

Георги Кесов

**СЪВРЕМЕННИ РАЗБИРАНИЯ НА
КОНЦЕПЦИЯТА ЗА ОБЩЕСТВЕНО
ЗДРАВЕ**



ГОДИШНИК НА ВУАРР

ТОМ IX



Д-р Георги Радков Кесов е роден на 30 май 1974 в гр. Сливен, завършва Медицинска Академия София през 1998 година. Работи и специализира обща хирургия в УМБАЛ „Св. Георги“, Пловдив а от 2005 година работи в 68-ма бригада „ Специални Сили“ в Пловдив, от 2008 във ВМА София, където взема втора специалност Гръдна Хирургия и работи последователно като асистент и началник на отделение в Клиника по Гръдна Хирургия.

Участник е в редица мисии в Република Афганистан, Монголия, Република Косово и Република Мали, като хирург и Старши Национален Представител на Република България.

От 2016 до 2017 ръководи проект към European Union External Action Service за развитие на мобилни военнополови болници към EUTM-Mali, през 2017 основава хирургичната болница към KFOR-Kosovo а от 2020 до момента е медицински съветник към European Union External Action Service-EULEX Kosovo.

През 2015 година защитава дисертация във ВМА, Професионално направление: 7.1. Медицина, Научна специалност: „Гръдна хирургия” на тема: „ГРЪДНА ТРАВМА ПРИ ПРОВЕЖДАНЕ НА СПЕЦИАЛНИ БОЙНИ ОПЕРАЦИИ. МОДУЛИ ЗА ОБУЧЕНИЕ НА МЕДИЦИНСКОТО ОТДЕЛЕНИЕ КЪМ ТГРСО/ТАКТИЧЕСКИ ГРУПИ ЗА СПЕЦИАЛНИ ОПЕРАЦИИ” която става основата за по-нататъчната му научна и приложна работа като създава болнични звена от съвсем нов тип в няколко държави. Носител е на няколко международни отличия на НАТО и ЕС, свързани с успехите в неговата иновативна работа.

В ход е нов проект за голям дисертационен труд на тема “Културни, географски и исторически особености на Сахел. Логистика за провеждане на медицински, бойни и хуманитарни мисии в региона”.



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**MODERN UNDERSTANDINGS OF THE
CONCEPT OF PUBLIC HEALTH**

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Abstract: Health care is an integral part of socio-political and socio-economic life in a country. In the last two decades, in almost all countries of the world, reforms have been carried out in the health care system, aimed at more fully satisfying the medical and social needs of the population and increasing "profitability". The restructuring of health care systems worldwide is in the direction of strengthening and improving health care, ensuring equal access to comprehensive and adequate health care, oriented to the needs of every citizen.

Keywords: public health, health care, health promotion.

Bulgarian health care is a system of bodies, institutions, organizationally separate structures and activities for strengthening, protecting and restoring health and treating diseases, based on medical science and practice, traditions and specific socio-economic conditions in the country.

In the health care system, health care is delivered in two main ways – the first is through the public health system, financed through the republican budget, and the second is through the mandatory health insurance system. It is financed by compulsory health insurance contributions and is organized on

a social principle based on solidarity. Through it, a package of health care is provided to every insured citizen, regulated by an ordinance of the Minister of Health. Access to health care is guaranteed by a National Health Card, adopted by a decree of the Council of Ministers. Part of the financing of treatment activities in the hospital sector is also a commitment of the Republican budget.

If we answer the main and basic question in medicine - what does health directly depend on, we will find the key with which we can largely solve the problems of health and its strategic goals.

The answer to this question is possible thanks to the successes of modern medicine and, above all, complex medical-social and epidemiological research. Thanks to them, the composition and structure of the risk factors determining public health are determined to a significant extent.

This allows for the formation of the concept of health promotion - a science of affirming, increasing and reproducing public health and, above all, the health of the healthy.

The direct relationship between quality health care, social and economic environment requires interrelated measures in all three spheres to achieve positive results. The impact of poverty on individual and public health is multifaceted. The significant changes in the regulatory framework, carried out after 1997, were aimed at creating adequate health legislation. In the past years, the compulsory health insurance model was introduced and the National Health Insurance Fund was established and until the end of 2005 health care funding was shared by National Health Insurance Fund and the republican budget with a continuous increase in the share of the treasury. The financing of the healthcare system in Bulgaria is currently carried out mainly from public sources with a low percentage of the healthcare contribution (6%) and no limits for full collection. The participation of the voluntary health insurance funds is very limited - about 1% of the financing of the health system, due to the absence of market conditions for the deployment of their activities.

Providing quality medical care to the population is one of the main goals in the management of health care systems. All Bulgarian citizens, regardless of their health insurance status, are provided with free medical services in emergency situations; when providing inpatient psychiatric care and in the event of the need for mandatory treatment and/or the application of measures for temporary physical restraint. The state provides the financing of organ, tissue and cell transplants; the provision of blood and blood products and blood transfusions; of expert assessments of degree of disability and permanent incapacity. The budget funds the treatment of 18 groups of

diseases outside the scope of compulsory health insurance. The state budget also covers the costs of medical transport.

Every Bulgarian citizen can use free of charge: vaccines for mandatory immunizations and reimmunizations, for special indications and under extraordinary circumstances, specific serums, immunoglobulins and other biological products related to the prevention of infectious diseases, as well as the technical means for their application; the full volume of anti-epidemic activities; access to health activities included in national, regional municipal health programs. Children up to the completion of their secondary education in full-time education have the right to medical assistance, and their health insurance is paid for by the state budget. Mandatory health insurance for full-time students up to the age of 26 is covered by the relevant higher education institution. Children in specialized institutions have the right to free medical and social care.

The treatment of Bulgarian citizens who are socially weak or unemployed and are registered in the labor offices and social services is provided by means of the state budget. Additional funds in the amount of up to BGN 5,000,000 have been designated for diagnosis and treatment in medical facilities for hospital care of Bulgarian citizens who have no income and/or personal property.

One of the main priorities for Bulgarian healthcare is improving access to healthcare services.

Strategic guidelines for action include:

- increasing the awareness of citizens regarding their health obligations and rights, the possibilities of access to individual levels of the health system, as well as for making complaints and inquiries;
- restructuring and optimization of emergency and hospital care;
- expanding the network of mobile structures for providing services to hard-to-reach and remote settlements;
- development and optimization of infrastructure and improvement of communication and transport links and interaction between different levels of medical care;
- increasing the number of facilities for medical and social care and hospices, as well as creating medical facilities for the socially weak;
- provision of one-time social health assistance for treatment in hospital facilities of proven socially weak persons;
- provision of specific health services for disadvantaged individuals and groups, including those belonging to ethnic minorities and other vulnerable groups;
- examination of the chronically ill and adequate treatment;

- opening of community-based day care and health centers and the provision of health services therein;
- promoting partnership with non-governmental organizations and involving representatives of vulnerable groups in the implementation of preventive activities;
- improving the living conditions of children in homes for medical and social care, the professional competence of people who care for them and the provision of quality medical care;
- development of a national framework policy "Social and health protection" through the dissemination of knowledge and good practices, prevention, treatment, rehabilitation and long-term care of vulnerable groups and disadvantaged persons;

In the implementation of this priority, the main emphasis is placed on working with disadvantaged individuals and groups belonging to ethnic minorities; people with disabilities; people with mental and physical disabilities; children at risk and children placed in homes for medical and social care; persons using narcotic substances; people living with HIV/AIDS; socially disadvantaged.

Another main priority is the provision of quality and guaranteed health services. The construction of a modern, efficient and objective system for control and evaluation of the quality of the provided health services is one of the main challenges facing the health care system. This places new demands on the healthcare system regarding the structure, organization of activity and the responsibility of the providers of healthcare services. To achieve this priority in the short term, efforts will be made to:

- development, introduction and improvement of medical standards and rules for good medical practice;
- development and implementation of quality management systems;
- performing clinical audit and monitoring;
- construction of a patient safety system, according to European requirements;
- improvement of the system for accreditation of medical facilities;
- increasing the professional qualification of medical care providers.

The adoption of three measures will increase the efficiency and effectiveness of medical services, as well as the satisfaction of patients with the health services provided to them with guaranteed equality. State institutions will have a better opportunity to track the current state and trends of the health system, to use the information to impose corrections for the implemented policy.

Ensuring the financial stability of the national health care system is another top priority that requires the implementation of the following strategies;

- improving the model of mandatory health insurance by increasing public funds for health care;
- optimization of the revenue collection system;
- maintenance of a specialized state fund guaranteeing the health insurance rights of socially weak persons;
- improvement of the form of the National Framework Agreement;
- a step-by-step increase in the amount of the mandatory health insurance contribution, without increasing the tax-insurance burden for the population;
- improvement and application of the principles of program budgeting;
- ensuring the financial sustainability of the National Health Insurance Fund;
- development of voluntary health insurance and introduction of regulated additional payment for medical services;

The intended actions aim to balance the interests of all participants in the health insurance system, as well as to provide financial guarantees and motives for transformation and internal restructuring of health service providers, with a view to ensuring sustainability in the long term. The stimulation of the development of voluntary health insurance funds and the additional payment, which will have a positive effect not only on the level of income in the system, but will stimulate competition and control over the quality of health care activities for patients.

Prevention of possible health risks caused by harmful factors of the living environment (chemical, physical and biological agents) is defined as an important priority for action. In the period 2006-2008, it is foreseen:

- strengthening of the National System for the Supervision of Communicable Diseases, including the protection of the country from the importation of infections with a high epidemic risk and control of infections in medical facilities;
- improvement of the National Immunization Calendar and phased introduction of new highly effective vaccines and biological products;
- implementation of the National Program for the prevention and control of HIV/AIDS and sexually transmitted diseases by applying an integrated and balanced approach, which covers: prevention among the groups at the highest risk; treatment; care and psycho-social support of people living with HIV/AIDS; increasing the range of services provided;

-implementation of measures laid down in the National Programs for the control of infectious diseases;

- redirection of funds to the primary prevention of diseases in order to minimize the costs of diagnosis and treatment;

- conducting epidemiological studies and building a system for monitoring and assessing the health risk as a result of the harmful factors of the living environment;

Another top priority is limiting behavioral risk factors by:

- development and implementation of national programs to limit smoking, alcohol abuse, use of narcotic substances, unhealthy diet, low physical activity, risky sexual behavior;

- implementation of the National Program for prevention and control of HIV/AIDS and sexually transmitted diseases by implementing an integrated and balanced approach, which covers: prevention among the groups at the highest risk; treatment; care and psycho-social support of people living with HIV/AIDS; narrowing the range of services provided;

-strengthening the system for prevention, treatment, rehabilitation and integration of persons with addictions (drug addictions);

- introduction of a mandatory, modern health education in Bulgarian schools;

-systematic implementation of campaigns to inform the population about the risk of harmful behavioral factors;

Ensuring good mental health for the population and improving the quality of life for people with mental disabilities is another priority that will be implemented through:

-implementation of the National Mental Health Policy;

- community service;

- improving the living conditions of people with mental disabilities and respecting their human rights;

- improving the quality of services and conditions for treatment and living in specialized institutions;

- deinstitutionalization and integration of the mentally ill in society;

- application of an integral approach to provide complex services when considering mental illness as a problem of the individual and his community;

An important priority is to improve the quality of life of the elderly and the elderly by providing adequate health services and long-term care. Strategic guidelines for action include:

- development of a national framework policy "Healthy Aging" through the dissemination of knowledge and healthy practices, prevention, treatment, rehabilitation and long-term care;
- creation of support groups for the elderly and the elderly;
- increasing the number of medical institutions for long-term treatment and rehabilitation and institutions for medical and social care (hospices, palliative care centers for the terminally ill, homes for the elderly).

Public health is an interdisciplinary concept, a comprehensive systemic phenomenon with its own unique appearance, based on the diversity and constant complex dynamics of its characteristics - a two-component, multidimensional structure with a mass character, reflecting the dynamic interaction of various social and health phenomena, leading to the probability of achieving optimal health and maximum life expectancy of each member of society by creating certain benefits for him and realizing his rights to health and longevity.

Health care is a system of medical and non-medical, scientific and applied activities organized in society to optimize the quantitative and qualitative aspects of human reproduction. Or it is the industry that produces health services and results mainly in the form of health improvements, satisfies fundamental needs of people for their quantitative and qualitative reproduction and thus affects the other two spheres - of material and spiritual production, providing the main production human factor. Because of the heterogeneous composition of factors determining health and the uncertainty of a positive outcome from the intervention of health professionals, not all outcomes of health services represent health improvements, but these are the preferred and dominant types of outcomes. Economic criteria (eg profit, GDP production or economic return) are subordinated to the main objectives of the system. Non-economic factors for the development of society (such as health care, culture and education) are valued as essential to the civilizational process. This is also confirmed by the expansion of health and education indicators in the global indices of human development and national competitiveness.

Health policy is part of the general policy of the state. It is determined by clearly defined public goals, needs and interests – health and health well-being for the population, and is defined as a system of long-term stable solutions related to the protection and restoration of the health of the population, which are acceptable to all social groups, classes or parties and correspond to the set goals, means and time frames for their implementation.

Health policy can also be defined as an official statement (formulation) of certain public goals and needs, where the emphasis is on health and the general means for its protection

Basic structure of health policy consists of:

- The descriptive part includes analyses, epidemiological data, information on the determinants of health, the health needs of the population and the set health goals and priorities.

- The prescriptive part includes the entire toolkit regarding the achievement of goals and priorities and reflects the organization, resources of the different levels of health care, the attitude and readiness of acceptance by the society expressed in support of certain actions

Priorities – types are:

- Significant health problems requiring priority treatment, e.g. myocardial infarction;

- Significant sectors of the healthcare system requiring priority development;

- Population groups requiring priority health care coverage.

Approaches to setting priorities in health care are:

- Epidemiological approach - orientation according to the spread of various diseases, e.g. cardiovascular, mental diseases, etc.

- Risk approach - orientation towards population groups with increased risk, e.g. dynamic monitoring of pregnant women, genetically burdened children, etc.

- Age approach - e.g. orientation towards the mental health of adolescents, prevention of myocardial infarction in men aged 30 to 60, etc.

- Social relevance - e.g. health promotion and health education of the population, sexual education of students, family health care, etc.

Health care, like any system, has its own characteristics, structure and organizational chart. It is a separate subsystem of the overall socio-economic system of the country, offering and implementing specific health activities. The health system depends on the influence of many factors - the socio-economic development of the country, resource security, the legal framework, and many others. The functioning of the health care system is one of the factors that influence the health of citizens. The health system consists of health and medical facilities and management and control bodies.

The main task of the health system, organized on certain principles, is the provision of health care with optimal use of the resources provided by society.

Its complexity stems from the diverse forms of health structures, financing and relationships – market and non-market, regulations and deregulations, economic and administrative, ethical and unethical.

The health care system provides professional services aimed at protecting, restoring and strengthening the health of the population, thereby influencing human capital, the quantity and quality of working and free time necessary for the production of other goods for human development.

The modern health system is based on the principles of solidarity, the right to choose and efficiency in the use of system resources, and in its nature has both social and economic characteristics.

With the health care reform, under the Medical Institutions Act, they have been converted into commercial companies or cooperatives. As new economic entities, hospitals must change their economic behavior in several aspects: firstly, they produce and sell their product (hospital product or service) to other economic entities, secondly, a new type of relationship is established between them and The National Health Insurance Fund, voluntary health insurance companies and others, thirdly – their tax treatment is changing. Hospitals cease to be budget support organizations, but realize a financial result, which is formed as a difference between their income and expenses.

Modern healthcare institutions are organizations with a high degree of complexity, specialization and differentiation, operating in an even more complex environment. Their function, structure and management methods are considered the most complex and heterogeneous organization in the modern healthcare system. They require huge resources to operate. Hospital care is and will be the most expensive compared to other types of care.

Since most hospitals are no longer "budgetary institutions" with corresponding "administrative subordination", but are market entities with sufficient managerial and market autonomy, they face increasingly difficult challenges to balance and combine the principles of the market mechanism, the a priori humanity of medicine, rising public expectations and relatively limited resources.

For this reason, economic methods of health care management have a particularly important place and importance.

They represent a set of such ways of influence that create economic conditions, affect the material interest of people, raise the leading role of the economy in terms of management, create the economic rules for the development of organizations and the relationships between them, balance the ratio of consumer-producer dependence and the others. influence indirectly. Based on objective economic laws, they use their levers and

categories. In the conditions of the market economy, these methods are of decisive importance. Economic methods of healthcare management include:

- ✓ Planning
- ✓ Financing
- ✓ Pricing
- ✓ Material stimulation
- ✓ Economical analysis

Health planning is the process of determining the necessary resources and their effective use of the problem-solving mechanism to improve the quality and accessibility of health care to achieve specific health outcomes.

The basic principles in health care planning as follows:

- ✓ system approach;
- ✓ combination of sectoral and territorial planning;
- ✓ allocation of priority areas;
- ✓ policy plan;
- ✓ unity of methodological approaches for planning at all levels of management of the healthcare system;

Strategic planning defines the goals, tasks, priorities, means, expected results of the health system as a whole and of individual health organizations in the future 10 or more years.

Current planning calls for the development of annual plans and programs for the activities of the constituent units of the health care system, municipalities and specific health organizations, in accordance with long-term plans and programs.

Health care financing is a set of ways of collecting, distributing and spending money necessary for the reproduction of activities related to strengthening, protecting and improving health. In this sense, the financing of health care can be considered as an activity related to the management of the financial means necessary for individual health structures and the financial relationships between the participants in the health care process.

It has three main aspects:

- ✓ fundraising (sources, entities and ways of payment);
- ✓ distribution of financial resources (geographical, social and organizational);
- ✓ expenditure of financial resources (for what: by types of activities, by structure and economic elements and how: results/costs and activity/costs).

Priority is given to questions of the fairness of the distribution and the efficiency of the use of financial resources.

The sources of financing the system can be the following (divided into two main groups - public and private funds):

- ✓ Taxes
- ✓ Funds from the social health insurance system
- ✓ Personal funds of citizens

Most often, in the systems of financing the systems, combinations between the individual sources in different ratios are observed. The reason is that the state necessarily retains its role in health care financing, even to a limited extent in some systems.

Budget (government) financing - means a set of two relatively independent indirect ways of public financing, usually considered in a consolidated form - state (through the state budget) and municipal (through municipal budgets) financing. The share of government funding varies depending on the type of health system and its economic organization.

Health insurance - fund-based indirect financing, where funds are raised from insurance contributions to cover risks of illness and other health problems. It can be social (compulsory) and voluntary (private). The amount of insurance contributions is determined most often in three ways: as a fixed amount; as a percentage of the gross remuneration and depending on the health risk.

Direct payment by consumers - a direct method of financing, in which consumers pay in whole or in part from their own income for the use of health services, for medicines and other goods with a health purpose.

Donation – a complementary direct or indirect way of financing, the main source of which is the income of companies, non-profit organizations and households, provided to health organizations. There are three different forms of donation: corporate (sponsorship, material support and provision of services to businesses); institutional (through foundations and other non-profit organizations) and individual giving.

External financing - has as its sources funds from other governments, international and foreign non-governmental organizations and is implemented in the form of grants, humanitarian aid, credit lines, consulting services, etc.

The healthcare financing system in Bulgaria is the result of multiple public and private flows of funds, the most important of which are National Health Insurance Fund and out-of-pocket payments, each of which potentially has very different impacts and is subject to different policy levers. The NHIF is the largest independent pooled source of funding in the Bulgarian health care system, with 40 percent of all health spending, which generally covers the entire population and pools health risks.

The pricing of medical services is one of the aspects of the economic activity of medical institutions (organizations) of any form of ownership.

With the advent of market relations in the field of health care, determining an adequate price for the delivery of health services has become a major problem for managers, insurers and politicians. On the one hand, healthcare managers aim to cover total production costs to ensure the financial survival of their organizations. In the private sector, healthcare managers are also tasked with ensuring revenue growth that ensures profit for owners, lenders and other financial partners. On the other hand, insurance companies and the state, which largely finance the health sector, try to control the growth of the national health budget in order to achieve an efficient use of public resources.

As a consequence, prices in the health sector have a different meaning than those observed in the supply of commercial goods and services. Unlike other sectors of the economy, the direct consumer pays only partially for medical services, and in many cases health care is even offered free of charge to consumers. Therefore, in the field of health care, supply and demand are not always determinants of pricing, and prices do not always reflect consumer evaluations, the coordination process between consumers and providers, and their motivation to cooperate.

Price is a monetary expression of the value of a product (or service).

Costs are the amount of labor invested in providing medical services of a given quality. A characteristic feature of medical services is that the process of its production coincides with the process of its application.

Profit is included in the price as a percentage of costs. In the conditions of competition between medical institutions of the same profile in the market of paid medical services, this percentage depends on the quality and comfort of patient care. The percentage of profit varies on average from 15 to 30% of the cost of medical services.

The process of determining a price for a medical service includes a number of sequential elements:

- ✓ determination of the goals of the medical facility (organization) and, in this regard, the goals of the price policy;
- ✓ statement of pricing tasks;
- ✓ determining demand for medical services;
- ✓ cost estimate (ie costs, costs);
- ✓ analysis of competitors' prices and services;
- ✓ the choice of pricing method;
- ✓ determining the final price for services.

The purpose of pricing can be:

- ✓ covering costs, their constant reduction;
- ✓ ensuring profitability of production, services;

- ✓ increasing the competitiveness of service providers
- ✓ conquering the potential consumer market;
- ✓ the formation of a stable flow of patients;
- ✓ ensuring optimal workload of personnel and medical equipment, etc.

The tasks of pricing must coincide with the goals that the health facility sets for itself in its activities, and these tasks are part of the target block implemented within the framework of the pricing policy.

There are the following types of prices for medical services:

- ✓ "Budget forecasts" (or "budget standards"): financing of medical facilities based on adopted regulatory documents. "Budget estimates" are used for settlements, between institutions of one territory, between departments of one institution. When using this type of price, the calculations depend on the available financial possibilities; the needs of the medical institution to carry out its activities are not taken into account.

- ✓ Tariffs in the compulsory medical insurance system: sums of money intended to reimburse the costs of medical institutions for the implementation of the program of state guarantees for free medical care of the population. These prices are contractual in nature, do not include profits, usually below cost.

- ✓ Contract prices: prices that are approved by contracts between medical facilities and other institutions and organizations, enterprises, other legal entities for the purpose of medical assistance for employees. Contract prices are close to free market prices, include costs and profit, are regulated by contracts.

- ✓ Free market prices of paid medical services: prices are formed on the basis of supply and demand and depending on market conditions for medical services. The structure of such a price depends on the economic goal of the medical institution, as a rule, it is used in non-governmental medical organizations.

The effectiveness of management and the quality of health care are closely related to the motivation of personnel, and one important aspect of it is financial incentives.

Motivation for work can be considered in two forms – intrinsic and extrinsic motivation. Intrinsic motivation is determined by internal psychological factors - a product of upbringing, attitude, genetic inheritance, intuition, etc., which influence people to behave in a certain way or to pursue a certain goal. These factors include a sense of responsibility, the opportunity for people to develop and use their skills and abilities, freedom of action, development opportunities, interesting work, etc.

Extrinsic motivation is the system of managerial actions, means and approaches motivating employees to achieve organizational goals. It includes factors that influence individual behavior. Extrinsic stimuli can often have a quick and powerful effect, but rarely a long-lasting one, unlike internal stimuli, which have a deep and lasting effect due to the fact that they are inherent in the individual and not imposed on him from outside. On the other hand, it should not be forgotten that the two forms of motivation – internal and external, are mutually connected and influence each other.

Material incentives have a fundamental importance for the motivation of employees, being expressed in three aspects:

- ✓ economic - forms the quality and lifestyle of working people;
- ✓ psychological - creates self-confidence and self-respect;
- ✓ social - determines the personal status in the organization and outside it.

The average gross wage is an important regulator of income and a basic standard in the current system of labor remuneration. It is determined by the ministerial council for ministries, departments, organizations and activities financed by the central or local budgets.

Salary funds in medical institutions-commercial companies with more than 50% state or municipal participation are formed quarterly and generally depend on the financial and economic situation and the received income. If the establishment ends the reporting period with a positive financial result, the funds for wages are charged with a coefficient that takes into account the increase.

In case of a negative result, the salary funds are not increased. Hospitals that work under a contract with the National Health Insurance Fund can distribute 40% of the received income for additional material stimulation.

Job satisfaction is also an important condition for staff motivation. It reflects the nature of the feelings that people have about their work. A positive and favorable attitude is an indicator of satisfaction, and a negative and unfavorable one - for the lack of it. Factors affecting job satisfaction can be:

- ✓ internal motivational factors - related to the content of the work and the responsibility for it;
- ✓ extrinsic motivational factors - related to pay and working conditions;
- ✓ operational management quality factors - greater supervisor empathy increases subordinates' job satisfaction and reduces turnover.

Healthcare institutions occupy a special place in the organizational structure of healthcare. It is the largest sector of healthcare, accounting for the bulk of current healthcare spending (up to 2/3). In our country, as well as in

the world, health care from health facilities is the most expensive part of the types of medical care. Therefore, when solving the issue of effective evaluation of costs in health care, it is of particular priority to solve the problem of correctly conducting an economic analysis of the activities in health care facilities.

Objects of the economic analysis can be: the different types of resources of the health infrastructure - bed fund, human resources, material base, financial resources, organizational resources, etc.; the costs of the production of health and other services; health care activities and results obtained; the units serving according to the types of clinical paths (general practitioner - diagnostics - specialist - hospital - rehabilitation unit) and the market of a given type of service in health care or in the health facility. Accordingly, the subjects (perpetrators) who conduct the economic analysis are the health managers and the administrative and management staff in health care.

Depending on the goals, tasks and objects of study, a variety of approaches are used in the research, which characterizes and determines the composition of the studied indicators, the requirements to which they must meet in order to be evaluated and by which methods the influence of the various factors can be revealed. The more in-depth economic analysis of the activity in the field of health care depends on the state of the information base - planning-normative documentation, economic contracts and concluded agreements. The main source of the analysis is the accounting and statistical reporting, containing data characterizing the activity of the health organizations in individual areas. It reflects the results of the accounts for all types of expenses, information on the state of the DMA, human resources and the material and technical base of the health facility. The scope of the analysis also includes documents from audits, audit reports, explanatory notes, applications and civil claims, etc.

The economic evaluation and valuation of the activities in a healthcare facility (as well as for any other unit in the healthcare sector) is carried out in the following main directions (sections):

- ✓ operating costs of the main fund;
- ✓ costs of operating medical equipment
- ✓ human resource maintenance costs;
- ✓ financial cost analysis;
- ✓ condition, occupancy level and maintenance costs of the bed base.

In the theory and practice of economic analysis applicable to health care, the economic effect of the benefit that would be forgone by choosing one intervention or therapy over the next best alternative is considered. The

main problem in the study of the economic aspect of health care is to a large extent the rational use of existing health care resources (monetary, material, personnel) - achieving the maximum result at minimum costs. The impossibility of the state to allocate correctly and sufficiently funds for health care, as well as the incorrect planning of monetary resources, is the main reason for the crisis in health care in Bulgaria as a result of the long transition of our country from a planned to a market economy.

The need for cost analyzes in the health care system as a whole and in its separate subsystems - for outpatient and hospital care, is the reason for the creation of different methodologies in the field of health care economics. In 1993, in the public health care system of Bulgaria, a Uniform Methodology was developed and introduced for the separate reporting of costs in health facilities by types of costs and types of facilities.

The government should not only think about dealing with health costs, but see them as an investment in future economic growth. Better health care will allow Bulgaria to achieve better economic results. A systemic approach to effective public health management gives a better chance of finding the balance between costs and benefits, in such a way that short-term costs (mostly through prevention, early diagnosis and provision of modern treatment) in health yield long-term benefits for the entire economy of the country.

References:

1. Basics of management in healthcare structures, S. Mihailova, <https://www.academia.edu/>
2. Health Economics, S. Gladilov, E. Delcheva, Sofia, 2003.
3. Modern models for healthcare financing, Ass. Prof. A. Serafimov, PhD, 2009
4. National Health Strategy, 2014 – 2020.
5. Smilkova, D. 2022. Financing of Healthcare in Bulgaria. XVII. IBANESS Congress Series on Economics, Business and Management – Plovdiv / Bulgaria, ISBN: 978-619-203-323-1.