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ORIGINAL RESEARCH ARTICLE

# Public and private healthcare administration priorities in new electronic age

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## ABSTRACT

The work defines the such priorities of healthcare administration as creation of free-tax medical town-campuses and reduction of costs for accessibility of medical services, increase in service speed and improvement in the quality, constant process of improving the qualification, wide-regional network management, combination of public and private insurance, essential increase in healthcare costs of GDP, striving for the highest standards of technical level, ensuring the non-profitability of medical organizations, combining various stages of medical services, electronic transparency and direct communication of financial reporting with some needful maintaining of commercial secrets and bank accounts, usage of wide outsourcing practices.

***Keywords:*** healthcare management; economic priorities; new electronic age

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## 1. Introduction

Some prophet-experts foresaw[1] the electronic age, the period from the 30s to the 80s of the last century. But this was only the introduction to the real era of electronic business, including lightning-fast medical services with vital information flows, the rapid need for which was shown and truly started by the COVID-19 pandemic (20s of the 21st century) with completely new methodological approaches.

To study lightning-fast managerial decisions, I used methods of a neuro-economic nature, optimal mathematical grouping, and even analogies of physical laws.

I am especially grateful to the very talented Harvard scientists, led by Michael Porter[2,3], who pay great attention to the study of health care management problems and competition and, piece by piece, collect the fewest scientific achievements around the world.

According to our calculations, which were founded on world medicine cases from medicine birth time by legend about Georgian Colchis Medea[4,5] to nowadays, by the middle of the 21st century, electronic business will reach almost half of all business turnover and vital medicine will grow especially rapidly in it (**Figure 1**). By the end of this century, the level of e-business and e-medicine will be approximately equal, and long-term strategic calculations based on predictive extrapolation of the 3-century past showed that the jump in favor of online relationships will even exceed the 90% mark.

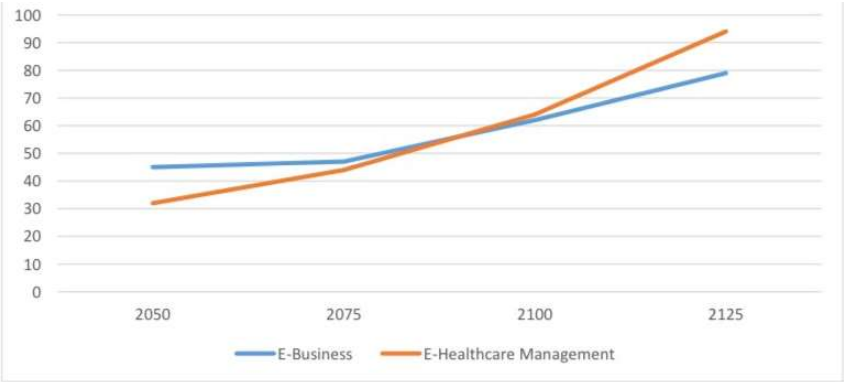


**Figure 1.** E-business and E-healthcare management in 2050–2125.
Source: Author's estimates of the world medicine 5490 cases (from medicine birth time by legend about Georgian Medea to modern 2023).

## 2. Ways to solve the problem of access of qualitative medicine

At the Georgian University, Geomedi, we began teaching a course on managerial costs in medicine 10 years ago and at the same time conducted multiple studies that led to the results that inflated management costs can be reduced by almost half, and it is necessary to think about more speed in the provision of emergency care.

According to objective forecasts, the costs per patient (**Figure 2**) and the same proportion of time spent per patient (**Figure 3**) are significantly reduced, and in e-healthcare management, after a century, they will reach approximately 19% and 11% levels, respectively, from the middle of the modern century, but if we allow, as researched by me[6,7], hidden monopolies to operate freely in the economy and interfere with objective competition, this will not happen.


**Figure 2.** Costs per patient by healthcare management and E-healthcare management in 2050–2125.


**Figure 3.** Time spent per patient by healthcare management and E-healthcare management in 2050–2125.
Source for both figures: Author's estimates of the world medicine 3510 cases (1509–2023).

Our observations have shown that in medicine, in no case should one allow the desire for monopoly profit and look at the patient as a source of profit. In addition to this, we must strive to reduce the tax burden on medical institutions as much as possible and help them as much as possible from the tax revenues accumulated from the population by free economic zones[8].

In my opinion, it would be great to create international medical tax-free zonal spaces (along state borders and with invitations from prominent specialists from both countries here), which would significantly reduce the movement of patients and the managerial costs[2,3] and losses of time and money. International medical zones, according to our assumptions, will also significantly stabilize demographic imbalances, and we will deliberately and jointly make people's lives happier. We are going to calculate the happiness index and the correlation of costs and projected income and invite scientists to do joint research.

## 3. Conclusion

After long research observations, I have determined the priorities of the most competitive and optimally effective intertwined public and private healthcare administration:

1) Creation of free medical town-campuses with a wide range of tax incentives and maximum reduction of indirect and fixed costs for better accessibility of medical services, in addition to constant monitoring of implicit costs;
2) Maximizing the speed of service: the creation of the above-mentioned international medical zones will make services much more comfortable in our difficult time of growing migration flows;
3) Maximum improvement in the quality of medicine with a constant connection to science;
4) Organization of a constant process of improving the qualifications of doctors and nurses and increasing their wages;
5) Expansion of wide-regional network management by the delegation of financial and transport services to the capital and regional centers;
6) Combination of public and private insurance with a Swiss proportion of 1:3;
7) General increase in healthcare costs to the same proportion of 1:3 of GDP;
8) Striving for the highest standards of technical level in medical and preventive institutions;
9) Ensuring the non-profitability of medical organizations by distributing profits for the purpose of improving the scientific potential of primary and subsequent medicine;
10) Combining various stages of medical services with the condition of reintroducing competition to the medical service in the event of the manifestation of monopoly sentiments;
11) Electronic transparency and direct communication of financial reporting should not mean a misunderstanding of maintaining trade secrets and the need to have bank accounts when there is a need to aggravate risks;
12) Usage wide outsourcing practices when it is necessary to attract doctors with the required qualifications.

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## Conflict of interest

The author declares no conflict of interest.

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