
Medical of the Population of Sirdarya Region Insurance Transition Experience

Urokov Firdavs Ortikniyozovich

*Assistant, Department of Economic Analysis and Statistics,
Samarkand Institute of Economics and Service*

Abstract: It is known that in recent years, under the leadership of the President of our country, within the framework of measures to improve the primary link of the healthcare system and create a healthy lifestyle among the population, the primary link of medicine problems in the industry were analyzed and specific tasks for radical reform of the industry were defined. This article provides detailed information about the experience of the residents of Syrdarya region in transitioning to medical insurance.

Keywords: healthcare system, medical insurance, insurance mechanisms, electronic registry, qualified personnel, medical personnel, insurance market.

Improving the efficiency of spending the allocated funds, in turn, requires reforming the system of financing medical institutions. Each service group has its own characteristics¹.

Last year, at the initiative of the World Health Organization (WHO) and the Government of the Republic of Uzbekistan, WHO experts, in cooperation with local experts, developed a technical and economic basis for the introduction of mandatory medical insurance in our country. The process of reforms based on this is ongoing.

In particular, the concept approved by the decree of the President "On comprehensive measures for the fundamental improvement of the health care system of the Republic of Uzbekistan" includes the fundamental reform of the financing of the health care sector, medical insurance this year the tasks of adopting the law, using this system as a trial in the Syrdarya region from 2021, and gradually transitioning to the health insurance system at the national level by 2025 were determined.

Under the leadership of the President of our country, within the framework of measures to improve the primary link of the health care system and create a healthy lifestyle among the population, the problems in the primary link of medicine were analyzed and the field specific tasks for radical reform were defined. In order to finance packages of medical services and medicines guaranteed by the state, it was mentioned that it is necessary to introduce mechanisms of state medical insurance and to establish a separate fund.

In the decision of the head of our state, adopted on November 12, 2021, "On measures to introduce a new model of the health care system and mechanisms of state medical insurance in the Syrdarya region", system information, primary medical and sanitary care institutions, medical Tasks such as evaluation and promotion of employees' activities, development of a state-guaranteed package of medical services and medicines at the level of each medical institution were defined. In the decision, the task of establishing the state medical insurance

¹Ortikniyozovich U. F. The Significance of Theoretical Concepts of Services and Service Activity //American Journal of Economics and Business Management. – 2022. – T. 5. – №. 6. – C. 43-45.

fund, introducing and managing medical insurance, financing the medical services provided under the guaranteed package, and monitoring the effectiveness of the allocated funds is entrusted to it. At the moment, the fund has been registered as a state institution, and now the process of forming it with qualified personnel and technical equipment is underway.

From July 1, 2021 to the end of 2022, it is planned to introduce state medical insurance mechanisms in all cities and districts of the Syrdarya region, analyze the results of the experiment, and gradually introduce its positive results in other regions of the republic from 2023.

The main goal of the introduction of the state medical insurance system is prevention of diseases, early detection, provision of qualified and high-quality services at the primary level of medical care, health level of the population, average life expectancy. is to increase the duration. The introduction of this system with the wide use of information and communication technologies allows to ensure the exchange of information between the participants and to obtain the necessary information for medical workers and patients.

In the project, it is planned to create an electronic register of the population, to enter the information about the patient's referral, his illness, which doctor he saw, diagnosis and treatment conditions into the electronic database. This, in turn, makes it possible to prevent diseases, forecast, and evaluate the performance of doctors.

Due to the fact that the current system does not provide for the population to pay deductions (contributions) for medical insurance from their income, and this system is not mandatory and is implemented at the expense of the state budget, it is called State Medical Insurance was designated as system. The main goal of this system is to cover all layers of the population of our country with quality and qualified medical care.

In the new system, "brigades" consisting of a family doctor and his five assistant nurses will be organized in primary medical and sanitary care facilities, each "brigade" is planned to provide services to up to 3,000 residents. A package of medical services and medicines guaranteed by the state will be developed. Expanding the authority of family doctors, providing referrals for free treatment to patients, and giving prescriptions for free medicines is aimed at increasing their prestige.

The introduction of state health insurance requires full information of the health care system. As a result of this, an electronic list of the attached population will be created, a medical database will be created for patients, connecting medical organizations in the system to the national unified information system of health care, ensuring mutual information exchange, and limiting the amount of free and paid medical care for the population. it is possible to determine.

The involvement of private medical organizations in the state medical insurance system is aimed at developing a competitive environment in the medical services market and improving the quality of services provided to the population.