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### Conference Abstract

# Exploration into the Collaborative Medical Care to Stimulate the Two-level Cooperation in Xixian, China

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#### Abstract

**Objective:** To establish the disease-based two-level collaborative medical care to promote the integration of services across the county hospital and township hospital [1].

**Methods:** The pilot reform was carried out in 2 counties in Henan Province from June 2012, based on the diagnosis and treatment of Cerebral Infarction, Appendicitis, Varicose Great Saphenous Vein and Type 2 Diabetes, 4 continuous clinical pathways across levels was developed, patients with the 4 diseases could get a series of continuous services from two levels institutions in quota payment. The average length of stay (ALOS) and total costs of patients in the after 1 year in the 2 counties were investigated in July 2013.

**Results:** The ALOS of the 4 diseases shortened by an average 4 days in county hospitals, costs decreased 17%, hospital volume increased 18.4%. The hospital volume increased by 7%, the utilization rate of beds increased 27% in township hospitals. The patients' average hospital costs decreased by 5%, the ALOS stayed unchanged.

**Conclusion:** Collaborative Medical Care has promoted residents to seek medical service in order[2], and has no lowered the quality of patient care while reducing hospital costs[3], while it is significant that the efficiency of two levels institutions were improved[4, 5].

## **Keywords:**

cooperative medical care; integration; continuous clinical pathway; health system

# References:

1. Kodner, D.L. and C. Spreeuwenberg, Integrated care: meaning, logic, applications, and implications--a discussion paper. Int J Integr Care, 2002. 2: p. e12.

- 2. Kodner, D.L., All together now: a conceptual exploration of integrated care. Healthc Q, 2009. 13 Spec No: p. 6-15.
- 3. Mertes, S.C., S. Raut and V. Khanduja, Integrated care pathways in lower-limb arthroplasty: are they effective in reducing length of hospital stay? Int Orthop, 2013. 316(7125): p. 133-7.
- 4. Enthoven, A.C. and L.A. Tollen, Competition in health care: it takes systems to pursue quality and efficiency. Health Aff (Millwood), 2005. Suppl Web Exclusives: p. W5-420-33.
- 5. Kodner, D.L., Following the logic of long-term care: toward an independent, but integrated sector. Int J Integr Care, 2004. 4: p. e08.