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The Development of Chinese Close-Type County Medical Service Communities: Challenges, Dilemmas, and Considerations

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Abstract: There are many problems in the process of building close-type county medical service communities (CMSC) in China. These problems include that most of the CMSC have no obvious characteristics of closeness, the CMSC lack long-term strategic planning; the graded medical system has not been truly implemented; the counterpart assistance has not fundamentally solved the long-standing problems in the primary medical institutions; and it is difficult to change the traditional health concept in a short term. As an expert in counterpart assistance county medical service community, the author has some experience in practice. Through reviewing, reconsidering, and parsing these problems, this paper provides with several suggestions on the sustainable development of CMSC and the promotion of the graded medical system from the aspects of optimizing the top-level design, changing government functions, standardizations in the graded medical system, improving the medical insurance system, and promoting modern health concepts.

Keywords: Close-type county medical service communities; Graded medical system; Counterpart assistance; Primary medical institutions

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1. Introduction

The close-type county medical service communities (CMSC), is a community that reforms and improves the fundamental medical institutions' management-system and operating-mechanism by implementing the conglomeration operation management, focusing on organizational structure, management authority, financial management, business management, and information integration. As a result, a unified management model for the allocation of human and financial resources could be established.

The construction of CMSC can facilitate the reinforcement of the county medical service network, the rational allocation of medical resources, the orderly flow of medical personnel within the CMSC, the comprehensive enhancement of the county medical service's ability, and the reasonable standardization of medical order. Thereby, the improvement of the quality and efficiency of county fundamental medical services and the accessibility and equalization of fundamental medical services would be gradually realized [1,2]. At the same time, the CMSC would participate in the construction of the first line of defense (families and communities) and the second line of defense (medical groups) of the health service supply system in

the post epidemic era. At present, the development of CMSC is facing a series of challenges and dilemmas. Through reviewing, reconsidering, and parsing these challenges and dilemmas, our study attempts to propose countermeasures, aiming to promote the construction level of CMSC.

2. Challenges and dilemmas in the construction of close-type CMSC

2.1. Lack of close-type characteristics of the CMSC

Nowadays, CMSC does not have the close-type characteristics of management coordination, responsibility integration, benefit sharing, and service homogeneity [3]. Most of the CMSCs are built in the context of administrative intervention. The parties involved in the CMSC do not have a solid, friendly, and cooperative foundation. To a certain extent, it is more like a passive cooperation to comply with administrative instructions and complete political tasks. Moreover, the management of CMSC does not have adequate power to manage the personnel, finance, and medical equipment, which makes it difficult to allocate medical resources reasonably and effectively.

The lack of a homogeneous medical service quality management system within CMSC, the lack of resources of the fundamental medical institutions themselves, coupled with the difference of basic drug system catalogue between the fundamental medical institutions and the county-level hospitals, and many other issues, lead to significant heterogeneity of the quantity and quality of medical services provided by medical institutions at different levels within CMSC, which result in different degree of patients' comfort and satisfaction [4].

2.2. CMSC lack long-term feasible strategic planning from the national level

Performance-appraisal system, supervision system, and accountability system are not strictly implemented in CMSC, which can easily lead to the inaction, perfunctory, prevarication, and other lazy behaviors among the staff. Besides, no rational compensation for the economic loss caused by the occurrence of referrals by any party within CMSC result in a reduced motivation of mutual referrals and counterpart assistance [5]. The medical insurance policy for county medical communities has not yet been perfected. As a result, in the process of using the total prepayment method, once the total amount control index is exhausted, the medical community will tend to shuffle patients. Moreover, there are differences such as the basic drug system catalogue within CMSC, which cannot reflect the homogeneity of the health service work of the medical community. At the same time, due to unclear responsibilities, rewards, and punishments, various sectors of society, including medical security and drug supply have not fully played their roles in supporting the normal operation of the county medical communities. For example, if the payment methods are not upgraded, it would have a far-reaching negative impact on the development of medical institutions and the behavior modalities of county people when they are planning to seek for medical care.

2.3. The graded medical service system has not been truly implemented

The implementation of graded medical service system is one of CMSC's goals. Its keynotes include the following: "patients should seek for the first-time medical care in fundamental medical institutions; rational mutual referral should be conducted among superior-level hospitals and fundamental medical institutions; acute and chronic diseases should receive corresponding treatment in different level of medical institutions; more positive interaction should be carried out between superior-level hospitals and fundamental medical institutions." However, the graded medical service system has not been publicized and promoted through multiple channels and levels. Both the medical staff and the public have not fully understood, recognized, and accepted this policy graded medical service system. At the same time, unified mutual referral standards, procedures and implementation rules have not been established for the graded medical system, as well as the corresponding supervision and assessment measures. The National Health Service (abbreviated as

"NHS") carried out in UK adopts a strict graded medical service system. Family doctors and community clinics construct the fundamental medical institutes, which are the main body and the initial defense line of NHS. Excluding emergent diseases, people should turn to fundamental medical institutes for initial medical care. If the patient needs to be transferred to the superior-level hospitals for further specialized treatment, they must obtain the general practitioner's approval and recommendation. Once the patient's physical situation become stable, they would return to the fundamental medical institutes for appropriate treatment. In the Chinese government's conception of CMSC, the fundamental medical institutions should also play a similar role as the "family doctor, community clinic" in the UK, namely, "the health gatekeeper." In fact, there are so many obvious differences between the two modalities. Different levels of CMSC medical institutions' business structures have no fundamental changes up to now, which inevitably lead to an odd phenomenon of serious functional dislocation. At the same time, the participants lack incentives and constraints from the government and have not achieved an effective internal benefit distribution mechanism. Thereby, to a certain extent, they become competitors. Because the market share is chaotically contested, it would lead to duplication of low-level construction and the waste of health resources, which mainly reflect in the following aspects: (1) No systematic guidance of graded medical service system is established for the public. (2) Circumstances that should be referred to fundamental medical institutions has not been defined clearly. (3) Indications for mutual referral have not been established; (4) The government has no effective restrictive measures in cases if the patients who should receive their initial diagnosis and treatment in the fundamental medical institutions turn to the superior-level hospitals instead, or when the superior-level hospitals refuse to follow the hierarchical medical policy and admit patients unlimitedly and indiscriminately [6]. (5) The occurrence of referral behavior is accompanied by the transfer of economic benefits. Since downward referral will lead to the economic losses of superior-level hospitals, not to mention there has no reasonable compensation mechanism, the superior-level hospitals inevitably would lose the motivation of downward-referral and counterpart assistance [4,7]. This results in the embarrassing situation of easy upward-referral and difficult downward-referral, and the imbalance between upward-referral and downward-referral is becoming increasingly serious. This dilemma is particularly prominent in the process of upward-referral with common diseases, chronic diseases, and recovered diseases. (6) It is difficult to avoid the obstacles of cohesion and reduce the extra medical service expenses occur during the process of referral. The issues mentioned above would hinder the development of the graded medical service system to a certain extent. The status quo profoundly reflects that the pattern of "the patients should seek for the first-time medical care in the fundamental medical institutions; rational mutual referral should be conducted among the superior-level hospitals and the fundamental medical institutions" is far from mature, which will inevitably affect the business of township hospitals and village clinics, aggravate the uneven distribution of benefits within CMSC.

2.4. Counterpart assistance has not fundamentally solved the long-standing problems existing in the fundamental medical institutions

As the leader of CMSC, county-level hospitals are also faced with its dilemmas. For instance, the quantity of medical personnel is insufficient, and the level of medical service is lacking. Therefore, even with the strong support from the government, the counterpart assistance given by these hospitals is still not enough. In addition, in order to prioritize the development of the county-level hospital's own business, the quantity of medical staff participating in counterpart assistance is small, and specializations cannot fully meet the urgent demand of fundamental medical institutions. Thus, the so-called counterpart assistance cannot fundamentally solve the problems existing in fundamental medical institutions. At the same time, the medical staff in the fundamental medical institutions is accustomed to doing routine business and has been in a state of half-work and half-leisure for a long time before joining CMSC, many of them hold an

unmotivated mentality.

2.5. The quantity and quality of medical personnel in fundamental medical institutions is insufficient

Excellent and sufficient medical staff, especially general practitioners, is the key to fundamental medical institutions' sustainable development. In China, due to the insufficient investment from the government and the inadequate intensity of policy propagandas, there are huge gaps between the medical staff in the fundamental medical institutions and in the county level hospitals in terms of the revenue and the social recognition. As a result, medical students and medical staff are unwilling to work at the fundamental medical institutions. The quantity of medical staff is small, and the professional quality is uneven, which restricts the continuous development of the fundamental health services. Furthermore, in case of a sudden epidemic, the situation of insufficient manpower would deteriorate.

2.6. The amount of funds invested by the government and private enterprises to the fundamental medical institutions is sometimes unreasonable

In developed areas, the amount of funds invested by the government and the private enterprises is excessive, but it has not been rationally utilized. In impoverished areas, the amount of funds is insufficient, which hinders the development of local medical service.

2.7. The traditional concept of health is difficult to be changed in a short term

Maintaining human health and improving the quality of life is the goal of today's global medical and health undertakings. In view of this, China proposed the concept of graded medical service system, which emphasized the fundamental medical institutions' service should focus on health care and disease prevention and provide the public with public health services and basic medical services. However, the role of public health services and basic medical services is greatly limited because of the public's traditional health concepts, poor economic level, educational background, and cognitive ability, especially in remote areas [4,7]. Accordingly, the fundamental medical institutions are difficult to acquire profit from these two aspects mentioned above but only obtain economical compensation by providing medical service, which leads to the incorrect positioning of themselves.

3. Solutions to close-type CMSC's challenges and dilemmas

3.1. Carry out scientific and rigorous policy design

As the main body of macro-control, the government should implement the concept of "integrating health into all policies" and maintain national health through the integration of various policies. In the process of building CMSC, we should fully embody this advanced concept, actively improve the supporting strategic development plans, policies and specific measures (including management system, operation mechanism, supervision mechanism, incentive and constraint mechanism, benefit distribution mechanism, compensation mechanism, and many more), take the interests of different levels of medical institutions into account, smoothen the channel of high-quality medical resources flowing up and down within the CMSC, and achieve "homogeneous service, risk and benefit sharing" [4,5,8]. Meanwhile, the government should integrate the construction of CMSC into social development by creating various social departments, including medical security, drug supply, human resources, and many more to participate in the construction of CMSC.

3.2. Transform government's management scope and realize decentralization

After the organizational structure and the access demands of CMSC was determined by the government, the free combination of different levels of CMSC should be promoted according to the law of socialist market economy. After the establishment of CMSC, administrative intervention should be reduced, and the

medical resources should be handed over to the leadership of CMSC for overall allocation. Members' responsibilities and rights should be clearly stipulated. The problem of benefit distribution should be solved to the greatest extent in order to achieve the support of all CMSC's members.

3.3. Improve the implementation rules for graded medical service system

The implementation rules for graded medical service system should be improved in order to help the graded medical service system to be more feasible. On one hand, different levels institutions within CMSC should be able to recognize their own positioning so as to achieve optimal allocation and efficient collaboration; on the other hand, smooth and convenient mutual referral green channel should be carried out within CMSC.

3.4. Various means should be adopted to improve the efficiency and quality of counterpart assistance

The counterpart assistance of provincial tertiary A hospitals to county-level hospitals can further improve the latter's service quality, management level, and teaching skills. Before organizing the counterpart assistance, the leadership of CMSC should solicit the opinions of the fundamental medical institutions, then arrange corresponding experts to join the counterpart assistance according to their needs. In addition, it is necessary to stimulate the subjective initiative of medical staff in the fundamental medical institutions to enhance their enthusiasm in improving their professional knowledge and skills.

3.5. Expand and consolidate the quantity of fundamental medical personnel as soon as possible

Several measures should be carried out to expand and consolidate the quantity of fundamental medical personnel: (1) Improve the incentive mechanism and effectively increase the salary of medical personnel in fundamental medical institutions. (2) Guide the public media's propaganda direction and affirm the social value of fundamental medical personnel, especially general practitioners, so as to encourage more and more medical students to join fundamental medical institutions, and stabilize the medical staff who have worked in the fundamental medical institutions; (3) Establish a training mechanism of general practitioners in China's medical education system to create attractive general practitioner departments.

3.6. Promote the modern health concept of "focusing on prevention"

Health care and disease prevention are the most ideal ways to achieve national health. Fundamental medical institutions are the important departments that provide health care and disease prevention health services for the public. How can the modern health concept of "focusing on prevention" be deeply rooted in the hearts of the people? How do we make the public turn to fundamental medical institutions initiatively for the service of health care and disease prevention? The following measures may be useful: (1) Integrate health education into the national education system and strengthen the publicity of "great hygiene, great health." (2) Promote the contractual relationship of "family doctors" between the fundamental medical institutions and the residents. Through "face-to-face communication," the awareness of health management in public would be established. Thereby, early screening and prevention of priority diseases can be achieved more easily [9]. (3) Increase the economic investment from the government rationally for both supply and demand sides to ensure the operability and sustainability of new habits of seeking for medical care.

3.7. Take measurements to cope with "becoming poor or returning to poverty due to illness"

The World Health Organization has developed the concept of "universal health coverage," which aims to provide all populations with access to public health and medical services, including health promotion, diseases prevention, medical treatment, and rehabilitation, and many more without the risk of falling into financial hardship. In order to avoid the county people from "becoming poor or returning to poverty due to illnesses," the government needs to establish a basic medical security system oriented to graded medical service system. Besides the coverage and reimbursement of social medical insurance should also be

expanded, especially the new rural cooperative medical care; the payment method needs to be reformed to improve the efficiency of the use of medical insurance funds; the economic burden of medical expenses on the people should be reduced by providing inexpensive medical services for the people.

4. Summary

The establishment and improvement of close-type CMSC is a major social project that will surely benefit the country and the public. Grasping the challenges and dilemmas faced by CMSC accurately and finding effective solutions or coping strategies can promote CMSC's service quality and efficiency, facilitate the in-depth construction of graded medical service system, and contribute to protecting the public's health rights to the greatest extent.

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