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ROADMAP OF REFORMING THE SYSTEM OF SOCIOMEDICAL ASSESSMENT UKRAINE'S

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According to WHO estimates, more than a billion people or about 15% of the world's population live with a certain form of disability [1]. In Ukraine as of January 1, 2021, according to the State Statistics Committee, there are 2 million 703 thousand people with disabilities, including 222.3 thousand people with a group I disability; 900.8 thousand people with II disability group; 1416,0 thousand people with III disability group and 163.9 thousand children with disabilities [9]. In this case, the determination of the degree of limitation of life, causes, time of disability and determination of the disability group is entrusted to medical and social expert commissions, and in children -to medical and advisory commissions of health care institutions [3]. On the way to improve the quality of life of persons with disabilities, in order to promote effective measures for the prevention of disability, the rehabilitation of persons with disabilities, to adapt them to public life, the Cabinet of Ministers of Ukraine set a clear task before the system of medical and social expertise – the development of the establishment of disability on the basis of the principles of international classifications [7]. This task is caused by a number of reasons. Today, the system of medical and social expertise (MSE) operates according to the normative documents, which were adopted in the 1990s of the last century, and therefore the basic principles of expertise are not responsible for the realities of the development of the medical sector in the country. Also today, there are no single approaches to the continuity of determining disorders of life criteria for children with disabilities and adults, which is unacceptable. Existing adult disability criteria do not take into account the impact of environmental factors on the life of a person with disabilities.

The current approaches of the MSE system to the rehabilitation of patients and persons with disabilities do not take into account the need for early involvement of the patient in the process of medical, physical, professional and social rehabilitation. All this creates the basis for the qualification of the service by its consumers as opaque and incomprehensible. Thus, in connection with the election of Ukraine the direction of European values – the commitment to the laws of guaranteed volume of medical and rehabilitation assistance to patients and persons with disability, there is an urgent need for reform of the MSE system.

In connection with the above, to execute the instructions of the Prime Minister of Ukraine Shmigal DA from 01.09.2020 No. 36626/0/1-20 and a protocol decision of the Ministry of Health of Ukraine on the organization of work of medical and social examination of August 11, 2020, the Ministry of Health created a working group for the development of MSE reform where both MSE experts and representatives of other departments were involved: the Ministry of Social Policy, Social Insurance Funds, specialists of military medical commissions, doctors, specialists in rehabilitation-ergotherapists, physical therapists, rehabilitologists [4, 5, 10]. The working group analyzed the indicators of the primary disability of the adult and able-bodied population of Ukraine, as well as the methodological documents that regulate the MSE in the country, taking into account the world experience of conducting the procedure of health examination and determining the status of "person with disability".

According to the results of the working group, at the end of 2021 the Ministry of Health of Ukraine hosted a meeting on MSE reform, which presented a road map of reforming this system. Participants

were: advisor- authorozized representative of the President of Ukraine on barrierlessness – Tatiana Lomakina, Deputy Minister of Health of Ukraine Iryna Mykychak, Deputy Minister of Social Policy Vitaliy Muzychenko, Director General of the Directorate of Quality of Life of the Ministry of Health – Renata Perepelychna, Chief Doctor of the Central MSEC of Ukraine Volodymyr Marunich and Chief Doctors of Regional, Kyiv City Centers/Bureau of MSE, researchers of the State Institution "Ukrainian State Institute of Medical and Social Problems of Disability Ministry of Health of Ukraine "(Ukr.State SRI, Dnipro), Research Institute of Rehabilitation of Persons with Disabilities of Pirogov National Medical University, Vinnytsia (Research Institute of Rehabilitation of Persons with Disabilities, Vinnytsia) and Department of Medical and Social Expertise and Rehabilitation of the Dnipro State Medical University (DSMU, Dnipro). Specialists of medical and social examination, dealing with the social protection of the most unprotective sections of the population, gathered to identify steps to improve the provision of rehabilitation services and optimize ways to determine the status of " person with disability ". Tatiana Lomakina emphasized the importance of branding issues for persons with disabilities. The initiator of the creation of this body was Elena Zelenskaya. The purpose of creating a this body is to organize the control of the implementation of a national strategy for creating a barrier -free space in the state to improve the quality of life of persons with disability.

The analysis of the results of work on the study of the world experience of commission recognition of a person as a person with disabilities was covered in the report by the deputy director of the Ukr.State SRI "Ukrainian State Institute of Medical and Social Problems of Disability" of the Ministry of Health of Ukraine Ph.D. Elena Moroz.

The results of the work group of MSE system reforming with priority scientific and methodological and social direction were reflected in the form of a road map "From a compromised MSE system - to a competent approach to health expertise. The authors: Iryna Mykychak (Ministry of Health of Ukraine)), Renata Perepelychna (Ministry of Health of Ukraine) and head of the Department of MSE and Rehabilitation of the DSMU Professor Inna Borisova. The main purpose of the transformation of the MSE system is: the direction of the MSE system to transparency, competence, clarity, accessibility, orientation to the world experience and achievement of modern science and evidence-based medicine. The main tasks of reform are defined:

1. Early inclusion in the rehabilitation of persons with impaired functioning on the basis of a multidisciplinary approach.

2. Creation of an automated system of objective determination of the volume of impaired human function, establishing the need for rehabilitation and the status of " person with disability ".

3. Transition from "post-Soviet" criteria of disabilty to the categories of International classification of functioning, restrictions of life and health (ICF). All this is possible in the face of creating an effective National Health Expertise Service of Ukraine (NHES).

The NHES will become a central executive body that will implement state policy in the field of citizens' health and rehabilitation of persons with restriction of functioning and persons with disabilities. The activities of the NHES are directed and coordinated by the Ministry of Health. NHES will provide: conducting health examination to citizens of Ukraine who have reached adult age, victims of industrial accidents and professional illness, persons with disabilities and children under 18 years of age in order to establish the degree of limitation of life, causes, time of disability, as well as compensatory-adaptive capabilities of a person whose realization contributes to early (timely) inclusion in medical, psychological-pedagogical, professional, labor, physical, sports, physical, social and psychological rehabilitation. The main tasks of the NHES will be:

1. Implementation of state policy in the field of expertise of health of persons with life limitations and children with impaired functioning.

2. Performing functions of health examination, early (timely) appointment of rehabilitation services and control of their effectiveness to persons with impaired functioning before disability.

3. Submission to the Minister of Health of proposals for providing state policy in the field of health examination and rehabilitation of Ukrainian citizens.

It is important to emphasize that the expertise of health should remain in the future free of charge for the citizen and should not belong to the packages of medical services. At the same time, disability cannot and should not be a means of receiving benefits, but should be considered as the possibility of realization of residual potential of a person with disabilities for self-realization and socialization. Such transformations are possible only after the introduction in medicine and, in particular, in the medical and social system of the International Classification of Functioning, Disability and Health – ICF [4, 6, 17].

Due to the above, the priority direction of reforming the MSE system is the development of new

clear and sole criteria for determining the patient's disability as signs of disability based on the postulates of the ICF biopsychosocial model. This classification was unanimously approved by the World Health Assembly in 2001, and it can be used to describe and measure the health and signs of disability in our country [17]. It is known that ICF is used by WHO to diagnose the health of citizens of more than 71 countries in the framework of an international study of the health of the world's population in 2000-2001 and in a similar program in 2002-2003. This classification presents a general basis for understanding and describing the functioning of a person and disability signs. For today, in Ukraine absence of a perfect tool for evaluation of functioning, life, and health leads to the fact that we still use an outdated medical model for assessing disability, which is defined as a degree of health loss. At the same time, according to modern ideas understanding of disability, it is ICF that can be used in clinical conditions to assess the functional state treatment results, including the results of rehabilitation of a person with a disability. The peculiarity of this classification is that it is suggested to consider the concepts of "health" and "disability" in a new light: everyone can suffer a deterioration of health, that is, a certain degree of limitation of one's capabilities. According to the ICF, limiting opportunities or capacity is not a phenomenon characteristic of a small group of population. Therefore, restriction of functioning or performance is recognized as universal human experience. By shifting the focus from the cause of the disease to its consequences, ICF allows to evaluate different levels of health on a universal scale of health and disability. Moreover, the ICF takes into account the social aspects of disability and does not consider disability only as "medical" or "biological" dysfunction. It is important that thanks to ICF (contextual factors), the doctor can take into account the impact of the environment on human life and its contribution to the formation of signs of disability. In addressing the issues of social policy, ICF may be used in describing the criteria of certain disability groups; in resolving discrimination of persons with disability – an indicator of forming a policy of eradication of such manifestations for disabled population groups. This is possible due to the fact that the integrated biopsychosocial model of functioning and limiting the life as a basis of ICF takes into account the conduct of health examination not only as a medical component - a diagnosis that in ICF corresponds to "structures" and "functions of the body", but focuses on "participation" and "activity" of a person in society: on his/her professional opportunities, ability to move and self-care, ability to communicate and study. The use of ICF will also allow to measure individual factors of a person with disabilities and, importantly, contextual factors – architectural structures – are those barriers to the socialization of persons with disabilities that are proposed to take into account when conducting health examination by the reformed system. On the way of reform of the MSE system for health examination and determining the degree of impaired functioning of a person it is very important to identify qualifiers according to ICF. ICF qualifiers can be described by clinical monitoring, as the level of functioning can be described and measured in a standardized environment (hospital) and/or in the daily environment (outpatient supervision) [11]. ICF qualifiers allow you to quantify the scale of the problem, even in the areas of functioning where the person conducting health examination is not a medical specialist [15]. It should be emphasized that without qualifiers, health examination cannot be conducted. Deterioration or limitation of life-activity is qualified by ICF as: from 0 to 4% – no problems with functioning (0 degree of life-activity disorders); from 5 to 24% – the minimum degree of restriction of functioning (1 degree of life-activity disorders); from 25 to 49% – a moderate degree of restriction of functioning (2 degree of life-activity disorders); from 50 to 95% – severe degree of restriction of functioning (3 degree of life-activity disorders); from 96 to 100% – a complete limitation of functioning (4 degree of life-activity disorders) [17]. Thus, the introduction of a mathematical, numeric description of the impaired functions of the person contributes to the objectivism of the patient's condition assessment and will make the expertise of health perceive and opaque [12, 13].

Thus, taking into account the provisions of the ICF, one will legally and regulatory define framework for describing the criteria of functioning and life limitations as a "universal" language-in the form of a system of literal codes to determine the signs of disability. Such clear and understandable criteria for "person with disabilities" on the basis of ICF categories will be the key to the objectivity and accuracy of health assessment.

The working group also proposes updated stages of determining functioning disorders. An important achievement will be the possibility of a citizen to seek health examination. Until now, a citizen could do this through a healthcare facility and a certain number of organizations, which significantly extended the patient's path and sometimes took up to half a year. It is important that the patient who works may seek examination health only after 120 days of

different types of active rehabilitation. At the same time, the possibility of referral to the examination of the person's health and by the family doctor will be preserved in order to early involve a special patient in the rehabilitation process in the presence of impaired functioning or life. The possibility of referral of a citizen and by military enlistment offices will also be preserved, provided that the patient is injured or got sick in combat conditions, while defending the Motherland. The Social Security Fund will be able to direct special strata of the population – homeless or unemployed.

An open involvement of the patient in the process of examination of his/her health is proposed in order to create the conditions of transparency and openness of the service. This should be done by filling in certain questionnaires on its functioning on the National Health Examination Service (NHES) website. WHO Disability Assessment Schedule 2.0. (WHODAS 2.0) should be one of these instruments, which is already used in more than 95 countries [14, 16]. This disability survey covers questions in accordance to 6 areas of functioning: mobility (movement and getting about), self-care (hygiene, dressing, food, and staying alone), communication (communication with other people), household activities (household responsibilities, leisure), daily activities (household responsibilities, leisure, work and training, preferences), social participation (public activity, work by profession). Thus, the WHODAS 2.0 scale is a practical technique for measuring the functioning and disability it uses a description of ICF domains and can be used to objectify the patient's activity and participation in society. At the same time, involving the patient's health in the process of examination will make the updated MSE system much more objective and transparent.

The direction of ensuring successful reform of the MSE system is informatization of the process of health examination through the development of electronic and information-analytical systems with the construction of protocols of electronic interaction between health care institutions (family doctor), the National Health Examination Service, Ministry of Social Insurance, Social Insurance Fund (responsible for the technical means of rehabilitation and rebursements stable disability), rehabilitation institutions and military enlistment offices (causes of disability).

In order to avoid subjectivity in determining the disorders of the functioning and comprehensive assessment of the needs for rehabilitation and social assistance of a particular person, reducing the duration of the patient's path to health examination, it is planned to send the patient through the Electronic Module of Functioning Disorder (EMFD). EMFD will be filled as a supplement to the E-Nelsi Medical Program by the family and/or health care physician, even without patient's presence, provided that the patient is actively treated. EMFD will contain an analysis of the course of the disease with the use of appropriate ICF domains. If necessary (but not mandatory!), Doctors may be involved in the assessment of a person's condition for providing secondary specialized medical care and/or doctors who provide a tertiary highly specialized medical care. In difficult cases, an assessment of the level of functioning can be carried out in a rehabilitation institution with the involvement of an interdisciplinary team. Without paper-based media the EMFD will be sent to the National Health Examination Service, where multi-disciplinary teams of experienced specialists and representatives of public organizations will perform a qualified expertise. The first step to create an electronic interaction system between health care facilities has already been taken. All regional centers and MSE bureaus are connected to the Central Bank of Disability (CBD). Some information about persons with disabilities, with the compliance of the requirements of the Law on the use of personal data from the MSE system, is entered in the base of the Ministry of Social Policy for the timely inclusion of persons with disabilities in the rehabilitation process.

The active training of primary level doctors and doctor-experts, work with ICF should be the key to successful reforms. The peculiarity of improving knowledge of medical and social examination, impaired functioning and restrictions of life is that at the pre-graduate stage of medical education, these issues are not taught. In this regard, the only profile department in Ukraine – the Department of Medical and Social Expertise and Rehabilitation of the Faculty of Postgraduate Education of DSMU in 2022 starts training course in mastering practical skills in working with ICF. Such innovative learning program in the form of training course will be conducted by the National coach, ICF, which has been trained with the WHO-support developers with the support of the Swiss Development and Cooperation Agency (SDC). The continuous professional development of the doctor is an important integral part of the work of doctors, because constant professional admission is the key to qualified medical care to citizens. Therefore, providing quality assistance in resolving the issues of stable non-performance of Ukraine is possible due to a continuous increase in the professional training of family doctors and experts. It is important to

strengthen the control over the process of compliance with the qualification requirements for the doctor of the MSE commission in accordance with the resolution of the CM of Ukraine No. 725 "On Approval of the Regulations on the System of Continuing Professional Development of Medical and Pharmaceutical Workers" of July 14, 2021 [8].

It is important to emphasize that, according to the second stage of the medical sector reform, regional centers and MSE bureaus do not become utility companies and have no right to operate a business. In this regard, it is important that the annual compulsory advanced training of doctors working in these institutions should be exclusively free of charge. One of the effective steps to resolve this issue is the creation of a professional association of the Ukrainian medical association of experts for the purpose of training, professional development, the introduction of a new system of examination in Ukraine and the introduction of new approaches to the rehabilitation of persons with disabilities, the certification of doctors taking into account the peculiarities of expert work.

CONCLUSIONS

Thus, the Service of Medical and Social Expertise of Ukraine goes through reforms and radical changes on the basis of world experience, achievements of modern science and evidence-based medicine using ICF in the work, to the transformation of the system to the patient-oriented, transparent, competent, understandable for the population accessible for the most vulnerable strata of the population of Ukraine – persons with disabilities, participants of hostilities, children with disabilities.

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