

Analysis of the Current Situation of Primary Services of Chinese Medicine in Hubei Province

Zuyin Fu, Lu Zhang^(⊠), Cuiling Guan, and Li Chen

Hubei University of Chinese Medicine, Hongshan District, Wuhan, Hubei Province, China 2869@hbtcm.com

Abstract. To explore the construction of grassroots Chinese medicine services and provide reference suggestions for improving the structure of Chinese medicine services in Hubei Province. Using the literature research method and data comparison statistical analysis method, we collected and organized data on the form of primary Traditional Chinese Medicine (TCM) services in Hubei Province and verified the impact of the structure of direct TCM services in terms of quantity and quality in Hubei Province. During the development of TCM in Hubei Province in the 13th Five-Year Plan (2016-2020), the result of primary TCM service construction was not effective enough; the development of TCM specialty demonstration service construction areas was uneven; the coverage of TCM services provided at the grassroots level in urban and rural areas was relatively weak, and primary medical institutions were not fully covered. Establish a TCM service health supervision and law enforcement team to supervise the construction of medical institutions and monitor health services of grassroots TCM services; center on the provincial capital city of Wuhan and expand medical association services in all directions to promote balanced regional development; strengthen the TCM staffing and capacity enhancement of community health service centers and township health centers.

Keywords: Hubei Province · Chinese medicine · grassroots · current situation · development suggestions

1 Introduction

Primary Chinese medicine services are the foundation of Chinese medicine development and the fundamental guarantee for maintaining people's health. In the battle against the new epidemic, TCM treatment has played an important role, making the country pay more and more attention to the development of TCM. It is necessary to pay attention to the TCM construction services for the people's life protection and analyze the dynamic data to find out the problems, which is constructive for developing grassroots TCM services.

| Demonstration units of Chinese medicine (a) | End of 2015 | End of 2020 | change |
|---|-------------|-------------|--------|
| NACGCMW | 26 | 25 | - 1 |
| NMH | 1081 | 1313 | + 232 |
| СММТНС | 331 | 331 | 0 |
| FMH | 87 | 94 | + 7 |
| ТСМНСС | 88 | 95 | + 7 |
| WFTCMD | 257 | 356 | + 99 |
| CMV | 2655 | 2655 | 0 |

 Table 1. Hubei Province, "Thirteenth Five-Year" period of Chinese medicine service demonstration units [1, 3] [Owner-draw]

2 The Current Situation of Primary Chinese Medicine Services Inhubei Province

2.1 Quantity Construction

2.1.1 Situation of Medical Service Institutions

Hubei Province is in the middle to lower level in selecting advanced national units of grassroots Chinese medicine work. In National Advanced County for Grassroots Chinese Medicine Work (NACGCMW) [2], there are 1013 counties (cities and districts) with 31 provinces in total. The average number of advanced units of national grassroots TCM work is 32.68. The median is 30 by calculation, reflecting that the intermediate level of advanced national grassroots TCM work units is around 32.68. At the same time, only 25 developed counties (cities and districts) in Hubei Province have not reached the national average and medium level.

See Table 1; the number of advanced counties (cities and districts) in the process of the development of TCM in the 13th Five-Year Plan has decreased by one, while the number of national medical halls (NMH) and workshops of famous TCM doctors (WFTCMD) in townships and communities in the construction of service demonstration units have increased relatively more. In contrast, the number of renowned medical halls (FMH) and TCM health care centers (TCMHCC) has increased relatively minor. There is no change to the Chinese Medicine Model Township Health Centers (CMMTHC) and Chinese Medicine Model Village Health Office (CMV). In the comparison of the data in the table, it is found that in the project of improving the capacity of grassroots Chinese medicine services in Hubei Province, the Chinese medicine service institutions are increasing. Still, the effect of the enhanced grassroots services is not enough and needs to be continuously strengthened.

2.1.2 Coverage Situation

The actual coverage rate of TCM is provided at the grassroots level (CRTCMPGL). Rural areas in Hubei Province have not reached the planning indicators (PI) in the Hubei

| CRTCMPGL (%) | CHSC | THC | CHSS | VHO |
|--------------|------|-----|------|------|
| CHN | 99 | 98 | 90.6 | 74.5 |
| Hubei PI | 100 | 100 | 90 | 90 |
| Hubei AS | 96 | 91 | 72 | 65 |

 Table 2. Urban and rural grassroots coverage in Hubei Province [1, 3, 4] [Owner-draw]

Table 3. Comparison of the coverage ratio of TCM services provided at the grassroots level in Hubei Province and other provinces [1, 5-8] [Owner-draw]

| CRTCMPGL (%) | CHSC | THC | CHSS | VHO |
|--------------|-------|-------|-------|-------|
| Hubei | 96 | 91 | 72 | 65 |
| Guangdong | 100 | 100 | 100 | 89.97 |
| Hunan | 100 | 98.4 | 84.81 | 53.92 |
| Hebei | 97 | 94 | 84 | 70 |
| Sichuan | 93.36 | 93.42 | 96.46 | 85.71 |

Provincial TCM 13th Five-Year Plan, see Table 2, compared with the national urban and rural grassroots coverage rate, the actual situation (AS) in Hubei Province still has a particular gap, especially in the coverage rate of TCM services provided by community health service stations (CHSS), which is 18.6%. However, in Guangdong Province, Sichuan Province, Hebei Province and Hunan Province, the development of grassroots TCM services in cities and states is better, with community health service centers (CHSC) providing TCM services and township health centers (THC) providing TCM services reaching 100% coverage in Guangdong Province, compared with the proportion of TCM services provided by primary health care institutions in Hubei Province to similar institutions, The range of TCM services in primary health care institutions in Hubei Province is relatively weak. The provision of TCM services in village health offices (VHO) has not yet reached 70%, see Table 3. The data collection also revealed that county-level TCM hospitals have not yet achieved full coverage, and the Jiangling County TCM hospital is still under construction and is expected to be completed in September 2022 [9]; the county's maternal and child health center is also under expansion and is expected to be operational by the end of 2022 [10].

2.2 Quality Construction

2.2.1 Construction of Key Specialty Services

The proportion of Wuhan TCM specialty construction services in Hubei Province reflects the uneven development of key specialty construction in Hubei Province. In the actual situation in Hubei Province, the national Chinese medicine clinical key specialties (NCM-CKS), critical specialties of the State Administration of TCM (KSSATCM), and local

| Specialties Construction (a) | Hubei PI | Hubei AS | Wuhan Proportion (a) |
|------------------------------|----------|----------|----------------------|
| NCMCKS | 15 | 16 | 75% (12) |
| KSSATCM | 50 | 89 | 43.82% (39) |
| PCMKS | 100 | 165 | 56.97% (94) |

Table 4. Construction of grassroots TCM specialties in Hubei Province [1, 3, 11] [Owner-draw]

Chinese medicine key specialties (PCMKS) in Hubei Province have all reached the planning indicators and exceeded the target. Hubei province includes 12 prefecture-level cities and one autonomous prefecture. Wuhan, the capital city of Hubei province, has built four national and regional TCM treatment centers by 2020. Still, by calculating the construction of TCM specialty services in Hubei province and provincial cities through the data in the table, it is also found that the proportion of Wuhan in the structure of critical specialties is more than 40%, even in the national TCM clinical key specialties accounted for up to 75%, see Table 4. Also, in the Notification of the Results of the Review of the National Advanced Units of Grassroots Chinese Medicine Work in 2021, the advanced national units of grassroots Chinese medicine work in Hubei province are all in Wuhan city districts and counties, in contrast to the relatively weak development of specialties in other parts of Hubei province.

2.2.2 Construction of Basic Services

The construction of grassroots Chinese medicine services is not in place. One hundred sixty-five key TCM specialties, 11 regional TCM preventive health care centers and 93 TCM health halls were identified in Hubei Province for the "Thirteenth Five-Year" period [1]; however, in the Hubei TCM. However, in the indicators for the construction of TCM services in Hubei Province in the 13th Five-Year Plan, there are 17 regional TCM preventive health care centers at the grassroots level and 100 TCM health halls. The number of beds in public TCM hospitals per 1,000 population reached 0.68, and the number of practicing TCM physicians per 1,000 in health institutions earned 0.48 [4]. Regional TCM preventive health care centers and TCM health halls have not reached the target, the national level of basic construction services has not reached the planning indicators for Hubei Province, And the hands are set for the actual situation in Hubei Province; it is presumed that Hubei Province has not reached the expected value in terms of essential infrastructure services, indicating that the stage of development of basic TCM in Hubei Province is not yet in place, and the investment is not strong enough.

3 Development Suggestions

3.1 Deepen the Selection Rules of Various Advanced or Demonstration Units of TCM Nationwide to Achieve a Breakthrough

It is recommended to establish health supervision and law enforcement teams for TCM services in each city to conduct on-site medical supervision and law enforcement inspections of TCM medical service institutions in each city and state, strengthen the supervision intensity of grassroots TCM clinics, solidify the construction of TCM grassroots construction services, and improve the selection rules of advanced national units of grassroots TCM work; at the same time, it is also necessary to supervise the completion of TCM medical institutions that have not yet been completed in each region to ensure that each Hubei province city and state can provide TCM services for the masses at their doorsteps, and effectively provide protection for people's life and health. On May 19, 2022, the Hubei Provincial TCM Administration was officially launched, which is a crucial step to promote the construction of a strong TCM province in Hubei Province so that each TCM services for the people's life cycle.

3.2 Improve Medical Institutions for Primary TCM Services to Achieve Comprehensive Coverage at the Grassroots Level

Encourage social forces to build TCM medical institutions, TCM technical service halls, TCM health care and wellness services, etc., improve the construction of grassroots TCM halls and halls of famous doctors, and complete the grassroots TCM service institutions and facilities. At the same time to strengthen the community health service centers and township health centers in Chinese medicine staffing and capacity to improve the quality of care, in the General Office of the State Council on the issuance of the "Fourteenth Five-Year Plan" for the development of Chinese medicine in the notice proposed that each community health service centers and township health centers with at least one Chinese medicine category physicians, by the Chinese medicine It is suggested that each community health service center and township health center should be equipped with at least one TCM physician who can carry out more than ten appropriate TCM techniques by the TCM technical operation specification [12]. Improving the construction of family doctor teams and promoting contracted services by family doctors could also improve coverage; the public can experience TCM services and let TCM services permeate every household.

3.3 Promoting TCM Medical Association Services and Balancing Regional Development

With the development of TCM in Wuhan city as the center to expand in all directions, joint with other cities and states to strengthen the construction of medical groups and county medical communities in compact cities, as well as to accelerate the construction of urban medical association in Hubei province, to build county-led TCM specialty construction as a city, to link up the top and bottom, to accelerate the expected progress

of each town and district, and to solve the problem of unbalanced regional development in Hubei province. Chinese medicine hospitals in Hubei province can also cooperate with other cities to complement each other according to their specialty construction and accelerate the construction of Chinese Medicine Specialty Capacity. Hubei Provincial Hospital of Integrative Medicine and Guangdong Provincial Hospital of Traditional Chinese Medicine have signed a strategic cooperation agreement. At the same time, the primary information grid service has been developed to achieve vertical connection to the national TCM data center and the network system of each primary health care institution, to strengthen the green channel service for treatment, and to facilitate two-way referral of patients with acute and critical illnesses and rehabilitation, to achieve comprehensive coverage and a network to serve all regions, and to promote. The network can strengthen the cooperation of TCM medical services in all areas of Hubei Province and improve the level of medical services in each region.

4 Conclusion

As Chinese medicine is increasingly valued in society, the construction of grassroots services to promote Chinese medicine in Hubei Province must be strictly implemented during development. Only with the construction of good grassroots services can the development of Chinese medicine services in Hubei Province go further, which is the basis for promoting the construction and development of Chinese medicine services; always pay attention to the implementation of national policies, do practical work and strengthen the foundation, and build competent Chinese medicine services for the ultimate purpose of safeguarding the lives of the people.

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