

### Efficiency in the Health System

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#### ABSTRACT

Usually, the concept of "efficiency" refers to the degree of achievement of specific results. At the same time, the concept of efficiency in healthcare cannot be determined by the general economic category of efficiency. In healthcare, even with the most skilled labor and the use of modern medical equipment, there may be a "zero" and even "negative" result. The effectiveness of the health system, its services and individual activities is measured by a set of indicators, each of which characterizes certain aspects of the process of medical activity.

The effectiveness of the health system cannot be accurately described. As for health, there are three types of effectiveness: social; medical; economic. Unlike other sectors of the national economy, the results of certain activities in the health sector, its services and programs are analyzed in terms of social, medical and economic efficiency, among which medical and social efficiency is a priority. It is impossible to determine economic efficiency without assessing the results of medical and social efficiency. There is a correlation and interdependence between medical, social and economic efficiency. Medical efficacy is the degree to which a medical result is achieved. As for one specific patient, this is the restoration or improvement of Health, the restoration of the lost functions of individual organs and systems. At the level of health institutions and the industry as a whole, medical effectiveness is measured by many specific indicators: the proportion of treated patients, a decrease in cases of transition of the disease to a chronic form, and a decrease in the level of morbidity. number of population. Social efficiency is the degree to which a social result is achieved. In the case of a particular patient, this is his return to work and an active life in society, satisfaction with medical care. At the entire industrial level, this is an increase in the life expectancy of the population, a decrease in the level of mortality and disability, satisfaction of the entire society with the system of medical care. Cost-effectiveness-the ratio of the results obtained and the costs incurred. The calculation of economic efficiency is associated with the search for economical use of available resources. This indicator is necessary in assessing the activities of the entire health system, its individual units and structures, as well as in the economic justification of measures to protect the health of the

population of any type of medical activity, a complex of Health, Hygiene and preventive measures in individual communities and in the administrative area should be assessed in terms of social, medical and The criterion for maintaining efficiency can only be indicators of maintaining health in dynamics (disease, death, disability, maintaining working hours, etc.). The application of a specific nature of health preservation, often therapeutic and preventive characteristic medical care support may be useless, but the medical and social impact requires their implementation. For example, elderly people with assistance will have diseases of economic efficiency with pronounced medical and social efficiency in organizing medical care for mentally retarded patients. Modern medicines, intensive care and resuscitation with the use of their means, a medical and social effect is achieved—a person's life is saved, but he can become disabled and lose the opportunity to engage in socially useful labor. The economic efficiency of health care cannot be decisive in the choice of certain preventive, therapeutic means, organizational forms of medical care. However, the criteria for economic efficiency, along with medical and social efficiency, help to establish the procedure for carrying out certain activities in conditions of limited financial resources. A distinctive feature of health care is that the costs of providing medical care can exceed the expected economic result. For example, the recovery of an able-bodied worker, that is, a decrease in the loss of national income from poorly produced products, gives a significant economic effect. At the same time, the recovery of a disabled pensioner or disabled person does not bring economic benefits, in addition, it means additional losses due to the need to pay old-age pension or disability benefits. In medicine, there is no clear relationship between the amount of Labor expended by the doctor and the final result. Labor saved by restoring health is not always more than invested by the doctor in the same amount. For example, with the same pathology, an elderly person spends more time and money than with age, and the result may be ambiguous. Of great interest is the analysis of the effectiveness of sequential labor costs of medical workers in order to understand the features of the manifestation of economic efficiency in healthcare. The most effective are the initial labor costs at the level that provide a turning point in the development of the disease. Further costs contribute to the acceleration of recovery, but, as a rule, they are no longer as effective as their beginnings. Methodological approaches to determining the economic efficiency of the health care system are based, first of all, on the determination of the cost of certain types of medical interventions, as well as the amount of damage caused by certain diseases. In determining the economic efficiency of the health care system, cost indicators lie. In certain calculations, this efficiency can be measured as a coefficient of quantity, reflecting the profit (economic effect) from a particular activity with the amount of expenses incurred on it. The economic effect is usually understood as The prevented economic damage, that is, the damage received as a result of the application of a complex of medical measures. The economic effect is defined as the difference between economic damage due to illness or death before and after the application of treatment and preventive measures.

Performance indicators must meet the following requirements: be quantitative, easy to calculate, have an available and reliable database.

Economic efficiency can be calculated by the following formula:

Economic efficiency

$K_{\text{amarlok}} = \frac{\text{Economic effect}}{\text{Costs associated with the medical program}}$

Costs associated with the medical program

Medical effectiveness can be calculated by the following formula:

Number of medical results achieved

$C_{\text{tibbi}} = \frac{\text{Number of medical results achieved}}{\text{Number of patients treated}}$

Number of events to be evaluated

Social efficiency can be calculated by the following formula:

Number of service satisfaction tibbyi showing customers

$$\text{Kictimai} = \frac{\text{Number of service satisfaction tibbyi showing customers}}{\text{number of rated events}}$$

When assessing the obtained efficiency indicators, the following criteria can be derived:

- 1) the indicator standard that medical workers should strive for ( $K=1$ ), in the case of economic efficiency ( $K>1$ );
- 2) average by medical institution, department, region as a whole;
- 3) the dynamics of this indicator in a particular doctor, Department, medical institution.

Information systems play an important role in assessing efficiency. Health statistics collected by health authorities provide a rich set of tools for the development of efficiency indicators. Detailed medical and demographic information and information about the medical services provided can be obtained from the forms of reporting compiled by the institution and health authorities. On the use of financial resources detailed information can also be provided by medical institutions. However, in the system of state statistics, a number of indicators of the effectiveness of medical services are not provided. Such indicators primarily concern the medical and social effectiveness of health services and reflect the quality of medical care. In our opinion, it is necessary to develop a system of efficiency indicators that characterize the level of achievement of the set goals. When developing Monitoring and evaluation methodologies, first of all, the indicators that will be used to assess the achievement of results should be determined. The developed indicators should reflect the activities of the provision of the services under consideration, measure the result of Service Activities, be measurable from the point of view of assessment and be achievable during the reporting period. The use of Integral efficiency indices makes it possible to take into account many factors affecting the final result. Currently, legal documents do not contain specific instructions in which efficiency indicators are selected. Nevertheless, despite the difficulties in developing a single system of efficiency indicators, in the context of increasing the economic and social efficiency of medical care, the complex use of information in the health care system seems to be very important. According to the authors, this requires the development of a methodology for assessing the effectiveness of Health Care Development based on medical and economic standards of medical care using automated information systems to analyze this effectiveness. A comparative quantitative analysis of the indicators of the activities of various medical institutions based on the results of a particular year makes it possible to answer many management questions, but the most valuable information can be obtained through monitoring indicators for several years. At the same time, in practical calculations of indicators, quality standards and medical and economic standards should be used as regulatory values.

## Conclusions

Based on the above, the following conclusions can be drawn:

An important feature of the category of effectiveness of the health system is that it must be evaluated in three aspects: social, medical and economic. At the same time, social and medical effectiveness is decisive in the choice of one or another medical technology. The indicators of economic efficiency necessary for the selection of the most optimal financing options help to prioritize certain activities in conditions of limited financial resources. Takim obrazom, effektivnost rassmatrivaetsya s pozitsiy polucheniya maksimalnogo sosialnogo I medisinskogo

effekta PRI minimnix finansovix zadržatax. In general, it reflects the efforts of health managers to convert costs into quality. The methodology for a comparative assessment of the effectiveness of Health Systems at different levels makes it possible to reflect the results of work at the level of institutions and individual regions by calculating quantitative indicators characterizing the effectiveness of medical care. At the same time, due to the systematization of data, the effective use of an extensive database of annual statistical reports, Management and accounting reports, and, on this basis, the rapid identification of negative trends in the functioning of the entire health system, for reserves for its improvement.

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