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TRANSFORMATION OF THE MANAGEMENT SYSTEM IN DENTISTRY: EUROPEAN MODELS FOR UKRAINE

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ABSTRACT — The paper is focused on the problems of the management system transformation in the field of dental health service under the conditions of power decentralization and reforming of the healthcare industry in Ukraine. Theoretical analysis of the main management functions under the conditions of existence of a centralized (Soviet), transitional (centralized with elements of market relations) and decentralized (European, professionally self-governing) models of dental health service to the general public is accomplished. The main differences between the decentralized dental health service management model in European countries and in Ukraine are identified. It is concluded that the transition from a centralized to a decentralized management model improves the quality of dental services and brings closer the living standards of the population of Ukraine to European standards.

KEYWORDS — transformation, managerial functions, dental health service management models, European guidelines, medical self-government, Ukraine.

INTRODUCTION

Nowadays the social sphere produces the majority of socially significant services. This ensures that the social sphere is actively turning into a productive sector of economic activity, which significantly affects the economical development of a city, region and country as a whole [2, 7, 8, 11]. One of the powerful components of the social sphere is the healthcare system and its component — dental health service.

The problem of oral prophylaxis over the past few years has proved to be an extremely urgent problem for national governments, which in its scale and consequences already goes beyond a purely sectoral one, that is, medical problem [10, 13].

In Ukraine, about 43 million visits are made annually for dental health service. At the same time, every second Ukrainian needs full mouth debridement [4]. Therefore, vital scientific mission is the study of problems of the management system transformation in the field of dental health service under the condi-

tions of power decentralization and reforming of the healthcare industry in Ukraine.

METHODOLOGY, MATERIALS AND RESEARCH METHODS

To achieve the objectives of the study, a desk research was conducted, during which information on management functions in the field of dental health service in Ukraine was analyzed. The study used methods of scientific analysis and synthesis, observation, comparison, academic and historical retrospective, content analysis, etc.

MAIN CONTENT OF THE STUDY AND ANALYSIS OF THE RESULTS

The WHO global program in the sphere of public health is inextricably connected with dental health protection and is on a par with other priorities of the healthcare industry as a binding component of national programs for the prevention of chronic diseases and health promotion [1, 13].

The cost of dental health service has always been high, but earlier the state defrayed major portion of these expenses. The experience of solving this problem in other countries shows that the greatest results can be achieved through timely implementation of targeted preventive measures organized at the state level at the expense of special-purpose financing from the central and local budgets [1, 6]. Unfortunately, during the existence of independent Ukraine, only one national program for dental disorders prevention was adopted [9].

It has been established that in the EU countries healthcare personnel for the dental service is trained mainly in state-run educational institutions (90%). Private educational institutions exist only in 9 European countries [5]. The share of private educational institutions for the training of dental specialists does not exceed 10% in the system of healthcare personnel training. Most educational institutions that educate future dentists are operated in Italy, Germany, Spain, France, Great Britain. According to the statistics of 2018, in Ukraine, training of dentists is carried out in 23 higher educational institutions [12], 4 institutions of which function as private ones (17% of the educational services market). The national indicators

specified in Table 1 confirm the fact that the adoption of nation-wide program for the prophylaxis and treatment of dental disorders provided an impetus for development of a system of private higher medical educational institutions with a view to train dentists in Ukraine [9].

Table 1. Ratio of public and private dental educational institutions in the EU

Name	Public institutions for training of dentists, pcs.	Private institutions for training of dentists, pcs.	Share of private educational institutions, %
Ukraine	19	4	17
EU countries	199	19	9

An example to follow for Ukraine is the advisory board of the Council of European Dentists (CED), which functions as part of the Council of Europe. The main mission of CED is to provide counselling to the Council of Europe on the problems of dentistry and to develop unified policy principles in this field [3]. In addition, this organization implements the principles of public administration in the protection of dental health, performing both general managerial functions (organization, control) and special functions (Table 2).

Table 2. Characteristics of management models in dentistry

Comparison criterion	Management models in the field of dental health		
	Centralized, USSR	Decentralized, Ukraine	Decentralized, EU countries
Legislative framework for dental health protection	absent	Absent (1 bill draft developed)	There is a special law governing social relations in the field of dentistry
Dental self-government body	absent	Coordination Council at the branch ministry was established	The Council of European Dentists functions as a part of the Council of Europe, in Poland the Council of Dentists functions as a part of the medical union
Managerial functions in the field of dental health	Planning, organization, motivation, control	Additionally: - advisory support (counselling); - delegation of specialists abroad for the purpose of internship work; - contracting of foreign specialists; - coordination of activities of specialized institutions and institutions of all forms of ownership; - communication;	Additionally: - advocacy – protection of the rights of patients and specialists; - evaluation of legislative projects on dental health risk; - legislative initiative of the Council of Dentists in the Council of Europe; - dental health monitoring

In the dental field, reforms in the age of power decentralization take place according to several scenarios: full integration (consolidation of dental institutions in one powerful institution — Kyiv, Poltava, Odessa), partial integration (at the level of the regional center there is a municipal joint dentistry), model of

municipal noncommercial enterprises (Zaporizhia, Kharkiv) and reorganization model of a regional dental clinic into a regional social dental clinic with budget financing of services for the attached controlled contingent (Dnipro regional dental clinic, servicing of fighters and participants of anti-terrorist operation).

Among the main factors of the teeth's health service reorganization, contributing to the enlargement of dental clinics, it is possible to name such groups: economical (increase in maintenance expenditures and decrease in business solvency of dental public institutions), medical and social (inability to provide dental services at a competitive level with private institutions) and social-psychological (improving the corporate culture, the level of motivation to learn new technologies, etc.).

Under the conditions of power decentralization and reform of the healthcare industry, the municipal institution "Dnipropetrovsk Regional Dental Clinic" is a unique management entity, economical model of which is based on the principles of internal and external integration.

Special characteristics of internal integration include the principle of district servicing the attached contingent (I level of health care delivery), provision of specialized services in the direction of other medical institutions, including from rural areas of the region (II

level of specialized medical care delivery) and provision of III level highly specialized medical services (dental surgeries with the use of general anesthesia of procedures).

Special characteristics of external integration and building of a new market-focused model include

functions on the provision of dental services of highly specialized and high-technology content. Among them it is important to note the implementation of the function of clinical base of higher educational healthcare institutions (support of scientific studies of specialized departments of State Institution “Dnipropetrovsk Medical Academy of the Ministry of Health of Ukraine” and TOV “Dnipro Medical Institute of Traditional and Non Traditional Medicine”), as well as base for work experience internship of students, medical colleges and secondary medical schools, training of internship doctors; skills enhancement of doctors and middle grade medical staff (at workplaces) of rural and urban medical and preventive treatment facilities; entrepreneurial function — provision of paid services in the manner and extent established by applicable law; function of delegating specialists abroad for the purpose of internship work and contracting foreign specialists in a health care institution with the view of dental practice, in accordance with the applicable legislation of Ukraine.

CONCLUSIONS

According to the study conducted, the dental health service management system in Ukraine has undergone significant transformations. In the age of a centralized dental health service management model, the functions were focused on the organization of the main activities of the dental public institutions within the subordinate territory, as well as planning, motivation and control were carried out. With the introduction of the principles of a decentralized teeth's health service management model, the range of managerial functions has significantly expanded, in particular, there have appeared consultative support for the industry reforming; regulatory support for the teeth's health service development through the preparation and implementation of regional dental health service programs; coordination of the activities of specialized institutions and institutions of all forms of ownership that provide dental health service to the general public; as well as monitoring, communication, evaluation, entrepreneurship, contracting of foreign specialists, delegating of specialists abroad for the purpose of internship work, function of clinical base of higher educational healthcare institutions and science platform for experience exchange and scientific studies.

The primary result of the transition from a centralized management model to a decentralized European one is an improvement in the quality of servicing the patients and the approaching of the Ukrainians' living standards to European standards.

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Contributors:

IKh designed the study and analysed and interpreted data. IKh and YeB interpreted and analysed the data. VS did the literature review, collected data and made the figures. IKh, YeB and VS prepared the manuscript for submission.

Declaration of interests

We declare no competing interests

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