

# **An Investigation on the Construction of an Orderly Medical Treatment Model in the Regional Medical Alliance**

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## **Introduction**

Health care system reform in China has entered a crucial period, as patients too often look to hospitals for primary healthcare. The 11 Community Health Service Centers in the Pudong region receive relatively fewer demands for care than farther but higher-level regional medical centers like Pudong Hospital. This reflects a disorganized and high-cost healthcare system. Pudong Hospital has initiated a new type of regional medical alliance in which 11 Community Health Service Centers collaborate and promote cooperation between specialists and general practitioners. This type of primary healthcare service is the key to satisfying the broad scope of healthcare needs for our population (1.5 million people) in a cost-effective and accessible manner.

## **Objective**

The objective of this study is to develop an orderly community-based primary healthcare model based on the Community Health Service Centers.

## **Methods**

This quality improvement study investigates and analyzes the whole process of patients' medical treatment at Pudong Hospital and Community Health Service Center with a focus on the links between the components of that medical treatment process. This follows a Quality Control Circle through 3 cycles through a plan, do, check, action (PDCA) cycle to identify which aspects of the healthcare model (e.g., within the categories of personnel, process, equipment, environment and methods) best facilitate orderly (not hospital-centric) care. Data sources include surveys, interviews, and review of financial, policy and administrative documentation. Participants include medical personnel (e.g., specialists, general practitioners, nurses, medical technicians, and pharmacy personnel), non-medical staff (e.g., medical administrators and IT staff), and patients.

## **Results**

Improving general practitioners' capacity to diagnose and appropriately refer patients is the key factor for motivating patients to return to the community health service center for future service. A regional service system needed to document and share all patient medical records between specialists and general practitioners in the region. There is a lack of financial incentive for

specialists and GPs to collaborate, for example, in a two-way referral system.

### **Conclusions**

Currently, the strategic relationship between hospitals and community health service centers in the Pudong area remains unclear. The homogenization of medical services' resourcing and accessibility between hospitals and community health service centers has not yet been reached.