Comprehensive reform of community health service in east, middle and west regions of China: from patients’ perspective

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Abstract

Objectives: To analyze the satisfaction of patients with community health service (CHS) and the changes of the CHS delivered before and after the new health reform in different regions of China, and to put forward relevant policy recommendations for CHS development.

Methods: Twelve community health centers were selected by random sampling in each of the eight typical cities in the east, middle and west regions of China. Questionnaire survey was conducted among patients visiting these institutions during daily work hours.

Results: The proportions of the participants who stated that the medical environment, service attitude and medical skills of the doctors were improved were higher in the west region than those of the east and middle regions; but the percentage of patients who held that the drug price had lowered was higher in the east region than those of the middle and west region, the differences were of statistical significance ($P<0.0125$). The patients’ satisfaction rates with medical environment, service attitude, and technical skills of the medical staff in the west region were 88.9%, 91.5% and 81.6% respectively, which were higher than those in the east and middle regions. In the east region, the satisfaction rate with the reimbursement for this visit was 58.5%, which was highest among the three regions; in the west region, patients’ satisfaction rates with drug types and preventive care were 51.5% and 65.9%, respectively, which was significantly higher than those in the east and middle regions ($P<0.0125$). As recommended by the participants, the top three aspects of health services that need to be improved were drug type and quality (25.3%), drug prices (21.8%) and technical skills (18.2%) in the east region; infrastructure (28.2%), drug prices (21.8%) and drug types and quality (21.2%) in the middle region; infrastructure (30.8%), drug types and quality (28.1%) and reimbursement (27.9%) in the west region.

Conclusions: The comprehensive CHS reform should take the opinions of patients into account; essential drug system should be consolidated continually; and the reform of the payment system should be promoted by actively cooperating with the health insurance organizations.

Keywords: Patient, Community health service, Comprehensive reform, Satisfaction

Introduction

The patients of community health service units are the ultimate beneficiaries of community health service (CHS) as well as the representatives of health service demanders. Therefore, patients’ evaluations and recommendations

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on CHS and its comprehensive reform are of great value to community health development [1]. In this survey study on community health comprehensive reform (The Opinions of Deepening the Reform of the Medical and Health System was issued in March 2009, which was the starting point of the new health reform in China), we summarized changes of CHS before and after the new health reform in China, in terms of service delivery, patients’ satisfaction rates and patients’ expectation over next steps in community health comprehensive reform. Based on these analyses, the paper discusses and puts forward policy recommendations for community health reform.

Methods

Participants

A total of 8 cities were selected in this study, including Hangzhou and Wuxi in the east region of China; Hefei, Wuhan and Tongling in the middle region; and Chengdu, Baoji and Shihezi in the west region. Through random sampling, 12 community health service centers were chosen from each city (in Shihezi, community health service units are mainly composed by stations; therefore, two community health centers and 10 community health stations were selected instead). The survey was conducted among patients of these community health units from October to November 2011.

Contents and procedures

Investigators were mainly composed of researchers of Chinese National Health Development Research Centre (CNHDRC), students of local medical colleges, and health workers of these community health units. After pre-investigation and investigator training, data were collected with the questionnaires via face-to-face interviews. The following information was collected: (1) general information of surveyed patients, including age, gender, educational levels, health insurance, the type of registered residence, etc.; (2) the changes of service delivery after the new health reform compared with conditions before the new health reform, including the changes of medical environment, medical workers’ attitude and technical skills, convenience, reimbursement rates of medical expenses, drug prices, preventive care (such as vaccine injection and physical examination) and initiative services; (3) the patients satisfaction with the services they received, including satisfaction rates with medical environment, medical workers’ attitude and technical skills, reimbursement, medical expenses, drug price and types, etc. The questionnaire was in the form of 5-likert scale with categories “very satisfied”, “satisfied”, “average”, “dissatisfied” and “very dissatisfied”. If the patients couldn’t answer the question, the answer was marked as unclear; the satisfaction rate was calculated based on the answers of “very satisfied” and “satisfied”.

Statistical analysis

Data was input with EpiData 3.0, and statistical analyses were performed using SPSS 17.0 for Windows. χ² tests were conducted to compare the composition differences on the study variables among the east, middle and west regions, for which the predetermined significant level was 0.05; and two-two comparisons were performed among different regions, for which the predetermined significant level was 0.0125.

Results

General information of the surveyed patients

Table 1 shows the general information of the 1700 surveyed patients. Among all the patients, 340 patients were of the

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Total (n=1,700)</th>
<th>East (n=340)</th>
<th>Middle (n=642)</th>
<th>West (n=718)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>669(39.4)</td>
<td>123(36.2)</td>
<td>260(40.5)</td>
<td>286(39.8)</td>
</tr>
<tr>
<td>Female</td>
<td>1,031(60.6)</td>
<td>217(63.8)</td>
<td>382(59.5)</td>
<td>432(60.2)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;55 years</td>
<td>835(49.1)</td>
<td>183(53.8)</td>
<td>291(45.3)</td>
<td>361(50.3)</td>
</tr>
<tr>
<td>≥55 years</td>
<td>865(50.9)</td>
<td>157(46.2)</td>
<td>351(54.7)</td>
<td>357(49.7)</td>
</tr>
<tr>
<td>Types of medical insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban employee medical insurance</td>
<td>1005(59.1)</td>
<td>193(56.8)</td>
<td>401(62.5)</td>
<td>411(57.2)</td>
</tr>
<tr>
<td>Urban residents medical insurance</td>
<td>284(16.7)</td>
<td>72(21.2)</td>
<td>93(14.5)</td>
<td>119(16.6)</td>
</tr>
<tr>
<td>Free medicare</td>
<td>50(2.9)</td>
<td>10(2.9)</td>
<td>15(2.3)</td>
<td>25(3.5)</td>
</tr>
<tr>
<td>Other social insurance</td>
<td>167(9.8)</td>
<td>30(8.8)</td>
<td>54(8.4)</td>
<td>83(11.6)</td>
</tr>
<tr>
<td>Out of pocket payment</td>
<td>194(11.5)</td>
<td>35(10.3)</td>
<td>79(12.3)</td>
<td>80(11.1)</td>
</tr>
</tbody>
</table>
Patients’ evaluation of CHS before and after health reform

Of the surveyed 1700 patients, 920 had visited CHS units before April 2009. Table 2 shows the opinions of 920 patients on the changes of CHS before and after health reform from eight aspects.

In general, more than 80% of the patients thought the medical environment, service attitude and convenience were improved, but less than 40% of the patients believed that the drug price and reimbursement rate were improved. There were no significant differences among the east, middle and west regions in terms of convenience of visiting doctors, reimbursement rate, preventive care and initiative service delivery ($P > 0.05$). There were significant differences among different regions on medical environment, medical staff’s attitude, technical skills, and drug price ($P < 0.05$). Two-two comparisons showed that the satisfaction rates of medical environment, medical staff’s attitude, and technical skills in the west region were 88.9%, 91.5% and 81.6% respectively, all of which were significantly higher than those in the middle and east regions ($P < 0.0125$). Patients’ satisfaction rate with reimbursement rate in the east region was 58.5%, higher than those of the middle and west regions ($P < 0.0125$); and the satisfaction rates on drug types and preventive care in the west region were 51.5% and 65.9% respectively, both higher than those in the east and middle regions ($P < 0.0125$).

Patients’ satisfaction with the services they received

Table 3 shows the patients’ satisfaction with the services they received. In general, patients’ satisfaction rates were above 85% in terms of medical environment and service attitude in all regions, but the total satisfaction rates of reimbursement rate, types of drugs and drug price were 46.4%, 46.1% and 20.6% respectively. There were significant differences on all the study variables except for drug prices among different regions ($P < 0.05$). Two-two comparisons showed that the satisfaction rates of medical environment, medical staff’s attitude, and technical skills shared a significantly higher proportion in the west cities than those in the east region ($P < 0.0125$); and more patients in east cities thought the drug price was lowered compared with those in the middle and west regions ($P < 0.0125$).

The aspects of CHS that need further improvement

Table 4 shows the patients’ recommen-
Patients of different regions were focused on drug price, drug types and quality, reimbursement rate and scope, medical techniques and skills, initiative service, and waiting time. The main problems reflected by patients in the west region started late, the health service system in the region is still underdeveloped, and the infrastructure and services in this region are not so advanced as in the east and middle regions. Therefore, after the new health reform, CHS has obviously improved in the west region, which can be vividly reflected by patients’ responses and evaluations.

The main problems reflected by patients focused on drug price, drug types and quality, reimbursement rate and scope, medical techniques and skills, initiative service, and waiting time. In patients’ views the drug prices are not reduced obviously. There are two reasons. The first one is that the purchasing power in communities in these cities is low. Over 50% of our patients were above 55 years old, whose income was low but with highest demand and utilization rate of CHS. The second reason is that the on-spot bidding of drugs doesn’t overcome the deficiency of the on-spot bidding, in which the government authorities intervene too much and there are still some interruptions. Therefore, the price of the drugs could not be lowered. As for drug types and qualities, although the local government has increased the types of drugs according to the national essential drug lists, the essential problems of the national essential drug lists, like the irrational structure and poor adaptability, are still unresolved. The reimbursement rate is still low; one reason is that the income level of the patients is low so that they could not afford the medical expenses. So their expectation on reimbursement is very high. The second reason was that the urban and rural health insurance systems are not well integrated. 11.5% of the surveyed patients focused on drug price, drug types and quality, reimbursement rate and scope, medical techniques and skills, initiative service, and waiting time. In patients’ views the drug prices are not reduced obviously. There are two reasons. The first one is that the purchasing power in communities in these cities is low. Over 50% of our patients were above 55 years old, whose income was low but with highest demand and utilization rate of CHS. The second reason is that the on-spot bidding of drugs doesn’t overcome the deficiency of the on-spot bidding, in which the government authorities intervene too much and there are still some interruptions. Therefore, the price of the drugs could not be lowered. As for drug types and qualities, although the local government has increased the types of drugs according to the national essential drug lists, the essential problems of the national essential drug lists, like the irrational structure and poor adaptability, are still unresolved. The reimbursement rate is still low; one reason is that the income level of the patients is low so that they could not afford the medical expenses. So their expectation on reimbursement is very high. The second reason was that the urban and rural health insurance systems are not well integrated. 11.5% of the surveyed patients focused on drug price, drug types and quality, reimbursement rate and scope, medical techniques and skills, initiative service, and waiting time.
patients, mainly the unemployed residents or floating population, were totally on their own expense for visiting doctors. Additionally, most patients with chronic disease are carrying heavy burden, and their long term out-patient expenses make them long for higher reimbursement rates.

Each region was facing different problems and challenges

In all the three regions, patients have a strong interest in reducing drug price and increasing drug types. Meanwhile, patients in the east region have a strong interest in improving technical skills of medical staff; patients of the middle and west regions expect that the basic infrastructure of CHS should be further improved; and the patients of the west region desire to raise the reimbursement rate. These indicate that each region in China is facing different challenges in medical reform, and they should apply different policies to promote the development of the healthcare accordingly.

Policy recommendations

1. In the middle and west regions, basic infrastructure construction of CHS should be further facilitated.
2. As for essential drug systems, each region should start with standardizing essential drug procurement and setting up the new system of batch procurement combining price with quantity and integrating bidding and procurement to effectively reduce drug price [4]; meanwhile, the new essential drug system should be actively implemented.
3. The local government should facilitate the payment system reform and relieve patients’ burden on medical expenses through actively coordinating with health insurance departments.

Competing interests

The authors declare no competing interests.

References


DIAGNOSIS AND MANAGEMENT OF VENOUS THROMBOEMBOLIC DISEASES

This quality standard defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.

This quality standard covers the diagnosis and treatment of venous thromboembolic diseases in adults, excluding pregnant women. For prevention of VTE see the NICE quality standard for the prevention of VTE.