



**СХІДНА ПОЛІТИКА
ЄВРОПЕЙСЬКОГО СОЮЗУ:**
здобутки, виклики та перспективи

**WSCHODNIA POLITYKA
UNII EUROPEJSKIEJ:**
osiagniecia, wyzwania i perspektywy

Львів-Olsztyn,
27-28 травня / маја 2021

НАЦІОНАЛЬНИЙ УНІВЕРСИТЕТ «ЛЬВІВСЬКА ПОЛІТЕХНІКА»
ІНСТИТУТ ГУМАНІТАРНИХ І СОЦІАЛЬНИХ НАУК
UNIWERSYTET WARMIŃSKO-MAZURSKI W OLSZTYNIE
INSTYTUT NAUK POLITYCZNYCH

VI Українсько-польський науковий форум
VI Polsko-Ukraińskie Forum Naukowe

**СХІДНА ПОЛІТИКА
ЄВРОПЕЙСЬКОГО СОЮЗУ:
здобутки, виклики та перспективи**

**WSCHODNIA POLITYKA
UNII EUROPEJSKIEJ:
osiągnięcia, wyzwania i perspektywy**

ЛЬВІВ - OLSZTYN
27-28 травня / маја 2021

Liliya Batyuk¹
Ganna Chovpan²

THE DEVELOPMENT TREND OF THE MEDICAL SERVICES MARKET IN UKRAINE: THE EUROPEAN INTEGRATION EXPERIENCE OF ESTONIA

The gradual commercialization of the sector, which lies at the heart of the health care reform strategy in Ukraine, directly affects the development of health services delivery to the population. Private medicine occupies a predominant share in the total size of the medical services market and, in fact, acts as the main provider of medical services for the population in countries where health care systems are most effective (Poland, the Baltic countries, Germany, etc.) The most outstanding event in the strategy of European integration of the healthcare reforming sector of Ukraine in 2018 was the start of medical reform. The most striking event of the European integration of the healthcare reforming sector in Ukraine in 2019 was the reform of the financing model for medical institutions of specialized care. As a result, this should lead to the fact that at the level of specialized and highly specialized care, the state pays directly to a medical institution for each medical service provided at transparent and uniform tariffs for the whole country. The tariff includes all expenses: for medicines, for the repair of equipment, and for the work of doctors. Since 2019, primary care facilities contracted with the National Health Service receive funding under a new model as an annual, flat-rate payment for each patient with whom

1. **Batyuk Liliya** - Candidate of Biological Sciences, Associate professor of Department of Medical and Biological Physics and Medical Information Science of Kharkiv National Medical University, Kharkiv, Ukraine, <https://orcid.org/0000-0003-1863-0265>, e-mail: lili.batyuk@gmail.com

2. **Chovpan Ganna** - Candidate of Phys.-Math. Sciences, Associate professor of Department of Medical and Biological Physics and Medical Information Science of Kharkiv National Medical University, Kharkiv, Ukraine, <https://orcid.org/0000-0002-3619-2927>

the facility's doctors have signed a contract. At the same time, the development of the medical services market has a number of constraining factors that can significantly reduce the growth of this segment. This list includes shadow medical services in the public sector, where the annual volume of the Ukrainian private medicine market is about USD 1.3 billion, with the share of the shadow market is up to 50%; this list also includes outdated regulations, lack of an insurance system, and much more. To eliminate these problems, as well as to attract financing to the industry, the priority actions of reformers should be directed. According to the report of the «Ukrainian Center for European Politics» in the first 5 years, all planned actions on the agreement of the association of Ukraine with the European Union were implemented only by 41.6%, and progress is not observed in all areas. The lag is observed in agriculture, on customs, in intellectual property protection, in education, on statistics and, as had expected in medicine and other.

Comparing the European integration experience of the Eastern European countries and the Baltic countries, the process of reforming medicine in Ukraine makes it possible to highlight the following market development trends:

1. The Ukrainian private medicine market has significant growth potential. Despite the dominance of public medicine institutions in the market, the number of consumers who are ready to pay for medical services provided that the level of their quality, as well as the service of their provision, increases.

2. Key players in the private medical services market are concentrated in the largest and most solvent cities (Kiev, Kharkov, Lvov, Odessa, etc.). At the same time, market development is hampered by a clear understanding of how the health insurance system works.

3. Due to the relatively low cost of medical services in Ukraine in comparison with European countries, the country can actively develop medical tourism in the field of dentistry, gynecology and reproductive technology, orthopedics, ophthalmology.

4. Ukraine develops active cooperation with other states in the field of medicine. For this purpose, a number of international agreements have been signed, within the framework of which the exchange of experience and scientific developments with specialists from other countries, as well as advanced training of Ukrainian specialists, both in Ukraine and on the basis of foreign clinics.

The negative aspects include:

5. Unfortunately, the development of the market is significantly influenced by the unwillingness of doctors to accept new technologies (due to the lack of these technologies on the basis of medical institutions), which is associated with the high costs of introducing these technologies.

6. The need for a doctor to constantly develop not only in the professional, but also in the personal sphere, which the overwhelming majority of doctors do not do, focusing primarily on making a profit.

7. Restrains the development of the private medicine market and the lack of effective management. However, if medical managers have the will, common sense and motivation, then the success of their clinic is assured.

The Ukrainian medical reform largely copies the Estonian experience. Medicine in Estonia consists of a compulsory health insurance system, which has been in effect since January 1, 1992. Its purpose is to cover the costs of treating and preventing illnesses of insured people, financing the purchase of drugs and medical devices and compensating for the income lost due to temporary disability, as well as the costs of dental treatment and medicines. More precise conditions and size are established by the law on health insurance. In 2001, a health insurance fund was established in Estonia, which is replenished thanks to the social tax, which in Estonia is 33%. Social tax is paid either by the employer or by the person himself. In certain cases, the state pays social tax for people. 20% of the social tax goes to the state pension insurance budget and 13% to the state health insurance budget. From this fund, money goes directly to family doctors for each patient,

signed a contract. At the same time, only family doctors work at the primary level. Therefore, such a contract is actually mandatory.

Medicine in Estonia is arranged in the likeness of the Nordic countries of Europe through the so-called “family doctors”. All residents are geographically assigned to a specific “family doctor” who is obliged to admit “his” patient and, if necessary, send him for examination to specialists. Most of the “family doctors” are therapists and understand some common and typical diseases that as acute respiratory infections and so on. Moreover, most of these doctors do not work for a polyclinic or hospital; they are entrepreneurs as facts are individuals. As entrepreneurs, these “family doctors” rent offices and premises from a polyclinic or from other institutions. All expenses are paid by the entrepreneur-doctors themselves, although the financing of their work is carried out purposefully at a uniform rate by the Estonian Health Insurance Fund, depending on the families assigned to such doctors. Therefore, it is not surprising for Estonia that one family doctor “serves” up to 1500 people on paper. It is clear that he serves them virtually, most of them by telephone at a distance and without a personal examination of the patient, but in really word he serves only those patients who are known as “the most sick and suffering”. We also have a National Health Service, and family doctors provide primary care. Much attention is also paid to e-medicine. As Estonia’s Internet connection reaches 98%, every patient has the opportunity to make an appointment with their family doctor via the Internet, which contributes to the promotion of Internet patient care and digital cataloging of each patient and their treatment. As in Ukraine before the start of the reform, each hospital in Estonia had its own separate system of registration and patient care, but since 2010, the entire information system of Estonia has been combined into a single database, which can be accessed by a patient or a healthcare professional using an ID card with a personal microchip via a special digital reader and the Internet. The issue of the safety of personal data and the electronic disease card from prying eyes is also important, but as the practice of endless scandals with information

security problems in all government agencies of the country shows, this question is of the least interest to the authorities. The entire medical history of patients is stored electronically. Therefore, each specialized doctor, if necessary, has access to the history of the patient's health and can provide qualified assistance. Such computerization even provides for consultation of patients via Skype.

Since 2010, the Unified Digital Prescribing Database has been operating in Estonia, which has canceled the old paper prescriptions. After receiving a prescription from a doctor, the patient comes to the nearest pharmacy, where he is given the necessary medicine according to the database of digital prescriptions and his ID card. The problem here is that because of the imperfection of the electronic system in 2010, often, and now - from time to time - the information system «hung up» with all the sad consequences for the patient (sometimes for a couple of hours (and sometimes for a couple of days). In addition, you can neither lose nor forget your plastic ID-card, without which a visit to a pharmacy or medical facility becomes nonsense. If we compare this process with Ukraine, then during 2017-2019 in the field of informatization of health care in Ukraine, a significant part of the infrastructure, registers for data exchange was created, a market for medical information systems was created. The Law of Ukraine “On state financial guarantees of medical care for the population” was adopted, a number of bylaws were adopted that regulated the activities of E-health and the institutions that have it to implement as known as the Ministry of Health; were created the National Health Service of Ukraine and State Enterprise “Electronic Health”. Electronic governance is being introduced in Ukraine, it is expected that of E-health will be able to access interdepartmental state data through the system of interaction of state electronic resources. Activities in this direction are coordinated by the State Agency for Electronic Governance of Ukraine.

The effectiveness of the reform is easy to track. According to the data of the European Union, already in 2007 78% of Estonian citizens gave a positive assessment of primary care. The increase in the life

expectancy of people in Estonia from 70 years in 2001 to almost 78 years in 2018 is eloquent testifies in favor of the efficiency of the reform. For comparison, in Ukraine, the average life expectancy of people is about 72 years. Despite all the above problems and successes, it remains to be hoped that the Healthcare System and the provision of medical care in Ukraine will take the best from the experience of the Baltic countries and contribute to the development of a segment of private medical services in Ukraine.

References

Держана служба статистики України. URL: www.ukrstat.gov.ua

Надання медичних послуг населенню в Україні: теорія та механізми державного регулювання / І. В. Миколаєць ; Міжрегіон. акад. упр. персоналом. - Київ : МАУП; Маслаков Р.О., 2018. – 221 с.

Kalda R. Structure and outcome of family practice quality in the changing health care system of Estonia [dissertation]. Tartu, University of Tartu, 2001. – 321 p.

Habicht T., Reinap M., Kasekamp K., Sikkut R., Laura Aaben L., van Ginneken. Estonia: Health system review. *Health Systems in Transition*, 2018; 20(1): 1-193.