

Effect Evaluation and Development Countermeasures of Family Doctor Contract Service from the Perspective of Demand Side

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Abstract

Objective: To study the implementation effect of family doctor contract service in Zhenjiang City with community residents as the main body, analyze the problems existing in the contract service of family doctor in Zhenjiang City, and then explore the optimization strategy of family doctor contract service. **Method:** Through studying relevant literature and Zhenjiang government documents and reports, we learned about the signing measures of the signing system of family doctors in Zhenjiang in recent years. With the guidance of experts, we designed the questionnaire of the current situation of signing family doctors of residents in Zhenjiang. By random sampling method, we randomly selected three communities in Zhenjiang, randomly selected several households in each community, distributed 120 questionnaires, and recovered 112 questionnaires. There were 8 invalid questionnaires, and the effective rate was 93.33%. **Results:** At present, the construction of the talented team of family doctors in Zhenjiang City is insufficient. Residents' concept of medical treatment is solidified; Not enough in-depth publicity. **Conclusion:** Increase the number of talents, improve the quality of service, and enhance the confidence and compliance of residents to community health service; Gradually change the residents concept of medical treatment, promote hierarchical diagnosis and treatment; Carry out in-depth publicity, improve the breadth and depth of the general population's cognition, and improve the utilization rate of residents.

Keywords

Family Doctor; Contract Services; Demand Side.

1. Introduction

In May 2016, The State Council and seven ministries jointly issued the Notice on Printing and Distributing the Guiding Opinions on Promoting Contracted Service of Family Doctors, requiring the implementation of contracted service of family doctors in 200 pilot cities of comprehensive reform of public hospitals. This symbolizes that the family doctor system has become an important part of Chinese medical reform. As one of the pilot cities of "Liangjiang" medical reform, Zhenjiang has implemented the "3+X" family health responsibility team service since 2011, implemented the grid management of medical services in 2014, and incorporated community residents into the medical service grid to provide grassroots health services. In 2020, Zhenjiang Municipal Health Commission has listed the improvement of the quality and efficiency of contracted family doctor services into the key points of grass-roots health work. The purpose of this study is to understand the current situation and influencing factors of family doctor contract service in Zhenjiang City, analyze it, and put forward specific suggestions, in order to provide reference for improving the quality of family doctor contract service.

2. Overview of Contract Services for Family Doctors in Zhenjiang City

In 2011, Zhenjiang Municipal government fully implemented the "3+X" family health responsibility team service in the city, providing residents with contract services in the form of a team. "3" is a constant quantity, which is basically composed of general practitioners and community nurses. As a variable and supplement, "X" adds the service content of "one free and three priority", including free treatment fee, preferential arrangement of auxiliary examination, preferential arrangement of hospitalization service, etc. In 2012, with the help of the community management service grid, Zhenjiang comprehensively implemented the grid management of medical and health services, and integrated the general practice team into the grid management. To make up for the shortage of contracted services in community health service centers; Through the health consultant team composed of experts to make up for the lack of family doctors own professional ability. In 2018, Zhenjiang issued the Opinions on Further Promoting the Construction of Zhenjiang's Health Service Guarantee System, in which specialized teams from higher level hospitals provide regular services to grassroots medical and health institutions, and work together with general practitioners and community nurses to solve the diagnosis and treatment of common diseases and health services that grassroots medical and health institutions cannot solve due to their lack of capacity. Through the establishment of full-specialty joint outpatient clinic, the implementation of contracted services of family doctors and the target docking of primary first diagnosis, the patients can enjoy the specialized diagnosis and treatment services of superior hospitals and the service prices and medical insurance policies of primary medical and health institutions, so as to form continuous health management. In March 2019, the Municipal Medical Group, consisting of 8 municipal hospitals including the first and second hospitals and 14 community health service centers, was inaugurated. The aim is to bring key doctors from large hospitals into the grassroots to participate in the contract service work of family doctors, guide community general practitioners, promote the sinking of resources, improve the service ability and service level of primary medical staff, improve the service quality of primary medical and health institutions, and increase the attraction of contract service.

3. Sources and Methods of Data

3.1. Research Object

The research group adopted random sampling method, randomly selected three communities in Zhenjiang City, randomly selected several households in each community, and distributed 120 questionnaires. 112 questionnaires were recovered, 8 were invalid, and the effective rate of the questionnaires was 93.33%.

3.2. Research Method

Literature research method: The research group consulted a large number of relevant literatures to understand the development trends of family doctor contract service at home and abroad, and summarized the signing measures and implementation achievements of the family doctor contract system in Zhenjiang City in recent years.

Questionnaire survey method: This study used the survey questionnaire designed by the research group and collected data by investigating the work places of the respondents. All the surveys were completed under the guidance of the investigators.

3.3. Statistical Method

The research group used Excel to input the data obtained from the investigation and sorted it out. SPSS 21.0 statistical software was used to analyze the reliability and validity, and $P < 0.05$ indicated that the difference was statistically significant.

4. Results and Analysis

4.1. Basic Information of the Questionnaire

The basic information of the questionnaire includes age, occupation, education level, economic level, family size, whether there are old and young people in the family, chronic disease patients or disabled people, a total of 112 respondents. The age group was divided into three stages: under 40 years old, 40-60 years old and 60 years old. The number of people in the 40-60 age group was the largest, accounting for 42.86%. In terms of occupation, civil servants/public institutions accounted for the largest proportion at 31.25%; Next came enterprise employees and retirees, accounting for 25 percent and 24.11 percent respectively; In terms of education level, the respondents with junior college education accounted for the majority, while those with junior high school education or below accounted for the least, 9.82%. In terms of economic level, 65.18% of respondents are well-off, and 30.36% are middle and rich. In terms of the family situation, 67.85% of the respondents have 3-4 people in their family, 87.5% have old people or babies in their family, and 69.64% have chronic diseases or people with disabilities in their family.

4.2. Residents' Cognition

As for contracted residents, 92.73 percent of the respondents answered in the affirmative when asked whether they knew about contracted services of family doctors. It can be seen that over 90% of the signed residents have a basic understanding of the contract service of family doctors. In the investigation of the reasons for the residents who have not signed a contract, the biggest obstacle is the lack of in-depth understanding of the contract service content. The understanding of the contract service of family doctors is only at the level of what they have heard about. The secondary reason is that they think they have no need to sign a contract in good health "and" worry about the service level of family doctors ". It can be seen that there is a certain gap in the promotion of family doctor contract services. On the one hand, residents lack a basic understanding of family doctor contract service; on the other hand, the publicity of the policy of family doctor contract service system at the grassroots level is far from extensive and deep enough. The grassroots people do not understand this policy and dare not to sign a contract. The details, policies and implementation process of the contract were not explained enough.

4.3. Utilization of Residents

Among the 112 questionnaires, 69.23% of the signed residents had received family doctor service more than 10 times in the latest year, and 37 people checked the check box. 11.54% of those who received services were 4-6 times and 7-9 times, and 6 people checked each; The number of people who use the service 1-3 times is the least, only 4 respondents choose. It can be seen that the contract service of family doctors has been utilized to a certain extent, and the situation of "signing without contract" has been improved to a certain extent. Among the 7 options of personalized service items accepted by contracted residents, 40 people chose "chronic disease management" as the most popular option. Next came "health assessment guidance", which was checked by 35 people; Few people chose "on-site service" booking service "referral", with a total of 18 people checking the box. This data preliminarily indicates that the contracted residents in Zhenjiang City receive mainly standardized management of chronic diseases and health assessment guidance, and the items are relatively simple. The utilization of personalized services such as home service is low, which is not conducive to the further implementation of the hierarchical diagnosis and treatment system of first diagnosis and two-way referral at the grass-roots level.

4.4. Residents' Satisfaction

In the survey on the satisfaction of the contract service, 53 residents who signed the contract all expressed overall satisfaction. Respondents have high satisfaction with service items, service package price and service attitude; In the technical level index, 30 people think the technical level is "average"; In the index of hospital environment, 25 residents thought it was "average". To some extent, this data reflects that with the development of social economy, residents pay more attention to the quality of medical treatment on the basis of service satisfaction, and good technical level and comfortable medical environment of doctors have become important factors in choosing medical treatment. It also reflects the deficiencies in the quality of family doctor talent, infrastructure and other aspects of the contract service provided by the current family doctor, which has not yet met the higher level of medical needs of residents.

5. Existing Problems

5.1. Family Doctor Talent Team Construction is Insufficient

In the survey, the research team found that some contracted residents were not so satisfied with the technical level and medical environment of family doctors, but were not at ease with the qualification and medical technology of family doctors, worried about delayed treatment and did not meet the normal medical needs of residents. In terms of the number of family doctors, due to medical resources, salary and other problems, medical students tend to stay in big cities with more development after graduation, resulting in the relative shortage of primary medical staff. The lack of the number of family doctors leads to heavy workload and cumbersome work, the labor is not proportional to the results, and the enthusiasm of family doctors is not high, which affects the quality of work. In terms of the quality of family doctors, China's general practice education system is not perfect, the general practice education in many universities is still exploring, and there are not many applicants, resulting in a limited number of general practice training, which is difficult to meet the needs of the development of family doctor team, and the existing family doctor team cannot reach the stipulated contract indicators and cannot undertake the related work of family doctors after signing contracts.

5.2. The Residents' Concept of Medical Treatment is Solidified

Many unsigned residents think that they do not need to sign a contract because they are healthy. They cling to the concept of "seeking medical treatment when sick", ignore the importance of disease prevention, and lack the investigation of their own health management and potential disease risks. In addition, residents pay more attention to the quality of health services, think that the medical skills of family doctors are not good, and lack confidence in family doctors. After signing a contract, it does not bring substantial benefits, but increases the medical procedures. After getting sick, most patients are more inclined to go directly to large hospitals for registration and consultation, reducing the use of community health resources, and family doctors lose the advantage of first diagnosis in the community. Thus, the work burden of large hospitals is increased. Even after seeing a doctor in a superior hospital, few patients go to the family doctor team for assessment and rehabilitation.

5.3. In-depth Publicity of the Family Doctor Policy is Insufficient

The publicity of contracted services of family doctors is mainly based on community publicity, which mainly follows the principle of full coverage of key groups and voluntary participation of other people. Traditional forms such as door-to-door publicity and printing of brochures are adopted, and most of them are limited to the publicity of key groups in the community. As a result, the residents who have signed contracts only have a basic understanding of the contract service of family doctors. Some of them do not pay attention to the contract service and do not

understand the referral service of basic family doctors. However, the residents who have not signed contracts only have heard about the contract service of family doctors. In addition, the existing contract service projects of family doctors tend to focus on key groups such as children, pregnant women and the elderly, and there are few contract service packages for other groups, which cannot meet the service needs of other groups.

6. Strategy Suggestion

6.1. Increase the Number of Family Doctors

In order to realize the sustainable implementation of the family doctor service, having enough family doctors is the priority. Existing in-service family doctors will be trained more vigorously, and the training and training mechanism for general practitioners will be improved. Regular training and expert lectures will be adopted. The Medical Department of colleges and universities in Zhenjiang can set up the training direction of general practice. Based on the contracted services of family doctors in various districts, the training approach combining theory and practice can train more high-quality general practitioners, make up for the shortage of the number of general practitioners, alleviate the situation of heavy workload and low quality of work of family doctors, so as to integrate into the grassroots medical and health institutions in Zhenjiang more quickly. The Zhenjiang Municipal government has paid more attention to the development of family doctors, given preferential policies, and given certain incentives in terms of salary and job titles.

6.2. Gradually Change Residents' Concept of Medical Treatment

It is an important task of modern medical and health services to vigorously promote the hierarchical diagnosis and treatment system, build a close network of large hospitals, county-level hospitals and grass-roots medical institutions, and establish a sound and scientific two-way referral system. Residents who receive medical treatment from their family doctors or are referred to a superior hospital by their family doctors can enjoy preferential reimbursement policies of basic medical insurance, which attracts residents to make the first diagnosis at the grass-roots level and make an appointment for two-way referral. At the same time, extensive publicity should be carried out to widely publicize the functional positioning, service content, diagnosis and treatment types, specialty development, medical reform policy, two-way referral system, medical insurance reimbursement system and other relevant knowledge of hospitals at all levels to the public through grassroots publicity forms such as going to rural households, centralized training of medical and health knowledge and lectures for family doctors, so as to generally change residents' concept of medical treatment. We will rationally guide the people in graded diagnosis and treatment.

6.3. Conduct In-depth Publicity of Family Doctor Policies

On the basis of giving full play to the existing publicity capabilities in traditional ways such as publishing brochures and publicity by medical staff, it actively coordinated the news media to carry out field interviews on typical stories of family doctors, and made full use of various media forms to expand the coverage of publicity. Publicity materials that are popular with the public should be printed in light of the actual situation, and the contracted services of family doctors and the national basic public health services should be publicized in simple terms. Grassroots medical and health institutions should put up posters in prominent places. At the same time, focusing on the theme of publicity, large-scale publicity and promotion activities in public places are carried out. Strengthen the communication and interaction with the residents in the service area, publicize and interpret the connotation and significance of family doctor contract service to the public, improve the awareness rate of policy, and further enhance the willingness of residents to sign contracts. For example, "5.19" Family Doctor Day can be used to organize

themed activities to strengthen residents' awareness of contracted family doctors and improve their awareness and utilization rate.

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