Construction and Thinking of Regional Rehabilitation Medicine Specialty Alliance

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Abstract

The construction of medical consortia is an important part of the national medical system reform, and the specialty alliance is the main form of the construction of medical consortia. We have established the specialized alliance of rehabilitation medicine, achieved the sinking of high-quality medical resources, improved the medical level and service capacity of grass-roots hospitals, and reduced the burden of patients through personnel training, technical guidance, scientific training and patient transfer.

Keywords

Medical Consortia; Rehabilitation Medicine; Specialty Alliance.

1. Introduction

The coordinated development of regional medical care and ensuring that minor diseases do not leave the countryside and serious diseases do not leave the county is a comprehensive and systematic top-level design and institution guidance at the national level for the sharing of high-quality medical resources. In 2017, 《The guiding opinions of the general office of the State Council on promoting the construction and development of medical consortia》 (GBF [2017] No. 32) [1] and the documents of the national health Commission of the People's Republic of China [2] clearly require that various forms of medical consortia be gradually formed according to the actual situation of the construction of hierarchical diagnosis and treatment system in various regions, including urban medical group, county medical community, cross regional specialist alliance and telemedicine cooperation network. according to local conditions. Hang Su [3] pointed out that the rehabilitation medical association is an important branch of the specialized medical association. Through the integration of rehabilitation medical resources, optimize the process of rehabilitation resource management mode, share rehabilitation medical resources and finally realize hierarchical rehabilitation. Relevant studies have shown that the rehabilitation of stroke patients under the mode of medical integration can save about 11,000¥ [4]. The main purpose of the rehabilitation medical association is to promote the sinking of higher-level rehabilitation medical resources so that grass-roots patients can enjoy better rehabilitation resources. Our department explored the establishment of rehabilitation medical specialty alliance in the region on the basis of comprehensive investigation for corresponding national policies. On this basis, we explored the construction of Medical Alliance Based on specialty alliance. Now we summarize our experience and shortcomings in the construction of rehabilitation medical specialty alliance as follows.

2. Current situation of rehabilitation medicine department construction in the region

The city has 2 municipal districts, 4 county-level cities and 2 counties. There are 102 township hospitals, 8 county-level general hospitals, 8 county-level traditional Chinese medicine hospitals, 8 county-level maternal and child health hospitals, 4 municipal general hospitals, 1 municipal traditional Chinese medicine hospital and 1 municipal maternal and child health hospital, and 7 township hospitals in surrounding counties and cities. Among these hospitals, municipal and county-

level general hospitals and traditional Chinese medicine hospitals have rehabilitation departments with modern medicine and modern medical characteristic technology as the main rehabilitation method, there are perfect rehabilitation inpatients and rehabilitation clinics. There are 12 township hospitals with perfect rehabilitation inpatient departments and clinics, and modern medicine is the main way of rehabilitation. The remaining township hospitals have rehabilitation clinics (overlapping with the national medical Hall), mainly traditional rehabilitation, and 1/3 of the hospitals also use some modern medical rehabilitation technology. In terms of personnel distribution, most doctors are specialized in traditional Chinese medicine and acupuncture. Most township hospitals have not therapists who have graduated from formal rehabilitation therapy. Modern rehabilitation equipment is scarce, and the area of treatment rooms is small. Except for the municipal and county-level hospitals and several township hospitals, other hospitals have not independent PT, OT and ST. In general, there are "four deficiencies" (lack of personnel, equipment, technology and site).

3. Demand in the construction of rehabilitation medicine specialty alliance

In the previous visit and research, We have found that different levels hospitals have different levels and different aspects of needs for the construction of rehabilitation medicine alliance. The demand of leading units in the alliance: The first is personnel, including specialists, specialized nurses and rehabilitation therapists who have modern rehabilitation concepts and master modern rehabilitation technology; Second, the comprehensive development of modern rehabilitation technology; Third, the standardization and homogenization of rehabilitation treatment technology in their department; Fourth, the standardization of clinical pathway implementation; Fifth, a thorough understanding of medical insurance policy; Sixth, the downward turn of rehabilitated patients. The demand in county hospitals: treatment of difficult and critical patients; guidance of basic and new rehabilitation treatment technologies; go to higher-level hospitals for further study and training; guide the implementation of scientific research; upward rotation of difficult patients. The demand of township hospitals and community centers: guidance of basic and new rehabilitation treatment technologies; go to higher-level hospitals for further study and training; experts went to the hospital for consultation, teaching ward round and discussion of difficult cases; guidance on medical quality of departments. In medical technology, the demand in county hospitals: neurological rehabilitation, orthopaedic rehabilitation, rehabilitation evaluation technology, PT, OT, botulinum toxin injection technology. the demand of township hospitals and community centers: pain rehabilitation / traditional Chinese medicine rehabilitation, neurological rehabilitation, rehabilitation evaluation technology, orthopedic rehabilitation, PT.

4. The main measures of specialist Alliance

On the basis of previous research, we have set up the first batch of alliance units for trial operation, it We chose the rehabilitation medicine department of the first affiliated hospital of yangtze university as the leading unit, 1 county people's hospital, 5 township hospitals of different sizes (2 have standardized rehabilitation wards and clinics, 3 have only rehabilitation clinics, and the patients live in other wards), and 1 community health center are the first batch of alliance units for trial operation,

The first is to establish the working mechanism of the alliance. The work of the alliance is incorporated into the management of both hospitals. The two hospitals sign a cooperation agreement. The contents of the agreement are all public welfare and do not involve any economic activities; at the hospital level, it is mainly to coordinate the deployment of personnel, the implementation of venues, the arrangement of transportation, accommodation and catering of training and guidance personnel, and the contact of transferred medical insurance patients; the two departments are specifically connected with personnel training, technical guidance, scientific research assistance, consultation, ward round, difficult case discussion, clinical path and medical quality guidance. The second is personnel training. The subordinate hospitals send personnel to the leading unit of the Alliance for further study, including doctors, nurses and rehabilitation therapists. Each person's training time shall not be less than 3 months. The leading unit shall formulate a standard training

outline involving the technology urgently needed by the alliance unit. On the basis of formal training, they also accept short-term learning and further study from the alliance units at any time, focusing on a certain specialized technology. On the basis of regular training, we also conduct training in the form of large-scale academic conferences, technical demonstrations, group lectures and continuing education projects. The third is technical guidance, leading unit has established a help group composed of doctors, nurses and technicians and form a pair with seven units. We conduct on-site ward rounds, case analysis, operation guidance and medical quality management on the alliance unit one day/week. At ordinary times, we also establish a wechat group, subordinate units shall contact their counterpart assistance groups at any time to carry out remote consultation and live operation. All operating procedures shall be implemented in accordance with the training program formulated by the lead unit. The fourth, establish a patient referral channel within the alliance, the leading and core hospitals need to establish a "up to down" channel with the cooperative hospitals within the radiation range and transfer the patients who need rehabilitation back to the subordinate hospitals in time; at the same time, difficult and critical patients in subordinate hospitals are also referred to the leading unit in time, therefore, in order to facilitate patients, we also establish a referral mechanism of recognize and share results within the alliance. The fifth is the guidance in scientific research. The development of scientific research projects includes all the alliance units into the participating units. At the same time, take advantage of the advantage that the leading unit is a university affiliated hospital to assist the alliance units to participate in teaching and training in internship teaching and standardized training of residents.

Through nearly one year of implementation, nearly 10 people have received further education and carried out 4 items of continuing education project. On the basis of the original personnel, the alliance unit has made significant progress in medical technology, standardized management and enhanced the ability to serve patients. The business volume of the rehabilitation medicine department of each hospital increased by more than 10% compared with the previous year, and more rehabilitation patients were left at the township hospital.

5. Problems in the construction of specialist Alliance

First, there is a lack of systematic management regime and operation mechanism of specialized alliance. At present, the specialty alliance is still extensive and shallow. It is mainly a non-close cooperative relationship and linked by technical cooperation. The cooperation content is generally consultation, teaching and counterpart assistance. Each alliance hospital is an independent legal entity with different administrative affiliation. It also involves the redistribution and readjustment of interests among hospitals, as well as the redistribution of interests and resources within hospitals. Therefore, it is difficult to integrate human, financial, material and other resources among hospitals, such as the sharing of rehabilitation equipment and talents among alliances. Second, there is a lack of effective incentive mechanism in the leading unit. The key to the construction of the alliance lies in the leading unit. However, because the doctors, nurses and therapists of the leading unit have a lot of clinical, scientific research and teaching work in the hospital, they are not enthusiastic about the work of the alliance, and they are promoted by administrative instructions and professional title promotion to varying degrees. Second, there is a lack of effective incentive mechanism in the leading unit. The key to the construction of the alliance lies in the leading unit. However, because the doctors, nurses and therapists of the leading unit have a lot of clinical, scientific research and teaching work in the hospital, they are not enthusiastic about the work of the alliance, and they are only promoted by administrative instructions and professional title promotion [6]. Third, the competitive relationship among the members of the alliance. Due to the same diagnosis and treatment projects and the same service groups, there is a competitive relationship among the members of the alliance. In particular, the leading unit has good technical advantages, and it is difficult to transfer patients down, and even has a certain siphon effect on patients in township hospitals. Fourth, the talent construction can not keep up with the pace of specialty development, especially in township hospitals. We have trained qualified rehabilitation therapists who leave in next month, and it is difficult to recruit new people.

Fifth, the backwardness of information technology. At present, the information link between the alliance relies on WeChat group and QQ conference group. There is no more convenient and smooth information access. Especially during COVID-19, the technical guidance for subordinate units is lagging behind.

6. Ideas for further improvement

First, explore a more scientific management and incentive mechanism, integrate the alliance into a whole and perform similar management methods in merits, share equipment with each other, same assessment standards and establish a strict referral mechanism; Second, accelerate the construction of the talent team of the regional alliance, to train rehabilitation specialists and rehabilitation therapists by made use of several colleges and universities in the city and the policy of entrusted training in rural areas, obtain mandatory employment and determine the service life. Doctors, nurses and therapists in the alliance must flow regularly and orderly and retain their original units. Third, improve the information construction in the alliance. The alliance has consistent LIS, HIS, imaging system and rehabilitation management system, and establish a remote consultation center. The fourth is the regular evaluation and assessment mechanism, which can include the referral person times, talent flow, technical guidance times and other indicators of the specialist alliance into the evaluation system to ensure the healthy and sustainable development of the specialty alliance. At the same time, the assessment and withdrawal mechanism of alliance member hospitals shall be established, regular assessment of member hospitals, hospitals that fail to pass the examination for many times may be required to withdraw from the alliance, effectively guarantee the good and sustainable development of specialty alliance.

References

[1] The general office of the State Council.The guiding opinions of the general office of the State Council on promoting the construction and development of medical consortia (GBF [2017] No.32) [EB/OL]. (2017-04-26).

[2] The national health and Family Planning Commission. Guidance of the national health and Family Planning Commission on carrying out the pilot work of medical consortium construction (gwyf [2016] No.75) [EB/OL]. (2017-01-12).

[3] Suhang Xie, Lin Yang, Yonghong Yang, et al. Rehabilitation medicine consortium - new strategy for Discipline Construction[J]. West China medicine, 2019,34(5):503-508.

[4] Yiyun Huang, Manrong Xie, Chuang Sun, et al. Evaluation of cost-effectiveness of community rehabilitation for stroke patients under the mode of Medical Association[J]. Practical clinical medicine, 2017, 18 (4):94-97.

[5] Zehong Zhang.Construction path of grass-roots medical service capacity in hierarchical diagnosis and treatment system[J].Chinese Journal of hospital management, 2017, 33(2):102-105.

[6] Pengqian Fang, Shuai Jiang, Xingyi Yang, et al. Discussion on key problems and Countermeasures of the implementation of graded diagnosis and treatment system in China [J]. China hospital management, 2016, 36 (11): 1-3.