

China's Medical and Health Resources Allocation and Utilization Efficiency Situation Analysis -Take Shanghai Songjiang District for Example

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Abstract

This article made a empirical analysis about medical resources of Medical institutions, manpower, beds and financial resources in Songjiang district to study the status of medical resource allocation, then find out the existing problems and reasons in the allocation of medical resources. In the end, proposes countermeasures and suggestions to perfect the medical resource allocation in Songjiang district in Shanghai.

Keywords: medical and health resource allocation

1. The Necessity of Research on the Medical Resources Allocation

1.1 The Irrationality of Medical Resources Allocation are not Conducive to the Harmonious Development of the Society

Quality and quantity of medical resources is the basic condition of health service activities, which is not only a measure of a country or a region objective indicator of health status, but also a important index to measure the country or region's economic strength, cultural level and social status.

1. 2 Medical Resources Use Efficiency is Not High is the Important Reason for the "Difficult and Expensive to Cure"

"Difficult to cure" to a certain extent, is the shortage of medical resources, "Expensive to cure" to a certain extent, is a waste of medical resources, The phenomenon of "difficult and expensive to cure" illustrates the waste of medical resources and shortage coexist in our country, which makes the fairness and accessibility of health service. Medical institutions resource allocation efficiency is not high, therefore, is the important reason for the "difficult and expensive to cure"

1. 3 Medical Institutions Resource Allocation Efficiency is an Important Content of Songjiang District Comprehensive Health Care Reform

On the one hand, Songjiang district is one of the pilot cities of comprehensive health care reform in our country, which the main feature is the government leading, Namely: Government provide the funds of basic medical and public health, run community health service center, provide sources of drugs. On the other hand, the change of the total population and the structure puts forward a new challenge to Songjiang district comprehensive reform, particularly of medical resource allocation situation.

2. Analysis of Songjiang Health Resource Allocation and Utilization

2.1 Allocation of Institutions Resources

Medical resources configuration includes medical institutions and human resources, material resources and financial resources from four aspects. In this paper, Study of the supply of health resource allocation in Songjiang district are on this four aspects. Analysis are about medical institutions, medical human resource, hospital beds, the change trend of financial resources in recent years, including medical institutions, health technicians, beds and health indices such as financial investment.

In the perspective of geographical distribution of medical institutions, the district medical institutions mainly distributed in the central area in Songjiang district. 4 central district medical institutions and 1 three-level medical institutions, accounting for 62.5% of the total number of medical institutions in Songjiang district. The northeast area has 2 district medical institutions, PuNa area has one specialized medical institutions, no district medical institutions in the northwest area. Among them, the medical resources allocation level of Juting and Sijing medical institutions is not high and in northeast area district, on a smaller scale; mental health medical institutions, as a specialized subject hospital, the medical service function is limited in PuNa area district.

2.2 Medical Human Resource Configuration

Health human resources mainly include health technicians (doctors, nurses, medicament, inspection personnel, etc.) and other personnel (management, those logistics personnel, etc.). Among them, the health technical personnel is the main body of medical human resources.

Considering the gap between the resident population and population of Songjiang district ,the change trend of the population of Songjiang district, and in further expand. From 2005 to 2013, from the point of view of the population, per million population health technical personnel number is obvious rising trend, from 49 in 2005 rose to 2013 in 80; From the point of view of the population of permanent residents, each resident population health technical personnel have increase in the number, but the overall is increasing. By comparing per million population census register population and the population of permanent residents health technology can be found that per million permanent population health technical personnel number was obviously lower than the registered population, and the gap is gradually expanding, per million permanent population and population health technical personnel gap from 20 people in 2005 to expand to 2013 in 53 people.

Therefore, from the point of health human resource allocation level, medical human resources absolute increase year by year, but showed a trend of decline, relative to the amount of per million population number of nurses is more serious, the proportion of doctors and nurses are more unreasonable. From household population and the population of permanent residents in analysis of health human resource allocation level, per million population health technical personnel number is more than twice of per million permanent population health technical personnel number, The gap of per million permanent population and the population health technical personnel, will provide challenges for fair and efficient allocation of medical resources.

2.3 Beds Allocation Situation of Medical Institutions

Beds resources is a basic material resources especially for inpatient hospital patients, which is the size of the medical institutions of the measuring unit, as well as the basic unit of economic efficiency of medical institutions accounting. Although the Medical institution beds number are increase, but the increase rate is far lower than the Songjiang district resident population growth rate, the data of the permanent population per million in Songjiang district, showed a trend of decline, by 2005 per million population from 41 to 2014 per million population 24 pieces, reduce the value of 17.

Therefore, beds resource allocation situation of medical institutions in Songjiang as follows: the number of medical institutions of beds is a basically gradually rising trend. However, with the rapid increase of the population of permanent residents, per million population data are decline in songjiang, which the difference between the average of Shanghai are no obvious changes, but per million population data from 2007 to 2013 of Songjiang district decline significantly.

2.4 Allocation of Health Financial Resources

Medical resource allocation of financial resources are used the indicators such as health financial input, the total health expenses and personal health burden in generally. Health care financing is refers to the government for the health sector health agency's budget.

From 2005-2005, Songjiang government health financial investment increased year by year, from 128.84 million yuan in 2005 increased to 894.8 million yuan in 2013, health financial investment accounts for the proportion of fiscal expenditure are also increased year by year, growth is very big, up from 1.9% in 2005 to 5.88% in 2009, but growth is not stable, has declined after reaching its highest level since 2009. Songjiang district health expense accounts for the proportion of fiscal expenditure and the total health expenses growth significantly, which explains that residents medical service demand increase and the government on health investment increased year by year. Health financial resources allocation, in Songjiang district, therefore, has made great progress, but the increase speed lower than the increase of fiscal expenditure, the government should further intensify investment in health care.

3. Policy Suggestions for Medical and Health Resources Allocation in Songjiang District

3.1 Adjust the Structure of Health Resources Allocation; Improve the Ability of Community Health Service

On the one hand, actively guide the high quality human resources enrichment to the grass-roots community health service institutions; On the other hand, Town of community health service organizations at the grass-roots level should change service pattern, meet the demand of residents of different levels of medical services, the populace, offer door-to-door health examination, medical services, public health and health knowledge propaganda, improve the effect of health resource allocation.

3.2 Establish a Flexible Policy, Strengthen the Community Human Resources Configuration

Health service system in the establishment of old system cannot meet the needs of residents medical services in human resources. The size of the health resource allocation should also needs to adjust the residents medical services. Prospective of personnel policy and optimize the Songjiang district human resource configuration.

3.3 Perfect the Community Health Service Function, Take The Advantages of Community Health Service Institutions

Songjiang town street community health service institutions provide the basic functions for public health and medical service system, improve the town street community health service function, can give full play to the advantages of community health service institutions, meet the demand of residents multi-level medical service. Community health service institutions shall provide the community with "low price, convenient health care services; Community health service institutions should meet the needs of an aging society better; Community health service can provide a "family doctor" and "general outpatient medical and health services, to disease screening.

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