Current Situation and Thinking of Grading System of Diagnosis and Treatment Implemented in China

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Abstract. This paper would analyze the current situation of the development of the hierarchical diagnosis and treatment system. It’s concluded that the core of implementation of the system is the achievement of the grass-roots initial diagnosis and two-way referral; the key issue is to improve patients’ satisfaction with the initial diagnosis and to strengthen division of labor and cooperation in various medical institutions; measures need to be taken mainly include the guiding and supporting from policies to the implementation of the system, attaching importance to the training of general practitioner and establishing medical information sharing platform. The implementation of grading system of diagnosis and treatment can not only bring rational allocation of resources about health services, but also effective alleviation of the contradiction between supply and demand, thus solving the problems such as the difficulty in getting medical service and high cost in China.

Overview of the Development of Hierarchical Diagnosis and Treatment System

Basic Meaning of Hierarchical Diagnosis and Treatment

It refers to the diagnosis and treatment graded by the relative severity or urgency of the disease and the degree of difficulty in treatment. Medical and health services institutions at different levels should be liable for different diseases’ treatment[1]. While the quality of primary medical services should be enhanced, patients with common diseases, frequently encountered disease and chronic diseases should be are guided to be willing to choose Primary medical and health service institutions for treatment. Thus, the pressure on the medium and large public hospitals can be eased and patients can receive timely and effective treatment.

Current Situation of Promoting the Hierarchical Diagnosis and Treatment System in China

Health Resources

(1) The Number of Medical and Health Institutions as well as Beds
As shown in Table 1 below, the number of primary medical and health institutions is not small, but the proportion of beds is far lower than the hospital. In 2013 and 2014, the proportion of beds in primary health care institutions was only 21.8% and 27.8% [2-6], the number of beds in hospitals still occupy an absolute monopoly.

(2) Growth Rate of the Number of Beds in Primary Medical and Health Institutions
The relevant data was shown in Figure 1. It shows, in recent years the number of beds in primary medical and health institutions has increased year by year, but the growth rate is not high, So China should give more support to primary medical and health institutions and actively promote the hierarchical diagnosis and treatment system[2-6].
Table 1. Number of Medical and Health Institutions and Number of Beds.

<table>
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<tr>
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</table>

Figure 1. Growth rate of the number of beds in primary medical and health institutions.

Medical and Health Service

(1) Diagnosis and Treatment Person-Time and Hospital Admission Person-Time

As shown in Table 2, in 2014, primary medical and health institutions accounted for 57.4% of total clinic visits, while the hospital accounted for 39% [2-6]. And in 2014 the number of people in primary medical and health institutions was about 49.04 million, accounting for only 20% [2-6], which was far less than in the hospital. This shows that the development of China’s hierarchical diagnosis and treatment system is not ideal.

Table 2. Diagnosis and treatment person-time and hospital admission person-time in medical institutions.

<table>
<thead>
<tr>
<th>Year</th>
<th>diagnosis and treatment person-time(billion)</th>
<th>hospital admission person-time(million)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>medical institutions</td>
<td>total</td>
</tr>
<tr>
<td>medical institutions</td>
<td>5.84</td>
<td>6.27</td>
</tr>
<tr>
<td>Hospital</td>
<td>2.04</td>
<td>2.26</td>
</tr>
<tr>
<td>primary medical and health institutions</td>
<td>3.61</td>
<td>3.81</td>
</tr>
</tbody>
</table>
(2) Annual Growth Rate of Diagnosis and Treatment Person-Time in Medical Institutions

According to the relevant data, it’s compared of the annual growth rate of diagnosis and treatment person-time in primary medical and health institutions and hospitals from 2010 to 2014. As shown in Figure 2, the lowest growth rate of diagnosis and treatment person-time was 5.18% [2-6]; on the contrary, the highest growth rate of diagnosis and treatment person-time was 9.14% [2-6].

![Annual growth rate of diagnosis and treatment person-time in medical institutions from 2010 to 2014](image)

Figure 2. Annual growth rate of diagnosis and treatment person-time in medical institutions from 2010 to 2014.

Problems Faced During the Development of the Hierarchical Diagnosis and Treatment Promoted in China

Patients’ Relatively Low Satisfaction with the Initial Diagnosis in Primary Medical and Health Institutions

In recent years, with people's living standards rising, patients’ range of choice of the medical treatment is also expanding. But the service capability of most primary medical institutions is insufficient, so the patients distrust and dissatisfy with them. As a result, patients prefer to large hospital whether their illness is serious or not. To avoid the phenomenon where large hospitals are crowded but primary hospitals are nearly deserted, the primary medical institutions should accelerate the ability to enhance health services, and continuously improve service attitude, thus enhancing the satisfaction with initial diagnosis.

Problems Rising at the Division of Labor and Cooperation in Hierarchical Diagnosis and Treatment Among Various Medical Institutions

There are many difficulties in the process of implementation of two-way referral. The main reasons are various. ① There is no clear referral system, referral standards and normative referral process in medical institutions at all levels, with the lack of communication and exchange of information among the medical institutions. ② For the limited medical technical level, primary hospitals cannot provide patients with quality and effective health care services, so doctors and patients prone to contradictions and medical liability issues are involved; and for valuing their own interests, the large general hospital lack the motivation to transfer patients to primary hospitals. ③ Most primary medical institutions still wait for the patients to come, and did not pay attention to the improvement of their health service level. ④ In addition, most patients prefer to stay in the big hospital for rehabilitation than referral to primary hospitals, and one of the most important is patients’ distrusting to the service ability in primary medical and health institutions[7].

Medical Reimbursement Affecting the Medical Treatment of Patients

So far, the price of medical services and medical reimbursement have little difference among the medical institutions at all levels, and primary medical institutions is not more beneficial in these two
areas, which affect the patient's selection of medical treatment. Relevant government departments need to make relevant supporting measures to enlarge patient medical reimbursement gap properly between primary medical and health institutions and secondary or tertiary hospitals. Then, more beneficial medical reimbursement in primary medical institutions can attract more patients so that they will receive treatment, rehabilitation, nursing care and other medical services there. It will promote the rational use of medical resources and accelerate the development of hierarchical diagnosis and treatment.

Appropriate Countermeasures and Proposals Put Forward for the Further Development

**Supporting and Guiding the Implementation of the Hierarchical Diagnosis and Treatment Through Policy**

**Two-Way Referral Policy**

Two-way referral is one of the means necessary to implement the hierarchical diagnosis and treatment. But with the imperfect legal system on two-way referral and the lack of uniform criteria for referral, thus it’s difficult to regulate and control the behavior of two-way referral and it’s extremely important to establish a sound policy system of two-way referral. After discussion and analysis with experts, the relative government staff should develop detailed and enforceable standards of referral, emphasize the duty of medical institutions at all levels, develop information-sharing system among medical institutions, and truly implement two-way referral system, making large and medium-sized comprehensive hospitals and primary medical institutions have regulations to abide by.

**Medical Insurance Policy**

Our medical insurance policy should have leverage effects in adjusting medical resources rationally. By adjusting the proportion of medical reimbursement, relevant government departments can raise the proportion of costs reimbursed in primary medical and health institutions; Preferential policies on medical reimbursement are helpful for leading patients to choose primary medical institutions voluntarily, thus bringing reasonable selection on medical treatment. It’s proposed to establish the system of gradual referral of the insured persons, which promotes hierarchical diagnosis and treatment and two-way referral services and contributes to the implementation of hierarchical diagnosis and treatment[8].

**Attaching Importance to the Training of General Practitioner**

The main work of general practitioners includes the preventive care of residents in primary medical institutions in daily life; the diagnosis and treatment to patients with common diseases; and frequently encountered diseases and physical health management for rehabilitation patients, referrals, and patients with chronic diseases. Attaching importance to the training of general practitioner is the basic way to improve health services in primary medical institutions. China should establish and improve the general practitioner system, increase economic investment, set up a special fund for talent introduction, encourage more graduates of medical colleges to be willing to work in primary medical institutions, and train a large number of excellent general practitioners who "work, stay and do well" in primary medical institutions[9].

**Establishing the Medical Information Sharing Platform**

Currently, medical information sharing platform has not been established between the most large hospitals and primary medical and health institutions, so we should establish the information platform by modern network technology, which is helpful in promoting the development of the hierarchical diagnosis and treatment. A medical network system should be established within the same jurisdiction by which the medical institutions are connected by network, thereby increasing communication and understanding. By online referral through the information platform, it can be
achieved of the hierarchical diagnosis and treatment and two-way referral with the patient centered.

**Constructing a New Intra-regional Medical Treatment Combination**

New medical treatment combination consists of secondary and tertiary large-scale comprehensive hospitals as well as primary medical and health service institutions, which is across relationship of administrative subordinateness and asset affiliations. The construction of the community can effectively strengthen contacts and cooperation among the medical and health institutions at all levels, and promote the implementation of two-way referral system. In the community, high-quality resources are rationally allocated and information shared; through free technical guidance, expert advice and other ways, the secondary and tertiary large-scale comprehensive hospitals can help primary medical and health institutions to improve their level of health services, changing the old habits of the masses, so that the hierarchical diagnosis and treatment can be achieved [10].

**The Conclusion**

It is of great significance for the medical and health services in China to promote the development of the hierarchical diagnosis and treatment system, bring the rational allocation and efficient use of health resources, and make full use of the function of medical institutions at all levels. It’s proposed to encourage and support primary medical and health services institutions to provide quality health care services; what’s more, the patients should be guided to go to the primary medical institutions for treatment who are with common diseases, frequently encountered diseases or chronic diseases and patients in rehabilitation. Large comprehensive hospitals should gradually reduce outpatients services for common diseases, and focus on the diagnosis and treatment of serious illness. China will gradually establish the comprehensive medical and health service system whose features include resources shared, clear responsibilities, distinct gradations, accurate functional positioning, responsibilities fulfilled, mutual coordination and support, being in line with national conditions. Eventually, the ideal new pattern of medical services can be achieved where "minor illness treated in primary medical institutions, serious illness treated in the hospitals, and patients in rehabilitation back to the community ".

**References**


