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Conference Abstract

Research on Global Budget on One Certain Disease in Multilevel Institutions: Integrated Care Orientation

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Abstract:

Introduction: Although the Chinese government has been emphasizing importance of the grassroots healthcare system as well as conducting reform in the rural health institutions, the efficiency and the effectiveness of healthcare are still very poor in rural China and the Chinese healthcare delivery system is highly fragmented. All organizations should be under hierarchical structure that is comprised of separate, but interconnected components. Though all these components are supposed to play complementary roles in order to accomplish not only their own tasks but also overall tasks, the division, decentralization and specialization found in complex organizations generally hinder the efficiency and quality goals.

Objective: To explore the mechanism of Global Budget of Multi-level Institutions on one certain disease (GBMI) to stimulate health personnel supply integrated care in primary institutions.

Theory: A case-control study was carried out in Qianjiang District, Chongqing, China. 4 similar township hospitals were divided into intervention group and control group. The intervention group was implemented by means of Global Budget of Multi-level Institutions (GBMI) on hypertension. The global budget was calculated through the actual costs of all patients with hypertension in the past three years, and the total expense was adjusted by CPI, growth coefficient and inflation factor. A Continuous Service Team (CST) was constructed including village health personnel, general practitioners, public health personnel in township hospital, hypertension specialists in county hospital, coordinator and so on. CST supplied all managed hypertension patients with all preventive and medical care in the fixed global budget. In the healthcare it includes blood pressure monitoring, health education, medical care and doctor visit. The possible budget balance will belong to CST while budget shortfalls would be apportioned into CST. The behavior of rejecting essential services and translating hypertension into other diseases would be punished by discounting the possible budget balance. The intervention period started from 1st July 2012 and

will end on 31st December 2013. CST supplied above 10000 personalized health intervention services to 4167 managed patients by December 2012.

Method: We have carried out 2 investigations including 300 managed patients per town by multistage stratified random sampling on 1st July and 31st December 2012. The contents of the questionnaire concentrate on the status of health self-assessment, experiences of seeing doctor, doctor visits and individual information. The data of expenditure of all managed patients were exported via Health Insurance Information Management System, and the medical records were collected in medical institutions regularly.

Results: In 594 intervened hypotension patients, management rate of hypertension increased from 58.1% to 93.5% ($P<0.01$), standardized management rate increased from 37.1% to 42.3% ($P<0.01$) and medication adherence rate increased by 9.3%. The ratio of expenditure in township hospitals to total expenditure increased from 21.3% to 25.4% ($P=0.023$), which were all higher than those of control group. Standard control rate of hypertension is likely to reach 65% by Dec 2013 by means of Markov Prediction Model with continuous intervention. 38 patients have received continuous clinical services from CST while the average expenditure is 7% lower than that without CPT. Growth rate of hospitalized hypertension patient in county hospital decreased from 15% to 12% while that in township hospital decreased by 6.3%.

Conclusion: The CST under GBMI can supply integrated care under the existing total expenditure. Although the effect is not significant, a longer intervention period may make it better. The expansion of patients with hypertension could be controlled and the behavior could be changed. The cooperative mechanism established by CST and GBMI between county and village can play positive role in encouraging the health personnel to change concept, strengthening multilevel collaboration and improving effectiveness of service, thus it is in favor of continuity of medical and preventive services in rural China.

Keywords:

continuous Service Team; Global Budget; Continuous Clinical Service; Primary Healthcare Institution

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