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MANAGEMENT OF PRIMARY HEALTH CARE INSTITUTION IN MODERN ECONOMIC CONDITIONS

The purpose of the research is to substantiate the theoretical provisions, develop conceptual foundations and applied recommendations for the formation of the management of primary health care in modern business conditions. The following methods are used to achieve this purpose: scientific knowledge, analysis, synthesis, abstraction and generalization – to reveal the essence of the categories "management", "health care", "primary care" analysis, detailing, classification and systematization – to determine the main indicators of the "Center for Primary Health Care № 1 of Kropyvnytskyi" (Municipal enterprise "CPHC № 1"); statistical and comparative analysis – when assessing the dynamics of the overall performance of the Center; tabular method – to display analytical information; graphic method – for a visual representation of statistical material, reinforcement of certain theoretical and practical provisions of the study; SWOT-analysis of Municipal Uncommercial Enterprise "CPHC" № 1. Scientific novelty of the paper is the study of the management of the primary care institution and the development of proposals for its improvement on the example of the Center for Primary Health Care № 1 of Kropyvnytskyi (MUE "CPHC № 1").

Keywords: health care, primary health care, family medicine, medical management, SWOT analysis.

Introduction. Today, the health care sector in the socio-economic and political development of our country is a priority area of reform. There are changes in the ideology of health care, financial, economic and market mechanisms in particular and the health care system in general. Diversification is required by the principles of financing the sphere, provision of services and planning of the primary health care network, legal issues and organizational and legal models of primary health care, management of primary health care facilities in new conditions, organization of the communication system. These changes require the introduction of a new management system for health facilities, including the management of primary care facilities. The relevance of the study is enhanced by the need to reform the financing of the health care system, which is set out in the relevant Concept, approved by the order of the Cabinet of Ministers of Ukraine dated 30.11.2016 № 1013-r and implementation of the laws that initiated the health care reform in Ukraine: "On state financial guarantees of medical care" [1; 2] and "On amendments to the principles to the Budget Code of Ukraine" [3].

All this determines the relevance of the study of theoretical provisions, development of conceptual principles and applied recommendations for the formation of the management of primary health care in modern economic conditions.

Literature review. The implementation of principles, tools and applied recommendations of management in the practical management of health care facilities today is very important for both domestic and international scientists. Quite interesting are the scientific developments of strategic management in the management of objects of I. Shohet [4; 5], F. Nasiri and O. Moselhi [6]. G. Speziale [7] analyzes the level of influence of strategic management on the effectiveness of health care facilities. Such domestic scientists as Yu. Voronenko [8], L. Stefanishin [9], V. Chopchuk and N. Orlova [10] in their works explore theoretical and practical aspects of improving the efficiency of management and administration of medical institutions. However, despite the rather active scientific activity and some positive results, not enough attention is paid to the problems of practical application of management principles in the management of medical institutions, including primary health care in the current conditions of health care reform in Ukraine. All this requires further research in this area.

Problem statement. The purpose of the study is to substantiate theoretical provisions, develop conceptual frameworks and applied recommendations for the formation of the management of primary health care in modern business conditions.

Presentation of the main research material. The World Health Organization (WHO) has recognized primary health care (PHC) as the most important element of the national health system (HS) [11]. Disparities between PHC and specialized care (hospitals) in low- and middle-income countries are one of the main sources of inefficiency and inequality in public health today. In Ukraine, these disparities are manifested as the predominant use of more expensive specialized care, the result of which is a decrease in the quality of

medical services with a simultaneous increase in public spending. The solution to this problem is the creation of an integrated system for the provision of health care, that is, inpatient care should be provided only if it is impossible to solve problems at the PHC level. The analysis of foreign experience of PHC has shown that the models of its organization differ under the influence of historical development of the health care system, the difference of social, economic and cultural factors [12]. However, for most CPHC systems, there is a common basic element – general practice-family medicine, that is the most consistent with the content and functions of PHC, namely ensures the availability and acceptability of services for patients, fair allocation of resources, integrated and coordinated provision of comprehensive treatment, rehabilitation, palliative and preventive services, rational use of technologies and resources of the following links of health, as well as the profitability of PHC. The system combination of individual elements of general practice-family medicine, due to the synergy effect can significantly increase the efficiency of PHC.

The main tasks of PHC centers:

- providing the population with comprehensive and integrated services for continuous and patient-oriented PHC, namely: restoration and preservation of health, prevention of the development of diseases, reducing the need for hospitalization and improving the quality of life;
- reducing the cost of medical care;
- increasing equality in health.

The reform of CPHC funding envisages the transition from the budget system to the payment by the state with budget funds for the provision of medical care to the population, which transfers them through the National Health Service of Ukraine (NHSU) to medical institutions and doctors – individual entrepreneurs. The NHSU enters into agreements with all medical institutions and guarantees funding according to the number of patients who will receive medical care in these institutions. Funding is prepaid.

It is worth noting that health facilities should make changes in their financial and economic, managerial, organizational and other activities. As a result:

1. The form of ownership is changing.
2. The head of the institution has broad powers to dispose of assets, finances and personnel policy, to determine the internal organizational structure of the institution.
3. Extensive powers also concern issues of freedom of action in the established forms and methods of remuneration, mechanisms for their motivation and incentives under current legislation.
4. Own financial planning requires the introduction of modern financial management tools.
5. Implementation of the principles of outsourcing in joint activities with other health facilities.
6. The health care institution has the authority to hire under civil law contracts doctors that are individual entrepreneurs, who are registered and have received the appropriate license to conduct business in medical practice.

It should be noted that from January 1, 2019 in medical institutions of Ukraine the functions of director and medical director are clearly separated [13]. From 2022, candidates for the position of director must have managerial education in the field of knowledge "Management and Administration" or "Public Administration and Administration", which means that they will have to obtain it in the educational-professional training of civil and public servants [14].

Thus, CPHC is a socially significant medical business, which, in turn, requires the use of special methods of management, marketing and development of the institution. In general, the management of medical institutions requires special approaches, taking into account the specifics of medical services.

CPHC as an organization is considered as an open system, whose development is determined by its interaction with the external environment. The success of the organization depends on the speed of its adaptation to changes in the environment [15]. A key element of an organization is its culture. It determines the stereotypes and behavior of staff, it is formed together with the organization and influences its further activities at all levels and can either maintain its unity or hinder changes in the system.

In most cases, management will face such problems:

1. Absolute centralization of all management decisions, concentration of powers at the highest level of management.
2. Staff motivation is determined solely by payment at certain rates.
3. Passivity and lack of staff independence in solving organizational issues and problems.
4. Low or no customer service in health facilities.
5. Management functions are combined with the executive functions of the Chief physician, which means the lack of separation of management functions.

6. Rather often autonomous health facilities depend on the definition of certain parameters that are set for them "from higher levels" in particular these may be the principles and size of staff motivation, investment and more.

As we can see, these problems contradict the changes that we have noted in the management of health facilities.

As it has been mentioned above, the CPHC has a new funding system, so the Chief physician must have operational and strategic management skills and the staff of the institution should be focused on the client, which latter choice will determine the amount of funding for family practice.

The model "Management Cycle", which has four phases, also characterizes the management of the health facility: planning; control; organization and motivation. Consider them in more detail in the context of managing a medical institution.

In the process of planning CPHC in determining the purpose of its existence, long-term and short-term goals, and steps for their implementation with the involvement of resources should take into account the strategic and operational levels of government. We will remind that strategic management is definition of a direction of development of the organization, and operational level of management – maintenance of stability of movement of establishment in the direction defined in the plan.

According to [16] for CPHC, the products of strategic planning are vision, mission, values and strategies for implementing the vision, taking into account external and internal circumstances.

The answer to the question of how the institution will move, what features of the environment in which it operates, what internal features hinder or help it move towards definition can give us a SWOT-analysis – an analysis of strengths and weaknesses, opportunities and threats.

It is clear that each community and each institution has its own unique combination of external and internal environmental factors. Their analysis makes it possible to determine strategic priorities (intentions) and goals for the next 2-3 years. It is very important to turn strategic priorities into goals, which means to digitize them [16].

The organizational structure of the medical institution is analyzed at the stage of determining strategic priorities and goals. Its structure is the embodiment of the strategy of the organization, i.e. it must correspond to the strategy and change with it [16].

Therefore, after the development of the strategy, the current organizational structure should not interfere with it, as each of the units will have its own role in the overall mission of the organization. In the future, the indicators that determine the outcome of the unit are harmonized with the role of the unit in the mission of the organization.

Motivation is a system of incentives and the process of stimulating the desired (in terms of organizational strategy) behavior of employees [14]. In addition to the fact that the strategy and motivational incentives must have clear and understandable links, motivation in addition to the material side must be a whole system of incentives. The formation of a system of incentives and motivation must take into account the specifics of the main staff – doctors and ensure their joint and effective work. On the one hand, we observe passivity, the fear of doctors to move to permanent work; constant migration to private hospitals or abroad; their desire to privately address the issue of remuneration for their work. On the other hand, strict discipline, constant total control, surveillance and denunciations lead to increased staff turnover and a formal attitude to one's responsibilities.

Thus, the main issue of motivation is not only for payment, but also in its form. In our opinion, to improve the motivation of the staff of the institution, the manager should:

- form criteria of behavior and results of activity of the expert, for example: observance of treatment protocols; no complaints; the share of vaccinations among the target audience, etc.;
- constantly monitor the market level of wages for positions in the region of the institution in institutions of various forms of ownership and bring the rate of the specialist to the average market;
- the mechanism for evaluating the activities of a specialist should be transparent and determine the variable component of remuneration.

It is clear that CPHC as a system will not be able to work without control. Control must be systematic, periodic, open, democratic and clear. Meetings should include not only a discussion and comparison of planned and actual indicators, but also a culture of joint search and learning. The purpose of control is not only to punish the perpetrators, but also to understand the correctness or incorrectness of the speed and direction of movement and the formation of proposals for change, if necessary. Those responsible should have an analysis of their indicators, an explanation of their changes and suggestions for further action. Monitoring should also cover the implementation of decisions and analysis of their implementation.

In the Kirovohrad region, there are 29 centers of primary health care, including three of the Kropyvnytskyi City Council, namely: MUE "Center of Primary Health Care № 1 of Kropyvnytskyi", MUE "Center of Primary Health Care № 2 of Kropyvnytskyi" and MUE "General practice outpatient clinic – family medicine".

In the Kirovohrad region and the city of Kropyvnytskyi there is a regressive type of age structure of the population, as evidenced by the ratio of age groups by demographic generations: 2019 share of children (0–14 years) – 15.2 % (2018 – 15.2 %), parents (15–49 years) – 45.7 % (2018 – 46.0 %), grandparents (50 years and older) – 39.1 % (2018 – 38.7 %) [17].

The aging rate of the population "from above", which determines the share of people who have reached the first age limit – 60 years among the total population is 24.6 %, compared to 2018 – 24.3 % (Ukraine 2018 – 23.4 %).

According to the Rosset-Boget-Garnier demographic ageing scale, this level of the indicator is regarded as "a very high level of demographic old age."

MUE "CPHC № 1" serves adults and children. In 2019, total number of served people – 123 959: the adult population – 103 951 people, children – 20 008 people. We can see more details in Table 1.

Table 1 – Analysis of the structure of the population served by MUE "CPHC № 1" for 2015-2019

(persons)

№	Indicators	Years				
		2015	2016	2017	2018	2019
1	The number of the population served by the primary level of medical care-outpatient service of Kropyvnytskyi	237276	240942	239748	237175	235946
2	The number of attached (available) population by institution, total. Including:	123530	125438	124391	125905	130856
	children	9707	19253	19604	20322	23392
	adults	100013	106185	104787	105583	107464
3	Number of concluded declarations on the choice of a doctor	-	-	-	81181	103794

Source: compiled by the author on the basis of [17]; enterprise data

As can be seen from Table 1, the number of the population served by the CPHC № 1 has decreased by 1330 people or 0.6 % over the last five years. At the same time, the population attached to the institution increased by 7,326 people (5.9 %). Including the child population increased by 13,685 people and adults by 7,451 people. Starting from 2018, the number of concluded declarations on the choice of a doctor is actively growing by 27.9 % or 22,613 units.

In 2019, the highest mortality rate due to diseases of the adult population was due to diseases of the circulatory system – 69.7 %, malignant neoplasms, respectively, 22.5 %, and diseases of the digestive system – 4.5 %. Changes in mortality due to these reasons compared to 2015, respectively, were: (-2.1) 7.7 % and 21.6 percent.

The main causes of death due to diseases of people of working age in 2019 were malignant neoplasms – 48.8 %; diseases of the circulatory system – 18.3 %; digestive diseases and infectious diseases – 18.8 %. It should be noted that compared to 2015, the mortality rate of people of working age for these reasons decreased, respectively: 43.7 %; 53.1 %; 14.3 percent.

The prevalence of diseases among the population assigned to the MUE "CPHC № 1" for 9 months of 2020 was 5014.0 per 10 thousand population, which is 6.1 % less than in 2019 (5319.0). The decrease was due to quarantine measures for coronavirus infection, when the number of patients' visits to doctors decreased.

In order to provide high quality and timely PHC, it is important to provide primary care with medical staff. To do this, we will analyze the staffing of medical positions of KNP "CPMSD № 1" for 2015–2019 according to Table 2.

Table 2 – Analysis of the staffing of medical positions of MUE "CPHC № 1" for 2015–2019

№	Indicators	2015	2016	2017	2018	2019
1.	Staffing of medical positions by individuals in % total.	92,9	94,9	94,9	93,4	84,9
	Including:					
	general practitioners-family doctors	85,4	88,8	89,6	94,5	79,5
	district physicians	97,4	99,1	97,9	91,3	75,0
	district pediatricians	97,3	92,9	99,2	91,5	98,1
	supervisors and a doctor extra	53,3	76,9	100,0	100,0	100,0
	Interns	-	--	--	-	-
2.	Shortage of primary care physicians, total. Including:	9	6,5	6,25	7,75	15,25
	general practitioners-family doctors	6,5	6,25	6,5	3,25	11,25
	district physicians	1	0,25	0,5	1,75	3,5
	district pediatricians	1	2,5	0,25	2,75	0,5
	supervisors and a doctor extra	3,5	1,5	0,0	0,0	0,0
	Interns	-3,0	-4,0	-1,0	0,0	0,0
3.	Number of full-time positions of paramedics, total	199,25	199,25	196,25	188,75	143,0

Source: compiled by the author on the basis of [17]; enterprise data

In 2019, the percentage of medical positions by individuals in the ratio was 84.9 % (which is 8.6 % less than in 2015, including:

- general practitioners-family doctors – 79.5 % (6.8 % less than in 2015);
- district physicians – 75.0 % (23.0 less than in 2015);
- district pediatricians – by 98.1 (an increase of 0.9 % compared to 2015).

The shortage of primary care physicians is only 15.25 % in 2019, which is 69.4 % more than in 2015.

The number of full-time positions of nurses in 2019 is 143.0, which is 56.3 units more than in 2015.

The ratio of positions of doctors and positions of junior medical workers with higher education in MUE "CPHC № 1" in 2019 was as follows:

- family doctors – 1 : 1.8;
- district physicians – 1 : 1;
- district pediatricians – 1 : 1.93

at the standard:

- family doctors – 1 : 2;
- district physicians – 1 : 1.5;
- district pediatricians – 1 : 1.5.

The main reasons are:

- low pay and lack of additional earnings at the primary level (especially in rural areas);
- reducing the prestige of the family doctor profession;
- medical managers do not have a sufficient level of training and practice of human resource management.

In accordance with the industry, standards of motor transport units of MUE "CPHC № 1" are staffed in 2015–2019 by 100 %.

The level of equipment of outpatient clinics MUE "CPHC № 1" in accordance with the industry standard – 93.7 % in 2019, which is 10.5 % more than in 2015.

Automated workplaces are provided at 100 % of outpatient clinics of MUE "CPHC № 1".

The mission of the CPMSD № 1 is to preserve the health and reduce the incidence of the population by preventing diseases and promoting a healthy lifestyle, provide affordable and quality medical care by forming friendly relations based on mutual trust and respect, comfortable conditions and professionalism of the Center's employees. That is, the main purpose of the institution is good health and good mood of patients, building public confidence in the Center.

In order to conduct a SWOT-analysis of the institution and determine the main factors of strategic choice of MUE "CPHC № 1", we have conducted a conversation with the center's management and medical staff, as well as analysis of its activities, internal strengths and weaknesses, external factors (opportunities and risks), assessment of stakeholder needs and impacts. As a result, we have identified the following key issues that can be addressed by the Strategy of the institution (Table 3).

Table 3 – Factors of SWOT analysis of MUE "CPHC № 1"

Strengths	Weaknesses
Internal environment	
<ul style="list-style-type: none"> - free territorial access; - PHC network structure – compact and efficient; - availability of qualified specialists; - a desire of the staff of the institution to develop and apply modern management technologies; - staff optimization; - development of local modern protocols for medical care; - implementation of healthy medical information system; - a large percentage of signed declarations between doctors and patients; - electronic registry and online appointment; - sufficient equipment with computer and office equipment; - complete replacement of old office and medical furniture with new ones; - availability of vehicles; - staffing of material and technical base according to the table of equipment (order № 148 from Jan. 26, 2018). 	<ul style="list-style-type: none"> - retirement age of 45 % of doctors; - due to the lack of doctors, most doctors have been forced to increase the optimal amount of PHC practice per doctor, which has significantly increased the workload of staff; - passivity of a part of the population in choosing a doctor; - low administrative and managerial qualification of managers of institutions; - insufficiency of doctor's offices; - low level of diagnostic services; - a significant part of CPHC premises are located in rented buildings (out of 10 outpatient clinics 9 outpatient clinics are in rented premises); - the condition of the premises of the Center's outpatient clinics needs to be repaired, the areas of general practice-family medicine doctors' offices do not meet the standards of the State Construction Norms; - wear and tear of ambulances; - obsolete power grids and other utilities; - lack of advertising and marketing (or their low quality); - there is no effective information interaction between the Center's units and second-level doctors; - lack of CPHC website; - lack of a single hospital digital system; - insufficient level of logistics; - insufficient level of practical training of young specialists; - insufficient automation of statistical accounting of family doctors; - expansion of the functional responsibilities of family doctors and insufficient time for their retraining; - insufficient number of family practitioners; - dissatisfaction with wages; - difficulties in the transition from working with paper documents to digital; - difficulties in visiting difficult patients at home; - discrepancy between the responsibilities and powers of family doctors; - dissatisfaction with the methods of moral stimulation of family doctors; - intense psycho-emotional atmosphere in the medical institution.

End of Table 3

Opportunities for strategy implementation	Threats for strategy implementation
Environment	
<ul style="list-style-type: none"> - support of local authorities; - involvement of young medical workers after graduation; - health workers take part in conferences, trainings and other training events with sufficient funding; - employees have the opportunity to study the positive Ukrainian and world experience (European countries and other cities of Ukraine); - improving the security of the institution. 	<ul style="list-style-type: none"> - overstatement of licensing requirements by the state; - overestimation of the cost of medical materials and equipment by suppliers; - low level of culture of a healthy lifestyle; - growth of the general level of morbidity of the population; - aging of population, deteriorating of socio-demographic indicators; - shortage of financial resources and underfunding; - lack of housing for young professionals; - lack of clear demarcation of functions between primary and secondary health care. - the problem of underfunding; - low level of trust of Ukrainian citizens in the health care system; - problems of quality and availability of medical services; - shortage of highly qualified medical staff; - low managerial qualification of heads of health care organizations.
<p>The key factors of success of MUE "CPHC № 1" are:</p> <ul style="list-style-type: none"> - effective leadership of the institution, - staff discipline, - availability of adequate and stable resources of the institution, - a common vision and recognition of values of the management and staff of the institution, - the commitment and support of stakeholders of the institution, - long-term activity in the market of medical services which gives stable partnerships and cooperation. 	

Source: compiled by the author based on enterprise data

Based on the results of the analysis of the current situation; SWOT-analysis, needs assessment and stakeholder impact, we have identified the following key issues to be addressed by the Institution's Strategy.

First, improving the quality of medical services, as a result of training of medical staff; improving the system of patient admission; improving skills in working with electronic accounting and document management; informing patients about the timeliness of seeking medical care, disease prevention, promotion of a healthy lifestyle.

Secondly, measures to improve infrastructure and equipment: repair of buildings, premises and replacement of utilities; use of energy efficient measures and equipment; staffing of outpatient clinics of general practice-family medicine and first-aid posts; improving the material and technical base of the center and ensuring the safety of patients and doctors; providing modern diagnostic, laboratory equipment.

We have found that the priority areas of development of MUE "CPHC № 1" are increasing the quality of medical services and public services; appropriate logistics and its continuous improvement; efficient use of available resources and creation of conditions for development of human potential of the institution.

As a result of the study, the main areas of concentration on the development of MUE "CPHC № 1" are the following:

1. Improving the quality and expanding the list of medical services of MUE "CPHC № 1" of Kropyvnytskyi".

2. Improving the material and technical condition of the facilities of MUE "CPHC № 1" of Kropyvnytskyi", increasing the efficiency of use of premises and infrastructure

3. Strengthening human resources, ensuring the development and efficient use of human resources of the institution.

Conclusions. Therefore, as the result of our research, we have found that the management of CPHC must take into account:

- First – the unique specifics of health management;
- Second – changes in approaches and principles of financing;
- Third – ensuring the joint and effective work of doctors.

The result of the SWOT-analysis of the institution is the establishment of the main factors of strategic choice of the institution and identified strategic priorities for the development of MUE "CPHC № 1", namely improving the quality of medical services, logistics, more efficient use of available resources and development of human resources.

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МЕНЕДЖМЕНТ ЗАКЛАДУ ПЕРВИННОЇ МЕДИКО-САНІТАРНОЇ ДОПОМОГИ В СУЧАСНИХ УМОВАХ ГОСПОДАРЮВАННЯ

Метою наукового дослідження є обґрунтування теоретичних положень, розроблення концептуальних засад та прикладних рекомендацій щодо формування менеджменту закладу первинної медико-санітарної допомоги в сучасних умовах господарювання. Для реалізації поставленої

мети використано методи: наукового пізнання, аналізу, синтезу, абстракції та узагальнення – для розкриття сутності категорій «менеджмент», «охорона здоров'я», «первинна медична допомога»; аналізу, деталізації, класифікації та систематизації – при визначенні основних показників діяльності «Центр первинної медико-санітарної допомоги № 1 м. Кропивницький» (КЗ «ЦПМСД № 1»), статистичного та порівняльного аналізу – під час проведення оцінювання динаміки загальних показників функціонування Центру; табличний метод – для відображення аналітичної інформації, а саме: аналіз структури населення, яке обслуговує КНП «ЦПМСД № 1» за 2015–2019 рр., аналіз укомплектованості лікарських посад КНП «ЦПМСД № 1» за 2015–2019 рр.; графічний – для наочного зображення статистичного матеріалу, підкріплення окремих теоретичних і практичних положень дослідження; SWOT-аналіз КНП «ЦПМСД № 1», зокрема фактори SWOT-аналізу КНП «ЦПМСД № 1». Було встановлено, що ЦПМСД – це соціально значущий медичний бізнес, який потребує застосування особливих методів менеджменту, маркетингу, розвитку з урахуванням специфіки медичних послуг. У дослідженні представлено: перелік більшості проблем, з якими буде стикатися керівництво ЦПМСД, зокрема модель «Цикл управління» в контексті управління медичним закладом. Наукова новизна дослідження полягає у дослідженні менеджменту закладу первинної допомоги та розробці пропозицій щодо його покращення на прикладі проведеного SWOT-аналізу закладу КНП «ЦПМСД № 1», де було встановлено головні чинники стратегічного вибору закладу і визначено стратегічні пріоритетні напрями щодо його розвитку, а саме: підвищення якості надання медичних послуг, покращення матеріально-технічного забезпечення, більш ефективне використання наявних ресурсів та забезпечення розвитку кадрового потенціалу.

Ключові слова: охорона здоров'я, первинна медико-санітарна допомога, сімейна медицина, медичний менеджмент, SWOT-аналіз.

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