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Non-departmental control over medical help quality is a mechanism of the citizen rights and legitimate interests protection in the compulsory medical insurance system. A role of an external medical expert in the management of medical help quality

An activity of all the participants in the compulsory medical insurance system, when concerning the rights protection of the insured, is inextricably linked to the organization of an expert work on the treatment control. The important feature of the medical help quality control in the compulsory medical insurance system is its non-departmental character. It provides the rights of the insured patients for medical help in the full extent and good quality on the terms, corresponding to the territorial program of the compulsory medical insurance. Besides, this control also helps to use the means of the compulsory medical insurance rationally.

Non-departmental control over medical help quality is regulated by the law of Russian Federation "The medical insurance of citizens in Russian Federation", orders of the Russian Federation Federal Fund of Compulsory Medical Insurance, joint orders of the Territorial Fund of Compulsory Medical Insurance and Health Department of the Sakha-Yakutia Republic.

So far the quantity of taken out insurances in "Sakhamedstrakh" medical insurance company has numbered 13 348 and covers about 90 percent of the republic population, that is, 850 586 citizens. From 1997 till 2009 the level of the insured population in the Sakha-Yakutia republic quadrupled.

One of company's primary objectives is providing the insured population with qualitative medical help. Fulfilling it, the insurance company cooperates with more than 500 medical and preventive institutions of the Sakha-Yakutia, in accordance with the territorial program and on the basis of taken out insurances. Medical experts of the company have carried out 675 601 expert evaluations of medical help quality, including 171 107 expert evaluations during the last period under review.

If we analyse the data, concerning the insured events, we will see that lately their indicator has significantly increased and made up 4,0 % of all the insured events during the last period under review.

The share of expert activity (medical and economic expert evaluations plus medical help quality expert evaluations) for 10 thousand of the insured made up 2221. In 1997 it was 28,9.

As the expert evaluation of medical help quality shows, breaches of conditions and low quality of medical help made up 41,9 % in 2007, 37,3% in 2008, 12,2 % in 2009 of the total number of all expert evaluations carried out. Thus, a decrease in the number of breaches of conditions and medical help quality improvement makes us believe that expert evaluations are effective and necessary.

The number of highly-qualified medical experts, carrying out expert evaluations, increases every year as well as the number of expert evaluations. More and more mobile teams are sent to carry out expert evaluations of medical help quality. The aim of it is to evaluate the insured events as many as possible.

Table 1

Dynamics of expert evaluations of medical help quality carried out by permanent and external medical experts in 2007- 2009

Expert evaluations of medical help quality	2007г.		2008г		2009г.	
	Abs.	%	Abs.	%	Abs.	%
Total number of expert evaluations	112 400	100%	106 234	100%	19 409	100%
Permanent medical experts	73 991	66%	43 849	41 %	3 363	17%
External medical experts	38 409	34%	62 385	59%	16 046	83%

As Table 1 shows, the number of expert evaluations of medical help quality decreased in 2009 by 5,8 as compared to 2007. It was caused by bringing changes and additions into departmental statistic reporting form called «The citizen rights and legal interests protection in the compulsory medical insurance system» according to order № 175 of Compulsory Medical Insurance Federal Fund d.d. 14.08.2008г. In accordance with this order, from the 4th quarter of 2008 expert evaluations are divided into medical and economic expert evaluations (MEEE) and medical help quality expert evaluations (MHQEE). According to annual returns, 59 387 and 151 698 medical help quality expert evaluations were carried out in 2008 and 2009 respectively.

Within the last three years the share of medical help quality expert evaluations, carried out by external medical experts increased from 34% till 83%. as the result of the improvement of expert activity management.

As the expert evaluation of medical help quality shows, breaches of conditions and low quality of medical help made up 41,9 % in 2007, 55% in 2008, 35% in 2009 of the total number of all expert evaluations carried out.

There is a positive difference in a share of found breaches in 2009.

Table 2

The structure of the main breaches, found in the course of the expert evaluation of the medical help quality in 2007- 2009

Main breaches	2007		2008		2009	
	Abs.	%	Abs.	%	Abs.	%
The total number of conditions breaches and low quality of medical help, including	47 070	41,9%	58 508	55%	6 851	35%
Medical help of low quality	785	2%	12 363	21%	4 778	70%
Misguided admission	143	0,3%	673	1,2%	471	6,9%
Misguided restriction of medical help availability	12 118	26%	8 067	13,8%	131	1,9%
Repeated reasonable demand of a patient	17	0,03%	85	0,1%	19	0,3%
Disruption of continuity between the stages of medical help	3 846	8,2%	2 670	4,6%	90	1,3%
Misplaced admission	15	0,03%	52	0,09%	20	0,3%
Other breaches	28 313	60%	26 759	45,7%	653	9,5%

Within the last three years the share of medical help of low quality, found in the course of expert evaluation increased in the structure of the main breaches from 2% till 70%. Mainly, it is the result of the division of expert evaluations into

medical and economic expert evaluations and medical help quality expert evaluations in statistic reporting form since the first quarter of 2008. Besides, the indicator of treatment quality level was changed. Treatment quality level less

than 0,9 is considered to be inappropriate.

At the same time the share of misguided admission increased as well, from 0,3% до 6,9%. It is connected with scheduled and unscheduled inspections of

how effectively the compulsory medical insurance funds are used in the republican medical and preventive institutions, when speaking about valid admission of the patients into day and night clinic and valid prescriptions.

The share of continuity disruption between the stages of medical help decreased from 8,2% till 1,3%. The share of misguided restriction of medical help availability decreased from 26% till 1,9%. The share of other breaches decreased from 60% till 9,5%. This includes extension of an invoice for medical service, failed to be given, absence of original medical records without reasonable excuses,

the unjustified increase of volume services and price, defective execution of medical records, irrational use of medication. All these breaches were found in the course of the medical help quality expert evaluation.

As a result of non-departmental control over medical help quality, the average level of treatment quality in the republican medical and preventive institutions, working in the compulsory medical insurance system, made up 0,8 in 2007, 0,87 in 2008, 0,83 in 2009. The decrease of the treatment quality level coefficient in 2009 is explained by the decrease of the treatment quality level in consequence of the medical help quality evaluation in some central regional and district hospitals.

As far as the insurance company is concerned, the average treatment quality level from 2007 till 2009 is the following:

in the republican medical and preventive institutions - 0,9, in Yakutsk – 0,9, in the industrial regions - 0,84, in the south-eastern regions – 0,8, the central regions – 0,82, the north-western regions - 0,78, the northern regions – 0,8.

As a result of medical help quality expert evaluations, the amount withheld from the medical and preventive institutions due to partial or incomplete failure to pay medical service made up 55774 thousand roubles for the last report year.

To find out if the population is satisfied with the quality and availability of the medical service, provided by the insurance medical company, a survey was carried out in medical and preventive institutions.

Patient satisfaction with the medical help quality

according to survey of 2009

Survey results	Quantity		Satisfied with medical help quality		Dissatisfied with medical help quality		Undecided	
	Abs .	%	Abs.	%	Abs.	%	Abs.	%
Number of the surveyed	7 252	100%	4 653	64%	767	11%	1 832	25%
In hospitals	2 425	33%	1 584	65%	173	7%	668	27%
In day patient facilities	2 351	32%	1 411	60%	222	9%	718	31%
In outpatient departments	2 476	34%	1 658	67%	372	15%	446	18%

7 252 people were surveyed in 2009. 33% of those were surveyed in hospitals, 32% in day patient facilities, 34% in outpatient departments. This survey found 64% of the patients satisfied with the quality of the medical help, 11% dissatisfied and 25% undecided.

Medical experts face a lot of various tasks, while evaluating the quality of medical help. It makes necessary to have external medical experts in insurance organizations and compulsory medical insurance funds, responsible for expert evaluations of medical help quality in medical institutions in accordance with their specializations.

The regulations of external and regular medical experts and their order of work were established by orders of Sakha-Yakutia Republican Health Department and Territorial Fund of Compulsory Medical Insurance d.d. 16.01.09 № 9.

The order "About medical secrecy" was made in Open Joint Stock Company State Insurance Medical Company on the 8th of September, 2003. It was made in accordance with Article 61 of fundamental principles of legislation in the Russian Federation, concerning health protection and medical secrecy.

In their work, external medical experts are governed by the current legislation of the Russian Federation, orders and guidelines of the Russian Health Department
as well as Funds and Territorial Funds of Compulsory Medical Insurance.

External medical experts make their examination according to their main specializations, within the scope of their competence, determined by their diploma

It is the expert activity external medical experts are involved in and their professional knowledge in a certain field of medicine as well as thorough competence, modern culture and erudition play the main role.

In accordance with the requirements, external medical experts as well as the regular ones are supposed to possess detailed knowledge of the discipline "Public Health and Health Protection".

Special attention should be paid to the rights and duties of external medical experts.

It is hard to find another sphere of human activity in which professional ethics would have more significant meaning. Medical experts are always in a hard psychological situation. Objectively, being arbiters, they should support neither patients nor doctors. Moreover, medical experts always have to underline their neutrality, setting the main goal of examination as the necessity to find out defects and avoid the same mistakes in the future.

Unfortunately, for the period since the Compulsory Medical Insurance started on the federal level a unified concept of medical aids standards has not been made yet. Neither standards of observation most illnesses and their treatment nor the comparable criteria, evaluating the activity of medical experts, have been developed. To a certain extent the indicators of medical experts' activities can be the following: amount of revealed breaches on codes, dynamics of making examinations in the institutions, a comparative evaluation of medical examinations evidence, in medical institutions with equal facilities for the same period.

Therefore the following conclusions have been made:

Here are the reasons which cramp the effectiveness of the work on the continuous improvement of medical help quality:

- Insufficient material and technical equipment of medical institutions both in day patient facilities and medical and preventive institutions, working in the system of Compulsory Medical Insurance.

- Insufficient quantity of doctors

- Poor rights of patients bring to the increase of population's expenses on medicine, including medications.

- At the regional level there is not enough realization of plans. Besides, there is a token approach to quality system installation. At the territorial level the least attention is being paid to management decision.

- The analysis of the results of medical help quality control does not have systematical integrated versatile character; in general superficial generalization is noted when working with citizens'

claims. The results of examinations and citizens' appeal are needed just for quarterly, semiannual and annual year accounts.

Suggestions:

1. Helping doctors continue studying in the sphere of medical aids quality;
2. Constant introduction of necessary change in medical aids quality management;
3. Carrying out the legislative and economic analysis of examinations which have been taken. Arranging organizational and methodological accompanying of examination activities;
4. Working on continuity and effectiveness improvement;
5. Exercising systematical quality monitoring of medical aid on all the levels: certain doctor, structural department, institution on the whole;
6. It is necessary to create conditions for the constant interaction of subjects, involved in the system of medical aid quality: insurer, the insured, establishments of health care management, doctors and patients.

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DYNAMICS OF RELATIONSHIPS AND ANTIOXIDANT PROOXIDANT PROCESSES IN THE BLOOD ON THE POSTOPERATIVE PHASE OF DENTAL IMPLANTATION USING BAD "ROKSIRIN"

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Dental implantation at the present stage of development of dentistry is promising to restore the function of dental system at the expense of rational correction of dental arch defects [6, 9]. High prevalence of dental caries and periodontal diseases, often leading to tooth loss, determine the need for replacement of missing teeth by various prosthetic designs, including the artificial supports [1, 5, 10]. The efficient functioning of dentures based on the implants depends on osseointegration in a rational surgical stage dental implant [7]. To stimulate the process of osseointegration used different methods and tools aimed at reducing the inflammatory process [2, 3, 8]. Despite this, remain challenges stimulate tissue regeneration in the area of implantation.

Research aimed at optimizing the process of osseointegration in dental implants are inserted using a dietary supplement based on reindeer antlers have not previously been conducted. In this regard, the study of the efficacy of dietary supplements in dental implant is an important problem in dentistry.