

Strategic Refinements of the General Practice Medical System in Changshan County: Learning from the Wenzhou Model's Successes

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Abstract

The current status of the general practice medical system in Changshan County, Quzhou City, is assessed in this study, employing questionnaires and field research to reveal problems such as the unequal allocation of medical resources, a scarcity of general practitioners (GPs), and diminished public awareness. Through the analysis of the successful "Medical-Education-Research-Talent Cultivation" integrated model at Wenzhou Medical University Affiliated Hospital, this study proposes strategies pertinent to Changshan County. Refinement of talent development strategies, fortification of community health service systems, structured diagnostic and treatment framework, and rapid acceleration of digital transformation are essential. The research endeavors to furnish a reference for the enhancement of primary healthcare service quality and efficiency in Changshan County, as well as the augmentation of general practice value. The integration of General Practice with the Wenzhou Model within the medical system reform emphasizes the enhancement of primary healthcare and the cultivation of medical talent.

Keywords

General Practice; Wenzhou Model; Medical System Reform; Primary Healthcare; Talent Cultivation.

1. Introduction

1.1. Research Background and Significance

A July 2023 survey among Changshan County inhabitants disclosed that 63 of 205 subjects. One percent of the participants were found to lack knowledge of the GPs responsibilities, in addition to 44. It was found that 63% of individuals believed GPs are limited to treating minor health issues, and thus, they tend to prefer specialists due to the perceived limitations in GPs expertise. The implementation of a General Practitioner (GP)-led primary healthcare system is pivotal for China's healthcare reform, as it addresses challenges such as the arduous and costly accessibility of medical services. In comparison to the underdevelopment in Changshan County, the affiliated hospitals of Wenzhou Medical University have excelled through an integrated "Medical Treatment, Education, Research, and Talent Cultivation" framework. Drawing upon Wenzhou's experiences aids in pinpointing and amending shortcomings in Changshan's educational, research, and talent development domains [1]. Drawing upon Wenzhou's experiences aids in pinpointing and amending shortcomings in Changshan's educational, research, and talent development domains.

The objective of this study is to facilitate the enhancement of Changshan County's general practice system, refine its medical infrastructure, mitigate the burden on county-level hospitals,

elevate the societal significance of general practitioners, and ultimately elevate the standard of primary healthcare services .

1.2. Research Objectives and Content

This research, drawing parallels with Wenzhou's general practice system, advances suggestions for enhancing the healthcare framework within Changshan County, Quzhou City. The objective is to deliver holistic, sustained, integrated, and patient-centric healthcare services catering to the health requirements of residents across their lifespan. The intent is to furnish residents with all-encompassing, uninterrupted, harmonious, and patient-oriented healthcare services spanning their entire life span.

1.2.1. Research Subjects:

GPs from Wenzhou Medical University Affiliated Hospital in Ouhai District, Wenzhou, and community residents nearby; GPs from Changshan County People's Hospital, Quzhou City, and community residents in Changshan County.

1.2.2. Overall Framework:

(i) Analyze community resident satisfaction with Changshan County First People's Hospital via questionnaires.

(ii) Study the development status of the general practice system in selected hospitals in Ouhai District, Wenzhou.

(iii) Propose improvement methods for GPs development in Changshan County First People's Hospital through comparative study.

1.2.3. Research Focus:

Improvement methods for the general practice system at Changshan County First People's Hospital.

1.3. Technical Route and Research Methods

1.3.1. Technical Route:

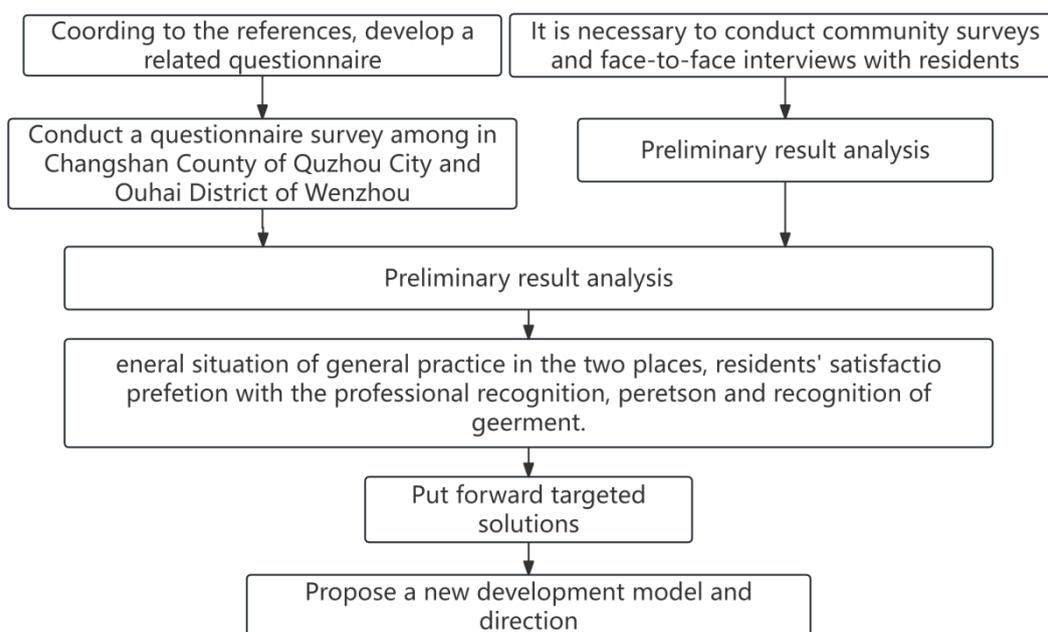


Figure 1: Technical route for improving the general practice medical system in Changshan County.

1.3.2. Research Methods:

Organization: On-site field investigations and online questionnaire surveys.

Project Breakdown: Analysis of Wenzhou residents' understanding and model recognition of GPs; Survey on Changshan residents' understanding and suggestions for improvement.

1.4. Innovations and Limitations

Researchers are targeted GPs from Changshan County studying at Wenzhou Medical University, facilitating data collection in both locations.

There are also some limitations in this study..

Possible errors or omissions in data collection affecting reliability.

b. Constraints of time and resources limiting depth and breadth.

c. Lack of a clear theoretical framework.

2. Analysis of the Current State of General Practice in Changshan

2.1. Current Situation of General Practice in Changshan

2.1.1. Status of Medical Resources:

The health network in Changshan comprises three county-level hospitals and fourteen township health centers, which manage urban and rural health. An imbalance in resource allocation is observed, with inadequate service capacity at the township level resulting in difficulties in accessing care, incomplete insurance coverage, and supply-demand mismatches. An imbalance in resource distribution is present, particularly at the township level, where inadequate service capacity results in difficulties in accessing care, incomplete insurance coverage, and supply-demand mismatches.

2.1.2. Quality of Medical Services:

Medical staff predominantly hold college or bachelor's degrees, with general practitioners generally not having a high level of education. Figure 2 shows patients' satisfaction with GPs. Patient satisfaction with health education and services is considerable, with most acknowledging their value; a minority finds the services to be sufficiently adequate; a few report experiencing insufficient services. Enhancing resident health through disease management requires the utilization of health education, prevention, chronic disease management, and multidisciplinary collaboration [2].

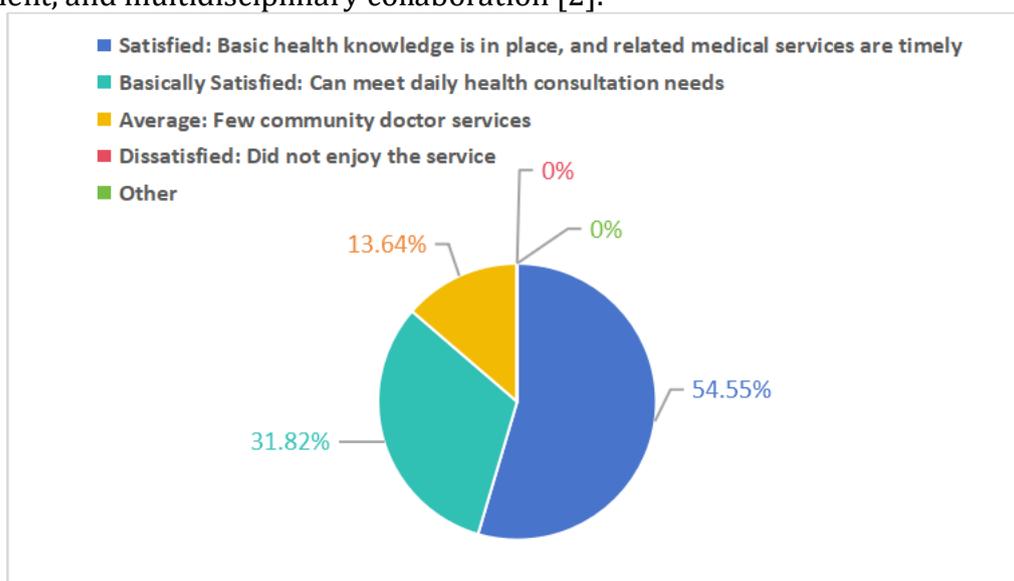


Figure 2: Patients' satisfaction with GPs.

2.1.3. Medical Innovation Initiatives:

Adopts a "Three-Pronged" chronic disease management strategy, encompassing comprehensive resource sharing, precise diagnosis and treatment, and inclusive management services.) [3].

2.2. Problems in the Development of General Practice in Changshan

2.2.1. Human Resource Shortage:

Insufficient education/training opportunities, unattractive salaries, and brain drain lead to GP shortages and structural imbalances.

2.2.2. Unequal Distribution of Medical Resources:

Economic disparities cause urban-rural resource imbalance; county towns have better facilities than townships

2.2.3. Rising Medical Costs:

Reliance on diagnostic instruments increases costs; technological advances and drug prices rise; scarce talent increases labor costs; aging population and chronic diseases exacerbate supply-demand issues; higher service expectations require more investment.

2.2.4. Relatively Backward Medical Technology:

Lack of advanced equipment/technology and limited professional skills hinder handling complex diseases.

2.2.5. Generally Low Patient Education Levels:

Low health awareness, poor doctor-patient communication, and inefficient resource utilization.

3. Lessons from the Development of General Practice in Wenzhou

3.1. Study of Wenzhou's General Practice Development Model

3.1.1. Talent Cultivation:

Relies on order-oriented orientation training, offering benefits like positions and financial subsidies, requiring ≥ 5 years of grassroots service, with high breach of contract costs to stabilize the workforce. Also, utilizes Wenzhou Medical University for GPs transfer training, converting specialists to GPs.

Overcoming Difficulties in Grassroots Placement:

Implements the "National Standard, Provincial Uniformity, County Management, Township Use" model, ensuring GPs are "competent, willing to go down, and able to return" [4].

Continuing Education for GPs:

Implements continuing education plans to update knowledge and skills.

3.1.2. Community Health Service System Construction:

Deployment of "Internet + Mobile Hospitals" extends to most villages and elderly communities; standardization is at 96.2% of the total is dedicated to township health centers. Revamped family physician system, development of unified groups, and $>85\%$ enrollment percentage among key demographic sectors. Formed medical consortia, supported a tiered diagnostic/treatment model, and implemented telemedicine. Adopted the "Zheli Health e-Doctor" virtual healthcare service. Established an integrated medical and elderly care system via the application of internet services. Established an integrated medical and elderly care system via the application of internet services.

3.2. Implications for Changshan

3.2.1. Talent Cultivation:

Optimize orientation training policies, increase subsidies, attract excellent students. Expand transfer training, encourage rural doctors to transition. Adopt the "County Management, Township Use" model, improve incentive mechanisms. Strengthen continuing education [5].

3.2.2. Community Health Service System Construction:

Support community health institution development, enhance capacity for common diseases, chronic diseases, and rehabilitation. Strengthen medical consortia, promote telemedicine and expert sink. Accelerate family doctor coverage, develop internet platforms for "Internet + General Practice". Improve hierarchical diagnosis/treatment with clear referral indicators [6].

4. Exploration of Future Development Directions for General Practice in Changshan

4.1. Goal Setting for Future Development

Amplify service reach and ease of access, thereby securing urban-rural parity. Enhance GPs team cohesion and elevate both personnel numbers and competencies. Constructing robust medical information systems to advance digital transformation. Amplify health management and disease prevention initiatives, reinforce chronic disease intervention protocols. Revise the diagnostic and treatment referral systems, and highlight the General Practitioner's pivotal responsibility. Perfect service continuity and coordination, thereby reinforcing interdepartmental collaboration. Uphold persistent quality advancement and put in place monitoring and evaluation protocols. Advance community participation and instantiate patient-centered service models.

4.2. Strategy Formulation

Enhance the GPs training curriculum, raise educational rigor, and foster a multi-level educational hierarchy. Utilize multidisciplinary team templates (e.g.GIT), strengthening clinical and communicative abilities. Establish internship and rotation initiatives across various healthcare tiers. Strategic Human Resources: Establish policies for attracting and retaining skilled personnel, encompassing competitive remuneration and professional growth initiatives. Assemble a varied healthcare staff comprising general practitioners, nurses, and pharmacists.

5. Conclusion and Recommendations

5.1. Research Conclusions

Changshan County's general practice faces issues like uneven resources, talent shortages, technological lag, and low patient awareness. The Wenzhou model offers valuable insights in talent cultivation, service systems, and continuing education. Changshan needs comprehensive improvements in education, human resources, service systems, and technology application.

5.2. Recommendations for Changshan

- a. Enhance GPs training and introduction, optimize policies to attract talent.
- b. Strengthen community health service capacity, advance medical consortia and family doctor systems.
- c. Perfect hierarchical diagnosis/treatment, ensure smooth referrals.
- d. Accelerate digital transformation, build smart healthcare.
- e. Intensify health education and chronic disease management, improve public health literacy.

5.3. Limitations and Future Prospects

Limitations:

- a. Limited educational level of GPs.
- b. Lack of high-level talent.
- c. Patient outflow, loss of trust.
- d. Existence of doctor-patient conflicts.

6. Future Prospects:

Harmonize Changshan County's "14th Five-Year Health Plan" with the "Healthy China" initiative and provincial/municipal directives. The objective is to cultivate a healthy Changshan and develop an exceptional integrated medical service model. By 2025, the province aims to accomplish the demonstration county objectives in medical reform, elevate county-level treatment efficacy, bolster public health emergency readiness, foster the growth of traditional Chinese medicine, refine the talent composition, enhance digital infrastructure, intensify public hospital restructuring, enhance industry oversight, and guarantee comprehensive health services throughout the lifespan. The implementation of these measures aims to fortify the health base for the "Western Zhejiang First Gateway".

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