



## Research Article

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# Exploration on “Preventive Treatment of Disease” Service Pattern of Traditional Chinese Medicine in Shanghai

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## Abstract

By piloting the “Preventive Treatment of Disease” service pattern in different health status, the Traditional Chinese Medicine (TCM) prevention healthcare service framework of Shanghai has been established led by tertiary TCM hospitals. Service teams are formed by health professionals from each level. The pilot also helps promote the equipment to assist services in pilot health institutions and establish a scientific research achievement transformation mechanism with the engagement of all levels of health institutions. Meanwhile, pilot experience is summarized, and policy suggestions are put forward on the long-term development of Shanghai “Preventive Treatment of Disease” healthcare service system.

**Key words:** Traditional Chinese Medicine; Preventive Treatment of Disease; Preventive Healthcare; Exploration; Experience

## Introduction

After the nearly 10 years of pilot exploration and practice, by selecting the representative diseases stages of “pro-disease”, “the coming disease”, and “already-sick” [1], Shanghai has formed four “Preventive Treatment of Disease” service pattern of TCM pilots centered on city-level tertiary TCM hospitals. The pilots played the role of TCM in preserving health and preventing diseases in the “pro-disease” stage, treating “the coming disease” to prevent diseases, the early treatment in the “already-sick” stage to prevent disease transmission and transformation.

## Practice and Exploration of “Preventive Treatment of Disease” Service Pattern of TCM In Shanghai

### Preserving health and preventing diseases in the “pro-disease” stage

“Preventive Treatment of Disease” on sub-health fatigue state of occupational population. A three-level cooperation management

mode was adopted. The tertiary hospitals were responsible for the training and guidance for physicians in the project on the diagnostic criteria of TCM and Western medicine, the sub-health-related “Preventive Treatment of Disease” theory, and appropriate intervention techniques. The secondary hospitals and the community health service centers cooperated with the tertiary hospitals to ensure the implementation effect and standardization of the sub-health intervention items by integrating feedback information, improving techniques and implementation plans, and implementing the specific promotion of the project. A follow-up survey of the service subjects were conducted on their awareness, intervention compliance and service satisfaction about the project. The results showed that 96.9% of the service subjects understand the service process and content of the project; 93.0% of the service subjects know that the techniques of the tertiary medical institutions; 99.2% of the service subjects participated in the presentation of the project.

## Treating “the coming disease” to preventing diseases

“Preventive Treatment of Disease” on the prevention and management of pediatric asthma. The service subjects were focused on young children with a high incidence of asthma in schools and kindergartens. The children were classified into three groups: general children, children with high-risk factors for asthma, and children with asthma. Targeted intervention and management of TCM were carried out respectively among the three classification. Thus, a segmented pediatric asthma prevention management system combining “family-school-community-hospital” was established. A prevention and management network involving parents, school doctors, community doctors, secondary hospitals, and tertiary hospitals had been built to make the all-round management of children possible. Green channels, such as Chinese acupoint application, were also open for children within the prevention and management system. All the service subjects understand the service process and content of this project. However, with the development of the project, by the time of the final summary, the number of service subjects was only 43.75% of the original. Although the remained service subjects had successfully completed all the contents and procedures of the project, the overall compliance was poor, indicating that the service subjects still lack enough attention to the pediatric asthma prevention.

## Early treatment in the “already-sick” stage and preventing disease transmission and transformation

“Preventive Treatment of Disease” of TCM on the prevention of recurrent ischemic stroke. Through the development of non-pharmacological treatments such as Chinese herbal tea, acupoint pressing, health exercises, etc., making full use of mature and reliable TCM intervention techniques, a preventive system for recurrent ischemic stroke patients was established under the leadership of the tertiary hospitals and the combination of secondary hospitals and the community health service centers. The tertiary hospitals were responsible for the formulation and guidance of the overall technical plan and the effect evaluation; the secondary hospital participated in the cooperation in the training work; the community medical institutions were responsible for including the patients, taking the prevention measures, making follow-up records, and conducts publicity and promotion. Through the training and timely guidance on practical problems of tertiary hospitals to lower-level institutions, the service capabilities and service levels of secondary hospitals and community health service centers in “Preventive Treatment of Disease” had been improved to a certain extent. Chinese herbal tea, acupoint pressing, and health exercises had better feasibility. The demand rate for recurrent stroke prevention increased from 81.7% before the intervention to 84.9% after the intervention.

## Discussion

“Preventive Treatment of Disease” preventive framework has been established, but the patient compliance was inconsistent TCM

services have long been welcomed by residents due to its simple, convenient, effective and cheap characteristics. The theoretical system of TCM believes that a healthy human body comes from the dynamic balance of the internal and external environment of the human body. Although it may have similar external environments according to the characteristics of the population, the internal environment varies with different individuals. Thus, in fact, Chinese medicine service is personalized and differentiated service delivery.

The three pilot explorations had established a three-level cooperation in “Preventive Treatment of Disease” service framework and operation pattern. However, in practice, it was generally difficult for secondary hospitals to perform their functions in accordance with the original plan due to problems such as few doctors and large clinical service volume. Secondary hospitals mainly worked on the cooperation with the work of tertiary hospitals and community doctors.

From the demand-side perspective, such as the intervention of patients after lung cancer surgery, the patient population had low trust in the lower-level hospitals, which leads to the tertiary hospitals as the main patients management institutions. Tertiary hospitals then allocated the patients to the lower-level hospitals according to clinical service needs. Pediatric asthma prevention received inadequate attention from families with children, especially that families with healthy children had a higher rate of lost to follow-up. “Preventive Treatment of Disease” service pattern of TCM varies corresponding to different diseases. To further play the role of “Preventive Treatment of Disease” service pattern of TCM in the community, its main service subjects should be based on the “pro-disease” and “the coming disease”.

5. Policy recommendations for the long-term development of the “Preventive Treatment of Disease of Disease” preventive system. The selection of “Preventive Treatment of Disease of Disease” items should take compliance, operability and cost-effectiveness into consideration. In terms of the selection of service subjects and disease types at the core of the “Preventive Treatment of Disease” service system, the following aspects needs to be met: First, the service subjects should have high compliance. The “Preventive Treatment of Disease” project can focus more on the “pro-disease” and “the coming disease” items. Items in the “already-sick” stage was more closely integrated with clinical treatment; a one stop service can be provided by integrating intervention measures and clinical treatment. For example, due to the changes in mentality and complicated intervention methods for patients after lung cancer surgery, psychological problems such as anxiety and depression are more likely to occur among those patients, which also along with problems such as medical habits and patient privacy. It is difficult for the community to carry out intervention and follow-up among those patients. Second, the intervention methods should be simple, feasible, and affordable. Therapeutic items were usually costly and closely integrated with medical care. The long training period of TCM talents was not conducive to large-scale popularization at the

grassroots level institutions.

It is recommended to set up an expert group for the “Preventive Treatment of Disease” project at the municipal level. Appropriate community-based “Preventive Treatment of Disease” items should be selected and promoted throughout the city based on two aspects of service targets and intervention methods. Items of pro-disease prevention were better; the subjects had higher compliance; the intervention measures should be simple, feasible, and cost-effective [2].

Select the appropriate service management mode of “Preventive Treatment of Disease” according to the project characteristics. The content in “3-2-1 ‘Preventive Treatment of Disease’ service pattern of TCM” designed in the early stage of the project had been fine-tuned during the actual implementation of the pilot program. Only the management structure of the “pro-disease” items was consistent with the item design. Items for “The coming disease” stage and “already-sick” stage both reflected the strong siphonic effect of tertiary hospitals. Therefore, in the ideal “Preventive Treatment of Disease” service structure, a tertiary hospital was responsible for the formulation of diagnostic standards and intervention specifications; the district health commission coordinated the secondary hospital and community health service institutions; the secondary hospital was the bridge to carry out training and quality

control; community health service institutions combined the work of “Preventive Treatment of Disease” with basic medical services and basic public health services, and carried out specific health promotion and appropriate technical interventions. According to the intervention subjects and the specific “Preventive Treatment of Disease” items, it was possible to selectively coordinate the relevant institutions, such as schools, to participate in or adjust the organizational management structure and management mode.

### Acknowledgement

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### Conflict of Interest

No Conflict of Interest.

### References

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