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Perspective

Integrated medical rehabilitation delivery in China

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Abstract

Currently, China has a growing need for rehabilitative care; however, rehabilitative care has been underdeveloped for decades. Since the end of 2010, pilot programs in 46 cities (districts) of 14 provinces have been initiated by the Ministry of Health in China to establish formal arrangements for facilitating the delivery of continuous medical rehabilitative care for local communities. After 2 years of pilot work, an evaluation was conducted by researchers. This paper reviews the current status of rehabilitative care in China and discusses the findings of the nationwide pilot program on the integrated rehabilitative service. Some key mechanisms and main issues were identified after analyzing the preliminary outcomes of some of the pilot programs.

Keywords: Pilot; Medical rehabilitation

Introduction

The health reform plan in 2009 stressed the development of a health service delivery system with more integration between preventive, therapeutic, and rehabilitative care.[1] With political commitment in developing and improving rehabilitative care delivery, the Ministry of Health (MoH) in China has launched a pilot program on rehabilitative care delivery in 46 cities (districts) in 14 provinces covering the western, central, and eastern regions in the country since August 2010. Selection of the pilot programs was based on the progress of the public hospital reforms in general, since the reconstruction of rehabilitative care has been viewed as an important means to set up an orderly case management system between public hospitals at different levels and attend more patients in lower-level health institutions.

Fourteen provinces were selected to launch their own local programs in 46 cities (districts), to improve the rehabilitative service delivery through innovative mechanisms to better cater to the local population's rehabilitative needs. The pilot cities (districts) were selected by their provincial health bureaus based on their local commitments in public hospital reforms and overall capability of rehabilitative care delivery.

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To identify issues and challenges of the nationwide pilot programs and summarize lessons and experience from the locals, the MoH has commissioned a group of researchers in a national health policy think tank to design and implement an independent evaluation project at the beginning of the nationwide pilot program. This paper reports the main findings of the researchers and discusses the main mechanisms employed by the local pilots.

Rehabilitative service in China

China has over 85 million disabled people, of whom 90% have rehabilitative needs; however, only a little over 10 million can access rehabilitative care. Meanwhile, there are 270 million people with chronic diseases, among whom 130 million have an urgent need for rehabilitation.[2,3] For example, among patients with stroke, 70–80% experienced functional problems (motion, sensory, linguistic, swallowing, and cognitive problems).[4] These needs have increased the disease burdens of families and societies.

In the aging population, the number of those over 60 years old has reached 222 million, which is about 16.1% of the total population[5]; this number will increase up to 255 million by 2020.[6] Studies show that nearly half of the people with geriatric diseases are in need of medical rehabilitation. Rehabilitative demands have increased steadily with rising financial protections for health. A survey on 180 patients with cerebrovascular events in Guangwai District of Beijing showed that 71.71% hoped to receive home care, 34.21% required community-based rehabilitative care, and 34.21% wanted access to mental counseling.[2]

Modern rehabilitative medicine although was formally established in China in the early 1980s, it has experienced slow development. Owing to the marginalized status among all clinical units, rehabilitative medicine has been regarded as less important. In China, rehabilitation has the same connotation as recovery. Therefore, culturally speaking, the Chinese always treat rehabilitation as a natural outcome of diseases, rather than an active handling of dysfunctional issues of the body. Since its establishment in China, rehabilitative medicine has not been clearly defined; it was used in combination with traditional Chinese medicine (TCM). At the beginning, rehabilitative medicine mainly involved physiotherapy and TCM; its focus was then shifted to cover resort care. Finally, the definition of disability from International Classification of Functioning, Disability and Health (ICF) has been gradually adopted, and a medical model emerged as a result of the health providers' attention to the patients' quality of life.

According to the National Survey on Resources of Rehabilitative Medicine in 2009, rehabilitative medicine units were found in 3288 general hospitals and 338 stand-alone rehabilitation centers. In total, there were 52,047 beds and 39,833 rehabilitative staff (15,949 rehabilitative specialists, 13,747 therapists, and 10,137 nurses). Properly licensed rehabilitative doctors only accounted for 38.46%. There was a personnel gap of 15,000 rehabilitative specialists and 28,000 therapists based on the requirements of personnel quota listed in the Guide on Establishing and Managing Rehabilitative Units in General Hospitals.[7]

Data revealed that the rehabilitative staff had low education and professional titles. Only 50% of doctors, 34% of therapists, and 30% of nurses obtained medium or higher titles; 50% of doctors, 33% of therapists, and nearly 15% of nurses were with bachelor or higher-degree diplomas.[7]

The overall resources of rehabilitative medicine are in severe shortage and are unevenly distributed between rural and urban areas and among different regions. The quality resources are mainly concentrated in large medical centers in big cities, while there is a relatively weak capacity in health facilities in medium- or small-sized cities and very poor competence in grassroots health centers and clinics in rural areas. Conflicts between provision and demand for rehabilitation are prominent.[7,8]

First, a three-tier rehabilitative network led by rehabilitative units in tertiary hospitals and supported by secondary general hospitals/stand-alone rehabilitative centers and community health facilities has not been fully established. A large number of patients had prolonged stays in tertiary and secondary hospitals and were unwilling to be referred to primary health facilities. Two-way referral programs are not formed between health facilities.[7,8]

Second, there are gaps between rehabilitative capacity and demand. Although the need for acute rehabilitative care is increasing, most rehabilitative units are only capable of providing post-acute rehabilitative care. Data showed that 20% of provincial rehabilitative units, 30% of municipal level facilities, and 56% of below-city level facilities were unable to provide acute rehabilitation.[7,8]

Third, rehabilitative care is confined only in clinical settings, not extending to homes, communities, and other social settings. Owing to the lack of sound management of rehabilitative care, patients cannot access timely, affordable, and quality rehabilitative care.