

Rural community health service system construction situation in Jilin Province

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Abstract. Considering the rural community construction condition of Jilin Province, this paper analyses and introduces the resource conditions of rural community health service system in Jilin Province, reveals the problems existing in the rural community health service system and find the reasons, introduces the standards of rural community health service system in the implementation, sums up the experience and lesson during the construction of the rural community health service system.

Keywords: rural community health service system; construction situation; construction.

1. Introduction

Speeding up the construction of rural community health service system plays an important role in reducing the farmers' health care costs and promoting the medical and health care justice and raising the level of national medical and health condition. Rural community health service work in Jilin Province starts late, but the construction of rural community health service system is quick. After ten years' unremitting development, the construction of the rural community health service system in Jilin Province has made great progress, but at the same time, the rural community health service system in Jilin Province is facing an even more difficult task.

This paper based on the Previous research results such as rational choice, limited, social capital and public goods, by the use of the combination of questionnaires and interviews, this paper takes farmers in Jilin City of Jilin Province as the Investigation objects and analyses the current situation of the participation of farmers to the new rural cooperative medical system in order to understand the desires, behaviors and evaluations of famers to the NCMS. The differences, structural, the main factors were also discussed in this paper. The main conclusion is divided into the following four parts. First, the resource conditions of the rural community health service system construction in Jilin Province. Second, the analysis of problems and causes for rural community health service system construction in Jilin Province. Third, the implementation standards of the rural community health service system in Jilin Province. Fourth, the experience we have got and lessons we have learnt in the construction of the rural community health service system in Jilin Province.

2. The resource conditions of the rural community health service system construction in Jilin Province

The city located in the eastern part of Jilin Province with a total area of 2.7 square kilometers. It has a population of 4.5 million people, including 2.201 million agricultural population, which account for 48.91 % of the total population. The city contains nine counties, 84 villages and towns. There are 8 hospitals and 5 institutes of traditional Chinese medicine in rural county. There are 5 maternity and child care institutions, 5 health supervision and disease control institution, 5 health clinics in towns and townships, 2 177 rural community health service station. During the period from 2001 to 2014, Jilin Province provide a total investment of 95.02 million yuan for the transformation of the rural medical and health institutions, expanding 6 medical institutions at the county level, expanding 5 maternal and child health care institutions at the county level, expanding 5 Centers for Disease Control.

3. The analysis of problems and causes for rural community health service system construction in Jilin Province

3.1 The overall security level is low due to the unscientific financing system

From the current situation, to a certain extent, the rural cooperative medical care solve the problem of farmers' medical care. With the help of the rural cooperative medical care, the majority of farmers can afford medical treatment. But from the perspective of the amount of money per individual occupy, the overall security level is still low. In 2006, Jilin Province raised a total of nearly 86.3 million yuan, but each famer only have 50 yuan in average. These money are not enough for farmers to treat a common illness, not to mention serious diseases.

3.2 Individual security level is low due to the irrationality compensation system

According to the statistics, in 2014, Jilin Province has 219940 outpatient compensations, with a total of 3.6958 million yuan compensation funds. Compensation from 3000 to 5000 dollars a year there are 568 people, 5000 to 10000 dollars a year are 465 people, more than 10000 yuan are 140 people, and more than 20000 yuan are only 11 people. It can be seen from the statistics that each individual can only get 16.8 yuan from the compensation system. Compared to reality income of farmers, this can be neglected.

3.3 Failure in keeping the checks and balances system causes the inefficient of the health institutions

Because of the inefficient Health Agencies, it seems that farmers get more benefits than before but the truth is not. Through the survey to the clinics in the designated towns and townships, we found that the time patients pay in hospital is more than the time before the cooperative medical system has been established. The expense patients pay in the new system rose 5.7%, the time patients spent in hospital increased by 0.7 days. Health service provider are driven by economic interests, when giving prescription to patients, they often provide patients with unnecessary items. At the same time, the government also continue to provide subsidies for county hospital and township hospitals. However government subsidies was not linked to the actually provided health services, therefore, it makes the efficiency of health institutions lower than before, farmers' real benefits is shrinking.

3.4 The backwardness of the management pattern lead to the high cost of management

Currently our management mode is still the traditional mode of administrative management, permanent staff mode, fiscal bear the total running cost. But the reality is that insurance a field of professional knowledge, its measuring methods and the determination of profit and loss ratio are very complex. Although it has been measured by authorities, but the specific management personnel are still hard to meet the need of job as soon as possible. Most basic stuff in the cooperative medical management can only assume the most simple and repetitive day-to-day management. They have poor ability in such aspects, the scheme design, providing timely supervision, information analysis and so on.

4. The implementation standards of the rural community health service system in Jilin Province

The evaluation indexes are as follow,

(1)Pay cost standard per individual, which refers to the ratio of the actual total amount of new rural cooperative medical financing to the number of people who take participate in the new rural cooperative medical care system. When the new rural cooperative medical care system in Jilin Province was at the very beginning stage, the financing standard per capita increased from 30 yuan to 100 yuan in the year of 2009.

(2)Individual contribution, which refers to the ratio that rural residents' individual capture to the amount of people who take part in the new rural cooperative medical system. Farmers who take participate in the new rural cooperative medical system pay 50 yuan in Jilin Province in 2013, while the famers pay 10 yuan ten years ago. With the increase of the income of farmers, individual pay cost which accounts for the proportion of the pure income is also growing moderately.

(3)The ratio of the number who take participate in the new rural cooperative medical care system to the agricultural population. From year 2003 to 2012, the number of people who take participate in rural cooperative medical care system increased from 1.9 million to 13.928 million in Jilin Province. The ratio of taking participate in the new rural cooperative medical care system increased from 75% to 99.4%.

(4)The ratio of the cumulative number of compensation to the number of the famers who take participate in the new rural cooperative medical care system.

(5)The ratio of the individual pay cost in the new rural cooperative medical care system to the per capita income.

(6)The ratio of the spending of the new rural cooperative medical system to the total funds raised. Outpatient service spending, hospital spending and medical expenditure spending have the proportion of 10.7%, 89.3% and 0% respectively.

(7)The ratio that the amount of compensation money to the total cost.

(8) Hospitalization cost is 5408 yuan, it has a 12.1% increase over last year. Hospital compensation ratio is 52.5%, it also has a growth of 17%.

(9) The direct economic costs of hospitalization farmers who take participate in the new rural cooperative medical care system does not include the indirect cost of hospitalization, which means the residents' payments in the hospital during the period of hospitalization expenses, including tests fees, inspection fee, daily room fees, operation expenses and so on.

(10) the ratio of all the hospital compensation fees farmers who take participate in the new rural cooperative medical care system pay account for all hospitalization expense.

5. The experience we have got and lessons we have learnt in the construction of the rural community health service system in Jilin Province

5.1 Constructing the scientific financing system

Financing is the foundation of the sustainable development of the new type of rural cooperative medical care system. The government has obligatory responsibility and great historical mission in supporting the construction of the new rural cooperative medical care system. The government's important function and responsibility are paying attention to the farmers' group and focusing on their need, protecting their basic rights of the health care. We should make the government's main responsibility clear and at the same time, we must broaden the financing channels. We can issue farmers' health security bonds or farmer's health lottery tickets from the perspective of social justice, we can collect money by that way. We also can learn from the experiences of the western developed countries that we should encourage the charity organizations and poverty alleviation organizations in our society to take participate in the activity of donating money to the medical service system and offer free help to farmers. Encourage social charities establish hospitals for poor farmers. We also need to change the existing reverse financing mode to a prepayment mode by national finance organization.

5.2 We should construct a scientific compensation system

In order to separate with the poverty relief and disease risk guarantee, it is necessary to change the existing compensation mode, which means that we should transfer the existing public health resources into public health and basic clinical services. Specifically methods are as follows.

Our country make the special national health plan arrangement, it says that all the immunization for the farmers are free.

The government arrange a special plan for the construction of the new rural countryside. The hospital should provide free treatment to the pulmonary tuberculosis patients, patients with schistosomiasis and malaria patients.

The hospital should provide free treatment for the pregnant woman from the Midwest rural countryside when they are giving birth to baby.

The government should sent more professional doctors to the village clinics in remote areas of the countryside.

5.3 We need to build a scientific checking and balancing system

The system should combine the government supervision with the market choice. When we strengthen the government's supervision, we should also introduce the market mechanism at the same time. We can put public hospital and private hospital in an orderly competition in medical service market, thus famers have the initiative in hands, and forcing medical service agencies to improve service quality and lower the price of services.

5.4 We need to control the price of the drugs and service

The service ability, drug price and service behavior of medical and health system will impact the action of farmers, participation in new rural cooperative medical care system .Farmers thought drug price was too high in the hospital, and service ability was too weak in village and township, at the same time, hospitals also do not good behaviors which induced people to medical consumption excessively, that affect their willingness.

The degree of confidence to the new rural cooperative medical care system and government will impact the action of fanners, participation in NCMS directly. When the peasants thought it was lack of fairness, the policy cannot be coherent, the supervision system was not effective, they can't assure their benefits, then would not continue to take part in.

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References

- [1]. Chuanjun Gu: The research on new rural cooperative medical system in China (Master degree, Southwestern University of Finance and Economics, China 2007). p. 19-25
- [2]. Jianping Zhang: Study on the cooperative medical service system in china's rural areas (Doctor degree, Northwest A&F University, China 2006). p. 75-82
- [3]. Hang Zhou: Research of construction on china rural community health service system (Doctor degree, Northeast Forestry University, China 2010). p. 56-60
- [4]. Shuqiong Huang: Study on the system and the model of rural community health service (Master degree, Wuhan University, China 2005). p. 24-33
- [5]. Feiyan Chen, Lianyun Zhang, Wenxiu Yang, et al. Status analysis of the basic health service system. Chinese Hospital Management. Vol. 33 (2013) No. 03, p. 26-27.