

The Enlightenment of American Accountable Care Organizations to China's Medical Consortium

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Abstract. The US Accountable Care Organizations (ACOs) is a health care service delivery model in the United States. It aims to use the market mechanism to integrate the resources of the US fragmented medical services to form a medical association with a certain scale effect to reduce costs and improve service quality. This paper summarizes the advantages and references of the American Medical Responsibility Organization through the method of literature review. First, the United States adopts the “gatekeeper” system and forms a stable graded diagnosis and treatment. Second, the rights and responsibilities of the US medical responsibility organization system are clear and there will be no mutual suspicion. Third, the biggest feature of the responsible medical organization system is that the interests of various stakeholders are closely linked. In the process of exploring and constructing a sound medical complex, China develops a stable medical service system, encourages competition among medical associations through means of medical insurance payment, draws on balance sharing, overspending and sharing systems, and establishes an effective operation and performance evaluation mechanism. To unite the various entities organically and to ensure the quality of their medical services. In order to achieve the purpose of improving the construction of the medical association, to ensure the smooth implementation of the graded diagnosis and treatment system.

1. Introduction

The reform of China's medical and health undertakings has continued to advance in exploration. It has been 21 years since the establishment of basic medical insurance for urban workers. At present, China has achieved many stages of results, but there are still many problems.

Domestic and foreign scholars have analyzed the American Medical Association from different angles. Xiang Yuanwei and Jiang Jianhua (2016) and other scholars divided the practice types of domestic and foreign medical associations with the relationship of “property rights” as the core, and analyzed the characteristics of different types of medical complexes. ^[1] Through the leverage of medical insurance, to achieve the purpose of controlling medical expenses, mobilize the enthusiasm of institutions and doctors; ^[2] from the integration of medical resources in the United States to analyze and propose the construction and development of China's medical association; ^[3] Chen Manli, Su Bo (2015) and other scholars from the market perspective, found that the ACOs model encourages the market to spontaneously establish a medical consortium to integrate health resources, and stimulate the enthusiasm of health service providers through dividends; ^[4] Wang Mengyuan and Yan Jianzhou and other scholars It was found that in the context of the savings sharing plan, through the establishment of long-term service contracts and the transfer of residual claims, the ACOs model was successfully implemented and achieved good results. ^[5]

The United States has established sound public health care for people who are not willing to cover commercial insurance. Among them, ACOs have certain reference for China to build a reasonable medical association. Therefore, this article will further study the advantages that ACOs can learn from public health care in the United States, and provide some ideas and suggestions for building a sound medical association in China.

2. American Accountable Care Organizations

The fragmentation of the medical service system and the patient's treatment process has led to problems such as repeated treatment and waste of health resources. ACOs in the United States work together with different service providers to provide a full range of services to specific groups of people, while reducing the cost of care while improving the quality of care.^[6]

The United States was the first country to propose the concept of “medical consortium” and to explore and practice it. The United States began the ACOs model demonstration project as early as 1998, and finally achieved the effect of cost reduction and quality improvement. Studying the US responsible medical organization system has a good reference for China to build a sound medical association.

The biggest feature of ACOs is the revenue sharing and risk sharing mechanism of “savings sharing – over-allocation”. Specifically, at the beginning of each fiscal year, based on the “number of beneficiaries allocated” and “per capita annualized expenditures of beneficiaries”, the upper limit of the annual medical insurance expenses is preset for each ACOs, and the year-end settlement is based on actual expenditures.

The advantage of the ACOs system is the integration mechanism, which can be summarized as the following three aspects. First, adjust the way of distributing benefits and promote the formation of a community of interests. Second, expand the scope of responsibility of medical providers, clear responsibilities among the various entities, and promote the formation of a responsible community. Third, establish a stable hierarchical diagnosis and treatment mechanism, and the main bodies work together.

3. China's medical complex system

On April 26, 2017, the General Office of the State Council issued the “Guiding Opinions on Promoting the Construction and Development of Medical Complexes” to comprehensively launch pilot projects for the construction of various forms of medical complexes. The opinion puts forward that in 2017, the medical system framework will be basically established, and various forms of medical association construction pilots will be launched in an all-round way. Three-level public hospitals should all participate in and play a leading role, and each city of the pilot provinces and the grading clinics will be piloted. The city has at least one medical complex with obvious results. By 2020, on the basis of summarizing the pilot experience, we will comprehensively promote the construction of medical associations and form a relatively complete medical association policy system.

In 2014, China began to explore the medical association model in an all-round way, encouraging local governments to try to integrate medical resources in the region. Jiangsu, Beijing, Shanghai, Hubei and Wuhan have all carried out different forms of integration practice. The practice of most medical associations in China has presented a state of “unjoined and inconsistent”. Not only has it failed to give full play to the many functions of the medical association, but it has also affected the formation of the hierarchical medical treatment system in China. Representative of them is the medical association model of Jiangsu Province and the “three divisions co-management” model of Xiamen.

3.1 Medical Union Model in Jiangsu Province

Jiangsu Province is an area where pilot medical treatments were carried out earlier in China. All provincial, municipal and county public hospitals participated in the construction of medical associations, and 311 medical associations were built. The coverage rate of family doctors' contracted services by county and district is 100%. 113 townships, 1,181 administrative villages and community health service centers carried out family doctor contracting services, with coverage rates of 98.3%, 77% and 100% respectively. Basically, the goal of “nine adults seeing a doctor is not out of the county, and six adults are hospitalized in a township”.^[7]

Problems in the construction of medical associations. On the one hand, the two-way referral within the medical association is difficult, and it is easy to turn up and difficult to turn. The members of the medical association did not form a close network of contacts. On the other hand, the distribution of benefits within the medical association is uneven. Large hospitals are reluctant to transfer patients, while primary medical resources are lacking, and medical standards are not recognized by patients.

3.2 Xiamen City's "Three Divisions Co-management" Mode

Taking the chronic disease as a breakthrough point, Xiamen City has formed the Xiamen model with the main features of “graduate diagnosis and treatment, chronic disease first, up and down linkage, three divisions (specialist, general practitioner, health manager)”. Among them, general practitioners are responsible for the implementation and implementation of treatment programs, daily monitoring of the condition and coordination of two-way referrals. Health managers focus on residents' health education and patient behavior interventions. Specialists are responsible for clarifying diagnosis and treatment programs and guiding grassroots general practitioners.

At present, there are still problems in the implementation of the “three divisions co-management” model in Xiamen. On the one hand, Xiamen's “three divisions co-management” service model is still a loose type of business collaboration, and it is inevitable that there will be conflicts between team interests and institutional interests. On the other hand, the ability of the primary level to receive and the trust of patients is not high.

4. The Enlightenment of ACOs to China's Strengthening the Construction of Medical Consortium

4.1 Encourage the development of a solid medical service system

At present, China's medical association has not established a unified and clear relationship of power and responsibility, resource sharing, performance management and financial management, and referral restraint mechanism. Learning from the ACOs' "balance sharing, over-spending" strategy, effectively solving the current two-way referral within the medical association is more difficult, easy to turn, difficult to turn down, balance the interests of the medical association, the medical association. The performance appraisal of each subject within the body is linked, so that the interests of medical institutions at all levels are shared.

4.2 Give full play to the incentive and guidance of medical insurance payment to the medical association

China can learn from the ACOs medical insurance payment model, give full play to the incentive and guidance of medical insurance, and establish a stable interest balance mechanism among the various entities within the medical association. The whole payment is made on the basis of the medical union, and the total prepayment system is adopted. Explicitly signing the contract period, allowing residents to freely change the medical association according to the medical experience when signing the contract again, and strengthen the competition between the medical associations by means of “medical insurance funds and people walking”.

4.3 Establish an effective operational and performance assessment mechanism

The key to the success of ACOs in the United States is the supervision of medical costs and medical quality. How to avoid medical institutions to reduce the quality of care for compressing medical costs is critical. Therefore, the ACOs system is used to establish a medical quality index evaluation system that is compatible with the operation of the medical association. The local health and family planning department or the entrusted third-party organization will conduct assessments and link the assessment results with economic benefits to ensure the quality of medical care.

4.4 Improve the quality of personnel training to improve patient trust

In the United States, the standardized training of doctors requires four years of undergraduate graduating, and continues to study in medical school for 4 years. After passing the USMLE exam,

they need to enter the hospital for 3 years of standardized training, and finally become a qualified attending physician. If China is to upgrade the level of primary health care, it will inevitably reform the education and training of medical personnel. Allow patients to trust the medical level of the medical staff at the grassroots level.

5. Conclusion

The achievements of ACOs in reducing costs and improving efficiency are undeniable. ACOs is a development trend of medical service organizations. The advantages are obvious. The ideas and measures are worth learning from.

References

- [1] Xiang Yuanwei, Jiang Jianhua, Zhang Jianhua. Development of Foreign Medical Unions and Its Enlightenment on China [J].*Modern Hospital Management*,2016,14(04):20-22+26.
- [2] Zhang Xiang,Qi Jing,Gao Meng yang,Han Xing,Wang Jie,Wang Lei. Research Status and Development Trend of Medical Alliance at Home and Abroad [J].*Chinese Hospital Management*,2017,37(12):9-11.
- [3] Wang Yunping,Zhou Xiaoshuang. Progress, outlook and implications of U.S. healthcare reform [J].*Chinese Health Policy Research*,2013,6(03):38-44.
- [4] Chen Manli,Su Bo,Wang Hui,Yang Gesheng. System Designing and Enlightenment of U.S.'s Accountable Care Organizations [J].*China Health Economics*,2015,34(03):94-96.
- [5] Gu Wei, Guo Ke. From paying by project to paying by value: Reform of the payment system for elderly medical insurance in the United States [J]. *Dong Yue, Cong*, 2018, 39 (10): 79-87.
- [6] Tao Ran,Wu Huazhang.Overview of Foreign Medical Complex Model Research[J].*Foreign Medical Sciences(Health Economics)*,2015,32(03):97-100.
- [7] Lu Feng,Sun Xiaoyang,Sun Banggui,Yu Weinan,Fan Zhiyong.The Practice of Promoting Graded Diagnosis and Treatment System in a City of Jiangsu Province[J].*Science and Technology*,2018(16):240-241.
- [8] Gao Jinsheng, Li Yusong, Wang Huai'an, Cao Kaiqi. Discussion on China's Medical Reform Based on Medical and Health Condition of the US [J]. *Wisdom Health*, 2018, 4 (12): 12-13.
- [9] Fan Juanjuan,Zhang Wanqiang.The Historical Evolution of the Status Quo of the Health Insurance Supply Pattern in the United States[J].*China Insurance*,2018(08):61-64.
- [10] Liu Ping,Qi Caixia. Study on the Design of Public Health Insurance System in United States [J].*Medicine & Philosophy(A)*,2018,39(11):60-62.