

POSTER ABSTRACT

How Much Inpatient Cost Can be Saved by Integrated Service? An Empirical Study from China

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Background: Cost is a great concern for integrated care. China has been trying to build a hierarchical medical system to integrate services between different medical institutions, so that mild patients can be referred to primary institutions and cost can be cut. Our aim is to explore how much inpatient cost could be saved by the hierarchical medical system.

Methods: This study was carried out in Xi County, China, based on the rural inpatient database in 2015. We firstly screen out the inpatient record in county hospitals which could have been in township hospitals based on self-evaluation capability and practical capability of township hospitals and then calculate the difference in cost between township and county hospitals which could have been saved. Self-evaluation capability referred to all the disease that township hospitals thought they could handle by inpatient service and practical capability referred to all the disease that township hospitals actually handled by inpatient service.

Results: Under the self-evaluation capacity, 14.90% of the inpatient records in county hospitals could have been in township hospitals and 11.84 million¥ (5.20% of the total inpatient expenditure within county) could have been saved. Under the practical capability, 6.95% of the inpatient records in county hospitals could have been in township hospitals and 7.15 million¥ (3.14% of the total inpatient expenditure within county) could have been saved.

Discussion: Cost reduction by service integration was limited by the capability of township hospitals.

Conclusion: Cost reduction by the hierarchical medical system was small.

Lessons learned: Capability improvement of primary medical institutions is a key task for service integration and effectiveness raise.

Limitations: We did not compare the inpatient quality and take the patient's willingness into account.

Suggestions for future research: Comparison of quality and patient willingness need to be considered in further studies.

Keywords: inpatient service; medical expenditure; hierarchical medical system; integration
