

¹M. Ainabekov, ¹Y. Uteuliev, ²A. Tazhiyeva, ¹S. Nurakysb

¹Kazakhstan's Medical University «KSPH»

²Asfendiyarov Kazakh National Medical University

PATIENT-CENTRED ONLINE HEALTHCARE: THE WAY TO INCREASE ACCESS TO MEDICAL CARE IN KAZAKHSTAN

The new challenges to medical service require to revise the healthcare system of Kazakhstan. Experience of the healthcare system of the UK shows the opportunities for increasing access to medical care through implementing online services.

Keywords: patient-centred model, empowering patients

Introduction

The technological development is changing the methods of accessing to healthcare systems. Scholars suggest that more citizens of European countries prefer mobile phones or the internet for getting medical services than visits [10]. Remote services have several obvious benefits such as reducing time and money to access to medical care [8]. Moreover, in order to gain effectiveness from the contemporary methods of access to medical care, it is necessary to develop a person-centred model in patient-doctor relationship. Consequently, I argue that the patient-centred model should be a core principle in implementing the online health services in Kazakhstan. The first paragraph of this essay illustrates the main principles of the patient-centred model, while the second shows the importance of empowering patients. The third paragraph presents the opponent's statement and an appropriate rebuttal. The final part of the paper explores what kind of transformations are predicted as a result of the offered implementations.

Discussion

The Government of Kazakhstan should focus on patient-centred model to increase the efficiency of the healthcare system through implementing remote services [1]. Zhumadilova concludes that considerable percentage of physicians (80%), nurses (87%), and patients (93%) in Kazakhstan are doctor-oriented [11]. This situation means that patients depend on face to face consultations with doctors and expect the doctors to take responsibility for their health. Moreover, a significant number of visitors in the medical organisations usually leads to the public dissatisfaction with long waiting times or queues, appearance of consulting rooms and relationships between the medical staff and patient [9]. In addition, in Kazakhstan, it is prohibited to receive the medical consultations either via telephone or the internet. Conversely, in the UK, the idea of implementing the communication technologies was explained as the best way of presenting medical information to facilitate the general public to improve their health and well-being by themselves [7]. In the 1990s, the National Health Service Direct was established as a provider of medical advice and information by telephone. According to Hunt, telephone and internet-based methods of delivering medical services have become not only efficient, but have also reduced medical expenditure [7]. Adams and Nahid, et al. believe that positive economic changes occurred because the patient is placed at the center of the online communication environment and nominated as a proactive member of the healthcare system [1]. It seems that effectiveness of the remote services might be achieved only if patients will become active members of the healthcare system. Thus, the Government of Kazakhstan should aim to empower patients.

Correspondingly, the governmental bodies have to improve sources of information about health through implementing contemporary technologies and strategies in order to empower the patients [17]. The fundamental principle of patient empowerment is information. Hunt highlighted that the initiatives in the UK have led to the formation of an empowered patient by delivering the right information in the right way [7]. Evidence also shows the National Health Service has expanded access to the information about healthcare by social media sites. Consequently, it seems that the providers expect individuals would educate themselves to resolve their health demands. In another word, the patients could make the best decisions if they have the relevant information. In spite of the fact that for the Kazakhstan's people, the doctor-oriented approach is more common, the number of social media users is growing drastically. Potentially, consumers of social media platforms tend to be more proactive when they receive services [4]. Consequently, this phenomenon might be used to make them better 'equipped' by knowledge about medicine thus the providers could purportedly facilitate empowerment of patients through social media [1]. Moreover, Hunt claims that patients are able to know about their background and individual physical characteristics more than professionals [18]. Eventually, it seems that empowering patients by providing greater access to medical information may help to make patients more proactive in their health issues and improve their well-being. Therefore, the Government of Kazakhstan should take measures to enhance access to proper information. In this way, patients would expand their knowledge about medicine and avoid risks of diseases [16].

Conversely, researches (e.g. De Haes, 2006; Hagerty et al., 2003) argue that some general practitioners and patients suppose the online patient-centred model may not be effective for certain patients [5, 6]. For instance, in case a patient has a serious disease or there are a lot of treatment options the remote consultations would be more complicated. It is true that there are obstacles to diagnose some diseases without visual inspection and palpation of patients. However, the online patient-centred model gives an opportunity to communicate with doctors faster. Indeed, doctors during conversations could make decisions together with patients to investigate their diagnosis deeply at medical organisations. In addition, it seems that online medical services support general practitioners to identify patients with serious symptoms rapidly. Moreover, the remote services are vital for the citizens who live far away from either hospitals or primary health centres. For example, some villages in Kazakhstan are situated approximately 60-70 miles far from the nearest hospital. Therefore, in emergency situations, concerning even serious diseases, consultations via telephone or the internet may help to organise first aid to patients as promptly as possible [15]. As a result, the communication technologies based on the patient centeredness will enhance access to the healthcare services.

Conclusion

To conclude, one of the best solution in increasing access to medical services is implementing modern communication technologies. The research has provided also evidence of importance of the patient-centred model to improve effectiveness of communication technologies. Moreover, online medical support based on the patient centeredness provides not only social benefits, such as patient satisfaction, but also economic efficiency of healthcare industry. Likewise, this essay showed the opportunities to transform the social network users into empowered patients. In addition, some scholars (e.g. De Haes, 2006; Hagerty et al., 2003) mentioned the ineffectiveness of remote services for some patients [5, 6]. The statement was appropriately rebutted by presenting arguments that remote consultations might identify patients with serious pathology and organise proper treatment of them. Finally, the complex changes in the healthcare system need participation not only the general practitioners but also the governmental bodies in all levels as well as the general public [12, 14]. Moreover, to facilitate the involvement of patients in the shared responsibility concept, the Government should focus on sharing medical information by implementing marketing strategies. As a result, successful implementation of the online healthcare communications based on the patient-centred model will provide sustainable future to the healthcare system of Kazakhstan.

REFERENCES

- 1 Ahmad, N., Ellins, J., Krelle, H. and Lawrie, M. Person-centred care: from ideas to action. - London, The Health Foundation, 2014. - P. 5-12.
- 2 Arynova, Z. and Baiguzhinova, L. Development of electronic healthcare in Kazakhstan as a factor of improving the quality of medical services // Fundamental and applied researches in practice of leading scientific schools. - 2019. - №31(1). - P. 3-6.
- 3 Carson, D. An Independent Review of GP Out-of-Hours Services in England // Department of Health. London. - 2000. - P. 21-59.
- 4 Department of Health. Caring for our future: reforming care and support // Stationery Office. London. - 2012. - P. 12-65.
- 5 De Haes, H. Dilemmas in patient centeredness and shared decision making: a case for vulnerability // Patient education and counseling. - 2006. - №62(3). - P. 291-298.
- 6 Hagerty, R., Butow, P., Ellis, P., Lobb, E., Pendlebury, S., Leighl, N., Goldstein, D., Lo, S.K. and Tattersall, M. Cancer patient preferences for communication of prognosis in the metastatic setting // Journal of clinical oncology. - 2004. - №22(9). - P. 1721-1730.
- 7 Hunt, D., Kotevko, N. and Gunter, B. UK policy on social networking sites and online health: From informed patient to informed consumer? // Digital health. 2015. №1. pp. 1-12.
- 8 McKinstry, B. and Sheikh, A. Unresolved questions in telephone consulting // Journal of The Royal Society of Medicine. - 2006. - №99(1). - P. 2-3.
- 9 Organisation for Economic Co-operation and Development // OECD Reviews of Health Systems: Kazakhstan. 2018. [online] OECD Publishing, URL: <https://doi.org/10.1787/9789264289062-en> [Accessed 27 February 2020].
- 10 Pitts V. Illness and Internet empowerment: Writing and reading breast cancer in cyberspace // Health. - 2004. - №8. - P. 33-59.
- 11 Pulvirenti M, McMillan and Lawn S. Empowerment, patient centred care and self-management // HealthExpect. - 2014. - №17. - P. 303-310.
- 12 Powell JA and Boden S. Greater choice and control? Health policy in England and the online health consumer // Policy Internet. - 2012. - №4. - P. 1-23.
- 13 Segal JZ. Internet health and the 21st-century patient: A rhetorical view // Writ Commun. - 2009. - №26. - P. 351-369.
- 14 Wahlberg, A.C., Cedersund, E. and Wredling, R. Telephone nurses' experience of problems with telephone advice in Sweden // Journal of Clinical Nursing. - 2003. - №12(1). - P. 37-45.
- 15 Zhumadilova, A., Craig, B.J. and Bobak, M. Patient-centered beliefs among patients and providers in Kazakhstan // Ochsner Journal. - 2018. - №18(1). - P. 46-52.
- 16 Wanless D. Securing Our future health: Taking a long-term view // The Wanless Report. - London: HM Treasury, 2002. - P. 5-45.
- 17 Wicks P, Keininger DL, Massagli MP, et al. Perceived benefits of sharing health data between people with epi-lepsy on an online platform // Epilepsy Behav. - 2012. - №23. - P. 16-23.
- 18 Ziebland S and Wyke S. Health and illness in a connected world: How might sharing experiences on the Internet affect people's health? // Milbank. - 2012. - №90. - P. 219-249.

¹М. Айнабеков, ¹Е. Утеулиев, ²А. Тажиева, ¹С. Нуракыш

¹«ҚДСЖМ» Қазақстандық медициналық университеті

²С.Ж. Асфендияров атындағы Қазақ Ұлттық медицина университеті

ПАЦИЕНТКЕ БАҒЫТАЛҒАН ОНЛАЙН ДЕНСАУЛЫҚ САҚТАУ: ҚАЗАҚСТАНДА МЕДИЦИНАЛЫҚ КӨМЕККЕ ҚОЛ ЖЕТІМДІЛІКТІ АРТТЫРУДЫҢ ЖОЛЫ

Түйін: Медицина саласында жаңа сын-қатерлер Қазақстанның денсаулық сақтау жүйесіне қайта қарастыру қажет екенін көрсетеді. Бұл ретте Ұлыбританияның тәжірибесіндегі онлайн қызметтерді енгізу арқылы медициналық көмекке қолжетімділікті арттыруға болады.

Түйінді сөздер: пациентке бағытталған модель, пациенттерді ынталандыру

¹М. Айнабеков, ¹Е. Утеулиев, ²А. Тажиева, ¹С. Нуракыш

¹Казахстанский Медицинский Университет «ВШОЗ»

²Казахский Национальный медицинский университет имени С.Д. Асфендиярова

**ПАЦИЕНТООРИЕНТИРОВАННОЕ ОНЛАЙН ЗДРАВООХРАНЕНИЕ:
КАК ПОВЫСИТЬ ДОСТУПНОСТЬ МЕДИЦИНСКОЙ ПОМОЩИ В КАЗАХСТАНЕ**

Резюме: Новые вызовы в области медицины указывают на необходимость переосмысления системы здравоохранения Казахстана. При этом можно повысить доступность медицинской помощи путем внедрения онлайн-услуг, принятых в практике Великобритании.

Ключевые слова: пациентоориентированная модель, мотивация пациентов