

CONFERENCE ABSTRACT

Dose Township-County Service Utilization (TCSU) influence patient' choice afterward?

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Background: High patient flow has caused great waste to the health care system in China, Chinese government is seeking to optimize the supply of medical care in rural areas through first point of care in the Community and service collaboration between township hospital and county hospital. TCSU is a health-seeking behavior in which patients asks for medical help firstly in the township hospital and secondly in the county hospital for the same disease within 30 days, it's supposed to be an important model of service collaboration between township hospitals and county hospitals.

Objective: To explore whether TCSU could influence patient's choice of medical institution afterward.

Method: 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 data. 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, and the influence of TCSU on patients' institution choice was analyzed through comparison of TCSU patients' flow change and the whole patient population's flow change in a year.

Result: The number of TCSU patients in Macheng City from 2012 to 2014 are 1410, 3462, 5147, respectively. The ratio of county to township (RCTT), which equals to the amount of visits and admissions happened in county hospital firstly divided by the amount of visits and admissions happened in township hospital and then multiplied by 100, from 2012 to 2014 are 26.6, 44.3, 36.8, respectively. RCTT of before the TCSU and after the TCSU are 23.2 vs 64.6 in 2012 ($\chi^2=383.5$, $P<0.001$), 28.6 vs 58.2 in 2013 ($\chi^2=737$, $P<0.001$), 28.7 vs 48.2 in 2014 ($\chi^2=570$, $P<0.001$).

Discussion: TCSU might has brought extra time cost and economic cost to patients, thus lowering patients' trust to township hospitals because patients all want to get recovery as quick and cheap as possible.

Conclusion: patient flow becomes higher after TCSU, which is an unexpected result from its design. More attention should be payed to the quality of service collaboration between township hospital and county hospitals to make the primary care be the first point of care.

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Lessons learned: the quality of service collaboration between township hospitals and county hospitals needs improving to increase patients' trust to township hospitals and interest to TCSU.

Limitation: this study was carried out in merely one county, and the characters of patients like disease and income were not included into analysis, which may limit the extending of conclusions.

Suggestions for future research: further researches need to take the patients' characters into consideration and include more counties of different economic levels to increase the credibility of conclusions.

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