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PERFORMANCE PAY：CHINA EQUALIZATION OF BASIC PUBLIC HEALTH SERVICES REFORM AND INNOVATION CASE STUDIES --- "HENAN MODE" ASSESSMENT

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1. Introduction

2009, China began a new round of health system reform, the overall goal is to establish a sound basic medical and health system covering both urban and rural residents, and to provide a safe, effective, convenient and affordable medical and health services to the public. The progressive realization of the right of everyone to the enjoyment of basic health services to improve their health. The main objective is to establish the health care, medical security and the public health service system, drug supply and security system and for urban and rural residents.

The equalization of basic public health services is a major part of the new health care reform. The state's funding for basic public health services has increased year by year, from 15 Yuan per person in 2009 increased by 25 Yuan per person in 2011, and plans to increase to 40 Yuan per person in 2015, the basic public health services package has grown from 9 categories and 21 sub-categories extended to 10 categories and 41 sub-categories. With the upgrading level of the funding and the gradually increasing service requirements, improve the expenditure performance of basic public health services has increasingly become a concern to the government, the public and the service providers.

In recent years performance pay has become a major method for improving the performance of public spending, the fundamental difference of performance pay with

direct payment is to link payment with performance directly, thus contributing to the implementing agencies to improve service quality and efficiency. The performance management has gradually become the core management mode at the provincial level.

In order to evaluate the effect of the performance pay in the promotion of the equalization of basic public health services, the research team carry out field research, data collection, service objects interviews, management staff consulting etc to assess the implementation of the mode of purchase services, contract management, rural linkage, performance pay in the Henan Province (" the Henan mode ").

2. Research Objectives

Summarizes the characteristics of the "the Henan mode", assess its effectiveness and appropriateness; explore ways to achieve equal access to public health services.

3. Data sources and methods

3.1 Conceptual Framework

The effect of quantity and quality of the projects completed, funds management standardization and implementation of the project as the starting point, comparative analysis of the results of the evaluation of service quality, efficient, equitable, accessible and sustainability, suitability, validity differences exist between this management model with direct subsidy, determine the "Henan mode" the role played in the promotion equalization of basic public health services.

Conceptual framework based on the above ideas and goals, as follows:

Chart-1. Research Conceptual Framework

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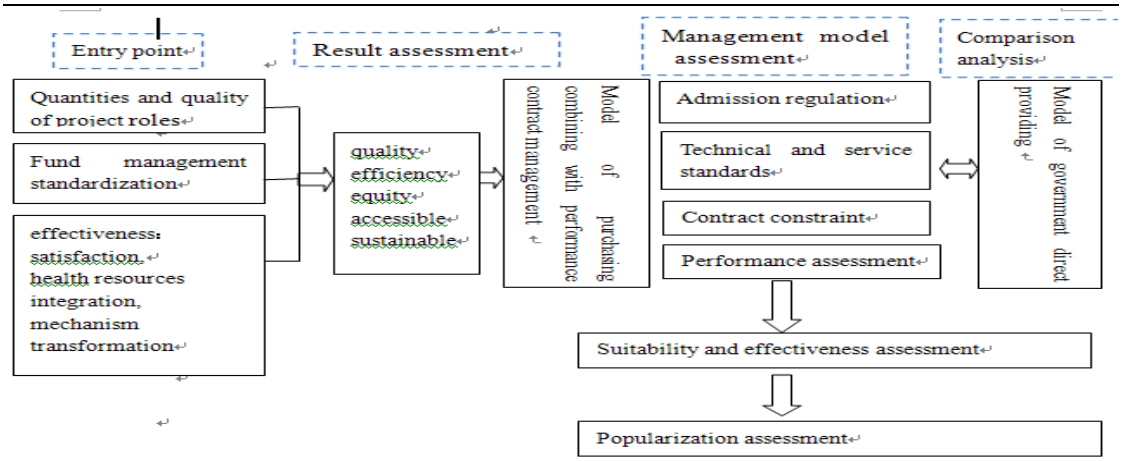

3.2 Material and Methods

3.2.1 Literature Review and Policy Data Collection

A comprehensive research by collecting the funding, payment and evaluation policies of the equalization of basic public health services on the web sites of Ministry of Health, the Department of Finance etc.

By CNKI, WANFANG Data and Medline etc access the performance pay, performance management, and other aspects of literature, preliminary summary of the practices in the areas of public spending and the problems, challenges facing.

3.2.2 Field Investigation

3.2.2.1 Site Selection

Based on the level of economic and social development, health status, and progress of the reform, three project counties are selected as assessment site. Extracting two township hospitals in each county, two village clinics in each township; interview the village residents as to the acceptance of the maternal health, planned immunization, hypertension management services.

3.2.2.2 In-depth interviews

To interview with the commissioners and the management staffs of the local health and finance administration, the Dean of Health, hospitals financial officers, village doctors. The interviews mainly focus on the implementation of "the Henan mode".

3.2.2.3 Document collection

- The specific measures of "the Henan mode" for implementation;
- Policies of the financing, implementation and performance evaluation of the project of the provinces, municipalities and research counties;
- The availability of funds to the research the county's basic public health services projects;
- The county and township, township and village services contracts, and the disbursement of funds and the certificates obtained.

3.2.2.4 Forms

Summary tables of the quantity of the services supply before and after the implementation of "the Henan mode" at the research counties, townships and villages.

3.2.2.5 Raw data inspection

Spot checks part of the original work records and summary reports of the service delivery institutions and village clinics to verify their authenticity and reliability.

3.2.2.6 Household survey

To survey the actual situation of target population receiving services and how well they are informed the degree of awareness of the relevant knowledge and service satisfaction.

3.2.3 Data analysis

- Enter and analyze the questionnaire via EXCEL 2003;
- Check the accuracy and completeness of the interview recording;
- Enter interview data against interview outline, conduct the classification analysis.

4. Results

4.1 The basic approach of the "Henan mode"

4.4.1 Tender or negotiation, and service contract

Government, as the funder for basic public health services, clearly defines the tasks, admittance qualification, issues tender invitation to qualified township health facilities and organizes tender assessment. If the bidding conditions are not mature,

government will organize competitive negotiation. Government will sign performance contracts with township health centers that succeed in bidding.

4.1.2 The implementation of contract management.

The purchase contract clearly define the responsibilities, tasks, service specification, appraisal standards and payment conditions for government and service providing facilities, and thus regulate behaviors of both parties. Health authorities supervise and appraise the institutions that are successful in bidding based on the requirements in contracts.

4.1.3 The township health centers, as the hub, divide responsibilities and work jointly with village clinics to provide services.

Township health centers were authorized by the government through competitive bidding to select health services to work with village-level services. Township health centers are response for the professional guidance and performance appraisal to village clinics.

4.1.4 Pay for performance. P4P is the key to the management mode.

The sited counties use three stages payment, advance payment, second payment and final payment as well, with proportion to total payment as 30%, 30% and 40% respectively. A performance appraisal system has been established and the link between performance and payment also has been set up.

4.2 Basic conclusion

4.2.1 The idea about basic public health services equalization changed into concrete action.

At present stage, equalization of basic public health services should mainly contain "full coverage, equal opportunity, service homogeneity". Accordingly, "Henan mode" explored a number of specific methods and practices in promoting the realization of equalization

First, inside prefectural region urban and rural residents get equal opportunities and basically homogenous public health services. Through management mode reforms,

township health centers make efforts to provide services, located in the region, whether urban or rural residents have enjoyed free services which were required by the Government.

Second, residents of different geographical conditions can enjoy basically homogenous public health services. In Yiyang, service costs were estimated according to geographical situation, to mobilize remote mountainous areas township health centers' and village clinics' initiative in providing service, through this geographical accessibility and homogeneity of services was ensured.

Third, through dynamic increase in service capacity, homogeneity of services increased. Signing contract according to their service abilities and payment relative to performance stimulate health service institutions' inner passion to improve services capacity. Following the balance between institutions' service capacity, the gap between public health services quality will continue to narrow.

Fourth, the balance of basic health resource allocation is improved. In order to ensure people access to basic public health services, the sited counties allocated health human resources reasonably. To change the situation of lack of female village doctors, lack of young village doctors who are familiar with computer applications and lack of other services capacity in village clinics, Lianzhuang township, Yiyang County, guide village doctors in 2-3 neighboring villages to set up mutual aid team, to complete the committed task in the service package commonly.

4.2.2 Successfully achieves the goal of government input

The mode ensures that government basic public health services funds effectively transformed into real service to people, and effectively improve the efficiency in the use of financial resources, rapid coverage of basic public health services, quality of service continued to improve.

Through government unified purchase and contract constraints, township health centers and village clinics must complete the required number of public health services and achieve a certain quality. So type and number of basic public health

services keep increasing, service coverage of target population also increase rapidly, most of the contents in the service package were provided and the regulated service task was basically completed.

Normative of service is improved, more and more professionals involve in basic public health service delivery, a variety of professional training enhance the service capacity of rural service institutions at township and village levels, service quality is improved significantly. Accessibility and fairness of basic public health service is also improved significantly.

4.2.3 Raise transparency in the use of government funds.

Through cost estimates and contract payments, within the government's subsidies for basic public health service, how much flow to township hospitals and village clinics? How much flow to each kind of basic public health services? It is clear. The allocation and use of government funds is more clear and transparent, so it is easier to control.

4.2.4 Gradually attach importance to people's satisfaction about service.

People have the final say on the effects of basic public health services. After the implementation of this new management mode, service providers pay more attention to people's satisfaction and informed degrees about the service. Each county has issued a "clear card" to improve people's knowledge on the rights and contents of service.

4.2.5 Compensation mechanism in township health centers has been changed and service delivery mode also changed significantly.

With the increasing of funds for basic public health services, township health centers' economic operation dependent more on public health service funds. As oriented township health centers service delivery mode significantly changed, mainly as follows: First, township health centers have established basic public health services management organization. Second, full-time and part-time staff providing public health services increased substantially. Third, number of professional departments participating in providing basic public health service increased, staff qualifications

improved.

4.2.6 The problem about dividing responsibilities and allocating funds between township health centers and village clinics was gradually solved.

According to the actual service capacity, in each county there is a basic standard on division of responsibilities and allocation of funds between township health centers and village clinics, township health centers can make some adjustment to some extent, so division of responsibilities and allocation of funds become more reasonable. A service providing combo was formed in which township health centers and village clinics both have common interests and inner constraint.

4.2.7 Preliminary exploration on constitute proportion between service provision funds, supervision costs and training expenses, laying a certain foundation for the persistence of government input and security management in the future.

"Henan mode" is an effective way to transform government's public health input into public health services, avoiding the management shortcomings of "value investment, belittle management, and belittle performance" which exist in many places. It is suitable for current health resources situation in rural China, can better solve the existing problems, such as difficulty in dividing duties and funds between township and village, difficulty in carrying out supervision and insufficient service and so on. It has high promotional value in rural public health service providing.

Of course, if other places to apply this management mode, it needs all levels of governments' attention and support, introduction of appropriate supporting policies and support of management capacity, also county-level health authority willingness in active reform and hard work is needed. At the same time, the fiscal support of monitoring funds and training funds is necessary.

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