

The Status Quo of Disease Emergency Assistance System in China

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Abstract

This paper analyzes the operation mechanism of Disease Emergency Assistance system in China, and discusses what problem exist on its workings. Results: The results of data analysis from 2015 to 2016 and field survey show that the pattern of Disease Emergency Assistance system has formed initially, and system plays the important role in solving the problem that some people are hard to require health emergency services. But, there are still some problems mainly including object identification, assistance in departments, operating rules in fund application and payment and fund using etc. Conclusions: using the network technique to improve the way of identifying object, elaborating laws and constructing information system.

Keywords

Disease Emergency Assistance System, Statusquo

1. Introduction

With the development of society and economy, the human mortality of China's population has keeping declining with the human life expectancy keeps prolonging [1]. Meanwhile, the step of China's urbanization keeps accelerating with 30% of urbanization rate [2]. The population factor comes busts with the process of urbanization. People are moving to urban cities, which increases the frequency of traffic accidents and traumatic events, with increasing needs to medical emergent service [3]. In the increasing need of first-aid service, there are still a small part of disadvantaged groups can't get effective medical guarantee.

Therefore, in order to meet the health needs in different classes and levels, we aim to achieve the fair use of health services, and be in accordance with China's "sound multi-level medical security system" requirements [4]. The General Office of the State Council proposed to establish the disease emergency assistance

system for this part of the disadvantaged group occurring acute and critical disease and needing first-aid but unclear identity or really unable to afford the corresponding first-aid costs in China in February 2013, solving their problem of hard first-aid, and guaranteeing their basic health rights.

Disease emergency assistance system, as a medical security system, running since 2013 to present, has achieved initial success in the problem of hard first-aid. But the system is still in the initial stage of development; many deficiencies exist. In the literature research, it is found that domestic scholars have not yet carried out in-depth study, the existing research mainly staying in the role analysis level of the system, lacking in systematic analysis. Therefore, in this context, through the literature analysis, data analysis, field interviews, the paper analyzes the current situation of disease emergency assistance work carrying out in every place, the characteristics of the system development and the existing problems, so as to provide policy recommendations for the improvement of the emergency assistance system.

2. Methods

A retrospective longitudinal analysis of trends in disease emergency assistance system was performed. The study number included all patients identified by Chinese Health Department rescued for 1 year to 2 years in disease emergency assistance system (2015-2016), Main outcome measures included fund use and number of patients. And field survey was taken in Guangdong, Jiangxi and Guizhou.

3. The Developing Condition of Emergency Assistance System in China

Through the analysis of the National Disease Emergency Assistance System Policy Document, the analysis of the data from 2015 to 2016 and the results of the on-the-spot investigation, the present three aspects of the overall system development are described as follows:

3.1. Significant Improvement in Assistance Levels and Diversification of Financing Channels

In 2015, the actual number being rescued by the disease emergency assistance fund in the whole country is 23108, v in 2016, increasing by 11.5%. In the use of the fund, the actual use of National Emergency Response Fund in 2015 reached ¥702.47 million, ¥785.62 million in 2016, increasing by 11.8% (**Figure 1**). With the improvement of the salary level, the actual demand for the fund is also growing. Financing fun since 2015, the social charitable contributions has formed central government-based, provincial and municipal financial support, social donations supplemented diversified financing channels.

3.2. Fund Application and Norms of Payment and Formation

The disease emergency rescue applications and payment work is not a unilateral

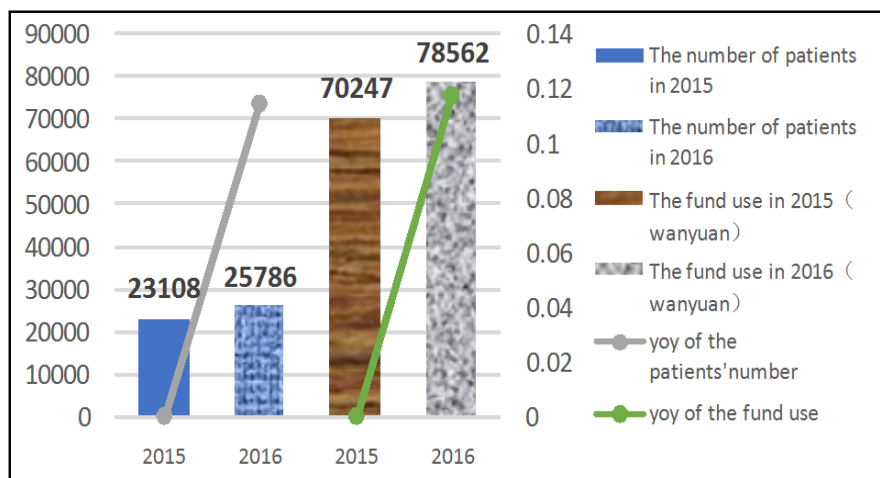


Figure 1. The fund use of disease emergency assistance and the number of patients from 2015 to 2016.

act, needing coordinated force to complete through the medical institutions, public security, civil affairs, social organizations, handling agencies and financial organs and other departments. Through some relevant literature researches, the operating procedures in all provinces of China are similar. After the first aid situation happens, under the assistance of public security and civil affairs departments, the medical institutions sort out eligible patients, and then submit the relevant materials to apply for fund payment to handling organs. Next, the handling agency collects the submitted application materials of medical institutions in jurisdiction area and organizes the expert groups to review the application materials. The audit results will carry out two results. The final results are confirmed by the financial department and the fund is allocated to the medical institution according to the audit results (Figure 2).

3.3. Explore the Convergence Mechanism with Other Medical Insurance Systems

The disease emergency assistance system is not independent of China's medical security system, but the new attempt of "blast line" role in China's multi-level medical security systems. In the actual survey of local medical institutions, we found that everywhere has begun to explore the convergence between disease emergency relief and other medical securities. In general, under the case of clearing rescuer's identity: the cost will be paid first by the rescue workers' work-related injury insurance and basic medical insurance and other types of insurance, public health funds, as well as medical assistance fund, road traffic accident social relief fund and other channels; if no such channels or the above-mentioned channels to pay the money gap, it will be paid by the disease emergency relief fund grant. Through the convergence with other medical insurance systems, reducing the lack of single financial investment, the financing complement makes the characteristics of the emergency rescue system well-played.

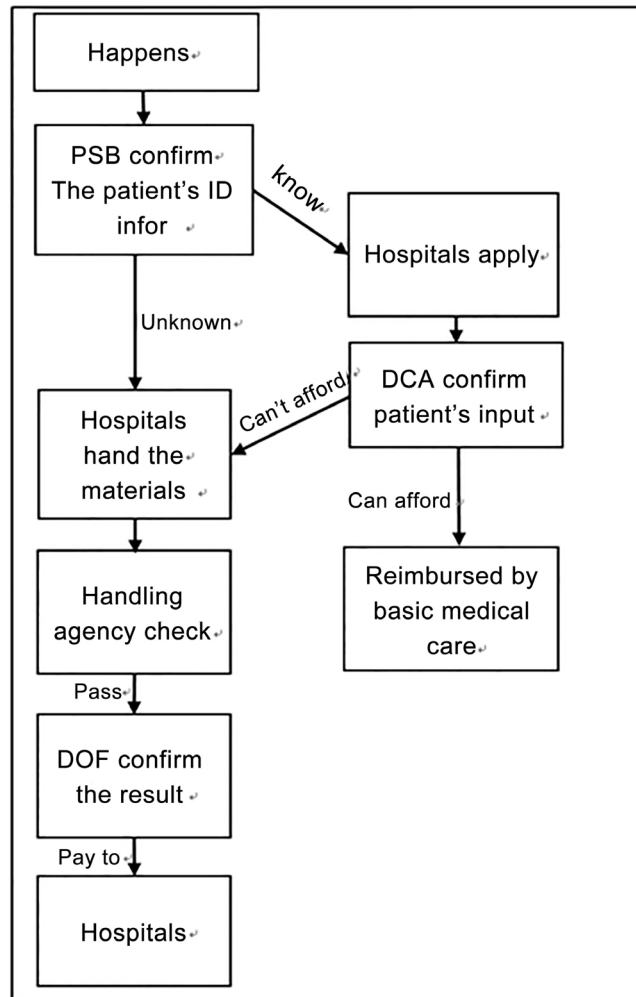


Figure 2. The process off undapplication and payment (PSB: public security bureau, DCA: department of civil affairs, DOF: department of finance).

4. Discussion

4.1. Knowledge about and Basic Content of the Disease Emergency Assistance System

By studying the relevant documents of each province, this article holds the view that the disease emergency aid system is an improvement and supplement to our multi-level medical security system, and is a guarantee mechanism established on the system level, which meets the medical emergency need of the few disadvantaged groups. At the same time, the attempt to link the disease emergency aid with basic medical insurance, critical disease insurance and medical salvation is a new catch-all guarantee attempt in our medical security system.

The studies discover that although the disease emergency aid system is a new attempt in our multi-level medical security system, it has distinctive characteristics. From identifying the objects until the application and payment of the fund, “multi-department cooperation” is more diversified and complex than other medical security systems. The phenomenon of “non-unified administrative in-

stitution” makes it unique in the medical security system too. As an inclusive medical security system, the medical salvation sticks to the principle of “ensuring the basic health service demand of the aided objects satisfied”, and guarantees the objects’ basic medical services by helping them directly or indirectly; However, the disease emergency aid maintains and continues the aided objects’ basic life through emergency medical aid. The aid has strong temporariness, not involving the objects’ hospitalization and recovery afterwards. Comparing with the diversified payment methods of the medical salvation funds, the payment method of the disease emergency aid fund has not been detailed yet. Reimbursement against the objects’ medical expense or balance amount is applied now.

4.2. Problems in the Development of the Disease Emergency Aid System

Difficulties in identifying the revenue of the objects’ in labor force input areas.

When the emergency patient is delivered to the hospital for emergency aid, identification of the patient by the public security department is the first job, which plays a guidance role in carrying out the emergency salvation. The identification by the public security departments are normally two situations. Those that have no way to be identified temporarily shall be classified into the application procedure directly. By sorting out the information of all the emergency patients of all 32 provinces of 2015-2016, we eliminated the variants with no identification, and discovered that the population aided in Guangdong, Beijing, Shanghai and Zhejiang etc. with no permanent residence registered is more. The non-registered residents take up 70% - 90% (Figure 3) of the total aided population in the four provinces. The four provinces above are the main input areas of labor force in our nation. Due to the factors like high rate of migration and stagnation of regional information communication etc, the revenue cognizance of the aided objects is very difficult.

Currently, the civil administration departments in our nation and each province have no information networking and linking. The civil affairs departments from the patients’ domicile place have to issue evidence to prove their income. Specifically, for the labor input areas like Guangdong, Beijing, Shanghai and

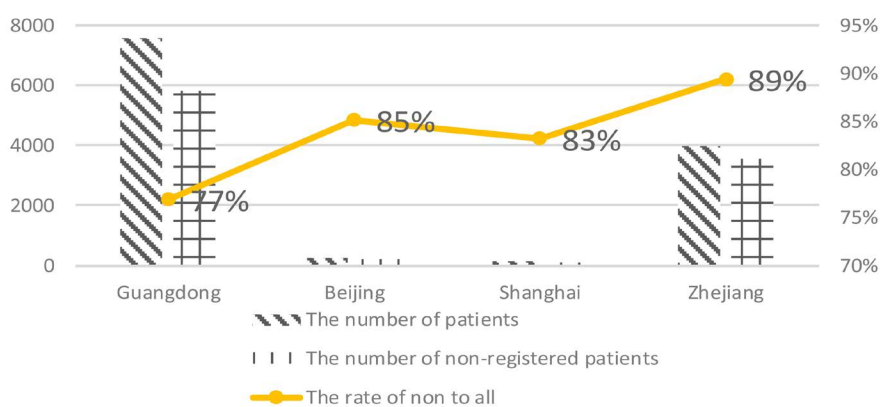


Figure 3. The types of residence registered of patients in labor force input areas of China.

Zhejiang, the income identification for the migrant population is trans-regional which shall take longer time and cost more human power.

Effective coordination mechanism is lacked between the aiding departments.

The multi-lateral cooperation mechanism is proposed in the emergency aid system. The responsibilities of each relevant department have been defined clearly, proposing strengthening multi-lateral cooperation. The disease emergency aid involves at least health planning committee, public security, civil affairs department, human resource and social insurance, and finance etc, and social organizations such as red-cross and charity society shall be included too. According to the field research, the handling time for application in many places takes too long and the fund payment delays too long. As the responsibilities of each department have not clearly been defined, and detailed operational mechanism is unavailable, obstacles and shuffle exist in the coordination and cooperation between each department which cannot function as coordination timely and effectively.

Fund application and payment standards formed with no details management in operation.

Based on the disease emergency aid system, the disease types have been defined by referring to the relevant standards issued by the national sanitation committee and family planning committee in 2013. The disease types, 39 in total, for pre-hospital emergency aid, hospitalization emergency and “emergency and severe” disease in the critical assistance division have been defined and explained in detail. However, it is discovered according to the research that in many places, the aiding work does not refer to this define of disease type, but is actually expanded. Except that 40.17% is the relievable injuries and toxic disease, the disease types occupying 30.35% which are not able to be identified, together with 7.77% of mental disease and other infectious disease, are not covered by the defined disease types (Figure 4). So the special fund is not specially applied for special area.

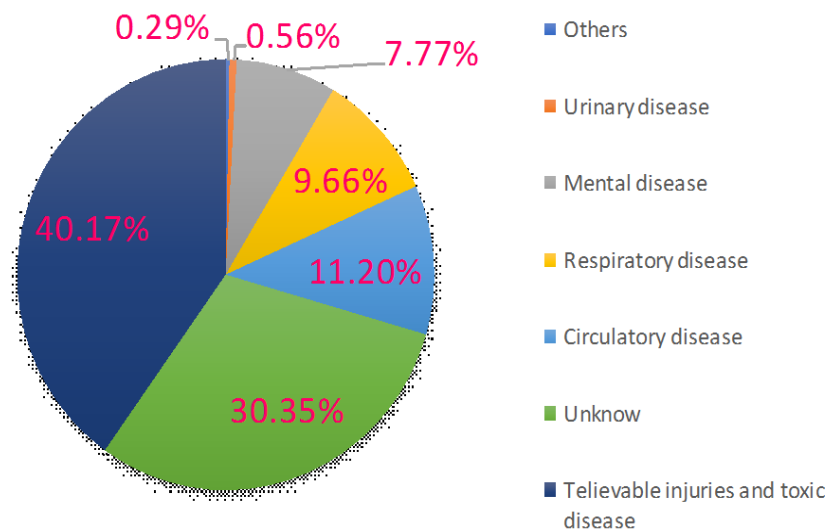


Figure 4. The types of disease of patients in the emergency assistance.

5. Suggestions

5.1. Simplifying Identification Cognizance Procedure, and Adopting Network Technology to Recognize Revenue Remotely

Through the network, or fax or letter etc. the civil administration department from the place where the emergency aiding occurs coordinates with the civil administration department from the identified objects' place. Local civil department could provide an electronic proof of the patients' revenue, which shall become a legal one after affirmation by both parties. The cognizance time shall be less and human labor cost shall be reduced too. Detailed explanation could then be made through system specification to ensure the reliability of the regional information exchange.

5.2. Improving the Work of System Level and Optimizing the System Linkage Procedure

The coordination between the sanitation and family planning department, human resource and social insurance, civil administration department, public security department and finance etc. must be well conducted, and the responsibilities of each department must be further defined clearly. The sanitation and family planning department is responsible for the management and training of the disease emergency aiding system at the designated medical institutes, and especially for defining the range for the three emergency aiding procedures of pre-hospital emergency, hospitalization emergency, and critical disease division [5]. Meanwhile, it shall also verify the patients' participation in the new rural cooperative medical service. The public security department shall help the medical institute to verify the patients' identification and give feedback timely. The civil administration department shall help verify whether the patients can afford to the assistance or not through the existing verification platform for family economic situation and send the feedback to the medical institute. The human resource and social insurance department shall be responsible for checking the patients' urban employee medical insurance, urban resident medical insurance, and work injury insurance etc.

5.3. Establishing a National Unified Registration and Management System for Disease Emergency Aid and Standardizing the Operation of Detailed Payment Application

A network registration system could be established to obtain, apply and monitor the disease emergency aid in real time. Meanwhile, the unification of the input index in the system shall avoid exceeding the disease types. The medical institute could accomplish the uniqueness of the codes for electronic information and paper material to reduce the work in time and space, and could follow up the application situation timely. Through the system, the administration institution could check and approve the application from the medical institutes to achieve on-and off-line data monitoring. The executive department could check the op-

erational data of the system to analyze the data index to learn the development trend of the system for further control and adjusting of the system.

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