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THE STRATEGIC FRAMEWORK OF BUSINESS PROCESS OPTIMIZATION IN MAXILLOFACIAL SURGERY FOR PRIVATE MEDICAL PRACTICE

In today's highly competitive private healthcare sector, particularly in maxillofacial surgery, clinical excellence and efficient business process management have become essential for sustainable success. Rising operational costs, rapid technological development, and growing patient expectations necessitate strategic approaches to organizing private medical practice. This study aims to develop a strategic framework for optimizing business processes in private maxillofacial surgery, integrating the principles of efficiency, sustainability, and patient-centered care. A mixed-methods approach was employed, combining the analysis of existing healthcare business models with qualitative interviews conducted among private clinic managers and practicing surgeons. Strategic management tools such as Lean Healthcare principles, SWOT analysis, and the Balanced Scorecard were utilized to identify significant performance gaps, process inefficiencies, and areas for improvement related to patient flow, resource allocation, marketing, and staff coordination. The research findings demonstrate that systematic process management, the digitalization of patient interactions, data-driven marketing decisions, and targeted staff training significantly enhance the performance of private clinics. Implementing the proposed framework led to a measurable reduction in operational costs (up to 18%), improved patient acquisition and retention, and increased overall patient satisfaction. The study concludes that integrating strategic business management approaches into private maxillofacial surgical practice is feasible and necessary to ensure long-term competitiveness. The proposed framework can be adapted to practices of varying scale and provides a balance between clinical quality, financial stability, and the development of patient-oriented healthcare systems.

Keywords: *maxillofacial surgery, private medical practice, strategic management, business process optimization, Lean Healthcare, healthcare efficiency.*

JEL classification: *M12, I10*

Formulation of the problem in general form and its relation to important scientific or practical tasks. Maxillofacial surgery is one of the most complex and technology-intensive areas of modern medicine, where equally effective organizational and managerial approaches must accompany clinical precision. In recent decades, the transformation of healthcare systems toward market-oriented models has led to the rapid expansion of the private medical sector, positioning private clinics as healthcare providers and entrepreneurial entities that must sustain financial viability while ensuring clinical excellence. This dual role generates a range of management challenges that remain insufficiently addressed within the existing scientific and methodological frameworks.

The central problem lies in the absence of an integrated strategic approach that combines clinical performance requirements, operational efficiency, and financial sustainability in private maxillofacial surgery practices. Unlike public institutions, private clinics operate under market pressures and are directly exposed to fluctuations in patient demand, competitive dynamics, and regulatory constraints. Therefore, they must simultaneously pursue high-quality, evidence-based surgical care and maintain profitability. The growing costs of advanced equipment, the need for continuous staff training, and the introduction of digital technologies make this balance increasingly challenging without scientifically grounded management tools.

From a practical perspective, inefficiencies in clinic operations – such as unstructured patient flow, weak marketing strategies, and the absence of measurable performance indicators – lead to resource losses and declining patient satisfaction. Even minor process deviations can have significant financial and clinical repercussions in maxillofacial surgery, where each procedure requires precise coordination among medical teams, equipment, and time management. Thus, optimizing business processes becomes a managerial improvement and a determinant of clinical quality and competitiveness.

This issue is at the intersection of healthcare management, strategic planning, and medical service innovation. While the medical literature extensively covers the clinical aspects of maxillofacial surgery, there is a notable research gap concerning its economic and organizational efficiency in private settings. This gap necessitates the development of a strategic framework that systematically integrates management theory into surgical practice, enabling data-driven decision-making, continuous performance improvement, and adaptability to market dynamics.

The formulation of this problem directly relates to broader scientific and practical priorities, including the global agenda for sustainable healthcare systems, the advancement of Lean Healthcare principles, and the promotion of patient-centered models of care. Addressing it will improve private medical enterprises' competitiveness, optimize resource use, and ensure specialized healthcare services' long-term resilience in an evolving economic and technological environment.

Analysis of recent studies and publications. Research on business process optimization in healthcare demonstrates growing attention to integrating strategic management, lean methodologies, and digital technologies. Yet, there remains a lack of studies focused specifically on private maxillofacial surgical practices. The reviewed works underline that while healthcare systems have evolved

toward greater efficiency and patient-centeredness, small, specialized clinics' strategic and operational dimensions remain underexplored.

Recent scholarship emphasizes the practical relevance of lean and design-based approaches to enhance surgical efficiency. Talero-Sarmiento, Moreno-Corzo, and Parra-Sánchez (2023) proposed a comprehensive framework integrating Design Thinking, Lean Manufacturing, and Operations Research Applications to improve surgery roadmap efficiency in Colombian healthcare institutions. Although their study targets general and ophthalmological surgery, the underlying principles – enhanced patient flow, reduced waste, and improved coordination – directly apply to maxillofacial surgery. Expanding this perspective, Talero Sarmiento and Escobar Rodriguez (2024) conducted an efficiency analysis using Lean Manufacturing, simulation, and Data Envelopment Analysis (DEA), demonstrating that structured process modeling leads to improved patient pathways and resource utilization, a concept highly relevant for complex surgical disciplines.

In Europe, Welle et al. (2020) explored process optimization in surgical operations, particularly addressing staff shortages and procedural delays. Their findings highlight practical interventions such as "Fast-track" operating rooms and holding areas, significantly reducing waiting times and increasing surgical throughput. Although their research does not focus on maxillofacial surgery, it contributes valuable insights into designing workflow systems adaptable to private clinical settings.

Strategic management in dental and surgical services has also been examined from an organizational standpoint. Chopchik and Orlova (2019) developed a strategic planning methodology for dental centers grounded in the principles of public-private partnership. Their research highlights the importance of phased planning, precise performance monitoring, and process optimization in ensuring the sustainability of private medical enterprises. Similarly, Alscher, Götzner, and Moosburger (2018) proposed a model for healthcare institutions based on online capacity control and cooperative scheduling between contract and affiliated physicians. This approach enables flexible cost management and revenue optimization – strategic priorities that align closely with the realities of private surgical practice.

From a technological and clinical integration perspective, Gargiulo and Björnsson (2013) presented a pioneering model by establishing an Integrated Medical Modeling Service (IMMS) to optimize planning for mandibular distraction osteogenesis and other maxillofacial procedures. The five-year evaluation of this service demonstrated reductions in operation time and improvements in surgical precision and outcomes, illustrating how medical modeling and rapid prototyping can serve as practical tools for clinical and business optimization.

Recent management literature further reinforces the need for data-driven and patient-centered frameworks. Chiarini, Baccarani, and Mascherpa (2018) conducted a systematic review confirming that Lean Thinking in healthcare contributes to efficiency, quality improvement, and safety through structured process management. Complementing this, Anderson and Adams (2016) emphasized the growing shift toward patient-centered organizational models, which position patient experience as a determinant of competitive advantage. Bohmer (2016) also noted that transforming healthcare organizations requires adaptive leadership and the alignment of strategic objectives with measurable outcomes – an idea consistent with Balanced Scorecard methodologies widely applied in clinical management.

Synthesizing these findings, it becomes evident that existing research provides strong methodological foundations for operational and strategic optimization. However, few studies integrate these perspectives within the context of private surgical practice. The literature highlights the effectiveness of lean-based process redesign, simulation modeling, and strategic planning tools, yet their adaptation to smaller, resource-constrained medical enterprises remains limited. Therefore, this study addresses a critical research gap by proposing a strategic framework for business process optimization in private maxillofacial surgery, aimed at uniting clinical precision, operational efficiency, and financial sustainability within a cohesive management model.

This study aims to develop and substantiate a comprehensive strategic framework for optimizing business processes in private maxillofacial surgery practices, integrating clinical excellence with managerial efficiency and financial sustainability. The research aims to fill an existing gap in healthcare management theory by adapting strategic management tools – such as Lean Healthcare, the Balanced Scorecard, and Patient Journey Mapping – to the specific operational realities of specialized private clinics. Through empirical analysis and creating a five-step implementation model, the study seeks to provide a scientifically grounded system that enhances process efficiency, resource utilization, and patient-centered care while ensuring long-term competitiveness and adaptability in a dynamic healthcare environment.

Research Results. The study demonstrated that optimizing business processes in private maxillofacial surgery reflects a broader transformation in how medical services are organized and managed globally. Private healthcare has evolved over the past two decades from a purely clinical model to a hybrid paradigm that merges medical expertise with strategic management, operational efficiency, and patient-centered care. Although this transformation varies by region, a common trend emerges: in an environment of rising operational costs, rapid technological progress, and increasing patient expectations, competitiveness increasingly depends on how effectively medical practices integrate business processes with clinical excellence.

Private medical practices have been at the forefront of this evolution in mature healthcare markets such as the United States. The introduction of value-based care – where success is measured by treatment outcomes rather than procedure volume – has driven clinics to redesign their operational models. This has resulted in vertically integrated structures combining diagnostics, surgery, rehabilitation, and aesthetic restoration within a single coordinated system for maxillofacial surgery. Such integration minimizes administrative inefficiencies, streamlines patient flow, and enhances financial stability. The widespread use of electronic medical records (EMR), teleconsultations, and AI-assisted diagnostics illustrates

how technology has become essential for operational effectiveness and patient satisfaction. The U.S. experience shows that process optimization begins not with cost reduction, but with the strategic alignment of medical quality and economic sustainability.

European private healthcare systems represent the next stage in this evolution, advancing integration through regulatory precision and service differentiation. Private clinics have learned to compete through personalization, flexibility, and transparency while operating alongside strong public systems. In Germany, France, and Spain, boutique-style maxillofacial clinics emphasize individualized care, short waiting times, and premium service standards. The rigorous requirements of the European Union regarding data protection, cross-border treatment, and quality assurance have transformed compliance obligations into drivers of innovation. Investments in digital workflow management, standardized treatment pathways, and multilingual patient communication have become vital tools for maintaining competitiveness, particularly in the expanding field of medical tourism. Thus, Europe demonstrates how regulatory frameworks can evolve into process optimization and strategic growth catalysts.

In Asia, the convergence of clinical excellence and business innovation is further accelerated by economic expansion and social change. Rapid urbanization and the rise of the middle class in countries such as Singapore, South Korea, and Thailand have positioned private healthcare as a dynamic sector that fuses medical precision with hospitality-driven service design. Maxillofacial surgery in this region often blends reconstructive and aesthetic functions, attracting local and international patients. The emergence of hospital-hotel hybrid models – combining clinical infrastructure with luxury amenities – illustrates how patient experience has become a key competitive factor. Strong government support for digital health and artificial intelligence has also promoted the development of data-driven systems for treatment planning, postoperative monitoring, and patient engagement. Consequently, Asian clinics often serve as innovation hubs anticipating global trends in agile, technology-enabled healthcare.

The cross-regional comparison reveals an evolutionary continuum – from the U.S. focus on value-based integration, through Europe's regulation-driven refinement, to Asia's innovation-oriented acceleration. Despite contextual differences, all models share three strategic pillars: process standardization, digital transformation, and patient-centered management. When implemented coherently, these elements enable private maxillofacial practices to achieve measurable improvements in efficiency, cost control, and patient satisfaction.

Ultimately, business process optimization in private maxillofacial surgery is not a narrow operational tool but a comprehensive strategic system that integrates clinical, managerial, and technological dimensions. Global evidence shows successful practices move from reactive management to proactive, value-oriented design, where every stage – from diagnosis to recovery – supports medical excellence and sustainable growth. This convergence of medicine and management defines the modern direction of private surgical practice, positioning clinics as adaptive, data-driven, and patient-centered enterprises capable of maintaining competitiveness in a dynamic healthcare market.

The analysis of participating clinics revealed that despite modernization efforts, private maxillofacial practices still face systemic inefficiencies that undermine performance and financial stability. These issues extend across clinical workflows, administrative management, and patient communication. Many clinics focus primarily on clinical outcomes, overlooking the strategic potential of coordinated, data-driven management.

A key area of inefficiency lies in surgical scheduling and operating room utilization. The study found recurring mismatches between patient scheduling, surgeon availability, and OR capacity, leading to frequent delays and idle time between procedures – sometimes reaching 25-40 percent. Such misalignments reduce profitability and patient satisfaction while limiting the clinic's ability to maintain steady operations. The absence of predictive scheduling and weak coordination between clinical and administrative staff further compounds these issues, highlighting the need for integrated management systems.

Similar challenges exist in patient flow management. Preoperative delays, incomplete diagnostics, and disjointed laboratory coordination often caused workflow disruptions and reactive scheduling changes. These problems reduced patient throughput and increased workload stress for staff. The lack of standardized checklists and digital connectivity between diagnostic and surgical planning systems prevented smoother operations that could be achieved through lean process design.

Marketing and patient acquisition represent another weak point. Most clinics relied on personal referrals rather than structured digital marketing strategies, resulting in inconsistent patient inflow and limited visibility. Only a small proportion of clinics maintained optimized websites or social media campaigns. Without data on patient acquisition costs or conversion rates, marketing efforts remained unsystematic and reactive – an inefficiency particularly problematic in a reputation-driven market.

Customer relationship management (CRM) practices were also underdeveloped. Postoperative interactions were mainly limited to clinical follow-ups, with few long-term engagement initiatives. Many clinics used fragmented or manual databases, hindering retention analysis and patient outreach. This disconnection between marketing and clinical information limited opportunities for building loyalty, generating referrals, and strengthening brand reputation.

These findings reveal that inefficiencies in scheduling, workflow coordination, marketing, and relationship management collectively weaken the competitiveness of private maxillofacial practices. Addressing these systemic gaps requires a unified strategic framework integrating clinical, operational, and patient-focused processes. Through such an approach, clinics can shift from reactive management toward proactive optimization, improving efficiency, financial stability, and the overall quality of patient care.

Based on the empirical findings, a five-step strategic framework was developed to optimize business processes in private maxillofacial surgery practices. The model integrates operational efficiency, financial management, marketing, and human resource development to ensure

that clinical excellence is reinforced by strong managerial systems, enabling both economic sustainability and superior patient outcomes.

The first step, process mapping and bottleneck identification, establishes the analytical foundation for improvement. Using value stream mapping, clinics can visualize the entire patient journey – from initial inquiry to postoperative follow-up – revealing delays and redundant activities. The analysis showed that around 12% of workflow time was spent on tasks suitable for automation or delegation. Streamlining these processes enables data-based decisions and prioritization of interventions with the most significant operational impact.

The second step, patient acquisition and retention strategies, focuses on building long-term relationships alongside attracting new patients. Multi-channel marketing efforts – such as SEO, targeted advertising, and educational outreach – were combined with CRM integration to automate communication and post-surgical follow-ups. Clinics applying this approach recorded a 22% rise in repeat bookings and a 15% increase in referral inquiries, emphasizing how systematic marketing and data-driven communication strengthen patient loyalty and brand trust.

The third step, financial optimization, involves cost control and adaptive pricing. Clinics implemented real-time cost-tracking dashboards and renegotiated supplier contracts, reducing procurement costs by approximately 8%. The introduction of bundled service packages – combining surgical fees, anesthesia, and postoperative care – enhanced transparency, simplified decision-making, and stabilized revenue through predictable pricing structures.

The fourth step, staff training and collaboration, underscores the role of human capital in maintaining operational and clinical excellence. Regular training programs combined clinical development with communication, service quality, and teamwork skills. Cross-departmental coordination through joint meetings fostered accountability and efficiency. Clinics implementing these initiatives achieved higher patient satisfaction and a 12% reduction in staff turnover within a year, demonstrating that cohesive teams directly improve care quality and organizational resilience.

The fifth step, technology integration, consolidates electronic medical records (EMR), telemedicine, and AI tools to streamline operations and enhance clinical precision. EMR systems reduced duplication and improved data accessibility, while telemedicine expanded pre- and postoperative care beyond local boundaries. AI-assisted diagnostics shortened treatment planning by 18% and increased patient acceptance rates by visualizing complex procedures' outcomes.

Collectively, these five steps form a unified, continuous system that connects clinical, operational, and financial aspects of private surgical practice. The framework transforms process optimization into an ongoing management principle rather than a reactive measure. Clinics that adopt it are better equipped to improve efficiency, sustain profitability, and deliver consistent, patient-centered care in a competitive healthcare landscape.

The proposed implementation roadmap offers a structured, phased strategy that progressively enables private maxillofacial surgery clinics to integrate the strategic framework, minimizing operational disruption. Each phase builds on the previous one, ensuring that workflow, technology, and organizational management improvements occur coherently and sustainably.

The first phase, Diagnostic Assessment (Months 1-2), establishes a clear understanding of the clinic's current condition. Through comprehensive process mapping, inefficiencies and redundancies are identified across departments. Key performance indicators (KPIs) are benchmarked against industry standards, and improvement priorities are set based on urgency and expected impact. This phase ensures that subsequent actions are grounded in empirical data and tailored to each clinic's operational context.

The second phase, Core Systems Integration (Months 3-6), begins the transition toward data-driven management. Electronic Medical Record (EMR) and Customer Relationship Management (CRM) systems are deployed or upgraded to streamline coordination between administrative, clinical, and marketing functions. KPI dashboards provide real-time insights into performance, while cost-control measures, such as supplier renegotiations and inventory reviews, strengthen financial discipline and optimize resource allocation.

The third phase, Marketing and Patient Relationship Enhancement (Months 7-9), expands market visibility and reinforces patient loyalty. Clinics launch targeted digital campaigns supported by automated communication workflows to enhance responsiveness and personalization.

Figure 1 – The Strategic Framework for Business Process Optimization in Private Maxillofacial Surgery

CRM systems facilitate tracking patient acquisition costs, conversion rates, and referral sources, enabling clinics to refine outreach strategies continuously. Loyalty and referral programs strengthen long-term engagement, transforming satisfied patients into brand advocates.

The fourth phase, Staff Development and Workflow Optimization (Months 10-12), highlights human capital as a cornerstone of sustainable performance. Structured training programs for clinical and administrative teams combine professional development with patient communication and teamwork. Revised scheduling protocols reduce operating room downtime, while regular cross-departmental reviews foster collaboration, accountability, and continuous learning.

The fifth phase, Continuous Improvement and Scaling (Year 2 onward), institutionalizes a culture of evaluation and adaptability. Clinics periodically review KPI dashboards, applying real-time data to guide ongoing process improvements. Emerging technologies, such as AI-assisted diagnostics and predictive analytics, are integrated to enhance precision and decision-making. Successful clinics may also scale operations, opening new service lines or satellite centres based on demand analysis and capacity growth.

To evaluate outcomes, clinics track core Key Performance Indicators (KPIs), including operating room utilization, average patient wait time, patient acquisition cost, referral conversion rate, patient satisfaction (Net Promoter Score), revenue per surgical case, staff turnover rate, and training hours per employee.

Pilot implementations of the roadmap yielded substantial improvements within one year: operating room utilization increased by 17-25 percent, patient wait times declined by 14 percent, and net revenue rose by approximately 19 percent. These results demonstrate that the framework is operationally feasible and strategically advantageous, transforming clinics from reactive providers into adaptive, data-driven healthcare enterprises.

To quantify these improvements, Table 1 presents a comparative summary of key performance indicators (KPIs) measured across participating clinics over 12 months before and after framework implementation, covering operational efficiency, financial stability, and patient experience metrics.

The proposed strategic framework advances traditional healthcare management models by addressing the specific operational needs of private maxillofacial surgery practices. While approaches such as Lean Healthcare, Six Sigma, and the Balanced Scorecard provide strong conceptual bases, they are often too broad for small, specialized clinics. The new framework integrates key elements from these models but adapts them to the realities of surgical workflows, multidisciplinary collaboration, and patient expectations.

Unlike general systems, this framework tailors process mapping to surgical operations, ensuring that optimization targets real bottlenecks rather than abstract goals. Lean principles are reinterpreted to account for complex preoperative planning, coordination among specialists, and the psychological aspects of facial reconstruction. Similarly, the Balanced Scorecard is refined to reflect the dual nature of maxillofacial surgery – combining medical necessity and elective aesthetics – and incorporates relevant performance indicators for financial and operational balance.

Technology integration is positioned as a core rather than supplementary component. EMR, telemedicine, and AI diagnostics are essential for efficiency and trust, not mere administrative tools. This approach transforms traditional methodologies into a dynamic model emphasizing contextual adaptation, structured implementation, and continuous improvement.

From a managerial viewpoint, the framework allows clinics to achieve financial and operational efficiency without compromising surgical quality. The phased implementation roadmap provides a manageable path for introducing technological and organizational change while maintaining patient care continuity. Quality assurance measures – such as governance protocols, staff training in technical and communication skills, and validated use of AI tools – safeguard patient outcomes.

Clinic owners can use the framework as an internal optimization tool and a strategy for competitive differentiation. Clinicians strengthen patient loyalty and reputation by linking efficiency improvements with structured marketing and CRM systems. The adoption of bundled service pricing, tested in pilot programs, simplifies patient decisions and improves transparency in elective procedures. The built-in improvement cycle ensures long-term adaptability, helping clinics stay agile amid changing market conditions and patient expectations.

Implementation, however, carries risks. Legal risks relate to patient data protection and compliance with privacy laws such as HIPAA and GDPR; these can be mitigated through audits, encryption, and staff training. Financial risks involve technology and marketing investments, best managed through phased spending and prioritization of quick-return initiatives. Human resource

Table 1 – Comparative performance metrics for participating clinics before and after the implementation of the proposed strategic framework

KPI Category	KPI Indicator	Baseline (Before)	After Implementation	% Change
Operational	Operating Room Utilization Rate (%)	68	85	+25.0
Operational	Average Patient Wait Time (days)	21	14	-33.3
Financial	Net Revenue per Surgical Case (USD)	4,500	5,400	+20.0
Financial	EBITDA Margin (%)	18	23	+27.8
Patient Experience	Net Promoter Score (0–100)	72	85	+18.1
Patient Experience	Referral Conversion Rate (%)	12	17	+41.7

Note: Values represent aggregated averages across all participating clinics over 12 months before and after implementation. Percentage change is calculated relative to baseline values

risks, including resistance to change and turnover, require clear communication, staff engagement, and incentive alignment.

Future research should explore the framework's scalability in multidisciplinary clinics combining surgery with orthodontics, ENT, or dermatology, as well as its long-term effects on profitability and patient outcomes. Further investigation into the connection between process optimization, reputation, and patient trust would clarify its strategic value. Finally, ongoing technological advancements – such as AI-driven analytics and virtual reality for patient education – offer opportunities to expand the framework's relevance in digital healthcare.

By refining and testing these directions, researchers and practitioners can enhance the framework's contribution to efficient, resilient, patient-centered private surgical care.

Conclusion. This study has shown that integrating structured business process optimization into managing private maxillofacial surgery practices leads to measurable improvements in efficiency, financial performance, and patient satisfaction. While clinical excellence remains essential, the long-term sustainability of private surgical practices increasingly depends on the systematic application of strategic management principles.

The proposed framework meets this need by adapting established methodologies – such as Lean Healthcare, the Balanced Scorecard, and Patient Journey Mapping – to the specific operational realities of maxillofacial surgery. Its phased implementation roadmap enables gradual transformation without compromising clinical quality or continuity of care. Pilot applications confirmed tangible outcomes, including reduced operating room downtime, stronger patient retention, better cost control, and higher net revenue, validating the model's feasibility and practical relevance.

Beyond individual practice management, the study highlights a broader shift from intuition-based decision-making to data-informed, systematically monitored operations. In markets where private clinics rely heavily on individual surgeons' reputations, the framework provides a means of institutionalizing excellence – ensuring that high standards, patient trust, and profitability are sustained despite personnel or market changes.

Internationally, the model offers adaptability across diverse healthcare systems. Although regulatory and financial conditions differ, the challenges of inefficient patient flow, underused resources, and fragmented information systems are universal. Grounded in process efficiency, CRM, and technology integration, the framework can be tailored to local contexts while maintaining its strategic coherence.

Finally, the framework aligns with global movements toward patient-centered and value-based care. By linking business optimization directly to patient satisfaction and clinical outcomes, it supports compliance with international quality standards and strengthens competitiveness in both domestic and medical tourism markets. It provides clinic owners, policymakers, and professional associations with an evidence-based tool to modernize private healthcare delivery.

This research offers a concise, practical, and adaptable roadmap for achieving synergy between clinical excellence and business viability in private maxillofacial surgery. Its broader adoption could enhance efficiency, foster innovation, and raise the overall standard of specialized surgical care worldwide.

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СТРАТЕГІЧНІ ОСНОВИ ОПТИМІЗАЦІЇ БІЗНЕС-ПРОЦЕСІВ У ЩЕЛЕПНО-ЛИЦЕВІЙ ХІРУРГІЇ ДЛЯ ПРИВАТНОЇ МЕДИЧНОЇ ПРАКТИКИ

У сучасних умовах конкуренції в приватному секторі охорони здоров'я, зокрема у сфері щелепно-лицевої хірургії, зростає потреба в поєднанні клінічної майстерності з ефективним управлінням бізнес-процесами. Підвищення операційних витрат, швидкий розвиток медичних технологій і зростання очікувань пацієнтів вимагають нових стратегічних підходів до організації діяльності приватних медичних закладів. Метою дослідження є розроблення стратегічної рамкової моделі оптимізації бізнес-процесів у приватній практиці щелепно-лицевої хірургії з урахуванням принципів ефективності, стійкості та орієнтації на пацієнта. У роботі застосовано змішану методологію, що поєднує аналіз існуючих бізнес-моделей медичних закладів, інтерв'ю з керівниками приватних клінік і практикуючими хірургами, а також використання інструментів стратегічного менеджменту – Lean Healthcare, SWOT-аналізу та збалансованої системи показників (Balanced Scorecard). Такий підхід дав змогу визначити ключові розриви в ефективності управління, виявити типові проблеми в організації процесів прийому пацієнтів, розподілі ресурсів, маркетингових комунікаціях і внутрішній координації персоналу. Результати дослідження доводять, що впровадження системного підходу до управління процесами, цифровізація взаємодії з пацієнтами, застосування аналітики в маркетингу та цільова підготовка персоналу сприяють підвищенню ефективності приватних клінік. Зокрема, реалізація запропонованої рамкової моделі дозволила знизити операційні витрати до 18%, покращити показники залучення та утримання пацієнтів, а також підвищити рівень їхньої задоволеності якістю послуг. Отримані результати підтверджують, що інтеграція стратегічних підходів до управління в діяльність приватних щелепно-лицевих клінік є не лише можливою, а й необхідною умовою їх довгострокової конкурентоспроможності. Запропонована модель може бути адаптована до різних масштабів медичних практик і забезпечує баланс між клінічною якістю, фінансовою стабільністю та розвитком орієнтованої на пацієнта системи охорони здоров'я.

Ключові слова: *щелепно-лицева хірургія, приватна медична практика, стратегічне управління, оптимізація бізнес-процесів, Lean Healthcare, ефективність медичних послуг.*