

## Health Care System in Foreign Countries. On The Example of the States of the Usa, France, Great Britain

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### ABSTRACT

*In this article, the socio-economic model of health care, private health care models that are not managed by the state, the concept of guaranteed medical care, as well as the medical insurance program for certain segments of the population are shown on the example of the states of the United States, France, Great Britain, the mandatory private health care system.*

**KEYWORDS:** *health care, medical care, medical care, medical insurance program, paid medicine, lisenziyalarini private doctors, hyperdiagnostics, profilaktika and home care.*

The socio-economic model of health care is the appearance, the main characteristic of the main sides of the sphere. The existence of this or that socio-economic system of health care in the country depends on:

- general level of socio-economic development;
- social policy of the state aimed at protecting the health of the population;
- historical and national traditions, values.

Despite the fact that there are different historical and national traditions, traditions, values in different countries of the world, there are 5 stagnant models of health care[1]. These models differ from each other in principal terms in the following: first, the level of state participation; second, the forms of privatization of medical services; third, the level of coverage of the population layer under the state program; fourth, the sources of health financing.

General level of socio-economic development;

- ✓ social policy of the state of population health protection;
- ✓ historical and national traditions, cadres.

In different countries of the world, there are 5 different models of health care without the presence of different historical and national traditions, adjectives. These models differ from each other in the principal register: firstly, the level of state participation; secondly, the forms of privatization of medical services; thirdly, the state program, for example, population level degree of emancipation; fourthly, the sources of financing the hopping [2].

From the point of view of evolution development nuktai differ models of health care tone:

- a model of private health care, which is not sheltered by the state;

- the state-run private health care model of the compulsory health insurance program of some CDS of the population;
- the model of the state-botched private health insurance of all population compulsory health insurance program;

The private healthcare model, which is not managed by the state, is based on the legalities of the simple needs market. Requests and suggestions from those who are able to pay the cost of medical care are formed. Poor the population layer cannot receive qualified medical care. In such a model, the population level by the state is not shot-blown. Medical services are provided by doctors who are engaged in independent private medical practice.

Epidemic in public places of the state events are characterized by uttering and ensuring the most minimal sanitary conditions. From this, carries out the work of treating and isolating patients who cause harm to the state society. The private health system provides medical assistance to individuals who are in need of medical care from the respective IAC compensation by them.

They are characteristic of the characters in the melody:

- ✓ the main source of funding for medical care is the personal money of citizen;
- ✓ the price for medical services is set freely;
- ✓ the doctor is freely chosen;
- ✓ the income of doctors is very high.

In developed countries, this model existed until the end of the XIX century. The above model is available in Asian, African and Latin American countries. Some twists of population is a state-owned private health model of the mandatory medical milking program. This model of health preservation arose in the period when capitalism began now. For the treatment of its occurrence complex requires the work of a team of doctors, complex medical technologies (surgery, anesthesia, X-ray and so on.) with the development of dependence. The emergence of narrow sphere specialists of medical personnel began to be infected, private hospitals and hospitals began to develop. The jamming of these cases has burnt the problem of the cost of going for treatment in front of the mower population.

The problem lies in the fact that one of the ways is to create an help desk, a hospital cash desk and a private medical insurance. Insurance companies began to use the printing press of society, in which the rich – poors, young people – caries, healthy people – pay the sick. This is a convenient insurance case for those who live only on business without having a large capital has been preserved for 10 years. Legal bases for the legal management of the relationship between insurers (employer, private persons), insurance companies, private medical service providers, advokat firms regulating the controversial issue have arisen.

It is worth paying attention to the fact that the state's role in the formation of the legal bases of mining in this period began to gradually increase. At this time, individual elements of compulsory medical insurance for certain segments of the population (the US program for the disabled and the poor) began to be implemented. Lisenzification of medical service providers has developed, lisenzification of private doctors by the state has occurred. In the plan for the use of medical care, some of population level, began to be shot down by the state, but this state aid was not for the sake of all.

Most of the population do not have guaranteed medical care. The basis of this model of health care is based on the fact that users of medical care (paid medicine) voluntarily pay money through medical insurance. To him the following signs are characteristic:

- the main source of financing of medical care is personal funds of citizens and income of legal entities;
- free choice of many medical institutions and doctors working on the basis of economic mechanism;
- medical organizations provide medical care, mainly through the non-public insurance method, with the financing of health care;
- free determination of prices for medical services;
- higher share of national income in the amount allocated to tax retention[3].

The positive aspects of this model of health care are as follows[4]:

- ✓ availability of a large number of medical facilities, ranging from the cost and quality level of medical services aimed at meeting different individual needs;
- ✓ absence of queue for medical services;
- ✓ consumer rights protection, special attention is paid to the quality of medical care;
- ✓ higher income of doctors and other medical personnel.

But it should also be noted that the mandatory private health care system, which is a state-run health insurance program for some strata of the population, exists only in the US, most Arab, some African and a number of Latin American countries. There are many problems inherent in this system.

The most important among them are the following:

- the immaturity of the medical service, the inability of all strata of the population to use medical services;
- lack of adequate attention to profilactics and home care and the priority of mild preventative diseases;
- inefficient use of resources, cubes of costs of documentation;
- hyperdiagnostics, medical indication completion of expensive treatments;
- the application of medical technologies that are not safe for the health of patients, the quality of medical treatment is not controlled and managed by the state.

Mandatory health insurance program for all residents is a private health model operated by the state. A more modern and perfect model of general compulsory medical insurance arose in Germany at the end of the XIX century, and after the first World War it began to develop in most European countries. The main characteristic of such a model: the state is obliged to allocate a certain part of its income to medical insurance for the purpose of providing guaranteed medical care of the main part of the population (excluding the rich) to all employers and citizens. The state undertakes to provide medical care to all insured persons within the framework of state norms within the framework of the compulsory medical insurance program in cooperation with insurance organizations[5].

The Constitution of the United States of America does not provide for the provision of state-guaranteed medical care to everyone, except for certain groups of the population. The health care system in the United States is specific to the state - run private health model of compulsory health insurance programs, or the 2nd model of health care. There are also certain disadvantages of such a system, among which the main ones are the following: first of all, the fact that medical care is not popular for all population. 40 mln. Americans do not have insurance policies.

Beyond that, health benefits in different climates are not limited to financial viability, but also sufficient in popularity. On the financial side of health care, the availability of medical personnel is not uniform across the state and districts.

So, significantly lacks medical care in rural areas. Secondly, due to the constant increase in the cost of medical care, there is an increase in insurance premiums and the problem of network financing. Thirdly, the effectiveness of the funds spent on health care is low. The US is in the first place for one person in the world and for absolute appropriation (Germany is 2 times the cube compared to France, 2.5 times the cube compared to Japan, 3 times the cube compared to Great Britain).

From the tortoise, the "center of gravity" in the activity of the cockroach will have to be treated, while the necessary attention to profilactics is not paid. In the US, the decentralized system of health care is valid.

In the implementation of the general national objectives of health care, the each layer of the state performs a corresponding role. The U.S. Department of health, as a rule, is headed by the department of health and social services (HSS), but its functions are limited in size. The composition of HSS includes the public health service[6]. The main tasks of the public health service:

- ✓ sanitary engineering of the border;
- ✓ environmental hygiene;
- ✓ sanitary statistics;
- ✓ management of National Institutes of Health;
- ✓ Civil Defense medical service;
- ✓ establish external medical contacts.

Health care for France is typical of a private model operated by the state of the general health insurance program.

The above-mentioned Organization of health care in France is the Ministry of Health and Social Security, which is assisted by the secretary of State for Social Affairs and rehabilitation.

Social insurance was established in Frantia in 1946 year, in this way a wide layer of the population was provided with medical care. In the case where hired workers and equated Group workers are sick, social insurance is funded by the insured and employers. The participation of the government in the Bunda is also foreseen in the fall. Social insurance means fall from insurance systems to the centralized national insurance fund for the disease.

There are several insurance systems in France. The largest among them is the general social insurance system, which includes those who are hired in the trade and industrial sector, state workers, students, War Invalids, orphans and widows due to the war, doctors. This system covers 67% of the country's population. In the general social insurance system, workers employed in the sector of human resources (18% 556 population) are added to the system and workers in special Systems (5% of the population). The largest of the special systems include the French National Railway team, the miners' system, the trading fleet, the Western personnel system and others.

Medical care for the French population is provided in 2 stages: out-of-hospital care and in-hospital care[7].

For the UK, the public health model is specific, based on the general state health insurance. In addition to the ten, private insurance and paid medical care reports also operate. The document on the establishment of the state health system was adopted in 1946 year after the Second World War in

Great Britain, but it came into force in 1948 year after all the doctors of Practice agreed to work on this system.

The National Health System of Great Britain unites all state medical institutions, the same system provides money and controls the activities of private medical institutions, which are committed to work according to the rules. The establishment and development of the National Health Service will facilitate the use of medical care for the kopecks part of the population and will provide the state with control over the activities of medical institutions, which will stop the growth of the cost of treatment.

Currently, reforms are being carried out in the health care sector in the UK:

- the need for effective use of available resources;
- availability of queue for hospitalization;
- the silence of profilactic work;
- the lack of incentives for UASH in the provision of adequate medical care has always served as a prerequisite for reform.

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