Impact Factor:

ISRA (India) **= 4.971** ISI (Dubai, UAE) = 0.829**GIF** (Australia) = 0.564

= 1.500

SIS (USA) = 0.912**РИНЦ** (Russia) = **0.126** ESJI (KZ) **= 8.716 SJIF** (Morocco) = 5.667 ICV (Poland) =6.630PIF (India) = 1.940**IBI** (India) OAJI (USA)

= 4.260 = 0.350

QR - Issue

QR - Article



JIF

p-ISSN: 2308-4944 (print) e-ISSN: 2409-0085 (online)

Year: 2019 Issue: 10 Volume: 78

Published: 14.10.2019 http://T-Science.org





O. Nazarmatov Fergana Polytechnic Institute researcher, The Republic of Uzbekistan

THE USAGE OF FOREIGN EXPERIENCES MANAGEMENT INNOVATIVE ACTIVITIES IN THE HEALTHCARE

Abstract: This article focuses on issues of foreign experience and innovation management in the healthcare sector. In addition identified the main factors affecting the innovative activity of the healthcare sector.

Key words: healthcare sphere, innovation activity, integration, innovation, market for medical services, efficiency, mechanism.

Language: English

Citation: Nazarmatov, O. (2019). The usage of foreign experiences management innovative activities in the healthcare. ISJ Theoretical & Applied Science, 10 (78), 166-169.

Soi: http://s-o-i.org/1.1/TAS-10-78-29 Doi: crossef https://dx.doi.org/10.15863/TAS.2019.10.78.29

Scopus ASCC: 2000.

Introduction

In the process of integration into the global economy, all countries strive to develop all sectors of the national economy on the basis of their relative advantages not only in the domestic but also in foreign markets. The development of new industries and sectors based on the experience of foreign countries can significantly reduce the period of development of industries in our country. The introduction of a mechanism for managing innovation in the healthcare sector, which is the subject of research based on the use of international best practices, opens up wide opportunities for innovative development of the industry.

Innovative strategies and implementation systems in healthcare in different countries were developed on the basis of characteristics of the healthcare system in these countries and the functioning of the system. Of course, adapting the system to the national market for medical services and managing the development of the sector by the state will also affect the state of innovation.

The use of innovative medical technologies and the development of access channels create conditions for deepening the specialization of medical services segments to standardize the medical services market. The formation of the International Medical Services Market (IMSM) plays an important role in the stable economic situation in the national markets, which is caused by the level of income of the population and the additional opportunities for access to medical services. The key characteristics of the healthcare market depending on the level of development of the economy are presented in Table 1.

The development of the international market is driven by changes in demographics, life expectancy, and reduced birth rates, taking into account the high availability of advanced medical technology and the migration processes for patients and health care providers.

Table 1. Key features of the national health services market by economic development indicators [1, pp. 61-69]

development.	Developing countries (India, China, Russia)	(Hong Kong, Singapore,	_	
General indicators	Strengthening of standards for treatment and diagnostic	•		



	ISRA (India)	= 4.971	SIS (USA)	= 0.912	ICV (Poland)	=6.630
Import Forton	ISI (Dubai, UAE	(2) = 0.829	РИНЦ (Russi	ia) = 0.126	PIF (India)	= 1.940
Impact Factor:	GIF (Australia)	= 0.564	ESJI (KZ)	= 8.716	IBI (India)	= 4.260
	JIF	= 1.500	SJIF (Moroco	(co) = 5.667	OAJI (USA)	= 0.350

State regulation	activity; As the demand for medical services exceeds supply, the segment of private health services will be formed, and the level of government regulation of the sector will be developed.	sector, including the private sector, by toughening the requirements for compliance with the standards of quality of medical services	the whole healthcare system, based on the requirements of international best practices
Technology	Use of simple diagnostic, medical and surgical equipment; the beginning of the process of implementation of information and communication technologies in health care	Mainly availability of modern medical equipment in private clinics and increased level of implementation of information and communication technologies	Wide use of modern medical equipment in public and private medical institutions; high use of information and communication technologies
Infrastructure	State-owned medical institutions, mainly in central and urban areas; increase in the number of private health care facilities in primary health care; the emergence of private clinics that serve the disadvantaged groups	Increasing the share of private clinics and their expansion with the privatization of public sector medical facilities; as a result, the formation of private medical networks that can meet the demand in the domestic and foreign markets	Capacity building of public clinics; the growth of private sector health care providers; increasing the attractiveness of the industry for foreign markets

Out-of-country medical personnel is a new business model. International trade in health services, on the one hand, promotes competition in the industry and consequently, improves the quality of health services, and on the other, creates a problem of "flow" of qualified personnel. The availability of health services is an important indicator of citizens' satisfaction with the health care system. Health care delivery approaches vary considerably. Thus, in some countries the priority of universality is provided with a full package of medical services, although waiting times considerably increase. In others, the cost of medical services for the working population is either covered or not fully covered, and as a result, certain categories of citizens are guaranteed access to scheduled medical services.

As a result of the analysis of the current state and structure of the international medical services market, the growth of international competition in this area is directly related to the expansion of the geography of the quality of medical services and the emergence of new market participants. Along with international trade in medical services, migration of medical personnel, emergence of new methods of treatment, standardization of production and consumption of medical services, tendencies of formation of international market of medical services on innovative basis are established.

In the course of the research, we identified factors that shape the international market for medical services (Table 2).

Given the deep demographic changes, aspects of improving the quality of life and improving the lives of citizens are of vital importance to all countries.

In many countries, the influence of the factors indicated in the table is that the quality of free medical services varies and the quality of the sold medical services [2, p-137].

Table 2. International medical services market development factors

No	Factors	Trends
1	Increase in the elderly population	Interference of non-sales medical services with medical services for sale
2	Inadequate access to health care	Formation of countries international medical specialization



	ISRA (India) =		()		(= 6.630
Impact Factor:	ISI (Dubai, UAE) =	= 0.829	РИНЦ (Russia	a) = 0.126	PIF (India)	= 1.940
	GIF (Australia) =	0.564	ESJI (KZ)	= 8.716	IBI (India)	= 4.260
	JIF =	1.500	SJIF (Morocco	(5) = 5.667	OAJI (USA)	= 0.350

3	The prevalence of infectious diseases	Formation of remote monitoring and consulting system with introduction of telemedicine technologies
4	The social orientation of the reforms	Increased volume of health financing

Developed by the author on the basis of research.

As a result of the above factors, there are some changes in the way medical services are marketed (Table 3).

At the same time, achieving financial sustainability and meeting the population's needs for advanced treatment methods and medical technologies is an important health care task for many countries around the world. At the present stage of

development, not only developed countries, but also many developing countries, spend more than 5-6% of GDP as recommended by the World Health Organization for health purposes. Unfortunately, even in these countries, a significant portion of health care spending is ineffective. Even the most conservative estimates suggest that the world's share of such inefficient costs is 20 to 40% [3, p-11].

Table 3. Ways to sell medical services

№	Ways to sell Summary of sales methods				
1	Transboundary delivery	Consumer and supplier of medical services are in different countries and services are provided using telemedicine technologies.			
2	Receive medical services outside the country	Medical services are provided in the form of medical tourism: consumers travel abroad to access health care services, along with clinical services, including hotel, insurance, transport and legal services. This type of tourism is relatively developed in Singapore, Malaysia, Israel, Turkey and other countries.			
3	Migration of health care providers to another country with or without their own commercial offices	A commercial office may be established in the form of a new legal entity or its branch office. At the same time, the receiving side controls the migration of health workers from country to country through visas, licenses and other controls.			

Developed by the author on the basis of research.

Improvements in health care will be provided by new medical technologies that effectively deal with serious problems, such as chronic diseases, oncology and rare diseases. As a result, there is growing demand for new services and innovative treatment options, increased quality of care, additional financial risks, and increased demand for these services. In recent years, in many developed countries, life expectancy and accordingly, the proportion of older people (over 65) have increased. According to the Organization for Economic Cooperation and Development, in 2015, the share of the elderly in the total population of the 15 leading countries increased by 16% to a maximum of

23% in Japan. This is an important factor affecting increased healthcare costs [4].

In the context of slowdown in economic growth, health care systems in almost all developed countries must address such issues as seeking additional sources of funding, improving the quality of health care, and introducing more effective forms of organization.

Each country tries to solve these problems based on the existing health model. In the developed world, the following three basic health care models are common, based on different funding modalities and forms of health care services [5, p-675].



	ISRA (India)	= 4.971	SIS (USA)	= 0.912	ICV (Poland)	=6.630
Import Footons	ISI (Dubai, UAE	E) = 0.829	РИНЦ (Russia	a) = 0.126	PIF (India)	= 1.940
Impact Factor:	GIF (Australia)	= 0.564	ESJI (KZ)	= 8.716	IBI (India)	=4.260
	JIF	= 1.500	SJIF (Morocco	(5) = 5.667	OAJI (USA)	= 0.350

References:

- 1. Akishkin, V. G., Kotov, P. S., & Nabieva, A. R. (2017). Issledovanie uslovij, faktorov i tendencij razvitiya mezhdunarodnogo rynka medicinskih uslug. *Vestnik AGTU. Ser.: Ekonomika*, №3, pp.61-69.
- 2. Akishkin, V. G., et al. (2010). Organizaciya finansovoj sistemy zdravoohraneniya. Teoriya i praktika: monogr. / pod red. O. V. Nikonovoj (Eds.). (p.137). Volgograd: nauch. izd-vo.
- (2010). Doklad o sostoyanii zdravoohraneniya v mire. Finansirovanie sistem zdravoohraneniya. Put k vseobshemu ohvatu naseleniya medikosanitarnoj pomoshyu. Vsemirnaya organizaciya zdravoohraneniya, p.11.
- 4. (2014). OECD Stat Extracts. Complete database available via OECD's Library. OECD.

 Retrieved 2019, from http://stats.oecd.org/index.aspx
- 5. Mamatκulov, B. (2011). Zhamoat salomatligi va soeliķni saķlashni boshκarish: Tibbiyot olij

- ўқиv yurtlari talabalari uchun darslik. (р.675). Toshkent.
- 6. Mazur, N.Z. (2001). Innovacionnaya ekonomika: innovacionnye sistemy. Intellektualnaya sobstvennost. Samara: Izdatelstvo SNC RAN.
- 7. Shumpeter, J. A. (2007). Teoriya ekonomicheskogo razvitiya. Kapitalizm, socializm i demokratiya. (p.47). Moscow: Fksmo
- 8. Yagolkovskij, S. R. (2011). *Psihologiya* innovacij: podhody, modeli, processy. (p.21). Moscow: NIU VShE.
- 9. Poyanskaya, S.V. (2012). Sovershenstvovanie upravleniya innovacionnoj deyatelnostyu uchrezhdenij zdravoohraneniya. Avtoreferat diss. k.e.n. Saratov.
- 10. Fathutdinov, R.F. (2016). *Innovacionnyj menedzhment*. Moscow.

