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THE ROLE AND IMPORTANCE OF HEALTH INSURANCE IN HEALTH CARE

Abstract: The development of econometric models of medical services in order to determine the optimal solutions for the provision of medical services in our country, technological progress, the solution of painful problems in medicine, the improvement of human life.

Keywords: Digital technology, empirical model, econometric model, forecast results, information system, endogenous variables, exogenous variables.

Аннотация: Разработка эконометрических моделей медицинских услуг с целью определения оптимальных решений по оказанию медицинских услуг в нашей стране, технический прогресс, решение наиболее проблем в медицине, улучшение жизни человека.

Ключевые слова: цифровая технология, эмпирическая модель, эконометрическая модель, результаты прогнозирования, информационная система, эндогенные переменные, экзогенные переменные.

Introduction

In our country, the health of the population is one of the most important factors in the level of socio-economic development and an integral element of labor productivity in society. While technological advances are addressing painful issues in medicine, unhealthy lifestyles in many countries are making life difficult for millions of people. Therefore, one of the optimal solutions is econometric modeling of medical care.[1]

In international practice, extensive research has been conducted to improve health insurance. As a result, "32 of the 33 developed countries have introduced a system of general compulsory health insurance, which provides for the use of one of the compulsory health insurance" [2,3].

According to the World Health Organization, almost half of the world's population is not fully covered by basic medical services. "More than 930 million people, or 12 percent of the world's population, spend at least 10 percent of their income on health care."

In our country, the health care system has new tasks for the development of health care organizations and the quality of medical services. The development of effective economic mathematical models and tools for the development of medical services is one of the most pressing issues today.

Erlangga, D., Suhrcke, M., Ali, S., & Bloor, K. Systematically analyzed the impact of public health insurance on access to health care, financial protection, and health status in low- and middle-income countries. Woolhandler, S., & Himmelstein, D. U. COVID-19 and lack of health insurance. He developed a chronicle of internal diseases. Xie, Y., Valdimarsdóttir, U. A., Wang, C., Zhong, H., Gou, Q., Zheng, H., Lu, D. Health Insurance in Patients with Breast Cancer and conducted research to prevent the risk of cancer-specific death.

Ermasov S.V. and Ermasova NB considers the health insurance system as a normative-legal form of organization of insurance relations, which implies the formation of the legislative framework, the organization of state control over insurance activities, the development of self-government processes holds. Health insurance is defined as a network of voluntary health insurance that provides for the formation of trust funds at the expense of enterprises, local authorities and citizens and their use to finance medical services to the population [5,6,7].

Research methods

The development of medical services in the regions of the country has not been studied as a separate object of study. The development of health insurance services, the theoretical aspects of health insurance, the practical analysis of health

insurance have not been sufficiently studied in the work of scientists of our country. It is limited to the analysis of the infrastructure, organizational and legal form of the general insurance market and the analysis of insurance activities on a national scale.

In the emerging insurance market, the issue of health insurance services and their improvement is not sufficiently covered. This means that this topic needs to be further explored.[8]

The health insurance system is a type of economic relations between insurance companies and the insured, which is regulated by law. mechanism. Broadly speaking, health insurance refers to social insurance, including pension insurance, types of insurance with a long-term savings function, as well as mutual insurance. The main legal document regulating the health insurance system in Uzbekistan is the Republic of Uzbekistan Chapter 52 of the Civil Code and adopted on April 5, 2002.[9]

Our analysis of the study shows that the existing scientific and methodological support of health care companies does not meet the requirements. It is necessary to develop the activities of health care organizations, improve the quality of medical care to the population and introduce advanced technologies to create conditions for the convenience of medical services.

Despite the high social importance of the health care system, the process of managing the development of health care enterprises can be described as inefficient. Because there are no integrated scientific and methodological approach models integrated into daily medical practice to implement healthy management.[5,6,7,8]

Principles of compulsory health insurance:

equal access to medical services provided by all insured persons, regardless of their social status and the amount of contributions (contributions);

equal access to medical services in the regions;

affordable and quality medical care.

To better understand the system of compulsory health insurance in Uzbekistan, its advantages and disadvantages, let us first turn to foreign experience in the implementation of this type of insurance. It should also be borne in mind that health insurance in a country largely depends on the nature of the health care system, in other words, whether it is paid, free or combined [8,9].

At present, the bulk of the financial resources of health care organizations in Uzbekistan is provided by per capita financing. The new method of financing will be organized in accordance with the program of compulsory health insurance (MTS) in the regions.

The fundamental difference of this approach is that it is no longer profitable to increase the number of visits to the medical institution and the medical services provided, instead the prevention of the population becomes a priority. The better this is done, the fewer citizens will turn to outpatient and inpatient care, leaving more financial resources. This amount of funding can be adjusted to the number of citizens who are freely attached to a medical institution, taking into account the gender and age structure of the population and other factors that affect patients' need for medical care.[9]

Conclusion. In conclusion, a separate econometric modeling of each sector of the health care sector is appropriate. Because the development of one service sector has a positive impact on the development of another. Therefore, the use of econometric models in the form of a system of interconnected equations is of particular importance in the development of service networks. In addition, the organizational-economic mechanism of development of service networks is a hierarchical system of interconnected elements and groups (subjects, objects, principles, forms, methods and tools) at different levels. expresses, in addition, their interactions, innovative infrastructure, forming relationships with market entities.

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