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ORGANIZATIONAL AND MANAGEMENT TOOLS FOR ECONOMIC IMPROVEMENT OF COMPULSORY HEALTH INSURANCE SERVICES

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Dissertation abstract for an academic degree of the candidate of economic sciences

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The relevance of scientific research is due to the following circumstances.

1.In the context of the implementation of the national goals of health care development until 2030, there is a need to systematize and improve methodological approaches to budgeting guaranteed free medical services for the population, including compulsory health insurance services (hereinafter referred to as compulsory health insurance services). The experience gained after the industry's transition in 2013 to predominantly single-channel financing of the industry through the system of compulsory health insurance (CHI) requires: on the one hand, - scientific and practical generalization of strengths and weaknesses, and on the other, - is exposed to new external impact in 2015 - 2020.

2. Factors that have the greatest impact on the modern economy of the health industry need to be identified, determined and measured as well as the mid-term volume of quantitative factor indicators, the monitoring of which will allow to form adequate economic approaches to planning, financing, payment methods for the changed age and gender consumption of compulsory health insurance services.

3. There is an objective need for a viable scientific understanding of the economic dimension of the standard of free public health services transferred for payment to the system of off-budget CHI funds (federal, territorial), which is caused by new medico-demographic, sanitary and epidemic challenges of modern public life. When restoring the planned work of all public health institutions in the post-pandemic period, it will be necessary to update the budgetary and insurance security mechanisms of an increased social orientation, patient orientation of the CHI participants.

4. It has been proved that the convergence of managerial and economic methods in the formation of "budgetary" and "insurance" services in the health care sector within the framework of a unified federal program of state guarantees for the provision of free medical care to the population of Russia reveals the place of

compulsory health insurance in a new way as well as its nature. The focus of theoretical studies of departmental social standards is shifting to the theoretical justification of a unified public good, including budgetary and insurance public health services.

5. In the period of 2015-2020, there were statistically measurable fluctuations in the consumption of high-tech methods within the framework of compulsory insurance services for different gender and age groups of the population in different subjects of compulsory health insurance. At the same time, it was established that uniform requirements for the quality, availability of primary, specialized care are not always ensured equally by the framework efficiency of all territorial segments of the compulsory medical insurance. Organizational and managerial tools are required, detailing the functions of extra-budgetary territorial CHI funds (TFOMS) prescribed by the state to preserve the financial stability of the CHI system while respecting the equal rights of citizens to receive guarantees, regardless of where they live.

6. The non-commercial status of the TFOMS activity in the constituent entities of Russia does not exclude motivation for achieving the best economic results when using the specified amounts of appropriations allocated according to the unified compulsory health insurance rules. It is necessary to systematize the methods of management, financing and motivation of activities in the CHI, their comparison with the general theoretical provisions of economic science, the principles of strategic and project management. Approbation of tools for modeling the effectiveness of the activities of economic entities, the use of the KPI system and (or) the balanced scorecard in the activities of insurance coverage of state guarantees in the health sector is an important task.

7.Macroeconomic methods of ensuring the extraterritoriality of the CHI policy need to be supplemented with meso- and microeconomic instruments of fair reimbursement of expenses to producers of compulsory insurance services based on

generalizations of regional practices for the development of socio-economic relations in the process of their production, distribution, consumption.

8. A scientific and practical clarification of competencies, management functions and organizational mechanisms for building new information and financial communications of the main stakeholders in the healthcare sector is required. Of particular relevance is the development of approaches to managing reputation challenges in health insurance activities when working with the public. It is required to include the leveling of adverse events, anticipatory control of their occurrence in the operational goals of the development of compulsory medical insurance funds, insurance medical organizations.

The object of the research is the current and prospective organizational and managerial mechanisms, economic management methods in the activities of CHI funds in seven constituent entities of the Russian Federation when budgeting centrally distributed compulsory CHI insurance payments.

The subject of the research is the socio-economic relations arising from the regulation, payment and tariffication of compulsory health insurance services in traditional conditions and with the expected gender and age shift in the demand of the territorial population for medical care during the implementation of national priorities for health care development until 2030.

The purpose of the study is to summarize the theoretical aspects of the economics and management of modern healthcare, to clarify the traditional ones, to develop new scientific and applied organizational and managerial mechanisms for the administration and budgeting of territorial CHI programs in the constituent entities of the Russian Federation with different gender, age, medical characteristics of the insured in the context of the implementation of uniform national priorities of the industry.

Research objectives:

- to summarize the modern theoretical foundations, medico-social, economic content of the state standard of compulsory health insurance services;

- to conduct a content analysis of literary sources on economics and management of compulsory health services;

- to assess the structure, revenue capacity and directions of using the budgets of compulsory medical insurance funds (federal, territorial) in dynamics over the past 5 years and for the medium term, taking into account new medical and demographic challenges in society;

- to identify general trends and regional features of payment and tariffication at the expense of compulsory medical insurance funds of national priorities, especially for resource-intensive types of socially significant, high-tech medical care in the hospital segment of regional health care;

- to form methods, tools for modeling external and internal in relation to territorial funds of compulsory medical insurance factor indicators that affect the effectiveness of their activities, fair redistribution of centralized finances;

- to study the best practices of the reputation maturity of information communications of regional health stakeholders, based on the principles of patient-orientation;

- to develop proposals for innovative design solutions in the economy and management of CHI participants in the constituent entities of Russia.

The scientific novelty of the dissertation research is as follows:

1. The predominant contribution of compulsory insurance coverage to the economic support of the state standard of public obligations to provide citizens of Russia with free medical care is confirmed and quantitatively measured. The growing role of the formation of insurance mechanisms for payment and tariffication of health services is confirmed by methodological approaches, global development trends, as well as gender, age, medical characteristics of consumer demand and their

macro-, mesoeconomic forecasting support in the public health system in 2015-2030. At the same time, the provision of compulsory medical insurance services, possessing all their inherent signs of public good, enhances the social orientation and patient orientation in the work of the CHI institutions. However, in the regulatory and legal field, insurance compulsory medical services of the health care system remain without a confirmed modern status, the approaches to their classifications from the standpoint of departmental lists of health services are lacking. The leading positions of compulsory medical insurance in the economic support of the activities of medical organizations, payment of preventive, preventive programs, reimbursement of high-cost technologies for the treatment and rehabilitation of cancer, cardiovascular diseases, as well as COVID-19 other important areas for maintaining public health of the population of Russia require classification clarification as in theoretical and practical terms. Without specifying the economic nature of compulsory health insurance services, their legal and social status, a contradiction is created in the functional, organizational and managerial competencies of the CHI participants, which affects the economic efficiency of the state health care system at the turn of the third decade of the 21st century.

2. A methodological apparatus for assessing the economic efficiency of the territorial compulsory medical insurance funds - the main centers of financial responsibility of regional healthcare in Russia, has been developed and tested at the research objects, which takes into account the functions prescribed by the state, supplemented by new tools. Among others, it is proposed to use indicative planning of activities, establishing uniform (end-to-end) criteria for assessing the effectiveness of activities for the participants in the economic relations of the industry. Within the framework of process management in a unified model of socio-economic relations of industry stakeholders, competency matrices have been developed for structural units of territorial CHI funds based on the principles of

operationalization and tactical development plans, taking into account the general theory of strategic management. International classifications of intermediate and final results of activities of socially oriented economic objects of management are used to form the framework, technical efficiency of off-budget CHI funds.

3. Identified and classified new internal, external factors in relation to modern healthcare facilities that most determine the level of organizational and managerial activity, compiled a comparative rating of TFOMS of seven constituent entities of the Russian Federation in 2015, 2019 on the basis of measurement, formation of calculation formulas of quantitative factor indicators. Among the indicators, indicators of the performance of the business model are used, which have been chosen as the basis for the current regional planning, payment and tariffication of the hospital level of health care for the main strategic goals of health development until 2030 for different gender and age groups of the insured population. Indicators of the effectiveness of information communications with industry stakeholders, the media have been developed in order to obtain feedback on the level of satisfied needs, the effectiveness of protecting the rights of insured persons.

4. Clarifications have been proposed to the instruments for monitoring the financial stability of domestic CHI participants in order to ensure the equal availability of medical care to insured citizens of different constituent entities of Russia. Among the main directions of current control, the proposed algorithms for effective methods of redistributing costs and incomes in the hospital segment are substantiated, taking into account the needs of people with different medical, gender and age characteristics. Management technologies for the formation of a flexible tariff policy when paying for primary, specialized, high-tech assistance to insured persons of working age, over working age are tools for maintaining the financial stability of regional segments of healthcare.

5. The medical and demographic risks of the traditional distribution of CHI insurance premiums for the working and non-working population in seven constituent entities of the Russian Federation have been substantiated and measured. A methodological apparatus has been developed and new scenario financial instruments have been tested to reimburse the projected costs of TFOMS, producers of compulsory health insurance services in the regional practice of research objects, taking into account the implementation of departmental strategic development objectives. It is proposed to pay more attention to external factors, to take into account the reputation maturity of all participants in the CHI, which can be used in the formation of conditions for the contractual distribution of CHI funds.

Provisions for Defense:

1. The new role of the economy of compulsory insurance coverage of the standard of public obligations in the national strategy of public health for 2015-2030 was determined, which made it possible to substantiate the application of the scientific and practical definition of “compulsory health insurance services” (hereinafter referred to as the CHI), the content of which was disclosed in a new way from positions of:

- the applicability of the criteria of public good to it, taking into account the fact that in the compulsory medical insurance of the Russian Federation all health services that are socially significant for the public health of the country's population are paid for according to insurance principles;

- adaptation of global trends in standardization of medical content and tariffication of public health services in regional compulsory medical insurance programs;

- macro-, mesoeconomic regulation of unified social taxes, including tariffs for compulsory medical insurance, taking into account the new age and gender, medical characteristics of consumer demand.

2. A methodological approach to assessing the economic efficiency of the activities of territorial CHI funds is proposed, which takes into account the mechanisms of administration, budgeting, tariffication of programs for the provision of types of free medical care for the insured population of the RF subjects in the implementation of the functions of CHI funds prescribed by the state, including tools:

- indicative planning and process management within the framework of a unified model of socio-economic relations with stakeholders of the regional healthcare segment;

- strategic management with the operationalization of tactical development plans in the centers of financial responsibility of regional health care;

- global approaches to assessing the economic efficiency of health care facilities.

3. A methodological approach was proposed, a scientific apparatus was developed and practical algorithms for compiling regional ratings of TFOMS by the level of implementation of organizational and managerial mechanisms based on the choice of factors, collection of statistics and quantitative assessment of factor indicators in the dynamics of 2015, 2019, including :

- performance indicators of the business model chosen as the basis for the current regional planning, payment and tariffication of the hospital health care unit for the main strategic goals of health care development until 2030 for different gender and age groups of the insured population;

- indicators of the effectiveness of information communications with industry stakeholders, media in order to obtain feedback on the level of satisfied needs, the effectiveness of protecting the rights of insured persons.

4. Scenario models of new budgetary security guarantees of reimbursement of expenses of producers of compulsory insurance services in conditions of predicted

medical and demographic risks have been substantiated and tested in regional practice, which are not taken into account in the traditional use of compulsory medical insurance premiums for the working and non-working population, based on taking into account the objective social orientation, patient-orientation in the activities of the CHI funds of the objects of research in 2015-2020.

5. Clarifications are proposed to the existing economic management methods in the regional health care of the Russian Federation and the calculation of medico-social, economic effects when they are introduced into the practice of the compulsory health insurance fund of the Sverdlovsk region to improve the state-guaranteed compulsory insurance services in the following areas:

- budgeting of expenses and incomes of the hospital segment, taking into account the needs of insured persons of constituent entities of Russia with different medical, gender and age characteristics;

- tariff policy of compulsory medical insurance when paying for high-tech assistance in the areas of implementation of the main national priorities for protecting the health of citizens;

- monitoring the financial stability of health care providers.

The structure of the dissertation work is built in accordance with the logic and sequence of achieving the goal, solving research problems and includes: introduction, 4 chapters, 12 paragraphs, conclusion, bibliography. It is presented on 233 pages, illustrated with 33 tables and 40 graphs, contains links to 181 domestic and foreign sources.