THE IMPORTANCE OF DIGITALIZATION IN THE IMPLEMENTATION OF PUBLIC HEALTH INSURANCE IN THE REPUBLIC OF UZBEKISTAN

Mamatkulov B.M., Khomidov M.N.

Tashkent Medical Academy, Tashkent, Uzbekistan

Annotation: A public health insurance program is being implemented as part of major healthcare reforms in the Republic of Uzbekistan. This large-scale endeavor seeks to enhance healthcare affordability, quality, and accessibility for all individuals. For this system to be implemented successfully and to yield the most possible benefits, digitalization is essential. This thesis examines the main ways that digitization can transform Uzbekistan's public health insurance system, emphasizing the possible effects on efficacy, efficiency, accessibility, and transparency.

Keywords: Uzbekistan, digitalization, e-health, public health insurance, healthcare information technology, effectiveness, transparency, equity, and accessibility.

Introduction: The developing public health insurance program in Uzbekistan has great potential to enhance the health and wellbeing of its people. However, efficiently utilizing digital technologies is essential to its successful deployment. This section outlines the problems that Uzbekistan's existing healthcare system is facing and emphasizes how digitization can help to solve them and open the door to a more reliable and just system.

Key Areas of Digitalization: This section delves into specific areas where digitalization can significantly impact public health insurance in Uzbekistan:

Electronic Health Records (EHRs): Medical errors can be decreased, patient care can be streamlined, preventive actions can be facilitated, and secure and interoperable EHR systems can be implemented.

Telehealth and E-consultations: Expanding access to healthcare in remote areas and for individuals with limited mobility is crucial. Telehealth consultations and online platforms can connect patients with specialists, reducing travel burdens and wait times.

Claims Processing and Reimbursement: Digitizing claims submission, verification, and reimbursement processes can improve efficiency, reduce fraud, and expedite payments to healthcare providers and patients.

Public Engagement and Communication: Online platforms and mobile apps can provide clear and accessible information about insurance benefits, eligibility criteria, and claim procedures, empowering citizens to actively participate in the system.

Data-Driven Decision Making: Insights into healthcare trends, disease patterns, and resource allocation can be obtained by utilizing big data analytics and machine learning. These insights can then be used to influence evidence-based policy decisions and resource management.

Benefits and Challenges: The potential advantages of digitalization are covered in this section, including increased accessibility, higher efficiency, more transparency, and improved equity in the delivery of healthcare. In addition, it identifies the problems—such as inadequate infrastructure, disparities in digital literacy, and cybersecurity issues—and suggests possible fixes.

International Case Studies: Uzbekistan can benefit greatly from studying other nations' successful digitalized public health insurance system deployments in order to identify best practices and useful lessons. Nations with a wealth of experience in data governance, public engagement tactics, and overcoming infrastructure issues include Estonia, South Korea, Rwanda, and others.

Conclusion: Uzbekistan's public health insurance system has a rare chance to change thanks to digitalization, which would guarantee better quality, more accessibility, and long-term financial viability. The full potential of this revolutionary project will be realized by embracing digital solutions with careful planning, stakeholder participation, and resolving any potential obstacles. This will move Uzbekistan closer to having a healthcare system that is more efficient and equal for all.

References

1. Bishai D, Suzuki E, McQuestion M, Chertow J. The Health Sector in Uzbekistan. Human Resources for Health. 2012;10:9.

2. National eHealth Strategy Toolkit. World Health Organization; 2012.

3. The World Bank Group. Uzbekistan Health Sector Review. World Bank Group; 2019.

4. Kutzin J, Cashin C, Jakab M, Jakab M, Panteli D. Implementing Health Financing Reforms: Lessons from Countries in Transition. World Health Organization; 2010.

5. Liu X, Martineau T, Chen L, Zhan S, Tang S. Does decentralisation improve human resource management in the health sector? A case study from China. Social Science & Medicine. 2005; 61(8): 1531-1542.

6. World Health Organization. Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies. World Health Organization; 2010.

7. Das J, Hammer J. Money for nothing: The dire straits of medical practice in Delhi, India. The Journal of Development Economics. 2007; 83(1): 1-36.

8. Hsiao WC, Shaw RP. Social Health Insurance for Developing Nations. The World Bank; 2007.

9. Molla A, Heeks R. Exploring the Role of Mobile Phones in Healthcare in Bangladesh. Journal of Health Informatics in Developing Countries. 2008; 2(1): 101-117.

10. Organization for Economic Cooperation and Development (OECD). Health at a Glance: Asia/Pacific 2012. OECD Publishing; 2012.

11. Whittington JW, Nolan K, Lewis N, Torres T. Pursuing the Triple Aim: The first 7 years. The Milbank Quarterly. 2015; 93(2): 263-300.

12. Doherty JE, Norton EC, Veney JE. Protecting the Poor: A Microinsurance Compendium. International Labour Organization; 2005.

13. United Nations Development Programme. Innovations for Successful Societies: Lessons on Leadership from Uzbekistan. United Nations Development Programme; 2019.

14. Agyepong IA, Adjei S. Public social policy development and implementation: a case study of the Ghana National Health Insurance scheme. Health Policy and Planning. 2008; 23(2): 150-160.

15. Deo S, Srinivasan R. Innovations in primary healthcare: Case studies from India. Innovations. 2008; 3(1): 48-65.