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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Author's response to reviews: see over
Abstract

Background: the fourth line to the 8th line some sentences were restructured and corrected the grammar mistakes.
However, the status quo of the services within the CHCs is far from those being required. In order to assess the role of the CHCs, we investigated the CHCs in six cities located South-East China region in order to identify the utilization efficiency of the community health resources in providing basic medical services and basic public health services. 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.

Methods:

Results: Most of the literature has been restructured and corrected the grammar mistakes according to the reviewer’s request
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. The six main functions of the CHCs were not fully exploited and the surveys that were collected on the CHCs’ efficiency and their utilization of resources illustrates that they have a low level of performance and lack communities’ trust. Furthermore, the CHCs demonstrated that they lack in serious funding support, operate under difficult circumstances, and residents have less positive attitudes towards the CHCs services.

Conclusion: Restructured sentences 3, 4, 5, 6, 7, 8, 9 and corrected the grammar mistakes in the grammar mistakes were corrected according to the reviewer’s request
We should perform more researches about the community residents standard of living and their health needs, thus, taking advantage of the needs addressed by the service users
in order to develop the new service and in parallel innovate the old service system so as to make the development of CHCs sustainable and able to provide a better service to the service users. Finally, several suggestions are proposed for the development of community health service.

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.

Background

Reviewer: More literature review references are required to link the evolution of the CHC with the "foot doctors" and similar PHC schemes with which many non-Chinese health workers are more familiar.

The following paragraph about the history of the CHC was added in the “Background” between the 3rd line and the 9th line:

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.

Background

(6) Community rehabilitation between 7th line to 32nd line:

**All grammar mistakes, restructuring of phrases, and small sentences were performed.

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. 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. 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 attain medical services from these centers, and in return reduce the big load of patients on hospitals, and maintain in financing of the CHCs.

Methods:
Line 7th to 11th the sentences were restructured
Also, the data that was collected from the local health bureaus on the three hospitals and the three CHCs, chosen randomly, a wide difference was detected in the number of patients seeking medical treatment and the type of services being attended for between the hospitals or the CHCs (Table-3). The median average ages attending the hospitals was between 12 yrs to 63 years old; as for the CHCs the median average was between 26 yrs to 68 yrs old.

The data samples were collected randomly from the local health bureaus by ‘making a draw’, choosing 3 hospitals (1 medium-large and two large hospitals). 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

**other sentences were grammatically corrected according to the review’s request**
Results:

Line 11th to 15th had answered the reviewers request about lack of residents’ trust in the CHCs:

Due to the scarcity of medical resources, medical technology and professional and qualified medical staff, the CHCs has difficulty in winning the trust of the local residents, and there are few residents who would attend the CHCs for health services only.

The CHCs has difficulty in winning 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 existence of professional and qualified medical staff.

Lines 18th to 24th have answered the reviewers request about lack of the residents’ trust in the CHCs has because of the quality of the three types of physicians working in these institutions:

Furthermore, the medical officers working in the CHS, in general, are not quite qualified enough to gain the residents trust due to lack in their further continuous education, which ceased long time ago. Also, the facilities of these institutions either they are not in proper structure and/or lack the latest advanced equipment or professional staffing. 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. 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 might be specialized physicians but unable to deliver primary care service.

**The sentence were restructured and corrected the grammar mistakes according to the reviewer’s request**

Discussion

The causes to this phenomenon mainly include

(1) Lack in perfect compensatory funds mechanism. Between the 9th and 10th line the question is answered according to the reviewer’s request:

There is a wide difference in charging fees between a hospital and a CHC

(2) General medical education obviously cannot meet the residents’ high demands and expectations. 1st line to 6th line the sentences are being rewritten and restructured about the inability of specialized physicians in delivering primary care service:
Almost all community doctors come from hospitals’ of various special sectors. Though they are trained for several months only, this is due to an imperfect general medical education, and their “specialty but not versatility” after years’ of hospital clinic special work, they are “curbstone general practitioners” in general medical practice. Usually, several related doctors need to work together on one patient’s disease in a CHC. 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.

(4) The CHCs management and its operations lack the experience from 1st line to 6th line. The sentences were restructured and rewritten:

The institutions’ efficiency and performance is running low: there isn’t enough research for a profound problem; there isn’t any effective assessment method or effective evaluation index system in the management; there isn’t effective institutions’ and/or staff performance reward or punishment system and management supervision system throughout the mechanism.

The institutions’ efficiency and performance runs in a very bureaucratic way: there is a lack in research that could be utilized to tackle the problems; absence of any effective assessment method or evaluation management system index; no presence 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.

By aiming at these problems, we propose several suggestions for the CHCs

(1) Build and improve effective management systems for CHCs. Line 6th to 10th the sentences are restructured and rewritten according to the reviewer’s advice:

Meanwhile, enough consideration should be given for both variables: the industry/profession and the region; formulate norm for the community health service function, pattern and management; community health service assessment index and evaluation system should be implemented so that the CHCs will be more standardized and normalized.

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.
(2) Strengthening the construction of CHCs’ professional staff. According to the government’s proposal and requirements, currently, every CHC is serving 2000 to 4000 people and should have a general practitioner (GP); training high qualified and accomplished GPs is an urgent need to be implemented.

(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.

(3) Implement promotion and continuous medical education at different levels. Lines 7th to 14th have been restructured and rewritten according to the reviewer’s advice: The central and local health authorities should make further promotion and implement further continuous medical education to the medical staff so that their health service behavior can be adjusted to “biological – psychological – social medical science” pattern. They will not only see the biology property of the service objectives, but as well the social property and they will convert health service from the one with a single core of diseases to the one with the core of human, the unit of a family, the range of community and the main body of the masses. Thus, the main content of CHCs will change from treatment to prevention and health care. Also, during the medical staffs’ performance at the CHCs, their attitude towards patients should take into consideration the “biological – psychological – social behavior of patients”. [2] 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 diseases if it is needed. Thus, the main function of the CHCs must change from treatment to prevention and health care.

** All grammar mistakes were corrected in the discussion

Conclusion:

**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'