

POSTER ABSTRACT

Never form the same interests and goals of all parties? How to make the integrated medical reform really promote people's health: a case study of Anhui

1st Asia Pacific Conference on Integrated Care, Brisbane, 06-08 Nov 2017

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Since 2009, China is carrying out a new round of medical and health system reform, the ultimate goal is to reduce the economic burden of patients, promote the health of residents. However, there are still serious conflicts of interest between medical institutions, medical insurance and patients in the past eight years. Most local governments rely on administrative measure to reform, medical institutions are in a passive position, do not pay attention to the economic burden and health of patients, the reform is not sustainable.

This study investigates the new experiment in Anhui Province that is expected to solve the problem of administration and fragmentation of the service system by promoting the reform of the county medical service alliance. The targeted population of the reform are government administrators, hospital administrators, medical staff and rural and remote residents.

Through the medical insurance payment with global budget according to regional population, the policy can form the community of interests and responsibility of the county medical service alliance. Medicare department funds fund to the leader hospital of the alliance, the county hospital and the rural hospitals can improve population health, promote patients to the rural areas, increase the balance of health care fund by the police of health promotion and prevention with the family doctors contract service, the county hospitals with counterpart assistance and so on.

Anhui Province uses the way of county medical service alliance and payment reform to adjust the interests of the main relationship through the operation of medical insurance funds, by other factors less affected, so the reform has good transferability.

Through the integration of the nearly two years, the relationship of the county and township medical institutions is more closely, the medical technology level of the primary medical institutions has been improved obviously. The health consciousness and health level of the rural and remote residents have been improved. The residents gradually choose to be first diagnosed at the primary medical institutions, the economic burden of the residents' diseases is reduced, the function of the rural doctors has changed and they become more concerned

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about the importance of basic medical care, meanwhile the policy enhances the enthusiasm of rural doctor.

Keywords: county medical service alliance; medical insurance payment; population health
