



Factors Influencing the Activity of Medical Services and their Characteristics

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Abstract: This article focuses on specific types of services. Today, the service system is constantly being improved and modernized. As a result, the share of the service sector in the world market is increasing. If we look at it from this point of view, the high demand for medical services and how this type of service has developed with great indicators during a short period of time will be highlighted with the help of examples. Depending on the factors were separately approached and suggestions were given.

Key words: distance medical service, type of medical services, online appointment at medical clinics, medical insurance, primary medical care, state guarantee program, services, service tool, quality of medical service, and remote first aid from emergency medical clinics.

Introduction

Within the framework of the action strategy for the five priority areas of development in our country in 2017-2021, during the past period, about 300 laws and more than 4,000 decisions of the President of the Republic of Uzbekistan aimed at the fundamental reform of all spheres of state and community life were adopted.

As part of the tasks set in the development strategy to ensure the health of the population, in 2022, the primary medical service in the regions will be established on the basis of the "one step" principle, 105 family doctor points and 31 family polyclinics will be established and the strategy of actions will be implemented in 61- in order to increase the share of the private sector in medical services to 25% and to further develop and support the implementation of projects for the creation of remote medical services.

This article should be based on the concept of improving the efficiency of the organization of providing medical services, the level of usefulness of remote medical services to patients, not spending excessive time on visiting a doctor, and the implementation of the concept of a healthy lifestyle, ensuring the convenience and quality of medical care. In this article, taking into account the goals and objectives of the research, we will consider the factors influencing the activity of medical

services and their characteristics, as well as conceptual approaches to improving the quality of the organization of medical services.

Literature review

The problem of the quality of medical services was also addressed by the World Health Organization (WHO) and by the following scientists: L.A. Belovoy, G.F. Valeevoy, M.V. Vertiy, O.V. Vlasovoy, O.A. Googe, M.N. Dudina . Pardayev, A.P. Khazratov, Z.S. Artikov, M.M. Mukhammedov, B. Abdukarimov, N.U. Normurodov, R.O'. Dosnazarovich.

One of the important directions of ensuring the quality of medical services is to increase the level of use of outpatient, polyclinic and inpatient medical care, to modernize the material and technical base of health care institutions, and to solve the problem of the lack of qualified medical personnel.

Materials and Methods

Conclusions and proposals were formed as a result of the analysis of indicators of effective development of remote medical services through economic-mathematical methods during the implementation of the research. In addition, the method of analysis and synthesis was effectively used in the implementation of scientific research.

Results and Discussion

Currently, there are different types of services in our country, including medical, trade, transportation, education, financial communication and information, healthcare, living and dining, rental, home appliance repair services, etc. possible Such a service system is constantly being improved and modernized. As a result, the share of the service sector in our country is increasing.

It is appropriate to assess how quickly and on time medical care is provided in our country, how well the methods of treatment, diagnosis and rehabilitation are chosen, and to what extent the planned result has been achieved, and the development of remote medical services.

Also, it should be remembered that in accordance with this order, their own quality criteria have been developed and applied for certain conditions in which medical services are provided and assistance is provided. For example, criteria that have inverse support in an inpatient setting are effectively used in an outpatient setting.

Currently, all medical services that are conditionally provided include two components, the first of which is the professional basis of these services, and the second is additional attributes that arise in the process of providing them. The patient highly appreciates the work done by the medical institution, the proper organization of services aimed at improving the quality of service. For example, the absence of a waiting list, a clear schedule of appointments with doctors, the presence of an electronic document storage system in a medical institution (cards, tests, instructions). The professionalism, competence and interest of doctors leave only a positive impression on the institution that provides medical services.

Recently, medical institutions are trying to provide themselves with more innovative medical equipment. This desire is often determined not by administrative coercion or lack of necessary medical equipment, but by the desire to be more competitive in the current environment. However, at the same time, many of them forget that the adoption and use of modern technologies is justified only if it meets medical indications, is useful and, as a result, improves the quality of medical care. As O.V. Vlasova rightly noted, "the provision of resources to medical organizations is one of the decisive factors that allow them to provide quality services to patients."¹ [1].

The following assessment methods are used to analyze the quality of medical services: inductive, deductive, expert and systematic analysis methods ²[2].

¹ Vlasova. O.V. Resource provision of a medical organization as a factor in improving the quality of medical services // Azimuth of scientific research: economics and management. - 2019. - T. 8, No. 4 (29). - pp. 99-102.

² Latypova, L. V. Modern methods for assessing the quality management system / L. V. Latypova // Economics and Entrepreneurship. - 2015. - No. 6 (part 3). - P. 845.

The essence of the inductive method is that a retrospective analysis is used, that is, data containing approximate information about how the disease developed and how to treat it to achieve the desired result. It is now increasingly recognized that the use of the inductive method is inappropriate, and that its maintenance costs can be more effectively directed to diagnostic and therapeutic purposes.

The deductive method is the opposite of its purpose. Statistical results obtained during clinical studies are used in its application. It should be noted that the basis of this method is evidence-based medicine, which represents a technology whereby collected and analyzed medical data can be used to make informed medical decisions. The deductive method includes strict, specific and predetermined criteria, the effective application of which improves the final results and the overall quality of the services provided. Due to the introduction of the deductive method, not only reliable indicators were obtained about the state of health, the stages of the development of the disease, and the results of treatment, but also the standards and protocols containing instructions on how to conduct the treatment were created. Proven for one type.

The system analysis method is also used to evaluate the quality of medical services. Its essence is that its separate aspects and components are studied in the system under consideration. The entire process of providing medical services is a certain system, which includes parts of this system. On the one hand, they are interconnected and affect the whole system, and on the other hand, they themselves are periodically affected by it. It should be remembered that the inefficient operation of even one component has a negative effect not only on the entire system, but also on other efficiently functioning parts of this system. Therefore, by improving the performance of at least one component, the efficiency of the entire system can be improved.

Using the system analysis method allows you to identify and analyze existing weaknesses and identify factors that have a negative impact on quality in general. The most effective method of internal evaluation of the quality of the provided medical services is the method of expert evaluation (expertise of the quality of medical care). The essence of this method is that during the examination, the expert commission will purposefully study the medical documents that are of interest to it, reflect how timely and complete the medical care was provided, what stages and actions of the medical worker it included.

With this method, it is recommended to carry out control using a three-level model, in which the first-level control is carried out by the head of the department, and the second-level control is already carried out by a trusted person or deputy chief physician. At the third level of the medical institution in question, control and evaluation is carried out directly by the medical commission.

Through the systematization and analysis of the data obtained as a result of the inspection, the head of the department informs about the existing deficiencies and defects, their amount and how the presence of these defects affects the quality of medical services provided to individual doctors in their department. Gets information.

The department then transfers all the data collected from all departments by their heads to the deputy chief physician, who, based on the results, prepares a quarterly or annual report on the total number of defects detected in the medical institution. Created reports are submitted to the medical commission. They, in turn, compare the final results with last year's results, as well as with general indicators for all regions and the entire republic. After processing all the data, the medical commission gets a general picture of the entire medical institution, that is, it determines the dynamics of changes in the quality of medical services provided in a particular medical institution.

The results are accompanied by recommendations and proposals for their elimination in order to improve the quality of the provided medical services. The chief physician, in turn, sends the received report to health authorities, where final decisions are made on a particular medical institution and measures are taken to implement them. At this stage, the method of expert analysis is considered complete.

Structural, effective and procedural approaches are used to evaluate the quality of medical services.

Within the framework of the structural approach, the overall structural organization of approved

medical services in the medical institution is evaluated, that is, the compliance of the conditions for the provision of medical services with the license requirements is checked during the audit; compliance of the procedure for providing medical services with the requirements confirming this procedure; availability of all necessary documents confirming certification, certification and accreditation in a medical institution.

The basis of the structural approach is the opinions of experts who emphasize that the desired and necessary level of quality of medical services cannot be achieved if the medical institution does not have the necessary "structural" capabilities. At the same time, they emphasize that compliance with all established official requirements does not guarantee that a medical institution will be able to achieve high results in providing medical services.

Any process, including the process of providing medical services, has its final result. According to the results approach, it is this result that is evaluated. As part of the approach, experts compare the expected results with the results actually obtained in the medical institution. In this, not only the comparison method, but also statistical methods are used, if necessary.

The disadvantage of the effective approach is that the quality of the provided medical services can be evaluated only after they are provided, and it is not possible to influence the process itself and its results.

The essence of the procedural approach is that the process of providing medical services is directly evaluated, the technology of the diagnostic and treatment process is observed. The main evaluation tool is medical standards, and the main method is expert evaluation of medical services provided using primary documents.

In order to ensure a high level of quality of medical services, standards and criteria have been developed and established by health authorities, and compliance with them requires appropriate control. Subjects of this type of control were health authorities or representatives of medical institutions holding leadership positions. In other words, internal control is a control that independently monitors the quality of services provided by the system and tries to eliminate identified deficiencies, which does not always have positive results.

Currently, there are the following forms of quality control of medical activity in accordance with the Law "On the Basics of Health Protection of Citizens of the Republic of Uzbekistan" [6].

State control bodies or local state authorities may carry out state control and carry out necessary inspections in accordance with their powers. Within the framework of such control, representatives of the above-mentioned bodies can license a medical institution, verify the compliance of the medical institution with the established requirements for the provision of medical services, the compliance of the conducted inspections, inspections and certificates with the accepted standards.

In addition, inspection bodies analyze how safe working conditions are in a medical organization, whether medical devices are used correctly and disposed of after the end of their service life. The procedure for implementation of state control is determined by the Government of the Republic of Uzbekistan.

1. Organization of medical care based on the principle of proximity to the place of residence
2. In order to ensure the convenience and quality of medical care, it is necessary to attract the required number of medical personnel who have undergone special training as general practitioners and nurses, and then undergo further training every five years.
3. The ability to choose a clinic at your place of residence, regardless of where you are registered.
4. Professional activity of medical personnel in accordance with standards and algorithms (MS) developed for providing medical care to the population.
5. Opening of pilot projects in the field of health care: offices of general practitioners in

district clinics.

6. Installation of ramps for all groups of the population, including the disabled, in healthcare institutions.

7. Unhindered and free use of ambulances or sanitary aviation vehicles by medical personnel to transport patients to the nearest medical facility in cases of threat to the life and health of patients.

8. Use of modern innovative technologies in medicine.

9. Getting cheap, high-quality and free medical care under the mandatory medical insurance policy.

Direct provision of medical insurance services within the framework of compulsory medical insurance is carried out by medical insurance organizations - legal entities that have an appropriate license and provide direct medical insurance.

The main parameters of the quality system of medical services are evaluated according to the following criteria [4]³: compliance; accessibility; continuity; efficiency; security; timeliness; the ability to meet the demands and needs of the patient; continuous improvement:

- adequacy - real medical care that meets the needs and expectations of patients;
- convenience - a criterion that reflects the population's ability to receive certain medical services;
- continuity - coordinated work of all medical personnel (at different levels: at different times, by different specialists) to provide quality medical care;
- continuity means that the treatment process must continue strictly according to the following scheme: prevention - diagnosis - treatment - rehabilitation. If the sequence is broken, then continuity is broken and medical care is rendered of poor quality;
- effectiveness - the presence of a positive result in relation to the patient's health;
- safety is a criterion indicating that medical care does not cause new diseases or pathological conditions in the patient, or does not cause the exacerbation of an existing disease;
- on-time medical service is a criterion indicating that the patient is provided on time. This criterion is very relevant in oncology.

Ability to meet patient expectations and needs Patient expectations are sometimes met and sometimes not. It should be noted that the patient's requirements may not be his expectations. In other words, this means that medical care is considered to be of high quality if, according to the patient, it meets his requirements and expectations. Therefore, according to the above criteria, the medical services provided to patients are of high quality.

To determine the assessment of the quality of medical care, as a rule, the expertise of the quality of medical care is used. A correct diagnosis, treatment and prevention plan is also evaluated by the timely and final result of treatment in health care facilities. All medical services provided under the compulsory health insurance policy can be assessed through expertise. At any stage of medical care, if there are complaints from the patient or the patient's relatives, investigations are conducted. Expertise can be carried out only by specialists with special training and qualifications.

As a rule, the following indicators are used to evaluate the quality of medical services provided in healthcare institutions [7]:

1. Openness and accessibility of information about the medical organization (posting information about services on the website of the medical organization).

³ Quality control and safety of medical activities in a medical organization: textbook. allowance / comp.: G. M. Gaidarov, N. Yu. Alekseeva, N. G. Safonova, A. V. Gashenko, B. S. Soktuev, E. V. Dushina; GBOU VPO IGMU of the Ministry of Health of Russia. Irkutsk: IGMU, 2016. - 68 p.

2. Favorable conditions and ease of obtaining medical services (obtaining medical services through online registration through the "State Services" portal, etc.).
3. Time of waiting in line for receiving medical services (there are no queues in health care facilities).
4. Qualification and politeness of medical institution employees.
5. Satisfaction with the quality of service in the medical institution (patient comments on the website of the health institution or in the book of complaints and suggestions).

The characteristics and results of the provision of medical services are so diverse and unclear to the client (patient) that he cannot assess a number of their parameters. Therefore, the main professional characteristics of these services are controlled based on the standards of medical care. These standards are not state standards. These are, first of all, the main parameters of the technical quality of services, that is, the results of treatment.

Patients, first of all, evaluate the components of functional quality, that is, the conditions for providing medical services. The level of patient satisfaction depends on the process of providing medical services, but it is not enough. Therefore, the patient is interested not only in the final result of the service received "at the exit", but also in the process of providing the service and receiving the required service.

The quality of any service is evaluated in two aspects: technical quality (what the patient receives); functional quality (how the patient perceives the service). But the patient, first of all, evaluates the functional quality.

In order to clearly reflect the relationship between technical and functional quality, it is necessary to consider in detail the two-factor model of the quality of medical services in the Scandinavian countries (Figure 1).

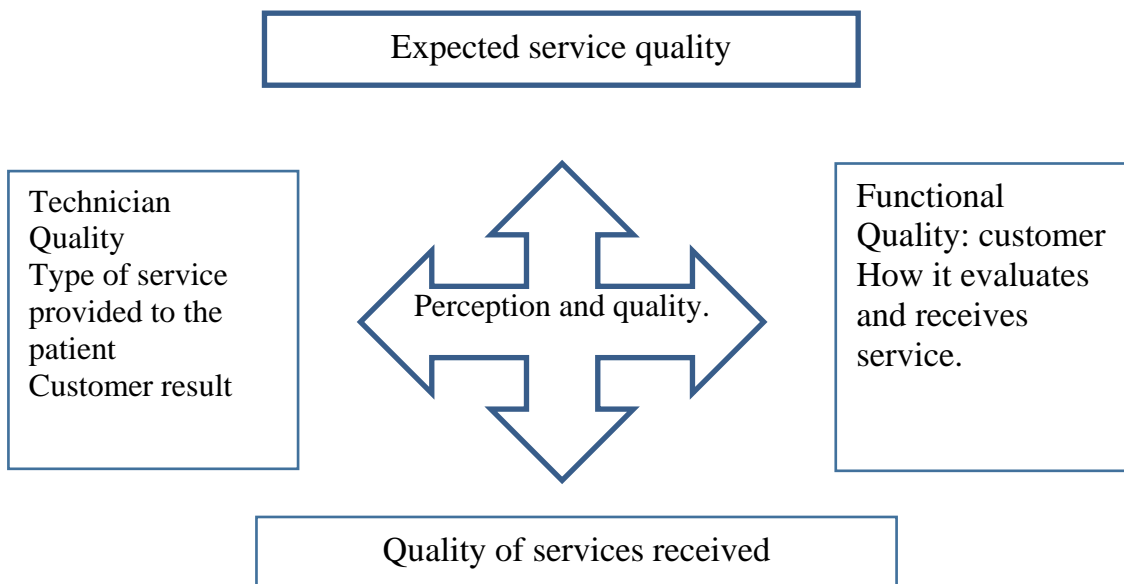


Figure 1 Scandinavian two-factor model of the quality of medical services Source: [5]⁴

The work of polyclinics is considered the most important link of the medical service system, because the first visit to the patient is carried out by the appointment of his regional doctor, and only after that, according to the direction of the specialist; if necessary, the patient is sent to the hospital or outpatient treatment. Therefore, a lot depends on the accurate, coordinated and efficient functioning of this link in the health care system, since the primary diagnosis is made in this link.

The elements of technical quality in the clinic include:

⁴ Evdokimova, E. G. Process-oriented management of service quality in healthcare: dis. ...cand. econ. Sciences: 08.00.05 / E. G. Evdokimova. - M., 2016. - 73 p.

- recovery;
- elimination of annoying symptoms;
- improving well-being;
- other objective or subjective (perceived by the patient) treatment results.

Functional quality elements in the clinic include:

- waiting time in line before the meeting;
- duration of doctor's appointment;
- appearance of medical personnel;
- waiting time at the reception;
- courtesy of medical staff;
- quality of documents;
- problems with the absence or finding of an outpatient card;
- Computer literacy of employees.

Processes of providing medical services should be carried out by highly qualified medical specialists who have relevant knowledge, skills and experience in providing these medical services. They should be carried out using modern information technologies available in this medical institution.

Conclusion

In the article, the following conclusions and recommendations were developed based on theoretical and practical research in the field of improving the mechanism of state regulation in the field of medical services:

1. While studying the theoretical foundations of state regulation of the medical service sector, it was determined that the development of the medical service sector should be implemented in the context of the national priorities of the socio-economic development of the state. Based on the study of the nature of changes in organizational and economic relations in the system of state regulation of remote medical services in the provision of medical services, a theoretical approach to the organization of state regulation of the field of medical services is proposed. The levels and directions of interdependence of state regulation were studied, which allows to determine the strategic directions of development of the field of medical services in a certain region. One of the strategic directions of improving the mechanism of state regulation in the field of medical services is the implementation of preventive measures for systematic medical examination and medical examination of citizens, remote if he uses medical services, the patient will reduce the amount of economic losses.
2. The analysis of the state of development of the field of medical services at the level of the world and our country showed the special importance of implementing preventive measures to prevent the increase in the number of diseases in the state regulatory system. An increase in the number of diseases among the population in our country, along with a decrease in the average life expectancy, leads to a decrease in the period of working capacity of people from among the economically active population.

The scientific-methodical approach to the assessment of the state of the health care sector is based on the comparison of economic, social and medical indicators, which allows to identify reserves for reducing the amount of economic losses due to human diseases. economically active population. This serves to develop ways to improve the effectiveness of the measures taken to regulate the medical service sector.

3. The most important condition for the effective functioning of the medical service sector is the availability of effective means of regulating the ongoing processes, the interest of the population and medical organizations, as well as insurance companies and the state in improving mutual

relations. The advantages of implementing public-private partnership projects in the health sector are highlighted and justified:

In the field of medical services, it is necessary to form in our country in the directions of development and promotion of projects for the implementation of the proposed system of specialized remote medical services on the basis of public-private partnership to increase the mutual cooperation of the participants of the health care development processes.

4. Studying the importance of preventive measures in maintaining and strengthening the health of the population, increasing the effectiveness of the development of the medical service sector, led to the development of a mechanism for state regulation of the medical services sector. The mechanism based on the hierarchical principle of subordinating the levels of management with the priority of functional purpose includes ways to improve the activity of medical organizations, improve clinical examinations and preventive medical examinations in determining the economic efficiency of state regulatory measures.

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