

CONFERENCE ABSTRACT

The key elements and effects of the integration between private secondary hospital and public township health center in China

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

Shasha Yuan, Fang Wang

Institute of Medical Information and Libarary, Chinese Academy of Medical Sciences & Peking Union Medical College, People's Republic of China

Introduction: It is a challenging issue in China that how to change the segmentation and build an integrated health systems in the new health care reform initiated in 2009. Constructing the collaboration among primary, the secondary and tertiary health institutions is regarded as one of the most feasible ways which has been encouraged and tried in practice. Therefore, it is vital to know the key elements of this intervention and its effects. Given different roles of primary and secondary health institutions, it is also important to understand whether the functions of primary health institutions were influenced by the integration intervention.

Description of practice: The collaboration was established between primary health institution "Lixian Township Health Center (THC)" and a private secondary hospital "Renhe Hospital" in Daxing District in Beijing. Key integration strategies included the management, medical services, and human resources in the first stage.

Aim and theory of change: Based on the theory of framework on integrated, people-centered health services, the goal was to strengthen the competency of primary health system and provided empirical basis for the establishment of dual referral system highlighted by the new health care reform.

Targeted population and stakeholders: The intervention targeted both supply and demand sides. The supply side includes hospital administrators and medical technicians. The demand side pointed to the patients seeking services from Lixian THC. The stakeholders included the executive officers of Daxing District, the officers of Daxing health bureau, the administrators of Renhe Hospital and the administrators of Lixian THC.

Timeline: It began on Dec 31, 2014 and last for five years in the contract signed by Renhe and Lixian THC.

Highlights: The most important innovation is that the collaboration is between a private secondary hospital and a public THC compared with other integration interventions. The initial distinct outcome represents at the improvement of management and medical services by directly appointing deputy administrator of Renhe Hospital to Lixian and making medical experts to Lixian.

Sustainability: Renhe Hospital played a vital role in the collaboration and made the majority of investment including equipment, the training of health workers, and medical experts, etc. There was almost no subsidy from Lixian and Daxing District. The sustainability is challenging if the intervention is implemented in such a way in the following years.

Transferability: The private hospital bring advanced management opinion to public THC to improve the efficiency which was not shown in the other collaborations among pure public institutions. The most challenging issue is the different nature and goal between public and private hospitals. Given the short period of the integration by now, we need to keep cautious attitude towards the transferability.

Conclusions: The initial effects have been shown on the change of management opinion, the increase of outpatient visits, and the improvement of competency of health workers in Lixian THC. For Renhe hospital, it gained the trust of officers of Daxing District and generated good public image. The other effects need to be supervised in the following implementing periods.

Discussions and lessons learned: It is disputed about the integration between private secondary hospital and public THC. It is worth to try this intervention in practice but the time is too short to do the assessment of the model. We need to keep cautious attitude when disseminating.

Keywords: integration; health care reform; primary health care; china
