MINISTRY OF HEALTH OF UKRAINE

UKRAINIAN MEDICAL DENTAL ACADEMY

DEPARTMENT OF SOCIAL MEDICINE, PUBLIC HEALTH, ORGANIZATION AND ECONOMICS OF HEALTH WITH DOCTOR AND LABOR EXAMINATION

HEALTH CARE SYSTEMS. MAIN CHARACTERISTICS AND ORGANIZATION OF MEDICAL CARE.

Health care is the responsibility of society and the state (governance)

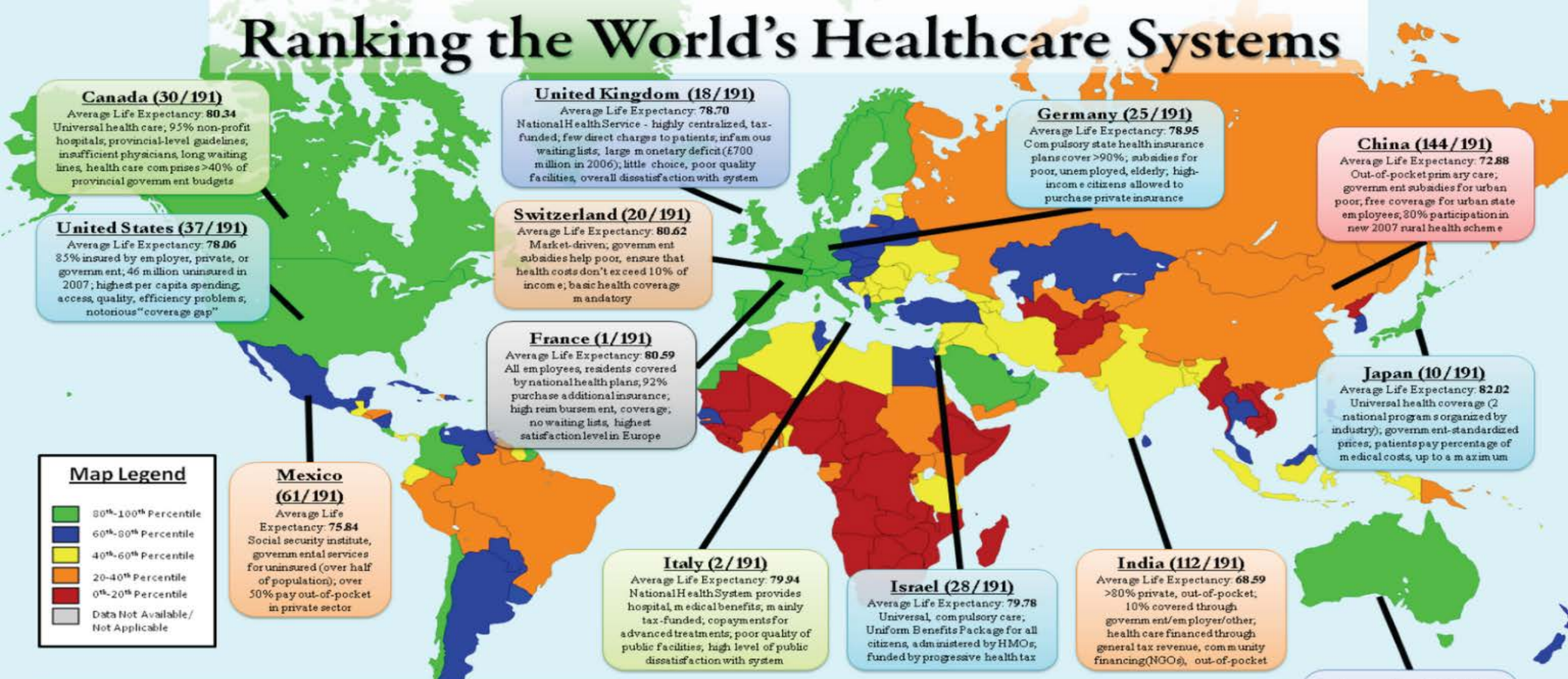
State, public or other enterprises, institutions, organizations, officials and citizens are obliged to ensure that health care is prioritized in their own activities, not to harm the health of the population and individuals, within their competence, to provide assistance to patients, persons with disabilities and victims of accidents, to assist employees of organs and health care institutions in their activities, as well as perform other duties stipulated by the legislation on health care.

PUBLIC HEALTH SERVICES

Public health is defined as "the science and practice of preventing disease, prolonging life, and promoting health through organized action by society" (Acheson, 1988; WHO).

- The aim of actions aimed at strengthening the capacities and services of public health is to ensure conditions under which people can remain healthy, improve their health and well-being, or prevent ill health. The focus of public health is on the full spectrum of health and well-being, rather than eradicating only selected diseases.
- Many activities, such as health promotion campaigns, target different populations. Public health services include individualized services for each individual, such as vaccination, behavior counseling, or health.

Ranking the World's Healthcare Systems



By Abraar Karan

In 2000, the World Health Organization published the first ever major analysis of the world's health care systems. 191 states were analyzed on five different criteria: overall level of population health; health inequalities within the population; overall level of health system responsiveness; distribution of responsiveness within the population, and the distribution of financing the system s between economic classes in each population.

The main types of health care systems seen around the world are either single payer, employment based, or managed competition. Single payer systems are government-run, with revenue collected from taxes being used to pay providers and supply health care to citizens. The prices providers charge are often set by the government as well. Private healthcare is usually allowed, but in some systems it is prohibited.

Employment-based systems require employers to provide health insurance for their workers through "sickness funds." Premiums are often simply payroll taxes that go directly back into the funds. Providers are usually independent and can negotiate prices with the funds.

Systems with managed competition are private, but only in an artificial sense under strict government regulation. The government will often set a standard benefits package and require that all people have some sort of health insurance, but the insurers can compete on price and benefits, as can the providers.

The graphic above summarizes some of the world's various health care systems, along with their rankings according to the 2000 WHO report. The situation varies from country to country—to say one healthcare system is better than another depends on the criteria used in analysis, so naturally there have been many critics of the WHO report and rankings.

Which system a nation prefers ultimately depends on more than just health—factors like citizens' views on government's role in addressing economic and social issues also plays a significant role. Nonetheless, for every patient being treated, there is at least one other who is unable to ever afford care, sitting on a long waiting list, or simply sitting in a waiting room to be treated in a few short minutes. We are all looking for a system that can ensure we will be the ones being treated, and that guarantee is the ideal healthcare system that we can only hope for.

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Graphic by Brian S. De

Europe's Healthcare Systems, Ranked

ID Medical has created an index ranking OECD countries on metrics regarding their healthcare systems such as healthcare spend, number of hospital beds, doctors & nurses and life expectancy.

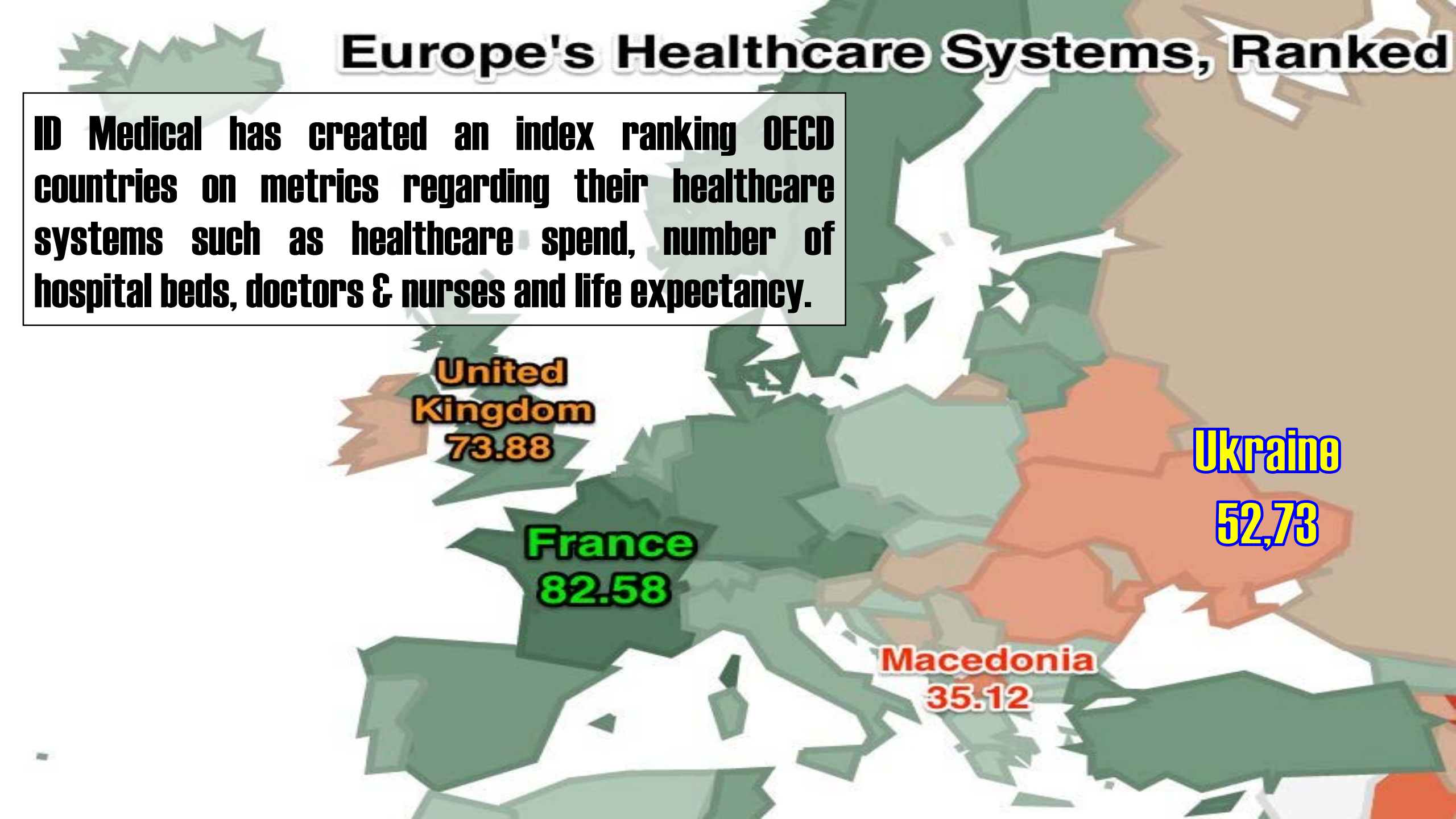


EXHIBIT ES-1. OVERALL RANKING

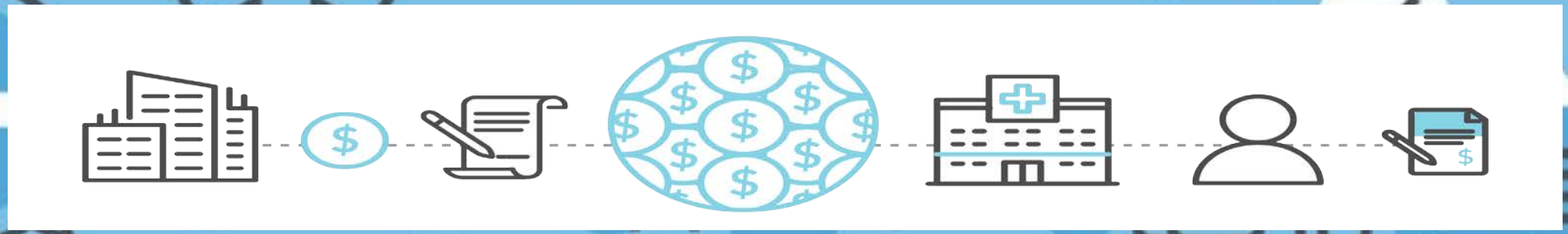
COUNTRY RANKINGS

- Top 2*
- Middle
- Bottom 2*

	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$3,800	$4,522	$4,118	$4,495	$5,099	$3,182	$5,669	$3,925	$5,643	$3,405	$8,508

HEALTHCARE SYSTEMS

BISMARCK MODEL (INSURANCE MEDICINE MODEL)



- The Bismarck model was created near the end of the 19th century by Otto von Bismarck as a more decentralized form of healthcare.
- Within the Bismarck model, employers and employees are responsible for funding their health insurance system through "sickness funds" created by payroll deductions. Private insurance plans also cover every employed person, regardless of pre-existing conditions, and the plans aren't profit-based.
- Providers and hospitals are generally private, though insurers are public. In some instances, there is a single insurer (France, Korea). Other countries, like Germany and the Czech Republic, have multiple competing insurers. However, the government controls pricing, much like under the Beveridge model.
- Unlike the Beveridge model, the Bismarck model doesn't provide universal health coverage. It requires employment for health insurance, so it allocates its resources to those who contribute financially.
- The primary criticism of the Bismarck model is how to provide care for those who are unable to work or can't afford contributions, including aging populations and the imbalance between retirees and employees.

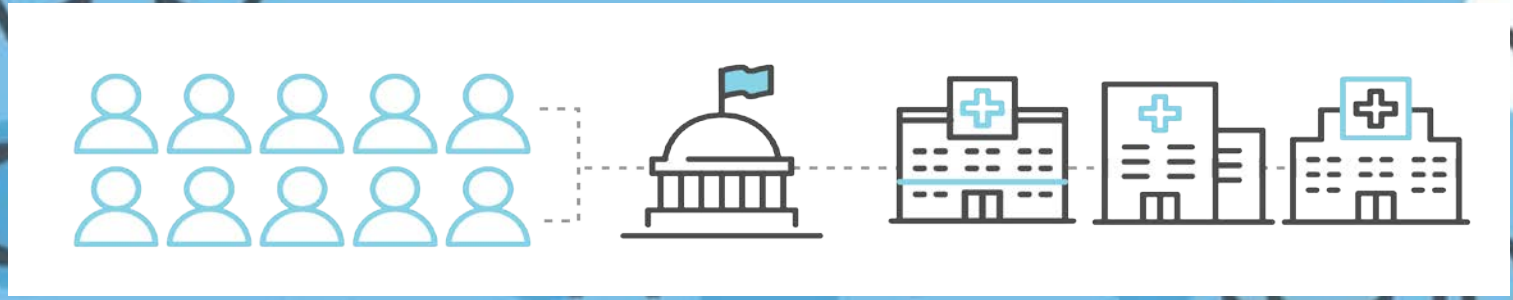
HEALTHCARE SYSTEMS

BISMARCK MODEL (INSURANCE MEDICINE MODEL)

- Developed by Sir William Beveridge in 1948 in the United Kingdom, the Beveridge model is often centralized through the establishment of a national health service, or, in the case of the UK.
- Essentially, the government acts as the single-payer, removing all competition in the market to keep costs low and standardize benefits. As the single-payer, the national health service controls what "in-network" providers can do and what they can charge.
- Funded by taxes, there are no out-of-pocket fees for patients or any cost-sharing. Everyone who is a tax-paying citizen is guaranteed the same access to care, and nobody will ever receive a medical bill.
- One criticism of the Beveridge model is its potential risk of overutilization. Without restrictions, free access could potentially allow patients to demand healthcare services that are unnecessary or wasteful. The result would be rising costs and higher taxes.
- However, that's why many of these systems have regulations in processes in place to manage usage and proactive prevention campaigns.
- There is also criticism around funding during a state of national emergency. Whether it's a war or a health crisis, a government's ability to provide healthcare could be at risk as spending increases or public revenue decreases.

HEALTHCARE SYSTEMS

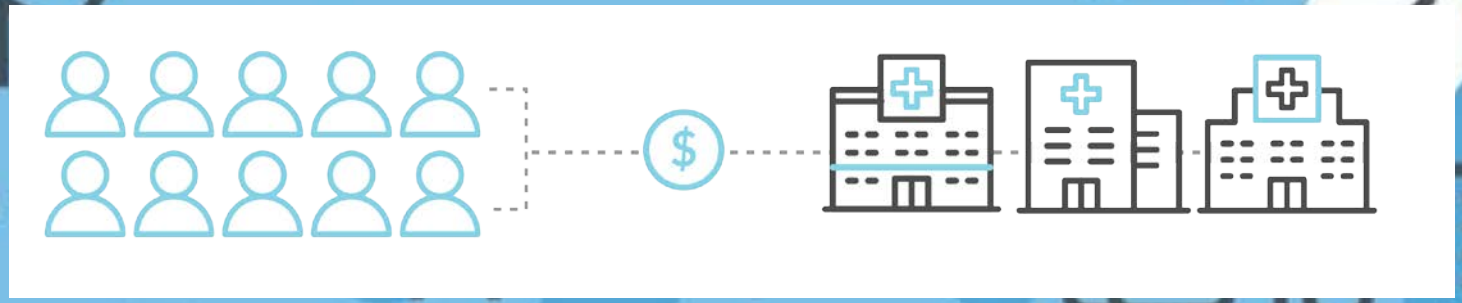
SEMASHKO SYSTEM (PUBLIC FINANCE SYSTEM)



- centralized state subsidizing of measures to protect public health;
- free, affordable and equal to all medical care with the district principle of its provision;
- creation of a state system of sanitary facilities;
- unified approaches in statistics and accounting for the general morbidity of the population;
- implementation of information support of professional medical activities;
- systematic targeted training of medical personnel;
- development of medical self-government;
- organization of activities aimed at the prevention of diseases;
- public involvement in the healthcare business.

HEALTHCARE SYSTEMS

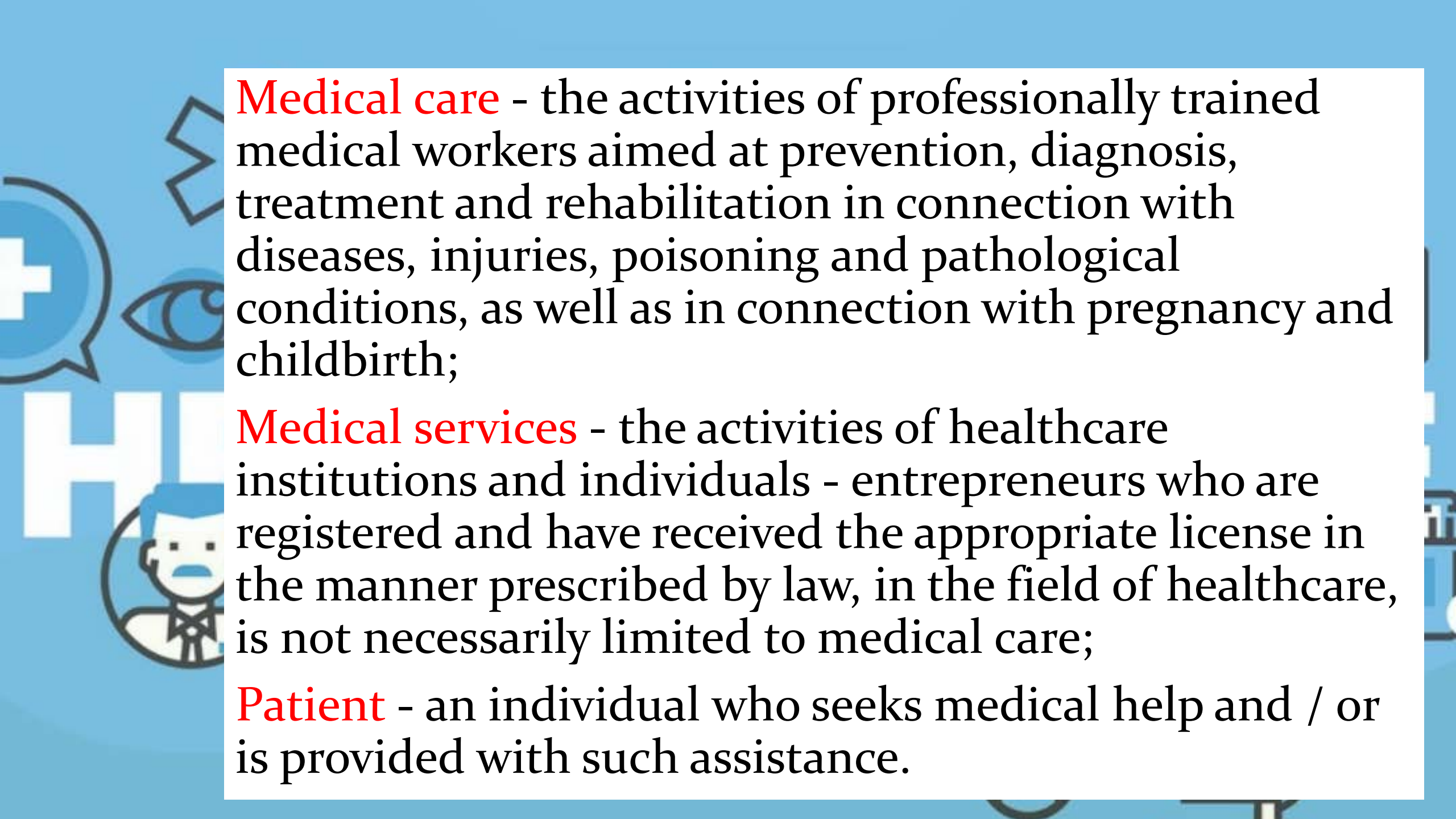
The Out-Of-Pocket Model



- The out-of-pocket model is the most common model in less-developed areas and countries where there aren't enough financial resources to create a medical system like the three models above.
- In this model, patients must pay for their procedures out of pocket. The reality is that the wealthy get professional medical care and the poor don't, unless they can somehow come up with enough money to pay for it. Healthcare is still driven by income.
- *Used by rural areas in India, China, Africa, South America, and uninsured or underinsured populations in the U.S.*
- As healthcare in the United States continues to be a topic of debate both in our government and around our dinner tables, we can use the strengths and weaknesses of these global models to inform new healthcare policies and ultimately build a model that can work for everyone.

HEALTHCARE FACILITY

- Health-care facilities are hospitals, primary health-care centres, isolation camps, burn patient units, feeding centres and others. In emergency situations, health-care facilities are often faced with an exceptionally high number of patients, some of whom may require specific medical care (e.g. treatment of chemical poisonings).
- Legal entity of any form of ownership and legal form or its separate division, the main task of which is to provide medical services to the population on the basis of the appropriate license and professional activities of medical (pharmaceutical) employees.



Medical care - the activities of professionally trained medical workers aimed at prevention, diagnosis, treatment and rehabilitation in connection with diseases, injuries, poisoning and pathological conditions, as well as in connection with pregnancy and childbirth;

Medical services - the activities of healthcare institutions and individuals - entrepreneurs who are registered and have received the appropriate license in the manner prescribed by law, in the field of healthcare, is not necessarily limited to medical care;

Patient - an individual who seeks medical help and / or is provided with such assistance.

TYPES OF MEDICAL CARE

1) outpatient care:
primary health care;
consultative and diagnostic assistance;
2) inpatient care;
3) hospital-replacement care;
4) emergency medical care;
5) sanitary aviation;
6) medical assistance in emergency situations;
7) rehabilitation treatment and medical rehabilitation;
8) palliative care and nursing care;
9) traditional medicine, traditional medicine (healing).

Levels of Care

Primary Care

- Prevention, diagnostic, therapeutic svcs., health education, minor surgery
- Primary care is an "approach to providing health care"

Secondary Care

- Short-term
- Sporadic consultation with specialist for advanced interventions not available in PC

Tertiary Care

- For conditions that are relatively uncommon
- Institution-based, highly-specialized (e.g. open-heart surgery)

Care Integration

Vertical Integration

Primary Care

- Health Promotion
- Prevention
- Care
- Rehabilitation
- Responsibility for provision of services in other points of care
- Proper recognition of the problems of worsening of the chronic condition

Secundary Care

- Multifunctional Care
- Communication with other levels of care
- General Relationship - Expert
- Electronic medical records
- Assistencial, supervisional and educational function and research

Tertiary Care

- Articulation with other levels of care
- Solvability
- Technological density appropriate to function
- Efficiency and quality
- Territorial-based access
- Clinical management technology - Clinical guidelines based on evidence

Increased Technological Density

PRIMARY CARE BASED ON THE PRINCIPLES OF FAMILY MEDICINE

Family medicine - a system of measures to organize the provision of primary health care to the family, regardless of age and gender of patients, public services by general practitioners (family doctors) in medical organizations of various ownership forms, providing for the formation of groups of the served population on the basis of signing declarations

PRINCIPLES OF FAMILY MEDICINE

Principle	Practical implementation or operationalization
Compassionate care	Patient-centred communication, empathy, home visits
Generalist approach	Holistic care, contextual issues such as family and culture, activism for social determinants of health
Continuity of relationship	Empanelment, care coordination, family lifecycle
Reflective mindfulness	Personal portfolio, peer groups, humanities and the arts
Lifelong learning	Maintenance of competence, data-driven quality improvement, patient safety, research networks, teaching

PREVENTION PRIORITY

The principle of priority of prevention is ensured by the implementation of a family doctor:

1) measures to promote public health, including the formation of a healthy lifestyle, the promotion of a balanced diet, the reduction of alcohol and tobacco consumption, sanitary and hygienic education and counseling of family members on the formation of a healthy lifestyle;

2) counseling on family planning, medico-genetic and medico-sexual aspects of family life, contraception;

3) counseling on issues of feeding, hardening, preparing children for preschool educational and general educational organizations regarding health issues;

4) analysis of the health status of the served population;

5) preventive work aimed at identifying the early stages of diseases and hidden forms of diseases, socially significant diseases and risk factors, including through medical examinations, medical examinations, and follow-ups in accordance with the legislation of the Russian Federation;

6) sanitary and anti-epidemic measures and immunoprophylaxis in the prescribed manner;

7) predicting the risk of developing the most common diseases and the timeliness of the relevant preventive measures.

The development of family medicine is provided by solving the following main tasks:

- the organization of providing the patient with a guaranteed amount of affordable, timely, high-quality and effective primary health care based on the principles of family medicine;
- implementation of a package of measures aimed at maintaining and strengthening the health of patients, the formation of a healthy lifestyle and improving the state of public health and active longevity of the population;
- reduction in morbidity, disability and mortality;
- referral of patients in accordance with medical indications for other types of medical care;
- monitoring the health status of each patient throughout life.

SECONDARY HEALTH CARE

- medical care provided on an outpatient or inpatient basis by doctors of relevant specialization (except for general practitioners - family doctors) as planned or in emergency cases and includes the provision of advice, diagnosis, treatment, rehabilitation and prevention of diseases, injuries, poisoning, pathological and physiological (during pregnancy and childbirth) conditions
- The provision of secondary (specialized) medical care is provided by healthcare institutions:
- in stationary conditions - multidisciplinary intensive care hospitals, hospitals of rehabilitation (rehabilitation), planned treatment, hospices, specialized medical centers;
- on an outpatient basis, consultative and diagnostic units of hospitals, centers for medical consultations and diagnostics (consultative and diagnostic centers).
- Secondary (specialized) medical care can also be provided by doctors who carry out business activities in medical practice as individuals - entrepreneurs.

TERTIARY HEALTH CARE

- medical care provided on an outpatient or inpatient basis using high-tech equipment and / or highly specialized medical procedures of high complexity
- the provision of tertiary (highly specialized) medical care is carried out by highly specialized multidisciplinary or single-discipline healthcare institutions:
- regional hospitals
- dispensaries
- research institutes

Emergency medical care - urgent medical measures required in case of accidents and sudden illnesses

PALLIATIVE CARE

This is an approach to improve the quality of life of patients and their families who have problems of a life-threatening disease by preventing and alleviating suffering through the early detection, careful assessment and treatment of pain and other physical symptoms, as well as the provision of psychosocial and spiritual support to the patient and his relatives.

Palliative care	Hospice care
Begins at diagnosis , no time frame required.	Less than 6 months to live.
Hospital, Nursing home	Home or as a facility.
Life prolonging measures.	Doesn't include curative or life prolonging measures.
Terminal illness.	May or mayn't be terminal
No time restriction.	Life limiting illness.
Administered in hospital extended care facilities and nursing homes.	Reliance on family and visiting nurses and care is usually provided at home.
It is a whole person care that relieves symptoms of disease.	It is a palliative care for people who have 6 months or less.

MEDICAL REHABILITATION

- A complex of medical, psychological and other types of measures aimed at the maximum possible restoration or compensation of disturbed or completely lost, as a result of illness or injury, normal mental and physiological functions (needs) of the human body, its working capacity. Examples of needs: to be healthy, physical activity, freedom of movement, independence of action, communication with people, obtaining the necessary information, self-realization through labor and other activities.
- Unlike treatment, rehabilitation is carried out during the absence of the acute phase of the pathological process in the body.
- Medical rehabilitation is closely related to other types of rehabilitation - physical, psychological, labor, social, economic.

MEDICAL INTERVENTION

The use of diagnostic methods, prophylaxis or treatment associated with exposure to the human body, which are allowed only if they cannot harm the patient's health

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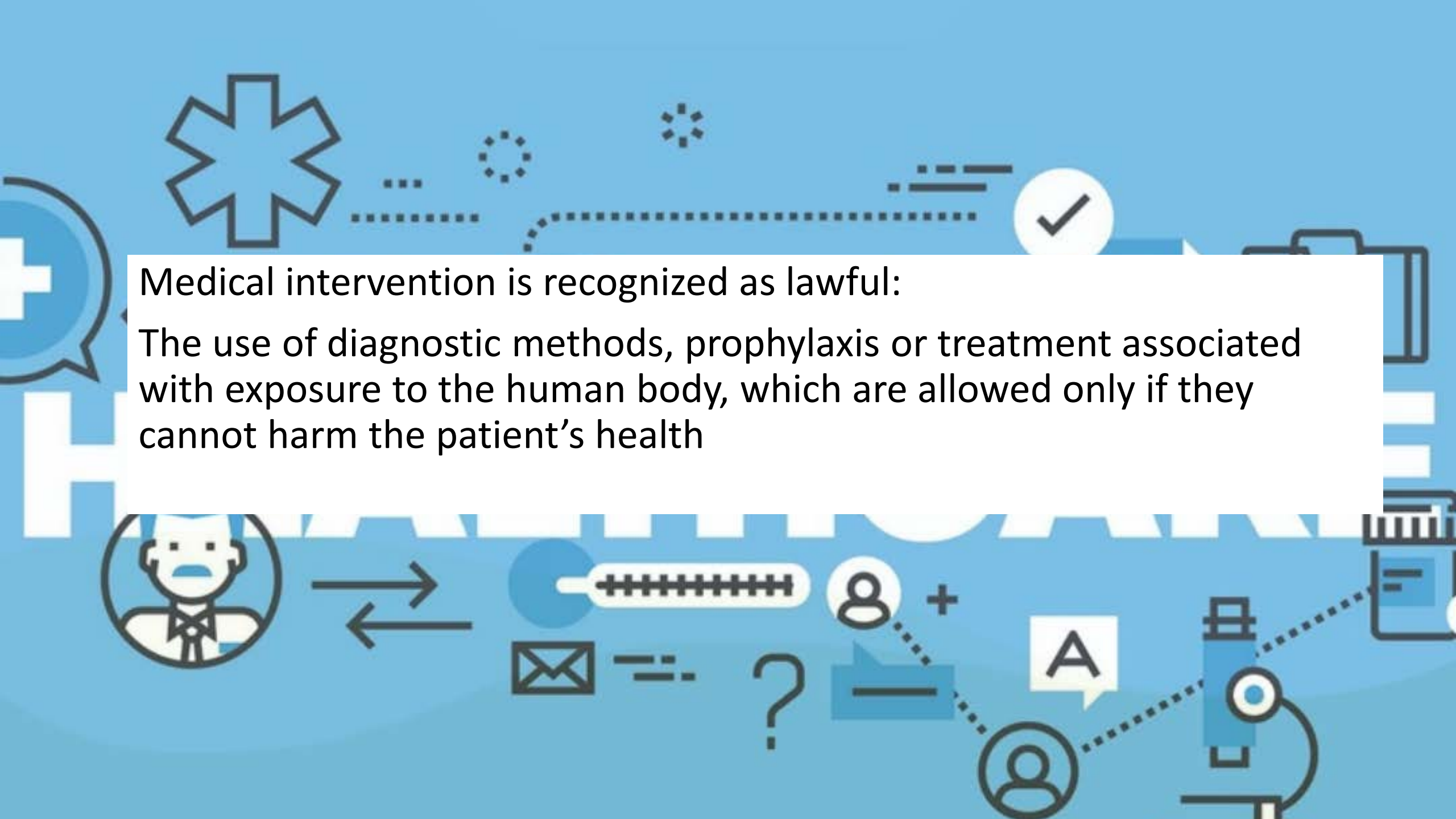

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