

Regional Practice of Project Management in the Process of Primary Health Care Improvement by using Supply Chain Strategy

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Abstract- The article reveals the practice of project approach application in the process of primary health care system improvement by using the supply chain strategy. A special place is given to the description of the project “Health Management” implementation process, initiated in the Belgorod Region. They provided the characteristic of the project stages and its intermediate effects. They presented the experience of project activities by conditional blocks. The main results of the regional project are shown. Ideology and project activities are aimed at strategic goal achievement - the provision of life expectancy up to 75 years, including healthy one, among the regional population by 2020.

Key words: project management, project activities, primary health care, supply chain strategy, general practitioner, family doctor, Belgorod region, regional projects.

1. Introduction

The project management in the social sphere is being used increasingly at the present stage as a key tool for its development [1, 2, 3]. Health care acts as a separate block: here the design acquires its own characteristics, since, on the one hand, the industry is clearly regulated by internal laws, medical care standards, clinical guidelines and other standards, on the other hand, it is very subjective: most medical services built according to "man-man" principle. The experience of the Belgorod region [4] deserves a special attention in the process of project approach use in the social sphere. For the first time project health management in the process of primary health care improvement was applied on such a large scale in regional practice: an integrated approach was used to create the conditions for its provision, content improvement and result achievement planning and monitoring.

2. Study materials and methods

The presentation of project ideas in the region takes place both at the professional community sites and at independent sites. One of such

resources is the “People’s Expertise” website, where people’s ideas are collected, publicly discussed, voted on and submitted to the sectoral authorities. The traditional group form of work – the strategic session - has a high performance. At session sites, project proposals are initiated and packaged by the representatives of executive authorities, practical medicine, social welfare institutions, public organizations, the patient community, the Territorial Mandatory Medical Insurance Fund (TMMIF), federal supervisors, insurance companies and media. Further, the initiated projects go through the stage of wide discussion. They are included in the industry portfolio of projects (their number makes 50 in 2018). Two thirds of projects are multilevel and interdepartmental. This allows you to accumulate various resources more effectively to achieve common goals [5].

3. Results and discussion

The example of productive interagency cooperation is the regional project “Health Management”, aimed at conditions, content and results of primary health care improvement for the residents of the region. The project is headed by the governor of the Belgorod Region E.S. Savchenko. Project activities are included in all subprograms of the regional health development program without exception. The timeliness of “Health Management” is objectively confirmed, on the one hand, by the priority of health care development in Russian Federation (the strengthening of preventive work in primary link), on the other hand, by limited resources (primarily material and technical ones) for primary health care provision, especially in rural areas.

The problem of medical personnel availability is urgent: the density of child population in villages is significantly lower than the density of the adult population. The shortage of pediatricians is particularly acute as the number of district doctors is low. So, with the conditional rate of 1 doctor per

800 children, a large number of settlements fall into the pediatrician's service area with varying degrees of distance from each other. Such territorial and organizational conditions of a pediatrician work are not attractive to experts. The current situation contributes to the progression of staff shortages. The solution of the problem within the framework of the regional project is to organize the provision of services to the population of all age groups by family doctors together with pediatricians.

The problems of urban areas are the following ones: 1) the lack of family principle priority for adult population serving, which reduces the possibility of information obtaining about the health status and the lifestyle of specific patients not only from them personally, but also from their family members, does not allow to influence the adherence to treatment through family; 2) the absence of a normatively fixed interaction algorithm between general practitioners and pediatricians at the level of continuous data exchange on health status and the lifestyle of patients - the members of one family, which makes it difficult to ensure a comprehensive propedeutic approach to child and adult health preservation. One of the main solutions to these problems in a regional project was the introduction of family

medicine principles into primary health care practice.

Let's describe the main chronological stages of the project, its intermediate effects and possible prospects.

The project "Health Management" includes three stages.

The first, preparatory stage:

- the project working group was created, which included all members of the regional government (the heads of sectoral departments, the heads of municipal districts and urban districts, the representatives of the territorial fund of compulsory medical insurance), and the public;

- They analyzed the situation by three groups of requirements concerning the provision of primary health care: the requirements for its provision conditions, content and results, i.e. the infrastructure component of the primary link was studied in detail;

- The range of problems is defined;

- the general goal of the project was formulated taking into account the strengths and the weaknesses of the current federal and regional legislation and other norms, the actual situation in the medical organizations of the region; specific tasks were set based on the SWOT analysis (table 2)

Table2. Key performance indicators of district general practitioners and general practitioners (family doctors)

#	Indicator name	Measurement units	Goal	
			Basic level	Increased level
1.	Patient satisfaction with medical care on the results of the survey, IT voting	% points	60 – 69 1	70 and more 4
2.	The number of substantiated complaints about the quality of provided medical services	un. points	1 and more 0	0 4
3.	The identification of patients with suspected chronic non-communicable disease in the early stages according to preventive measure results	% points	7-9 1	10 and more 2
4.	The coverage of attached population underlying contingent by dispensary observation in a given month, %	% points	80 – 94 2	95 and more 3
5.	The number of deaths from preventable causes among the persons of working age at the medical site, cases	un. points	No more than 2 2	No more than 1 3
6.	The number of ambulance calls to the population being served	un. points	30 and more 0	Less than 30 1
8.	Percentage of people who quit smoking from the number of smokers trained at Health Schools	% points	No less than 5 1	10 and more 2
9.	Weight loss among people with impaired fat metabolism (per person) from the number of people trained at Health Schools	kg (%) points	2-3 (5) 1	4 (10) 2

These indicators were developed by a group of professionals from among the employees of Population Health and Social Protection Department of the Belgorod Region, the heads of central district hospitals and clinics, general practitioners and the representatives of trade union committees. The basis was taken by the performance evaluation point system: one point has a certain monetary equivalent. The sum of the maximum possible points corresponds to 100% of the salary incentive part for a family doctor. It is proposed to use the KPI as a set of measuring criteria that characterize a problem or a process. The threshold value of an indicator is the value set as the minimum target for one of the qualitative components of medical and preventive care and valid for the indicators of medical care defects. At the same time, an increased (or a planned) indicator standard is established. Clinical recommendations [11], the results of best practices, the opinions of medical experts, five-year dynamics of indicators in the region and the rates of their intended changes were used as the sources to determine the threshold values.

- the development of management skills, budgeting skills in their area of responsibility among the leadership of medical organizations, which are the components of the federal professional standard "Expert in the field of public health organization" [12] adopted in 2017. This means that the managers, from the head of the department to the chief physician, should have the competence of high-level managers, manage the revenue and the expenditure part of medical organization budget and their structural divisions competently.

The following questions are logical: how can they cope with such a difficult task in practice in the absence of a single tool of its solution? where can both a manager and a doctor receive information about the budget of their unit on a regular basis in order to influence its balance through the adoption of managerial decisions within their authority? This problem was solved in two directions within the project:

- the improvement of medical employee professional competence in the field of budgeting (regional training seminars were held by financial service representatives of Population Health and Social Protection Department, the Department of Finance and Budget Policy of the Region and the Territorial Division of the Mandatory Medical Insurance Fund; - The creation of the unit "Budgeting" in the medical information system. The technical task for its

development had a serious medical and economic substantiation.

4. Conclusions

The main result of a health sector in the Belgorod region for 2018 was the positive dynamics of population health indicators in the region, and above all, the reduction of total mortality to 13.4 per 1000 people. This was contributed by "Health Management" project under the supply chain strategy. At the same time, the expansion of family doctor (general practitioner) institute in the district primary health care service provides not only a tangible social effect, but also an economic one. The creation of material, informational and financial (mainly the wage fund) working conditions for general practitioners with their expanded functionality requires certain funds, but it also reduces the need for more expensive specialized care. Mobile emergency services for emergency, palliative, geriatric care created in the structure of polyclinics became the so-called "props" for a family doctor, allowing him to cover 100% of the assigned population with medical services (including preventive ones) systematically. The regulated interaction of a general practitioner and a district pediatrician allows for a team approach to the provision of primary health care on the principle of family medicine through the territorial medical information system.

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