

CONFERENCE ABSTRACT

Can Township-County Readmission (TCR) lower Costs of County Hospital Admission compared with Single County Hospital Admission?

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Yan Zhang, Yadong Niu, Liang Zhang

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

Background: TCR is an admission path in which a patient is firstly admitted to a township hospital and then a county hospital within 30 days for the same disease, it's supposed to be an important model of service collaboration between township hospitals and county hospitals which is designed to lower patients' hospital costs in county hospital and to improve the efficiency of service providing.

Objective: To explore whether TCR can lower patients' costs of county hospital admission compared with single county hospital admission.

Method: This study was carried out in Qianjiang District, Chongqing, China. 114 TCR patients of respiratory system disease were selected by Microsoft Office Excel 2010 based on the New Rural Cooperative Medical System data from 2008 to 2013, 74 of them were admitted to county hospital again after TCR within 30 days (TCRC) for the same disease, and 40 of them were admitted to county hospital before TCR within 30 days (CTCR) for the same disease. The cost of two admissions in county hospitals were compared by paired t-test.

Result: For TCRC patients, the average hospital costs of first admission in county hospital is 4437.6¥, the average hospital costs of second admission in county hospital is 3840.9¥ ($t=-0.467$, $P=0.643$). For CTCR patients, the average hospital costs of first admission in county hospital is 4452.6¥, the average hospital costs of second admission in county hospital is 4047.9¥ ($t=-0.467$, $P=0.339$).

Discussion : The difference between costs of single county hospital admission and costs of county hospital admission in TCR is not significant, which might be caused by the inefficiency of services provided by township hospitals or the disagreement county hospitals had with township hospitals on services provided.

Conclusion: In the TCR, services patients got from the township hospital were ineffective for treatment of disease in county hospital and the TCR path did not lower patients' hospital costs in county hospital. Service collaboration between township hospitals and county hospitals is superficial and didn't achieve the real continuity as wanted, which had enlarged the waste of medical resource and the inefficiency of service supply system.

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Lessons learned: The efficiency improvement of service collaboration between township hospitals and county hospitals depends on high quality services provided by township hospitals and agreement county hospitals had with township hospitals.

Limitation: Only one kind of disease was included into the study and the sample size was small, which may limit the extending of conclusions.

Suggestions for future research: More diseases and samples should be included in further researches to strengthen the conclusions.

Keywords: patient flow; collaborated service; admission; medical cost; rural area
