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HEALTHCARE REFORM AND IMPLEMENTATION IN UKRAINE

On January 1, 2018 healthcare reform, developed by the Ministry of Health of Ukraine together with international experts will be launched.

The main objectives of this reform are to improve public health, increase the quality of health care, improve accessibility of health care as well as to change the funding of the health care system. In other words, Ukrainian social healthcare is supposed to secure for every Ukrainian the opportunity of equal access to health services and medicines.

Today, to receive quality medical service, Ukrainians have to pay high informal payments, though free health protection is guaranteed. Every year Ukraine spends on health care 4% of GDP that is significantly more than any other country with a similar income level. Part of the funds actually is lost because of the inefficient use of budget funds, corruption, and the inefficient structure of health care provision. Inadequate funding of medical establishments based on the size of hospital (which requires heating, repairing, etc.), number of employees, and what is more – the number of beds instead of the number of patients who applied and provided treatment.

The introduction of new methods of funding will reduce the current level of informal payments for medical services. Now such payments make about 51.5% of the total expenditure within the branch. The main task of the state is to protect its citizens, that is, to provide them with medical services based on clear and equal rules.

One of the key documents that should start the changes is the Law of Ukraine: “On the state financial guarantees for providing medical services and medicines” [1].

Also an important element in the promotion of the reform is the adoption of the budget resolution for 2018 – 2020. The resolution envisages substantial increasing of fees for the primary care physician (therapist, pediatrician, family doctor) service of the patient per year. According to preliminary calculations, the capitalization rate was 240 UAH, now the government is ready to increase the rate to 370 UAH. In 2018, and in 2019 – 450 UAH per service per person[6].

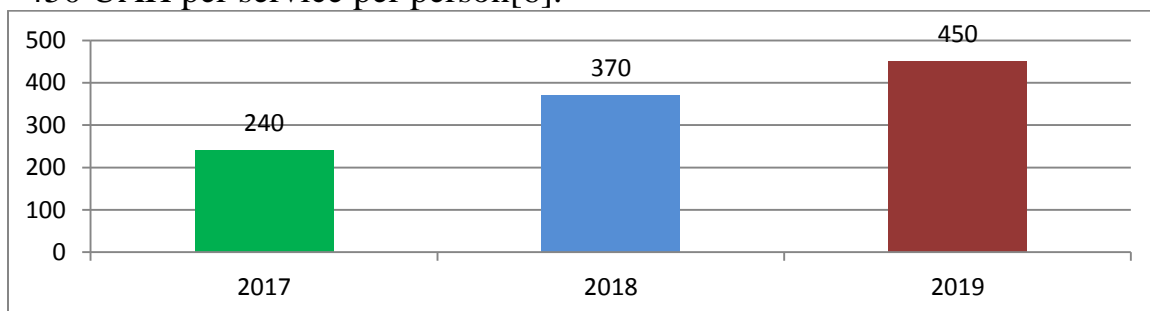


Fig. 1. Comparison of the amount of funding per person in 2017 – 2019. g.

In general, during 2018-2020, the funding of guaranteed package of medical services will be increased from 55 billion, which is today is the medical subsidy, to 81.2

billion in 2020. That is the healthcare funding will be increased by 25.7 billion. in 3 years.

After the implementation of the reform (up to 2021) the level of combined payments will increase by 13% of total health expenditure — 4 times less than it is now [7].

The reform will start with primary healthcare: family doctors, therapists and pediatricians. You can contact your family doctor, therapist or pediatrician as soon as you feel the need for examination or treatment. In developed countries, family doctors who are comprehensively trained and better equipped with medical instruments, the most common tests and medicines solve 80% of patients' applications for assistance without hospitalization.

The healthcare reform will not lead to a decrease in the number of medical institutions, but it will result in changes to healthcare financing, changes in the quality of services and number of physicians [5].

From January 2018, primary care physicians will be paid according to a new model: fixed payment for each patient with whom they signed a contract. At the same time, the amount of payment for treatment of young people and the elderly vary significantly with the increase in the number of applications in connection with age features [2].

It is important to remember that the doctor gets your money even when you are healthy. The less you are ill, the less the doctor will work but his income will stay the same. So, it encourages doctors to take care of their patients well. This model works effectively in the world.

If you already have a doctor that treats you or your family members, just sign an agreement with him. And the national health service of Ukraine will pay your doctor for you. If the doctor who treated you before does not satisfy you, it's time to find someone you are willing to entrust your health.

The regional bodies of the National Healthcare Service (NHS) will check whether the doctor's work meets the requirements of the procedure for the provision of primary healthcare. The draft of the budget of 2018 envisages 210 million UAH for its implementation [7].

The Ministry of Health indicates that NHSU would not have the funds, all funds go to the state budget in the Treasury accounts, and NHSU will perform only the function of the operator – transfers budget funds to medical institutions in accordance with the signed agreements with them. It ensures that patients are provided with medical services within the established amounts and quality. Besides, the National Healthcare Service will receive complaints from patients regarding the quality of services provided by medical institutions as well as the cases of extortion of additional fees from patients [4].

To maintain the accurate recording of services and prescriptions, the Ministry of Health is implementing an electronic health system (E-Health). In the first phase, the system will gather statistics on the treatment of patients. It will contain the number of provided services and the amount of payments from the budget. The system is to operate beginning April 1, 2018.

The E-Health database will contain information about doctors (education and experience) and their work background (for example, the average duration of consultations, frequency of patients' applications, coverage of the assigned population

with preventive procedures, the number of prescriptions for antibiotics, etc). This information will help patients to choose the doctor with appropriate qualification.

Lawmakers have proposed to introduce three types of medical services: free, paid, and combined payment (when the state pays partially). The concept of

“combined” payment was declined by the Rada in the adopted law. Therefore, there is only fully paid medical services (red list) and completely free (green list) [7].

Annually, the volume of services guaranteed by the state and rates will be approved by the Verkhovna Rada according to the State Budget. All rates will be reasonable and transparent. Everyone will be able to see this information on the Internet.

This means that within the state-guaranteed package of medical services, the state will cover 100% of the cost of the treatment including consumables and medicines.

At the same time there will be so-called red list of the services that will not be included in the state guaranteed package. This may be additional services and those that are not vital. For example, cosmetic dentistry, plastic surgery and others. The cost of these services citizens will pay by themselves.

Red list of features will also vary from year to year, depending on what kinds of services are guaranteed by the state [6].

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