

ANALIZA CADRULUI LEGAL GUVERNAMENTAL CARE REGLEMENTEAZĂ SERVICIILE MEDICALE DIN UCRAINA

ANALYSIS OF THE GOVERNMENT LEGAL FRAMEWORK THAT REGULATES MEDICAL SERVICES IN UKRAINE

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SUMMARY

The article provides an overview of Ukrainian and international government legislation that regulates the activities of central executive bodies which formulate and implement policies in the field of health care services and healthcare providers. The accent on importance of studying the topic of quality medical services accessibility to the population and the proposed modernization of the health care sector financing system in the context of health care reform in Ukraine was evaluated.

Keywords: health services, government regulation, health care reform, forecast, piloting billing, e-Health.

REZUMAT

Articolul oferă o imagine de ansamblu asupra legislației guvernamentale ucrainene și internaționale care reglementează activitățile organelor executive centrale, fiind responsabile de formularea și implementarea politicilor în domeniul serviciilor de asistență medicală și a furnizorilor de servicii medicale. Accentul cu privire la importanța studierii temei accesibilității serviciilor medicale de calitate pentru populație și modernizarea propusă a finanțării sectorului de sănătate a fost evaluat în contextul reformei asistenței medicale din Ucraina.

Cuvinte-cheie: servicii de sănătate, reglementări guvernamentale, reformă în domeniul asistenței medicale, previziune, facturare pilot, e-sănătate.

Problem statement and its relevance. Access and use of quality healthcare services is one of the key national problems in Ukraine, especially in rural areas and for

socially and economically disadvantaged and vulnerable groups. Although service delivery has improved in many regions, in the context of the crisis these problems

have intensified again. Due to the transformation of the old health care system and the process of decentralization, the main responsibilities for providing and financing social services have been transferred to places, but the capacity to provide them has not been built yet. National consultations on the Sustainable Development Goals have identified that health reform among the top three national priorities for citizens. [1] Despite the fact that the level of public spending on health care in Ukraine is well above the global average for countries with the same income level, the performance of this sector is much worse than in the rest of the Community of Independent States. The risks of disability, early retirement, or non-communicable disease mortality are high and have socio-economic consequences, such as increased demand for social assistance and social security, workload absenteeism, reduced productivity, and increased staff turnover. Significant losses caused by corruption and outdated methods. This demonstrates the ineffectiveness of funding and organization of healthcare delivery. The lack of quality demographic data has affected the ability to build an effective health care system that responds quickly and adequately to the needs of patients with non-communicable and infectious diseases, which would improve their health status.

Purpose of the article: To analyze the national and international legislation governing the provision of medical services and to explore the main trends of the health sector development in Ukraine.

Presenting main material. Less than 5 years ago, the regulatory framework governing medical services in Ukraine consisted of very few resolutions of the Cabinet of Ministers of Ukraine and orders of the Ministry of Health of Ukraine. This situation did not create the preconditions for the development of the economic component

of determining and forecasting the needs of the population for medical services.

Thus, by the Resolution of the Cabinet of Ministers of Ukraine of September 17, 1996 No. 1138 [2], it approved the list of paid services provided at state and municipal health care institutions and higher medical institutions.

Only a small part of the provisions in the List can be considered as services that can not be provided by the state free of charge in public health facilities. These should include the medical examination of persons to obtain a driver's license (section I, paragraph 24, subparagraph „a”); to obtain a permit for the right to receive and bear arms by citizens, except for servicemen and officials whose weapons are provided for by law (section I, paragraph 24, subparagraph (b)); to obtain the relevant documents for traveling abroad abroad at the request of relatives residing in foreign countries, rehabilitation at foreign medical or sanatoriums at their own request, as well as on business trips, with the exception of civil servants whose work is connected with such trips having relevant medical records (Section I, paragraph 24, subparagraph „d”).

The last paragraph of CMU Resolution No. 1138 stipulates that other payment services provided by the Decree of the Cabinet of Ministers of Ukraine dated August 27, 2010 No. 796 „On approval of the list of paid services that may be provided by educational institutions, other institutions and institutions of the state and communal education system forms of ownership”, including the exercise within the powers of medical practice, the provision of veterinary services, the conduct of diagnostic medical and veterinary expertise; and from July 28, 2003 No. 1180 „On approval of the list of paid services that can be provided by budgetary scientific institutions” [3], namely the organization of recreation

and recreation of citizens on recreation facilities and establishments on the balance of the institution.

The provision of social-medical services is also regulated by the Instruction on the organization of the provision of social-medical services and carrying out of sanitary-hygienic and anti-epidemic measures in social protection institutions for homeless persons and centers for social adaptation of persons who have served sentences of restriction of imprisonment or imprisonment for certain prison sentences. approved by the joint decree of the Ministry of Labor and Social Policy of Ukraine and the Ministry of Health of Ukraine No. 28/26, registered at the Ministry of Justice of Ukraine on January 24, 2007 in February 14, 2007 under No. 129/13396 [4]. At the same time, the order itself is more about providing medical care.

In order to develop medical standards and treatment protocols, as well as to improve the quality of public health services and to unify approaches to public health care, the Ministry of Health of Ukraine approved the Order No. 14 of 14.02.2007 „On Approval of the Temporary Industry Classifier of Medical Procedures (Services) and surgery” [5]. Given that the order was provisional, it is understandable today that the medical community is dissatisfied with the quality of the classifier and the need to amend it.

According to the Roadmap and the Priorities for the Implementation of the Ukraine 2020 Sustainable Development Strategy [6], public health policy aims at a radical, systematic reform aimed at creating a patient-centered system capable of providing health care for all citizens of Ukraine at the level of developed European countries. The main directions of the reforms should be raising the personal responsibility of citizens for their own health, providing them with free choice of provi-

ders of appropriate quality medical services, providing for this targeted assistance to the most socially vulnerable groups of the population, creating a business friendly environment in the healthcare market. The reform agenda is the European Union's program „European Health Strategy 2020”.

The dysfunction of the current Ukrainian health care system is caused by the specifics of its organization and funding. Today, the command-and-health model of health care inherited from the USSR is still in operation in Ukraine. Health care institutions are budgetary institutions and are owned by the state or territorial communities. The estimates of the revenues and expenditures of these healthcare facilities are approved by the same authorities as they are owned, whereby the authorities are given an incentive to act in the interests of the respective institutions and not in the interests of the particular patient. These institutions are funded on the basis of rigid statutory budgets based on outdated infrastructure standards. This deprives health care managers of managerial flexibility and does not motivate them to improve results.

The ultimate goal of the reform is to secure the procurement of such services through a single national customer. The transition to a new healthcare procurement system is accompanied by the creation and continuous improvement of a modern platform for the collection and exchange of medical and financial information electronically. Such an electronic system will allow to implement the principle of „money goes for the patient”, as well as to analyze the situation with the state of health of the population in order to promptly develop the optimal plan for the purchase of medical services and to spend the money most efficiently. This system will also open up the possibility of creating a „single healthcare space” - coordination

and integration between levels of care, as well as the introduction of a new quality management system for services.

The proposed modernization of the existing system of financing the medical sector is a radical one, and therefore the changes envisaged should be gradual. The implementation of the new model is expected to be completed in three stages, with full implementation expected in 2020. Graduality is especially important for ensuring adequate social protection and retraining of health care workers in the conditions of its radical reorganization, as well as for building information systems, effective consolidation of resources for investments in the development of promising healthcare facilities in newly established hospital districts, securing new ones. community and local government functions in the health insurance system, ensuring effective social communication and clarifying the nature, mechanisms and expectations DATA reform results to the general population. [7]

In order to implement the Concept, on October 19, 2017, the Law of Ukraine No. 2168-VIII „On State Financial Guarantees of Medical Services for the Population” was adopted [8], which defines the state financial guarantees for providing necessary services for medical care (medical services) and medicines of good quality for account of funds of the State budget of Ukraine under the program of medical guarantees. The volume of medical services and medicines, the cost of which is covered by insurance and the degree of coverage, is fixed at the level of law in the state guaranteed package.

Within the state guaranteed package, the state will guarantee full payment at the expense of the state solidarity medical insurance of necessary medical services and medicines at the emergency, palliative and primary level, and partly at the secondary

(specialized) and tertiary (highly specialized) level provided by health care providers. At the same time, the health care component at all levels will always be paid in full by the state.

In order to be able to forecast the amount of health care expenditures, the Ministry of Health annually approves a specific list of services and medicines included in the guaranteed package.

Pursuant to Article 4, paragraph 3 of the Law of Ukraine „On State Financial Guarantees of Public Health Services”, within the framework of the medical guarantees program, the state guarantees to citizens, foreigners, stateless persons permanently residing in the territory of Ukraine and persons recognized as refugees or persons in need additional protection, full payment at the expense of the State Budget of Ukraine of necessary medical services and medicines.

These persons may obtain medical services and medicines wholly or in part from budgetary funds in healthcare facilities of any form of ownership and from entrepreneurs who have been licensed to carry out business activities in medical practice and have concluded medical contracts. service to the population. In this case, the component of medical care in the necessary treatment will always be covered by the state.

The proposed changes will make it possible to involve in the provision of medical services at the expense of budgetary funds the health care institutions of non-state ownership and individual entrepreneurs, which should have a positive impact on the quality of the provision of medical services.

In particular, the Cabinet of Ministers of Ukraine and the Ministry of Health of Ukraine adopted a number of normative legal acts regulating the provision of medical services, thus creating a legal field for the future state regulation of providing

the Ukrainian population with medical services.

Thus, by Resolution of the Cabinet of Ministers of Ukraine of December 27, 2017 No. 1075 „On Approval of the Methodology for Calculating the Cost of Health Care Services” [9], the methodology and procedure for accounting the actual costs incurred by healthcare institutions in connection with the provision of medical services (hereinafter referred to as medical services) and which are taken into account when establishing uniform tariffs for medical services provided in accordance with industry standards in the field of health care under contracts for public health services under the program state guarantees of public health services in accordance with the Law of Ukraine „On State Financial Guarantees of Public Health Services” (hereinafter - the program of medical guarantees).

The methodology is aimed at ensuring the standardization and unification of approaches to cost accounting in health care facilities and the establishment of basic principles for a universal national system of costing for health care services, financed through budgetary funds under the health guarantee program.

In addition, Article 7 of the Law of Ukraine „On State Financial Guarantees of Public Health Services” provides for the creation of an Authorized Body whose main functions are the implementation of the state policy in the field of state financial guarantees of public health care under the program of medical guarantees. Such a body has recently become the National Health Service of Ukraine (NHA), established by the Decree of the Cabinet of Ministers of Ukraine of December 27, 2017 No. 1101 „On the establishment of the National Health Service of Ukraine”. The NHSU is a central executive body whose activities are directed and coordinated by the Cabinet

of Ministers of Ukraine through the Minister of Health. [10]

Thus, the National Health Service of Ukraine becomes the main contractor on the part of the state in the area of modeling of the population’s need for medical services. By ensuring the targeted and effective use of funds under the medical guarantee program, including measures to verify compliance by health care providers with the requirements established by the procedure for use of medical guarantee programs and contracts on public health services, the NHSU acts as a national purchaser of medical services and pays providers health care) according to the tariff for medical services (including medical devices) provided to patients and medicines under health care contracts population under the medical guarantee program.

To support the work of the National Health Service of Ukraine, a number of legislative acts were adopted, among which the following regulate medical services in Ukraine: 1) CMU Resolution No. 391 of March 28, 2018 „On Approval of Requirements for a Provider of Health Services for the Population with whom the main spending units are contracting public health services” [11], which regulates the criteria for health insurance providers - healthcare providers wishing to conclude a health care contract with the NHS; 2) CMU Resolution No. 121 of March 19, 2014 „On Approving the Procedure for the Provision of Medical Assistance to Foreigners and Stateless Persons Residing or Temporarily Residing in the Territory of Ukraine who applied for a Refugee or Person Requiring Additional Protection, for which a decision has been taken to draw up documents to resolve the issue of recognition as a refugee or person in need of additional protection and recognized by refugees or persons in need of additional protection and compensation for the cost medical services and medi-

cines provided by foreigners and stateless persons temporarily residing or staying in Ukraine" [12-13], which regulates the procedure for compensation for the cost of medical services and medicines provided by foreigners and stateless persons.

Special attention should be paid to the order of the Ministry of Health of Ukraine dated 19.03.2018 No. 503 „On Approval of the Procedure for Choosing a Primary Care Doctor and Forms of a Declaration on the Selection of a Primary Care Doctor" [14], which now determines that a patient or his or her legal representative and physician make a declaration of the choice of physician, which may or may be modified, for which it is sufficient to sign the declaration with another physician.

In turn, by order of the Ministry of Health of Ukraine No. 504 of 19.03.2018 „On Approval of the Procedure of Primary Health Care Provision" [15], a separate list of the whole complex of medical services paid at the expense of the capital rate, which includes the provision of consultations, holding diagnostics and treatment of the most common diseases, injuries, poisonings, pathological, physiological (during pregnancy) conditions, implementation of preventive measures; referral according to the medical evidence of the patient who does not need emergency medical care, to provide him with secondary (specialized) or tertiary (highly specialized) medical care. The family doctor should remember that all of these services should be provided for free.

Conclusions

1. An important component of health care reform in Ukraine is the introduction of a new financing model for the health care system, which provides for clear state guarantees for health care, better financi-

al protection for citizens in case of illness, efficient and equitable distribution of public resources and reduction of informal payments.

2. Less than 5 years ago, the regulatory framework governing medical services in Ukraine consisted of very few resolutions of the Cabinet of Ministers of Ukraine and orders of the Ministry of Health of Ukraine. This situation did not create the preconditions for the development of the economic component of determining and forecasting the needs of the population for medical services. However, with the adoption of the Law of Ukraine „On State Financial Guarantees of Medical Services to the Population", an Authorized Body was created - the National Health Service of Ukraine, which becomes the main executor on the part of the state in the field of modeling the population's need for medical services. By ensuring the targeted and effective use of funds under the medical guarantee program, the NHSU acts as the national purchaser of health care services and pays health care facilities according to the tariff for the provision of medical services and medicines to patients under the health care coverage contracts of the population.

3. Health care procurement reforms are an important tool in facilitating the restructuring of the health care delivery system and addressing overcapacity. International experience shows that, if reforms of the procurement system are carried out in the context of comprehensive health care financing reforms (and especially when implemented in conjunction with fragmentation-based reforms), they can create the necessary incentives and mechanisms for transition to use more cost-effective services.

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