



An Analysis of Ways to Improve Community Residents' Satisfaction with Primary Health Services Under China's Hierarchical Medical System Based on Social Security System

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Abstract. Building a hierarchical medical system is the top priority of China's medical system reform, and it is also a necessary path to improve the health of the public. In this perspective, the article focuses on the work of community primary care, relies on the social security system, stands on the people's position, and considers how to link the supply side and the demand side organically, so as to bring into playing the public welfare and universality of public health care by improving the satisfaction of community residents with primary health services, helping to realize the rational allocation of medical resources and promoting the solution of the problems of difficult and expensive access to medical care.

Keywords: primary health services · social security · hierarchical medical system · community residents

1 Introduction

The level of community health services has an important impact on the degree of satisfaction of community residents' basic medical needs. At present, there is still an overwhelming influx of patients to large urban hospitals in China, and the problem of "difficulty in accessing medical care" has not yet been solved, so it is especially important to actively play a role in promoting the equalization of basic medical and health services through hierarchical medical system. Community-based primary care is the primary link in the hierarchical medical system, which means that primary health service institutions are the implementation platform, primary medical workers are the basic elements, and community residents are the first service subjects, laying the foundation for the new medical management model of "minor illness in the community and serious illness in the hospital". As the main recipients of primary health care services, the patient's perspective on the quality of health care has become a central driver of health care reform [1], therefore, the survey of community residents' satisfaction with primary health care services has become a regular part of the assessment of community health service capacity and quality of care. We synthesize the findings of authoritative scholars to conclude that a portion of community residents are currently less satisfied with medical facilities, service

programs, the service level of general practitioners, and the popularity of primary health services, which will be discussed in the article. The social security system is an important support to ensure the basic survival and livelihood of all members of society, and it is of key significance to explore the way to improve community residents' satisfaction with primary health services based on this, in order to consolidate the hierarchical medical system, divert community residents to primary care institutions, enhance residents' health care awareness, and promote the construction of a healthy China.

2 Methods

This paper conforms to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

2.1 Search Strategy

WE conducted a literature search on PubMed, PsycInfo, Embase and web of science, and CNKI, focusing on articles reporting on community hospitals, social security, and community residents' attitudes toward primary care services in the last decade. The search strategy used public health subject terms (primary health care services) and keywords ('social security', 'hierarchical medical system', and 'community residents').

2.2 Selection Criteria

All the abstracts from the initial search were independently screened by OA against the following selection criteria. Any doubt about meeting/not meeting the selection criteria was resolved by reviewing the full article.

3 Result

3.1 Sound Integrated, High-Quality and Efficient Primary Health Service Platform

3.1.1 Provide Complete Medical Facilities and Improve the Community Medical and Health Environment

Incomplete medical facilities in primary health service institutions or problems such as old and damaged are a major factor in community residents' skepticism, and residents' comfort level in seeking medical treatment is low. Public health data are especially important to provide vital situational awareness and increase public health decision support [2]. Big data technology and modern information technology should be fully utilized to increase policies tilt and government support, and appropriately increase financial investment in primary care on the premise of combining costs and local conditions, so that primary health services have specialized equipment and can treat professionally to compensate for community residents' inner sense of disparity and enhance their trust in primary health services. Moreover, the health care system increasingly relies on public-private partnerships to develop population health solutions that engage individuals both

inside and outside the walls of the clinical environment [3]. Therefore, it is important to make full use of public hospital resources, collaborate with the government and the community to equip primary health services with comprehensive basic screening equipment, and effectively implement the “grassroots screening, higher-level diagnosis” model to improve the efficiency of primary health services and access to high-quality medical resources, while saving residents from running errands and costs other than medical care. At the same time, the residents can save the cost of medical care, and achieve the goal of convenience and benefit for the people.

3.1.2 Increase the Number of Primary Medical Programs and Give Full Play to the Role of Appropriate Techniques for Traditional Chinese Medicine (TCM) for the People

At present, the medical items that primary health services can involve are limited and the service model is single, which makes it difficult to meet the diversified medical needs of community residents, especially in the treatment of some common diseases of residents, such as chronic diseases and maternal and child health care, resulting in a situation where the supply of medical services is not equal to the needs of community residents. For example, the experiments of Antonio Granato et al. demonstrated that acupuncture could be a non-pharmacological tool for treating patients with episodic and chronic tension-type headache [4]. A study was done by Molsberger A. et al. This study has indicated an immediate analgesic effect using acupuncture for tennis elbow pain [5]. The results of Panpan Hao et al. that TCM might be used as a complementary and alternative approach to the primary and secondary prevention of cardiovascular disease [6]. Therefore, introducing TCM appropriate technologies into the community, using the combination of Chinese and Western medicine as well as the theory of treating the disease, and standardizing TCM treatment programs such as acupuncture, cupping, skin scraping, and massage in primary health services can effectively fill the demand gap of residents and build a long-term community health management model integrating treatment, rehabilitation, wellness, and health care.

3.2 Formation of a Team of High, Precise and Sharp Primary Medical Workers

3.2.1 Nurturing Professionals and Enhancing Residents' Trust

The key to an effective doctor-patient relationship and a successful diagnosis, treatment, and prevention of diseases is the patient's trust on the physician [7]. In contrast, primary health services in China are not highly valued in the public eye, training and development opportunities are still less compared to hospitals above the community level, the possibility of high-level medical talents flowing into the community is relatively low, and the probability of misdiagnosis is relatively high, leading to poor trust in physicians among community residents. Therefore, increasing the training of primary care physicians has become a key step in maintaining the order of hierarchical medical system. Primary health service organizations should provide preservice training for physicians so that they are fully aware and familiar with their job duties and tasks before starting their jobs; create transfer training opportunities for primary care staff, train community general practitioners, and train of biomedical researchers, increased their knowledge

and skill in reviewing research protocols, and conduct research that is ethically regulated and of international standard [8]. While linking up with higher-level hospitals to provide opportunities for study and further training outside the hospital to improve their professional competence, reduce the rate of misdiagnosis, and ensure the accuracy and rigor of the first consultation in the community; strengthen the construction of medical ethics and medical style, improve the professionalism of primary care workers, clarify the working attitude of GPs in patient consultation and service with a smile, and more attention should be paid to the interaction process between patient and GP [9]. Eliminate the sense of panic and unfamiliarity of community residents during consultation, close the psychological distance between them and the residents, establish a harmonious and healthy doctor-patient relationship, and enhance the trust and satisfaction of residents in primary health services.

3.2.2 Innovative Incentive Mechanism to Enhance the Vitality of Talents

The development opportunities of primary health service organizations are still low, and the salary incentive mechanism is deficient, which leads to the problems of low motivation and poor efficiency of medical staff in general and serious brain drain. Paulin Basinga et al. evaluated the influencing factors of performance pay for medical service providers and concluded that higher payments provide stronger incentives [10], so it is necessary to start from the salary allocation scheme of scientifically and rationally, and promote the establishment of a performance incentive mechanism based on basic salary for more work and title evaluation rules linked to professional competence, business contribution and patient satisfaction in primary health service providers. At the same time, in collaboration with the government, the basic salary of primary health care workers should be raised to achieve equity in the context of the relative equality of individual pay and social contribution, and to truly enhance the motivation of medical staff under the supervision of multiple parties, thereby bringing a better medical experience to community residents.

3.3 People-Oriented, Rapidly Increasing the Supply of Inclusive Services

3.3.1 Consolidating the Achievements of Health Insurance Reform and Expanding the Benefits to the People

China's pledge to provide affordable, equitable access to quality basic health care for all its citizens is laudable, and present reforms have laid important foundations [11]. The operation of primary health services relies mainly on state subsidies for public health, plus the fact that community residents can use medical insurance during medical visits, and after reimbursement by medical insurance, the cost of medical visits borne by residents has dropped significantly; in addition, the National Healthcare Security Administration has carried out pharmaceutical price testing to promote a continuous and steady step-down in drug prices, which has greatly reduced the burden of medication for community residents. The survey shows that China's residents are more satisfied with the fee system of primary health service institutions after the health insurance reform continues to reap benefits for the people. The government and social parties should take this as a basis to continue to expand the scope of drug and consumables collection,

narrow the space of drugs with gold sales, set the highest price standard for primary health services, promote the development of community residents to accept the rationalization of medical service fees, and vigorously promote the health insurance reform toward the development of the people's heart. Under the leadership of the social security system, we will develop social medical aid and pay more attention to low income people and the elderly. We could provide funds to those who cannot afford the premiums for URBMI, and provide a fixed out-patient subsidy to low income residents and the elderly who has chronic diseases, lightening their burden of medical expenditure [12].

3.3.2 Promote Voluntary Consultation Activities to Improve Residents' Sense of Medical Access

Increased advocacy is an effective way to root primary health care providers in the public eye and make them the primary choice for community residents to see a doctor. The main idea is people-centered, for example, as the United States seeks to optimize primary care, in part by advancing the concept of the "patient-centered medical home" (PCMH), some of the key values of the Community Health Center (CHC) model—a whole-person orientation, accessibility, affordability, high quality, and accountability—could well inform tomorrow's primary care paradigm for all Americans [13]. An effective means of advocacy, in turn, is to allow community residents to truly feel and experience the dividends of primary care. In this context, the clinic has become a socially supported and popularly anticipated public service model with multiple effects such as enhancing residents' health awareness and expanding the outreach of primary health care providers. In addition to organizing regular medical clinics, communities can also establish partnerships with medical colleges and medical students, and rely on government support and effective use of college resources to conduct large-scale and prolonged medical clinics during winter and summer vacations. This initiative not only provides social practice opportunities for universities, but also introduces third-party dynamics to primary health services, raises awareness of common diseases, maximizes the coverage of medical services available to residents, and minimizes implementation costs while ensuring the quality of primary health services.

4 Discussion

Improving community residents' satisfaction with primary health services boils down to improving the overall capacity of primary health services to do a better job of providing primary care in the community. Persons who are in general rather dissatisfied, will also show greater dissatisfaction with the general practitioner, irrespective of other characteristics that influence the doctor-patient relationship [9]. This has a negative impact on the motivation of primary care workers and creates a vicious circle. We must start with improving basic medical facilities and increasing medical programs to lay a good material foundation for community residents to enjoy better medical treatment. Then, we can further improve residents' recognition in terms of improving the level of general practitioners' services and promoting medical insurance reform.

This study only discusses from the aspect of countermeasure suggestions, and it still needs to implement the above measures on the ground in the future to achieve the

research purpose of improving community residents' satisfaction with primary health services. This is of great significance for optimizing the public health environment and improving the health level of all people.

5 Conclusion

Doing a good job of community-based primary care is not only a prerequisite for maintaining the order of hierarchical medical system, but also an important means to protect and improve people's livelihood in public health. We should take the capacity of primary health services as the entry point, take the needs of community residents in terms of medical infrastructure, primary medical personnel, and the supply of inclusive services as indicators, increase government investment and reform efforts, build a solid network of social security systems, focus on social concerns, introduce highly qualified personnel, and implement policies to benefit the people, so as to solidly promote the construction of primary health services, improve the satisfaction and health of community residents, and enhance people's sense of well-being.

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