

Exploring the Problems and Solutions of the New Rural Cooperative Medical Security System in Qinghai Province-Taking Haidong Region as an Example

Siqi Liu^{1, 2, 3, 4, *} and Yulu Wei^{1, 2, 3, 4}

¹Shaanxi Provincial Land Engineering Construction Group Co., Ltd., Xi'an 710075, China;

²Institute of Land Engineering and Technology, Shaanxi Provincial Land Engineering Construction Group Co., Ltd., Xi'an 710075, China;

³Key Laboratory of Degraded and Unused Land Consolidation Engineering, the Ministry of Natural Resources, Xi'an 710075, China;

⁴Shaanxi Provincial Land Consolidation Engineering Technology Research Center, Xi'an 710075, China.

Abstract

The New Rural Cooperative Medical Security System (NRCMS) refers to the system of mutual medical assistance and mutual assistance of farmers, which is organized, guided and supported by the government, with farmers participating voluntarily, raising funds from individuals, collectives and governments, and giving priority to the overall planning of major illnesses. Since the implementation of the new rural cooperative medical system for more than ten years, its coverage has expanded rapidly, effectively alleviating the pressure of rural "medical insurance", effectively improving the disadvantageous situation of rural "despising medical treatment", and making its development widely recognized and supported. However, there are still some imperfections in the operation process, which restrict the greater play of the functions of the new rural cooperative medical system. In this study, the specific problems existing in Haidong region of Qinghai province are taken as examples, and the corresponding improvement countermeasures are put forward.

Keywords

Qinghai Province, insurance, NRCMS, rural area.

1. Introduction

Qinghai Province is located in the western part of China. The development of various social fields is relatively backward, and the rural people's lives are not well off. Since August 2003, the Qinghai provincial government has selectively selected eight counties of Huangzhong, Huzhu, Gangcha, Dulan, Guinan, Tongren, Maqin and Zaduo to carry out the pilot project of the new rural cooperative medical system. By November 2005, the new rural cooperative medical system was fully implemented in 43 counties (including cities and districts) of the province, taking the lead in realizing the full coverage of the new rural cooperative medical system in the whole country [1-2]. In recent years, with the increasing proportion of compensation, the actual hospitalization burden of farmers and herdsmen has been significantly reduced, and the burden of life of farmers and herdsmen has been lightened. At the same time, the health level of farmers and herdsmen has also been greatly improved, effectively improving the living conditions of farmers and herdsmen, farmers and herdsmen are poor due to illness, and the problem of returning to poverty due to illness has been alleviated [3].

New rural cooperative medical system is a complex social system engineering, involving a wide range of policy, many constraints, specific work will encounter many difficulties and problems. In the past ten years, the pilot projects have encountered many difficulties, but there are also many problems [4-5]. These problems directly restrict the effective functioning of the new rural cooperative medical system, and also bring many difficulties to its development. Haidong region of Qinghai Province is a region where many ethnic groups gather together. Compared with other parts of Qinghai Province, the economic development is relatively good, and it is also a good area for the pilot development of the new rural cooperative medical system. However, the problems of the new rural cooperative system are more prominent here, affecting the further development of the new rural cooperative system, effectively solving its problems, conducive to the sound and rapid development of the new rural cooperative system in this region and even the whole Qinghai Province, and bring more effective and practical significance to the lives of local farmers and herdsmen [6].

2. Existing Problems

2.1. Lack of Medical Infrastructure and Medical Resources

Qinghai's economic level is relatively backward, and its infrastructure is in debt too much. For a long time, the medical conditions, medical places, medical facilities and the level of doctors in this area have not been effectively guaranteed. Especially in some township and rural clinics and health centers, the medical treatment conditions are poor, and many of them cannot meet the national standards and requirements. Whether they are housing sites, medical equipment, management mode, technical level and medical and health team, they cannot meet the needs of patients.

2.2. Single and Backward Form of Guarantee

In recent years, with the improvement of rural economic income and living standard, many farmers are not satisfied with the simple cooperative medical model in the past. This low standard cooperative medical model has gradually lost its attraction to farmers. For sudden illness, the huge medical expenses cause huge economic losses to families, and it is difficult to get medical insurance and medical assistance. This situation is seriously inconsistent with farmers' medical needs, weakening the guarantee of the new rural cooperative medical system, and restricting the development of the new rural cooperative medical system to a certain extent. In addition, with the continuous improvement of people's health needs and medical standards, the low-level services provided by the new rural cooperative medical system are limited, and the security model is single, which affects the attractiveness of the new rural cooperative medical system.

2.3. The Number of Insured Persons Tends to Decrease.

In the past few years, the number of insured people has increased rapidly, but the overall coverage is different. In recent years, the number of insured people has shown a downward trend. According to the relevant data provided by the Qinghai Provincial Health Department, the number of insured persons decreased from 352,000 in 2009 to 3464,000 in 2012. This trend is due to various problems. Take Haidong as an example: There are many ethnic groups gathering in Haidong, such as Han, Hui, Tibet, Mongolia, Sarah and Tu. Each ethnic group has its own language, some have their own words, and the main communication is also in its own national language. Many farmers and herdsmen are not well educated. They can only fill in the information in their own language, but can only find someone to fill in for them. After a large number of young people in rural areas go out to work, it is even more difficult for the elderly and children left behind in the village to go through these procedures. Because the farmers and

herdsmen in rural areas are not aware of insurance, and the procedures of insurance are cumbersome, the number of insured people has been reduced.

2.4. The Financing Mode Is Single and the Funds Are Insufficient

The New Rural Cooperative Medical System (NRCMS) implements a tripartite financing mechanism that combines individual payment, collective support and government funding. Among them, farmers' individual annual billing table is no less than 10 yuan, and the local financial support to farmers participating in the new rural cooperative system is no less than 10 yuan per capita every year. Through special transfer payment, the government's subsidy standard for the new rural cooperative medical system and urban residents in 2011 increased from 120 yuan per person per year in the previous year to 200 yuan per person. Since 2012, the subsidy standard for the new rural cooperative system has increased from 200 yuan per person per year to 240 yuan per person per year. Among them, the central government continued to grant subsidies according to the original subsidy standard, adding 40 yuan. The central government subsidized 80% of the western region, 60% of the central region and a certain proportion of the eastern region. According to this standard, Qinghai's per capita insurance fund increased to 400 yuan in 2012, and the proportion of hospitalization expenses within the scope of urban residents' medical insurance and the new rural cooperative medical system policy reached 73%. However, compared with the increasing medical costs and hospitalization rate of farmers, the improvement of subsidy standards is still lagging behind [7].

3. The Driving Force Analysis

There are many reasons for the above problems, each of which has its own root. The emergence of these problems is not only the backward social and economic development, the low awareness of farmers' participation in insurance, the imperfect institutional mechanism or the inadequate government organization, supervision and inefficiency, but also the interweaving of many historical reasons and social problems [8]. To change the existing disadvantageous situation and effectively solve these problems, we must fully analyze the causes of its occurrence and excavate its root causes in order to correctly understand the problems. The causes of these problems are mainly analyzed from two aspects: historical and social reasons.

3.1. Historical Reasons

Rural cooperative medical insurance is a mutual medical security system created by Chinese farmers themselves. It plays an important role in guaranteeing farmers' access to basic health services, alleviating their poverty caused by illness and returning to poverty due to illness. The World Bank and the World Health Organization call rural cooperative health care in China "the only model for developing countries to solve health expenditure". However, from the late 1970s to the early 1980s, due to the gradual disintegration of the rural cooperative system, along with the collapse of the rural "division of labor" system, "barefoot doctors" were unable to obtain food and other means of livelihood by engaging in medical activities, and "barefoot doctors" completely lost the motivation to go out for medical treatment. In addition, the collapse of cooperatives can no longer provide funding for the normal operation of village health centers, leading to the collapse of public health institutions in the village cannot continue to support [9]. Therefore, from barefoot doctors and village health centers, since the collapse of the cooperative system, the rural public health care mechanism is basically in a vacuum. In order to solve the problem of farmers' medical security, realize the goal of building a well-off society in an all-round way, and establish a modern society completely. A large number of theoretical research and practical experience have also shown that it is imperative to establish a new cooperative medical system in rural areas. The new rural cooperative medical system has been

piloted in some counties (cities) in China since 2003, and will gradually cover rural residents throughout the country by 2010.

Since the liberation of China, in order to prevent population movement, household registration has been strictly restricted. It not only separates the city from the countryside, but also strictly controls the flow between provinces. Although the household registration control has been somewhat loose since the reform and opening up, there is no restriction on population mobility. However, it has brought about completely different security modes in urban and rural areas, and different levels of security. Due to the restrictions between provinces, the new rural cooperative medical insurance can only be insured in the place of origin, not in the place of residence. Haidong region also implements this model, which affects the comprehensive development of the new rural cooperative medical system.

3.2. Social Reasons

In recent years, with the prosperity and development of rural economy in Haidong, the income of farmers and herdsmen has doubled compared with the early 1980s. The real income of farmers and herdsmen per capita has increased from 1000 yuan in 2003 to 3800 yuan in 2010. The richer the farmers and herdsmen are, the greater their demand for material culture. The growing income of farmers and herdsmen attaches more and more importance to their own health. The requirements for the service of the new rural cooperative medical system are also increasing. At present, the service content of the new rural cooperative medical system is limited, and it cannot meet the service requirements of the growing farmers, which has become an important reason for the reduction of farmers' participation in insurance. There are only three participants in the new rural cooperative medical system in Haidong: the government, the collective and the individual. Although the social idle funds have the ability to enter this guarantee financing project. However, the system has been limited, unable to enter, a large number of social funds are idle and wasted cannot be rationally applied. This is not conducive to the solution of the vacancy of the new rural cooperative medical security funds, nor is it conducive to the sustainable development of the new rural cooperative medical system.

From the analysis of historical and social causes, we can see more clearly the root causes of the problems of the new rural cooperative medical system. These problems do not arise at once, but are caused by the interweaving of historical and social factors for a long time. Solving these problems cannot be accomplished overnight. It requires a long time of joint efforts of all parties to solve their existing problems and add new vitality and life to make it more effective in serving the people

4. Solutions and Conclusions

Establishing a new rural cooperative medical system is an important measure to solve the problem of farmers' and herdsmen' difficulty in seeing a doctor from the basic situation of Qinghai. It plays an important role in improving the health level of farmers and herdsmen, alleviating their poverty caused by illness, returning to poverty due to illness, coordinating urban and rural development, and achieving the goal of building a well-off society in an all-round way.

4.1. The Government Improves Function and Efficiency

As the maker and supplier of the new rural cooperative medical system, the government plays a leading role in the new rural cooperative medical system. It bears multiple responsibilities of system supply, financial support, financing and supervision, and its role cannot be replaced. Because the local government of Qinghai Province has the phenomenon of lack of responsibility and inadequate work in the implementation of the new rural cooperative system, the interests of farmers cannot be effectively guaranteed, so it is particularly important to improve and

optimize the working path of the government in the new rural cooperative system so that it can better serve the rural residents. Government departments should improve their functions and work efficiency through the following means, which will benefit the development of the new rural cooperative medical system [10].

4.1.1. Supporting Policy

Qinghai provincial government should strictly implement the national regulations and standards, and, with local permission, proceed from the actual situation of the region, formulate a unified local document for the new rural cooperative medical system, so as to meet the needs of the new rural cooperative medical system in the region. Establishing and perfecting the legal system of the new rural cooperative medical system to ensure the implementation of the new rural cooperative medical work can be found in rules and regulations, and is also conducive to transparent supervision in the work. In the absence of laws and regulations in the country, the relevant measures and management measures can be stipulated in accordance with administrative regulations to solve the situation that cannot be relied on.

4.1.2. Improving Government Functions, Work Efficiency and Optimizing the Service Capacity

As far as the development of government is concerned, service-oriented government is an inevitable trend, and the long-standing inertia of management-oriented government makes it impossible for Qinghai governments to make timely adjustments. In order to improve and build a service-oriented government's livelihood project, the government must adjust its functions and optimize its image. The new rural cooperative medical system must take service as the first priority, make every effort to serve the people, facilitate insurance procedures and reimbursement procedures, publicize the work of the new rural cooperative medical system in various ways, timely feedback of various information, and provide various preferences for farmers to participate.

4.1.3. Eliminating the Restriction of Participating in Household Registration

The household registration restriction has seriously hindered the comprehensive coverage of the new rural cooperative medical system, and the government departments must take measures to change this disadvantage. Two main measures can be taken: first, the original household registration insurance, reimbursement costs are borne by the place of residence first, then by the transfer payment between local governments; second, the place of residence insurance, reimbursement costs are borne by the place of residence, due to different standards caused by the financial problems, through the transfer between local governments to balance.

4.2. Encouraging the Active Participation of Social Resources

As far as Qinghai Province is concerned, so far the development of the new rural cooperative medical system has not absorbed any social resources to serve it. From the point of view of the problems, it is difficult to solve these problems by relying solely on the ability of the government and individuals. It is imperative to remove the restrictions on social resources and absorb idle social resources to effectively solve the existing problems. The participation of social resources can be encouraged in the following ways.

4.2.1. Diversification of Fund-Raising Mode to Import New Blood Into the NRCMS

Release the investment fund of the new rural cooperative medical system, absorb a large number of idle funds from the society, supplement the vacant funds, and transfer part of the funds to trust and investment companies to establish a complete and sustainable security fund; medical insurance companies participate in the new rural cooperative medical system, and part of the new rural cooperative medical fund purchases insurance companies' medical insurance, so that the market bears part of the large-scale medical insurance costs; and let the society be public. Beneficiary organizations participate in it, absorb social assistance funds, so as to

diversify the financing of security funds. Through the above measures, a large-scale new rural cooperative medical security fund will be established to solve its dilemma.

4.2.2. Improving Social and Commercial Medical Insurance and Providing A Variety of Insurance Modes

In recent years, the social commercial insurance in Qinghai Province has developed rapidly, covering almost all fields of social insurance, but the current commercial insurance market is quite chaotic, unable to fully play its full role. It is necessary to further improve the social commercial insurance market through the policy measures and active management of the government departments. It can absorb a large number of social individuals to participate in insurance, and also can absorb some farmers and herdsmen who require higher insurance services. It can also insure those farmers and herdsmen whose household registration restrictions are not available, so as to solve their medical security problems.

4.3. Encouraging Individual Farmers and Herdsmen to Actively Participate in NRCMS

Farmers and herdsmen are the main participants of the new rural cooperative insurance system. Without them, the work cannot be carried out and their basic medical treatment functions cannot be brought into play. "Since the pilot project in 2003, farmers and herdsmen have actively participated in insurance, and the insurance rate has risen rapidly to 98.29% in 2009, but since then the number has begun to decline, and the insurance rate dropped to 92.6% in 2012." The factors leading to the decline of the participation rate of farmers and herdsmen are various, mainly because the enthusiasm of participation in the insurance of farmers and herdsmen is declining. Relevant departments must add new dynamic elements and stimulating points, so attracting the enthusiasm of farmers and herdsmen is very important. Farmers and herdsmen should also actively respond to the correct policies of the Party and the state, actively participate in them, and make their own contributions to the realization of a well-off society in an all-round way and the realization of modern society.

4.3.1. Encouraging Farmers and Herdsmen to Participate Actively in Order to Consolidate the Foundation of the NRCMS

Individual farmers and herdsmen, as the main body of the new rural cooperative system, timely and correctly understand the new policies and trends of the new rural cooperative system, actively safeguard their rights and interests to participate in the new rural cooperative system, and actively participate in the new rural cooperative system. This is not only an important measure to solve the problem of farmers' difficulty in seeing a doctor, but also plays an important role in improving the health level of farmers, alleviating the poverty caused by illness and returning to poverty caused by illness, and effectively alleviate real burden of the government. Therefore, farmers and herdsmen should take an active part in it and play a more powerful role.

4.3.2. Encouraging Farmers and Herdsmen to Participate in Medical Insurance

In order to prevent the situation of poverty caused by illness and returning to poverty for a long time, it is necessary to encourage farmers and herdsmen who are unwilling to participate in the new rural cooperative medical insurance to actively participate in commercial medical insurance. Through commercial insurance to meet the requirements of farmers and herdsmen, farmers and herdsmen are encouraged to take an active part in insurance and alleviate their medical burden.

Through the joint efforts of the government, society and individuals, to a certain extent, it can effectively solve the practical problems of the new rural cooperative medical system, and make considerable progress on the road of development. We also should dare to innovate while adapting to the rapid flow of water, making rapid adjustments to meet the needs of farmers and

herdsmen, and also to adapt to the development of society. Only by continuously importing new blood to the new countryside, its vitality will be more vigorous and lasting

References

- [1] Yang Hongyan. Study on the Sustainable Development of China's Rural Cooperative Medical System. Beijing: China Social Science Press, 2009.
- [2] Dai Zhiming. Study on the Transfer of Interests in the New Rural Cooperative Medical System. Beijing: China Social Science Press, 2011.
- [3] Wang Jun. Minsheng. Beijing: People's Publishing House, 2011.
- [4] Qinghai Statistical Bureau. Qinghai Statistical Yearbook 2010. Beijing: China Statistical Publishing House, 2010.
- [5] Gu Xin. The Reform and Development Trend of Medical System in Contemporary China. Hebei Academic Journal, 2009, 12 (3): 27-29.
- [6] Wang Li, Zhou Yingying. Investigation and analysis of rural medical problems. Times Finance, 2012, 12 (2): 32-34.
- [7] Wu Guangcheng. Perfection of New Rural Cooperative Medical System. Rural Economy, 2007, 12 (07): 17-19.
- [8] Li Weiping, Shi Guang, Zhao Qi. History, current situation and problems of rural health care in China. Managing the world, 2003, (04): 24-26.
- [9] Zhang Ranran. Accelerating the construction of new rural cooperative medical system. Outlook Weekly. 2005, (33): 27-28.
- [10] Yang Yan, Yang Wenxuan. Influencing factors of farmers' willingness to participate in the new rural cooperative medical system. Rural economy. 2007, (12): 13-14.