

## Features of Modern Transformations in the Launch of Innovative Reforms in the Development of Healthcare in the Republic of Uzbekistan

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### ABSTRACT

The article is devoted to the consideration of theoretical aspects of the study of health care reforms in the Republic of Uzbekistan in innovative activities. Problems and solutions in the field of health care and a number of research proposals devoted to the study of this phenomenon are analyzed. The transition to the innovative path of development of Uzbekistan implies a significant change in the role and significance of innovations and their result - innovations. Innovations are being introduced into all spheres of life from production and management to consumption and the social sphere, the most important of which is healthcare. Health is also an important factor in wealth and economic activity, as it is related to age, lifestyle, social status, learning, and the spread of social connections and interpersonal support.

In conditions of high development in the healthcare system, the problem of the psychological readiness of specialists in the context of optimizing the socio-psychological climate of healthcare and its composition is of particular importance and relevance, since it is the main one in reforming modern Uzbekistan.

**KEYWORDS:** innovative readiness, socio-psychological climate, higher educational institution, medical communication, flexible, psychological readiness; the structure of psychological readiness for innovative activity; innovative activity.

The health care system is the most important area of society. Health care management in Uzbekistan is traditionally based on administrative methods, and investment in the health care system is based on resource provision indicators (beds, number of employees, etc.). In the management of the healthcare system, economic performance indicators are not used, there is no assessment of the results of labor and economic motivation to improve the efficiency of medical institutions. However, the modern principles of the budget process indicate a transition to programmatic, result-based investment.

Investing in the healthcare system based on targeted mechanisms leads to competition in the production of medical services and causes the need to attract customers and increase competitiveness through the provision of high-tech medical care, the modernization of outdated production assets, and the introduction of organizational and managerial innovations.

New requirements for competitiveness for the healthcare system are reflected, first of all, in innovative activity.

A huge stock of knowledge has been accumulated, scientific research is constantly being carried out, modern technologies and new medical equipment are being developed, advanced methods of treatment are being introduced in accordance with the achieved level of medical science. At the same time, the potential of the modern healthcare system does not allow to quickly adapt to changing environmental conditions. In this system, there are obvious gaps in the mechanisms for assessing the effectiveness and efficiency of functioning and development, management, insurance, financing, information, analytical, organizational and methodological support.

Under these conditions, it is necessary to manage the innovation activity of the healthcare system at the mesolevel, which would eliminate the technological backwardness from world practice, allowing to achieve the main goal of the healthcare system - reducing mortality, morbidity, disability, as well as increasing labor productivity, building human potential. The innovative backwardness of the health care system is observed in almost all areas - highly qualified personnel; wages that do not motivate employees; adequate management organization; the structure of medical institutions that do not meet real needs, etc.

All this requires appropriate analysis and justification.

Insufficient research of this problem from the standpoint of modern economics and management of innovative activities of the healthcare system, taking into account the new economic conditions, the urgent need for practice in solving the most important national economic problem of managing innovative activities of the healthcare system at the mesolevel determined the relevance of the topic of the dissertation research.

There are a significant number of developments in the domestic and foreign literature on the problem of developing a management system for healthcare institutions. However, the algorithms and methods for managing the transformations of this system are not sufficiently developed in them in the light of the new paradigm of the development of healthcare institutions. In addition, the complexity and debatability of the problem under study confirm the importance of continuing systemic research on this issue, since targeted scientific research in the field of developing the management system of healthcare institutions has not been given due attention at the stage of reforming this area.

The work of foreign researchers R.E. is devoted to the issue of innovative development. Kelly, J. Keynes, J. Clark, L.E. Mindeli, G. Mensch, J.S. Mill, R. Nelson, M.E. Porter, G. Sabato, B. Santo, M. Huchek, T. Schulz, J. Dosi, D. Lindsay, D. Stone, P. Freeman, K. Friedman, A. Hamilton, I. Schumpeter, S. Winter, K. Arrow and other authors.

The general theoretical provisions of innovation management are disclosed in the works of Russian scientists M. Anshin A.I. Anchishki-na, V.R. Atoyana, N.V. Astafieva, V.L. Barancheeva, A. Brett, O. Brigham, S. Brew, L.K. Gapensky, S.Yu. Glazyev, L.M. Gokhberg, N.D. Guskova, A.A. Dagaeva, I.G. Dezhina, C.B. Ermasova, G.I. Zhytsa, N.I. Zavlina,

N.V. Kazakova, V.V. Kiseleva, V.V. Kovaleva, N.D. Kondratieva, O.V. Krayushkina, V.N. Kryuchkova, B.N. Lapina, B.B. Leontieva, O.V. Maksimchuk, O.A. Myzrova, A.N. Plotnikova, I.N. Pchelintseva, A.P. Plotnikova, A.I. Prigogine, E.M. Rogovoi, G.A. Smirnova, V.M. Serova, A.A. Sytnik, V.Yu. Tyurina, P.A. Fatkhutdinova, S.A. Filina, A.A. Firsova, B.B. Khrustalev.

Despite a fairly large number of studies on the development of innovative activities of the healthcare system, the problem of improving the management of innovative activities in the production of medical services, the production of medical and pharmaceutical products is the focus of research by modern economists and has not been fully studied.

Tasks:

- to systematize the factors of innovative activity of the healthcare system;
- introduce the concept of "sectoral structure of innovation activities;
- health care system at the mesolevel";
- to identify the features of the management of innovative activities of the healthcare system at the mesolevel;
- clarify the interpretation of social innovations in the management of the health care system at the mesolevel;
- to determine indicators for evaluating the effectiveness of managing innovative activities of the healthcare system at the mesolevel;
- to reveal the methodological principles of managing the innovative activity of the healthcare system at the mesolevel;

The article is based on general scientific methods of cognition: the dialectical method, formalization, analysis and synthesis, the relationship between the general and the particular, system-structural, strategic and process approaches, the use of economic and statistical methods, methods of expert assessments. To substantiate the conclusions in the course of the study, the methods of classifications and comparative, cluster and dispersion analysis were used.

The negative factors hindering the innovative activity of the healthcare system include: the weakening of scientific potential, the specifics of the implementation of medical innovative products, the peculiarities of investing in the innovative activity of the healthcare system, the lack of a single coordinating center for the innovation activity of the healthcare system, and the lack of competition between healthcare institutions.

The author proposes to refer to the positive factors of the innovative activity of the healthcare system: the transition to market relations in the market of medical goods and services, the preserved scientific, educational, production potential, the system of education and training of world-class medical workers, the capacious market of medical goods and services, which made it possible to reveal the features management of innovative activity of the healthcare system.

Undoubtedly, the effectiveness of the public health protection system is largely determined by the current economic mechanism in the industry. However, it would be wrong to consider the improvement of economic relations as a panacea for all diseases of our health care, the successful operation of which depends on many other factors. Much here is decided by the level of professional training of medical workers, their support for the ongoing transformations, their desire and ability to work in new conditions. The development of economic relations in healthcare involves a new understanding of many social, deontological and ethical problems of modern medicine, not yet received adequate coverage in the scientific literature.

One of the objectives is to increase public satisfaction with health care. The crisis state of the Uzbek health care causes justified discontent among the population. The credibility of the health care system is falling. At the same time, public support is needed to realize the potential for health development. The solution to this problem involves the use of socio-psychological methods based on the intersection of social psychology and sociology.

In this regard, it is advisable to create a system for studying the public opinion of the population and medical workers on an ongoing basis. However, many health care leaders have not yet assessed the possibilities and prospects for the development of sociological analysis. Public opinion has not yet become a criterion for evaluating the activities of medical workers and still does not affect their financial situation. Meanwhile, the modern approaches of the World Health Organization (WHO) to assessing health involve not only taking into account the subjective perception of the state of health, but also the socio-psychological state of people, which is an essential element of the quality of life.

The ambiguous attitude of medical workers and the population to health care reforms observed today, as well as their controversial assessment by the media, has led to an urgent need to generalize and analyze the results of reforming the industry in recent years. Of particular interest is the study of health development processes at the regional and municipal levels. It is here that the adaptation and practical implementation of new approaches to the management, financing and organization of medical care for the population takes place.

Deteriorating public health is combined with a low receptivity of the health care system to reform. Insufficient funding of the industry is combined with low efficiency in the use of resources and an imbalance in the structure of medical care. Despite the ongoing reform, the redistribution of the volume of medical care from expensive and resource-intensive inpatient care to hospital-replacing and other pre-hospital and post-hospital forms is proceeding at an extremely slow pace.

The imperfect economic system in the industry preserves disproportions in the volume of financing of outpatient and inpatient care, hinders the development and improvement of inpatient-replacing and resource-saving technologies, and artificially inflates the volume of expensive inpatient treatment.

Improvement of the outpatient care system requires special attention. It is the state of the primary link closest to the population, where examinations and treatment of up to 80% of patients seeking medical help begin and end, which largely determines the efficiency and quality of the entire healthcare system.

As part of the implementation of measures to reform the healthcare system in the republic, it was possible to achieve certain results in the formation of a modern system for providing medical care to the population.

Over the past period, the system of primary health care has been improved through the organization of rural medical centers, urban and rural family clinics, and its accessibility to the population has been increased.

A unified centralized system of emergency medical care has been created, and the network of republican specialized scientific and practical medical centers is being improved, providing high-tech medical services to citizens, including in the field.

A number of targeted national programs have been implemented to improve the reproductive

health of the population and protect the health of mothers and children. Republican and regional screening centers have been organized to prevent the birth of children with hereditary and congenital diseases.

According to the Concept for the Development of Healthcare and Medical Science in Uzbekistan for 2019-2025 No. PP-5590, the main areas for improving medical care for the population are the development of primary health care based on municipal health care, the redistribution of part of the volume of care from the inpatient sector to the outpatient sector, the deployment of day hospitals and hospitals at home, consultative and diagnostic complexes, centers for outpatient surgery, medical and social assistance and rehabilitation, etc. A special role is given to the development of the institution of a general (family) practitioner. At the same time, the systemic shortcomings and problems in the organization of healthcare activities that have accumulated in recent years hinder the effective solution of tasks for further improving the system of protecting the health of citizens. Among them:

firstly, there is no concept and strategic goals in planning and managing the healthcare sector, as a result of which the ongoing reforms are fragmented and do not allow meeting the expectations and demands of the population in terms of the quality of healthcare;

secondly, the system of estimated financing of the healthcare sector is based on outdated mechanisms that do not comply with international practice, which leads to inefficient use of financial resources and chronic underfunding of the industry;

third, the low efficiency of work on the prevention and early detection of diseases, patronage and the formation of a healthy lifestyle is the reason for the increase in citizens' requests for specialized medical care;

fourth, the continuity between the various levels and stages of providing medical care to the population, including rehabilitation treatment and rehabilitation, is poorly developed;

fifth, the current personnel policy does not allow predicting the prospects for providing specialists at all levels of medical care, especially primary care, as well as training organizers and management personnel of the healthcare system;

In order to form conceptually new models of organization and financing of healthcare, providing a radical increase in the efficiency, quality and accessibility of medical care to the population, the introduction of modern achievements in medical science and technology, as well as in accordance with the objectives of the Action Strategy for the five priority areas of development of the Republic of Uzbekistan in 2017 - 2021 years:

1. Consider the most important areas for reforming the healthcare system of the Republic of Uzbekistan:

improving legislation in the healthcare sector by unifying it and adopting direct action laws aimed at improving the quality of medical services and protecting the rights of patients, as well as strengthening the responsibility and protection of medical workers;

formation of a modern management system and a "cluster" model for organizing healthcare in the regions, which ensures the integration of the best practices of management and quality management of medical services based on international standards, the introduction of a system of accreditation of medical and pharmaceutical organizations, licensing of medical and pharmaceutical activities;



improving the health care financing system, determining the volume of state-guaranteed free medical care, introducing a system of payment for medical services for a "treated case" by clinical-cost groups and new mechanisms for per capita financing, as well as the phased introduction of compulsory medical insurance;

improving the efficiency, quality and accessibility of medical care, supporting a healthy lifestyle and preventing diseases, including through the formation of a system of medical standardization, the introduction of high-tech diagnostic and treatment methods, effective models of patronage and medical examination;

improving the system of maternity and childhood protection based on the development of medical genetics, emergency and specialized medical care for women and children, the introduction of modern screening programs, the creation of multidisciplinary medical complexes and information systems "Mother and Child" in the regions;

development of private healthcare, public-private partnerships and medical tourism, creation of favorable conditions and improvement of the competitive environment for the wide attraction of investments in the healthcare sector;

further development of the pharmaceutical industry, improvement of pricing mechanisms, expansion of the volume and range of production of medicines, medical products and medical equipment;

formation of an effective system of training, retraining and advanced training of medical personnel, development of medical science, including on the basis of certification (accreditation) of medical scientific and educational institutions according to international standards, the introduction of modern educational programs, methods and technologies;

widespread introduction of the "e-health" system, creation of a complex of information systems and databases integrated on the basis of unified national standards

The implementation of the main provisions of the Concept is impossible without economic motivation for the development of low-cost technologies and hospital-replacing types of medical care. The current system of economic relations in conditions of insufficient funding creates the prerequisites for a structural reorganization of the industry. An important step in this direction was the development and approval of the annually updated Program of State Guarantees for Providing Citizens of the Russian Federation with Free Medical Care (1998).

When developing appropriate territorial programs, it is necessary to scientifically substantiate the optimal proportions between the volumes of outpatient and inpatient medical care provided. In the conditions of management decentralization, the development of market regulatory mechanisms in the industry should be combined with the strengthening of state planning, first of all, this concerns determining the volumes and the most optimal options for providing medical care to the population on the basis of state and municipal orders. The volume of state financing of health care should be determined by the actual burdens of the population in medical care within the framework of

Programs of state guarantees, and not by resource indicators of the network (number of beds, capacity of polyclinics, etc.).

The main ideas of RH were formulated back in the late 90s, when the futility of the extensive development of the industry became obvious. The impetus for the search for new ways of

development was the unfavorable situation in the field of public health protection against the background of the inefficient use of financial and material resources allocated for these purposes.

It was a time of massive change. The country faced the choice of its further historical path. There was the possibility of an evolutionary development of events with the gradual reform of the existing socio-economic system and the revolutionary path of the complete demolition of the old system and the construction of a new state.

The introduction and improvement of the compulsory medical insurance system has become a strategic direction for the development of domestic healthcare. In accordance with the law "On the health insurance of citizens in Uzbekistan (2001), it was planned to create a market mechanism for interaction between subjects of health insurance with elements of competition.

It was assumed that medical service providers and insurance companies would be economically interested in improving the quality of medical care and the efficient use of financial resources. In conclusion, I would like to say that successful reforms are impossible without improving the quality of governance. Its principles, functions and methods are universal and require only adaptation to Uzbek reality.

However, we have to admit that achievements in the field of management in the practice of healthcare management remain unclaimed. Currently, the application of methods of strategic and project management, organizational design, statistical methods of quality control, and innovative management is just beginning.

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