



IMPORTANCE OF THE STABILITY OF LEGAL SYSTEM FOR THE SUCCESSFUL MANAGING OF A STRUCTURE OF MEDICAL SERVICES COMPANIES

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SUMMARY:

The process of introduction into our national legislation of norms of the European union legislation has a direct impact on the process of realization of major activities in all spheres of the public life and the activities related to medical services are not an exception.

The management of activities, connected to provision of medical services, requires attention to be paid not only to the competitive environment, but also to the normative requirements, regulating the access of the citizens to medical aid.

When talking about healthcare and healthcare market, it should be noted that good healthcare is possible only where there is good civil society and strong traditions in the field of social insurance.

The new requirements introduced in the way of functioning of the healthcare system aim to provide improved human health, however simultaneously the adaptation of the system to the new legally regulated requirements should be implemented in a way, which guarantees fast and easy access to healthcare services for all patients.

Keywords: Healthcare, management, medical services, regulation,

The right of access to medical aid is a basic human right, regulated in a number of national and international normative acts. The right of access to medical aid is directly connected to the right of access to healthcare. The health of the Bulgarian citizens is a priority and is covered by many strategic documents of the Bulgarian Government and of the European Union (EU), which requires synchronization of the normative acts in force.

The process of introduction into our national legislation of norms of the European Union legislation has a direct impact on the process of realization of significant activities in all spheres of the public life and the activities related to medical services are not an exception. [1]

The management of activities, connected to provision of medical services, requires attention to be paid not only to the competitive environment, but also to the normative requirements, regulating the access of the citizens to medical aid.

The successful functioning of a given organization depends not only on the well-developed model of internal processes and methods for evaluation and control, but also on the management of the relationships with external entities – clients, suppliers, competitors, state administration and so on. One of the proven models for searching possibilities for the establishment of a sustainable work model is the cooperation with partners for optimization of the expenses for development activities and distribution. The close cooperation with other partner organizations can be divided into horizontal and vertical integration, depending on the place of the joint companies in the service supply chain to the end users.

Medical centres, which implement an integrated approach, where medical services are provided by a unified structure of companies, assist for the continuous improvement of the quality of medical services for the patients and in this way increase the overall quality of healthcare services in the region, in which they carry out their activities. In certain cases this type of medical centres are university structures sites, which provide environment and conditions for scientific research and lecturing, they participate actively in technological renovation and in upskilling of medical specialists on all levels. The instability of the legal system and the frequent changes in general and special legislative acts, regulating the activity of medical service provision within the healthcare system, causes difficulties both for the medical service suppliers and for the patients themselves.

In healthcare marketing a greater number of characteristics of the health service are considered, originating from the specific character of its provision and payment:

- Health service quality, although varying, cannot go below a certain standard, which is introduced by an external regulator (Regional Health Inspection, National Health Insurance Fund, professional organizations), as a result of internally accepted norms (diagnostics algorithm, surgery equipment) or by the mutual influence of both factors.
- The interests of the participants or mediators in the service provision process are potentially divergent – for the ones that offer the service this could be better technological implementation, but also a higher price, for the ones

that accept the service, this concerns the fulfilment of a health necessity and lack of interest for the price. This is due to the fact that in general the consumer does not pay directly and immediately – payment is made by third parties (the state, a health insurance fund and so on), that is why often the price is not a regulatory factor for the consumption level. This trilateral model clearly demonstrates the divergence of the interests – the offering entity wishes to provide the service for a possible maximum price, the accepting entity wishes to receive the service as fast as possible irrespective of the price, and the paying entity wishes to reduce the level of consumption of the service and/or to pay for it a minimum price.

- External regulation – another specific characteristics of health services. In spite of the fact that in every service industry there is a regulator, in healthcare obviously the need for strong internal regulation is extremely necessary. Such regulation can be provided by the nationally recognized health care regulatory body (for example the Ministry of Health), by the financing bodies, by professional organizations, by other associations – expert boards, patient organizations and so on.

- Ambivalence of power – an interesting phenomena, in which the specific service providers feel as a whole more connected with the profession and the patients than with the site, where they work, on the other hand however the site has a management structure, which carries out its responsibilities – providing work conditions, resource distribution, development and growth and so on. In other words the power is ambivalent and this may have a divergent influence on the content and the quality of the service itself.

- Insufficient connection between the result of the health service and the quantity of the efforts put in it. And not least it should be pointed out that unlike other types of services, often the results of the health service are zero or even negative. In other cases they become visible a long time after the service was provided. This peculiarity may have an unfavourable marketing effect in spite of the competence, the quality and the humanism of the provided service.

In healthcare marketing a greater number of characteristics of the health service are considered, originating from the specific character of its provision and payment. One of them is the insufficient connection between the result of the health service and the quantity of the efforts put in it. In other cases they become visible a long time after the service was provided. This peculiarity may have an unfavourable marketing effect in spite of the competence, the quality and the humanism of the provided service.

When talking about healthcare and healthcare market, it should be noted that good healthcare is possible only where there is good civil society and strong traditions in social insurance.

In 2016 some subordinate normative level changes were implemented in the Regulation on the provision of the right of access to medical aid, which specifies the conditions and the sequence of fulfilment of the right of access to medical aid for obligatory health insured people in the Republic of Bulgaria and of the people, who reside in

the Republic of Bulgaria and for whom the rules on social security system coordination apply. [2]

The health insured people in the Republic of Bulgaria have the right to receive medical aid within the scope of the main package of health activities, guaranteed by the budget of the National Health Insurance Fund, which guarantees them accessible treatment depending on the stage, development, severity and acuteness of the respective disease.

The existing weaknesses in the structure and in the management of the healthcare system allow for a substitution of clinical paths and overcharging of the number of checks and patients. This phenomenon is commonly known as “draining of the National Health Insurance Fund”. [3]

Outside of the scope of the obligatory health insurance, Bulgarian citizens have a right of access to medical services in accordance with Art. 82 of the Health Act. Bulgarian citizens have a right of access to medical services on the basis of contracts for medical insurance in accordance with Art. 82, Par. 1 of the Health Insurance and Paid Medical Services Act.

The healthcare establishments, which have signed a contract with the National Health Insurance Fund for provision of medical aid, cannot define prices and request and accept payments/surcharge from a person, who has obligatory health insurance and possesses the respective direction, for the medical services they provide.

In the hospital establishments however there are no unified rules, nor standards for financial management. The lack of common rules on the recording and reporting of the information on income and expenditure in the healthcare establishments hampers the information securing of the process of pricing the hospital aid activities. [4]

The healthcare establishments, which have signed a contract for medical aid provision with the National Health Insurance Fund, are obliged to put the following information on visible and commonly accessible places:

1. healthcare activities, guaranteed by the budget of the National Health Insurance Fund;
2. medical services, provided free of charge, in accordance with Art. 82 of the Health Act;
3. the cases, in which people have the right of targeted funds from the state budget and the procedure of their allocation;
4. the cases, in which people pay for the medical aid;
5. the type and the price of the medical and other services, the procedure for use and the terms of payment.

Apart from the cases of medical and dental aid in accordance with the conditions for choosing a medical doctor or a dental specialist, Bulgarian citizens have the right of access to primary non-hospital care in health care establishments, chosen by them, on the territory of the whole country.

In the last years we witness a process of decentralization in healthcare. This process creates conditions for provision of the rights of a legal person to every health care establishment. Health care establishments are registered as trade companies. The contract based system is applied everywhere.

- Contracts with the financing authority (health insurance fund, ministry, municipality);
- Contracts with personnel (labour contracts, service contracts);
- Contracts with goods manufacturers, contracts for services, contracts with traders and other suppliers.

The new requirements introduced in the way of functioning of the healthcare system aim to provide improvement of human health, however simultaneously the adaptation of the system to the new legally regulated requirements should be implemented in a way, which guarantees fast and easy access to healthcare services for all patients.

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