

The role of family physicians contracted healthcare in China: A "Cardiotonic" or a "Band-Aid" for healthcare reform?

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Summary

On June 6, 2016, as a mode expected to open a new prospect for tiered system of medical care in China, family physicians contracted healthcare was officially launched, intending to facilitate such healthcare be universal coverage by 2020. There are some doubts as to whether this goal is possible. The role of family physicians contracted healthcare in China should also be carefully identified. We hold that family physicians contracted healthcare will promote healthcare reform if it provides a "Cardiotonic" that alleviates the long-standing inequitable allocation of healthcare resources. However, this form of care faces many obstacles given the current state of medical care in China. It will just be a "Band-Aid" if the aforementioned issues of the shortage of family physicians, coordination with referring hospitals, and incomplete oversight are not resolved.

Keywords: Medical reform, family physicians, general practitioners, China

1. Introduction

Over the past five year, the Chinese Government has been exploring and establishing a tiered system of medical care tailored to China as a key step toward greater reform of the medical and healthcare system. In order to rationally allocate medical resources and promote equal access to basic medical and health care, the Chinese Government began to establish general practitioners system in 2011 (1).

Moreover, on June 6, 2016, family physicians contracted healthcare was officially launched as a mode expected to open a new prospect for tiered system of medical care in China, intending to facilitate such healthcare be universal coverage by 2020 (2). This form of care will promote healthcare reform if it provides a "Cardiotonic" that alleviates the long-standing inequitable allocation of healthcare resources. However, this form of care faces many obstacles given the current state of medical care in China. Thus, family physicians

contracted healthcare may be a "Band-Aid" that acts as a stopgap, temporarily alleviating the medical needs of the general public in China.

2. The shortage of family physicians will limit implementation

Registered general practitioners at primary care facilities are key providers of family physicians. The Chinese Government began to establish general practitioners system in 2011 (1). Thus far, approximately 180,000 general practitioners have been fostered, accounting for 6% of all medical practitioners. The annual growth number of general practitioners is about 30,000 from 2012 to 2014 (Figure 1). According to the data from Chinese Medical Doctor Association, if by the standard of a general practitioner serving every 2,000 residents, China needs at least 700,000 general practitioners (3,4). How can more than 500,000 general practitioners be rapidly fostered in just 5 years? Given the strained physician-patient relationship in China (5-7), how can family physicians contracted healthcare be made more attractive to primary care physicians? Can the quality of healthcare be ensured amidst unmet primary care needs? As a novel form of highly attentive medical care, how will family physicians earn the trust of patients? All of these obstacles are hampering successful implementation of contracted family physicians contracted healthcare.

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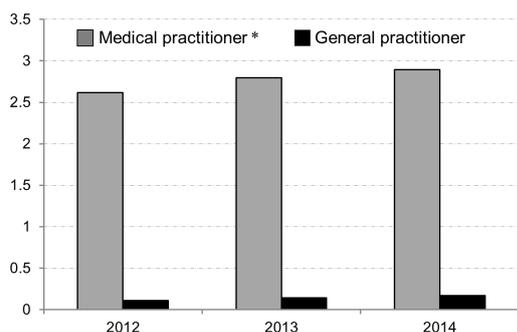


Figure 1. The number of medical practitioners and general practitioners in China from 2012-2014 based on the data from China Health Statistical Yearbook (2013-2015). *The medical practitioners include licensed medical practitioners and licensed assistant medical practitioners.

3. Giving priority to referrals will impact the "public" nature of public hospitals

Family physicians will have a certain proportion of specialists assigned, appointments will be made, and beds will be allocated, facilitating the preferential treatment and admission of contracted residents. For public hospitals, such priority will impact the "public" nature in light of many patients face difficulties in registration at large hospitals (8), while some patients can be provided an express route for "on-demand" healthcare. Given an imbalance in the supply of and demand for medical resources, having an initial diagnosis made by a family physician, and mutual referrals and coordination between referring hospitals and primary care facilities will also present problems. Coordinating referrals is not just the concept of a contract between family physicians, public, and referring hospitals. It is also a contract to reallocate the current medical resources.

4. Oversight to limit expenses is incomplete

Although the public is being encouraged and guided contract with nearby family physicians, the transregional contract can also be made to create an impetus for competition. In accordance with the principle of income elasticity of demand, the high income groups will pursue better medical care recruiting renowned and qualified medical personnel, which will further exacerbate the

imbalance in healthcare resources. Furthermore, family physicians will provide diversified care in medication and health insurance for contracted residents. A powerful mechanism for oversight of contracted primary care is indispensable to controlling medical expenses and health insurance costs. Unfortunately, standards and measures for that oversight are lacking.

In conclusion, we sincerely hope that family physicians contracted healthcare will be a "Cardiotonic" that injects new vitality into healthcare reform in China. Nevertheless, the state of medical care in China will restrict effective implementation of this form of care. Family physicians contracted healthcare will just be a "Band-Aid" if the aforementioned issues of the shortage of family physicians, coordination with referring hospitals, and incomplete oversight are not resolved.

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