



# *"Positive and negative tendencies in development the market model of primary medical care in Ukraine".*

**Biryukov Viktor MD, PhD**

- Head of Department Social Medicine and Medical Management Odessa' State Medical University
- Odessa 65082, Ukraine
- **E-mail: [viktor\\_biryukov@sgs.com](mailto:viktor_biryukov@sgs.com)**



# Administrative Structure of Ukraine

- **Population – 46 mln.**
- **The Capital – Kiev (4 mln)**
- **1 autonomous republic Crimea**
- **24 regions (oblasts), 490 areas (rayon's), 446 cities, 907 settlements of city type and 10196 villages.**

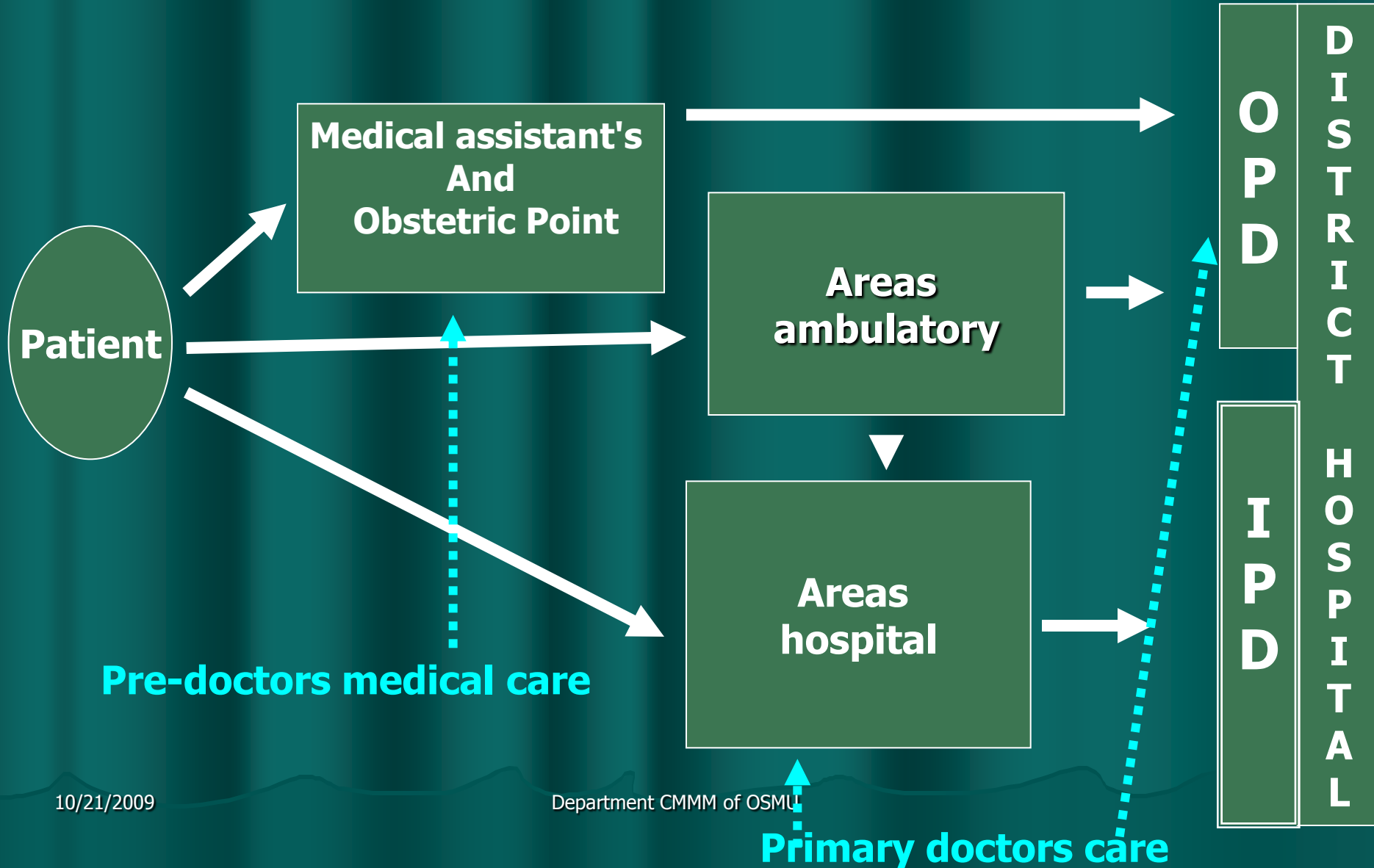
# Background

- The Ukrainian model of primary medical care (PMC) is based on territorial and district principles.
- The PMC establishment's territory of service is divided into the areas of service (districts) with the certain amount of population (~2000 person).
- For each of district is fastened the internist of primary link.

# Background

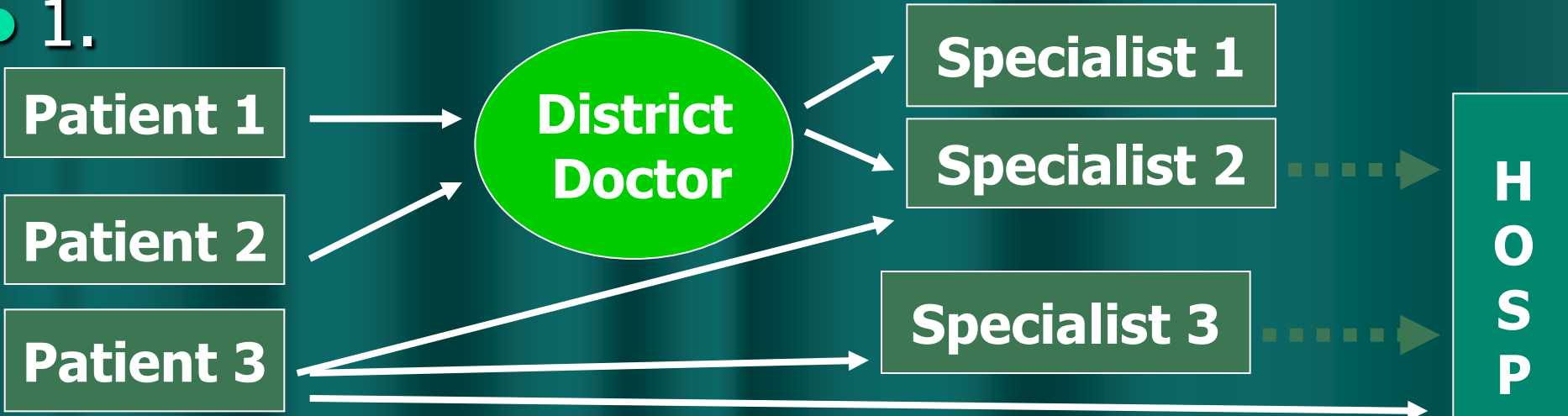
- The clear differentiation between a primary and secondary medical care in Ukraine is not existed.
- Patients can apply for help to specialists without formal direction from district doctor, and often use such possibility.

# Patient's Route in the rural area

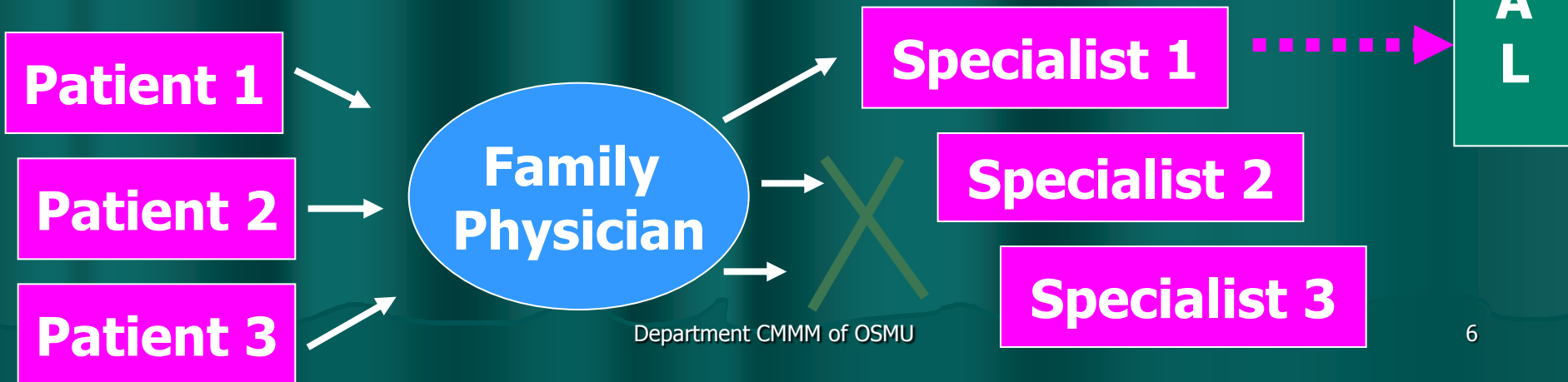


# Patient's Route in the City

1.



2.



# Aims

- **Strengthening of differentiating between primary and secondary medical care.**
- **Strengthening of role primary link due to development of family medicine and wide spectrum of payment services.**

# Setting

- **Territory:**  
**Rural and city districts of Odessa and Odessa' area**
- **Establishments of health care:**  
**Ambulatory and districts hospitals, city policlinics**

# Setting

- System of financing:

Governmental budgetary facilities remain the basic official source of financing health care system, from which almost **80%** covered from local budgets, and remain in **20%** covered from a national budget, under the proper control of local authorities and Ministry of Health Care.

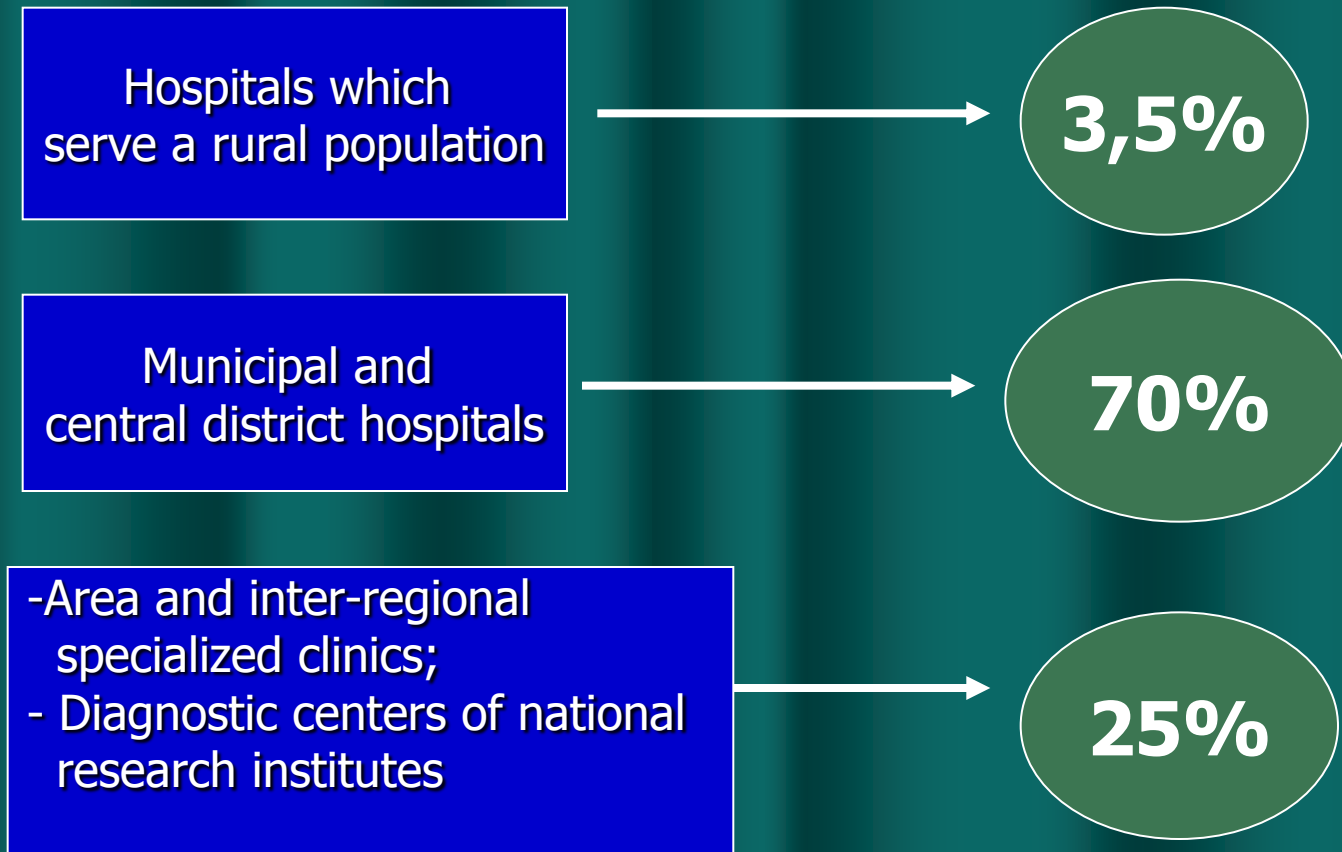
# Methods -Quantitative

- **Estimation of medical care' quality on the questionnaire basis**
- **Analysis the routes of patients**
- **Monitoring the conflict's situations**

# Methods - Qualitative

- **Focus groups:** Patients, Staff Nurses, Doctors of private and state hospitals, Medical Administrators, representatives of nongovernmental organizations

# Distributing of stationary beds fund



● **36% of all hospitals have an insignificant beds fund till 40 beds.**

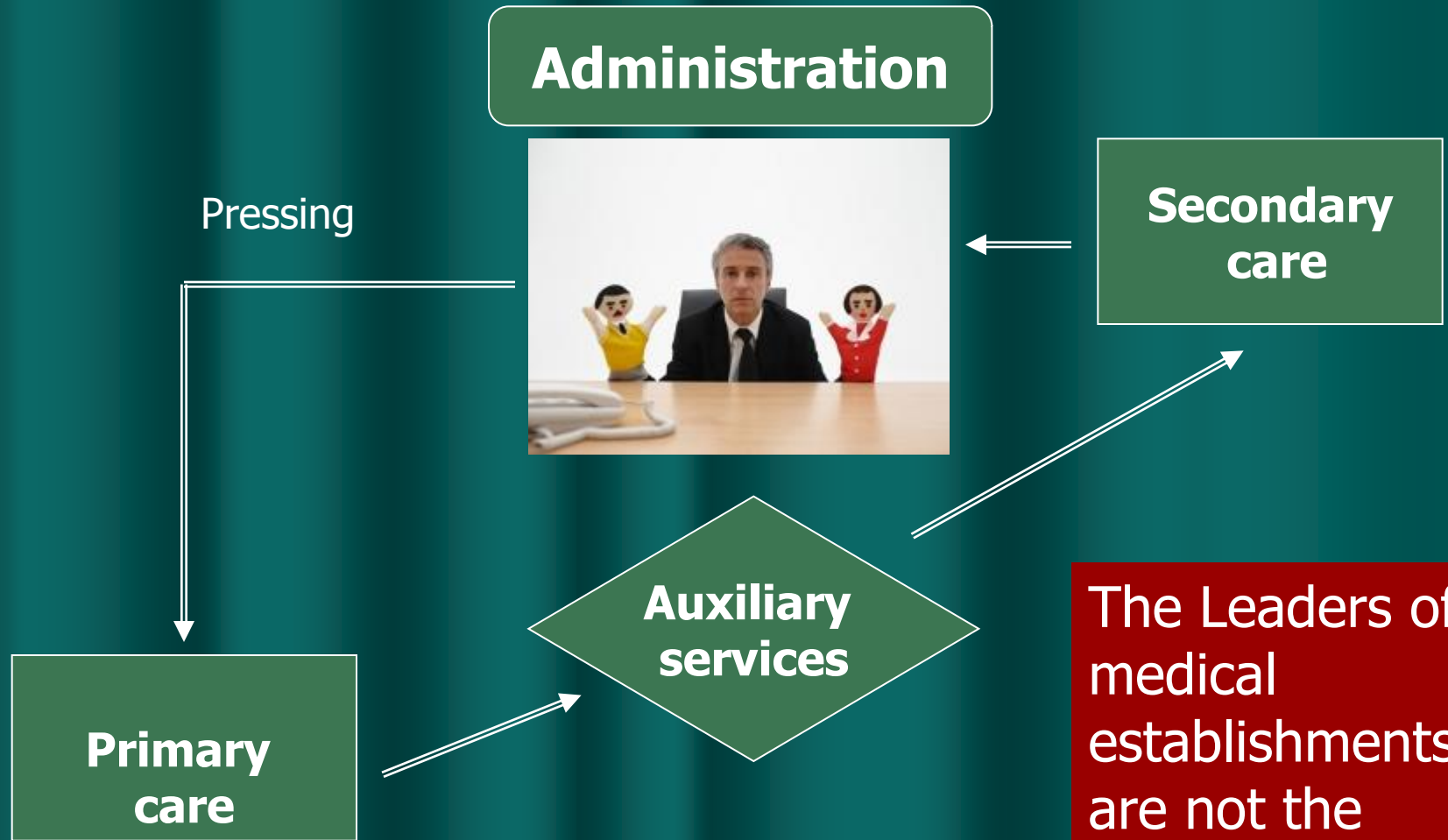
# Conflicts of interests

- A Head of hospital and clinic's administration are advantageous to have the overpriced beds fund, because financing of establishment goes to the amount of beds, but not on the real amount of the rendered services for patients.
- For filling of surplus beds fund is used administrative pressure on the GP of primary link.

# Conflicts of interests

- Also is used artificial prolongation the term of discharging from hospital (middle term of stay is 12,8 days in Ukraine, and in EU - 9,2 days)
- High index of not needed hospitalization ( in 2008 - till 33%)

# Conflicts of interests

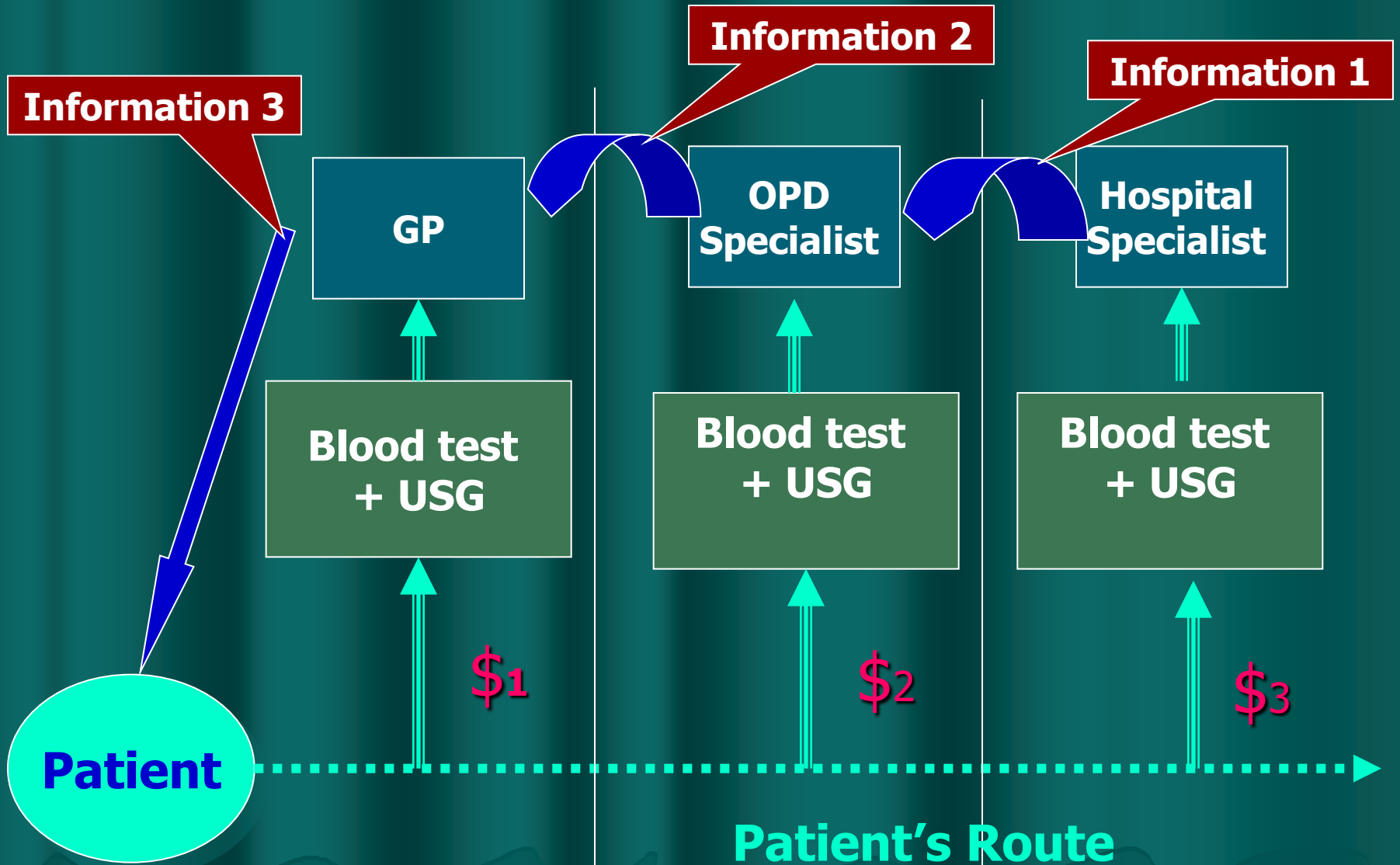


The Leaders of medical establishments are not the managers of financial resources

# PROFESSIONAL BARRIERS

- In our case there is the clear concurrency between general practitioners and specialists of polyclinics and hospitals.
- The lack of competence family physician and narrow-mindedness of his diagnostic and therapeutic possibilities is interpreted as low quality activity (GP-interviews).

# PROFESSIONAL BARRIERS (cont.)



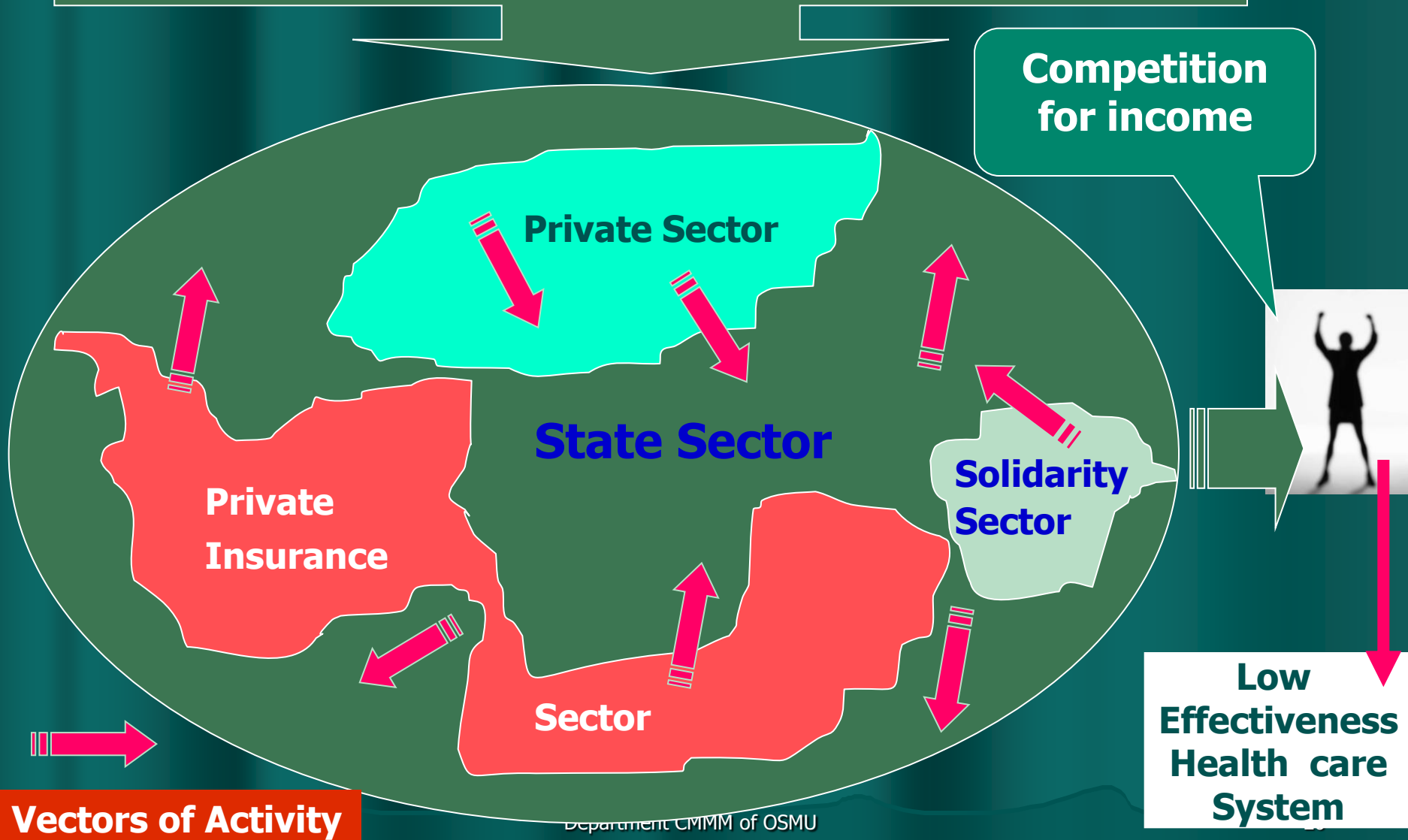
# PROFESSIONAL BARRIERS (cont.)

- The doctors of diagnostic centers in large towns or regional hospitals does not trust to the information got at the inspection of patients in rural hospitals with the out-of-date equipment and after reception patients in department, begin a new laboratory and instrumental inspections (**Hospital Specialist**).
- It conduces to the additional financial and financial expenses from the state and insurance companies (**Insurance consultant**).

# Informative Barriers

- “Visit to specialists in Diagnostic Centers or Scientific Clinics, from one side, is **quit expensive**. It is strong limits availability of medical services.
- From other side, their academic conclusions are **obscure**. So, we had to ask the PC-Nurse or GP-doctor to re-explain it again.” (**Patient**)

# The single medical field in Ukraine



# The ways of decision the problems

- In Ukraine are realized two Projects by sponsorship of European Union:
- Project « Financing and management in the sphere of Health Care in Ukraine» (2004 – 2006);
- Project «Supporting the development and introduction system of medical standards in Ukraine» (2004 – 2006).

# The ways of decision the problems

- Clear distributing of functions between payer and providers of medical services;
- Improvement of consolidation financial resources;
- Implementation of the public purchasing of medical services on the basis of State orders;
- Implementation of new methods of payment, oriented on final result of medical service providers;

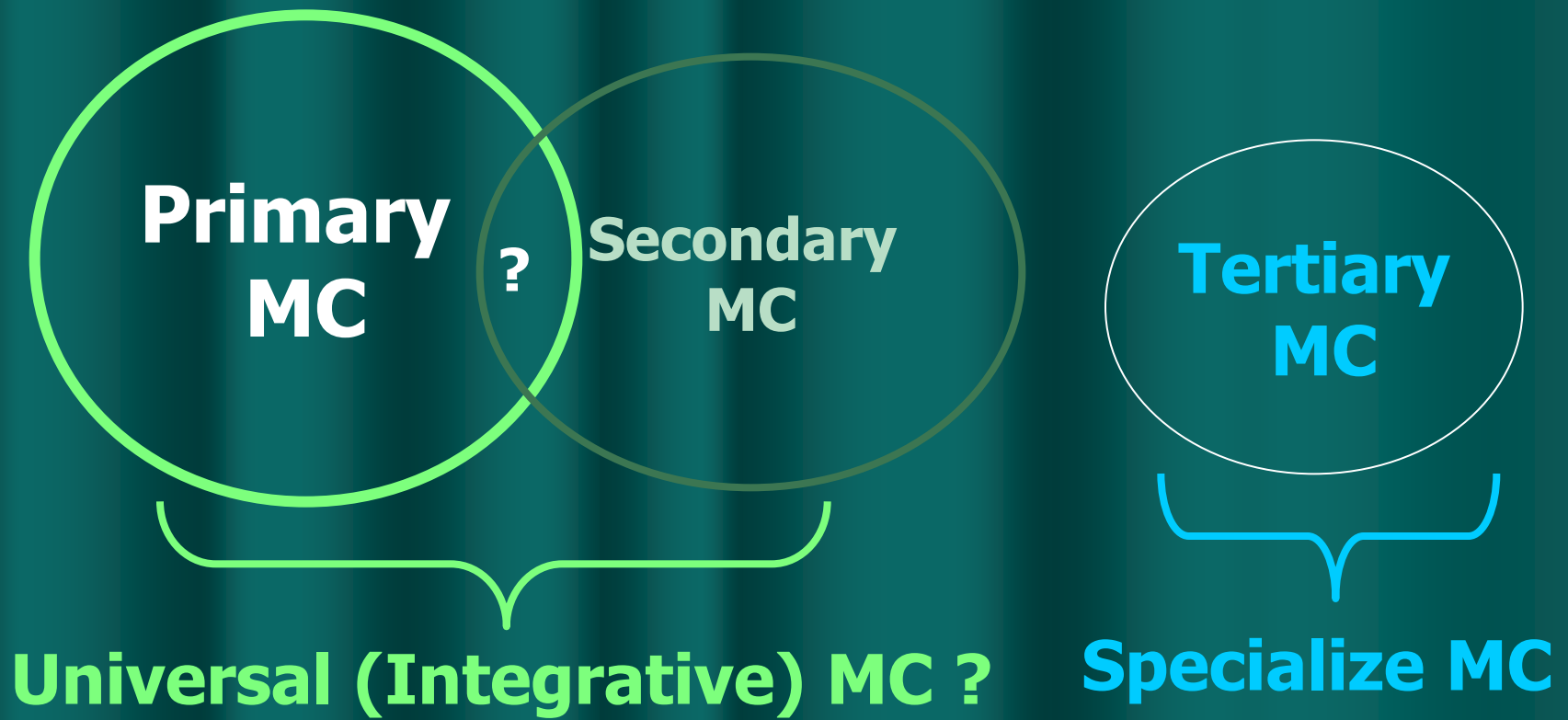
# The ways of decision the problems

- Autonomy the public providers of medical services;
- Administrative and financial division of functions of primary medical care (PMC) and secondary medical care (SMC);
- Development and testing of possibilities the informative administrative systems, intended for the decision of various administrative problems.

# Discussion

- Formation of independent communal nonprofit medical enterprises, where purpose of activity will be a getting the PMC services on the conditions of separate agreement about the government purchasing of PMC services.

# Consolidation or division PMC and SMC ?



# Conclusion:

1. A changing of state economic status for medical enterprises and increasing the level of autonomy providers of medical services by creation of communal enterprises
2. The Implementation contract relations between a payer and providers of medical services

**Thank you!**

