
CONFERENCE ABSTRACT

Integrated care in China, challenges and opportunities

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Background: China is experiencing multiple challenges as aging population, inequality between rural and urban areas in terms of healthcare resources, and escalating violence between patients and health professions [1-3]. Adopting the concept of integrated care could be a possible solution to address on these challenges. Hereby, the aim of this study is to conduct a literature review on the current development of integrated care in China and provide suggestions for the future development.

Methods: Both the Chinese and English databases were accessed. The Chinese data bases were: CQVIP, Wanfang, and CNKI. The English data bases were PubMed, Web of Science, and Google Scholar. The search terms were integrated care, patient-centered care, care coordination, China, and delivery of care. Government reports and news release in pertinent with the research aim were also reviewed. The initial literature review was conducted by the first author. The outcomes were then discussed with other authors.

Findings and discussions: Only a limited number of publications were found. The research on the concept of integrated care remains at the level of literature study [4-6]. There is a shortage of empirical studies in China. Furthermore, the terminology of integrated care remains an issue. It is concerned that there is a suspicious on loss of meaning when translating the term “integrated care” into Chinese. However, several interesting aspects were identified.

Wei et al. categorize healthcare delivery system into service integration, and resource integration [7]. It is argued that integration of healthcare resources is the foundation of service integration. It further highlights importance of sufficient communication between frontier staffs and administration board in associate with provision of efficient care. This is especially important in the Chinese healthcare context, in which hierarchical decision making structure existed inside the system [8,9]. This hierarchical structure might also undermine both integration of healthcare resources and service. Feng et al. explore integration among village clinics, district service centers, and county hospital in Guangzhou [10]. In detail, it is found that appointing head of district service center as associate director of county hospital, and local village clinics managed by an associate director from county hospital could be a potential solution to foster local care coordination and integration. It is argued that this finding could be also applied in other Asian countries, where breaking organizational barriers remains a challenge there. A case control study was conducted in pertinent with integrated care at two counties in the central part of China [11]. It is suggested that adopting integrated care model was

of importance to improve quality of care and reducing inequities among the Chinese elders with chronic obstructive pulmonary disease. Another study has made similar conclusion [12].

Conclusions: Integrated care is still underdeveloped in China. There is a urgency for more empirical studies on this concept using different aspects. Furthermore, it could also be of interest for future studies to address on how to break organizational barriers within the Chinese social-cultural contexts, as well as on Chinese terminology of integrated care.

Keywords: integrated care; China; quality of care; patient-centered care; developing country
