



Strategic analysis of the activities of state outpatient medical organisations

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Abstract

Since the entire healthcare system operates in a dynamically changing and unpredictable environment, it requires strategic management. In order to achieve a socio-economic outcome in the context of Russian healthcare, state outpatient clinics will be the most important, as most goals and objectives can be achieved in an outpatient setting.

The purpose of the study is a generalised assessment of the activities of all state outpatient medical institutions of the Russian Federation on key aspects of their activities in order to formulate a long-term development strategy for these institutions.

This study uses the method of strategic analysis of the organisation's activities by means of PEST analysis. The PEST analysis was carried out with the participation of experts from various areas of the Russian Healthcare System.

The results of the study. On the basis of the literature studied, the main factors that can influence the activities of the state polyclinic have been identified. These factors were selected by the author from a total of 40 questions and submitted for assessment by health professionals. Experts assessed the level of influence of the factor and the likelihood of the factor occurring in a state outpatient facility. On the basis of the estimates, a PEST analysis table has been compiled for the activities of governmental outpatient institutions. A weight-adjusted estimate is also calculated for each factor and a table of the influence of the factors in descending order is compiled. On the basis of this analysis, the main directions for the development of state outpatient medical institutions were formulated.

The practical application of the results is possible in the conditions of the state outpatient medical service of the Russian Federation, since the main points of the development direction are formulated. The economic aspect of this study is the effective economic functioning of an outpatient institution based on a scientific approach in the field of strategic management.

The originality and significance of this study lies in the fact that it conducts a PEST analysis in relation to state outpatient institutions of the Russian Federation, which has not been done before. The main scientifically based directions for the development of state outpatient medical institutions are also formulated.

Keywords: strategic management, PEST analysis, state outpatient medical institutions.

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公立门诊医疗机构活动的战略分析

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简介

由于整个医疗系统是在一个动态变化且难以预测的环境中运行, 因此需要进行战略管理。为了在俄罗斯医疗保健领域取得社会经济成果, 最重要的是国立门诊和综合医院, 因为大多数目标和目的都可以在门诊环境中实现。这项研究的目的是对俄罗斯联邦所有国立门诊医疗机构在其活动的主要方面的业绩进行总体评估, 以便制定这些机构的长期发展战略。

本文采用PEST分析法对该组织的活动进行战略分析。根据所研究的文献, 确定了可能影响国立综合医院活动的主要因素。

作者编写并提供了40个问题, 供卫生专家评估公共门诊机构受因素影响的程度及其发生的概率。根据评估结果, 编制了公共门诊机构活动的PEST分析表。此外, 还计算了每个因素的权重调整分值, 并按从高到低的顺序编制了因素影响表。在此分析基础上, 制定了公立门诊医疗机构的主要发展方向。

制定了国立门诊医疗机构的主要科学发展方向。研究成果可在俄罗斯联邦国立门诊医疗机构的条件下实际应用; 研究的经济方面包括门诊机构在战略管理领域科学方法的基础上有效的经济运行。

关键词: 战略管理、PEST 分析、公立门诊医疗机构。

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Introduction

The peculiarities of health care management include the special responsibility of the decisions on which people's lives and health depend, the difficulty, and sometimes the impossibility, of predicting the long-term consequences of the decisions taken and of correcting wrong decisions [Evgrafova, 2016]. Thus, the main difference between the strategic management of medical organisations and other commercial institutions is that it should be based on a socially oriented approach, which means that all actions during the implementation of the strategic plan should be aimed at achieving a socio-economic result. [Khansuvarova, 2021]. The socio-economic outcome in the healthcare system of the Russian Federation can be understood as follows:

- rise in average life expectancy;
- reduction of mortality of the population due to various causes;
- increase in the birth rate;
- improvement in patients' quality of life;
- strengthening of the relationship of trust between the health care system and the population.

In order to achieve socio-economic outcomes in the context of Russian healthcare, state outpatient and polyclinic institutions will be the most important, as most goals and objectives can be achieved in outpatient settings. Outpatient and polyclinic care is the main link in the healthcare system of the Russian Federation and, therefore, the most popular type of medical care, which today is received by more than 80% of patients [Vlasova, Sergeeva, 2019]. The outpatient clinic provides prevention and early detection of socially relevant diseases. When analysing the consumers of medical services in the conditions of a budgetary outpatient institution, it is impossible not to notice that the main consumers of medical services are elderly and old people, patients with multiple chronic diseases, mostly people with average or low income due to the impossibility of obtaining alternative paid care. Therefore, the development of the organisation's goals and strategy should take into account the main consumers of medical services. In addition to the elderly and senile, anxious and depressed patients often become the main consumers of medical services in state institutions. This

places a significant burden on the public health system due to the high number of cost ineffective examinations and treatments, as well as sick leave. Given that the high social importance of health services leads to a conflict between social and economic efficiency, which consists in the fact that a number of services may be economically inefficient but have a high moral value, for example free medical care for a terminally ill patient [Oparin, 2022], the state health system must strike a balance between the quality of medical care and the economic efficiency of medical interventions. The state, unlike the private sector, takes responsibility for the provision of medical services to the population, even in the case of obvious economic inefficiency. However, the public sector still has to spend budget and compulsory health insurance (CHI) funds effectively.

Thus, the mission of an outpatient clinic can be formulated as follows: to provide high-quality, accessible and cost-effective preventive and curative outpatient medical care to all citizens equally, regardless of social status, race, political views, age, etc., and to maintain and strengthen healthy and trusting relationships between the population and medical personnel. That is why the efforts of each state outpatient medical organisation should be directed simultaneously at the improvement of social indicators (increase in life expectancy and quality of life of the population) and the effective use of economic potential (funds of the budget of the Russian Federation and the compulsory medical insurance fund in the implementation of the treatment process).

The objectives of a state medical organisation must be clear and demonstrate the desire of each outpatient and polyclinic to achieve socio-economic results. The improvement of socio-economic results within the framework of the work of a separate outpatient institution should be directed to the population allocated on a territorial basis, which will be a significant stimulating factor for its work. Thus, the main objectives of a public outpatient medical facility can be formulated as follows:

- increase in the life expectancy of the target population;
- improvement of the quality of life of the target population;
- early detection of socially important diseases;
- increase in the availability of medical care for the assigned population;
- early detection of complications of chronic diseases for which the patient is followed in the clinic;
- cost-effective use of funds received by the organisation;
- medical education of the assigned population;
- reduction of periods of temporary disability and prevention of disability in the target population;
- promotion of healthy and trusting relationships between clinic staff and the target population.

The main strategic goals of governmental medical organisations are to create conditions for achieving the set goals and to generate feedback for adjusting the strategy during its implementation. Given the specific nature of the work of outpatient institutions, it is necessary to strive to increase the coverage of the population that has undergone medical examinations and to increase the vaccination of the population against the most dangerous and costly diseases. The role of the state is to uphold the constitutional rights of the population, particularly in the area of health care. Given the ever-increasing demand for health services in terms of quantity and quality, as well as the general trend towards an ageing population, the state must attract private investment to implement national health programmes. In particular, it is necessary to take full responsibility for the provision of medical services to terminally ill patients and to allocate budget resources for this purpose. Optimisation of the treatment process in the public health care system should be carried out on an ongoing basis, primarily in order to avoid unjustified waste of budget and compulsory health insurance funds on useless treatment and diagnostic measures. In order to provide services to the relatively healthy population, it is necessary to actively attract private investors, while the main criterion for the consumer (patient) will be mental comfort when receiving medical services. The population needs to be informed about government support for the health sector and guarantees of medical care. The public health sector is seen as a pool of capacity and resources that plays a central role in the delivery of essential public services, while the private sector is valued for its ability to use its expertise to transform resource potential into improved service delivery. [Ondategui-Parra, 2009].

The main tasks of a state outpatient clinic can be summarised as follows:

- maximum coverage of the target population with screening and vaccination;
- a personalised approach to care for the elderly, senile and disabled;
- establishing active monitoring of the patient's test results, informing the patient and physician immediately of any significant deviations;
- organising the effective work of local practitioners;
- increasing the importance of the role of community nurses;
- destigmatisation of psychiatric services, early detection of mental disorders;
- prescribing cost-effective tests and treatments;
- collecting feedback from the consumer of medical services (patient);
- reducing bureaucracy and increasing the efficiency of the treatment process;
- promoting evidence-based medicine to the public;

- involving management in resolving conflict situations to build trust between medical staff and patients.

1. Research methodology

In essence, strategic analysis is a stage of pre-planning research where factors of the external environment, business environment and resource potential (opportunities) of the enterprise are systematically analysed in order to determine the current position of the enterprise and identify the conditions for its further successful development in a market economy [Zheltova, Fomicheva, 2015]. Effective management of an organisation is based on a deep understanding of the internal and external factors that can affect its functioning. Tools such as PEST analysis provide a broad overview of the internal and external environment that affects the functioning of the enterprise [Kharitonova, Nazarevich, 2023]. The methodological basis of the PEST analysis is the modern strategic analysis, the purpose of which is the systematic study of important elements of the external and internal environment and alternative strategies of the organisation¹. The essence of the PEST analysis method consists in conducting an analysis of the external environment of the organisation, which is conditionally divided into four sectors: political, economic, social and technological environment [Dobrovolsky, 2013]. In order to carry out an analysis, it is usually necessary to obtain the opinion of at least three experts in the area under investigation. In order to obtain an objective picture of the influence of factors, a list of 40 factors influencing the activities of a public outpatient medical facility

was compiled on the basis of the goals and objectives. The factors are arranged randomly, without reference to the sector, and are offered to experts for evaluation. The experts were: the head of a branch of one of the Moscow polyclinics; A.V. Volnukhin, M.D., professor of the Department of General Practice of Sechenov University; M.G. Panov, Ph.D., deputy chief physician for organisational and methodological work of Bryansk Polyclinic No. 4; S.V. Gavrilenko, consultant to the Bryansk City Health Department.

The experts were asked to give two ratings for each factor. The first rating is the influence of the factor:

- 1) the influence of the factor is small, any change in the factor has virtually no effect on the work of the clinic;
 - 2) only a significant change in the factor will affect the work of the clinic;
 - 3) the influence of the factor is high, any fluctuations cause significant changes in the work of the clinic.
- Each factor was asked to be rated with a '+' or '-' sign.

We then assess the likelihood of the selected factors occurring on a scale of 1 to 5, where 1 means there is almost no chance of the factor changing and 5 is the maximum likelihood. The survey asked experts to rate the likelihood of each factor occurring in their organisation or country within 10 years.

On the basis of the assessments made, a table of the influence of environmental factors on the activities of a state outpatient medical organisation was compiled (Table 1).

The sum of the influence of all factors was 54.73. A table was then compiled of the likelihood of each factor

Table 1
Assessment of the influence of environmental factors on the activities of the state outpatient medical organisation

Description of the factor	Experts' assessment of the impact of factors 1-4				Average rating
	1	2	3	4	
Political factors					
1. Strengthening the influence of state medicine on the medical services market in the Russian Federation	−1	+1	+1	+2	0.75
2. Strengthening the influence of private medicine on the medical services market in the Russian Federation	+2	+2	+3	−2	1.25
3. Improving legislation on public-private partnerships in the health sector	+2	+1	+1	+1	1.25
4. Development of the Russian pharmaceutical industry	+2	+1	0	+2	1.25
5. Effective cooperation with countries where medicines are produced	+2	+1	0	+2	1.25
6. Orientation of the health care system towards outpatient care in the provision of medical services (increase in bed turnover, decrease in the number of inpatient treatments).	+2	+3	−3	+3	1.25
7. Reduction or suspension of the growth of the influence of the outpatient network in the sphere of provision of state medical services, development of the inpatient network in the Russian Federation.	−1	−3	+3	+3	0.5
8. Optimisation of outpatient care in your region (increase in the number of appointments, reduction in the time spent with the patient)	−3	+3	−3	+3	0
9. Development of outpatient psychiatric services in a polyclinic in your region	+2	+1	?	+1	1.33

¹ Modern strategic analysis (2014): textbook; edited by P.V. Ivanov. Rostov-on-Don, Phoenix.

Table 1 – remainder

Description of the factor	Experts' assessment of the impact of factors 1-4				Average rating
	1	2	3	4	
Economic factors					
1. Funding of a per capita polyclinic in the Russian Federation	+2	+1	−3	+3	0.75
2. Polyclinic financing based on labour efficiency in the Russian Federation	+2	+3	?	+2	2.33
3. Improvement of material incentive methods for the staff of your clinic	+3	+3	+3	+2	2.75
4. Outsourcing of non-core tasks in your clinic to private partners (organising meals, cleaning the premises, computer repair, etc.)	+1	+3	−3	+1	0.5
5. Improvement of the system of sanctions for the employees of your clinic (ability to influence the work of the employee)	+1	−2	+1	+1	0.25
6. Increasing the volume of budgetary and regional funding for public polyclinics (stability in times of crisis - COVID-19 pandemic) compared to increasing funding from the compulsory health insurance fund.	+2	+2	+3	+2	2.25
7. Increasing the volume of funding for the polyclinic from the compulsory health insurance fund (increasing the tax burden on the population, the population's understanding of the value of medical services) and reducing funding from the budget.	+2	+2	+3	+3	2.5
Social factors					
1. Further development of patient-centred care in the country	0	+3	−3	+2	0.5
2. Protecting the rights of outpatient medical staff from abuse by patients in your region	+1	+3	+2	+1	1.75
3. Protection of patients' rights against ill-treatment by medical staff in a health centre in your area	0	+1	+2	+1	1
4. The impact of general population ageing on outpatient care in your region	−1	−1	−3	+1	−1
5. Increasing public confidence in evidence-based medicine over other forms of treatment in your region (homeopathy, traditional medicine, etc.)	+1	+1	?	+1	1
6. Increasing public confidence in public healthcare in your region (compared to private healthcare)	+2	+3	+1	+1	1.75
7. Increasing public confidence in domestic medicine (versus foreign medicine) in the Russian Federation	+1	+3	?	+1	1.66
8. Increasing the importance of a nurse in a clinical setting (doing only specialised work, working on an equal footing with a doctor) in your organisation	+3	+2	?	+2	2.33
9. Strengthening the physician-nurse hierarchy in your organisation	+2	−1	?	−2	−0.33
10. Positive psychological climate among the staff of your clinic	+3	+3	+3	+3	3
11. Respect for the management decisions of your clinic staff	+2	+3	?	+3	2
12. Усиление текучки кадров вашей поликлиники	−3	−3	?	+3	−0.75
13. Work with the 'old' team under the conditions of your clinic (few new recruits and few dismissals)	0	+2	?	+2	1.33
14. Development of a mentoring system in your clinic (material incentives for mentors to adapt new employees)	+2	+3	?	+2	2.33
Technological factors					
1. Reduction in the level of bureaucracy in your clinic	+3	+3	+3	+3	3
2. Tightening control over document flow in your clinic	+1	−1	−3	+2	−0.25
3. Digitalisation of the health care system in the Russian Federation	+2	+2	+3	+2	2.25
4. Development of artificial intelligence in healthcare in your region	+2	+2	−3	+1	0.5
5. Improving the accuracy of feedback to the clinic manager and structural department managers (from staff and patients)	+2	+3	+3	+2	2.5
6. Improving the working environment of clinical staff (renovation of facilities)	+2	+1	+3	+2	2
7. Increasing the level of technical equipment of your clinic	+3	+3	+3	+3	3
8. Developing a corporate culture within your clinic	+2	+3	?	+1	2
9. Development of geriatric services in a polyclinic setting	0	+2	?	+1	1
10. Transfer some of the bureaucratic medical work to specially trained mid-level staff in your clinic	+1	+3	?	+2	2

Note. The experts marked questions with a '?' if they considered that they could not be scored due to incorrect composition.

Source: compiled by the author.

Table 2
Assessment of the likelihood of environmental factors occurring in a country or region within 10 years

Description of the factor	Experts' assessment of the impact of factors 1-4				Average rating	Weighted score
	1	2	3	4		
Political factors						
1. Strengthening the influence of state medicine on the medical services market in the Russian Federation	5	1	1	1	2	0.027
2. Strengthening the influence of private medicine on the medical services market in the Russian Federation	5	1	5	5	4	0.091
3. Improving legislation on public-private partnerships in the health sector	3	1	1	5	2.5	0.057
4. Development of the Russian pharmaceutical industry	4	5	?	5	4.7	0.107
5. Effective cooperation with countries where medicines are produced	3	1	?	3	2.33	0.053
6. Orientation of the health care system towards outpatient care in the provision of medical services (increase in bed turnover, decrease in the number of inpatient treatments).	3	1	1	5	2.5	0.057
7. Reduction or suspension of the growth of the influence of the outpatient network in the sphere of provision of state medical services, development of the inpatient network in the Russian Federation.	0	3	1	1	1.25	0.011
8. Optimisation of outpatient care in your region (increase in the number of appointments, reduction in the time spent with the patient)	1	1	3	2	1.75	0
9. Development of outpatient psychiatric services in a polyclinic setting in your region	1	1	?	2	1.33	0.032
Economic factors						
1. Funding of a per capita polyclinic in the Russian Federation	?	1	?	5	3	0.041
2. Polyclinic financing based on labour efficiency in the Russian Federation	2	1	?	5	2.67	0.114
3. Improvement of material incentive methods for the staff of your clinic	3	2	2	5	3	0.151
4. Outsourcing of non-core tasks in your clinic to private partners (organising meals, cleaning the premises, computer repair, etc.)	3	3	1	5	3	0.027
5. Improving the system of sanctions for your clinic's employees (ability to influence the employee's work)	2	4	1	5	3	0.014
6. Increase in the volume of budgetary and regional funding for public polyclinics (stability in times of crisis - COVID-19 pandemic) compared to an increase in funding from the compulsory health insurance fund.	5	3	1	1	2.5	0.103
7. Increasing the volume of funding for the polyclinic from the compulsory health insurance fund (increasing the tax burden on the population, the population's understanding of the value of medical services) and reducing funding from the budget.	4	2	1	3	2.5	0.114
Social factors						
1. Further development of patient-centred care in the country	2	1	5	5	3.25	0.03
2. Protect the rights of healthcare workers from abuse by patients in your region	2	1	1	2	1.5	0.048
3. Protect the rights of patients who are unjustly treated by medical staff in a polyclinic in your area	2	4	1	3	2.5	0.046

Table 2 – remainder

Description of the factor	Experts' assessment of the impact of factors 1-4				Average rating	Weighted score
	1	2	3	4		
4. The impact of population ageing on ambulatory care in your region	5	5	5	3	4.5	0.082 (-)
5. Increasing public confidence in evidence-based medicine over other forms of treatment in your region (homeopathy, traditional medicine, etc.)	2	1	?	3	2	0.037
6. Increasing the level of public trust in public healthcare in your region (compared to private healthcare)	1	2	1	3	1.75	0.06
7. Increasing the level of public trust in domestic medicine (compared to foreign medicine) in the Russian Federation	1	4	?	3	2.67	0.081
8. Increasing the importance of a nurse in a clinical setting (doing only specialised work, working on an equal footing with a doctor) in your organisation	2	1	?	5	2.67	0.098
9. Strengthening the physician-nurse hierarchy in your organisation	2	1	?	1	1.33	–0.008
10. Positive psychological climate among the staff of your clinic	2	1	5	2	2.5	0.137
11. Respect for the management decisions of your clinic staff	3	2	?	2	1.75	0.064
12. Increased staff turnover in your clinic	2	4	?	5	3.67	0.05 (-)
13. Work with the 'old' team under the conditions of your clinic (few new recruits and few dismissals)	1	2	?	5	2.67	0.065
14. Developing a mentoring system in your clinic (material incentives for mentors to adapt new employees)	3	1	?	3	2	0.085
<i>Technological factors</i>						
1. Reducing the level of bureaucracy in your clinic	1	1	5	1	2	0.11
2. Tightening control over document flow in your clinic	2	3	2	4	2.75	0.013 (-)
3. Digitising healthcare in the Russian Federation	3	5	4	5	4.25	0.175
4. Development of artificial intelligence in healthcare in your region	5	3	3	5	4	0.037
5. Improving the accuracy of feedback to the clinic manager and structural department managers (from staff and patients)	1	1	5	3	2.5	0.114
6. Improving the working environment of clinical staff (renovation of facilities)	5	4	5	3	4.25	0.155
7. Increasing the level of technical equipment of your clinic	2	4	5	5	4	0.22
8. Developing a corporate culture within your hospital	3	1	?	2	2	0.073
9. Development of geriatric services in a polyclinic setting	2	1	?	3	2	0.037
10. Transferring some of the bureaucratic medical work to specially trained mid-level staff in your clinic	2	1	?	5	2.67	0.098

Note. The experts have marked with the sign ‘?’ questions which they consider to be unratable due to incorrect composition.

Source: compiled by the author.

Table 3
The PEST analysis matrix of the state outpatient organisation

Political factors	Weighted score	Economic factors	Weighted score
The development of the pharmaceutical industry in Russia	0.107	Improving methods of material incentives for your clinic's employees	0.151
Strengthening the influence of private medicine on the medical services market in the Russian Federation	0.091	Polyclinic financing based on labour efficiency in the Russian Federation	0.114
Improving legislation on public-private partnerships in the health sector	0.057	Increasing the volume of funding for the polyclinic from the compulsory health insurance fund (increasing the tax burden on the population, the population's understanding of the value of medical services) and reducing funding from the budget.	0.114
Orientation of the health care system towards outpatient care in the provision of medical services (increase in bed turnover, decrease in the number of inpatient treatments)	0.057	Increase in the volume of budgetary and regional funding for public polyclinics (stability in times of crisis - COVID-19 pandemic) compared to an increase in funding from the compulsory health insurance fund.	0.103
Working effectively with countries that produce medicines	0.053	Funding of a per capita polyclinic in the Russian Federation *	0.041
Developing outpatient psychiatric services in a polyclinic in your region	0.032	Outsourcing of non-core tasks in your clinic to private partners (organising meals, cleaning the premises, computer repair, etc.)	0.027
Strengthening the influence of state medicine on the medical services market in the Russian Federation	0.027	Improving the system of sanctions for your clinic's employees (ability to influence the employee's work)	0.014
Reduction or suspension of the growth of the influence of the outpatient network in the sphere of provision of state medical services, development of the inpatient network in the Russian Federation.	0.011		
Optimisation of outpatient care in your region (increase in the number of appointments, reduction in the time spent with the patient)	0		
Social factors	Weighted score	Technological factors	Weighted score
Positive psychological climate among the staff of your clinic	0.137	Increasing the level of technical equipment in your clinic	0.22
Increasing the importance of a nurse in a clinical setting (doing only specialised work, working on an equal footing with a doctor) in your organisation	0.098	Digitalisation of healthcare in the Russian Federation	0.175
Development of a mentoring system in your clinic (material incentives for mentors to adapt new employees)	0.085	Improving the working environment of clinical staff (renovation of facilities)	0.155
The impact of general population ageing on outpatient care in your region	0.082	Improving the accuracy of feedback to the clinic manager and structural department managers (from staff and patients)	0.114
Increasing the level of public confidence in domestic medicine (compared to foreign medicine) in the Russian Federation.	0.081	Reducing bureaucracy in your clinic	0.11
Working in the 'old' team under the conditions of your clinic (few new recruits and few dismissals)	0.065	Transferring some of the bureaucratic medical work to specially trained mid-level staff in your clinic	0.098
Respect for the management decisions of your clinic staff	0.064	Developing a corporate culture within your clinic	0.073
Increasing the level of public trust in public healthcare in your region (compared to private healthcare)	0.06	Development of artificial intelligence in healthcare in your region	0.037
Increased staff turnover in your clinic	0.05 (-)	Development of geriatric services in a polyclinic setting	0.037
Protecting the rights of healthcare workers from abuse by patients in your region	0.048	Tightening control over your clinic's document flow	0.013 (-)
Protecting patients' rights against unkind treatment by medical staff at a clinic in your area	0.046		
Increasing public confidence in evidence-based medicine over other forms of treatment in your region (homeopathy, traditional medicine, etc.)	0.037		
Further development of patient-centred care in the country	0.03		

* According to two experts, the question on this criterion is wrongly worded because in the Russian Federation polyclinics are already financed on a per capita basis; therefore, this criterion was calculated on the basis of the assessments of two other experts.

Source: compiled by the author.

occurring in the country or region in the next 10 years, based on the experts' assessment on a 5-point scale (Table 2).

The weight-adjusted score was calculated as follows:

(Influence of the factor (arithmetic mean of the experts' ratings) / sum of the influence of the factors) × average assessment of the probability of the occurrence of the factor.

For example, the calculation for the factor 'Increasing influence of state medicine on the market of medical services in the Russian Federation' is as follows: $(0.75 / 54.73) \times 2 = 0.027$.

2. Research findings and their discussion

Based on the results of Tables 1 and 2, in order to visualise the influence of external factors on the activities of the organisation, it is necessary to arrange the factors in descending order of their importance for the activities of the state outpatient organisation from more to less important. Table 3 gives a clear idea of the factors that can have a greater or lesser impact on the work of a governmental outpatient organisation.

On the basis of Table 3, the main directions for the development of a state outpatient medical organisation were formulated.

Developing effective control over the movement of medicines

Two experts considered this position to be a positive and significant factor in the development of outpatient care in Russia. The author also assessed this factor on the basis of the scientific literature studied (for example, [Burdastova, 2020; Volnukhin, Siburina, 2021], etc.). The provision of drugs is one of the most expensive and difficult to manage expenses. One of the mechanisms for efficient spending of funds on drugs is the inclusion of a clinical pharmacologist in the staff of a polyclinic. His role as a physician is to help the clinician to select treatment regimens competently, combining medications and taking into account the prescriptions of all the specialists involved in the patient's care. In this case, the problem of polypharmacy is solved and the effective use of medicines is realised. The problem of polypharmacy, i.e. the simultaneous prescription of a large number of medications, is relevant to the work of a state outpatient facility, since it often works with elderly and old people. In an effort to 'cure' chronic diseases, a general practitioner prescribes medication for each nasal condition, but this causes both therapeutic and economic harm to the elderly. Therapeutic harms consist of the total number of drug side effects, which significantly affect the quality of life of an elderly patient. According to data collected under the 'Care' programme, among Moscow residents aged 65 and older who sought outpatient care and had three or more geriatric syndromes according to self-assessment, 95.5% of patients received drug therapy,

including 1 to 12 (average 4.6 ± 2.5) drugs. Three or more medications were taken by 78.7%, five or more by 50.7% and seven or more by 22.2% of patients [Tkacheva et al., 2015]. According to [Sizova et al., 2015], an analysis of 402 outpatient medical records of comorbid patients with arterial hypertension observed at the state budgetary health institution 'City Polyclinic No. 2' in Moscow from 2010 to 2013 showed that the average number of drug prescriptions per patient was 9.5 (from 5 to 14 drugs). The high prevalence of polypharmacy in the elderly population is still due to the inadequate qualifications and lack of time of general practitioners in polyclinics.

Strengthening the influence of private medicine on the medical services market in the Russian Federation

This factor is considered by experts and the author to have a significant impact on the work of the clinic. However, an analysis of medical literature revealed a number of limiting factors for increasing the influence of private medicine in the Russian Federation. There is a tendency for private medical organisations to provide the most marginal types of medical services. This creates a conflict of interest between public and private health care. From an economic point of view, a number of medical services are objectively ineffective, but of high ethical importance to the state and the population. The development of private medicine in itself certainly has a number of positive aspects for the development of national healthcare, but the regulatory mechanism should remain with the state. Improving the legal system in relation to the state and private partners, as well as involving private medical organisations in the provision of socially significant types of medical care (outpatient care, medical rehabilitation, palliative care, etc.) will provide a significant incentive to increase the duration and quality of life of patients and the quality of types of medical care.

Improving legislation on public-private partnerships in the health sector

Achieving a balance of influence between private and public health care in the Russian Federation is possible thanks to the active development of public-private partnership mechanisms. Most private medical organisations try to occupy the most profitable types of medical services and are reluctant to enter the compulsory health insurance system because of the unfavourable compulsory health insurance rates for the private partner. In our country, two branches of healthcare are developing in parallel, and private medical organisations are often not involved in the implementation of national healthcare projects. Today, Russian healthcare needs private investment. It should also be noted that a significant restriction on the development of the private sector in medicine could lead to an increase in government spending on health care, which, according to the author, could lead to an increase in inflation due to an increase

in social spending. In order to develop the private health care system and the health care system as a whole, the state must create conditions in which companies actively participate in the provision of the most popular medical services to the population within the framework of the compulsory health insurance system, playing the role of a complementary partner rather than a substitute.

Development of outpatient psychiatric services in a polyclinic setting

Key to understanding the burden of mental illness from an economic perspective are the terms DALY and YLD. DALY (Disability Adjusted Life Year) is an indicator of the total burden of disease, expressed as the number of years lost due to illness, disability or early death; YLD (Years Lived With Disability) are years lost due to illness during life. As noted above, mental illnesses rarely lead to early death, so in terms of DALYs, depression and anxiety disorder rank 13th and 24th, respectively, across all ages. However, in terms of YLDs, depression and anxiety disorders rank 2nd and 8th, respectively [Murray et al., 2019]. Depression and anxiety disorders are the most common illnesses robbing people of years of working life. This means that special emphasis must be placed on the early detection and effective treatment of such diseases. Patients seeking psychiatric help in specialised centres represent only a small proportion of the actual cases of the disease. The majority of patients are those who do not seek help at all or who seek help in outpatient clinics for various somatic complaints. The high prevalence of this type of pathology among the working age population and the long periods of inpatient treatment in multidisciplinary hospitals lead to significant economic damage, which is expressed in an increase in lost production and a decrease in the overall GDP [Skripov, 2018].

Improving methods of material incentives for clinic staff

The salaries of the employees of the Federal Health Service are determined by the Director, taking into account the complexity and volume of the work performed. The amount of remuneration is regulated by law and directly depends on the salary. Incentive payments are governed by the local internal rules of the institution, depend on the intensity, quality and length of service and are defined in the employment contract. Thus, the salary system in a separate medical organisation directly depends on the decisions of the manager. In this case, the chief physician's task is to organise work on the creation of an effective remuneration system and to explain the mechanisms for the formation of employees' salaries.

Improving methods of non-monetary incentives for clinic staff

On the basis of expert assessments, the following factors were identified as having a significant impact on the work of the state outpatient clinic:

- improving the level of technical equipment of clinics;
- improving the work environment for clinic staff;
- developing corporate culture in a polyclinic environment.

The level of technological equipment in a medical facility and the improvement of the work environment are the most important factors in increasing staff efficiency and have a direct impact on staff loyalty. The greater their loyalty and the more favourable the psychological climate in the organisation, the more effective and safer the treatment. The development of a corporate culture in the organisation will help to increase the sense of belonging to the organisation, strengthen working relationships and become a competitive factor for each individual clinic.

Digitalisation of the health care system in the Russian Federation

A formalised bureaucratic approach to the organisation of a doctor's work (filling in medical documentation, issuing certificates, prescribing discounted drugs, collecting paperwork for processing benefits, disability, etc.) exists in many organisations and deprives them of the opportunity to be creative. As a direct consequence, specialists with deep professional knowledge and high creative potential are leaving the medical organisation and being replaced by medical workers of medium and low qualification [Volnukhin, Siburina, 2021]. The development of healthcare digitalisation and artificial intelligence will give an impetus to the development of the state outpatient clinic.

Increasing the role of the nurse in a polyclinic setting

The issue of increasing the value of nurses as employees is being addressed in many developed countries. The main thesis of the change of the peculiarities of the work of medical institutions and the formation of the paradigm of the effective joint work of a doctor and a nurse is the understanding that a nurse is a qualified employee and it is not worth wasting the potential of a qualified employee on unskilled and uncharacteristic work (filling in documentation, transferring documents, performing the work of junior medical staff and much more).

Protecting the rights of health workers in the outpatient sector

Today, medical workers are one of the most vulnerable groups in the workforce. This creates tension among employees and contributes to rapid burnout and subsequent resignation. Working to provide legal protection for medical staff will lead to greater confidence and a sense of support.

Establishment of a mentoring system and career development

A mentoring system is needed to help new employees feel more at home in the clinic and to help them quickly learn the basics of business ethics. When talking about

career opportunities, it is necessary to highlight the specifics of the development of doctors and nurses as employees of a state medical organisation. Based on the classic understanding of the career ladder model, the pinnacle of development for a practicing physician is the position of chief physician, and for a nurse, the position of chief nurse. This model may seem acceptable to many workers, but in a global sense, this situation needs to be corrected.

Doctors and nurses must be able to develop within their specialty and receive material and non-material incentives to do so. It is necessary to strive for a situation in which a practising doctor or nurse with extensive experience and qualifications, with significant indicators of the performance of his/her duties, has a higher salary and more comfortable working conditions than the head of department or even the head of branch. In medical institutions, the administrative branch should run parallel to the medical branch, without contradicting it. It is important to remember that in a medical organisation the main thing is the relationship between a medical worker and a patient, and all other mechanisms should facilitate the implementation of this relationship and create the most favourable conditions for it.

Management work

In the healthcare system of the Russian Federation, the head of a medical organisation is the chief physician. Often, as studies show, the head physician in Russia almost always has a medical education and almost never a management, economic and legal education [Burdastova,

2020]. Many developed countries have recognised the need for a qualified manager instead of the head of a medical institution [Yarasheva et al., 2020].

Organisation of geriatric services in a polyclinic setting

The proportion of the population over working age in the Russian Federation is almost 24%, with health indicators deteriorating with age. About 80% of older people have multiple chronic diseases. For example, 87.6% of Moscow residents over 60 years of age who underwent a medical examination in the five months of 2015 were classified as health group III, i.e. those requiring medical observation or specialised, including high-tech, medical care, as well as those requiring additional examination [Bykovskaya et al., 2019]. The increase in the proportion of the elderly population is an inevitable process in the modern world of developing medical technologies, and the global task and challenge for the healthcare systems of many countries in such conditions is to increase the average life expectancy of the population and, no less importantly, its quality.

Conclusion

The present study shows the degree of influence of factors on the activities of a state outpatient medical institution. The obtained data allowed to formulate the main directions of development of state medical institutions in the Russian Federation, which can be practically used in formation of a strategy for development of state outpatient organisations.

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