners at the United States survey showed that 89% of them regularly use the Internet network to supplement their knowledge, enhance performance, contact with patients and colleagues narrow specialties. The Internet is an open network, and the transfer of medical data of patients and their discussion in the open for all mode are legally unacceptable, as implemented measures strict data protection of privacy of medical information (personal, patient) [15].

Organization of family doctor's workplace. In developed countries, a standard workstation of FD is at least of two rooms - the places where the conversation with the patient and the observation of small operational, which can immediately provide first aid, remove electrocardiography, to

echocardiography and ultrasound of internal organs, explore sharpness view, evaluate ocular fundus, etc. FD's offices are placed in the hospital or in the surrounding area [2]. According to specialists for FD's office equipment need on average 50 000 dollars USA, which makes possible to provide advisory, diagnostic, therapeutic and preventive care, patient satisfaction by examining anonymous survey [18]. Preserved principle to choose a FD and a survey of the population preferred female doctors. Estonia and the UK regularly and in Poland from time to time conducted a survey on public satisfaction with primary care. This allows you to take into account the opinion of people, streamline the organization and improve the quality of care at the primary level [10].

A significant component of activity of the FD is an effective motivational institutional technology. About 4.2 thousand of FD's in the UK earn more than the Prime Minister, which was illustrating by the report of the National Health Service (NHS). The annual income of the FD's exceeds 150,000 pounds, more premier annual salary (42.5 thousand pounds). These 890 family doctors are more than 200 thousand pounds per year, and annual salaries of more than 200 of them exceed 250 thousand pounds. These groups of family doctors make up about 20% of the total. The annual income is 40% of family physicians is in the range from 100 thousand to 150 thousand pounds. The remaining 40% earning between 50 thousand to 100 thousand pounds a year. To compare average salary russian doctor is about eight thousand rubles a month (about 267 US dollars) in the Czech Republic the average salary of a doctor is about \$ 1500, in the US - about 7 thousand dollars [5]. Overall, wages in FD's higher than internists and pediatricians, but significantly lower compared to general surgeons [16]. And this despite the fact that FD's bring much greater economic and social effect [11], requires urgent action by the state in favor of FD.

The efforts on improving the quality of care FD in Austria, Germany and Switzerland are based on the principle of material incentives FD [6]. In Australia, FD's with experience receive cash allowances to pay for the provision of professional assistance in preparing medical students on the subject of "general medical practice". Wages of family doctors in Australia is 100–180 thousand Australian dollars a year. In Latvia, FD's considered public servants, their income is 1,220 euros per month [9].

According to a comparative analysis of approaches wages FD, which is to align the data based on the theory of absolute purchasing power parity. According to this scale the highest salary FD's is in the US, at least in the UK, the Netherlands and Switzerland, even lower - in of Denmark and Canada, then - in Australia and France, even on the level of wages lag family doctors Belgium, Portugal, Finland and Sweden. According to specialists, so that ordinary people received medical care at the appropriate level, you need to constantly raise the prestige FD's, provide him normal working conditions and the associated labor and payroll results. It is necessary that a general practitioner was interested in improving their skills and quality of work. In some countries there is a practice wage increase family physicians proportion to the number of serviced elderly [2].

Thus, the main organizational technologies provide the quality of care family physician is the proper organization of its domestic and living conditions of the working month, the optimal loading of, innovative technologies, including medical diagnostic and motivational activities. Regulatory support these organizational approaches in Ukraine can guarantee substantial improvement of the quality of primary care.

## CONCLUSIONS

The results of activity of international experience showed that the main management technologies provide the quality of care family physician is the proper management of its domestic and living conditions of the working month, the optimal loading of, innovative technologies, including medical diagnostic and motivational activities.

*Prospects for future research* is to study the legal provision activity of family doctor's in Ukraine and search for ways to improve it.

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### *Кращі міжнародні практики управління охороною здоров'я для розвитку сімейної медицини в Україні*

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**Мета** – вивчення сучасних ефективних практик організації діяльності сімейного лікаря в зарубіжних країнах для можливого їх використання в Україні.

**Методи**, що використані у ході виконання роботи: структурно-логічного аналізу, бібліосемантичний та системного підходу.

**Результати і висновки.** Вивчення міжнародного досвіду організації діяльності показало, що основними організаційними технологіями забезпечення якості надання медичної допомоги сімейним лікарем є належна організація його побутово-житлових умов, робочого місяця, оптимальна навантаженість, впровадження інноваційних технологій, у тому числі лікувально-діагностичних, та мотиваційні заходи.

**КЛЮЧОВІ СЛОВА:** сімейний лікар, організація, мотивація, інноваційні технології, ефективність, телемедицина.

### *Лучшие международные практики управления здравоохранением для развития семейной медицины в Украине*

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**Цель** – изучение современных эффективных практик организации деятельности семейного врача в зарубежных странах для возможного их использования в Украине.

**Методы**, использованные в ходе работы: структурно-логического анализа, библиосемантический и системного подхода.

**Результаты и выводы.** Изучение международного опыта организации деятельности показало, что основными организационными технологиями обеспечения качества оказания медицинской помощи семейным врачом являются надлежащая организация его жилищно-бытовых условий, рабочего места, оптимальная загруженность, внедрение инновационных технологий, в том числе лечебно-диагностических, и мотивационные мероприятия.

**КЛЮЧЕВЫЕ СЛОВА:** семейный врач, организация, мотивация, инновационные технологии, эффективность, телемедицина.

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