Waiting Time and Quality of Patient Care: Consequences of a Medical Expense Transaction Reform in China

Yuan Liu; Yang Yang; Jody L. Sindelar, Xi Chen

Report: Yang Yang



01

Part one

Background

02

Part two

Data

03

Part three

Method & Model



Part four

Results & Implication

Background Long Waiting time



Source:

Emily Rauhala, Why China's Doctors Are Getting Beat Up, *Time,* Mar 06, 2014 刘红, 刘姿, 石应康, 谭明英, & 贺昌政. (2012). 华西医院门诊患者就医等待时间的定量分析与研究. *中国医院*(11), 36-37.

Average time from our research sample

32 mins

Waiting time for registration

60 ½ day

In half a day a single doctor must see fifty or sixty patients"

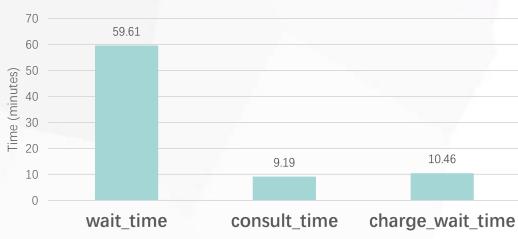
45 mins

Waiting before clinic

23%

From 2002 to 2012, attacks to doctors jumped an average of almost 23% per year

Average time per visit





Background New Information Technology











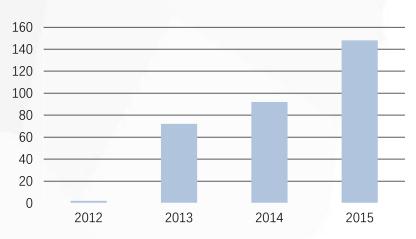
Self Registration

Reduce Average total waiting time 45 mins

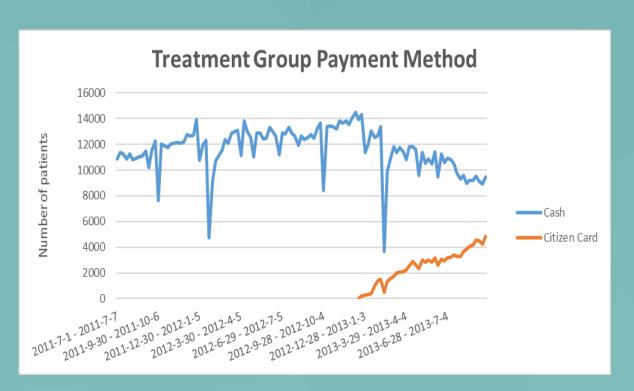
Self Payment

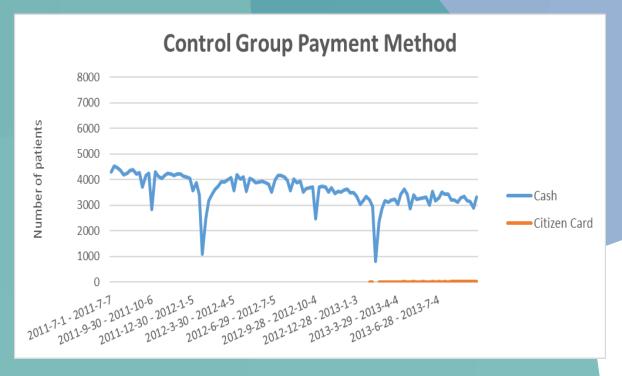
pay for medical care efficiently

Medical facilities covering numbers



Background
Resident card use:
Treatment Group and Control Group





Data

Claim data of every visit in a major hospital in a province capital city of China between 12/2011 and 12/2013

2011/12

The beginning

One year before the resident card system was online.
All patients have to wait in line to pay for the medical service.

Observation End

1/3 of patients with health insurance were using resident card to pay for the medical service

2013/12

2012/12/14

Resident card system online

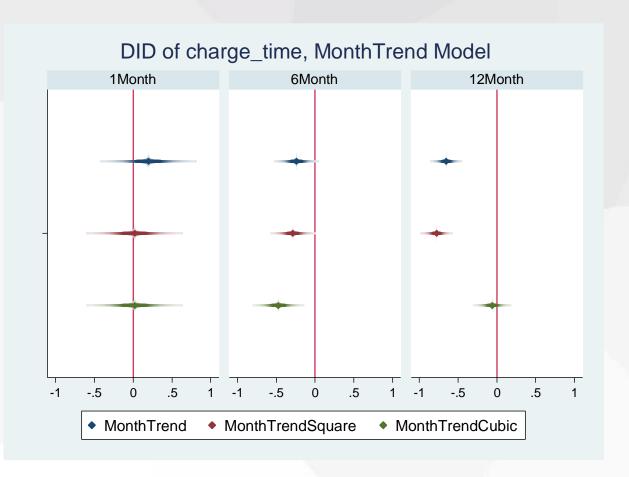
The system was online on this day
Patients with resident card can pay medical service and
make registration through self service machine on site.

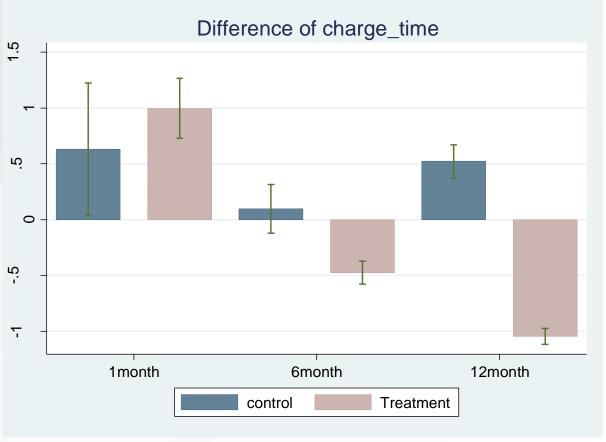
Method & Model Difference in Difference Model, individual fixed effect

$$Time_{it} = \alpha + \tau Card_post_{it} + c_i + \lambda_t + \lambda_t^2 + \lambda_t^3 + u_{it}$$

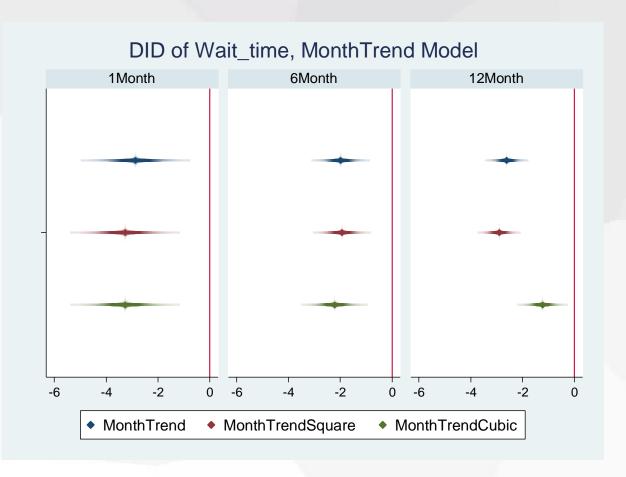
- Where $Card_post_{it}$ is the DID indicator
- c_i is individual fixed effect
- λ_t is month trend
- Dependent Variables are at one hospital visit level
 - Waiting time per visit/per treatment
 - Consult time per visit/per treatment
 - Number of treatment per visit

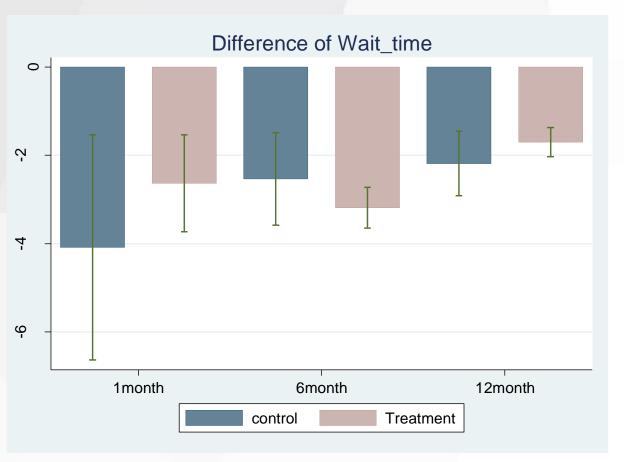
Results:
Charge time decrease for card users but increase for non-users



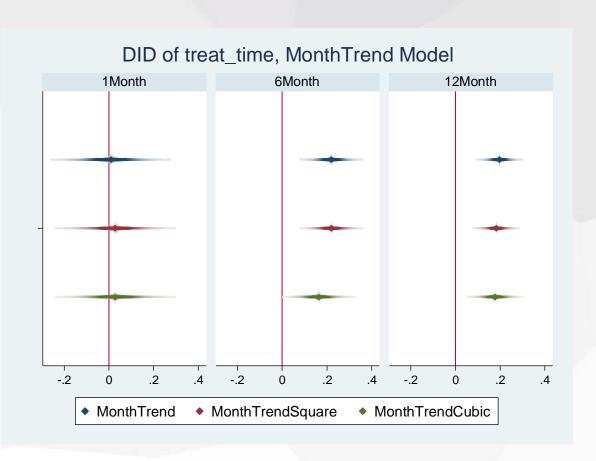


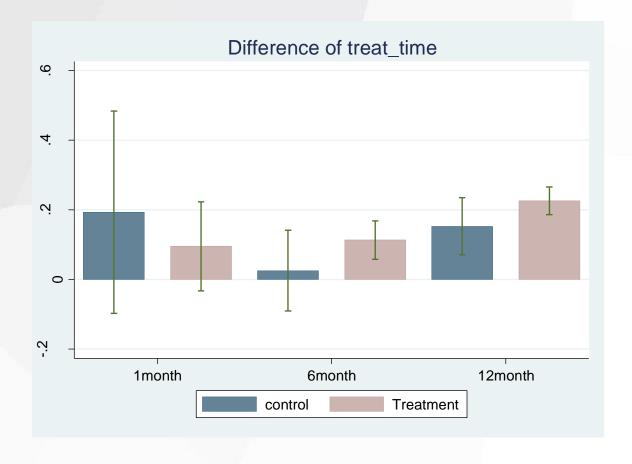
Results: Waiting time decrease more for card users



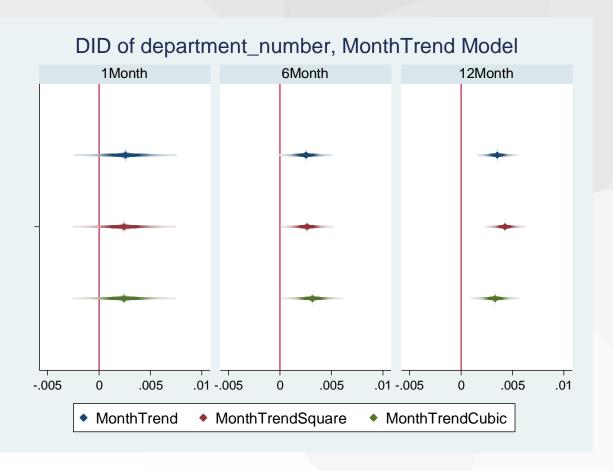


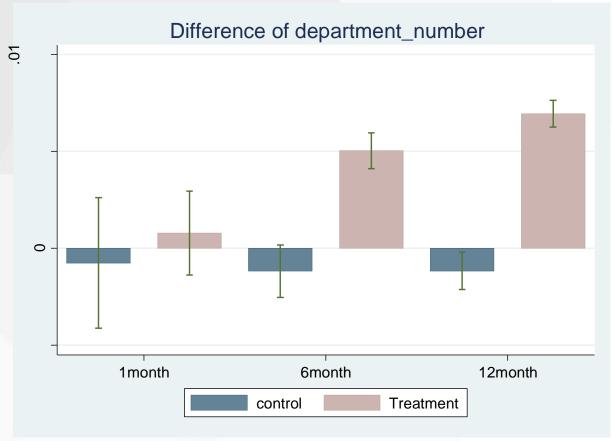
Results: Consult time increase more for card users





Results:
Card users seek more treatment in one visit







Technology Advantage

wait time

5% per visit

Behavior Change

Department per visit

1 0.5%

Crowd out

Patients with technology advantage and reduced cost would utilize more health resources while crowding out nonusers.

Public Walefare

Further analysis is required to fully assess the impact of the reform on public welfare.

THANKS!

Yang Yang yang.yy487@yale.edu



Yale University