

PECULIARITIES OF FUNCTIONING OF MEDICAL INSURANCE MODELS IN ECONOMICALLY DEVELOPED COUNTRIES

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The medical sector in Ukraine is currently in extremely unsatisfactory condition, accompanied by a lack of financial resources from the government and dissatisfaction with the quality of medical services by citizens. These and other factors create the preconditions to find solutions to a number of problems that occur in the health system.

The long-term global experience in the field of health insurance shows that there are various forms of health care financing that are highly effective. Today in the world there are three main models of financial assurance of the medical industry: budget and insurance, governmental and private.

The budget and insurance form of health care financing is based on the model of the construction of the O. Bismarck's social insurance system. According to it the medical sector is financed by compulsory contributions from employers and employees in special funds created by professional or territorial feature. The amount of the contribution depends on the solvency of the insurer and the access to services depends on needs of the insured people. Such system became most widespread in Germany, Italy, Sweden, France and Japan.

The governmental financing form is based on the concept of V. Beveridge, which involves financing the health care system by means of targeted taxation and medical care is available to all segments of the population. Medical staff receives wages depending on the number of patients they serve. Such system is dominant in many developed countries and is implemented in the UK, Denmark, Ireland, Canada and other countries.

The private financing model of the health care system is based on the implementation of paid medical services and the existence of voluntary health insurance. This model is characterized by financing of the medical sector by means of financial resources of voluntary medical insurance and provision of paid medical services. So, there is a parallel between private and non-commercial health insurance. At the same time, non-commercial insurance is going on within certain state programs for certain segments of the population. Usually such programs are financed from the state budget and are characterized by a limited number of insurance cases. Such system is in the United States, the Netherlands and South Korea.

Despite the different sources of financing, the above-mentioned health care systems of foreign countries have common goals: high efficiency of medical care, improvement of the quality of services and their accessibility to a wide range of people. That's why we should start the reform of the medical industry in Ukraine with the study of the main advantages and disadvantages of existing models of world health insurance systems. Based on the positive experience of a number of countries in reforming the health care system, Ukraine needs to develop its own program for the creation of an insurance medicine system, taking into account the current economic conditions. World experience in the reform of the health insurance system shows that the financing mechanism of health care can be effectively improved both within budget financing and social medical insurance.