

Research Progress of Family Doctor Contract Services

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Abstract: This paper uses the method of literature review to discuss the research progress of family doctor's signing service, and summarizes it, so as to provide necessary theoretical support for the colleagues engaged in related field research.

1. Introduction

The family doctor signing service is based on the general practitioner as the core, supplemented by public health doctors, community nurses and other members, taking the role of resident "family doctor" in the form of team, relying on the form of "signing" to promote the general practitioner team with the condition of "family doctor" to establish a long-term and stable service relationship with the signing family, so as to maintain the whole process of health, and Provide safe, convenient, effective, continuous and economic basic medical services and basic public health services. In this paper, the research progress of family doctor contract services is discussed to provide necessary theoretical support for the peers engaged in related fields.

2. Research on the Mode and Current Situation of Family Doctor Signing Service in Pilot Cities

With the pilot work of family doctor signing service in Shanghai, Beijing, Shenzhen and other places in China, the domestic research on family doctor service is mainly to analyze the service mode and current situation of family doctor in the pilot area, summarize experience, find problems and propose solutions. He Jiangjiang, Yang Yinghua and other scholars summed up the experience that can be popularized on the current situation of the implementation of family doctor signing service in Shanghai, such as: optimizing the team structure of family doctors, providing special nurses and secretaries to reduce the burden of family doctors; establishing a referral channel with up-down linkage, and the superior hospital should reserve medical resources for the community. But at the same time, it also found many problems, such as: the number of family doctors is insufficient, residents' cognition of family doctors is insufficient, expectations are too high. In this regard, several scholars suggested that we should increase the inclination of family doctor's post policy, enhance the attraction of family doctor's post, and reform the payment method, pay according to the head, the proportion of medical insurance reimbursement to the community, to the contracted patients. Zhang Yuehong and other scholars investigated the signing status and influencing factors of family doctor services in Desheng District, Beijing, and found that residents did not have a high level of understanding of the signing services of family doctors, slow patients had a higher willingness to sign, and the signing rate of chronic patients with medical insurance was higher. Therefore, it is suggested that we should increase publicity, increase government funding, improve the policy support and the construction of software and hardware facilities needed by family doctors, and improve the medical insurance system, such as: the medical insurance

department should purchase the family doctor's contracted service package, and expand the list of essential drugs.

3. Research on the Willingness and Evaluation of the Supply and Demand Sides to the Contracted Services of Family Doctors

Some scholars have studied the willingness and evaluation of the contracted residents from the perspective of the demander. The common research directions include the satisfaction of the contracted residents, the demand of the residents for the contracted services, etc. Sun Hua jun, a scholar, conducted a questionnaire survey on the patients in a community health service center in Tianjin to investigate the patients' evaluation and satisfaction with the contracted services of family doctors. The results showed that the residents' overall satisfaction with the contracted services was very high, and they fully affirmed the health care effect of the management of family doctors, but their satisfaction with the referral services and community drug supply was low. Therefore, he proposed that We should establish an orderly and convenient two-way referral mechanism, and improve the basic drug catalog of community health service institutions in Tianjin. Liu Deng, Cao Haitao and other scholars investigated the needs of residents in Zhabei District of Shanghai for the contracted services of family doctors by questionnaire, and concluded that more than half of residents need the management services of family doctors, among which the four services most needed by residents are common disease, chronic disease diagnosis and treatment, health consultation, chronic disease management and appointment registration services.

4. Research on Incentive Mechanism and Assessment Mechanism of Family Doctors

A large number of studies have proved that the lack of effective incentive mechanism is the main factor of the low enthusiasm of family doctors at present, which to a certain extent affects the development of contracted services and hinders the improvement of the service quality of family doctors. Therefore, some scholars discuss how to establish a scientific and effective incentive mechanism. For example: Zhang Yanchun, Qin Jiangmei and other scholars went to the UK for field visit, fully understood the quality and output framework of the British GP performance appraisal mechanism, and based on the framework, made suggestions for China's family doctor incentive mechanism: stabilize the source of contracted service funds, improve the family doctor's salary level, establish and improve the results oriented performance appraisal system, the appraisal results and In order to ensure the collection of the results of the performance appraisal, we should set up a complete grass-roots health information system. Wu Jun, Shen An and other scholars take Chengjiaqiao community health service center of Shanghai as an example to further elaborate the specific contents of the three types of assessment indicators: service quantity, quality and satisfaction, and to sort out the assessment process and performance reward distribution in detail. However, there are few researches on Incentive Mechanism in China, and a systematic performance appraisal mechanism for family doctors has not yet been explored.

5. Research on the Training Model of Family Doctors

The insufficient number and low quality of general practitioners have been the main problems that hinder the development of basic medical and health services. Before the signing of family doctors, China has been exploring a sound training mode of general practitioners. The promotion of family doctor's signing service puts forward higher requirements for the quantity and quality of general practitioners. In addition, the existing work center of general practitioners has always been clinical diagnosis and treatment, and many of them come from job transfer training. Due to the lack of public health work experience, it is temporarily difficult to adapt to the requirements of comprehensive health management. It is particularly important to improve the training mode that meets the work requirements of family doctors. Many scholars have made this request Research has been carried out. Zhao Mingyue, sun Qian and other scholars think that the focus of teaching and

training should be adjusted in the standardized training and job transfer training of general practitioners, focusing on improving the professional ability of general practitioners in the comprehensive health management of multiple diseases, common diseases diagnosis and treatment, chronic disease management, prevention and health care, rehabilitation and health care, so as to adapt to the working characteristics and requirements of family doctors.

6. Study on the Evaluation of the Effect and Quality of Family Doctor's Contracted Services

On the one hand, some scholars have studied the effect of family doctor's contracted services on the health management of contracted patients. For example, scholar Ding Fujun took hypertension and diabetes patients as examples, selected contracted patients and non contracted patients in Chengdu respectively, and compared the chronic disease management effects of the two groups from the aspects of patients' awareness rate of health knowledge, self-health management mode, blood pressure / blood glucose control effect, disease economic burden, satisfaction, etc., and found that the implementation of family doctor contracted services for chronic patients The method of health management has a good effect. On the other hand, due to the lack of a unified evaluation index for the service quality of family doctors in China, some scholars are trying to build a set of quality evaluation system suitable for the service of family doctors. For example, Li Wei and Peng Yingchun, two scholars, preliminarily established the evaluation index system of family doctors' service quality through expert consultation, among which there are five first-class indexes, including the contracted quantity, outpatient quantity, service effect, service awareness and utilization, residents' satisfaction, and 32 second-class indexes. But at present, the evaluation system of family doctors' service quality is still in the exploration stage in China, and there are not many related researches, and a set of systematic evaluation index system has not yet been formed.

7. Research on Team Building of Family Doctors

Hu Chenghua, Li Fei and other scholars carried out a field investigation on the construction of family doctors' team in a community health service center in Wuhan City, studied the team composition, service mode and performance evaluation mode of family doctors, and believed that team service improved service efficiency. At the same time, they also proposed to refine the division of work of family doctors' team, clarify the relationship between responsibilities and rights, implement the responsibilities to people, and make full use of modern times Information technology, strengthen communication and information sharing among team members. Based on the theory of BPR, Wang Hongwei, Yang Wenxiu and other scholars analyzed the work division and cooperation mode of family doctors team in a community health service center in Tianjin. They found that the lack of clear division of labor, good cooperation mechanism and effective integration of resources in the team would lead to re service, waste of resources and low efficiency, and constructed a new division of labor, cooperation process and management mechanism To clarify the specific responsibilities and service contents of doctors, public health personnel, nurses and other members of the team.

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