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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Background
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.

Results
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
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, users’ needs in expanding the newly implemented service, and at the same time revising the old 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
Community Health Centers (CHCs) have been established throughout they are currently undergoing substantial re-construction.

including the autonomous regions and central government-ruled cities such as Beijing, Shanghai, ChongQing and Tianjin had a total of around 2406 CHCs

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

the main primary institutions

They are regarded as the basic networks

Therefore, redistributing health resources towards CHCs can ensure social health equality. [3]

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 emergency treatment and rehabilitation. Hence, there is an urgent need to develop the CHC

The main question is how to develop
and at the same time be able to attract patients to use them.

Another important question is how to build a trusting, stable

These are all important variables

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.

the CHC has to report carefully on the coverage of expanded planned immunizations (EPI) and the delivery of routine immunizations

(2) Health care services: these include health care surveys of family members, children, women, the elderly and the disabled.

(3) Health education: by promoting geriatric and women's health education, and extending such education to students in schools

with general medical and disease prevention information and treatment consultations, so that residents’ concepts of care

(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

disabled out-patients or those suffering from chronic diseases

However, owing to the scarcity of rehabilitation equipment and facilities,

After 1949,.....Notwithstanding the ability of these centers

the SMCCs because of decreased state funding, and the centers were forced

which led to the disappearance

Between the gradual disappearance of the SMCCs and bare-foot doctors

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

Later, the central government started to fund

demanded that they put their facilities and services at the disposal of their communities,

However, before the Chinese economic reform policy was implemented,

were able to establish a CHC in each community and peasants were obliged to obtain medical services from these centers, reducing the heavy patient load on hospitals,
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

For example, in 2005, China - the Development Research Center of State Council P.R. China...indicating that the Chinese health reform program was not successful and failed overall to deliver an efficient and cost-effective health care service

Therefore, the objective of the present study is....and determine whether they can deliver

Methods

All data were collected from.....assistance of the local health bureaux and were analyzed.In collaboration with members of the community.

"Level of person-time charge for outpatient service";"Proportion of administrative expenditure to total expenditure"

The data collected from the local health bureaux about these medical facilities differed widely in the types of services being sought and the number

The median average ages of those attending hospitals(both sexes) were between 12 to 63 years and those attending the.

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 .....to ascertain residents' knowledge

six cities chosen from regions of South-East China.....chosen randomly"by lots"...local health bureaux. We have emphasized ...in order to indicate...which varyfrom one hospital to another. .....The 3 CHCs, chosen randomly from three cities, were almost identical in the size of their facilities. .....All data were processed using SPSS software.....paired T-tests, one-way ANOVA,

We also conducted a...in the six cities in order to ascertain residents’ ....A total of 3000....500 in each city. Of these, 2563 were...The remaining 437 questionnaires

Results

"proportion of administrative to total expenditure" ......."level of person-time charge for outpatient service" .......utilization of health resources was higher in local hospitals

Overall, the utilization in large and medium-large..higher than in the CHCs.Residents visit....no matter whether their diseases are acute or chronic because people trust hospitals.

The CHCs have difficulty in winning.....residents owing to the scarcity ....(diagnostic equipment could rarely be seen..)and few professional

For these same reasons, it is difficult for other community health care tasks.......to gain the residents' trust

Furthermore, many physicians working in......either have not received a bachelor degree or could not secure hospitals jobs owing to poor professional quality and turned to work in a CHC, ....unable to deliver a primary

Table 2 shows that the percentage.....knowledge about the......performance service of the CHCs falls......and the second best-known function............community rehabilitation to be part of the medical

All residents .....can be well constructed......same time they are dissatisfied

The rate........lower than its ratings for awareness
For "Community rehabilitation" owest (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

.........support of the community, this is a real problem that........deep-rooted health. ........More emphasis should......could take on a role in promoting

The data analysis indicates ......is very much higher than that of CHCs.

A switch of government input into CHCs might help to ensure

Reforming the performance of the CHCs during the last five years has brought greater

However, the six main......not fully recognized ......are in reality still far from .....They have inadequate resources, low prestige and serious lack of funding

Imperfection of compensatory funds mechanism. ........own street communities as part of urban planning. ........ In practice,.........related to individuals or the interests of certain economic sectors...........are not channeled in accordance with the structure of society, ........for example, social donations have not reached them. ........no single..standard charges. Charges differ widely between a hospital......Sufferers from common diseases can obtain the service they require

double-way referral means ......................but not from a......Hence, owing to a lack of economic compensation.............this situation is widespread among .....Moreover, CHCs' expenditure is exceeding income, and ......on this basis [3]

(2) General medical ..................their specialist field ................performance in the CHCs, and sometimes several specialist doctors

(3) Different levels of society have different impressions of CHCs. ..................on the doorstep..................they do not fully understand................Because residents' health awareness remains weak........importance of the disease........or complete a family health record..................a misconception frequently arises; residents think that the CHC personnel ..........and this hinders the CHCs' work..................and understanding of these issues...............more on education targeting the service users.

(4) The CHCs .....the operation...............management fields.............performance are affected by heavy bureaucracy:..........lack of research ..............an absence of effective assessment methods or system for evaluating management; no institutional........such as a staff performance reward

Targeting these problems, ..............:

...............further step towards perfecting ............Of the CHCs' six main functions, .............have economic yields that are not .................channels should include:...............subsidizing the costs for residents..............direction of part of hospitals' pharmaceutical income ......................In future, the government should pay......Currently, ...........CHCs differ from what hospitals offer...........To make up for the shortages of funds, .................to formulate unified prices ...............he CHCs should be eligible for listing in the urban..............which would help to build a "double-way referral mechanism",........This will reduce medical expenses as a whole.

(1) Build and improve effective. ........basic principle ........Meanwhile, sufficient consideration............given to both variables: ............It is necessary that a............management be formulated, ..............be followed, and necessary functions

Those with current low ................should be replaced................should receive standard post training and should be...........By adopting this set of standards,..............will gradually be
(3) Implement promotion require the wholehearted support of society as a whole and broad participation. Lobbying and promoting widely health authorities should institute further promotion. Also, when evaluating the performance of CHC medical staff, "biological-psychological-social behavior" into consideration. [2] as part of, and influenced by, society. psycho-somatic therapy first, and this followed by treating the disease if necessary.

Conclusions

Efficient essential health care should six functions of the CHCs into effect

However, there are some problems in realizing the functions

(1) CHC services are far from understood. The rates of awareness are 42.2%, realized or completely utilized.

(2) At present, (98.6%). However, is the lowest (21.9%).

(3) As a whole, Residents prefer to attend local hospitals whether their consumption by making the CHCs' six service demands for