



International Journal of Education Advancement

Research Article

Hernández FF and González ES. Int J EducAdv: IJEA-100002.

Health Economic Evaluations for the Health Education Management

Hernández FF* and González ES

Department of Medical Science, University of Medical Science of Havana, Cuba

*Corresponding author: Hernández FF, Department of Medical Science, University of Medical Science of Havana, Cuba.

Citation: Hernández FF and González ES (2020) Health Economic Evaluations for the Health Education Management. Int J EducAdv: IJEA-100002.

Received date: 9 January, 2020; **Accepted date:** 3 February, 2020, **Published date:** 10 February, 2020

Abstract

Aim: The natural limitation from the economic resources determinates the manager process. This condition has a direct impact over the institutional strategic, the associated objectives and the possible alternatives inside each objective. In this way the economic valuation applied to the Public Health had demonstrated be useful tools for the optimization taking decisions.

Objective: To argument the importance of using the economic evaluation to the university management for the Public Health in the process of taking decisions.

Materials and Methods: It made a descriptive research about the importance to apply the economic evaluation to the university manager process forming the human capital for the Public Health. Were utilized the comparative and the inductive deductive like theorical methods. As empiric method was used the bibliographicresearch.

Results: The application of the complete economic evaluations in the university manager context may to standardize, to homologate, and to compare the results obtained. Thus the process for the decision taking could be more flexible and adaptable.

Conclusion: The application of the complete economic evaluations to the university management may make better the taking decision process making it more objective, practice and flexible too.

Keywords: Economic evaluations; Decisions; Management

Introduction

The application of health economic evaluations is very important for the health education management. This is because of the useful of health economic evaluations for the taking decision process in the health education sector [1,2].

The management must be contextualized. The manager must demonstrate a general and appropriateknowledge about the basic science that support the management activity. The good management starts since this point and adopt the necessary strategic that may obtain the whole main objective [3,4].

The health education management must be agreeing with previous argument. The health education manager must be

knowledgably proofed in Health Sciences and in Health Education at same time too. Nevertheless, the sufficient knowledge about management tools would make a better taking decisions process [5,6].

The ability of economic resources is limiting the real capacity for the health education management. This condition carries to optimiststhe process of take decision in the health education management [7,8].

The health is an individual and social good. This good determines the potential for the human development like single person or society. Keep a health level carries to certain cost which value is directly related with the quality and coverage. These are elements showing the health like an economic good [9,10].

By other side the health education level determinates

Citation: Hernández FF and González ES (2020) Health Economic Evaluations for the Health Education Management. Int J EducAdv: IJEA-100002.

the quality of the health human capital. Particularly the labor productivity depends for the quality in the human capital formation. Health Education is associated to determinate cost too. These elements are showing partially the economic value of the advanced education too [11,12].

The health education manager must understand that health and health education are untouchable economic goods needed for the single and social development. These means that the corresponding manager must take it account in all decisions and conditioner the management process to this circumstance [13,14].

This manager must expand its own competencies moreover than the Health and Education Sciences'. These processes includeto obtain and to apply sufficient knowledge from Management for the optimization process taking decisions [15,16].

Economy had been named the science of limitations because focus the main objective researching the management of limited resources. Then, the health education manager must include several economic tools to optimists the decision effects. Particularly the economic evaluations giveuseful tools applicable to this process [17,18].

The health education management must be down the institutional strategic. Agreeing with this strategic will be necessary to order by priorities the institutional objectives according the ability of economics resources. In consequence all alternatives of decision must be organized down each objective. In all cases the application of health economic evaluation will make the process easier and practice too [19,20].

The application of health economic evaluations to health education context can obtain a better valuation for the researched subject. That's why it is important to argument the importance of the health economic evaluation for the health education management. This is the main objective of this document.

Materials and Methods

It made a descriptive research about the importance to apply the health economic evaluation to the health education management. Were utilized the comparative and the inductive deductive like theoretical methods. As empiric method was used the bibliographicresearch.

Results

The health economic evaluations can be partials or completes. The partialsoffer good information applicable to the taking decision process. However, it partial condition put limits to the efficacy because of the uncertain associated. By other side, the health completeseconomic evaluations may make a more complete analysis. This condition makes more useful the application of the health complete economic evaluations taking decisions [21,22].

The application of the complete economic evaluations in the health education manager context may to standardize, to

homologate, and to compare the results obtained. By this way is possible to order the possible decisions by priority ranking according to the results obtained from the application of the complete economic evaluations [23,24].

All alternatives could be analyzed by all type of complete economic evaluation at same time. By this way is possible to evaluate the multi feasibility of decide by some alternative down the same institutional objective. If all complete economic evaluations are agreeing with the same alternative ranking is understandable that the ranking suggested is the adequate [25].

Like show the following table option A is always better than option B front of each complete economic evaluation considered. Then, option A is always preferable that option B (**Table 1,2**).

Ratios	Option A	Option B
Cost / Benefit	1,25	2,15
Cost / Utility	0,23	1,65
Cost / Effectively	0,35	2,35

Table 1: Option A is always preferable that option B.

However, it is more frequent the conditions where alternatives have different results and it is not possible to define clearly the alternative ranking. A simple case like that it shows in the following table.

Ratios	Option A	Option B
Cost / Benefit	1,25	2,15
Cost / Utility	2,23	1,65
Cost / Effectively	0,35	2,35

Table 2: In this example the option A is better than the option B front of the criteria of Cost / Benefit and Cost / Effectively. However, option B is better than option A front of the criteria Cost / Utility. In cases like this will be necessary apply to the manager decision according to the order of objectives ranked.

Take decisions can't be automatically. It is necessary to determine how much value is to decide for an alternative than other one. The ranking process is a useful tool for takeseffective decisions but not always is concluder at first time. This condition carries to make several analyses until obtain the best option [26].

Then, there is a principle of management ranking that contribute to make optimum the process of taking decisions in the health education management. The institutional strategic shows the start point. From this beginning it is necessary to rank the main institutional objectives. At same time, down each objective it is necessary to rank all alternatives across the application of the complete economic evaluations. By this way the complete economic evaluations constitute a main methodological and practice base for take the best decisions in the health education management like shows the following graph [27].

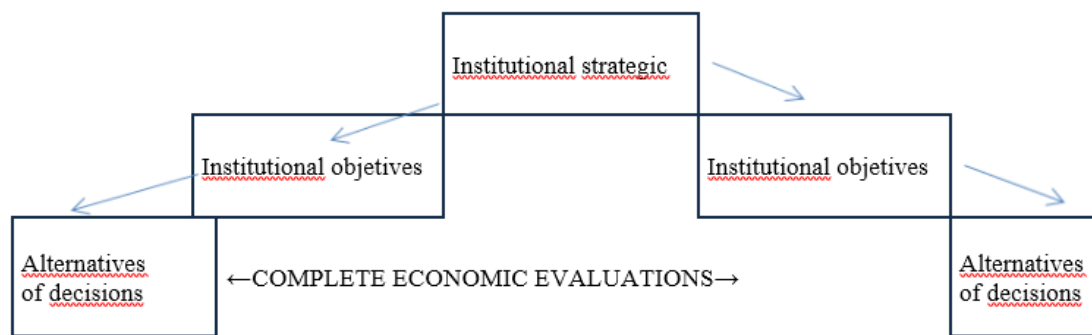


Figure: 1Complete Economic Evaluations.

This ranking process contributes to make optimum the financial management and the financial planning process too. Each alternative has associated a cost and the whole cost from all selected alternatives carries to the needed financial resources for each objective. At same time, each institutional objective has an own cost. The whole cost from all objectives selected carries to the needed financial resources for the institutional strategic [28].

This process is applicable to all management level. However, is useful in intermediate levels with interactions with superior and inferior management levels. The decision ranking is a dynamic process. The inclusion of some alternative or not depends of the particular circumstances of each strategic and each institutional objective. That's why the analysis of sensibility and the creation of sceneries contribute to a better management quality front of the future own uncertain [29].

With the analysis of sensibility is possible to value the impact of small changes over the general strategic. These changes can be evaluated across the complete economic evaluations. Since this evaluation is possible to determine the inclusion or not of certain alternative, objective or strategic inclusive. By this way it shows the relevant role of the complete economic evaluations in the whole process of taking decisions [30,31].

By other side, the institutional strategic are dynamic too. Generally, each strategic is agree with the particular circumstances. At same time a circumstance or a group of them determine a scenario. It isn't easy in each case determinate the best strategic for each possible scenario. However, the opportune evaluation of each possible scenario with the own probability rate of happening should may create better conditions for an optimum university management taking the best decisions [32].

Conclusion

The application of the health complete economic evaluations to the health education management may make better the taking decision process making it more objective, practice and flexible too.

References

1. García Fariñas A, Marrero Araujo M, Jiménez López G, Gálvez González AM, Hernández Crespo L, et al. (2016) Definitions and basic classifications for the study of health costs 23: 8.
2. Lauzán OC (2016) The emergence of management in public sector health organizations 42: 596-627.
3. Elisabete de Fátima Polo de Almeida N, Gimenez CB, Stefano NSC, Luiz CJ (2016) Managerial work in Basic Health Units of small municipalities in Paraná, Brazil. *Interface (Botucatu)* 20: 573-584.
4. Paredes AJ, Marín González F, Luque-Narvaéz L, Inciarte-González A, Martínez-Cueto K (2019) Challenges of the general social security and health system: prospective for social development in the Atlantic-Coast of Colombia. *Rev Cubana Salud Pública* 45: 1.
5. Arbeláez-Rodríguez Gloria and Mendoza Pedro (2017) Relación entre gestión del director y satisfacción del usuario externo en centros de salud de un distrito del Ecuador. *An. Fac. Med* 78: 154-160.
6. Parra Martínez J (2019) Effective Management in Education and Its Importance in Colombia Educational Management *Acción. Aibresearch, administration and engineering magazine* 5: 16-2.
7. Rodolfo Enrique RS, Hector Bladimir SM, Gonzalo Lenin SM, Franklin Max GV, et al. (2017) Challenges of strategic planning in health institutions. Pp: 36.
8. George Quintero RS, Laborí Ruiz R, Bermúdez Martínez LA, González Rodríguez I (2017) Aspectos teóricos sobre eficacia, efectividad y eficiencia en los servicios de salud. *Rev. inf. cient* 96: 10.
9. Claudia TP, Bárbara GL, Paulina SM (2016) Perception of motivations in entering a career in the health area *Horiz. Med* 16: 55-61.
10. Gustavo Javier TR, Blanca Liliana MO, Jeaneth Lucía BG, Ivan Alirio RC, Fernando Javier VS, et al. (2017) Critical analysis of social responsibility in health entities. *Rev Cubana Invest Bioméd*, 36.
11. Puga García A, Madio Albolatrach M, Dávila Gómez HL, Barreto Ortega MÁ (2016) La educación que necesitamos. *Gac med espirit* 5: 6.
12. Ramírez, García y Álvarez JA, Vélez C (2017) Determinantes sociales de la salud y la calidad de vida en población adulta de Manizales. Colombia. *Revista Cubana de Salud Pública* 43: 191-203.

13. Guillén Vivas X, Almuíñas Rivero JL, Galarza López J, Alarcón Ramírez L, Llor Avila K, et al. (2018) Institutional self-evaluation for accreditation purposes in Higher Education Institutions of Latin America. *Educación Médica Superior*;32.
14. Vivian WS, La O José Manuel I, Carmen Juana BC, Díaz Kenia C (2016) Curriculum management strategy for health technologists in the Health Administration and Economics profile. *Medisan*20: 708-717.
15. Miday CP (2018) Fundamentos que sustentan el proceso de evaluación de Ciencia e Innovación Tecnológica en Tecnología de la Salud. *EducMedSuper*32: 1-14.
16. Calixto Ybrain BH (2017) Regularities of the teaching-learning process of Public Health subject in medical studies. *Rev Ciencias Médicas*21: 15-25.
17. Nicolás Arturo NG, Torres Dolly A, Nébía María AF, Teresa T, Gilberto Mauricio AA (2015) Education in public health of the Medicine program. *EducMedSuper*29: 468-482.
18. Haymara MR, Dánae PV, Bertha FO, Tamara BG (2018) Overcoming strategy to improve the management network of the heads of the teaching department of the Faculty of Medical Sciences «General Calixto García». *EducMedSuper*32: 141-154.
19. Alina María SP, Daniel RM, María Luisa QG, Margarita DL, Ignacio GH, et al. (2017) The development of research skills in the field of public health. *EducMedSuper*,31.
20. Segredo Pérez AM and López Puig P (2015) Evaluación del clima organizacional en el complejo hospitalario Gustavo Aldereguía Lima. *Cienfuegos* 23: 10.
21. Anai GF, José Félix GR, Ana María GG, López Giset J (2016) Methodological quality of complete economic evaluations published in Cuban medical journals from 1999 to 2014. *Rev Cubana Salud Pública* 42: 183-192.
22. Gutierrez, EL, Piazza M, Gutierrez-Aguado A, Hajar G, Carmona G, et al. (2016) Use of evidence in health policies and programs contributions of the National Health Institute. *Revista Peruana de Medicina Experimental y Salud Pública* 33: 580-584.
23. Raúl M and Víctor T (2017) Evaluación del gasto económico en la atención de hidatidosis humana en Junín, Perú. *Revista Peruana de Medicina Experimental y Salud Pública* 34: 445-450.
24. Glòria P (2016) Protocol of the study on the effect of the economic crisis on mortality, reproductive health and health inequalities in Spain. *Gaceta Sanitaria* 30: 472-476.
25. Alina María SP, Julia PP, Pedro LP (2015) Construction and validation of an evaluation instrument for the organizational climate in the field of public health. *Rev Cubana Salud Pública*,41.
26. Sandoval BE and Sebastián Díaz V (2016) Procesos De Toma De Decisiones Y Adaptación Al Cambio Climático 19: 215-234.
27. Nadia VR, Eugenia EM, Silvana MN (2017) Costos de enfermedades: clasificación y perspectivas de análisis. *Rev. Cienc. Salud*15: 49-58.
28. Alejandro G, de la Fuente Natalia, del Río Esteban, Maximiliano Z, Claudio N (2016) How to plan, design and organize an outpatient surgery center. *Rev Chil Cir*68: 328-338.
29. Camilo TS, Juan Camilo AM, Helen Viviana KT, Vanessa MF, Jean Marcos MB, (2018) Medicamentos Genéricos, Percepción De Los Médicos. Cali-Colombia. *Rev Cient Cienc Méd*21: 40-44.
30. Alicia CF, Alfonso VC, Isidoro CR, Ballesteros Pomar María D (2015) Eficacia y efectividad de las distintas herramientas de cribado nutricional en un hospital de tercer nivel. *Nutr. Hosp* 31: 2240-2246.
31. Luis Enrique PG, Mirko MK (2017) Calidad percibida del servicio y cultura de seguridad en salud en el personal médico del Hospital II EsSalud Vitarte. Lima 18: 48-56.
32. Segredo Pérez AM, García Milian AJ, León Cabrera P, Perdomo Victoria I (2017) Desarrollo organizacional, cultura organizacional y clima organizacional. Una aproximación conceptual 24: 13.