



Primary health care is the basis of the entire system of medical care for the population

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ABSTRACT

In our country, the development of the medical field was facilitated by a critical assessment of the current system. Identifying problems, finding solutions, attracting experts from foreign countries - all this served as the basis for improving healthcare in Uzbekistan. The most important thing is that now every citizen feels the positive changes taking place in medicine. Patients seeking care in primary care have faced significant shortcomings for many years. This stage is the most important in the process of identifying diseases and plays a huge role in protecting public health. Therefore, in order to improve the quality and efficiency of primary care, the role and status of medical workers, a number of legal acts have been adopted. Now the general practitioner has been renamed into a family doctor, the rural medical center - into the family doctor's point, the rural and urban family clinics - into the family clinic.

Keywords: family doctor, central multidisciplinary clinic, family clinic, Medical cluster, road map.

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INTRODUCTION

A new era of medicine Primary care is key to the entire healthcare system. Bringing it to a high level prolongs life, reduces mortality, and reduces citizens' financial expenses for expensive treatment in private medical institutions. In this connection, it is quite obvious that primary health care is the basis of the entire medical care system. It is the state of primary health care that largely determines the nation's health indicators, the level of population satisfaction with the state of health care and demonstrates the results of the functioning of the industry as a whole.

To provide assistance to specialists, medical teams have been organized in therapy, pediatrics, obstetrics and patronage. It has been determined: the task of the teams is to carry out targeted work on the formation of medical records of the families assigned to them. Thanks to this approach, primary care medicine is transformed into a system that works directly with the patient. In order to further improve primary care in the Shaykhantakhur district of the capital, a number of priority tasks have been identified.

MATERIAL AND METHODS

The central multidisciplinary clinic was built in 1994 and reconstructed in 2017. Now there are departments of therapy, neurology, cardiology, rheumatology, allergology, pediatrics and surgery. The central clinic and nine family clinics within it serve 346 thousand people living in 51 mahallas of the Shaykhantakhur district, the state announced the creation of a medical cluster based on the central multidisciplinary clinic, noting: "Private medicine will develop, this is the requirement of the time. A certain part of the population goes to private clinics.

RESULTS AND DISCUSSION

However, the state must provide quality medicine to the entire population. Therefore, it is necessary to turn this place into a cluster, establish targeted treatment, increase efficiency and coverage. People should feel that everything in medicine is fair." The medical cluster is planned to be put into operation. But what are its main tasks?

Firstly, improving the quality and efficiency of medical services in the Shaykhantakhur district of Tashkent, using world experience, introducing international standards when examining patients, providing them with highly qualified medical and advisory care.

Secondly, the introduction of new methods of work of primary health care institutions in the field of prevention, early detection, correct diagnosis and treatment of diseases, improving the quality, efficiency and popularity of primary health care.

Thirdly, participation in the implementation of a pilot project on the introduction of state health insurance mechanisms and the development of scientifically based conclusions on the implementation of insurance mechanisms in practice.

Fourthly, the introduction of advanced mechanisms for assessing the work of medical workers and ensuring a clear and direct dependence of their wages and bonuses on the complexity of the work performed and the quality of the medical services provided.

Fifthly, the provision of highly qualified emergency and specialized medical care to patients in accordance with clinical standards approved by the Ministry of Health of the Republic of Uzbekistan. **Sixth**, providing advisory, organizational and methodological assistance to specialists from medical institutions.

Seventh, conducting an analysis of the situation leading to general morbidity and mortality of the population, including taking targeted measures to eliminate factors leading to disability.

Modern approaches to diagnosis and treatment In the Shaykhantakhur district of the capital, a new system of targeted provision of quality medical care is being introduced: organization of home medical examinations based on an electronic medical list of the population; development of treatment and rehabilitation plans in outpatient and inpatient settings; determining the need for medications to ensure complete treatment of patients.

As part of the implementation of these tasks, a special study was carried out to identify the low-income population of the Shaykhantakhur region in need of medical care. To facilitate data analysis, MedHub LLC has developed a special electronic platform. In order to conduct a survey of citizens living in the Shaykhantakhur district, a family doctor from another district was assigned to the visiting nurse. A total of 500 health workers were involved in this process.

Thus, based on this survey, an electronic list of those in need of medical care by type of disease was formed. On this basis, a wide range of specialists conduct medical examinations of patients who are unable to come to the clinic on their own. Also, based on the results of medical examinations, a treatment and rehabilitation plan is formed for those in need of individual outpatient or inpatient conditions. They receive outpatient treatment in day hospitals of family clinics in the Shaykhantakhur region, and inpatient patients are sent to republican and specialized centers according to referrals.

Currently, 523 people have been treated on an outpatient basis, 332 in city hospitals, 52 in inpatients at republican hospitals. 37 million soums have been allocated from the Special Fund for Material Incentives and Development of Medical Organizations for medical workers involved in the above work. In addition, in December, 137 million soums were allocated for the purchase of medicines and 49 types of different medicines were purchased. In turn, the khokimiyat of the Shaykhantaur region allocated 473 million soums for the purchase of necessary medicines and distributed 226 types of medicines to the population.

In Uzbekistan, in order to provide social, legal, psychological assistance to women, support the unemployed who want to learn a profession, a "women's notebook" system has been introduced in every mahalla, district and city. In accordance with this, in February-March and July 2021, a close dialogue with women was established in 51 mahallas of the Shaykhantakhur district of the capital. Thus, 367 compatriots were diagnosed with various medical problems at the first stage and 2,153 at the second. A "road map" has been developed to systematically solve women's problems and provide them with social support. A number of activities are planned to speed up the resolution of medical problems among women.

In total, in February-May, July-October 2021, 2,520 medical examinations of women were organized in each family clinic. In total, on their basis, medicines worth 447,379,409 soums were purchased for 382 people. In addition, clinics are provided with 66 types of free medicines. The treatment was carried out in two stages. For these purposes, outpatient, inpatient and home rehabilitation services are organized for women included in the "women's notebook". Thus, at the first stage, 227 people were treated on an outpatient basis, in a hospital - 68, at home - 72. At the second - 1666, 125 and 362 people, respectively. Also, 12 women in need of surgical care underwent operations such as orthopedic and prosthetic-orthopedic, cardiovascular, and in connection with other diseases (kidney stones, peptic ulcer).

Primary care is key to the entire healthcare system. Bringing it to a high level prolongs life, reduces mortality, and reduces citizens' financial expenses for expensive treatment in private medical institutions. In this connection, it is quite obvious that primary health care is the basis of the entire medical care system. It is the state of primary health care that largely determines the nation's health indicators, the level of population satisfaction with the state of health care and demonstrates the results of the functioning of the industry as a whole.

In order to improve the quality, efficiency and universal accessibility of medical care to the population, expand the scale of primary health care, phased introduction of a health insurance system in this area,

create a modern competitive environment in the medical services market, expand on this basis the opportunity for the population to receive guaranteed and high-quality medical help

In primary health care institutions, medical teams are created, consisting of a family doctor, paramedical workers providing assistance in the areas of therapy and pediatrics, as well as visiting nurses and obstetricians; at the level of each medical institution, a package of free medical services and medicines guaranteed by the state is being developed (hereinafter referred to as the guaranteed package) the guaranteed package is provided by primary health care institutions and hospitals to citizens of the Republic of Uzbekistan, foreign citizens and stateless persons permanently residing in the Republic of Uzbekistan. At the same time, the family doctor issues referrals to specialist doctors and, if necessary, to hospitals at the district, regional and republican levels in accordance with the volume of medical services and clinical protocols for the types of each institution. Referrals to hospitals at the republican level are approved by the regional health department. Also, in cases of non-compliance with this procedure, medical services not included in the guaranteed package are provided on a paid basis

Monitoring indicators related to public health, assigning it to medical institutions, maintaining medical history, issuing prescriptions for medicines and sending to medical institutions in accordance with the guaranteed package are carried out through a single electronic platform; The most important performance indicators for medical workers in primary health care institutions are being developed, their achievements are being monitored, and additional incentive payments are being provided to them based on the results. Based on the guaranteed package, state health insurance mechanisms are being gradually introduced, aimed at financing the provision of high-quality and comprehensive medical care to all segments of the population. The volume of medical services and medicines included in the guaranteed package; Criteria for assessing the performance and procedure for rewarding medical workers in primary health care institutions. To organize, within the framework of a pilot project, a system of medical prevention and patronage, providing

Dividing the population into risk groups based on existing risk factors; Ensuring that the population included in groups with medium and high risk levels undergo medical examinations in a timely manner with periodic monitoring of their health; Establishing constant monitoring of patients who are in a high-risk group and who are unable to independently visit medical institutions, providing them with medical care at home; Conducting targeted screening examinations for certain diseases, taking into account the specifics of the region, instead of preventive examinations; Optimization of patronage examinations, introduction of a new targeted patronage system. Compulsory medical insurance, or the compulsory health insurance program, is one of the forms of social support for the population. Under the compulsory medical insurance policy, you can receive free medical care if the case of illness falls under the approved list of diseases. Funds to cover treatment costs are taken from citizens' insurance premiums, while the state budget is not spent. Most compulsory medical insurance policies in different countries cover basic medical services. Additional tests or treatment may be paid for separately or through supplemental health insurance

What are the advantages of compulsory medical insurance? Compulsory health insurance funds guarantee the intended use of funds, as they finance only the medical care received. This will help the healthcare sector in eradicating corruption - Since payment for treatment is collected from citizens' insurance premiums, low-income families will have the opportunity to receive qualified medical care - The Compulsory Medical Insurance Policy guarantees all citizens the provision of medical care

How does compulsory medical insurance work for neighbors and what kind of health insurance is available in Uzbekistan now?

Germany. One of the first states to start working in the organization of health insurance was Germany, when in 1880, Bismarck proposed the idea of social insurance. In 1883, the Act on Medical Insurance was adopted, which became the basis for the creation of compulsory medical insurance in the country. In 1911, the second Code of the Act on Medical Insurance was developed, in 1961 the Federal Department of Health was established, in 1965 tariff rates for doctors and dental services were introduced, in 1972 the law on hospital financing was adopted and in 1995 compulsory nursing care insurance was adopted. Today, 90% of the population is covered by the statutory insurance system - open to everyone, but mandatory for the population earning up to 55,000 marks per year.

Canada. In Canada, since 1947, individual provinces have begun to introduce universal stationary coverage. The Act on Insurance of Inpatient and Diagnostic Services, adopted in 1957, provided 50% of federal funding for inpatient care. Financing only inpatient care, over time led to an increase in hospital visits. In 1966, the National Health Insurance Act was adopted, which provided 50% of the financing of comprehensive services, public administration and reasonable access to medical services. In 1984, Canada banned the provision of paid medical services as part of compulsory health insurance.

Japan. Japan passed a health insurance law in 1922 that covered miners and factory workers in companies with more than 15 employees. In 1938, health insurance also extended to farmers and fishermen, only by 1958 universal coverage of all citizens was achieved.

Russia. In 1993, the Russian Federation adopted the Law on Medical Insurance of Citizens in the Russian Federation, according to which the insurers of the working population are employers and the state for social categories of the population, the busiest population (lawyers, notaries, private entrepreneurs, etc.) has the right to join the system of compulsory medical insurance. Medical services are provided in the scope of the basic package throughout the territory of the Russian Federation.

In Russia, an MHI policy is issued to all citizens, except military personnel (since their medical care is paid directly from the country's budget), foreigners and stateless people. The policy allows you to be treated throughout the Russian Federation for free. At the same time, emergency care and emergency hospitalization are not included in the CHI — doctors are obliged to provide you with free assistance even without a policy.

In Kazakhstan, the compulsory health insurance system has been in effect since 2020. Since then, healthcare funding has increased from 1 trillion tenge in 2019 to 2.2 trillion tenge in 2021. In 2020, Kazakhstanis could take PCR tests for free under the compulsory medical insurance policy. The downside is that you need to make an appointment with a doctor in a Kazakhstan clinic two weeks

Today, citizens of Uzbekistan can only obtain a VHI policy (voluntary health insurance) from various insurance companies in Uzbekistan. — The guaranteed volume of medical care at the expense of the State Budget of the Republic of Uzbekistan, in priority order, covers preventive, diagnostic and therapeutic medical services, medical rehabilitation services and palliative care services that comply with diagnostic and treatment standards, clinical protocols, as well as aimed at the prevention and treatment of major diseases, leading in terms of mortality and disability.

Conclusion

Primary health care – a combined method of payment based on a capitation standard, with differentiated adjustment factors taking into account regional characteristics, type of institutions, population density and quality outcomes of medical services provided; – specialized/secondary outpatient care – method of payment for specialized outpatient services.

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