

The Current Situation of Rehabilitation Medical Service System in China: Problems and Challenges

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Abstract

The rehabilitation medicine is an important part of the modern medical service system. The need for rehabilitation services is growing in China. However, current rehabilitation exist many problems and it is the weakest part in the Chinese medical service system. Most areas of China have established three-level rehabilitation medical service system, but there is a lack of links between different grade hospitals. The two-way referral mechanism needs to be improved. The rehabilitation organization construction and resource allocation lag behind seriously. In order to reverse the predicament, and to meet the challenge of the rising social demand, Chinese government should not only increase the financial input, but also strengthen the construction of system and mechanism of the rehabilitation medical system.

Key words: China, Rehabilitation, Referral mechanism, Medical service system

1. Introduction

Rehabilitation is an indispensable component of the health care system. By the end of 2010, the disabled people are up to 85.02 million which occupied 6.34% of the population in China. According to the international standard that 60% of disabled people need rehabilitation, the total number of disabled people who need rehabilitation is nearly 51 million in China. Along with the aging of the population increase, the morbidity rate of Cardiovascular, Hypertension and Alzheimer's disease on the elderly is rising due to physical function decline (Wang Baohua and Mi Zhongxiang, 2012). So the demand of rehabilitative services for the elderly group and patients is increasing year by year. In order to better meet this demand, it is meaningful to further improve the medical rehabilitation service system.

However, as the weakest part in the Chinese medical service system, rehabilitation exist many problems currently. For example, rehabilitation medical service system lacks links between different grade hospitals in most areas of China. The two-way referral mechanism needs to be improved nationwide. Currently Chinese rehabilitation organization construction and resource allocation also lag behind seriously.

In order to reverse the predicament, this paper summary some Chinese scholars' relevant countermeasures to solve the problems and meet the challenges of rehabilitation medical service system.

2. Present situation of the Chinese rehabilitation medical service system

Modern rehabilitation originated in U.S. since 1940s and it was introduced to China in 1980s (Wang Baohua and Mi Zhongxiang, 2012). So the Chinese rehabilitation medical services started relatively late. The rehabilitation medical services have been made a certain level of development over the past three decades, but the service system have not yet been formed now. *The Central Committee of the Communist Party of China and the State Council's Decision on Deepening the Reform of the Pharmaceutical and Healthcare Systems* issued in 2009, put forward the requirements of paying attention to the combination of prevention, treatment and rehabilitation. In 2011, the "12th Five-year Plan" explicitly posed advancing the access of rehabilitation services for disabled persons. Then the Chinese government and society began to pay more attention to rehabilitation again with releasing relevant policies. Under the guidance of these policies, Chinese rehabilitation medical service system is gradually established. In August 2011, the Chinese Ministry of Health launched the pilot program establishing and improving the rehabilitation medical service system. Until to May 2012, 43 pilot cities in 14 provinces took part in the system (Li Xiaoxiao and Du Haiping, 2008), most of the region has established a three-level medical service recovery system. *According to Chinese Disabled Cause Developed Statistical Bulletin 2013* (2014), issued by the CDPF (China Disabled Persons' Federation), 7.468 million disabled people has got different degrees of recovery in 2013. However, Chinese rehabilitation medical service system still exists many problems and challenges because of the low level of development.

2.1 Not smooth links between different grade hospitals in rehabilitation medical service

The Scheme of Improving the Rehabilitation Medical Service System (2011) and *The Guiding Opinions on Rehabilitation Medical Work during the 12th Five-year Plan Period* (2012) issued by Chinese Ministry of Health, are major policies on hierarchical level of the rehabilitation medical system in China. The former policy document encouraged to set out plans according to the principle of building a tertiary rehabilitation medical service system, this system roughly includes three levels medical institutions as follows: rehabilitation medicine departments in the third-level general hospitals, the rehabilitation hospital/secondary general hospital rehabilitation medicine, and the primary medical institutions. This policy also put forward the function orientation for the three-stage rehabilitation institutions. The latter policy document has a slight change, and pointed out that China should preliminarily build a hierarchical and staged rehabilitation medical service system. The Chinese Ministry of Health advocated the establishment of multi-level rehabilitation medical service system, and not specified three levels. The system is just roughly divided into rehabilitation medicine departments in the general hospitals, rehabilitation hospitals and the grassroots medical institutions. Compared with the former policy document, in order to better integrate the rehabilitation medical resources, The latter document didn't classify the general hospitals.

The function orientation of the three-stage rehabilitation institutions is as follows: (1) The departments of rehabilitation medicine in third-level general hospitals are given priority to patients in acute phase, refers patients in a timely manner and undertakes the task of staff training; (2) Rehabilitation hospitals mainly cure patients in stable phase, providing specialist and specialized rehabilitation services; (3) Grassroots medical institutions should primarily treat patients in recovery phase and provide professional rehabilitation guidance.

According to *An Evaluation Report on the Progress of Pilot Project in the National Rehabilitation Medical Service System* issued in June 2012, most pilot cities have set up a three-level rehabilitation medical care system, but there is a lack of referral cohesive mechanism between patients who are in acute phase and stable phase. Because of a lack of effective cooperation mechanism, the number of patients who are transferred from general hospitals to rehabilitation hospitals is too few. This lead to the function of the rehabilitation hospital located in the second level has not been brought into full play. When patients discharged from hospitals, they would not get professional and effective rehabilitation treatment and training. Therefore, patients are reluctant to discharge and the rotation rate of hospital beds is low, and this will influence the rational use of medical resources.

2.2 Unsound rehabilitation referral mechanism

Referral mechanism means that the patients can make internal referral between different departments in hospital, including external referrals between different medical institutions. The Conference on establishing a sound service system for medical rehabilitation pilot work, held in June 2012, pointed out that some rehabilitation institutions were exploring early rehabilitative intervention, namely the referral between clinical departments and rehabilitation departments, but the referral system need to be improved between different levels of medical agencies.

China is exploring the establishment of positive two-way referral mechanism, namely, to carry out the referral between community and the superior hospital, under the principle: the community clinics take charge of curing minor illnesses, the hospitals are in charge of treating serious illnesses, finally rehabilitation come back to the community. The phenomenon that downward referral is difficult than upward referral is in the process of two-way referral system construction. Due to their limited technical level, community clinics transfer those patients who are unable to be diagnosed and treated by the clinics to general hospitals or specialist hospitals. However, hospital Doctors driven by their own economic interests worry about medical disputes and persuade patients who are in stable phase and can be transferred to the community to stay in hospital by various means (Li Xiaoxiao and Du Haiping, 2008).

There are two constraints that influence Chinese rehabilitation referral mechanism in the system. On the one hand, it is lack of medical insurance system to support. First, many areas adopt the post-pay system for a long time, hospitals gain corresponding compensation only after the occurrence of the medical services, it induces hospitals to provide patients with excessive service for their own benefit. Second, the scope of medical insurance reimbursement for rehabilitation services is limited, now only nine rehabilitation projects have been included in the medical insurance system. Third, Medicare pays for rehabilitation expenses without considering the severity and stage of disease, and in most cases the level of reimbursement is low, both hinder the classification of rehabilitation medical referral. On the other hand, it is lack of a clear referral mechanism. In April 2013, the Chinese government issued *The Two-way Referral Criteria of Eight Common Diseases (Surgeries)*, it is the only one of government document about two-way referral Criteria now. And it provided referral criteria for the patients who suffer from 8 kinds of diseases to be transferred in or out third-level general hospitals, but the criteria are not clearly described and have not specific numerical indicators.

2.3 Inadequate rehabilitation construction of medical institution

There are a series of problems in the rehabilitation medical resource allocation. First, the quantity and quality of rehabilitation physician is low. The national survey data released by the Chinese Association of Rehabilitation Medicine in 2009, showed that the total number of national rehabilitation professional and technical personnel is 1.4 million people, including 5,000 physical therapists and 2,400 occupational therapists, and there is only one per 100,000 population. But the estimated number of rehabilitation personnel in the developed country is nearly 50 times more than China with over 50 per 100,000 population. Meanwhile, China still has no rehabilitation therapist accreditation standards and registration system, and the personnel quality is uneven. Second, the area, beds and equipments are insufficient in the rehabilitation departments. According to the *An Evaluation Report on the Progress of Pilot Project in the National Rehabilitation Medical Service System* released in June 2012, the rehabilitation medicine departments in second-level and third-level general hospitals were insufficient. Primary medical institutions owned less rehabilitation equipment and services, and their rehabilitation treatment effectiveness was also insufficient.

It is also in the rehabilitation organization construction. First of all, the work of rehabilitation therapy team hard to carry out. The rehabilitation therapy team consists of rehabilitation physicians, rehabilitation therapists and rehabilitation nurses. The team carries out works under the guidance of the rehabilitation physician. The rehabilitation therapists can be subdivided into physical therapists, occupational therapists, speech therapists, psychotherapists, prosthetists and orthotists (Gao Qian,1999). Rehabilitation therapists perform their respective duties and cooperate with one another. But now it is difficult to carry out rehabilitation therapy team work under the condition of lack of rehabilitation therapists. Second, many urgent problems need to be solved in respect of the development and regulation of rehabilitation institutions. The Chinese government attaches great importance to rehabilitation medicine, issued a series of regulations to set by the relevant authorities. In recent years, the government has successively issued *Guidelines for the Construction and Management of the Departments of Rehabilitation Medicine in General Hospitals*(2009), *the Basic Standard of the Departments of Rehabilitation Medicine in General Hospitals (Trial)* (2010) and *the Basic Standard of Rehabilitation Hospitals* (2012). However, these policies are difficult to implement, because there is no corresponding supervision mechanism.

3. Countermeasures

To solve the problems and meet the challenges of rehabilitation medical service system, many Chinese scholars have carried out active research, some scholars put forward relevant countermeasures by learning from the United States, Britain and other countries in the practice of the construction of medical rehabilitation service system. The views are as follows:

3.1 Establishing and improving the multi-level, staged rehabilitation medical service system

Firstly, overall planning and rational utilization of various rehabilitation medical resources to perfect the multi-level medical service system. Chinese medicine hospitals at all levels, maternal and child health agencies, CDPF (China Disabled Persons Federation) institutions, nursing homes and other bear corresponding medical and rehabilitation tasks based on the related diseases and disabilities. Meanwhile, government encourages social capital allocated to rehabilitation medical institutions, and appeals to second-level general hospitals (including enterprises hospitals) to translate to rehabilitation service oriented general hospitals or rehabilitation hospitals step by step.

Secondly, vigorously promote the system of the first treatment in community and the classification of health care system. The system of the first treatment in the community means those ill residents should go to the community health service institutions first to be treated by general practitioners (Li Zaiqiang and Lin Feng, 2006). General practitioners act as "gatekeepers" who are in charge of the first diagnosis and the referral of patients in the community health service. International scholars study found that only about 5% of patients needed to make a diagnosis and give treatment by special doctors, and more than 90% of the patients could obtain satisfactory medical service from well-trained general practitioners in community. In 2006, China began to establish pilot cities to explore the system of the first treatment in community. He Qinchen and Ma Yajing(2006) think that community medical doctors as gate-keepers have carried on the reasonable distribution of the patients to a certain extent, the common diseases and frequently-occurring disease can be treated in the community, while patients who suffer from complex diseases can transfer to higher medical institutions. Therefore, the system of the first treatment in community can be achieved rational utilization of urban health resources, it not only promotes the establishment of the multi-level rehabilitation medical service system, but also advances the implementation of the two-way referral system.

3.2 Measures to promote the effective operation of referral system

(1) To encourage early rehabilitation intervention, and strengthen cooperation in various departments. Performance

incentives can be established within the hospital. When a patient transferred from one clinical department to rehabilitation department, performance can be simultaneously credited to both. And when one clinical department takes the initiative to transfer patients, the hospital can also reward it. Meanwhile Hu Yongshan and Li Zebin(2001) proposed four forms early rehabilitation treatment in collaboration with other department: mutual consultation; Two-way referral; Condominium; participate in ward round of other department.

(2) To encourage rehabilitation agencies at all levels to establish two-way referral contract relationship, and timely and reasonable transfer out. You Manni (2005) introduced a new type of two-way referral patterns that provincial third-level hospitals and subordinate hospitals used after signing a series of two-way referral cooperation agreements in Guangdong province. Henceforth, subordinate hospitals can make reservations in advance, third-level hospitals give priority to curing patients from cooperative hospitals; higher level hospital can send referrals who are in a stable condition back to original hospitals for follow-up treatment, cooperate and guide counterparts until patients are discharged. Liu Xing Hong and Yuan Suping (2012) also believe that superior general hospitals should establish two-way referral partnership with subordinate hospitals (clinics). To realize the responsibility system management through the establishment of a two-way referral departments and personnel in the hospital after signed the agreement. To further deepen cooperative relationship, hospital experts can take community outpatient visits, healthy lecture, implementation of remote video and others to support community health work.

(3) Set up information system platform between superior and subordinate hospitals. In the case of the information cannot be shared between medical institutions, Tao Hongbing and Guo Shilin (2007) suggested that China can explore the establishment of unified information network platform and achieve information system integration in certain administrative areas. Health status and medical conditions of residents can be inquired through the network, so as to improve the efficiency and the level of community health services, the government can also know the situation of the two-way referral between hospitals and community health services through this information platform, and to conduct monitoring and evaluation. Wang Baoyu and Zhang Qiyu(2009) also believe that government can timely get referral information through hospital information communication between superior and the subordinate hospitals, promoting the effective operation of the referral system.

3.3 The Support of medical insurance system on medical rehabilitation services

(1) The gap of insurance compensation ratios between medical institutions at different levels should be widened. Zheng Wen and Chen Changgui(2008) considered that the government should appropriately widen the price gap of medical service between community clinics and general hospitals. Different self-paid ratios are established for the two kind of medical institutions to encourage the insured to diagnose common diseases in community health service institutions. Li Yueping and Wu Hanmei(2011) also agree with the opinion. In addition, as they suggested, the insured can be encouraged to diagnose common diseases in community health service institutions by improving reimbursement ratio of the community clinics, reducing reimbursement ratio of referrals not through clinics, and not paying for those who are not diagnosing common diseases in clinics. These measures can promote the implementation of two-way referral system classification and rehabilitation medical service system.

(2) The reform payment pattern of medical insurance. Ou Haining and Bryan J O'Young (2011) suggested that China can draw lessons from the prospective payment system based on the function-related groups in United States, which can promote hospitals to seek the best treatment options, and the new payment system can urge hospitals to make the functional recovery of patients in the shortest period of time. The patients will be moved down when the expected length of intensive rehabilitation on patients with functional improvement is not obvious, so as to encourage hospitals to participate in the outpatient rehabilitation or community rehabilitation plan.

(3) The expansion of health insurance reimbursement scope of rehabilitation medical service projects. The rehabilitation has numerous items, only nine are included in the medical insurance system is not enough. Whereas in recent years, there are more and more Chinese medical insurance balances, basic medical insurance fund for urban residents and urban employees accumulated balance up to 494.7 billion at the end of 2012. Taking into account the importance of medical rehabilitation service, China may be appropriate to increase the health care category into rehabilitation project.

3.4 Perfecting rehabilitation standards

Establish a nationwide use of functional evaluation table. In the United States, when patients have entered a rehabilitation department, regardless of what kind of diseases they are suffering from, physicians are always using the Function Independent Measure (FIM) to assess and develop patients' FIM Grading of discharge. For the purpose of making patients to restore function to live independently at home, the rehabilitation therapy specifies their treatment programs (Ou Haining and Bryan J O'Young, 2011).

3.5 Develop education and training of rehabilitation

China should establish a professional certification mechanism of rehabilitation physicians and therapists, such as learning English BSRM standards for rehabilitation agency personnel qualification and strict requirements of work experience (Liu Fei and Mi Zhongxiang, 2012). China should also learn from the U.S. rehabilitation physician training system, which indicates that one can not enter a medical school before graduation, and the medical students should past the three parts of the United States Medical Licensing Test in three years, and then he or she can take the rehabilitation medical licensing examination, and the license is valid for ten years (Ou Haining and Bryan J O'Young,2011). Through such a strict selection process, rehabilitation physicians are worthy of trust. Zhen Xicheng and Liu Yu(2012) insists that the China should be in accordance with the world's highest five-star standard occupational physicians rehabilitation, improve the professional quality of medical education, and take multi-level training mode, rehabilitation physicians should be encouraged to achieve Master's degree or above. They also advise that most rehabilitation therapists should take undergraduate study, and the number of therapists having a master or doctoral degree should reach a certain proportion.

4. Conclusion

The Chinese rehabilitation service system is in the initial construction stage, so it is inevitable that there exist many problems and challenges. Chinese government focuses on the development of the medical rehabilitation services increasingly, and a growing number of domestic scholars are committed to researching rehabilitation. On the basis of summing up the domestic experience, and learning the advanced experience of foreign countries, Chinese medical rehabilitation service system will be further improved.

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