

## POSTER ABSTRACT

# Dose Township-County Service Utilization (TCSU) Influence Patient' Choice Afterward?

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Zhang Yan, Niu Yadong, Zhang Liang

Huazhong University of Science and Technology, People's Republic of China

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**Background:** Patients tend to seek high-level institution for treatment inappropriately in recent years Rural China, Chinese government is seeking to optimize the supply of medical care through first point of care in the community and service collaboration between township hospital and county hospital.

**Objective:** Township-County Service Utilization (TCSU) is a health-seeking behavior in which patients ask for medical help firstly in the township hospital and secondly in the county hospital for once disease within 30 days, it's supposed to be an important model of service collaboration between township hospitals and county hospitals in China. Our aim is to explore whether TCSU could influence patient's choice of medical institutions afterward.

**Methods:** This study was carried out in Macheng city, Hubei province, China. TCSU patients were selected by Microsoft Office Excel 2010 based on the New Rural Cooperative Medical System (NCMS) database from 2012 to 2014. The inpatient and outpatient records happened in the township hospitals and county hospitals were extracted and were merged into one database as they shared the same patient identifier. If the interval time was less than 31 days for the same disease, the patient would be marked as TCSU patient. From 2012 to 2014, the number of TCSU patient in the sample county were 1410, 3462, 5147, respectively. TCSU patients' yearly choice of medical institution were divided into two parts, before the TCSU and after the TCSU, by the time of their first TCSU in a year. Accumulated and compared the RCC (Ratio of choosing county hospitals) of all TCSU patients (4 types) before and after TCSU experience, then compared RCC in next year (2014) for TCSU patients of 2013 with that for the whole rural

**Results:** 1) We selected out 2136 TC patients in total from 402 thousand residents, in general, the choice of hospitals for TCSU patients was changed after TCSU, and RCC increased significantly (23.2 vs 64.6 in 2012, 28.6 vs 58.2 in 2013, 28.7 vs 48.2 in 2014,  $P < 0.001$ ), so did in four types of TCUS. 2) 1268 TC patients of 2013 were found out in database 2014, the RCC for them was still higher than that for whole population in 2014 ( $\chi^2 = 131.5$ ,  $P < 0.001$ ).

**Conclusion:** TCSU experience can influence on the patents' choice of hospitals afterward, and TCSU patents are more likely to choose county hospitals when they fall ill next time, the influence can last a long time. Multi-institutional service maybe act an important role in

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inappropriate utilization, and more attention should be payed to the quality of service  
collaboration between township hospitals and county hospitals.

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**Keywords:** patient flow; collaborated service; health system; rural area

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