More Profits and Higher Quality, Can we Have Both?

Hao Lu
Qingdao United Family Hospital
United Family Healthcare, China
Declaration of Interests

• None to declare
Outline

- Healthcare in China
- A story of an individual patient
- Improvement Strategies
- Another story of a patient
- Money vs. Quality
Healthcare in China

• Population 1.37 billion (50% rural)
• “Kan Bing Nan, Kan Bing Gui”
• Challenges in accessibility and affordability
• Cost spent on Pharmaceuticals
• Evidence vs. Experts
• Violation towards healthcare staff
Attitudes towards Evidence Based Medicine

- Recommendations issued on Cardiovascular diseases by country/area (2000-2015)
A Case of Ankylosing Spondylitis

- An extreme case that went on the news
- Patient LM
- 17 years old
- Ankylosing Spondylitis
- At a tertiary general hospital in Haerbin
- Was refused treatment due to history of tuberculosis
Case Background

- Lives in a remote town 10 hour away
- Divorced parents, living with grandparents
- Legs started to hurt at 16. Rural hospitals did not have basic equipments / specialist care.
- Misdiagnosed as synovitis first time at Haerbin
- Treatment ineffective and disease progressed
- Correct diagnosis given – offered Infliximab (Remicade) as treatment
Case Background - cont

- Infliximab 6077RMB / 100mg – each course is around 20000 RMB
- Insurance only covers less than half of the cost
- Symptoms improved significantly after first round of Infliximab
- One month later, he could not get further injections because he had tuberculosis (which was detected before starting Infliximab)
Case Background - cont

- Three months anti-TB treatment at home
- Back to Haerbin, was asked to wait outside whilst doctor talks to grandfather
- Felt ‘doctors tricking him’
- Was refused Infliximab treatment
- Anger and frustration lead to the tragedy
Why?

- Lives in a remote town 10 hour away
- Divorced parents / low income
- Misdiagnosis, missing first-line treatment
- Giving Infliximab with contraindication
- Doctors breaking bad news to family
- Did not go to an official channel to complain to

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Healthcare for Life
Challenges

• Hospitals reimbursed on a fee-for-service basis
• Unnecessary treatments (↓ quality) lead to ↑ profits
• Dilemma – Improve quality by losing profits?
IMPROVEMENT STRATEGIES
 Improvement Strategies

• Health Reform
• Private healthcare providers
• Public education
• E-health
Health Reform

- Coverage - 30% population had basic medical insurance in 2003 (vs. _____ in 2014)
- Reduce the cost of medications (zero mark up)
- Improve utilization of primary care services and reduce the burden of specialist services
- Reimbursement tiers
- Guidelines / policies to reduce overtreatment
- Improve public health services (education / immunization)
Our Story – Private Healthcare Providers

• ‘United Family Healthcare’ (UFH) opened in 1997 as the first foreign-invested healthcare provider
• Emphasis on Primary Care
• Originally targeted for foreigners in China
• Clinical staff from >20 different countries
• Now >50% patients are Chinese
Achievements

• 6 Hospitals across Asia, 14 Primary Care Clinics
• Over 400,000 outpatient visits / year
• 30 minutes consultations
• Medical staff income through salary (rather than volume-based commission)
Number of Public vs. Private Hospitals

Graph Adapted from:

Healthcare for Life
Number of Beds – Public vs. Private

Graph Adapted from: http://www.zyzhan.com/news/detail/52170.html
Challenges

- Regulations / Approvals
- Medical staff recruitment / development / retention
- Conflicts between stakeholders
- Perception of the general population
A Case of a 3 Year-old Child

- Fever for 1 day, Tmax 38.7°C
- Cough and runny nose
- A. Admit the child for observation and see how the child responds to Acetaminophen (Tylenol).
- B. Discharge the child with 3 days oral antibiotics, in case it’s a bacterial infection.
- C. Give antiviral (Ribavirin) IV infusion as outpatient therapy for 5 days
- D. Discharge the child with Acetaminophen (Tylenol).
Case - Conti

• A. Admit the child for observation and try acetaminophen

• B. Discharge with antibiotics to cover bacterial infection

• C. Give antiviral (Ribavirin) IV as outpatient therapy

• D. Discharge the child with Acetaminophen (Tylenol).
Ways Out

• Work on public education to increase health awareness
• Improve clinicians skills in evidence based practice – adopt best practice
• Improve clinicians communication skills – anticipate potential conflict
• Integrate guideline adherence and patient satisfaction into performance evaluation
Money vs. Quality

- Shareholders need return on investment
- Overtreatment can bring more profits
- **IN SHORT TERM!**
- Evidence based treatments can lead to long range reputation and improved outcomes
- **Dilemma!**
At Higher Level

- Create models that can be accessed and afforded by general population
- Sounds easy but requires:
  - Clinical Staff (competent / thru development)
  - Reputation – willing to go for the long range
  - Reimbursement system that supports better outcomes (government / market force)
Take Home Messages

• More Profits and Higher Quality, Can we have both?
  • ______
  • It requires: ____________________________

• AND ________________________________

Healthcare for Life
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