



ASPECTS OF MANAGERIAL AND ORGANIZATIONAL DECISIONS IN BUILDING DENTAL SERVICES IN RUSSIA (LITERATURE REVIEW)

**N.Yu. Urukov^{1,2}, O.V. Rukodayny³, Yu.N. Urukov², O.V. Sharapova^{4,5},
L.I. Gerasimova^{4,6}, T.L. Smirnova², E.V. Barsukova⁷, N.V. Zhuravleva²**

¹Republican Dental Clinic of the Healthcare Ministry of the Chuvash Republic, 11a Moskovskii Av., Cheboksary, 428018, Russian Federation

²Chuvash State University named after. I.N. Ulyanov, 15 Moskovskii Av., Cheboksary, 428015, Russian Federation

³RUDN University, 6 Miklukho-Maklaya St., Moscow, 117198, Russian Federation

⁴V.V. Vinogradov's City Clinical Hospital, 61 Vavilova St., bldg 2, Moscow, 117292, Russian Federation

⁵Sechenov University, 2-4 Bolshaya Pirogovskaya St., Moscow, 119435, Russian Federation

⁶Russian Biotechnological University (BIOTEKH University), 11 Volokolamskoe highway, Moscow, 125080, Russian Federation

⁷Republican Clinical Hospital № 1 of the Healthcare Ministry of the Chuvash Republic, 9 Moskovskii Av., Cheboksary, 428018, Russian Federation

Nowadays, the importance of efficiency in providing qualified care in the field of dentistry is gaining relevance. The literature available to us indicates that 70–90 % of the child population and 100 % of the adult population of Russia suffer from various types of disease in the field of dentistry. The purpose of the study is analytical assessment of managerial and organizational decisions in building up the Russian dental service over the period from 2010 using data available in Russian literature.

The organization of dental care in Russia is provided by the Ministry of Health of the Russian Federation in accordance with the territorial-administrative affiliation of the population. In connection with the transition of the Russian Federation to a market economy, the level of budget financing of the dental industry has decreased, which has led to a significant increase in the incidence of diseases and their complications.

Thus, it is necessary to develop the most rational and appropriate options for the management of dental services at the level of each individual region of Russia and a specific situation in it taken into account. These options must necessarily consider the distinctive specific features of socio-economic development of a particular region, the current level of dental morbidity of the local population and its main trends, the provision with all necessary resources, financial stability, as well as other socio-hygienic risk factors, which have a direct impact on the overall state of dental care.

Keywords: dental innovative technologies, organization of dental care, assessment of the effectiveness of the dental service, regional monitoring, risk factors of dental morbidity.

© Urukov N.Yu., Rukodayny O.V., Urukov Yu.N., Sharapova O.V., Gerasimova L.I., Smirnova T.L., Barsukova E.V., Zhuravleva N.V., 2023

Nikolai Yu. Urukov – Chief Physician; Assistant of the Department of Orthopedic Dentistry (e-mail: 89276687339@mail.ru; tel.: +7 (8352) 58-64-09; ORCID: <https://orcid.org/0000-0002-5472-2354>).

Oleg V. Rukodayny – Candidate of Medical Sciences, Associate Professor (e-mail: rukodayny_ov@pfur.ru; tel.: +7 (916) 989-85-89; ORCID: <https://orcid.org/0000-0001-9134-7189>).

Yuri N. Urukov – Doctor of Medical Sciences, Professor, Head of the Department of Orthopedic Dentistry and Orthodontics (e-mail: urukovyuri@yandex.ru; tel.: +7 (987)125-38-13; ORCID: <https://orcid.org/0000-0003-4220-7731>).

Olga V. Sharapova – Doctor of Medical Sciences, Professor, the Head Physician, professor of the Department of Obstetrics and Gynecology (e-mail: sharapova-olga59@mail.ru; tel.: +7 (985) 760-85-35; ORCID: <https://orcid.org/0000-0003-0384-1705>).

Liudmila I. Gerasimova – Doctor of Medical Sciences, Professor, Head of the Educational and Methodical office; Professor of the Department of Obstetrics and Gynecology (e-mail: profgera@mail.ru; tel.: +7 (902) 327-77-77; ORCID: <https://orcid.org/0000-0002-3976-0934>).

Tatyana L. Smirnova – Candidate of Medical Sciences, Associate Professor at the Department of Obstetrics and Gynecology (e-mail: tsmr@mail.ru; tel.: +7 (927) 845-84-21; ORCID: <https://orcid.org/0000-0002-8224-1515>).

Elena V. Barsukova – Candidate of Medical Sciences, Chief Physician, Associate Professor (e-mail: rkb@med.cap.ru; tel.: +7 (927) 668-52-51; ORCID: <https://orcid.org/0000-0001-8441-9391>).

Nadezhda V. Zhuravleva – Candidate of Medical Sciences, Associate Professor of the Internal Medicine Department (e-mail: zhuravlevanv@mail.ru; tel.: +7 (903) 358-71-78; ORCID: <https://orcid.org/0000-0001-6470-7724>).

Currently, the importance of providing effective qualified assistance in dentistry is gaining relevance [1].

Dental care to the population of the country is one of the most mass types of assistance in healthcare. This aspect is due to the fact that about 70–90 % of the child population and about 100 % of the adult population of our country suffers from various types of dental diseases. For this reason, the study of issues related to the organization of dental care is of particular relevance, as it provides a unique opportunity to competently organize the planning and provision of this type of medical care, which has a mass character. It should be noted that the organization of the studied assistance acts as an integral part of the general system of organizing healthcare in the Russian Federation.

The public dental service is considered to be the basic link for providing qualified dental care to the country population. The above-mentioned service accounts for the majority of specialized institutions, qualified medical personnel, and the volume of dental care provided to the population [2–5].

The purpose of the study is analytical assessment of managerial and organizational decisions in building up the Russian dental service over the period from 2010 using data available in Russian literature.

Results. In Russia, dental care is organized, regulated, planned and controlled directly by the Ministry of Health of Russia, the Ministry of Health of individual regions (oblasts, krais), as well as city and district healthcare departments. At all existing administrative levels of healthcare management, only the most qualified, experienced and knowledgeable specialist who knows the ins and outs of organizing the provision of dental care to the population is appointed to the post of chief dental specialist.

Specialized state municipal medical institutions still remain the main structure for the provision of dental care. It should be emphasized that despite the fact that there is

a rather high level of outflow of qualified specialists from these institutions to private clinics, they also continue to cover and provide the largest volume of dental care [5].

In the modern system of state and municipal urban healthcare services, the following main levels of qualified medical care in dentistry are distinguished.

First-level specialized institutions. Such institutions include dental departments providing assistance in multidisciplinary polyclinics, as a part of the Central Regional Hospital, etc.; specialized dental offices implementing their activities on the territory of individual enterprises, schools, kindergartens, etc. [1, 3].

Second-level specialized institutions. Such institutions include state and municipal dental polyclinics, as well as polyclinics located in administrative districts of a city. These institutions provide local population with qualified dental care in the following main areas: therapeutic dentistry with endodontics, surgical dentistry, dental prosthetics [6].

Third-level specialized institutions. At this level, the population is provided with appropriate narrow qualified assistance, both of a consultative-diagnostic and therapeutic nature (e.g. periodontology, endodontics, stomatoneurology, oncodontics, etc.) [7–9].

At present, the importance of providing effective qualified dental care is gaining relevance. This is due to the fact that modern public health care in Russia is aimed at reducing the level of key indicators of population morbidity and mortality, as well as improving the current quality of provided medical care and the availability of primary methodological and sanitary care [10, 11].

It should be emphasized that the formation of specialized treatment programs and dental prophylaxis to prevent the development and (or) recurrence of a disease is based on information of epidemiological surveys on needs of local populations in receiving an appropriate type of qualified medical care [9, 11–13].

Intensification of the country's economic development requires appropriate changes both in the methods of economic management and in the healthcare system as a whole. Given the changed economic situation in the country, there have been some significant changes in healthcare, which also affected the dental field. First of all, the level of budget financing decreased, and at the same time a multi-story dental service for the population emerged. Secondly, such a system as Mandatory Medical Insurance was introduced as a new functional-organizational model in healthcare. Thirdly, the decrease in population incomes led to a decrease in volumes of applications to specialized institutions, and as a consequence, to a growing number of secondary changes in the human dental-mandibular system. The transition of the service under study to market relations has significantly changed the nature and pattern of relations formed between specialized dental institutions and patients. Over the past few years, the scientific search has been significantly intensified in the direction under consideration, and the trend towards the socio-economic assessment of effectiveness of scientific dental developments has become quite clear [2, 4, 14].

In 2018, according to the data obtained by conducting epidemiological surveys of the country population, prevalence of dental caries and its complications was found to reach about 99–100 % among adults. Consequently, we can say that there is no downward trend in this area. It is worth noting that as a result of the above studies in some regions of the country there is a rather high demand of the population (70–95 %) for qualified dental care [15, 16].

According to the WHO data, today there is no country in the world where local citizens do not have problems with dental diseases (oral health). However, prevalence of these diseases differs significantly between countries [2, 4, 15–17].

It should be noted that poor oral health affects the overall quality of life. This is due to the fact that toothache, problems with eating, damage to individual teeth or their absence are factors that have an extremely negative impact on the general health of a modern man. Toothache can sharply and maximally reduce usual performance of a person, as well as significantly worsen their general well-being and health. In its turn, the lack of teeth leads to difficulty in chewing, and at the same time causes significant discomfort of a psychological nature, which is caused by the lack of aesthetics (for example, a person cannot smile openly without embarrassment). It is worth noting that a fairly high level of morbidity of the human dentoalveolar system and (or) extremely poor condition of the teeth leads to a decrease in people's own self-esteem and their perception of people around them. The problem under consideration is the most urgent for both developed countries and middle-income ones [15, 18, 19].

Reviews on the global epidemiology of dental caries, carried out on an ongoing basis, demonstrate fairly high prevalence of the disease worldwide.

Tooth decay is a preventable disease of the oral cavity. This, in turn, is also confirmed by a rather ambitious WHO target. According to this target, by 2030 this dental disease should be completely eliminated in children. It is worth noting that, despite the fact that oral diseases are quite easy and common to prevent, they are still widespread in the world [20, 21].

Over the past decades, there have been significant advances in caries prevention. Innovative methods of disease treatment and programs for providing qualified dental care to the population have also been introduced. However, despite these achievements, the disease under study has not lost its own relevance and still occupies the position of a global health problem. Consequently, it can

be said that the effectiveness of programs implemented in the field of providing dental care to the population has not played a special role in reducing the prevalence of dental caries [14, 22–25].

The current conditions of the country's transition to a market economy have created extremely serious and significant problems in provision of dental care to the most vulnerable groups of the country's population. According to the available data, dental care for the country's decreed population groups requires a fairly large number of resources. This is due to the fact that quite a large number of activities in dentistry need to be organized and carried out. State expenditures on treatment and rehabilitation in the field under study highlight the importance of such as the searching for new socially oriented and cost-effective programs aimed at disease prevention [10, 15, 26].

Analysis of the works by leading scientists indicates there is quite a large number of unresolved and relevant issues related to organizing the provision of dental care to the country's population [27].

The state is interested in the existence of a budget dental service in the country. This is due to the fact that this service is designed to provide appropriate qualified mass assistance to the country population. However, in practice, budget medicine is quite rarely able to provide high quality service to patients who apply for it. Quite a few organizations under study, in search of additional sources of funding, have switched to self-financing reception of patients. However, the majority of the organizations under consideration (up to 40–60 %) treat citizens on budgetary service. Consequently, a significant part of the country population can also continue to receive all the necessary dental care on a free basis. This aspect is especially significant for low-income population. In modern economic conditions, dental polyclinics carry out their functioning on the basis of collective con-

tracting and financial settlements. Under these conditions, an institution in question has the opportunity to form a payroll of employees according to a certain standard, and it can independently establish the total number of employees and their level of professional training and experience [3, 5].

As noted earlier, dental caries remains a pressing and acute health problem for the population and the health care system as a whole. This is especially true for developing countries where local population incomes are below and above average. For those countries that have developed economies, the problem of dental caries is not so acute, but it is also relevant for both marginalized and socially unprotected citizens. The formation of community programs aimed at the prevention of existing dental diseases has gained the greatest importance due to the worldwide spread of the COVID-19 pandemic. The mentioned pandemic led to an increase in the number of dental diseases due to the limited access of the population to timely qualified medical care, as well as a growing role of the family in preventing and eliminating risk factors of dental caries and periodontal diseases [6, 12, 19].

The reform of the service under study is implemented through denationalization and privatization of existing state medical institutions, introduction of a market economy, as well as the development of the private sector and entrepreneurship in general. Today, the dental service in our country includes both public institutions and a network of private dental organizations [17, 28].

As a result of optimization activities associated with providing dental care for the citizens of our country, quite a lot of works have appeared in the last few years. Such studies (works) can be divided into the following main groups:

1. Preventive-organizational aspect. Works, which are aimed at developing the concept of family dental care.

2. Clinical aspect. Scientific works, which investigate the issues of dental health of separate population groups, as well as the development of improving measures.

3. Economic aspect. Publications, which cover the economic issues of activity performed by dental polyclinics.

4. Innovative aspect. Scientific results, which summarize the experience of applying innovative technologies and drugs (preparations) in healthcare in general and in dentistry in particular [29, 30].

The rapid development of the dental sphere over the last few decades is mostly due to the development and subsequent introduction of innovative methods of examination, materials and therapeutic methods, as well as the application of the latest information technologies in modern clinical practice. It is worth noting that the practical application of innovative informatics means and methods provides an opportunity to apply the latest technologies in therapeutic and diagnostic activities. As an example, we can cite the following: computer diagnostics and computer-controlled treatment equipment complexes [21].

Many researchers emphasize the need for a systematic multifactor analysis of a regional dental service, taking into account its structure, organizational and legal status, resource support, as well as the pace of its development and the needs of the local population in various types of dental care and the possibilities to satisfy them.

It is worth noting that achieving the greatest productivity and effectiveness of dental service management at all existing levels requires the appropriate development and subsequent implementation of information support systems for dental care. The mentioned assistance, in its turn, cannot ignore the need to monitor each of the sides of its professional activity. It is emphasized that the problem of the above-mentioned information support is considered in works by various researchers, both domestic and foreign [31].

Given the current deficit of financing from the country's budget, one of the urgent problems is the search for the most effective measures aimed at improving the work of the dental service [5]. It seems especially important to develop the most rational and appropriate management options for the service under study. These options must necessarily take into account the distinctive specific features of socio-economic development of a particular region of the country, the current level of dental morbidity among the local population and its main trends, the provision of all necessary resources, financial stability, as well as other socio-hygienic factors, which have a direct impact on the overall state of dental care [2, 4, 14].

The regions in the Russian Federation today are endowed with a rather extensive list of powers. It is for this reason that the activities of specialized healthcare institutions between regions can differ significantly [1, 2].

The Russian dental service over the last ten years has been characterized by the following main aspects:

- a rather extensive network of specialized institutions, which have different forms of management and large staff numbers;
- high resource intensity;
- development and implementation of new regulatory and legal documents that regulate their professional activities, as well as ensure the provision of qualified assistance by current specialists, and the provision of quality service in general [23, 24].

Taking into account the current regulatory documents of the Russian Federation in the field under study and the practice of organizing dental care, universal methods and content of works performed by main structures of the healthcare system as a whole have been formed [14–16, 19, 24, 25, 28, 30].

Discussion. Consequently, the development and subsequent adoption of appropriate management decisions must be made separately for each region of the country. At the same time, such decisions should be made

based on the results obtained in the course of monitoring the dental morbidity of the local population, application of unified methods and information and computer technologies, as well as rational use of financial resources allocated from the budget. Currently, there is a need to develop improving measures aimed at changing the number and content of treatment and prevention, resource provision in general, as well as structural changes in the activities of organizations controlled by the service under study the existing risks taken into account [3, 11, 15, 22].

It is worth noting that today there is no unified approach to the issue of organizing the formation, introduction and subsequent use of information and communication technologies in the activities of specialized healthcare institutions. Consequently, the lack of standardization of software and hardware platforms is one of the main problems in the sphere; such platforms are used in practice and take into account the interrelation of the following main aspects: the dental morbidity of the local population; the current state and

performance of the service, rational use of the financed budgetary funds; provision with all necessary resources and the quality of care provided to citizens [25].

Conclusion. Thus, improving the current performance of specialized medical institutions is directly related to the organization and taking into account all the main aspects of their activities, meeting the requirements imposed by the authorized supervisory bodies, as well as improving the processes and increasing the efficiency of the system used. As a consequence, this leads to an increase in stability of the main indicators that describe dental institutions' activities; the quality of health services provided to the population; protection of current employees' health; fulfillment of all prescribed environmental requirements; and social responsibility in general [4, 5].

Funding. The research was not granted any sponsor support.

Competing interests. The authors declare no competing interests.

References

1. Baginsky A.L. Organization and quality of out-patient dental care far North Krasnoyarsk territory. *Zdorov'e i obrazovanie v XXI veke*, 2016, vol. 18, no. 2, pp. 327–331 (in Russian).
2. Leontiev V.K. Administrative and professional management in dentistry (status and prospects). *The dental institute*, 2019, no. 3 (84), pp. 10–11 (in Russian).
3. Leontiev V.K., Avraamova O.G., Maly A.Y., Stepanova Y.S. On strategies of reducing the prevalence of dental caries in Russia under shortage of national financing in dentistry. *The dental institute*, 2018, no. 1 (78), pp. 13–17 (in Russian).
4. Leous P.A. The indicators for oral health: what they indicate. *Dental Forum*, 2016, no. 1, pp. 32–37 (in Russian).
5. Leus P.A., Kiselnikova A.P., Terekhova T.N. Identification of dental caries risk factors among school-age children by comparing EGOHID scores in Minsk and Moscow. *Stomatologiya*, 2017, vol. 96, no. 4, pp. 52–57. DOI: 10.17116/stomat201796452-57 (in Russian).
6. Bulgakova A.I., Andreeva Y.V., Islamova D.M. Optimization of Diagnosis and Treatment of Early Cavities Connected with Herpes Virus Infection. *Cheboksary, Sreda Publ.*, 2020, 89 p. DOI: 10.31483/a-10236 (in Russian).
7. Grinin V.M., Erkanyan I.M., Ivanov S.Yu. Incidence and risk factors of oral diseases in pregnant women. *Stomatologiya*, 2018, vol. 97, no. 4, pp. 19–22 (in Russian).
8. Grinin V.M., Kovalyova L.S. The organization of stomatological care to patients with various somatic pathology. *Problems of social hygiene, public health and history of medicine*, 2018, vol. 26, no. 2, pp. 115–118. DOI: 10.18821/0869-866X-2018-26-2-115-118 (in Russian).

9. Ekimov E.V., Skripkina G.I., Smetanin A.A., Korshunov A.P. Objective evaluation of the caries prevention efficiency. *Stomatologiya*, 2021, vol. 100, no. 5, pp. 15–18. DOI: 10.17116/stomat202110005115 (in Russian).
10. Gushchin V.V., Vorobyev M.V., Moseeva M.V., Chaikin V.A. Dental health indicators in the background on the polymorbid pathology in the elderly. *The dental institute*, 2021, no. 2 (91), pp. 24–25 (in Russian).
11. Korolenkova M.V., Khachatryan A.G., Poberezhnaya A.A., Krechetova M.S. Dental caries prevention program in children and adolescents living in residential institutions. *Stomatologiya*, 2022, vol. 101, no. 4, pp. 61–67. DOI: 10.17116/stomat202210104161
12. Yeliseyeva N.B., Belova N.M. New technologies in the prevention of dental caries and remineralization of dental hard tissues. *Stomatologiya dlya vsekh*, 2015, no. 3, pp. 32–34 (in Russian).
13. Iordanishvili A.K., Pikhur O.L., Malina M.S., Tytyuk S.Y. Prevalence, clinical and morphological features of tooth root caries in the adult human. *Stomatologiya*, 2019, vol. 98, no. 4, pp. 38–43. DOI: 10.17116/stomat20199804138 (in Russian).
14. Rozakova L.Sh., Hamadeeva A.M., Avraamova O.G., Stepanov G.V., Filatova N.V. Epidemiological rationale for community-based programs of caries prevention of permanent teeth for children of Samara city. *Stomatologiya*, 2020, vol. 99, no. 1, pp. 66–69. DOI: 10.17116/stomat20209901166 (in Russian).
15. Naumova V.N., Akulin I.M. Options of interdisciplinary interaction in dental treatment of patients with socially significant somatic diseases. *The dental institute*, 2019, no. 4 (85), pp. 30–31 (in Russian).
16. Naumova V.N., Maslak E.E. Medical and organizational approaches to the prevention and early detection of general diseases in dental patients. *The dental institute*, 2019, no. 3 (84), pp. 68–69 (in Russian).
17. Health system efficiency: how to make measurement matter for policy and management. *World Health Organization*, 2016. Available at: <https://iris.who.int/handle/10665/326305> (August 16, 2023).
18. Arkharova O.N., Peshkova M.V., Khasyanov A.I., Nimaev A.B. Quality of life criteria as efficiency indicator of dental treatment. *Clinical Dentistry*, 2015, no. 4 (76), pp. 64–68 (in Russian).
19. Ippolitov Yu.A., Plotnikova Ya.A., Seredin P.V., Goloshchapov D.L., Berkovich M.V. Hygienic aspects of endo- and exogenic methods of prevention of caries and their efficiency in the remineralization of teeth enamel. *Gigiena i sanitariya*, 2018, vol. 97, no. 8, pp. 710–713. DOI: 10.18821/0016-9900-2018-97-8-710-713 (in Russian).
20. Denisov I.N., Reze A.G., Volnuhin A.V., Azizova D.Iu. The patients' evaluation of medical service at the out-patient level. *Problems of social hygiene, public health and history of medicine*, 2019, no. 3 (27), pp. 243–247 (in Russian).
21. Sarkisyan N.G., Kataeva N.N., Khokhryakova D.A., Melikyan S.G. Assessment of the relationship between the physicochemical parameters of saliva, the type of nutrition and the quality of drinking water. *Vrach*, 2022, vol. 33, no. 7, pp. 68–71 (in Russian).
22. Razmakhnina E.M., Kiseleva E.A. Rationale for caries prevention in young adults based on caries resistance rates. *Stomatologiya*, 2018, vol. 97, no. 2, pp. 34–36. DOI: 10.17116/stomat201897234-36 (in Russian).
23. Grinin V.M., Kabak D.S., Vagner V.D., Epifanov S.A., Zhivotov V.A. Assessment of dental status of patients undergoing treatment in a multidisciplinary hospital. *Clinical Dentistry*, 2019, vol. 91, no. 3, pp. 83–85. DOI: 10.37988/1811-153X_2019_3_83 (in Russian).
24. Kiselnikova L.P., Zueva T.E., Sedoykin A.G., Drobotko L.N. Tekhnologii profilaktiki i lecheniya kariessa zubov u detey [Technologies for the prevention and treatment of dental caries in children]. Moscow, GEOTAR-Media Publ., 2021, 184 p. (in Russian).
25. Melikyan I.A., Akhmedov G.D., Toporkov V.A., Ignatov N.G., Gurevich K.G. Development of a way of assessment of the generalized stomatologic health of the patient. *The dental institute*, 2018, no. 2 (79), pp. 24–25 (in Russian).

26. Kireev V.V., Dorofeev A.E., Sevbitov A.V., Grinin V.M., Teplova A.V. Periodontal care at an outpatient dental appointment in elderly patients. *Medical & pharmaceutical journal pulse*, 2023, vol. 25, no. 9, pp. 10–18 (in Russian).

27. Korolenkova M.V., Khachatryan A.G., Poberezhnaya A.A., Krechetova M.S. Dental caries prevention program in children and adolescents living in residential institutions. *Stomatologiya*, 2022, vol. 101, no. 4, pp. 61–67. DOI: 10.17116/stomat202210104161

28. Mingazova E.N., Uliyanov Yu.A., Mirgazizov M.Z. The analysis of advantages of network structures in stomatology. *Problems of social hygiene, public health and history of medicine*, 2018, vol. 26, no. 6, pp. 432–435 (in Russian).

29. Agarkov N.M., Gontarev S.N., Lutsenko V.D., Yakovlev A.P., Ivanov A.V. Mathematical-cartographic modeling and forecasting of caries and acute apical periodontitis incidence in pediatric population. *Stomatologiya*, 2017, vol. 96, no. 6, pp. 48–55. DOI: 10.17116/stomat201796648-55

30. Bolshov I.N. Problems of organizing and improving the quality of dental care (Based on the materials of social interview of dentists). *The actual problems in dentistry*, 2016, vol. 12, no. 1, pp. 110–114. DOI: 10.18481/2077-7566-2016-12-1-110-114 (in Russian).

31. Tairova R.T., Berseneva E.A. The medical sociological monitoring as a strategic element of management of medical care quality. *Problems of social hygiene, public health and history of medicine*, 2018, vol. 26, no. 2, pp. 111–114. DOI: 10.18821/0869-866X-2018-22-2-111-114 (in Russian).

Urukov N.Yu., Rukodayny O.V., Urukov Yu.N., Sharapova O.V., Gerasimova L.I., Smirnova T.L., Barsukova E.V., Zhuravleva N.V. Aspects of managerial and organizational decisions in building dental services in Russia (literature review). Health Risk Analysis, 2023, no. 4, pp. 172–179. DOI: 10.21668/health.risk/2023.4.16.eng

Received: 16.10.2023

Approved: 10.11.2023

Accepted for publication: 05.12.2023