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Moderno upravljanje u funkciji povećanja kvaliteta usluga u primarnim zdravstvenim ustanovama

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Apstrakt: Republički fond za zdravstveno osiguranje zadužen je za upravljanje i osiguranje obaveznog osiguranja, dok se dobrovoljno osiguranje može osigurati privatnim osiguranjem. Predmet ovog rada je analiza načina uvođenja i primene savremenog upravljanja u primarnoj i/ili preventivnoj zdravstvenoj delatnosti koja je identifikovana kao pokretač promena u reformi zdravstvenog sistema Srbije, sa osvrtom na sve njene segmente i elemente koji direktno utiču na pružanje zdravstvenih usluga (planiranje - identifikacija misije, ciljevi i strategije, implementacija i evaluacija), koristeći primere iz prakse. Primarna zdravstvena zaštita sastavni je, trajni i sveobuhvatni deo formalnog sistema zdravstvene zaštite u svim državama, i/ili se smatra sredstvom kojim se uravnotežuju dva osnovna cilja zdravstvenog sistema - optimizacija i ravnoteža u distribuciji zdravstvenih usluga kroz sistem visokokvalitetnog upravljanja zdravljem. Prepoznato je kao potencijalno rešenje u funkcioniranju zdravstvenog sustava s potrebom prebacivanja fokusa na preventivu i/ili preuzimanje 80% ukupnih zdravstvenih usluga koje bi se trebale pružiti u primarnoj zdravstvenoj zaštiti. Dakle, tema ovog rada isključivo je aktualna i nužna kako bi se utvrdio nivo primene modernog menadžmenta u ustanovama primarne zdravstvene zaštite, kao i pokrenuli procesi prema podizanju nivoa iste.

Ključne reči: Menadžment u zdravstvu; primarna zdravstvena zaštita; poboljšanje kvaliteta zdravstvene zaštite

Modern management in the function of increasing of health service quality in primary health care

Abstract: The Republic Health Insurance Fund is in charge of management and securing of compulsory insurance, while voluntary insurance can be ensured through private insurance. The subject of this paper is the analysis of the way of introduction and application of modern management in primary, and/or preventive health activity that is identified as the agent of changes in the reform of the health system of Serbia, with reference to all its segments and elements that directly influence on providing the health services (planning - mission identification, goals and strategies, implementation and evaluation), using the examples from practice. Primary health care is integral, permanent and comprehensive part of formal system of health care in all states, and/or it is considered as the means by which two basic goals of health care system are balanced - optimization and balance in the distribution of health services through the system of high-quality health management. It is recognized as a potential solution in functioning of the health care system with the need of shifting the focus on the preventive, and/or taking over of 80% of total health services that should be provided in the primary health care. So the theme of this paper is exclusively current and necessary so as to determine the level of application of modern management in the institutions of primary health care, as well as to start the processes toward the raising the level of the same.

Key words: Healthcare management; health care; improving the quality of health care

1. Introduction

The decision-making process indicates complex procedures that involve numerous factors such as legislation, politics, capital structure, and sources, culture, etc. Management of multilevel companies implies making decisions about specific activities of their organizations. Moreover, internal and external factors have a substantial influence on organizational performance (Nedeljkovic, 2017). Health is the state of complete physical, mental and social welfare, and not only the absence of illness or incapability – the World Health Organisation (WHO), 1946. The concepts of "health" and "welfare" are significantly equalized by this definition, which means both physical and mental health, but also the social adaptation and fulfillment.

During the decade of political and economic instability, and also the latest years followed by global economic crisis have led to the fact that the system of health care in the Republic of Serbia has become inadequate. In such circumstances, the attempts of reconstruction and improvement of services of health care are difficult in accordance with the citizens' needs. The health system in Serbia suffers from a lack of funds and investments, but it provides the basic service to the citizens. The health care in the Republic of Serbia is provided both through the state and private sector. The Law on Health Insurance of the Republic of Serbia regulates compulsory and voluntary health insurance.

The Republic Health Insurance Fund is in charge of management and securing of compulsory insurance, while voluntary insurance can be ensured through private insurance (Gavrilović and Trmčić, 2012). The Constitution guarantees the right to health and health care as the basic human right. That right assumes that all available resources of society are used in ensuring available, efficient and high-quality health care that meets the needs of citizens. The improvement of health largely depends on the effectiveness and success of functioning of health system. Effectiveness and success of health system can be strengthened through the development of primary (preventive) health care that will be organized according to the principle of scientific management, and/or modern management in whose centre is the model of family medicine. This paper will deal with the elaboration of this solution model within necessary reorganization and application of modern management in the institutions of primary health care in Serbia.

1.1. The subject of study

The subject of this paper is the analysis of the way of introduction and application of modern management in primary, and/or preventive health activity that is identified as the agent of changes in the reform of the health system of Serbia, with reference to all its segments and elements that directly influence on providing the health services (planning - mission identification, goals and strategies, implementation and evaluation), using the examples from practice. The paper treats and examines primary health care as integral, permanent and comprehensive part of the formal system of health care in all states, and/or it is seen as the means for balancing of two basic goals of health care system - optimization and balance in distribution of health services through the system of high-quality health management.

1.2. The problem of research

Everyday remarks and dissatisfaction with the functioning of health care in Serbia are sufficient motive for conducting the research with users of health care and in that part of the system where most health services are provided and achieved and with which the users of health care are firstly and usually encountered, and that is primary health care. The most common remarks that can be heard in the media, press and among patients are connected to poor work organization, long waiting for examination, unkindness of a doctor and other health personnel, inadequate examination by a doctor, as well as getting insufficient information from a doctor and health personnel about the pathological condition and treatment.

The need for research on this level of health care organization is great, because in the developed health systems, which are highly valued by the way of its business organization, primary health care is treated as the agent of all health system and provider of 80 % of services. Most of these problems can be eliminated or they would not exist if there was a good way of business organization on the level of health institution. By the application of modern management tools and techniques, the management of health institutions would establish the business system that would be thoroughly planned, organized, managed

through every stage of application, with carefully chosen personnel and certainly controlled in every stage of provision of health service.

Considering the attempt of implementation and application of modern management in the institutions of primary health care, two health care centres are chosen to be winners of prestigious awards for quality and organization of business according to the principles of modern scientific management, where it has been researched whether the condition of the system is really bad or the patients in these institutions are satisfied with the treatment they get. On this basis, it can be established how much the modern management has really been implemented in the institutions of primary health care and whether it is a potential solution to the problems that occur in the functioning of the same.

1.3. The goal of the research

The scientific goal in this paper is the improvement of health care system, with the emphasis on preventive medicine, through consideration of the system of management in preventive health institutions, with defining the problems that occur or can occur in providing health services and finding the ways for increasing the level of the application of management quality of services in health care, as well as the identification of weak points in the process of management, with the basic goal of defining and launching the proposal for solving the identified problems.

The practical aim - coming to the knowledge whether a good business organization in health institutions (Health Care Centres) can compensate for the lack of financial means and adverse socio-economic impacts and meet the expectations of users by the quality of health service (Gavrilovic, 2014)

1.4. The basic hypotheses

Set hypotheses rely on defined goals of work as well as on primary research that will point at potential advantages and disadvantages of modern management in primary (preventive) health institution.

Hypotheses that are proved or disproved in this paper are the following:

Hypothesis general 0: By the respect of the principles of modern management and by its application in the institutions of primary health care, the dissatisfaction would be reduced both of givers and users of health services, and the lack of adequate apparatus and outdated technology for preventive diagnostics, as well as necessary work tools, would be filled and compensated for by a good organization. By the application of new work technology and management, the introduction of a new way (system) of business would be ensured, whereby the processes of work and communication among all participants in the system of health care would be accelerated and simplified, while the application of modern information technology would lead to significant saving in time and finances (reducing costs).

Hypothesis auxiliary 1: The application of the system of modern management, work standardization with patients, good communication, kindness of health workers and team work significantly influence on the quality of provided health service, as the crucial foundation for good work organization and the quality of provided health service.

Hypothesis auxiliary 2: The managers of health institutions have got positive attitude toward the improvement of the quality in the provision of health services to the patients, toward continuous medical education (specialization) and increasing the quality and professionalism in the work of health workers.

Hypothesis auxiliary 3: The motivation of the employees, in terms of the income they earn, for the work they perform and the possibility of professional development significantly influence on the attitude toward the user of health service, as well as the quality of provided service (Gavrilovic, 2014)

1.5. The methods used in the research

Several chosen methods that are adapted to the research area connected to defined topic have been used for the purpose of writing of this paper. Much theoretical knowledge based on many domestic and foreign, scientific and professional papers has been expressed as well, but also in a number of studies, strategies and reports whose subject is the research and analysis of primary (preventive) health care. In

addition to secondary sources of information, the primary research has also been conducted by the method of survey, directed to dis/satisfaction of the users of health services and the employed in the health institution in the primary level of health care, and other numerous methods have also been applied such as: desk research, inductive-deductive method, method of analysis and synthesis, survey method and interview (survey questionnaire), statistical methods and methods of modelling, descriptive-statistical processing, mathematical statistics.

The subject of this research is the realization of patients' right established by the Law on Health Care of the Republic of Serbia and their (dis)satisfaction during the medical examination in the Health Centres Voždovac and Dr Milutin Ivković Palilula. Since the health centres perform the primary preventive health care, the research has been conducted in regard to the group of patients, workers, during the preventive examinations during 2013/2014. Healthy, working active population has been chosen for the survey because of the objectivity that sick users of services do not possess sufficiently. When a person is of impaired health or ill, under the influence of changes he/she becomes emotional and subjective, and thereby the objectivity and quality of the obtained results are lost

The selection of the Institutions of primary health care, and/or health care centres, where the surveying of users of health services and employees has been conducted, has been made in regard to the fact that both health care centres have been chosen as representative by the way of its organization and function. Both health care centres have been the winners of awards for the quality in the organization of business. Health Care Centre Voždovac gained recognition for an excellent development of strategic plan and management in the primary health care in 2010, and both health care centres were awarded for the best in continuous improvement of the quality of work in 2007 (on the territory of over 50 000 inhabitants), and as such, they were suitable for conducting the research. The quality of business is proved or disproved on the direct sample by this research through satisfaction or dissatisfaction of users of health services as well as the employees in the stated health care centres, and through this, the possibility of following the quality of provision of services and the insight into the way of modern management application are given in the institutions of primary health care.

The aim of this research is to consider the satisfaction of users in the primary health care, as well as the factors that influence on their satisfaction and/or dissatisfaction and also the satisfaction of the employees in the primary health care as a provider of health services. As the instrument of research, an anonymous questionnaire – the questionnaire designed on the basis of existing literature and recommendations of the World Health Organization (like the questionnaires that are used in the Institutes for health care of the population). The research was conducted during 2013/2014. All analysed aspects of users' satisfaction (continuity and frequency of using health care, the opinion of users about professional and personal problems, ratings of organizational aspect), accessibility and availability, respect of patient's opinion during the treatment, influence on general satisfaction with the doctor.

As one of the measurements of performances of the quality management system gives the information about observations of users about the extent to which their requirements are met through: The research of users' satisfaction, the data of users about the quality of provided service, the research of the patient's opinion, praise, complaints on professional work of the personnel and the attitude of the personnel toward the patients, respecting the rights of patients. The corresponding data were determined, collected and analysed by the research so as to show the suitability and effectiveness of the system of quality management and to evaluate the possibility of continuous improvement of the effectiveness of the system of quality management.

In each of the stated Institutions of primary health care, the research was conducted on two different groups of respondents. In the first stage, the research on the users of health care services was conducted, and in the second stage, the respondents were the employees in these health care institutions. The surveying of the users of services: Questionnaires for the users of services contain six basic questions, with the proviso that each of six questions on the sheet contains four sub-questions.

The basic questions in the questionnaire are:

1. Rate the waiting time of reception.
2. Rate the attitude toward you during the examination of the medical specialist.
3. Rate the quality of medical examination.

4. Rate the quality of apparatus by which the health examination has been performed.
5. Rate the reception and attitude of the employees toward you in the Health care centre.
6. Rate whether your rights have been respected as a patient.

In the questionnaires, the answers were proposed to the users of services, which they circled and thereby they gave their answer to the question: a) yes, b) no.

The description of questionnaires for the employees: The questionnaires contained the questions with the following elements on the basis of which the employees showed their dis/satisfaction:

1. Adequate equipment for work.
2. Interpersonal relations.
3. Direct cooperation with colleagues - team work.
4. Possibilities that you have got for continuous education.

The answers were proposed to the employees by the questionnaires. They circled the answers and thereby gave their answer to the question: a) very dissatisfied, b) dissatisfied, c) neither satisfied nor dissatisfied, d) satisfied, e) very satisfied. The third stage of the research was the processing of the data collected by the survey and the presenting of the results, conclusions and proposals (Gavrilovic, 2014). After the analysis of the questionnaires, the results were shown in tables and in percents by the chart.

1.6 Expected effects and research contribution

The results of the research represent an empirical basis for the analysis of the current state of the modern management application in the institutions of primary health care as a starting point for improvement of functioning of the same organisation. Scientific contribution of the paper is reflected in the representation of the problems that follow the health care in newly created circumstances of the need for the reform of health care system toward the sustainability and preservation of the quality with the emphasis on primary health care, identified as "gatekeeper of health care system".

Social significance of the paper is manifested through analytical approach to open question of future way of functioning of the health care system and health services on the national level. The importance of the paper is also contributed by primary results of the research on the level of functioning of health system in the circumstances of difficult general social and financial crisis and formation of current and future direction of development in the organization and providing of health services, according to the principles of modern management, through redistribution and restructuring toward the preventive, and/or primary health industry.

2. The management in health care

On a global scale "Manager" is the expression with multiple meanings, basically it represents the controller and the director. Therefore, they not only organize work in organizations, but they were directly involved in all decision making processes such as planning and controlling (Rajkovic, 2017). Thus, healthcare management includes good management to provide good service.

The Management in health care:

1. Covers all process of planning, organization, implementation and control of work of health programs.
2. Coordinates the resources (personnel, finance, equipment, information, knowledge, technologies, regulations, law etc.).
3. Follows the development and application of health programs.
4. Provides support, influences on the participation of community and population.
5. Influences on making appropriate decisions on all levels of health system.
6. Pursues the objectives so as to improve the health condition of all population.

2.1. Types of health management

The management of health system (is ensured by the state - through its budget, taxes, premiums and other forms of insurance on the economic level; so the ministry of health, regional and local authority on the political level). The management of health care (is exclusively connected to planning, organization, management and control of functioning of health services and productivity in the health care on primary, secondary and tertiary level, and/or on the level of outpatient care, inpatient care, nursing and rehabilitation) – the level of health institution. Subgroups of health management are: Management of the case ("case-management") - patient-oriented part of health management. Management of the utilization ("utilization-management") - resource-oriented part of health management. Management of the disease ("disease-management") - management system of overall medical procedure and approach to certain disease (Pavic, 2007).

The quality in health care "High-quality medical care is fully satisfying of needs of those to whom the health service is most necessary, at the least cost to the organization, and within the limits and directives that are set by health legislations and financiers." (Ovretveit, 1995). The quality in health care must be analysed and implemented through three dimensions: 1. level of excellence; 2. reached level; 3. meeting certain needs of the system and of the users of services. Primary health care is based on a chosen doctor and his/her team. They represent "the gatekeepers" of the entrance into the health care system. Primary health care:

- ensures the solutions for over 85% of health problems in the population;
- presents the first contact with the health service;
- is closely located, oriented toward the individual, the family and the community, with
- effective communication;
- ensures the continuity that is determined by the needs of patients;
- resolves the acute and chronic health disorders;
- has got relatively low cost;
- involves multi-sectoral cooperation;
- puts the emphasis on the health promotion and prevention;
- applies the appropriate technologies for health.

4. The results of the research

4.1. Questionnaire for rating of professional satisfaction of employees

The questionnaire, whose questions referred to professional satisfaction of employees in health care centre, was done by 154 of the employees of which 89 have been employed in Health care centre "Palilula", and 65 of them in Health care centre "Voždovac". The sample consisted of 34 males and 115 females, while five people did not declare their gender. The youngest participant in this research was 22, and the oldest 60, while the average age was 44.35 (SD=9,059)

Figure 1: Distribution of answers of employees to all questions in connection with professional satisfaction

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

As it is shown in (Figure 1), to the most questions about professional satisfaction the employees have shown that they are satisfied or neither satisfied nor dissatisfied, except to the question about the income that they earn for the job they do, where more than 70% of respondents have shown that they are dissatisfied or very dissatisfied.

4.2. The questionnaire for rating of satisfaction of the users of health care (Graphic view and analysis of the results)

The questionnaire, whose questions referred to the satisfaction of the users of health services in the Health care centre, was done by a total of 162 people, of which 96 people in the Health care centre "Palilula", and 66 people in the Health care centre "Voždovac". The sample consisted of 72 males and 84 females, while six people did not declare their gender. The youngest participant in this research was 18, and the oldest was 82, while the average age was 46.42 (SD=12,771).

Figure 2: Distribution of answers of users in percents to the questions from the element 1 (*Element 1 - Rating of waiting time for reception*)

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

To the questions from the element 1 - Rating of waiting time for reception, shown in (Figure 2), to all questions the users of health care have shown satisfaction with received service.

Figure 3: Distribution of answers of the users in percents to the questions from the element 2 (Element 2 - Rating of medical specialist's attitude toward a patient during the examination)

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

To the questions from the element 2 - Rating of the medical specialist's attitude toward the patient during the examination, shown in (Figure 3), the users of health care have shown satisfaction with the doctor's attitude toward the users of health services, where over 90% of respondents have answered positively to the question about doctor's kindness during the examination.

Figure 4: Distribution of answers of the users in percents to the questions from the element 3 (Element 3 - Rating of the quality of medical examination)

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

To the questions about the Rating of quality of medical examination from the element 3 (Figure 4), the users have shown satisfaction with received service, except to the question: "Have certain doctors done medical examinations formally without complete informing on health condition of the patient?", where 58.8% have answered that the examinations have been done formally without sufficient necessary information on health condition of the patient.

Figure 5: Distribution of answers of the users in percents to the questions from the element 4 (*Element 4 - Rating of quality of apparatus by which the medical examination has been done*)

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

To most questions from the element 4 - Rating of quality of apparatus by which the medical examination has been done (Figure 4), the users have given positive judgement, except to the question about obsolescence of apparatus by which they have been examined, where 60% of the respondents believe that the examinations have been done by outdated apparatus.

Figure 6: Distribution of answers of users in percents to the questions from the element 5 (*Element 5 - Rating of the reception and attitude of the employees toward the patient in the Health care centre*)

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

In the answers from the element 5 - Rating of the reception and attitude of the employees toward the patient in the Health care centre (Figure 6), the users have shown absolute satisfaction with the reception and the attitude of the employees toward the patient.

Figure 7: Distribution of answers of the users in percents to the questions from the element 6 (*Element 6 - Rating of respect of the patients' rights*)

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

In answering the questions from the element 6 - Rating of respect of patients' rights (Figure 7), the respondents believe that the rights of the patients have been respected completely.

4.3. Confirmations of the hypotheses

General hypothesis 0: The results obtained in the research confirm the General hypothesis 0 that respecting the principles of modern management and its application in the institutions of primary health care reduces the dissatisfaction of both givers and users of health services and it successfully fills and compensates for the lack of adequate apparatus or outdated technology for preventive diagnostics, as necessary work tools, etc.

Auxiliary hypothesis 1 which says that the quality of provided health service is significantly influenced by the application of the modern management system, work standardization with the patients, good communication, kindness of health workers and team work, as crucial basis for good organization of work and quality of delivered health service, is confirmed, which indicates the importance of development of communication and good cooperation among health workers, as well as the organizing into teams that will successfully overcome difficult professional and human tasks and challenges.

Auxiliary hypothesis 2 says that the managers of health institutions have positive attitude toward the improvement of quality in providing health services toward the patients, toward continuous medical education (specialization) and increasing the quality and professionalism in the work of health workers that significantly influence on providing high-quality service toward the users of health services (patients), which has been confirmed in the research, and the hypothesis has been proved and it is the key factor for high-quality functioning and expressed satisfaction with received service by the users of health services.

Auxiliary hypothesis 3 which says that the motivation of the employed health workers, in terms of the income they earn, for the job they perform and possibility of professional development, significantly influence on the attitude toward the users of health service, as well as the quality of provided service, *has not been confirmed*. Even 74.7% of health workers have shown the dissatisfaction of the earned income, and in contrast, 95.0% of users of health services have answered that they are satisfied with the attitude of health workers employed in health care centres which proves that the hypothesis *has not been confirmed*.

4.4. Concrete proposal of actions for better functioning of Primary Health Care in the Republic of Serbia

Table 1. Current state of functioning in the Primary Health Care and concrete proposals for improvement of functioning of Health Care Centres and PHC.

Current state (identified problem) in PHC(Primary Health Care)	Concrete proposals for improvement of functioning of Health care centres and PHC
1. The Health Care Centres (in PHC) are mainly engaged in cure - treatment.	1. Organize special dispensary for the prevention of disease. Put the emphasis on preventing the disease, and not only to treat it.
2. Modern apparatus and techniques for diagnostics and treatment miss - the lack of means.	2. Organize obligatory physical examinations of all systems of organs on six-month level in order to prevent or early diagnose the disease - in case of unresponsiveness and the disease occurs, the treatment is paid from their own pockets, and these will be additional means for purchase of modern apparatus and equipment for diagnostics and treatment.
3. Large crowds and long waiting for the chosen doctor's examination	3. Organize separate medical infirmaries and personnel that would treat the population of pensioners and would write the prescriptions for regular therapy.

4. The examinations are scheduled with the chosen doctor. Scheduled time is not respected, and acutely ill person (often with high fever and pain) often waits for hours when he/she will fall between the scheduled users that usually come for regular monthly therapy.	4. Abolish the appointments with the chosen doctor - nobody knows when he/she will be ill so as to schedule the examination just then
5. For each additional examination the doctor issues the referral and the patient goes to the chosen institution to schedule the examination. When the specialist does the examination, he/she writes the opinion on the report, and the patient must schedule the examination again at the chosen doctor so as to bring the report and opinion (a patient waits for the scheduling several days).	5. Improve HIS (Health Information System) and open electronic patient record - in the interests of effectiveness in the treatment and direct pooling of information and reports into the e-record - unnecessary arrivals would be avoided, waiting for the scheduling only for delivering of reports and the course of treatment will be accelerated.
6. For additional opinion of a specialist, the chosen doctor only writes a referral, and a patient must schedule the examination in the stated institution. He/she waits for it for several weeks and with a wish to solve his/her acute problem as soon as possible, he/she must contrive and often offer treat (bribe) a person who schedules the examinations, which leads us to the problem of bribery and corruption.	6. Chosen doctor directly schedules all necessary additional examinations with specialist service to which the patient is referred, whereby the creation of waiting lists is avoided because of inserting of witty patients out of turn and it prevents the problem of bribery and corruption.
7. For certain health problems that would be successfully treated at home, with increased supervision of health workers (the arrival in visit at patient's house), a chosen doctor mainly refers to hospitalization in secondary health care, because there is not sufficient number of personnel for achieving the quality of work of home care service and home treatment.	7. Increase the number of employed health workers in home care service of home treatment, with increased supervision of a doctor, whereby the means of hospitalization will be saved in hospitals for pathological states which will successfully be treated in the comfort of one's own house with the high quality supervision of health personnel.
8. Financial means for improvement of business miss, as well as modern equipment and apparatus for diagnostics and treatment. Cooperation with local community and engagement in collecting of additional means for improvement of business is insufficient.	8. Obtain funds for purchase of equipment, modern apparatus for diagnostics and technical equipment in health care centre through the cooperation with local community (provide additional health services, training, educational seminars to the institutions, business entities, as well as private companies and in that way come to the additional financial means).
9. Not all Health care centres are included in DILS program - Provision of improved services on local level" in the area of health care, education and social care on local level, (DILS - Delivery of Improved Local Services) is financed from the World Bank loan and at the same time it is implemented by three Ministries - Ministry of Education and Science, Ministry of Health and Ministry of Labour and Social policy, in the period from the beginning of 2009 to the end of 2012. Total value of loans is 32 million euros, of which the Ministry of Education and Science will use about 12 million euros for realization of project goals.	9. Apply for obtaining of the means for projects intended for the improvement of functioning of health system on local level by the World Bank, the European Union, etc.

10. Programs and engagement in earning additional financial means are poor. There is no agreement in any Health care centre on implementation of health tourism on local level.	10. Establish partnership with local tourist organization for performing the service of health tourism and in that way obtain additional funding for improvement of health organization (bring the organized group of health tourists which would solve their dental problems in dental service of a local health care centre and they would pay for that far less than in their country and health care centre would get the means for business improvement).
11. There is almost no financial incentives for work of health workers, whereby the factor of motivation is completely neglected as a significant for good functioning of work.	11. Introduce significantly large monetary incentives for health workers that have tried to perform their work duties well, as well as disincentives for negligent and poor performing of assignments.
12. There are few private-public partnership agreements with the institutions of PHC.	12. Use the possibilities of establishing private-public partnership for exchanging of services with organizations that are really interested in the same (health services for the service of roof repairs, whitewashing, replacement of tiles in offices, electrical installations, etc.).
13. Complaints of users of health services are frequent and refer to the fact that a doctor uses little time for a concrete examination of a patient, and a lot of time on typing of reports and work on a computer.	13. Organize the training for more successful and efficient work of health personnel on the computers because of the speed of using the same, so as to spend less time for data entry and more on examination of patients and providing the health services.
14. Establishment of communication is neglected in the very collective with the aim of establishing positive working atmosphere and identifying good relationships among the members of the collective that would belong or constitute good working teams.	14. Organize occasional collective gatherings so as to establish better communication and insight, by the management of the institution, into the connection between the members of the collective, for easier selection of people that will function well in teams.

The source: Gavrilović A., *Primena savremenog menadžmenta u ustanovama primarne zdravstvene zaštite*, Doktorska disertacija, Beograd, 2014.

5. Conclusion

In a difficult times of general-social and economic crisis, the health care system is under the scrutiny of professional public and the individual critics, so the research precisely in this area has been imposed as a need and necessary solution, whereby the claims that cause unfounded or founded disapprovals would be at least partially confirmed or rejected. The paper researches whether the health system is, with all its weight of accompanying social-economic circumstances, successful in providing the health services, thanks to good business organization, through the research and the analysis of satisfaction of users and givers of health services, in the institutions of primary health care, which are the winners of awards for quality improvement and application of modern management.

General conclusion of this research is that in such difficult and turbulent times of financial, political and economic crisis the health system of Serbia meets set requirements successfully, at least in this part that has been treated in this research, and that is the primary health care. Reckless speculations about a poor quality of service in health care centres have not been confirmed, because the users of health services in both health care centres have shown the satisfaction in most tested categories. The satisfaction with the work of the tested health workers has also been proved, with the possibility left for better business organization. Which leads us to the conclusion that by a good business organization, with the application of tools and techniques of modern management, in other parts of the health system of Serbia as well, the effect of satisfaction with the received service by the users would be achieved, as it is seen in the example of these two health care centres. The quality in both health care centres is measurable through the quality of provided health service, which has been measured in this research by the satisfaction of giver and receiver of the same.

In the research on the satisfaction of users of health services and the employed health workers in Health care centres Voždovac and Palilula, as well as in the Table "Average rating of satisfaction of users", the above-mentioned ascertainment has been confirmed that the users of health services are generally satisfied with the quality of health service, received in the institutions of primary health care, whereby it is concluded that in the circumstances of economic crisis and financial deficit, lack of means for health care, reduced number of health personnel, good business organization and application of the principles and procedures of modern management lead to optimal and satisfying functioning of the health system of Serbia on the primary level.

Primary health care is integral, permanent and comprehensive part of formal system of health care in all states, and/or it is considered as the means by which two basic goals of health care system are balanced - optimization and balance in the distribution of health services through the system of high-quality health management. It is recognized as a potential solution in functioning of the health care system with the need of shifting the focus on the preventive, and/or taking over of 80% of total health services that should be provided in the primary health care. So the theme of this paper is exclusively current and necessary so as to determine the level of application of modern management in the institutions of primary health care, as well as to start the processes toward the raising the level of the same. New course of changes in economic flows and economic situation in the state greatly influences on functioning and financing of the health system. In the situation when a large number of employers avoids to pay into the compulsory health insurance fund, and the deficit is subsidized by the budgetary funds, it suggests the conclusion about the difficulty of sustainability of such an organized health system, so this paper is a sort of impulse in the need of solving the problems through a new way of organization with the emphasis on the control. Use the identified strategies of change to the maximum, with careful use of the resources, with the fortitude of collective efforts, with including of the employed in the decision making and incitement of team work, as well as group resolving of problems are the key to successful management in the health care.

The only possibility of going out from the crisis in the management of the health system of Serbia lies in the resources of the primary health activity, with the emphasis of its activity on the preventive and early detection of potential disease, obtaining the additional means in partnership with local community, local economic organizations, through the exchange of services, through activating and establishing private - public partnerships, as well as by the change of business organization within the very health organization, whereby the efficacy and quality of delivered service would be increased. It is necessary to pay attention to the education of health personnel, as well as to treat a health worker as the most important resource of the organization, because only such behaviour will give the expected effect, and the employed will feel the belonging to the organization and strive to its more successful and better business and they will experience it as a personal venture (Gavrilovic, 2014).

The relationship between the modern management oriented toward the health care and medical technology is in the high degree of correlation. It means that health managers and experienced medical personnel, to whom the organizational and administrative function is entrusted, must be one team with the mutual goal of development of health institutions and health services. Functioning of health institutions has got its limits and restrictions in the way and volume of financing of total needs of modern and efficient system of health care. Health management can improve the system of work and business in a good part from the standpoint of efficacy and effectiveness, but it can not improve the technology of health services in all areas of medicine without its modernization and purchase of modern apparatus and devices.

The improvement of management in the health care, especially in the part of support and use of highly qualified staff from the area of management, presents the instrument for improvement of organizing, functioning and business of health institutions, but also the instrument for efficient transfer of technology and knowledge. Taking into account the fact that the health care is in a number of countries, as well as in the Republic of Serbia, the branch with high degree of government regulation, the space opens for numerous high-quality entrepreneurial initiatives, which will be in the function of improvement of health system and greater access of contemporary medical procedures, equipment, materials and human resources. For us, it represents one of the basic strategic goals and priorities. As the key determinant of the development and improvement of health system, it should be emphasized that in the position of decision makers in the area of health policy should be the people who would be capable for recognizing the problem as a whole and for development and strategic thinking, that on the level of management of

health institutions should be managers and leaders capable for efficient management of limited resources and to introduce the changes practically into the way of functioning and internal reorganization of the system of providing health services.

Of the great importance is the work on recognizing, accepting and promotion of health management as a profession. By focusing the attention to the formation of professional capacities, strengthening of management skills and capabilities, as well as using positive examples and experiences so-called the best practice, especially from developed states, a whole health system gets the opportunity to be modernized and improved (Mitrović and Gavrilović, 2013). Health represents one of the most important prerequisites for the high-quality life of the population and it must be recognized as the priority of the development strategy of health care. The health of the population of Serbia is of key interest for the state and it is the most important item of its accelerated political and economic development. Health policy should represent the basis for legislative, program and action programs, with the goal of making the health care more efficient and high-quality, and including the health system into European and world process of health development (Gavrilovic et al., 2013). The problems of this system can cause significant negative financial consequences for the citizens and their families. Medical science, and along with her the costs of treatment and prevention, increase faster than the increase of economic basis of the society. Therefore, it is necessary to introduce adequate forms of financing of the health care which will ensure the access to necessary health care, and at the same time, it will distribute the financial risk, so that the citizens are not significantly financially threatened in the case of disease. By the planned restructuring of existing resources, significant improvement of health care can be achieved. For true improvement of health outcome and healthcare services, health care should be integrative, and health should become "a joint venture" (Stambolovic, 2008).

In the end, this short factual observation will show that functioning of our health system is not as bad as it is labelled by many: "1.200.000 people in Serbia do not work, do not have incomes and do not pay health insurance, but they are entitled to health care from the joint budget. The most sensitive categories of the population belong to this category. Average salary in Serbia is 30.000 dinars, which means that average allocation for health insurance per the employee is 6000 dinars a month, whereby he/she will cover health insurance for himself/herself and the members of his/her family. For his/her whole lifetime an average employee allocates about 2.5 million dinars. This amount hardly covers the costs of treatment of diabetes, it may cover the costs for a year of dialysis or half a year of treatment of leukaemia and other oncology diseases, and a person suffering from haemophilia would not cover his/her costs of treatment for ten lives.

Yet in Serbia, unlike America, no one has been left without the insulin, dialysis or medicines for haemophilia, and the ambulance does not have the right to reject anyone if he/she does not have the health insurance. An average American earns 1500 dollars. 160 dollars are allocated for the basic package of health insurance, which does not cover the costs of health care of family members nor does it provide the coverage for more serious and more expensive diseases. Insurance that provides full coverage costs 100 dollars a month and it is not available to everyone. Average German earns 2500 euros. He/she allocates about 500 euros for health insurance. The state covers health care for social categories, but in Germany only seven percent of able-bodied population do not work. The message is that for ten times less money per capita than Slovenia and 30 times less than Canada or France, we can not expect excellent comfort (Vukajilovic, 2014).

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