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ГОСУДАРСТВЕННО – ЧАСТНОЕ ПАРТНЕРСТВО В СИСТЕМЕ ЗДРАВООХРАНЕНИЯ: ОПЫТ ПРИМЕНЕНИЯ В РОССИИ

Скрыль Татьяна Владимировна,

кандидат экономических наук, доцент кафедры экономической теории, РЭУ им. Г.В. Плеханова, Москва, Россия.

РИНЦ SPIN-код: 4124-8507 /ORCID: 0000-0002-3706-218

E-mail: skryl.tv@rea.ru

Аннотация. Система здравоохранения испытывает ряд проблем экономического, финансового и кадрового характера. Особенно важно начать работать по устранению текущих пробелов именно сегодня, когда президент РФ В.В. Путин, отметил основные проблемы сегодняшней системы здравоохранения: сокращение доступности первичного звена здравоохранения в регионах, дефицит медицинских специалистов и недостаточное лекарственное обеспечение. На это накладывается еще и инвестиционный голод в рамках решения стратегических задач, поставленных руководством современной России. Институт государственно – частного партнерства позволяет привлекать финансовые средства частного сектора для решения задач национального уровня. На данном этапе автором был проведен анализ большого количества зарубежных и отечественных исследований, которые находятся на стыке экономики и медицины, для нахождения оптимального решения поиска инвестиционного ресурса для реализации задач в области медицины. Цель исследования: проанализировать возможность применения инструментов государственно-частного партнерства в современной системе здравоохранения. Методы исследования: моделирование различных вариантов взаимодействия государства и бизнеса в рамках реализации проектов в системе здравоохранения. В основе исследования лежит определение основных элементов построения модели организации системы здравоохранения и реабилитационной медицины на основе внедрения механизмов государственно-частного партнерства в целях повышения инвестиционной привлекательности учреждений здравоохранения. Результаты исследования: в ходе научной работы обозначены реперные показатели, влияющие на готовность частного сектора инвестировать в систему здравоохранения. В рамках модели автор рассмотрел возможные риски привлечения частных средств в медицину на фоне ограниченных возможностей бюджетов всех уровней по финансированию неблагоприятного положения многих учреждений здравоохранения. В заключении автор установил, что использование института государственно – частного партнерства в системе современной здравоохранения имеет множество положительных эффектов, которые приносят выгоды обеим сторонам соглашения. По результатам, полученных в научной статье автор вывел ряд рекомендаций по привлечению частных инвестиций в область здравоохранения.

Ключевые слова: институт, государственно – частное партнерство, система здравоохранения, восстановительная медицина, частные инвестиции, инфраструктура.

PUBLIC-PRIVATE PARTNERSHIP IN HEALTH CARE SYSTEM: CASE STUDY IN RUSSIA

Tatiana V. Skryl,

Candidate of economic Sciences, Associate Professor of economic theory,
Plekhanov Russian University of Economic, Moscow, Russian Federation.

SPIN code: 4124-8507/ORCID: 0000-0002-3706-218

E-mail: skryl.tv@rea.ru

Abstract. *The health system faces a number of economic, financial and human resource challenges. It is especially important to start working to eliminate the current gaps today, when Russian President Vladimir Putin noted the main problems of today's health care system: reducing the availability of primary health care in the regions, the shortage of medical specialists and insufficient drug supply. This is also imposed by the investment hunger in the framework of solving the strategic tasks set by the leadership of modern Russia. The institute of public-private partnership allows to attract private sector funds to solve problems at the national level. At this stage, the author analyzed a large number of foreign and domestic studies, which are at the intersection of Economics and medicine, to find the optimal solution to the search for an investment resource for the implementation of tasks in the field of medicine. The purpose of the study: to analyze the possibility of using public-private partnership tools in the modern health care system. Research methods: modeling of various variants of interaction between the state and business in the framework of projects in the health care system. The study is based on the definition of the main elements of building a model of organization of the health care system and rehabilitation medicine on the basis of the introduction of public-private partnership mechanisms in order to increase the investment attractiveness of health care institutions. The results of the study: in the course of scientific work, reference indicators that affect the willingness of the private sector to invest in the health care system are identified. In the framework of the model, the author considered the possible risks of attracting private funds to medicine against the background of limited opportunities for budgets of all levels to Finance the unfavorable situation of many health care institutions. In conclusion, the author found that the use of public – private partnership in the public health system has many positive effects that bring benefits to both parties to the agreement. Based on the results obtained in the scientific article, the author made a number of recommendations on attracting private investment in the field of health care.*

Keywords: *institute, public-private partnership, health care system, restorative medicine, private investment, infrastructure.*

Introduction

The problem of health protection in the Russian Federation was considered from the standpoint of its absolute relevance as a factor of national security and strategic goals of the Russian health care [2, p.1001]. Now add to this also the creation of new infrastructure with high functional characteristics, relevant to modern technologies of construction and operation, forming a favorable environment for patients, staff and visitors of hospitals, sanatoriums, centers of rehabilitation in the long term, providing for the modernization, appropriate innovative advances in health care [10, p.139; 4, p.151]. These tasks are difficult for the state to solve without the support of business, especially the financial costs that require large-scale projects [13; 15]. In this regard, it is proposed to introduce the Institute of public – private partnership into the operational chain [8, p. 45].

Materials and methods

Within the framework set by the Russian leadership goals for implementing projects in the field of rehabilitation medicine through the implementation of the public – private partnership assumes the following tasks:

- * increasing the volume of rehabilitation and rehabilitation assistance provided to the population within the framework of CHI, as well as the number of treated patients, including by increasing the turnover of beds;

- * optimal implementation of projects to improve infrastructure in the field of rehabilitation medicine by attracting a business partner with a reliable reputation, necessary and sufficient experience in implementing comparable projects in the health sector, as well as experience in attracting Finance in the amount necessary and sufficient for the implementation of these projects;

- * involvement of an effective and reliable operator for the technical operation of facilities created within the framework of rehabilitation projects and the provision of non-medical services to patients, staff and visitors of medical institutions;

- * analysis and implementation of modern achievements in the field of medicine, design and construction of health facilities in the General practice of such projects, including new technologies;

- * providing the necessary conditions for the timely modernization of equipment and buildings in the maintenance and repair of rehabilitation and rehabilitation medicine, corresponding to innovative achievements in the field of health;

- * increasing the availability of medical care provided within the framework of projects and reducing the waiting time for medical care;

- * creation of comfortable conditions for patients, staff and visitors on the territory of health facilities, including premises;

- * reducing the one-time / short-term burden on city budgets and distributing it in the long term.

The solution of the above problems together with the effective use of modern technologies will allow for the first time in Russia to build a health facility with highly efficient operational and energy-saving characteristics for public needs [18, p.170].

In accordance with the world practice of public – private partnership (PPP), the basis for the division of PPP into forms is the risks and responsibility for the implementation of the project transferred to the private partner [19, p.1970]. The key areas of responsibility that determine the form of PPP are: design, construction, financing, maintenance (maintenance and repair), operation (intended use) and burden-bearing ownership [3; 5]. The author proposes a model of PPP where you can observe the following distribution key responsibilities: design, construction, financing, maintenance and repair, the burden of ownership, responsibility should lie with the business partner use of the facility in accordance with the purpose - liability of medical institutions [12, p.760].

The existing legal regulation of PPP in the Russian Federation does not provide for a form of PPP [21, p.396] that meets the described distribution of key areas of responsibility. Based on the fact that the business partner will carry out only the maintenance and repair of the object, without operation, as defined in the Federal law "on public-private partnership, municipal-private partnership in the Russian Federation and amendments to certain legislative acts of the Russian Federation" dated 13.07.2015 № 224-FZ (use of the object of the agreement by the Partner in accordance with the purpose of the object), - in order to implement these projects, a regulatory legal act at the regional or Federal level on a new form of participation of a state or budgetary institution in PPP should be adopted [9, p.7].

Discussion

Realizing the importance of public-private partnership mechanisms for improving the quality of medical services and the development of the market of rehabilitation and rehabilitation treatment of citizens, we consider it necessary to propose the following model of organization of

rehabilitation and rehabilitation medicine based on the implementation of public-private partnership mechanisms [6; 7, p.11].

In particular, the municipal area of responsibility will include: the provision of land, assistance in the course of construction, the implementation of payments under the agreement, ensuring the availability of funds for the operation of the medical institution, compensation for possible damage caused by the city (early termination of the agreement), the acceptance of property that is part of the object and land.

The area of responsibility of business in the framework of public-private partnership, we include: the creation and design of the object, the process of construction and modernization, the provision of medical facilities and equipment, maintenance and repair of medical institutions, risk insurance, transfer of property and land ownership of the city [16, p.4].

For successful implementation of projects on the basis of public – private partnership institutions in practice, the business partner must assume the following main responsibilities: creation on the land plot for a pre-approved project at the expense of own or borrowed funds of the object, performing all necessary actions, including: the necessary research, design, construction, obtaining all necessary permits and approvals for the construction and commissioning of real estate, which will be part of the main object, as well as the supply of equipment [20, p. 399]. Upon completion of the creation or construction of a medical facility in the appropriate time and in full, the business partner must carry out the maintenance and repair of the facility in accordance with the terms of the existing at that time signed agreement [11, p.50; 17, p.731]. To protect themselves and their interests, the authors strongly recommend to include in the General scheme of implementation of PPP projects insurance activities for the implementation of the terms of the contract, including the risk of liability to third parties for damage during the creation, maintenance and repair of the object [1; 14]. In turn, the procedure of the agreement provides for the provision of medical facility for temporary use facilities and equipment in the facility that are necessary and sufficient for the provision of medical care, and at the end of the period specified in the agreement for the implementation of public – private partnership to transfer the ownership of the city budget completed medical facility together with the land plot which was transferred to the business partner to implement activities for construction and modernization of the object [22, p.418].

Conditions for the business partner are quite attractive, especially taking into account that the city plans to assume a number of basic responsibilities, namely the provision of land for the project, as well as in the process of construction and modernization of the medical institution to make payments in accordance with the terms of the agreement [26, p.412]. The point concerning rendering reasonable assistance to business at obtaining the licenses, permissions and approvals necessary for performance of obligations for modernization and construction of object which have to be assumed by the city authorities is especially important [23, p.504; 24 p.131].

In the conditions of high volatility of the Russian economy, instability of the external environment, the implementation of the PPP agreements model carries certain risks that any of the parties may face.

There are the risks of public-private partnership in the implementation of agreements on modernization of medical institutions.

Risk due to a significant increase in the cost of the facility and the need for additional funding in significant amounts

1. Implementation of the project requires significant amounts of additional funding-in amounts comparable to the funds already spent. The cost of construction of the object according to the results of design differs from the planned.

2. The amount of construction costs determined in preparation for the tender may differ significantly from the actual bids

3. The costs for the initial purchase of equipment determined in preparation for the tender may differ materially from the actual bids

4. The amount of construction costs determined in preparation for the tender may differ significantly from the actual costs during the construction phase

5. Delay the commercial and financial close in connection with the deterioration in financing conditions (increase in rates, reduction of credit terms, etc.)

Risk due to increased costs during operation, deterioration of financing conditions and the need for additional funding to maintain the operation of the facility

1. Operating costs determined as part of the preparation of the tender may differ materially from the actual bids

2. The risk of reducing the volume of financing of the project at the expense of the city budget due to the deterioration of the macroeconomic situation.

3. The risk in the cost of refinancing

4. The difference in the growth rate of the Partner's income and related expenses

Obtaining permits, licenses, other administrative permits

1. Delay or refusal to issue the necessary permits, licenses, other administrative permits will increase the time and cost of the Project

The risk associated with the timely provision of land for the project and (if necessary) other facilities that meet the requirements of the agreement, including the risk of accessibility to the land for the project and the risk of preparation of land for the project for the purposes of the project.

1. Untimely provision Of land for the project and other facilities that meet the requirements of the agreement, or the inability to carry out timely preparation of land for the project to implement the project in accordance with the terms of the agreement, which may lead to the postponement of the start and completion of project work and the shift in the timing of the project as a whole

Risks associated with the preparation of land for the project and removal of networks

1. Risk is associated with possible difficulties and delays in the preparation of land for the project and removal of networks for the start of construction. This may result in a significant time shift for the project as a whole due to the need for additional approvals.

Default of the business partner

1. Default of the business partner's obligations to service loans or bonds. Default can be technical in case of violation of one of the established obligations, or non-payment of interest on borrowed funds.

Operating costs are higher than planned

1. Unanticipated increase in the cost of wages, materials, utility costs

Change of the order of formation of cost of rendering medical care (change of cash flow on CHI)

1. Change of the order, amounts and structure of payment of the medical care paid from Fund of obligatory medical insurance.

There is a practice of real relationship of the state and business in health care. This refers to the participation of medical insurance organizations in economic relations in healthcare. Insurance medical organizations act as a link in the financial provision of medical institutions and carry out the examination of the quality of medical care.

The participation of medical insurance organizations in this process is assessed at a fixed percentage for the conduct of the case. It is proposed within the framework of this direction to put forward a motivational position: the dependence of the percentage of the number of claims (in identifying errors in the treatment of insured persons). It is expected that this provision will improve the quality of treatment of patients and examination of medical care. The development of this provision can serve as a function of control over the quality of food products in the reimbursement of court costs for the treatment of food poisoning, which occurred due to the fault of the manufacturer of food products [25, p.1290].

The insurance medical organization will be the recipient of part of the recourse claims for the treatment of its insured against food poisoning due to the fault of third parties.

In the framework of public-private partnership, the practice of sharing financial risks between the state and business should be provided. In particular, medical insurance organizations should share the costs of providing free medical care to citizens with an unplanned increase in morbidity and treatment costs.

It is necessary to regulate the participation of private medical organizations in the implementation of the Program of state guarantees of free medical care to citizens of the Russian Federation by relevant regulations. The need for this arises in the transformation of municipal medical institutions into private organizations. It is necessary to adopt at the Federal level a regulatory act that clearly establishes the procedure for attracting business entities to the implementation of the program of state guarantees of free medical care to citizens of the Russian Federation with the rules of compliance criteria.

In the Russian Federation, private rehabilitation centers for people who use psychoactive substances operate alongside state-run centers. This is one of the socially important areas of health care, where a wide range of stakeholders should be involved. A common form of their cooperation in foreign practice is the provision of state grants for the implementation of socially significant activities.

Rational use of concession agreements (long-term lease with special conditions) in the medical care service. Currently, the degree of commercialization of medical services has reached the level of 70-80%. Transfer to the operational management of medical hospitals business as a private partner is quite appropriate. At the same time, the conditions of detention, reconstruction of these institutions, their provision of quality medical care, including preferential categories of citizens, should be preserved. The introduction of the practice will significantly increase the equipment and level of service in medical hospitals, create conditions of competition. The state reserves the obligation to Finance medical care for privileged categories of citizens.

In the future, there is a great potential for public-private partnership in the field of cellular technologies. It is possible to create medical and technological conditions for the development of private stem cell banks, active participants of medical practice in the future. There is also a need for an appropriate legislative framework.

Public-private partnership is an innovative form of logistical, financial and economic support of health care in the Russian Federation. Activation of theoretical and practical developments in this direction will serve as a balanced cooperation between the state and business in the field of health care.

Conclusion

Based on the results of the study, we consider it appropriate to make a proposal to amend the Federal law regarding the provision of land plots. In the current Federal legislation there is no procedure for granting land plots for the implementation of PPP projects [10]. In accordance with

the law on PPP, the provision of Land for a specific project for construction purposes must be carried out according to the results of a tender. Due to the lack of regulation of these issues in the legislation of most subjects of the Russian Federation, this model of land project is associated with potential legal risks described above, however, the authors believe that their level is acceptable for the project.

As part of the study, the author considers it necessary to adopt at the regional levels of normative legal acts on the procedure for granting subsidies in fulfillment of the obligations of the subject of the Russian Federation under PPP agreements. Thus, based on the provisions of article 78 of the Budget code of the Russian Federation, the subject of the Russian Federation will be entitled to make payments to the business partner under the PPP agreement in the amount necessary to create attractive conditions for the implementation of the project, contributing to increased competition between potential project participants, and at the same time providing economic incentives to the business partner for the effective and quality implementation of the project activities within the framework of the public - private partnership.

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