# HEALTHCARE FIELD MANAGEMENT AND ACTIVITY MULTIFACTOR MODEL BASED DEVELOPMENT PROSPECTS

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***Annotation****: the article examines the management activities of the health sector in theoretical and practical terms. In the course of the study, a model was developed based on the connections of the number of patients recorded with the diagnosis made for the first time in relation to 100,000 inhabitants in the Republic of Uzbekistan and the indicators of the factor influencing its change. When using this structured trend Model, determining the volume of resources (exogenous factors) entering the industry taking into account the effect that each unit receives from an additional unit of incoming resource is based on the possibilities of optimal resource efficiency.*

***Keywords:*** health sector, health sector management, health sector costs, socio-economic development processes, econometric model, endogenous factor, exogenous factor.

From the experience of the developed countries of the world, it was seen that at today's stage of development, socio-economic development is gaining new knowledge, ideas and innovations. The fact that a healthy lifestyle, good health practices are viewed in countries as an important factor in the development and reproduction of "human capital"is becoming the main means of regularly improving the health of the population, including the labor resources contained in it. This requires the creation in these countries of the necessary conditions for the organization and management of innovative activities in the health care system, increasing the flow of financial resources, as well as innovative activities.

Today, in the structure of indicators of international assessment structures that assess the state of development of countries, not relying only on the economic indicators themselves, the indicators of social development of society are gaining ground in the foreground. Because, the indicators of Social Development reflect the changes in the result of the country's economic development and, through these indicators, make it possible to assess the state of its general development. Most of such indicators are indicators related to the health of the population, the level of which is directly related to the level of development of the health care system in the country.

The amount of financial resources involved in activities in the field of maintaining the health of the population in world countries determines the change in the level of costs for human capital in them. The composition of these funds is made up of state budget funds in all countries, extra-budgetary funds of medical institutions, as well as attracted investments. According to the World Health Organization, the volume of funds directed by countries around the world for health care is around 5.6-5.8% of GDP. On the recommendation of this organization, it is necessary that the volume of health-oriented funds in each country is not less than 4% of GDP [1].

The experience of developed countries in the world shows that the use of modern and samarli models of financing the health sector can provide medical services both addressably and efficiently. In a market economy, it is advisable for the state not to fully cover social costs, but only to the least extent for low-income, socially vulnerable segments of the population, while the rest of the costs are covered by social and market structures in non-state secors [2].



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Although the costs of the health sector can be realized at the expense of budget revenues, this process can cause economic problems at the macro level .

Failure of state budget revenues to provide financial support for the health sector leads to the emergence of informal payments, and this situation reduces the transparency of system financing. The fact that in developed countries with a high level of financing of the health care system, funds received from state and non-state sources are provided in a harmonious state, increased the effectiveness of the use of funds in the health sector in the last period of the XXI century.

In the econometric analysis of socio-economic development processes, we determine the econometric model of the state of change in the number of patients recorded with the diagnosis made for the first time in relation to 100,000 inhabitants, which reflects the effectiveness of the management of the country's health system, taking into account the wide use of multi-factor production functions and The identifiable model health system helps to determine the target forecast indicators for the medium and long term period based on the determination of the areas of management of factors affecting the number of patients recorded with the first-time diagnosis in relation to 100,000 inhabitants representing management efficiency, as well as to determine the measures necessary to ensure these indicators [3].

A multi-factor analysis was carried out on the change in the number of patients recorded with the first diagnosis compared to 100,000 inhabitants across the country under the influence of the main influencing factor on the indicator calculated as an endogenous factor.

The following indicators were selected based on the conclusions of industry experts as indicators of the factor influencing it, determining the number of patients recorded with the first diagnosis in relation to 100,000 inhabitants by country as the peak of the production function, that is, as $X_1$-the volume of financial resources allocated from the state budget to finance health expenses;

$X_2$ is the average number of inhabitants per doctor;

$X_3$-the average number of seats per 10,000 inhabitants in hospitals;

$X_4$-the number of hospitals and outpatient clinics. a result factor:

If the essence of the indicators of the endogenous factor and the exogenous factor influencing it is seen, then as influencing factors it is divided into 100,000 inhabitants with a link close to the model in the form of a production model based on the indicators of the main influencing factor in the number of patients recorded with the first-time diagnosis (Table 1)

**Table 1.**

**The number of patients recorded with the first diagnosis in the Republic of Uzbekistan compared to 100,000 inhabitants and the indicators of the factor influencing its change[1]**

| Years | *Patients (person) (Y)recorded with the first-time diagnosis compared to 100,000 inhabitants* | The volume of financial resources allocated from the state budget to finance health expenses (billion. sum) ($X_1$) | Average population per doctor (person) ($X_2$) | In hospitals, the average number of seats per 10,000 inhabitants (unit) ($X_3$) | Hospital and outpatient clinic Larson I, unit ($X_4$) |
|---|---|---|---|---|---|
| 2011 | 45557,9 | 862,3 | 362 | 47,3 | 7535 |
| 2012 | 48065,2 | 924,4 | 369 | 46,1 | 7614 |

[1] Developed by the author.



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| | | | | | |
|---|---|---|---|---|---|
| 2013 | 48087,5 | 1034,6 | 373 | 43,9 | 7549 |
| 2014 | 50729,5 | 1103,5 | 378 | 42,2 | 7112 |
| 2015 | 52443,4 | 1289,1 | 379 | 41,1 | 7291 |
| 2016 | 53995,5 | 1597,7 | 382 | 41,1 | 7648 |
| 2017 | 50574,4 | 1842,3 | 383 | 41,6 | 6431 |
| 2018 | 47853,8 | 2227,4 | 367 | 46,6 | 6792 |
| 2019 | 45867.8 | 2667,6 | 369 | 45,2 | 7160 |
| 2020 | 39715.3 | 3070,2 | 370 | 46,6 | 7264 |
| 2021 | 40125,4 | 4452,7 | 373 | 47,2 | 10460 |

An even correlation analysis of factor indicators was carried out in order to determine the binding density between the resulting and influencing factors presented in the table above. Correlation analysis shows that the factor indicators remaining in addition to the second factor to the selected endogenous factor are in reverse dependence, as well as that the bond density between the resulting factor and the influencing factors is higher than average (Table2).

**Table 2.**

**Correlation analysis of the relationship between consequential and influencing factors[2]**

| | *Y* | *X1* | *X2* | *X3* | *X4* |
|---|---|---|---|---|---|
| Y | 1 | | | | |
| X1 | -0,7032 | 1 | | | |
| X2 | 0,600123 | -0,05682 | 1 | | |
| X3 | -0,83621 | 0,415302 | -0,89495 | 1 | |
| X4 | -0,51167 | 0,607398 | -0,10365 | 0,38915 | 1 |

We can determine the main trend Model in the form of a linear logarithmic bond due to the fact that the unit of measurement of the indicators of the resultant and influencing factorseparated in the table above is not the same, that is, the factor indicators are not homogeneous. To do this, all of the factor indicators are brought to natural logarithmic indicators (Table 3).

**Table 3.**

**Logarithmic state of the number of patients recorded with the first diagnosis in relation to 100,000 inhabitants of the Republic of Uzbekistan and the indicators of the factor influencing its change[3]**

| t | $LnY$ | $LnX_1$ | $LnX_2$ | $LnX_3$ | $LnX_4$ |
|---|---|---|---|---|---|
| 2011 | 10,73 | 6,76 | 5,89 | 3,86 | 8,93 |
| 2012 | 10,78 | 6,83 | 5,91 | 3,83 | 8,94 |
| 2013 | 10,78 | 6,94 | 5,92 | 3,78 | 8,93 |
| 2014 | 10,83 | 7,01 | 5,93 | 3,74 | 8,87 |
| 2015 | 10,87 | 7,16 | 5,94 | 3,72 | 8,89 |
| 2016 | 10,90 | 7,38 | 5,95 | 3,72 | 8,94 |

[2] Developed by the author.
[3] Developed by the author.


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| | | | | | |
|---|---|---|---|---|---|
| 2017 | 10,83 | 7,52 | 5,95 | 3,73 | 8,77 |
| 2018 | 10,78 | 7,71 | 5,91 | 3,84 | 8,82 |
| 2019 | 10,73 | 7,89 | 5,91 | 3,81 | 8,88 |
| 2020 | 10,59 | 8,03 | 5,91 | 3,84 | 8,89 |
| 2021 | 10,60 | 8,40 | 5,92 | 3,85 | 9,26 |

In order to determine the trends of change taking place on the basis of The Binding of the main endogenous and exogenous factors isolated, we will analyze the logarithmized data in the form of the above periodic series using the EViews10 program.

Using the software package, a logarithmic linear model of the following form was determined:

$$LnY = -0{,}091 \cdot LnX_1 + 2{,}092 \cdot LnX_2 - 0{,}42 \cdot LnX_3 - 0{,}14 \cdot LnX_4 + 1{,}899 \quad (1)$$

$$Y = \frac{{X_2}^{2{,}092} \cdot e^{1{,}899}}{{X_1}^{0{,}091} \cdot {X_3}^{0{,}42} \cdot {X_4}^{0{,}14}} \quad (2)$$

When the identified linear logarithmic model is potentiated, an econometric model with a non-linear appearance is derived, representing the number of patients recorded with the first diagnosis made by country compared to 100,000 inhabitants:

Based on the identified trend models using the software package, we list the prospective indicators of the change in the number of patients recorded with the first diagnosis made in 2022-2026 in relation to 100,000 inhabitants by country, as well as the most convenient models for their calculation (Table 4).

**Table 4.**

**Forecast indicators for 2022-2026 of the number of patients recorded with the first diagnosis in relation to 100,000 inhabitants of the Republic of Uzbekistan and the indicators of the influencing factor[4]**

| Name | Model | Years | | | | |
|---|---|---|---|---|---|---|
| | | 2022 | 2023 | 2024 | 2025 | 2026 |
| Patients (person) (Y) recorded with the first-time diagnosis compared to 100,000 inhabitants | $= \frac{Y}{{X_2}^{2{,}092} \cdot e^{1{,}899}}{{X_1}^{0{,}091} \cdot {X_3}^{0{,}42} \cdot {X_4}^{0{,}14}}$ | 34748,0 | 34962,8 | 35216,1 | 35717,1 | 35778,1 |
| The volume of financial resources allocated from the state budget to finance health expenses (billion. sum) ($X_1$) | $x_1 = 311.23 \cdot t + 48.24$ | 3783,0 | 4094,2 | 4405,5 | 4716,7 | 5027,9 |
| Average population per doctor (person) ($X_2$) | $x_2 = 0.264 \cdot t + 371.6$ | 374,8 | 375,0 | 375,3 | 375,6 | 375,8 |

[4] Developed by the author.



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| | | | | | | |
|---|---|---|---|---|---|---|
| In hospitals, the average number of seats per 10,000 inhabitants (unit) ($X_3$) | $x_3 = 0.134 \cdot t + 43.643$ | 45,3 | 45,4 | 45,5 | 45,7 | 45,8 |
| Hospital and outpatient clinic Larson (unit) ($X_4$) | $x_4 = 95.982 \cdot t + 6956.473$ | 8108 | 8204 | 8300 | 8396 | 8492 |

Using the identified data, a multi-factor econometric model was compiled in which the number of patients recorded with the first diagnosis made in relation to 100,000 inhabitants in the Republic of Uzbekistan changes under the influence of factors influencing it. According to him, which represents this process.

$$Y = \frac{{X_2}^{2,092} . e^{1,899}}{{X_1}^{0,091} . {X_3}^{0,42} . {X_4}^{0,14}}$$

(2) – the regression equation was compiled.

Having checked the reliability and adequacy of the compiled model on the basis of several criteria, it is necessary to be sure of the accuracy of the results. In the identified trend, the (2) regression equation identified above the fact that autocorrelation is at a low level and is also in demand by other criteria was found to be reliable and proved to be adequate.

The values of the change in the number of patients in 2011-2026, recorded for the first time with a diagnosis in relation to 100,000 inhabitants by country using a multi-factor econometric model, were expressed graphically in real and forecast indicators.

Based on the coefficients of the variables in the compiled model, we will be able to assess how much the value of the resulting factor changes at the expense of one unit of the value of each factor added.

In particular, an additional 1 unit increase in the number of patients recorded with the first diagnosis compared to 100,000 inhabitants, the volume of financial resources allocated from the state budget to finance additional 1 ruble of health costs, an additional 1 unit increase in the number of seats corresponding to the average per 10,000 inhabitants in hospitals, and an additional 1unit increase.



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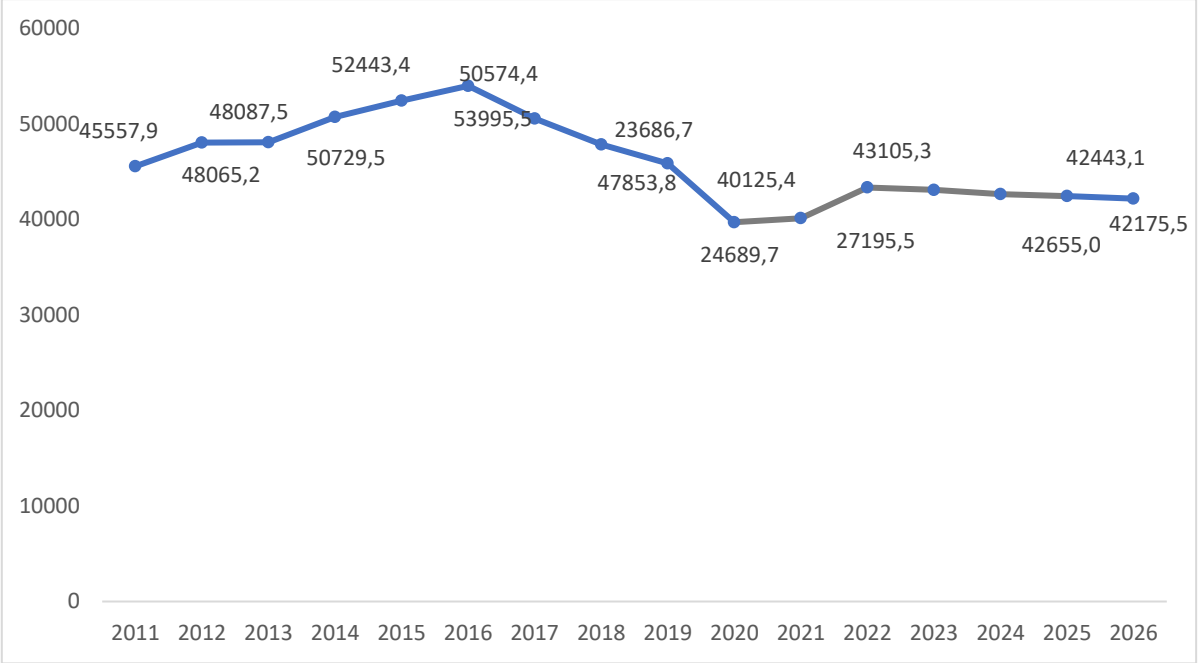


**Picture 1. A change in the number of patients recorded with the first diagnosis in relation to 100,000 inhabitants in the Republic of Uzbekistan[5] (forecast for 2021-2025), (mlrd.so ‘ m)**

Based on the above factor links, we have developed a development scenario based on the impact on the resulting indicator, which is considered the most important in the decline in the number of patients recorded with the first-time diagnosis compared to 100,000 inhabitants across the country.

In conclusion, the use of trends identified in the process of strategic planning of a decrease in the number of patients recorded with the first diagnosis in the Republic of Uzbekistan in relation to 100,000 inhabitants will allow to optimize the social indicator, correctly distributing the main factor in the field of Health and the volume of the incoming resource.

The use of the model in practice without assessing the importance of the model and the quality of its parameters in a fixed multi-factor lineless connection leads to the occurrence of large errors. With this in mind, we will evaluate the model of change in the number of patients recorded with the first diagnosis made by the country in relation to 100,000 inhabitants, its importance and the quality of the model parameters.

The parameters identified in the process of regression analysis carried out using the Eviews10 software package, as well as the significance of the model, were assessed through the main assessment indicators calculated by the program (Table 5).

**Table 5.**

[5] Developed by the author.



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**Linkage characteristics of factors and the main indicators of the quality of the structured factor model[6]**

Dependent Variable: The number of patients recorded with the first diagnosis in relation to 100,000 inhabitants in the Republic of Uzbekistan, LnY
Method: Least Squares
Date: 02/03/22 Time: 21:34
Sample: 2011 2021
Included observations: 11

| Variable | Coefficient | Std. Error | t-Statistic | Prob. |
|---|---|---|---|---|
| **Volume of financial resources allocated from the state budget to finance health expenses, Ln X1** | -0,091289 | 0.046307 | -1.971376 | 0.0962 |
| **The average number of inhabitants per doctor, Ln X2** | 2.091683 | 3.165998 | 0.660671 | 0.5334 |
| **The average number of seats per 10,000 inhabitants in hospitals, Ln X3** | -0.420043 | 1.144723 | -0.366938 | 0.7263 |
| **Number of employees employed in medical institutions and organizations, Ln X4** | -0.140193 | 0.164696 | -0.851224 | 0.4273 |
| **Value taking into account the influence of random factors, Lns** | 1.899964 | 22.19236 | 0.085613 | 0.9346 |

| | | | |
|---|---|---|---|
| R-squared | 0.828701 | Mean dependent VAR | 10.76545 |
| Adjusted R-squared | 0.714502 | S.D. dependent VAR | 0.099334 |
| S.E. of regression | 0.053076 | Akaike info criterion | -2.731220 |
| Sum squared resid | 0.016903 | Schwarz criterion | -2.550358 |
| Log likelihood | 20.02171 | Hannan-Quinn criter. | -2.845228 |
| F-statistic | 7.256628 | Durbin-Watson stat | 2.396964 |
| Prob(F-statistic) | 0.017523 | | |

The analysis carried out on the basis of the software package shows that the correlation of the resulting factor with the influencing factors in the plural is equal to r=0.9242, the determinant coefficient is equal to $R^2$=0.8287. This indicates that the resulting factor with the influencing factors has a correlation with high density, and the residues as a difference between the calculated indicators and the Real ones are also tightly bound.

The table assesses the significance and quality of the parameters of the econometric model, compiled using the value of the indicated indicators.

For the endogenous factor in the detected model, the Fisher criterion value is 7.26, its significance is 0.017. From this it can be seen that the structured trend model can be applied in practice in terms of importance.

The quality of the Model was evaluated through the Akiake information criterion (2,73), the Schwars criterion (2,55) and the Hannan-Kuin criterion (2,84) in the software package tool. The value of these criteria also indicates that a trend model can be applied.

[6] Developed by the author.


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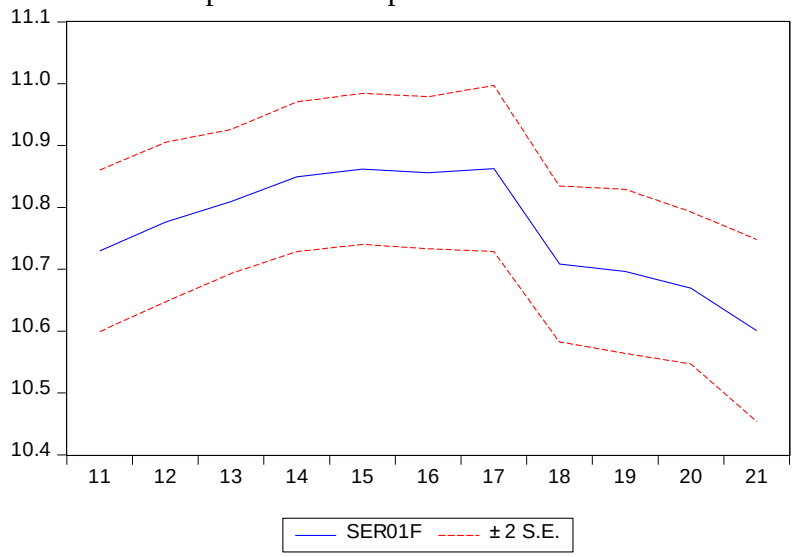
Given that the Darbin-Watson (DW) criterion, which allows you to determine the presence of autocorrelation or multicollenicity in a structured econometric model, is equal to 2.39, and the optimal limit is around 2.0, it can be seen that the quality of the model is relatively high, that is, the level of autocorrelation is low.

Using the EViews10 software package, we form the trend of changing the number of patients recorded with the first diagnosis in relation to 100,000 inhabitants in the Republic of Uzbekistan within the limits of ±2 statistical errors of their volume in the period 2011-2021 and evaluate the indicators that represent the importance of this trend.




| | |
|---|---|
| Forecast: SER01F | |
| Actual: SER01 | |
| Forecast sample: 2011 2021 | |
| Included observations: 11 | |
| Root Mean Squared Error | 0.039199 |
| Mean Absolute Error | 0.029363 |
| Mean Abs. Percent Error | 0.273062 |
| Theil Inequality Coefficient | 0.001821 |
| Bias Proportion | 0.000000 |
| Variance Proportion | 0.046939 |
| Covariance Proportion | 0.953061 |
| Theil U2 Coefficient | 0.673637 |
| Symmetric MAPE | 0.273040 |

**Picture 2. The change in the number of patients recorded with the first diagnosis in the Republic of Uzbekistan compared to 100,000 inhabitants within the limits of ±2 statistical errors of the volume in the period 2011-2021[7]**

The indicators presented in the figure reflect the importance and adequacy of the structured model. In particular, the fact that the Teil noteng coefficient is equal to 0.0018, the Teil U2 coefficient is 0.67, the Bias ratio is 0, the variation ratio is 0.0469, the covariance ratio is equal to 0.9531, and the symmetric MAPE is equal to 0.273 indicates that the structured model is located in the necessary intervals.

In particular, given that the limit is up to 10 for a symmetric MAPE, it can be seen that the degree of estimation error is smaller than the specified limit, i.e. MAPE: 0.273<10.

Along with the above, it is also advisable to use the residual, real and structured model value graph when assessing the model of change in the number of patients under the influence of factors recorded with the first diagnosis in the Republic of Uzbekistan compared to 100,000 inhabitants.

[7] Developed by the author under the EViews10 program.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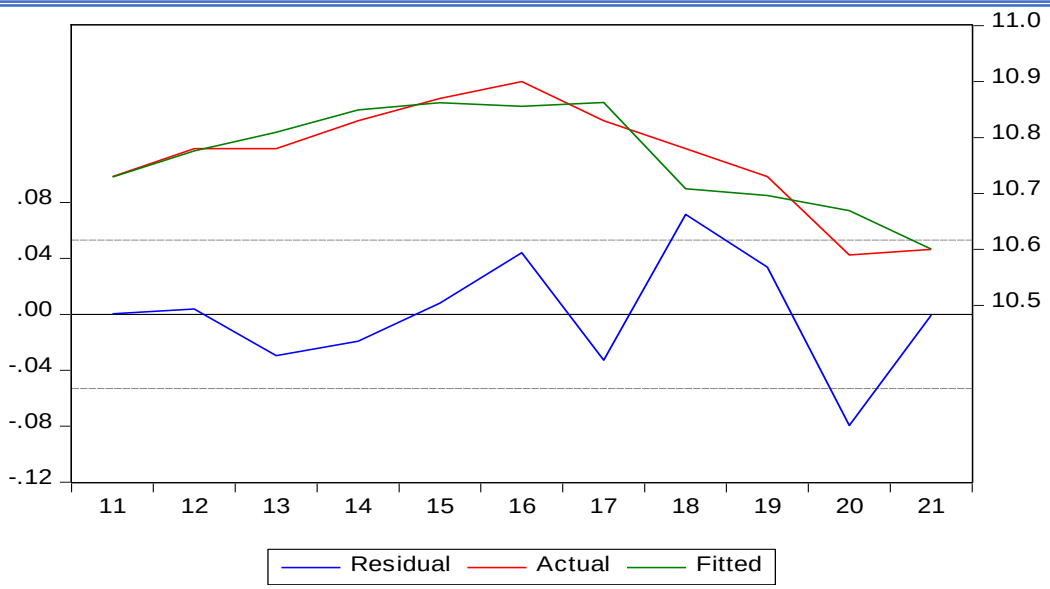


**Picture 3. The graph of the residual, real and structured model values of the number of patients recorded with the first diagnosis made in the Republic of Uzbekistan compared to 100,000 inhabitants[8]**

In the graph model and the actual value is calculated based on the balance between the vibration level is high, although the balance of indicators, the actual indicators and graphical indicators of a structured model, which is based on the difference between the level you can see that.

Based on the above analytical data and statistical assessment of the values of the indicators, the following trend Model, which takes into account the size of the number of patients recorded in the Republic of Uzbekistan with a diagnosis made for the first time in relation to 100,000 inhabitants in 2011-2021 and the influence of factors on it, can be used That is:

$$Y = \frac{{X_2}^{2,092} \cdot e^{1,899}}{{X_1}^{0,091} \cdot {X_3}^{0,42} \cdot {X_4}^{0,14}}$$

Setting the volume of resources (exogenous factors) entering the industry in the use of a structured trend Model taking into account the effect that each unit receives from an additional input resource unit will provide optimal resource efficiency and ensure stable development of the industry in a balanced manner.

On the basis of the Model, when determining the target indicator of the number of patients recorded with the first-time diagnosis in relation to 100,000 inhabitants in the near future, it is important to correctly determine the input factors, determining the saturation point of demand.

The article developed the following conclusions and proposals on the issues of development of the health sector:

- the demand for medical services has been steadily growing over the years, and the offer of services that actually exist is not able to fully satisfy the Real demand in terms of quality;

[8] Developed by the author.


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- the formation of the demand for medical services is influenced by the creation of new medical institutions operating in new fields and directions of Medicine, and the increase in the level of use of modern medical equipment in them as a demand-forming proposal based on a hidden need;

- the volume of provision of inpatient and outpatient services to patients is increasing at the expense of medical institutions organized in the private sector. Accordingly, the volume of financing of services in institutions within the industry has also increased.

- in existing medical institutions in the field, innovative activities are mainly coordinated by state systems, within the framework of each Medical Research Institution, a lot of research is carried out and results are achieved, although the level of spread of results to the industry is low.

- in the structure of financial resources used to finance the activities of medical institutions, the volume of funds in the direction of procurement of modern medical equipment is steadily growing, while the number of State innovative and fundamental research projects and the volume of funds directed to them is increasing.

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