

# Research on Implementation Effect Evaluation and Improvement Strategies of "New Rural Cooperative Medical System" in Jilin Province

Lei li

Jilin agricultural university, college of humanities, Changchun130118, China

lilei@jlau.edu.cn

**Abstract.** New rural cooperative medical system (NCMS) is a rural cooperative medical system that is organized and guided by government, farmers voluntarily participate in, individual, collective and government party's finance, which takes the serious illness of farmers as the core, and it is one of the essential national health policy in our country. More than 10 years' practice has proved that the new rural cooperative medical system is suitable for China's national conditions. The implementation of the new rural cooperative medical system makes the problem that it is difficult and expensive for farmers to see a doctor alleviated to a certain degree. Even though great achievements have been made in the new rural cooperative medical system, it still has a big gap from the expectations of the farmers. Therefore, this paper evaluates on the new rural cooperative medical system effect in Jilin Province, understands the farmers' demand on the new rural cooperative medical system improvement, and improves the policy formulation of new rural cooperative medical system in the future.

**Keywords:** New rural cooperative medical system; Effect evaluation; Improvement; Policy formulation.

## 1. Introduction

China is a developing agricultural country, "three rural issues" is an essential issue that is always related to national development and stability. Establishing and improving the rural medical security system is the basic work of rural development, and it is also an inevitable requirement for the comprehensive construction of well-off society. In 2012, in the Party's eighteenth major reports, the requirement was clearly put forward of completing national health insurance system and establishing major disease protection and relief mechanisms. Whether the system can change the peasants' personal expense burden so as to effectively improve the benefit from the level of participation of farmers is always the key to deepen the reform of the medical and health care system [1, 2]. As long as it is to ensure that the overall level of research can better promote the construction of the foundation, we need to show the rationality of the system design itself in accordance with the requirements of the objective. It doesn't just mean the increasing utilization rate for people in the future, more highlight how people better use this to carry out the medical security and the implementation results in the process of current construction and change [3]. In consequence, this paper evaluates on the effect of new rural cooperative medical system in Jilin Province, understands the farmers' demand on the new rural cooperative medical system improvement, and enhances the policy establishment of new rural cooperative medical system in the future.

## 2. Implementation Effect Evaluation on the New Rural Cooperative Medical System in Jilin Province

### 2.1 Average Financing Situation of New Rural Cooperative Medical System in Jilin Province

For per capita payment amount, from 2003 to 2015, per capita payment of farmers participated in Rural Cooperative in Jilin Province is increased from 10 Yuan to 90 Yuan. With the increase of annual per capita net income of farmers' year by year, the proportion of individual contributions accounted for annual net income of average per capita is also in moderate growth, increasing from 0.3% in 2003 to 0.8% in 2015. It is specifically shown in table 1 [4].

Table 1 Comparison of individual payment and per capita annual income of new rural cooperative medical system in Jilin Province from 2003 to 2015

Year	Farmers' annual net income of average per capita (Yuan)	Per capita (Yuan)	Proportion of individual contributions accounted for annual net income of average per capita (%)
2003-2004	3223	10	0.3
2005	3128	10	0.3
2006	3352	10	0.3
2007	4026	10	0.2
2008	4430	10	0.2
2009	5023	20	0.4
2010	6082	30	0.5
2011	6304	30	0.5
2012	7236	50	0.7
2013	9621	50	0.5
2014	10780	60	0.6
2015	11326	90	0.8

## 2.2 Coverage Situation of New Rural Cooperative Medical System in Jilin Province

For the coverage situation of the new rural cooperative medical system, the new rural cooperative medical system pilot county (city) in Jilin Province is expanded from 6 in 2003 - 2004 to 9 in 2005, and 24 in 2006. It takes the lead in realizing the full coverage of the new rural cooperative medical system in 2007, namely the 67 Counties (City, District, and Development Zone) comprehensively launched the new rural cooperative medical system. It is shown in table 2 [3].

Table 2 Coverage of the new rural cooperative medical system in Jilin Province from 2003 to 2015

Year	Total number of County (City, District, and Development Zone)	Number of County (City, District, and Development Zone) that has launched the system	Coverage rate (%)
2003-2004	66	6	10.0
2005	66	9	13.6
2006	66	24	36.4
2007	66	66	100
2008	66	66	100
2009	66	66	100
2010	66	66	100
2011	67	67	100
2012	67	67	100
2013	67	67	100
2014	67	67	100
2015	67	67	100

### 2.3 Utilization of New Rural Cooperative Medical Service in Jilin Province

For hospitalization, from 2003 to 2015, the number of hospitalization of new rural cooperative medical in Jilin province is increased from 39266 to 1808233, and the rate is increased from 2.1% to 12.9%, which has the trend of increasing year by year trend. It is seen in table 3 and figure 1 [5].

Table 3 Hospitalization of farmers participated in rural cooperative medical in Jilin Province from 2003 to 2015

Year	The number of farmers in rural cooperative medical	Times of hospitalization	Hospitalization rate (%)
2003-2004	1904055	39266	2.1
2005	2026286	98772	4.9
2006	6244150	241328	3.9
2007	11624559	477236	4.1
2008	12166049	639827	5.3
2009	12514991	742903	5.9
2010	12525405	887838	7.1
2011	13020533	1054371	8.1
2012	13281721	1217047	9.2
2013	13583253	1412353	10.4
2014	13687342	1587324	11.6
2015	13943223	1808233	12.9

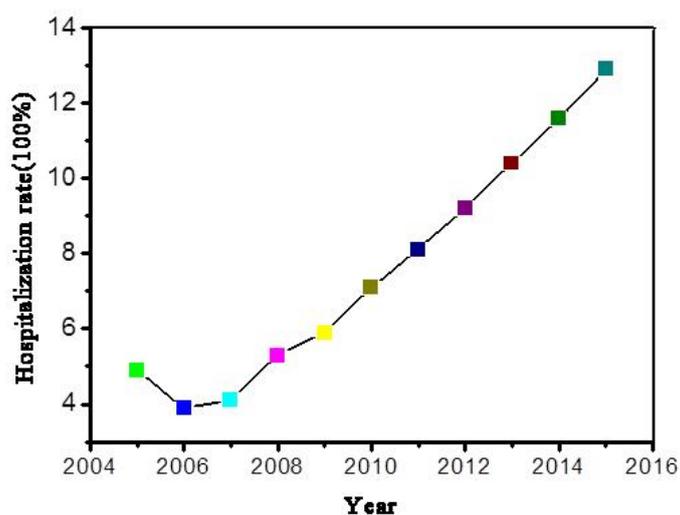


Figure 1 Hospitalization rate change trend of farmers participated in rural cooperative medical in Jilin Province from 2003 to 2015

Hospitalization of farmers participated in rural cooperative medical in different areas in Jilin Province in 2015: hospitalization rate in the western region is the highest (14.9%), followed by the eastern region (14.3%), and the least is the central region (11.7%). The hospitalization rate in eastern and western regions is higher than that in the whole province (12.9%), as shown in table 4.

Table 4 Hospitalization of people participated in cooperative medical in different areas in Jilin Province 2015

Regions	The number of people participated in cooperative medical	Times of hospitalization	Hospitalization rate (%)
The whole province	13943223	1808233	12.9
The east	2964821	424532	14.3
The central	7865213	918342	11.7
The west	3113189	465359	14.9

### 2.4 Hospitalization Compensation of New Rural Cooperative Medical in Jilin Province

Hospitalization compensation rate of New Rural Cooperative to farmers is gradually increasing in 2003-2015, but the average hospitalization fee is also increasing year by year. Per hospitalization costs were 7132 Yuan in 2015, compared with the last year, it increased by 9.2%; hospitalization compensation ratio is 61.5%, as shown in table 5.

Table 5 Hospitalization cost compensation of farmers participated in NCMS in Jilin province

Year	Hospitalization times	Hospitalization fees		Hospitalization compensation fees		Hospitalization compensation rate (%)
		Total fees (Ten thousand yuan)	Average hospitalization fees (yuan)	Amount of compensation (ten thousand yuan)	Average compensation fees(Yuan)	
2003-2004	39266	8632	2198	2334	594	27.0
2005	98772	16176	1638	4449	450	27.5
2006	241328	51375	2129	15397	638	30.0
2007	477236	124194	2602	41079	861	33.1
2008	639827	200244	3130	72394	1131	36.2
2009	742903	268768	3618	99957	1345	37.2
2010	887838	370519	4173	151892	1711	41.0
2011	1054371	508875	4826	226646	2150	44.5
2012	1217047	658158	5408	345630	2840	52.5
2013	1412353	763276	5983	423134	3465	55.4
2014	1587324	857321	6532	517635	3987	60.4
2015	1808233	987632	7132	607234	4586	61.5

### 3. Improvement Strategies for "New Rural Cooperative Medical System" in Jilin Province

Based on the above research findings, this study puts forward some policy recommendations to improve the implementation effect of the new rural cooperative medical care.

Innovate the new rural cooperative operation management mode and optimize the overall compensation scheme. Under the background of new medical reform, explore and improve the level of the new rural cooperative medical system and establish the new rural cooperative operation management mode of "Province overall planning and county management". Gradually realize the province's unity of the new rural cooperative policy system, financing standards, compensation policies, fund management, service supervision, information management and other aspects [6].

Establish a new rural cooperative medical system to enlarge the insurance and enlarge the effectiveness of the new rural cooperative fund. In order to effectively solve the problem of certain

gap existing in the guaranteeing ability of the new rural cooperative medical system and the actual needs of the farmers, explore and establish insurance system for serious illness. Actively explore and establish insurance system for serious illness led by government, set up by commercial insurance institutions, and provincial overall planned [7]. Through the establishment of NCMS supplementary insurance to provide guarantee for high medical costs for the farmers who are suffering from serious illness, further enlarge the NCMS fund guarantee efficiency, and effectively improve the security level of major diseases.

Establish the dynamic adjustment mechanism of the new rural cooperative medical system and improve the ability and level of security. In order to effectively solve the problem of a gap between existing in the basic medical insurance between urban and rural residents, it is necessary to gradually improve the financing standards, so as to improve the ability and level of the new rural cooperative medical care and perfect the new rural cooperative medical system.

#### **4. Conclusion**

Based on the new medical reform policy and related working papers, this paper makes an empirical analysis of the operation data of the new rural cooperative medical system in Jilin province from 2003 to 2015, and draws the conclusions as follows:

(1) In Jilin Province, the new rural cooperative medical system has made remarkable progress in the operation process, which in a certain extent reduces the economic burden of disease for the rural residents, improves the enthusiasm of peasants' medical, promotes the utilization of medical and health services for farmers participated in NCMS, and effectively alleviates the phenomenon of being supposed to be hospitalized because of economic reason causes.

(2) In Jilin Province in 2003, 6 Counties (cities) are selected to start plot of the new rural cooperative medical system, and in 2007, it has taken the lead in realizing the full coverage of the new rural cooperative medical system, namely all 67 Counties (City, District, and Development Zone) in the province have comprehensively launched a new rural cooperative medical system (NCMS), marking that the new rural cooperative medical system framework suitable for rural economic and social development has been basically established in Jilin Province.

(3) The new rural cooperative medical funds per capita will continue to improve in Jilin Province, individuals' contributions accounted for the annual income proportion is comparatively reasonable and it maintains moderate growth in the affordable scope for farmers participated in NCMS.

(4) The amount of medical expenses paid by individuals has increased, but the proportion of individuals who pay medical expenses accounted for a lower proportion of income. Individual self-paid medical expenses decrease significantly with the increase of per capita net annual income of farmers, which reflects that the level of guaranteeing ability of the new rural cooperative medical system is comparatively adaptable to the local rural economic development level in Jilin Province.

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