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Realist evaluation of pilot rehabilitation programs in 7 cities in China

Since the end of 2010 pilot programs in 46 cities of 14 provinces have been initiated by the Ministry of Health in China to establish formal arrangements for facilitating the delivery of continuous medical rehabilitative care for local communities. A series of regulations and policies were issued out to define the roles of health facilities at different levels and encourage coordination and networking between them, and to set up quality indicators and clinical protocols. Without extra budget from the central finance, the local health authorities were expected to liaise with other related resource-holding government agencies to mobilize local resources and develop proper models for effective and efficient medical rehabilitation. An external evaluation has been initiated ever since the design stage of the national pilot program. Mid-term evaluation at end of 2012 showed mixed outcomes in terms of rehabilitative infrastructure development, goal-attainment rates, and performance of pilot facilities have been observed, which was not very helpful for rendering evidence for further decision-making. As a result, a realist evaluation approach has been applied to the final evaluation. Program theories of typical local programs in 7 cities including Beijing, Shanghai and Harbin were studied by relating outcome patterns with specific local contexts and mechanisms, to analyze innovativeness and cost-effectiveness of different local models, and draw up common preconditions and requirements for successful implementation. Findings showed that there emerged a common outcome pattern of shortened inpatient stay, improved continuity and quality of care, better patient outcomes and more cost-effective use of regional rehabilitation resources. A call for better coordinated medical rehabilitation and other social care was voiced by most localities. Key words: rehabilitation; pilot programs; realist evaluation; cost-effectiveness