Investigation and Analysis on the Current Situation of New Rural Cooperative Medical Care in Hebi City

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Abstract. Objective: summed up the implementation of successful practices and its major achievements in the New Rural Cooperative Medical Care through research and analysis in Hebi six counties (districts). For other regions to continue to improve and further promote NRCMC to provide some reference and sustainable development. Method: combination of qualitative and quantitative methods, including literature, questionnaires, interviews and so on. Results: the NRCMC fund in Hebi has been raised and the expenditure has increased year by year through several years of development. Farmers participate in the NRCMC continues to improve, the rate showed a rapid upward trend, increasing the intensity of compensation, farmers benefit increased. Conclusion: the NRCMC system and institutional framework has been basically formed, combined with the actual optimization of compensation programs to reduce the precipitation fund, increase system security efforts to improve the status of primary health care institutions to accelerate the comprehensive development of health in Hebi.

Introduction

The implementation of the new rural cooperative medical care (hereinafter referred to as the NRCMC) is a major move in the process of building a new countryside in China. As of 2011, the number of people participating in the new rural cooperative medical system has reached 832 million people, the participation rate of more than 96% [1]. According to the 2011 China Health Statistics Yearbook, it is found that the new rural cooperative financing and expenditure show rapid growth after 2007, and the growth rate of the new rural cooperative fund expenditure is higher than the total growth rate. From the fund balance rate, the fund balance rate was 27.06% in 2006, down to 19.02% in 2007, decreased to 15.67% in 2008, the fund balance rate was only 2.20% in 2009, the final rate was 9.20% in 2010[2] Since 2003, Hebi city carried out the new rural cooperative pilot work, and gradually improve the financing mechanism, the number of participants and participation rate and other indicators are ranked the forefront of the province [3]. The safety mechanism of the compensation mechanism, the establishment of a higher level supervision, mass supervision, system supervision, network supervision combined with the practical monitoring mechanism, and gradually formed a set of practical management system. This paper investigates and analyzes the operation status of the NRCMC in Hebi City of Henan Province, and tries to make the sustainable development of the NRCMC.
Research Objects and Methods

Research Objects

Research object for the Hebi City of Henan Province, include Xun County, Qi County, Heshan District, Shancheng District, Qi Bin District, Development District.

Research Methods

This study used a combination of qualitative and quantitative methods. Mainly including literature, interviews, questionnaires and so on.

Status Description

The Participation Rate of NRCMC

The coverage of the NRCMC is usually measured by the participation rate, reflecting whether the system is comprehensive [4]. In September 2003, according to the unified deployment of the higher level, Hebi City in Xun county to carry out the new rural cooperative pilot work, the county coverage rate of 16.67 percent, the pilot expanded to two counties in 2006. At the same time, the city's six counties (districts) all established a new rural cooperative system, than the time required by the state 3 years in advance to the county (district) as a unit coverage rate of 100%. In 2003, the city's participation farmers with 379,900, participation rate of 69.1%, as of the end of 2011, the city's participation farmers 1.032 million, participation rate of 99.47% compared to 2006, system coverage significantly improved in 2007. (See Table 1).

Table 1. The basic development of the NRCMC in Hebi City.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of districts and counties</th>
<th>District coverage (%)</th>
<th>Number of participation farmers (People)</th>
<th>Participation rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>1</td>
<td>16.67%</td>
<td>379,900</td>
<td>69.1%</td>
</tr>
<tr>
<td>2004</td>
<td>1</td>
<td>16.67%</td>
<td>461,800</td>
<td>77%</td>
</tr>
<tr>
<td>2005</td>
<td>1</td>
<td>16.67%</td>
<td>495,400</td>
<td>82.6%</td>
</tr>
<tr>
<td>2006</td>
<td>2</td>
<td>33.33%</td>
<td>685,800</td>
<td>86%</td>
</tr>
<tr>
<td>2007</td>
<td>6</td>
<td>100.00%</td>
<td>934,700</td>
<td>93%</td>
</tr>
<tr>
<td>2008</td>
<td>6</td>
<td>100.00%</td>
<td>996,000</td>
<td>98.62%</td>
</tr>
<tr>
<td>2009</td>
<td>6</td>
<td>100.00%</td>
<td>1,009,500</td>
<td>99.35%</td>
</tr>
<tr>
<td>2010</td>
<td>6</td>
<td>100.00%</td>
<td>1,025,100</td>
<td>99.38%</td>
</tr>
<tr>
<td>2011</td>
<td>6</td>
<td>100.00%</td>
<td>1,032,700</td>
<td>99.47%</td>
</tr>
</tbody>
</table>
The Financing Sources and Structure of NRCMC

Table 2. Financing source and structure of NRCMC.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of districts and counties</th>
<th>Subtotal</th>
<th>Financing standard (yuan / person / year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Central Finance</td>
</tr>
<tr>
<td>2003</td>
<td>1</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>2004</td>
<td>1</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>2005</td>
<td>1</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>2006</td>
<td>2</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>2007</td>
<td>6</td>
<td>50</td>
<td>20</td>
</tr>
<tr>
<td>2008</td>
<td>6</td>
<td>100</td>
<td>40</td>
</tr>
<tr>
<td>2009</td>
<td>6</td>
<td>120</td>
<td>50</td>
</tr>
<tr>
<td>2010</td>
<td>6</td>
<td>150</td>
<td>60</td>
</tr>
<tr>
<td>2011</td>
<td>6</td>
<td>180</td>
<td>70</td>
</tr>
</tbody>
</table>

It can be seen from Table 2 that the main body of the new rural cooperative financing is the government and the individual, and the fund-raising structure shows that the government assumes most of the responsibility and the individual assumes a small part of the responsibility. In 2011, the central government funds were 72.28 million yuan, accounting for 40% of the total financing; local government funds at all levels 72.289 million yuan, accounting for 40% of the total financing. Municipal government funds a total of 14.871 million yuan, accounting for 8% of the total financing. Although compared with the larger government revenue, although the level of investment is not high, but so a lot of government funds for the basic health care of farmers, which is the first time in history, it reflects the government to solve the problem of farmers' health care the responsibility and work intensity.

Operation of the NRCMC fund

Take the Operation of the NRCMC fund in Hebi City in 2011 as an Example.

Fund Raising Situation

The NRCMC financing standards is 180 yuan / person /years in 2011 in Hebi. The city raised a total of 153.771 million yuan of the NRCMC funds, including the central government subsidy funds 61.508 million yuan, municipal finance subsidies 12.301 million yuan, district and county financial subsidies 18.4244 million yuan, individual financing 30.754 million yuan.

Fund Expenditure Situation

The city spent a total of 126.3182 million yuan of the NRCMC fund, the fund utilization rate of 82.15%. Among them, the hospital compensation of 10161.86 million yuan, accounting for
80.45% of the total expenditure of the Fund; outpatient compensation 24.6969 million yuan, accounting for 19.55% of total fund expenditure.

**Participate in The Benefit of Farmers**

Total of 1.5870 million farmers participated in the medical expenses compensation, of which, hospital compensation of 75,700 people, the hospitalization rate was 7.38%, outpatient compensation of 1.51 million people. Hospital compensation reaches to 10,000 yuan are 534 person-time; reaches to 30,000 yuan are 13 times; reaches to the highest cap line 60,000 yuan is 1 person.

**Medical Expenses and Compensation Situation of Participation Farmers**

The average hospitalization fee for the participating farmers is 3461.49 yuan/time, which the township hospitals are 1251.13 yuan/time, the county hospital is 2734.87 yuan/time, the municipal hospital is 5219.83 yuan/time, the provincial and above the provincial medical and health institutions 13903.03 yuan/time. Secondary hospitalization compensation amount is 1343.26 yuan/time, which township hospitals 803.80 yuan/time, county hospitals 1274.94 yuan/time, municipal hospitals 1805.72 yuan/time, provincial and provincial hospitals above 3252.02 yuan/time. The actual compensation ratio was 38.81%, among which 64.25% were township hospitals, 34.59% were municipal hospitals, and 23.29% were provincial and provincial hospitals.

**The Distribution of Participation Farmers**

Participation farmers mainly selected county medical and health institutions, accounting for 40.80%, township hospitals accounted for 35.76%, municipal medical institutions accounted for 15.67%, provincial and above the provincial medical and health institutions accounted for 7.78%.

**The Funds Flow of the NRCMC**

The compensation funds for the new rural cooperative medical institutions mainly accounted for 38.72% of the county-level medical and health institutions, followed by township hospitals, accounting for 24.40%, municipal medical institutions accounted for 21.06%, provincial and provincial medical institutions accounted for 18.81%.

**Discussion**

Through the investigation and analysis of the participation rate, financing source and fund operation in the development of new rural cooperative medical system in Hebi City in recent years, the author draws the following conclusions:

**The NRCMC and Institutional Framework Has Been Basically Formed**

The NRCMC and the institutional framework have been basically formed. The NRCMC has become more and more popular. A large number of practice has proved that the pace of legislation should be accelerated to further regulate the NRCMC management, so that the supervision of designated medical institutions into the legal track to protect the new rural cooperative health and sustainable development [5]. Therefore, the new rural cooperative management and supervision system, medical service delivery system and poor medical assistance system, including the new rural cooperative medical system, the establishment of the
new rural cooperative management office and the new rural cooperative management approach, fund management approach, financial management approach, accounting management approach, audit supervision system, regular publicity system and a series of work and management system. From the system level to avoid the management of arbitrariness and human factors on the operation of the new rural cooperative, for the new rural cooperative institutionalization, standardization and legal management laid the foundation.

Cooperate with The Actively and The Appropriate Compensation Model to Promote The Sustainable Development of the NRCMC

In order to attract farmers to participate in the new rural cooperative medical system, and make the new rural cooperative funds to be effectively used, counties to actively explore the local situation for the new rural cooperative compensation model. Combined with the actual situation of Hebi City, the county level of economic development is moderate, in the selection of new rural cooperative compensation model, have chosen the hospital and family account model. Through years of practice and exploration, the proportion of new rural cooperative funds in the county has been significantly reduced, and the management capacity of grassroots cadres has been gradually improved.

Strengthen Propaganda, the NRCMC Has Been Recognized by Participation Farmers, The Participation Rate Increased Year By Year

Increase the publicity of the new system, raise farmers' understanding of the new system, understand that they are the direct beneficiaries of cooperative medical care, have the responsibility to actively participate in their own health and make the necessary investment, must fulfill the obligation to pay [6]. In order to change the closeness of the peasants' thinking, the new rural cooperative use the farmers' voluntary fund-raising principle. The grassroots cadres used a variety of propaganda propaganda: the government gave a letter to the farmers to promote and mobilize the propaganda performances on the market, The village legislature legislation card cooperation medical propaganda slogan, held party members, members, cadre mobilization and the villagers meeting and other forms. In recent years, the level of awareness of farmers has been greatly improved. Compared with the implementation of the system, the participation rate increased year by year, from 69.1% in 2003 to 99.47% in 2011.

Promote The Development of Rural Health, Improve The Status of Primary Health Care Institutions

China's prevalence of certain counties and cities set up in charge of rural cooperative medical care professionals less, low quality. According to statistics, township health workers, undergraduate education accounted for only 1.4%, college education accounted for only 9%, most of the secondary school and the following qualifications [7]; and the establishment of the new rural cooperative system, an increase Investment in Rural Basic Health Funds. This is to improve the basic conditions of rural health care, primary health care services, personnel training has played a positive role. But also improve the township hospitals and other primary health care institutions, the utilization of health resources to promote the growth of primary health care institutions, improve the economic situation of primary health care institutions, and promote the comprehensive development of rural health.
References


