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Peculiarities of medical service activities. Evidences from Uzbekistan

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Abstract

This paper makes analyses of the medical services and their features. On this case, research has been pinpointed from both theoretical and methodological aspects. Hence, pros and cons of the medical services and development perspectives of the sector has been emphasized to get better deployment in the future.

Keywords

Tourism, medical services, development of services, Uzbekistan

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Introduction

Service activities are the activities of people who engage in certain interactions to perform public, group, and individual services. The complex nature of the service activity is reflected in the complementary nature of its various directions and types, as well as in the service product. Therefore, services, including medical one needs to be interacted with other features infrastructure facilities to get improved on destinations.

The specifics of medical care activities depend on the economic interaction of the parties in the service process. In such a relationship, the party with a particular need wants to receive appropriate benefits, and the party providing certain services provides the first opportunity to receive such benefits. Based on the processes of historical self-sufficiency and mutual assistance, service activities are now being integrated into market exchange relations. The development of market relations makes it necessary to consider the concept of "service market", which includes the provision of paid services to the consumer. The service market is considered as an area of exchange of services resulting from the activities of non-manufacturing enterprises. Although such a market exists in conjunction with the commodity market and is an integral part of it, it has the following distinctive features:

1. *The priority of the needs to be met by medical services in their overall structure. The need for medical services is directly related to a person's health and life. Human health is a priority need, it is a foundation, a condition for professional success, business success and so on. The need to be healthy forces a person to be active in finding ways to improve and creates a demand for medical services. These services meet the patient's need for medical care to protect and strengthen their health. This sign sets high standards for the social responsibility of health workers, as receiving low quality medical services can have very serious consequences for the individual patient and society, taking into account external influences.*

2. *Uncertainty about the level of need for medical care. Given the deterioration of health and the lack of need for health and strengthening during the compensation phase, the consumer, as a rule, can not know in advance when and what to do, because this or that medical service is in demand. it is unknown when he will need medical attention.*

3. *Duration of medical care by time. In general, different medical services cover a person's entire life, so medical professionals of different specialties and at different times are involved in providing them. It should also be borne in mind that in each specific case there is no clear idea of the time of onset of the result, the need for additional research and the time interval between termination of service and the onset of the expected improvement. It is also possible to limit medical efforts to achieve a satisfactory result and, if necessary, resume treatment later.*

4. *Individuality, variability and subjectivity of quality assessment. The quality of medical services means their characteristics that are empirical and able to meet the established requirements. This feature is primarily due to the fact that the quality of medical care is formed as a result of the fact that the expected results of patients correspond to the perception of its actual consumption, so the*

assessment of service quality is very subjective. The subjective nature of medical care is reflected in the high level of personal relationships between producer and consumer. The higher the level of personal contact between the medical staff and the patient, the lower the stability in ensuring the quality of service. The quality of medical care is primarily determined by who (inexperienced or experienced physician) and under what conditions (small hospital or large multidisciplinary clinic) provides them. For example, these conditions may be day or night (which is directly related to employee fatigue), and secondly, the initial state of the patient's health. It is also important to keep in mind that the same medical care can have completely opposite effects on different people. Thus, a particular consumer who has been "vaccinated" may experience serious complications (allergies, neurological manifestations, etc., to the point of death). It is also manifested in the fact that no patient can know in advance everything about the benefits and harms of the services provided to him.

5. *Difficulty understanding and trusting medical services. The assessment of the quality of a service is formed as a result of the coordination of the consumer's desire to use it with the perception actually obtained from his consumption. The more the subjective desires of the patient and his family members are consistent with the real perception of the beneficial effects of treatment, the higher the level of satisfaction with medical care and, conversely, the higher the frustration and dissatisfaction.*

6. *The complexity of medical services. Health services often have a complex structure, i.e. they include several dozen "simple" services and are the result of the activities of medical personnel in several categories and specialties. However, medical services may include both intangible and commercial components, such as intravenous stents, pacemakers, orthopedic prosthesis implants, drug use, fillings, dental crowns and prostheses, organ transplants, and others are among them. Medical services are also complex in terms of their organizational structure. Some of them can be performed not by the medical institution to which the patient is referred, but by other institutions, for example, bacteriological and other research, complex diagnosis of various diseases, nursing care and others.*

Many scholars, noting the complexity of many services manifested in the addition of specialized (in our case, medical) services to the relevant services, suggest that the quality of service activities may be affected by the low quality of any element of the package. emphasizes. For example, an ambulance doctor's efforts can sometimes be frustrated by improper organization of medical transportation or improper performance of subsequent medical procedures. In addition, in some cases it is not easy to define the main service, as well as to determine the effective boundaries of the relevant set of services.

The above-mentioned characteristic features of medical services determine their organizational and economic characteristics, for this purpose they can be divided into three groups. The first group is formed by the specific characteristics of the economic conditions in which medical services are provided. First of all, they are related to the possibility of market (paid services) or non-market (state guarantees of free medical care to the population) forms. At the same time, it is important to understand that it does not make sense to refuse state-guaranteed medical services, because in a pure market economy, excluding insolvent buyers of medical services from medical production can have negative consequences not only for insolvent but also solvent consumers.

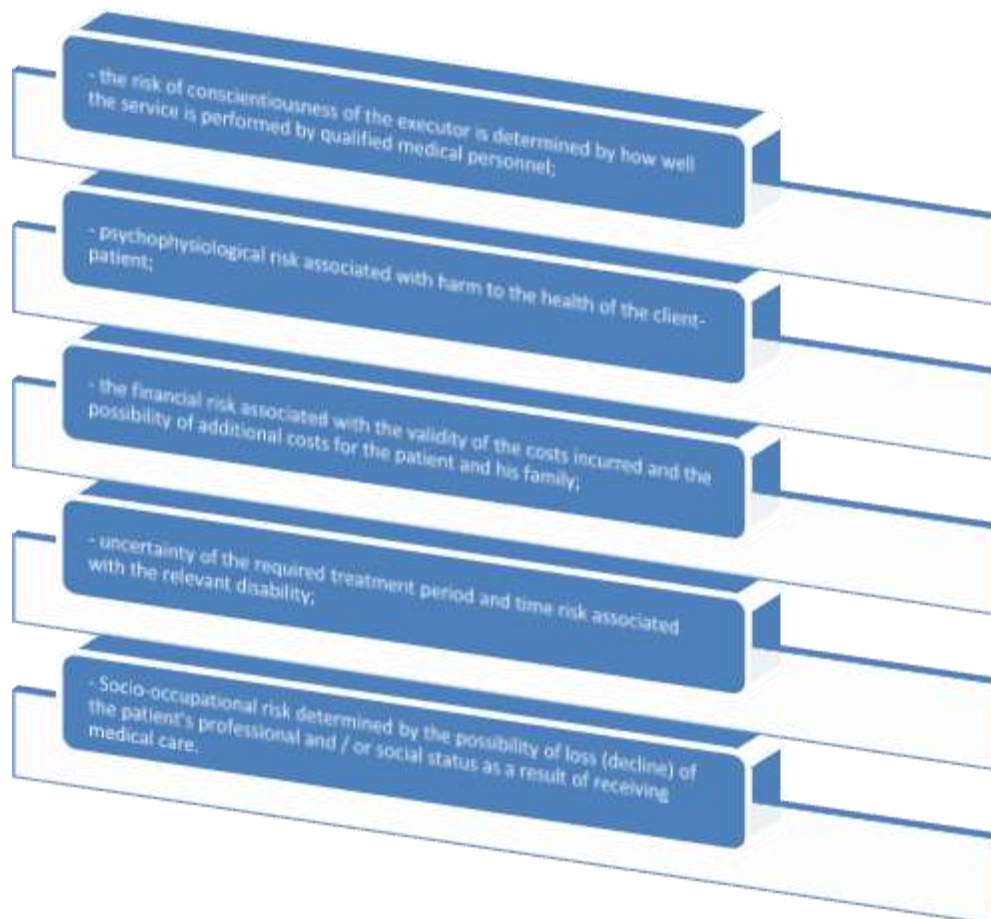
At present, the same medical services are provided in different medical institutions under

different conditions: at full cost, free of charge, covering only a part of the costs. As a result, the market price affected by the offer of free and cheap services will be below the equilibrium level, taking into account the required full costs. Public institutions, as well as private institutions, which do not have the necessary funds to provide this type of medical services, are forced to sacrifice part of their income, suffer losses or refuse to provide these services in order not to lose market share. Thus, since the provision of services is unprofitable for many potential manufacturers, the total volume of paid services provided by medical institutions is limited. An example of this is general therapeutic, oncological, anti-tuberculosis medical care that does not meet the current demand of the market. It should also be noted that there is a complex relationship between the intensity of commercialization of health services and government regulation aimed at limiting the commercialization of health care. However, research shows that the more free medical care the state seeks to provide, the less financial services are provided and, accordingly, on a commercial basis, 'by patients - directly to medical staff'. hidden payments, in whole or in part, for delivery.

The second group of features of medical services is related to organizational and technological aspects. Despite the strict regulation of medical activities, there is no single approach to the treatment of all patients, which makes it difficult to standardize treatment technologies, as well as the work of health insurance companies. The focus of medical care on changing a particular person's condition leads to the existence of an active "doctor-patient" system, which in turn depends on the success of their interaction. The impossibility of maintaining medical services raises the problem of adapting their production capacity to the real demand for them. However, the availability of certain backup resources in various types of emergencies is justified. In some cases, regional relocation of health care, such as mud or balneological treatment, is complicated by the dependence on local climatic conditions.

The third group of characteristics of the provision of medical services is related to the characteristics of the manifestation of the result of professional medical activity: diversity in physical size, the duration of the period of provision of the same services, the period of manifestation; the lack of a direct correlation between the exact result and the amount of costs associated with it, the amount of resources required, including diagnostics, drugs, medical equipment makes it difficult to justify the size of equipment and so on. The peculiarity of the manifestation of the result of medical services is that the purchase of them for the consumer is associated with risk. The analysis of existing practice allows to identify the following types of risks that come with the provision of medical services is given below (Figure 1.)

Figure 1. Types of risks on medical services



These risks have led to the emergence and development of health insurance because such a mechanism allows the risk of high costs to be distributed among more people and is directly related to the medical services that patients need. The cost of purchasing an insurance policy will be relatively low compared to the cost of paying the settings. In some countries, health insurance accounts for up to 80% of health care flows.

Moreover, improving healthcare quality can be viewed on both a macro and a micro level, as something that will require sweeping, systemic change of the entire healthcare system and as something that individual physicians can practice for their patients.

For instance, the healthcare industry could dramatically improve healthcare quality by instituting greater transparency and requiring practitioners to use patient-centered EHRs that are readily accessible to all care providers and the patients themselves. By the same token, physicians can improve healthcare quality for their patients by following protocol to keep patients safe from infection, following-up more regularly, or connecting their patients to better resources.

We believe that primary care providers are actually best positioned to impact the quality of care at the source. When used correctly, primary care providers can act as the hub for patient-centered care.

Primary care physicians tend to be more connected to their patients and better able to understand the individual patient's needs and health journey.

Here are five steps primary care providers can take right now to improve quality healthcare for their patients:

1. Collect Data and Analyze Patient Outcomes.

If you can't measure it, then you can't manage it. The first step to improving the quality of care at your organization is to analyze your existing data to understand where opportunities exist. You should analyze both your patient population and your organizational operations to identify areas for improvement. Then, use this data to establish a baseline for patient outcomes. Ideally, the wealth of available data and IT-based systems ought to enable more patient-centered, connected care. While Electronic Health Records (EHRs) were supposed to fulfill this promise of more patient-centered care, in reality most focus on documentation, better billing, and increasing revenue. If your organization wants to improve quality healthcare this is the place to start: Be as rigorous about tracking patient wellness as you are about tracking billing. Use EHRs, outcomes studies, patient satisfaction surveys, and other data sources to closely monitor the health, outcomes, overall wellness, and costs for individual patients across the entire continuum of care.

2. Set Goals and Commit to Ongoing Evaluation.

Once you've analyzed your patient population data to understand their risk and studied your practice operations to identify areas for improvement, it's time to prioritize those areas and set goals. If you need some help, there are several health organizations with established quality and consistency measures that could guide your goal-setting process. The [Quality Payment Program](#), the [National Quality Forum](#), and the [Agency for Healthcare Research and Quality](#) all publish evidence-based guidelines and measures. Next, your organization must commit to ongoing evaluation. Improving quality healthcare isn't a one-time, "set it and forget it" event—it's an evolving process. The key to accelerating any quality improvement process is known as the PDSA (Plan-Do-Study-Act) cycle. First you plan a change, then you enact that change, then you observe and analyze the results, and, finally, you act on what you've learned. This model was developed by the [Associates in Process Improvement](#) and is a powerful tool for improving quality in clinical settings.

3. Improve Access to Care.

Having access to care is the single most important factor for improving quality healthcare and patient outcomes. Patients must have access to the right care at the right time in order to get the right results. Unfortunately, close to 15 percent of the population is still uninsured, which dramatically reduces these patients' access to timely care, makes them go without preventive or primary care, and forces them to rely on higher cost (and, therefore, lower value) services. For example, research shows that underlying chronic diseases account for 75 percent of annual health spending in the United States, but [Americans access preventive care at half the recommended rate](#). Of course, improving access to care doesn't only refer to efforts to get patients to visit their primary care physician regularly or use preventive services such as early detection screenings. It can also mean improving how and where patients are able to access care. Many experts have argued that today's health care system is far too

fragmented to serve patients well—and that any efforts to connect, collaborate, and share information across organizations in order to make care more convenient for patients will also improve patient outcomes. The emerging trend toward onsite clinics and robust workplace wellness programs is one example of more convenient, accessible care. According to Deloitte’s recent report, [The Future of Health 2040](#), the healthcare industry is on the “brink of a large-scale disruption” driven by greater connectivity, interoperable data, open platforms, and consumer-focused care. Primary care providers that are already innovating to provide more convenient and connected care for their patients will be ahead of this emerging trend.

4. Focus on Patient Engagement.

Patients can be the best advocates for their own health, but first they have to be engaged and taught to be proactive healthcare consumers. This is not an easy task, but it’s one that primary care providers are particularly well-prepared to undertake. Primary care physicians are better set up to see the patient’s entire healthcare journey than medical professionals who work at hospitals, specialist care centers, or urgent care facilities. You could say that primary care physicians are in a powerful position when it comes to overall quality of care. They are able to act as the glue that holds all the different aspects of care together and supports the patient through the entire care continuum. Patient engagement shouldn’t stop with the patient, however. For true engagement in healthcare, primary care providers should think more holistically and find effective ways to connect and encourage communication between families, physicians, other care providers, insurance providers, and social services throughout the patient’s entire healthcare journey.

5. Connect and Collaborate With Other Organizations.

Finally, healthcare organizations that truly want to improve their quality of care should regularly research and learn from other organizations—both in their own region and across the country. Go back to those areas for improvement you identified and goals that you set and look for other healthcare organizations that excel in those areas. To find these organizations, keep your ear to the ground about healthcare facilities that are experiencing success in a certain area, attend conferences, read the literature, and research online. Next, reach out to the organizations you’ve identified and find out what you can learn from them. Most organizations are happy to share to improve the lives of all patients. In addition to implementing changes at your own practice, you may find healthcare organizations you can partner with to improve patient outcomes. Patients today are less limited by geography and often benefit from opening up their care options for major procedures. Even for day-to-day care and routine procedures that you typically handle in-house, primary care providers are uniquely positioned to connect patients to additional services that will increase their success, proactively follow-up on care plans, engage patients across the continuum of care, and close the communication loop with other healthcare organizations. In other words, primary care providers are best able to take responsibility for individual patients both inside and outside the clinic walls.

Conclusions

This study focused on the influence of medical services on tourism sector, and specially to

investigate those factors with a potential of contributing to delivering culturally-oriented service, with a focus on the interaction on region.

The sector of medical services is the most ‘customer-oriented’ sector in healthcare, and cultural factors besides the geographical factors can impact the rationales of mobility. Cultural familiarity is considered as a determinant in destination decision making process and the ‘patterns’ of medical services. The ‘lens of culture’ and ‘human behaviour’ play a pivotal role in the perceived definitions in both healthcare and tourism sector, respectively, and it also can improve the quality of service, and eliminate racial/ethnic disparities’. Moreover, it is believed that healthcare sector is ‘commodified’ and medical tourism is far from a ‘uniform’ developmental model.

Consistent with the previously developed model in healthcare domain, the participants tended toward a view of cultural competence in which the abilities of providers can be determined by their personal characteristics and through external assistance. The most critical individual characteristics for delivering a culturally congruent service are: the ‘knowledge’ of considering cultural competence as an ‘ongoing process’ which takes time and effort.

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