Author's response to reviews

Title: The Analysis of Service Utilization in Community Health Centers Compared with the Local Hospitals in China

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Title: The Analysis of Service Utilization in Community Health Centers Compared
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Rather it is

The Analysis of Service Utilization in Community Health Centers Compared with
Local Hospitals in China

We have placed for each paragraph the author’s paragraph and the editing company
paragraph where it’s been corrected. Thus, it is easy to recognize the editing
company’s work

Abstract
Background:
Author: Being an important part of China’s Urban Health Care Reform System, the
Community Health Centers (CHCs) has been piloted throughout the entire country, and,
presently, they are under substantial re-construction. However, the status quo of services
being delivered by the CHCs is far from reaching their target of performance. Thus, to be
able to assess the role of the CHCs, we examined their performance in six cities, which
are located in South-East China’s regions. The purpose of this investigation was to
identify the utilization and the efficiency of the community health resources that are able
to provide the basic medical and public health services.
Reviewed by the Editing Company: Being an important part of China’s Urban Health
Care Reform System, Community Health Centers (CHCs) have been established
throughout the entire country and are presently undergoing substantial reconstruction.
However, the services being delivered by the CHCs are far from reaching their
performance targets. In order to assess the role of the CHCs, we examined their
performance in six cities located in regions of South-East China. The purpose of this
investigation was to identify the utilization and the efficiency of community health
resources that are able to provide basic medical and public health services.
Methods:
**Author:** Data were collected from all the local health bureaus and was processed with SPSS software. Methods of analysis mainly included: descriptive analysis, paired T-test and One-way ANOVA.

**Reviewed by the Editing Company:** Data were collected from all the local health bureaux and processed using SPSS software. Methods of analysis mainly included: descriptive analysis, paired T-test and one-way ANOVA.

Results:
**Author:** The six main functions of the CHCs were not fully exploited and the resource utilization efficiency of the CHCs surveys had a low potential and lacked the proper prestige. The CHCs shows they are deficient of serious funding support and they operate with many difficulties. The community residents have less positive attitude towards their services.

**Reviewed by Editing company:** The six main functions of the CHCs were not fully exploited and the surveys that were collected on their efficiency and utilization of resources indicate that they have a low level of performance and lack the trust of local communities. Furthermore, the CHCs seriously lack funding support and operate under difficult circumstances, and residents have less positive attitudes towards them.

Conclusion:
**Author:** The community health service must be adjusted according to the necessity of the urban medical and health reform taking into account the communities’ health needs. We should perform more research about the residents’ living standards and their health needs for those living within the CHCs parameters; taking into consideration the service users’ needs in expanding the new implemented service, and at the same time innovating the old service system so as to make the development of the CHCs realistic and able to provide a better service to patients. Finally, several suggestions were put forward; whereby, proposing a scheme that is attainable for the development of community health service.

**Reviewed by the editing company:** The community health service must be adjusted according to the requirements of urban medical and health reform, taking into account communities’ health needs. More research is required on the living standards and health needs of residents living within the CHC’s range, taking into consideration the users’ needs in expanding the newly implemented service, and at the same time revising the old service system so as to make the development of CHCs realistic and capable of providing a better service to patients. Several suggestions are put forward for an attainable scheme for developing a community health service.
Background

**Author:** Since they are considered an important part of the Chinese Urban Health Reform System, the Community Health Centers (CHCs) have been surveyed throughout the entire nation; and nowadays they are under substantial re-construction. Until 2002, 31 provinces including, the autonomous regions, and the central government ruled cities like: Beijing, Shanghai, ChongQing, and Tianjin, had a total number of CHCs around 2406, and 9700 service stations. However, these CHCs are facing many problems in delivering their services, and this is attributable to different speeds of development of each center, lack of resources, and the presence of unbalanced sizes in the CHCs, thus, making it difficult to meet citizens’ needs. Nevertheless, the CHCs are considered as the main groundwork institutions in offering basic medical and public health services. These CHCs are considered as the base networks that are utilized for medical treatment and public health surveillance. So, repositioning the health resources towards CHCs can ensure social health equity. [3]

Reviewed by the editing company: Since they are considered an important part of the Chinese Urban Health Reform System, Community Health Centers (CHCs) have been established throughout the entire nation; they are currently undergoing substantial re-construction. Until 2002, 31 provinces including the autonomous regions and central government-ruled cities such as Beijing, Shanghai, ChongQing and Tianjin had a total of around 2406 CHCs and 9700 service stations. However, these CHCs are facing many problems in delivering their services, attributable to the different speeds of development among centers, lack of resources, and imbalance in the sizes of CHCs, so it is difficult for them to meet citizens’ needs. Nevertheless, the CHCs are considered the main primary institutions for offering basic medical and public health services. They are regarded as the basic networks for medical treatment and public health surveillance. Therefore, redistributing health resources towards CHCs can ensure social health equality. [3]

**Author:** As for the traditional health methods, such as Traditional Chinese Medicine (TCM), they concentrate more on curing than on prevention and/or care. With the beginning of the 21st century, the traditional curing methods couldn’t cope any longer with the new CHCs tasks and patients’ health service demands (such as care, emergency treatment, rehabilitation). Hence, there is a great necessity in developing the CHCs services in order to meet the residents’ demands. The real question is how to develop these centers and expand them, and at the same time be able to attract patients in utilizing the CHCs services? Another important question should be raised, is that, how to build a trustful, stable, and a harmonious doctor-patient relationship? All these points are important variables in the advancement of the Chinese health reform system.

Reviewed by the editing company: Traditional health methods such as Traditional Chinese Medicine (TCM) concentrate more on cure than prevention and/or care. By the beginning of the 21st century, traditional methods could no longer cope with the tasks of the new CHCs or patients’ health service demands such as care, emergency treatment and rehabilitation. Hence, there is an urgent need to develop the CHC services in order to meet the residents’ demands. The main question is how to develop these centers and
expand them, and at the same time be able to attract patients to use them. Another important question is how to build a trusting, stable and harmonious doctor-patient relationship. These are all important variables in the advancement of the Chinese health reform system.

Author: The Chinese CHCs involved in delivering six main functions[1]:
(1) Disease prevention and control: under disasters situations the main work is to carry out, effectively, epidemic prevention measures, while at usual times the CHCs tasks lies in promoting prevention among their residents. By following the sectors instructions on epidemic prevention, the CHCs has to report carefully about the expanded plan immunizations (EPI) coverage and the routine immunizations deliverance to children within their communities, such as carrying out community vaccine immunizations, investigating about epidemics and contagious diseases, and other preventive procedures.

Health care service: health care services include health care surveys for family members, children, women, the old-aged as well as the disabled ones.

Reviewed by the editing company: The Chinese CHCs are involved in delivering six main functions[1]:

(1) Disease prevention and control: in disaster situations, the main task of the CHCs is to implement epidemic prevention measures effectively, while in more normal times it is to promote prevention among the residents. By following the sector’s instructions on epidemic prevention, the CHC has to report carefully on the coverage of expanded planned immunizations (EPI) and the delivery of routine immunizations to children within their communities, such as carrying out community vaccine immunizations, investigating epidemics and contagious diseases, and other preventive procedures.

Author: (2) Health care service: health care services include health care surveys for family members, children, women, the old-aged as well as the disabled ones.

(3) Health education: By promoting geriatric and woman health education, and expanding that education to students within schools around the country. In supporting the latter idea, the notion of a health-promoting school is a relatively new idea. “The health promoting school aims at achieving healthy lifestyles for the total school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of a safe and health-enhancing social and physical environment” (World Health Organization, 1993). Also, health education is essential in providing residents, for those located around the CHCs, with general medical and disease prevention information, and treatment consultations so as residents’ concept of care and health investment are promoted.

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essential in providing residents, those located around the CHC, with general medical and disease prevention information and treatment consultations, so that residents’ concepts of care and health investment are promoted.

Author: (4) Family planning: Implement a nation wide family planning policy. This is performed by carrying out educational and counseling services about family planning. (5) Medical treatment service: the main work is to consult, diagnose, and treat residents/dwellers about common diseases, frequent-occurring diseases and chronic diseases. (6) Community rehabilitation: By setting up family sick-beds, providing rehabilitation treatments and technical instructions for those who are considered disabled out-patients or the ones who are suffering from chronic diseases. But due to the scarcity of rehabilitation equipments and facilities, the community rehabilitation business is being dominated totally by the TCM acupuncture, moxibustion and massage. Thus, patients’ needs could hardly be met.

Reviewed by the editing company: (4) Family planning: the task here is to implement a nationwide family planning policy. This is performed by education and counseling about family planning. (5) Medical treatment service: the main work is to consult, diagnose and treat residents/dwellers for common, frequently-occurring and chronic diseases. (6) Community rehabilitation: this involves setting up family sick-beds, providing rehabilitation treatment and providing technical instructions for those who are considered disabled out-patients or those suffering from chronic diseases. However, owing to the scarcity of rehabilitation equipment and facilities, the community rehabilitation business is being dominated totally by TCM: acupuncture, moxibustion and massage. Thus, patients’ needs can hardly be met.

Author: After 1949, the ‘socialist medical cooperation centers (SMCC)’ were established in the urban and rural areas, and the health care personnel who served within these centers or paid house visits were known as ‘bare-foot-doctors’. Despite of these centers’ capabilities to cover and deliver medical care to large areas, the bare-foot-doctors’ technical skills became out of date. However, with the country’s economic development, the government started to lose control over these socialists medical cooperation centers (SMCC), which was related to the decrease in funding of these centers by the state, and they were forced to become individually owned or abandoned, and that led to the disappearance of these bare foot doctors.

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Author: Therefore, between the gradual disappearance of the socialist medical cooperation centers and the bare-foot-doctors, and the establishment of the CHCs system
there was a transitional period of two decades (1978-1998), where the rural areas lacked tremendous medical facilities or the existence of any private clinics. With the beginning of 1998, the government started in establishing the CHCs system, and in some locations what were known as the previous ‘socialist medical cooperation centers’ became clinics owned by individuals. Later, the central government started funding these private clinics and demanded that they turn their facilities and services towards their communities, by taking the role of the CHCs, and fulfilling their six main functions.\textsuperscript{[2]}  

Reviewed by the editing company: Between the gradual disappearance of the SMCCs and bare-foot doctors and the establishment of the CHC system, there was a transitional period of two decades (1978-1998) during which the rural areas suffered a severe lack of medical facilities; there were no private clinics. At the beginning of 1998, the government started to establish the CHC system, and in some locations the erstwhile SMCCs became clinics owned by individuals. Later, the central government started to fund these private clinics and demanded that they put their facilities and services at the disposal of their communities, by taking the role of CHCs and fulfilling their six main functions.\textsuperscript{[2]}  

Author: However, before the Chinese economic reform policy took place, the CHCs were supported financially by the government and they delivered their services free of charge to all residents. By 2004, the Ministry of Health implemented a law known as the ‘Medical Security System’ targeting the peasants. According to this law, the central government funded this system with 10 RMB, the local government with 10 RMB, and each individual contributed with 10 RMB. By this method the rural areas were able to establish the CHC in each community, and peasants were obliged to obtain medical services from these centers, and in return reduce the big load of patients on hospitals, and maintain in financing of the CHCs.

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Author: As the medical industry became channeled into market-oriented business, the government’s investment into the CHCs gradually started to diminish, and this led to the shrinkages in the CHCs services, and some of the CHCs were even demolished or sold to individuals. However, the number of CHCs that are controlled by hospitals varies depends on the development of each city. In the last couple of years, people started to complain about the government’s health reform policy. For example, in 2005, the authoritative research institution in China--Development Research Center of State Council P.R. China--released out one of its research results indicating that the Chinese health reform was not successful and failed to deliver efficient and cost effective health care service, as a whole, to its population. So, the objective of this research is to discuss the utilization of CHCs, compare them with the local hospitals, and then identify whether the CHCs can deliver appropriate basic medical and public health services or not.\textsuperscript{[4-6]}
As the medical industry became channeled into market-oriented business, the government’s investment in the CHCs gradually started to diminish, and this led to shrinkage of the CHC services, and some CHCs were even demolished or sold to individuals. However, the number of CHCs controlled by hospitals varies depending on the development of each city. In the last couple of years, people have started to complain about the government’s health reform policy. For example, in 2005, the authoritative research institution in China – the Development Research Center of State Council P.R. China -- released results indicating that the Chinese health reform program was not successful and failed overall to deliver an efficient and cost-effective health care service to its population. Therefore, the objective of the present study is to discuss the utilization of CHCs, compare them with local hospitals, and determine whether they can deliver appropriate basic medical and public health services. [4-6]

Methods:
Author: All data was collected from the CHCs and the local hospitals with the assistance of the local health bureaus and was analyzed. In collaboration with the community members, an initial quantitative assessment was performed to evaluate five medical resource variables: “Average professional income per staff”; “Medical income per 100 Yuan fixed assets”; “Person-time charge level of outpatient service”; “Proportion of administrative expense to the whole expense”; “Average outpatients per staff per day” (Table 1).

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Author: The three hospitals and three CHCs were chosen randomly, and the data that was collected from the local health bureaus about these medical facilities showed a wide difference in types of services being attended for, and the number of patients seeking medical treatment (Table-3). The median average ages attended hospitals for both sexes were between 12 yrs to 63 years old, and those in the CHCs were between 26 yrs to 68 yrs old (Table -4).

Reviewed by editing company: The three hospitals and three CHCs were chosen randomly. The data collected from the local health bureaux about these medical facilities differed widely in the types of services being sought and the number of patients seeking medical treatment (Table 3). The median average ages of those attending hospitals (both sexes) were between 12 to 63 years and those attending the CHCs were between 26 to 68 years (Table 4).
Author: Also, the number of patients attended the hospitals was 264 fold that of the CHCs. Furthermore, even the wide variety of departments existing within hospitals has a larger turnover of patients than those at the CHCs. As for the variety of departments at the CHCs they are limited in number due to the scarcity of resources. Furthermore, a household survey was implemented within the community to find out residents’ knowledge about CHCs (Table-2).

Reviewed by BMS company: The number of patients attending hospitals was 264 times the number attending CHCs. Furthermore, all hospital departments had a larger turnover of patients than CHC equivalents. The number and variety of departments at the CHCs is limited owing to the scarcity of resources. Also, a household survey was implemented within the community to ascertain residents’ knowledge about CHCs (Table 2).

Author: The initial quantitative assessment design was applied to six cities and they were chosen from South-East China’s regions---Guangzhou, Foshan, Shenzhen, Fuzhou, Xiamen and Hangzhou. Three hospitals (1 medium-large and two large hospitals) and three CHCs were chosen randomly “by a draw”, and then data samples were collected from the local health bureaus.

Reviewed by editing company: The initial quantitative assessment design was applied to six cities chosen from regions of South-East China --- Guangzhou, Foshan, Shenzhen, Fuzhou, Xiamen and Hangzhou. Three hospitals (1 medium-large and two large) and three CHCs were chosen randomly “by lots”, and data samples were collected from the local health bureaux.

Author: The reason we have emphasized on the hospital size in order to detect patients’ turnover in the outpatient departments per number of staff per day and the number of patients those attending according to their required needs, which varies from one hospital to another. As for the 3 CHCs that were chosen randomly from three cities, the size of their facilities was nearly the same. Also, we investigated the utilization of the health resources in each city and the standard of living in each community. All data was processed by using SPSS software. Analytical methods mainly included descriptive analysis, paired T-test, One-way ANOVA, etc (Table-1).

Reviewed by BMS company: We have emphasized hospital size in order to indicate patient turnover in the outpatient departments per number of staff per day and the number of patients attending according to their needs, which vary from one hospital to another. The 3 CHCs, chosen randomly from three cities, were almost identical in the size of their facilities. Also, we investigated the utilization of health resources in each city and the standard of living in each community. All data were processed using SPSS software. Analytical methods mainly included descriptive analysis, paired T–tests, one-way ANOVA, etc. (Table 1).

Author: We also applied a household survey to the six cities in order to find out residents’ knowledge about the CHCs’ six functions. A total of 3000 questionnaires were distributed, and every 500 questionnaires were distributed to each city. Finally 2563 questionnaires were returned and found valid. The rest of the 437 questionnaires were invalid; 148 were returned but not being fully answered, 232 were returned but they were
Reviewed by editing company: We also conducted a household survey in the six cities in order to ascertain residents’ knowledge about the CHCs’ six functions. A total of 3000 questionnaires were distributed, 500 in each city. Of these, 2563 were returned and found valid. The remaining 437 questionnaires were invalid; 148 were returned but not fully answered, 232 were returned blank and 57 were lost. The response rate was 85.45%. The following questions were analyzed (Table 2).

Results:

Author: Under the items of “medical income per 100 Yuan fixed assets” and “proportion of administrative expense to the whole expense” (see Table-1), there was no obvious difference between the local hospitals and the CHCs. In the three items of “average professional income per staff”, “person-time charge level of outpatient service” and “average outpatients per staff”, the utilization of health resources in local hospitals was higher than that in the community medical health institutions.

Reviewed by editing company: Under the items “medical income per 100 Yuan fixed assets” and “proportion of administrative to total expenditure” (see Table 1), there was no obvious difference between the local hospitals and the CHCs. In the three items “average professional income per staff”, “level of person-time charge for outpatient service” and “average outpatients per staff”, the utilization of health resources was higher in local hospitals than in the community medical health institutions.

Author: As a whole, the utilization of large and medium-large local hospitals is generally higher than that of the CHCs. Residents would visit the local hospitals no matter their diseases are acute or chronic due to peoples’ trust in hospitals. This has led to an increase in influx of too many people into the local hospitals, which was described by the Chinese Ministry of Health as “difficult to see a doctor” and “expensive to see a doctor”.

Reviewed by editing company: Overall, the utilization in large and medium-large local hospitals is generally higher than in the CHCs. Residents visit the local hospitals no matter whether their diseases are acute or chronic because people trust hospitals. This has led to an influx of too many people into local hospitals, which was described by the Chinese Ministry of Health as “difficult to see a doctor” and “expensive to see a doctor”.

Author: The CHCs has difficulty in wining the trust of the local residents due to the scarcity of medical resources, such as lack of funds, absence of newest medical technology (rarely any diagnostic equipment could be seen in these centers), and rarely there is any existence of professional and qualified medical staff (especially in the rural areas). Because of the mentioned latter reasons, other community health care performances are difficult to be carried out smoothly. In general, medical officers working in the CHCs are not qualified enough to gain residents’ trust because they are not always up to date on the latest medical information.

Reviewed by editing company: The CHCs have difficulty in winning the trust of the local residents owing to the scarcity of medical resources such as lack of funds, absence of newest medical technology (diagnostic equipment could rarely be seen in these centers), and few professional and qualified medical staff (especially in the rural areas). For these
same reasons, it is difficult for other community health care tasks to be carried out smoothly. In general, medical officers working in the CHCs are not qualified enough to gain the residents’ trust because they are not always up to date on the latest medical information.

Author: Furthermore, usually physicians working in the CHCs either they never received a bachelor degree in medicine, that is, they are medical technicians, or some doctors couldn’t find jobs in hospitals due to their poor professional quality, thus, they turned to work at the CHCs, or the third type where they are specialized physicians but unable to deliver primary care service.

Reviewed by editing company: Furthermore, many physicians working in the CHCs either have not received a bachelor degree in medicine, that is, they are medical technicians, or could not secure hospitals jobs owing to poor professional quality and turned to work in a CHC, or are specialized physicians but unable to deliver a primary care service.

Author: As for people’s knowledge about the CHCs, one can detect from Table-2 that the percentage of residents who have the knowledge about the medical treatment performance service falls in the highest percentile, which is 98.6%, and the next second highest function is prevention and control. The awareness rate of “Community rehabilitation” is 42.2% because most residents consider that community rehabilitation is part of the medical treatment function.

Reviewed by editing company: Table 2 shows that the percentage of residents who have knowledge about the medical treatment performance service of the CHCs falls in the highest percentile (98.6%), and the second best-known function is prevention and control. The awareness rate of “Community rehabilitation” is 42.2% because most residents consider community rehabilitation to be part of the medical treatment function.

Author: However, residents have a low rate of awareness about the healthcare service function and health education, and most responders believe that, both, the latter functions should be implemented by health administrators. Furthermore, residents have the same understanding about the importance of the five functions. All residents hope that the CHCs could be well constructed and effectively managed, but at the same time residents are dissatisfied with the services provided by the CHCs. Satisfaction rates all falls under 70% except for “Health education”, which is 75.5%.

Reviewed by editing company: However, residents have a low rate of awareness about the health-care service function and health education, and most responders believe that both the latter functions should be implemented by health administrators. Furthermore, residents have the same understanding about the importance of the five functions. All residents hope that the CHCs can be well constructed and effectively managed, but at the same time they are dissatisfied with the services provided by the CHCs. Satisfaction rates all fall under 70% except for “Health education”, which is 75.5%.
Author: The rate for “Medical treatment service” is only 21.9%, much lower than its awareness and importance rate. For “Community rehabilitation” the awareness rate is the lowest, which is 18.5%. The main cause is the presence of simple equipments and poor service circumstances, which could not meet residents’ demands about the rehabilitation service.

Reviewed by editing company: The rate for “Medical treatment service” is only 21.9%, much lower than its ratings for awareness and importance. For “Community rehabilitation” the awareness rate is the lowest (18.5%). This is mainly because of the simple equipment and poor service available, which is unable to meet residents’ requirements for a rehabilitation service.

Discussion

Author: Since the CHCs lack the trust and support from the community, hence, it is considered a real problem that needs to be solved. One has to acknowledge that the deep rooted-health problems can only be solved by the people themselves in collaboration with the central and the local government. Emphasis should be put more on the community where each neighborhood could take the role in promoting and improving their own health care according to their own needs such an example could be taken from the U.K model where a number of policy documents were adopted.[7-8]

Reviewed by editing company: Since the CHCs lack the trust and support of the community, this is a real problem that needs to be solved. One has to acknowledge that deep-rooted health problems can only be solved by the people themselves in collaboration with central and local government. More emphasis should be put on the community where each neighborhood could take on a role in promoting and improving their own health care according to their own needs; an example could be taken from the U.K. model where a number of policy documents were adopted.[7-8]

Author: Thus, the results from the data analysis indicate that the utilization of local hospitals is extremely much higher than that existing in the CHCs. This is due to the high efficiency of the fiscal government departments in allocating more funds to local hospitals than to CHCs. In some sense, the switch in government’s input into CHCs can ensure social health equity and efficiency in utilizing the health resources.

Reviewed by editing company: The data analysis indicates that the utilization of local hospitals is very much higher than that of CHCs. This is due to the high efficiency of fiscal government departments in allocating more funds to local hospitals than to CHCs. A switch of government input into CHCs might help to ensure social health equity and efficiency in utilizing health resources.
Carrying out the reforms of the CHCs’ performance in the last five years has brought much convenience to local residents and helped to serve them at different levels in medical treatment, prevention, health care, recovery, health education and family planning. Residents are accepting these services to a certain extent. However, the six main functions are not fully realized, where the CHCs services, in reality, are still far from reaching their targets. They have low number of resources that could be utilized, with low prestige, lack in serious funding and functioning under difficult circumstances.

Reforming the performance of the CHCs during the last five years has brought greater convenience to local residents and helped to serve them at different levels in medical treatment, prevention, health care, recovery, health education and family planning. Residents are accepting these services to a certain extent. However, the six main functions are not fully recognized where the CHCs’ services are in reality still far from reaching their targets. They have inadequate resources, low prestige and serious lack of funding and function under difficult circumstances.

The causes to this phenomenon mainly include:

1. Lack in perfect compensatory funds mechanism. The government has clearly pointed out that the CHCs should be constructed within their own street community along with urban planning. Every street should provide housing for its CHCs; practically, this policy is difficult to be implemented because house ownership and easement are always related to individuals or certain economic sectors’ interests. Since the CHCs are not channeled properly into the society’s right cause, thus, they are institutions without clear status, and lack other financing methods; for example, social donations have not reached to them.

Imperfection of compensatory funds mechanism. The government has clearly pointed out that the CHCs should be constructed within their own street communities as part of urban planning. Every street should provide housing for its CHCs. In practice, this policy is difficult to implement because house ownership and easement are always related to individuals or the interests of certain economic sectors. Since the CHCs are not channeled in accordance with the structure of society, they are institutions without clear status and lack other financing methods; for example, social donations have not reached them.

Community health service centers have no single proper and unified standard charging fee. There is a wide difference in charging fees between a hospital and a CHC. As for those sufferers from common diseases they could obtain the service at the CHCs, but rather they prefer to be treated at large hospitals. Furthermore, the double-way referral manifests that patients can be transferred from a CHC to a hospital, but can’t be transferred from a hospital to a CHC, even those who are with mild diseases. Hence, due to lack in economic compensations from the government, the CHCs are stressing on treatment rather than concentrating on the process of prevention and this situation does exists broadly among the community health centers. As for the economic factors, the CHCs expenditures are exceeding the incomes, thus, they can hardly keep running on that basis.

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Sufferers from common diseases can obtain the service they require at the CHCs, but prefer to be treated at large hospitals. Furthermore, the double-way referral means that patients can be transferred from a CHC to a hospital, but not from a hospital to a CHC, even those with mild diseases. Hence, owing to a lack of economic compensation from the government, the CHCs are stressing treatment rather than concentrating on prevention, and this situation is widespread among the community health centers. Moreover, CHCs’ expenditure is exceeding income, and they can hardly keep running on this basis.[3]

Author: (2) General medical education obviously cannot meet the residents’ high demands and expectations. Almost all community doctors come from various types of hospitals with different specialties but lack in primary care experience. Since they are trained only for several months in general practice, hence, their specializing field is considered an obstacle in their performance at the CHCs, and sometimes several specialized doctors need to work together on one patient’s disease. The CHCs are in need for qualified and certified general practitioners who are considered the “curbstone general practitioners” in general medical practice.

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Author: (3) Different impressions from different levels of the society on CHC. The recognition of government leaders for these centers is not profound. Also, most residents regard the CHCs as small medical institutions that offer treatment services to the doorstep, but they do not understand fully the CHCs’ six main functions. Because of residents’ awareness about health remains weak, they do not realize the importance of disease prevention and health care function. When medical personnel pays a home visit in order to perform a health promotion or fill a family health record, a misconception arises, most of the time, among residents’ thinking that the CHC personnel might charge for the service or “though no charge now, charge in the future”.

Reviewed by editing company: (3) Different levels of society have different impressions of CHCs. The recognition of government leaders for these centers is not profound. Also, most residents regard the CHCs as small medical institutions that offer treatment services on the doorstep, but they do not fully understand the CHCs’ six main functions. Because residents’ health awareness remains weak, they do not realize the importance of the disease prevention and health care functions. When medical personnel pay a home visit in order to perform a health promotion or complete a family health record, a misconception frequently arises; residents think that the CHC personnel might charge for the service or “though no charge now, charge in the future”.
Author: So, they will refuse the service that has been offered to them, and this will hinder the CHCs’ work from going forward. Hence, the health leaders should have a better recognition, and understanding towards these issues, and health promotion should concentrate more on health education promotions that will target the service users.

Reviewed by editing company: So they refuse the service that has been offered to them, and this hinders the CHCs’ work. Hence, health leaders should have a better recognition and understanding of these issues, and health promotion should concentrate more on education targeting the service users.

Author: (4) The CHCs lack the experience in operation and management field. The institutions’ efficiency and performance runs in a very bureaucratic way: there is a lack in research that could be utilized to tackle problems; absence of any effective assessment method or evaluation management system index; none of any institutions’ incentives such as staff performance reward or punishment system; and there is no existence of any effective supervisory management system throughout the operation.

Reviewed by editing company: (4) The CHCs lack experience in the operation and management fields. The institutions’ efficiency and performance are affected by heavy bureaucracy: there is a lack of research that could be utilized to tackle problems; an absence of effective assessment methods or system for evaluating management; no institutional incentives such as a staff performance reward or punishment system; and no effective supervisory management system throughout the operation.

Author: The government must exert more efforts by performing more serious research about the residents’ health care needs. The central and local governments should take advantage of the information available about peoples’ needs and demands in order to develop the service areas by expanding the service connotations plan and making the CHCs develop healthily and continuously.

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Author: By aiming at these problems, we propose several suggestions for the CHCs: one should take a further step in perfecting the CHCs economic compensation methods. As for the CHCs’ six main functions, only the medical treatment can bring an economic yield. The other five functions which have direct economic yields are not obvious and they have some “welfare” features. The national government proposed that the CHCs’ economic compensation channels include: government participation in subsidizing the prices for residents who are attending the CHCs; part of hospital’s pharmaceutical income is directed towards financing the CHCs; permitting the local residents, those holding the medical insurance, to be treated at the CHCs, etc.
Reviewed by editing company: Targeting these problems, we propose several suggestions for the CHCs\textsuperscript{11-12}:

One should take a further step towards perfecting the CHCs’ economic compensation methods. Of the CHCs’ six main functions, only medical treatment can bring an economic yield. The other five functions have economic yields that are not obvious and they have “welfare” features. The national government proposed that the CHCs’ economic compensation channels should include: government participation in subsidizing the costs for residents attending the CHCs; direction of part of hospitals’ pharmaceutical income towards financing the CHCs; permitting local residents, those holding the medical insurance, to be treated at the CHCs; etc.

Author: So, in the future, the government should pay more attention to the CHCs’ role when it is considering health cost investment. Currently, the service sectors and the different types of treatment within the CHCs services are different from that offered by hospitals. They have no standardized or a unified charge. To make up for the funds’ shortage, price and fiscal sectors the government should exert more efforts on formulating unified prices. Each standardized charge should be suitable for the local residents’ level of income, economic affordability and medical insurance reforms.

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Author: The CHCs should be permitted to be listed in the urban resident’s basic medical insurance expense account, so that it can help build the “double-way referral mechanism, i.e., patients with serious diseases should be transferred from the community medical centers to hospitals, and patients with mild diseases should be transferred from hospitals to the CHCs. Thus, this will reduce the medical expense as a whole.

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Author: (1) Build and improve effective management systems for CHCs. Following the basic principal of “government leads CHC, street institution builds stage for CHC, and the CHC serves the residents”; thus, the construction of a management system should channel the CHCs under the government’s control. Meanwhile, enough consideration should be given for both variables: the industry/profession and the region. It is necessary to formulate a norm for operational management, specific patterns to be followed, and functions that are needed to be implemented by the community health service, such as an evaluation system and a community health service assessment index. By adopting these two evaluations’ scales the CHCs will be more standardized and normalized.
Reviewed by editing company: (1) Build and improve effective management systems for CHCs. Following the basic principle of “government leads CHC, street institution builds stage for CHC, and CHC serves residents”, the construction of a management system should channel the CHCs under the government’s control. Meanwhile, sufficient consideration should be given to both variables: the *industry/profession* and the *region*. It is necessary that a norm for operational management be formulated, specific patterns be followed, and necessary functions be implemented by the community health service, such as an evaluation system and a community health service assessment index. By adopting these two evaluation scales, the CHCs will be more standardized and normalized.

Author: (2) Strengthening the construction of the CHCs’ professional staff. Currently, according to the government’s proposals and requirements, every CHC should serve 2000 to 4000 people, and should have a general practitioner (GP). There is an urgent need to implement a training scheme to train high qualified and accomplished GPs. Another important issue is that, when we select and allocate community health service personnel, we should pay more attention to their formal schooling, major, knowledge, age, professional job title, etc. Those with current low professional job titles and low formal schooling are replaced by highly qualified staff. Since general medical education is considered as the core of medicine; thus, post training is considered very essential, and the current and future community health service workers should get standard post training, and they would be licensed to work after they have passed the assessment tests. By adopting these set of standards gradually the quality of the general service will be improved. We should emphasize on the work performance reward and punishment system, linking performance with placement, and *job titles* with promotion in order to stimulate the initiatives among the medical care workers serving the communities.

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Author: (3) Implement promotion and continuous medical education at different levels. With the new health service reform, the CHCs require the whole society’s wholehearted support and a broad participation from residents living within their communities. Lobbying and promoting broadly will push the leaders to change their way of thinking and strengthening their goals towards the construction of the CHCs. The central and local health authorities should make further promotion and implement further continuous medical education for the medical staff. Also, during the medical staff performance at the CHCs, their attitude towards patients should take into
consideration the “biological – psychological – social behavior of patients”. The health personnel providers should not only observe the patient as a single individual but rather as part of the society who is influenced by it. The Chinese health care providers must change their way of thinking in treating the individual by applying first the psycho-somatic therapy, and then may be followed by treating the disease if it is needed. Thus, the main function of the CHCs must change from treatment to prevention and health care.

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** All grammar mistakes were corrected in the discussion

Conclusion:

Author: An essential and efficient health care should be available to everyone. The local hospitals and the CHCs are considered as the main care providers for the local residents in these communities. It is important to put the CHCs’ six functions into effect and build a new and safe community health care network.

Reviewed by editing company: Efficient essential health care should be available to everyone. The local hospitals and the CHCs are considered the main care providers for local residents. It is important to put the six functions of the CHCs into effect and build a new and safe community health care network.

Author: However, there are some problems in exerting the functions of the CHCs:
(1) CHCs services actuality is far from its required function. The rate of awareness about Community rehabilitation, Health care service and Health education is 42.2%, 35.3%, 31.8%, respectively. These functions are not fully realized and utilized completely.

Reviewed by editing company: However, there are some problems in realizing the functions of the CHCs.

(1) CHC services are far from understood. The rates of awareness about Community rehabilitation, Health care service and Health education are 42.2%, 35.3%, 31.8%, respectively. These functions are not fully realized or completely utilized.

Author: (2) At present, the CHCs’ main function is “medical treatment service,” and the awareness rate of “Medical treatment service” is the highest, which is 98.6%. But the rate of “Satisfaction about the item” is the lowest, which is 21.9%.

(3) As a whole, the utilization of medium-large to large hospitals is generally higher than that of CHCs. Residents would attend local hospitals no matter their diseases are serious or not. This has
led many people to complain about the service, as has been described by the Chinese Ministry of Health as “difficult to see doctor” and “expensive to see doctor” in some hospitals \[^{[1.5.6]}\].

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(3) As a whole, the utilization of medium-large to large hospitals is generally higher than that of CHCs. Residents prefer to attend local hospitals whether their diseases are serious or not. This has led many people to complain about the service, described by the Chinese Ministry of Health as “difficult to see doctor” and “expensive to see doctor” in some hospitals \[^{[1.5.6]}\].

Author: To summon up, we need to increase, furthermore, the promotion of health education towards residents; try to change the residents perception and recognition of health care; try to understand the concept of health consumption by making the communities’ health six service functions suitable for people who have high expectations and demands about receiving an appropriate health care, and make the community health service to function better.

Reviewed by editing company: To sum up: we need to increase the promotion of health education towards residents; try to change the residents’ perception and recognition of health care; try to understand the concept of health consumption by making the CHCs’ six service functions suitable for people who have high expectations and demands for appropriate health care; and make the community health service function better.

**All small sentences, phrases were restructured and rewritten. Grammar mistakes were corrected all according to the reviewer’s advice.**

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct.

Discretionary Revisions (which the author can choose to ignore)

**What next?**: Accept after minor essential revisions

**Level of interest**: An article of importance in its field

**Quality of written English**: Needs some language corrections before being published

**Statistical review**: Yes

**Declaration of competing interests**: 'I declare that I have no competing interests'