

# Present Situation and Reflection on the Development of Primary Medical Health Care under the Policy of Graded Diagnosis and Treatment

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**ABSTRACT.** *The purpose of implementing hierarchical diagnosis and treatment is to evenly allocate medical and health resources at all levels. In China, due to the lack of medical resources and the imbalance in the distribution of medical resources, the number of patients attending provincial and municipal hospitals tends to increase. The rate of visits to basic hospitals is low. Since the implementation of the new medical reform system, due to the lack of a perfect two-way referral system between large hospitals and primary medical care, the problem of two-level differentiation of patients' medical treatment has not been truly resolved. A great deal of practical experience shows that only by establishing a reasonable system of hierarchical diagnosis and treatment can the coordination between the hierarchical medical system be relieved.*

**KEYWORDS:** *Health system reform, Resource allocation structure, Classification*

## 1. Basic level hospital

Grading diagnosis and treatment [1]. In accordance with the requirements of the disease spectrum, the scope of diagnosis and treatment of different levels of medical institutions is clearly defined. Form a new pattern of "small illness in the grassroots community, big illness to the hospital". In this way, the large general hospital can focus its main energy on solving difficult diseases and is conducive to the horizontal development of the medical process.

## **2. Experience of the cooperative development of primary medical care under the treatment level abroad**

Foreign developed countries began to implement the grading diagnosis and treatment system earlier, and it is more mature to strengthen the construction of basic medical care. The United Kingdom's graded medical service has a three-level medical service network with a clear division of labor [2]. As early as 1991, he guided major hospital experts to regularly guide grassroots medical and health institutions to help enhance the competitiveness of grassroots health personnel [3]. The operation of hierarchical diagnosis and treatment in the United States can not be separated from a series of policies and systems formulated by the government, and there is a complete basic medical service system. As the "gatekeeper" of primary medical care, the family contracted doctors have the same level of medical education as doctors in major hospitals. This has made residents fully trust the medical services of family doctors and has also formed the habit of first choice family doctors [4]. Australia established a specific agency in 1997, and grassroots community health service agencies have support from specialized hospitals [5], specifically responsible for the formulation of grassroots talent support plans, has formed a long-term mechanism; Sweden has clearly defined the responsibilities of medical institutions at all levels and basically achieved the order of medical treatment of "small diseases at the grassroots level and major diseases to hospitals"; Sweden also has more investment in primary health care. The government encourages medical personnel to work at the grassroots level by increasing the wages and treatment of grass-roots medical personnel [6]; When the Brazilian Ministry of Health allocated funds, it focused on the funding of basic medical care, ensuring the efficiency and quality of graded diagnosis and treatment [7].

## **3. Current Situation, Problems and Causes in the Implementation of Graded Diagnosis and Treatment in China**

### ***3.1 The status quo of coordinated promotion of primary medical care mechanism under the hierarchical diagnosis and treatment policy***

As a system to optimize the medical treatment process and improve the order of medical treatment, the country has carried out preliminary practices on improving the medical treatment level of grassroots medical institutions, focusing on improving the competitiveness of the personnel of grassroots medical and health institutions and solving the problem of the construction of grassroots personnel [8]. At present, China has begun to focus on guiding high-level doctors and nurses to enter grassroots communities, carry out guidance work, and assist in the development of family rehabilitation services, chronic disease care guidance, etc., gradually improving the ability of grassroots medical and health services.

### ***3.2 Problems faced by primary health care institutions in the implementation of graded treatment***

Since the introduction of level-by-level medical treatment, the capacity of medical personnel in primary medical care has been insufficient, the supply of drugs has not met the needs of patients, basic medical facilities have been lacking, and the health development at the grassroots level has fallen behind. The contradiction between the basic medical and health service system and the increasing health needs of residents is becoming more and more prominent. After the implementation of the new medical reform, although the number of grassroots health personnel has shown an increasing trend, the overall number is still low, the shortage of grassroots health personnel, the unreasonable allocation of levels, the lack of practical talents, and the difficulty of the introduction of high-quality talents.

### ***3.3 Causes of problems in primary health care under graded treatment***

#### **3.3.1 Weak capacity of integrated primary health care services in the country**

Most of China's primary medical and health services are weak, quality medical infrastructure is relatively backward, and primary medical treatment and treatment services are obviously inadequate. Therefore, patients are reluctant to choose the grassroots as the first consultation hospital. In addition, ordinary patients at the grassroots level have long formed medical thinking, affecting the implementation of the classification diagnosis and treatment system [9], and can not achieve the desired purpose.

#### **3.3.2 Restrictions on the professional skills of medical personnel in primary care**

The total number of medical personnel at the grassroots level is insufficient, the skills of medical professionals are low, and the medical personnel assigned to the primary medical units at higher levels are relatively low in starting point and inexperienced. Most of them are college diplomas, and the majors studied are relatively single. Moreover, the working conditions and environment of basic medical care are relatively poor. The reluctance of the more highly educated medical personnel to work in the primary health care sector has led to the loss of the basic medical personnel's cultural quality and professional skills resources, and the quality of medical services enjoyed by patients is difficult to reflect. Therefore, most patients prefer to spend more money. Choose a larger hospital.

#### **3.3.3 Inadequate awareness of primary health education**

China is a large country with a relatively uneven geographical distribution. The health service capacity of grassroots medical institutions in various regions is weak, and the level of education received by the people is also uneven. In addition, the development of the economy in various regions is uneven, and the health education and publicity of basic medical care by medical management departments is formalized. In addition, the people's acceptance ability and lack of understanding of basic health knowledge have led to the majority of people's lack of understanding of common diseases, leading to "blind medical treatment" and "small disease

treatment" [10]. Ordinary patients feel that they can enjoy better medical resources in provincial and municipal hospitals, and they will feel relieved. The fact is that medical and health resources are wasted.

### **3.3.4 Relatively Delayed Construction of Medical Informatization Management Sharing Platform**

Information Island between medical institutions [10]. The existence of this has hindered the implementation of graded diagnosis and treatment. In recent years, although major hospitals at all levels have carried out informatization construction and implemented hierarchical diagnosis and treatment policies, the informatization platform for hospitals at all levels has not developed at the same speed. Provincial and municipal hospitals have invested large amounts of funds, developed rapidly, and the informatization platform is relatively advanced. The development of information technology in primary medical units is relatively slow, community health service stations and rural health hospitals have relatively little investment in information management platforms, information management systems are slightly simple, management personnel have limited knowledge capabilities, and operations are not smooth. There is no coordination between vertical information and information in large hospitals at the provincial and municipal levels. There is no unified information communication platform for software management, and the sharing of information on medical resources between levels can not be realized.

## **4. Countermeasures and Suggestions**

Countermeasures and Suggestions for Strengthening Primary Medical Care under Graded Diagnosis and Treatment Policy

### ***4.1 Improve the rational distribution mechanism of primary health care resources***

It is the most direct and genuine part of patients' feelings, and it is also an important symbol of the development of grassroots medical institutions. Improving the ability of primary medical service and reasonably allocating primary medical and health resources are the core contents of hierarchical diagnosis and treatment. At the same time, it is necessary to expand the proportion of medical personnel assigned to the basic level to meet the requirements of quantity and quality, and hospitals at higher levels should regularly give lectures on knowledge and skills to the basic cultural knowledge of the basic level medical personnel, and strengthen the standardization of the management of the basic level medical personnel. Improve the clinical practice skills of basic medical personnel, train higher-level general practitioners, and effectively implement hierarchical diagnosis and treatment.

### ***4.2 Enhanced awareness and awareness of graded diagnosis and treatment***

Widely carry out medical education and disseminate health care knowledge and common diseases, frequent diseases and other diseases to the public, so that they can

understand that common diseases can also be effectively treated in grassroots medical communities. At the policy level, through policy formulation, the proportion of medical insurance reimbursement between different levels of medical institutions is increased, and ordinary patients are led to take the initiative to the grassroots level. In addition, through the publicity of the news media, the general public is directly aware of the information of graded diagnosis and treatment, and the idea of hierarchical diagnosis and treatment is taught to different groups of people to cultivate the consciousness of graded diagnosis and treatment [12]. Only by truly allowing patients to recognize the idea of medical treatment and changing the traditional concept of medical treatment, and promoting the sinking of the first diagnosis to the grassroots level, can the medical resources be used rationally and effectively, and the classification of diagnosis and treatment can maximize its effectiveness.

#### ***4.3 Make every effort to build a platform for sharing medical information resources***

The government should increase its investment in medical informatization, promote regionalized, vertically integrated medical information sharing platforms at the provincial, municipal, county and district levels, improve the informatization platform for patients to seek medical treatment, and speed up the construction of regional medical informatization platforms. To achieve a high degree of sharing and exchange of medical information resources in the region, and to achieve the sharing of information on medical resources at all levels in the region through interregional collaborative operations, thus promoting two-way referral and continuity services.

#### ***4.4 Accelerate the establishment of mechanisms for coordinated support and vertical integration of urban and rural health professionals***

In the process of implementation of hierarchical diagnosis and treatment, it is necessary to speed up the establishment of a mechanism to promote the division of labor and coordination among medical institutions at all levels, improve the capacity and technical level of basic medical and health services, and solve the problem of the construction of grass-roots personnel. At present, China has begun to explore the establishment of a vertical integration and close linkage mechanism between urban and rural medical institutions, set up a grassroots health talent support channel, and form a medical service system that is coordinated and developed between large-scale comprehensive hospitals and grassroots medical and health institutions [14].

### **5. Conclusion**

The establishment and orderly implementation of classified diagnosis and treatment requires coordination among various departments, the use of government policy and behavior guidance, the enhancement of coordination between urban and rural health personnel, the competitiveness of health personnel at all levels of

medical institutions meet the requirements of classified diagnosis and treatment, and enhance the trust of the people. Let patients receive a new medical treatment system for graded diagnosis and treatment, rationally allocate medical resources at all levels, and promote the level of primary medical and health services. In this way, the value of the application of graded diagnosis and treatment will gradually increase. Although at present our country's graded diagnosis and treatment system is not perfect enough, its important role can not be ignored. In combination with the characteristics of our country's medical and health care, we have explored a way of graded diagnosis and treatment that suits our country's National conditions.

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