

ISSUING MEDICAL INSURANCE FOR THE PURPOSE OF EXTENDING THE LIFE OF THE POPULATION AND FURTHER IMPROVING DISEASE PREVENTION MEASURES

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Abstract

Many people have a negative reaction to the word insurance, saying that it is a mandatory, useless thing, why is it necessary? Because in most cases, insurance is mandatory, and people buy insurance policies by paying appropriate amounts to insurance companies. It will show the services provided. Everything can be insured. Simply put, insurance means that we will protect you and provide guaranteed service for a certain amount.

Introduction

Now every citizen's health is insured at the expense of the state. However, the population does not pay for it. The state guarantees the same free medical service at each stage. From this comes the meaning of insurance. Our task is to protect the health of the population at the expense of the state. The state guarantees medical services to the population. In fact, even when we say that public medicine is free, it is not free. It was paid for from the state budget. Attention to human health and well-being in our country is paying off day by day. In particular, the quality of medical services provided to the population in health centers is increasing, and wide opportunities are being created for citizens, as well as patients. In particular, the issue of state medical insurance of citizens was reflected in the President's decision on November 12, 2020 "On measures to introduce a new model of health care system organization and mechanisms of state medical insurance in Syrdarya region." According to it, the State Medical Insurance Fund was established. Our main task is to implement and manage the state health insurance system and ensure interdepartmental cooperation in the implementation of a unified state policy in this area. We participate in the implementation of the system of strategic procurement of medical services in order to provide all layers of the population with high-quality and necessary medical care within the framework of the state-guaranteed package. Also, a new model and financial mechanisms of the healthcare system are being tested in the Syrdarya regional healthcare system from July 1, 2021 to the end of 2022. Currently, contracts have been signed with district medical associations (city medical association) and healthcare institutions of Syrdarya region. Based on these agreements, primary system institutions were transferred to the system of financing based on the number and structure of the population attached to them, dispensary service institutions based on the global budget, and inpatient institutions to the system of financing based on the results of the work performed (cases treated). From January 1, 2022, the assessment of the quality of medical services provided to patients treated



on the basis of a state order and their compliance with approved standards, the management of budget funds allocated for these purposes, and the constant monitoring and control of their effectiveness are carried out by the State Medical Insurance Fund. In doing so, the Fund pays for the cases treated by specialized scientific and practical medical centers of the republic on the basis of the contract, monitors the quality of medical services provided to patients in accordance with approved standards and protocols, and develops clinical cost groups and introduces the method of payment "for each treated case". keeps track of all treated cases. Material and research methods: The scientific article was written in the literature review system, and for this, the materials of the state medical insurance were used. The article was mainly written in the form of questions and answers in the common vernacular to make it understandable to the population.

As you can see, residents can come to the family hospital for several reasons - for prevention, if something bothers them, or when the nurse calls, for vaccinations. If a citizen walks in the door and says he has a headache, the doctor will measure his blood pressure, send his blood to the laboratory for analysis and determination of sugar levels. Even then, if the family doctor hesitates to make a diagnosis, doctors of a narrow field, for example, write a referral to a cardiologist and send the patient to a multidisciplinary hospital. In this way, a diagnosis is made and the necessary drugs are prescribed. If surgery is needed, the range of services will continue to expand. In this way, a list of medical services is formed in each institution.

In this case, the family doctor gives referrals to doctors of a narrow field and, if necessary, to district, regional, and republican level hospitals in accordance with the volume of medical services and clinical protocols for each type of institution. Referrals to hospitals at the republic level are approved by the regional health department. In cases of non-compliance with this regulation, medical services not included in the guaranteed package are provided on a paid basis.

What changes will happen in the system now, will the guaranteed package be given to the population? First of all, early detection of diseases, the quality and scope of medical services provided to the population will be further increased. As for the packages, the New System will develop a package of free medical services and medicines guaranteed by the state at the level of each medical institution. Packages are provided to citizens of Uzbekistan, foreign citizens permanently residing in our country, and stateless persons in primary medical and sanitary facilities and hospitals. What does it give? The biggest change in this is that the citizen undergoes examinations as part of the package, the doctor's recommendation, referral and all procedures are carried out electronically. Now the patient does not need to come to the hospital to find out the results of examinations and analyzes, depending on the results, the family doctor will tell you when, when and where to go for inpatient treatment. will send the specified voucher to your mobile number by SMS. After all, family doctors monitor health indicators of the population, keep medical history, write prescriptions for medicines and refer to medical institutions according to the guaranteed package through a single electronic platform. This prevents many misunderstandings that may occur between the patient and the professionals. Each citizen will have a number. For this purpose, institutions are coding streets, neighborhoods, and houses. Then citizens will receive medical services within the package wherever they go in the region. These packages have no expiration date and are universal.

How to extend the life of the population and how to prevent diseases. First of all, the number of the population and the risk groups of their diseases are determined - 1. Healthy; 2. Healthy, but sick in some parameters; 3. Chronic; 4. Disabled or bedridden. After the base of these groups is



formed, measures are taken for early detection of diseases, i.e. transfer of those from 2 risk groups to 1 group. Measures will be developed to improve the health of groups 3-4 and provide them with regular assistance in a timely manner. In fact, if preventive measures are carried out in a timely manner in a family hospital, people will be treated in an outpatient setting, and there will be no need for an inpatient stay. We now send the patient to the hospital less often, and he will optimize on his own. Currently, citizens are studying the requirements regarding which conditions, which diseases they apply for, and which drugs are most needed.

In the future, non-governmental medical organizations may also be involved in providing medical services based on a guaranteed package. It is indicated that the effectiveness and efficiency of allocated budget funds will be continuously monitored by the Fund.

The mechanisms of state medical insurance aimed at financing the provision of quality and complete medical care to all segments of the population based on this guaranteed package are implemented in three stages. First of all, this experience will be used in all medical institutions of the Syrdarya Regional Health Department, by 2023, in the Republic of Karakalpakstan, Tashkent, Samarkand, Navoi, Surkhondaryo and Fergana regions, and in 2025, all regions of the country will be covered.

Summary:

In the state health insurance, the population has the right to receive free medical care within the guaranteed package, in particular: admission of primary care doctors, consultation with specialized specialists (if recommended by a family doctor); tests and diagnostic studies (if there is a referral from a family doctor); medical examination (according to the standards and clinical protocols approved by the Ministry of Health of the Republic of Uzbekistan); screening examinations (according to the order of the Ministry of Health of the Republic of Uzbekistan); vaccination (according to the national vaccination schedule); prevention of non-infectious diseases (according to the protocol approved by the Ministry of Health of the Republic of Uzbekistan); call an ambulance; calling a family doctor at home from the attached family polyclinic; hospitalization if indicated; treatment of disease and its complications; provision of blood and its components; gives the right to medical rehabilitation and palliative care in medical institutions

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