

## POSTER ABSTRACT

# Can Township-County Readmission (TCR) lower Costs of County Inpatient compared with Single County Inpatient?

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**Introduction:** China has been trying to enhance service collaboration between different levels of medical institutions to lower patient flow and cut down medical expenditure. However, the outcome was poor. Township-County Readmission (TCR) means a patient is firstly admitted to a township hospital and then a county hospital within 30 days for the same disease. Our aim is to explore whether TCR can lower patients' costs in county hospitals.

**Method:** This study was carried out in Qianjiang District, China. Firstly, we selected out TCR patients from the database. Then, we picked out patients who was admitted to county hospitals less than 30 days before TCR (CTCR patients) or after TCR (TCRC patients) for respiratory system disease as our objects. Finally, we compare the former expenditure in county hospital with the latter for TCRC patients and CTCR patients by paired-t test.

**Result:** 74 TCRC patients and 40 CTCR patients of respiratory system disease were screened out. The average of former expenditure in county hospital for TCRC patients was 651.6\$, and the latter was 564.0\$ ( $t=-0.467$ ,  $P=0.643$ ). The average of former expenditure in county hospital for CTCR patients was 594.4\$, and the latter was 653.8\$ ( $t=-0.963$ ,  $P=0.339$ ).

**Discussion:** The difference between costs of single county inpatient and costs of county inpatient in TCR is not significant, which means that service provided by township hospitals during TCR is ineffective.

**Conclusion:** Service collaboration between township hospitals and county hospitals didn't achieve the real continuity as wanted, which had enlarged waste and the inefficiency of supply system.

**Lessons learned:** Cutting down the inefficiency during referral is a key task for service collaboration. At least, the patients should not pay for this.

**Limitation:** The sample size was too small and disease severity was not included into the study.

**Suggestions for future research:** More samples should be included. Disease severity needs to be better controlled.

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**Keywords:** patient flow; admission; medical cost; collaborated service

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