

Research on Vertical Mutual Recognition of Medical Test Results in Medical Service Chain

Peng Xukun¹, Yao Bin²

¹The Central Hospital of Enshi Prefecture, Enshi, China

²Enshi Clinical College of Wuhan University, Enshi, China

Keywords: Medical Service Chain; Medical Examination Results; Vertical Mutual Recognition

Abstract: In the medical service chain, the medical examination results are mutually recognizable, which can significantly reduce the repeated examination of patients, and alleviate the problem of difficult medical treatment and expensive medical treatment. Based on this, this paper mainly analyzes the value of vertical mutual recognition of medical examination results, and discusses some problems existing in the process of vertical mutual recognition system of hospital construction. Combined with relevant vertical mutual recognition points, it provides effective countermeasures for the establishment of medical service chain to improve The actual level of mutual recognition of the results of medical examinations.

1. Introduction

As early as 2008, many regions have already carried out the corresponding system of mutual recognition inspection results of medical institutions, especially since entering the new era, the state has vigorously promoted mutual recognition of medical examination results. However, the implementation of this guidance in many areas is not satisfactory, and some hospitals and doctors have resistance. Therefore, exploring a more flexible and effective mutual recognition result management system can significantly improve the quality of medical care and reduce the risk of diagnosis and treatment of patients.

2. The Mutual Recognition Value in the Medical Examination Results in the Medical Service Chain

The medical examination results in the medical service chain are mutually recognized, mainly referring to the mutual recognition of the examination results between different levels of hospitals, so as to use the patient's previous examination results to plan the clinical treatment plan. In the clinical, this mutual recognition is more Refers to the recognition of the results of the high-level hospitals in the primary hospitals. Since the new era, many hospitals have promoted mutual recognition of inspection results. In particular, many top three hospitals have included doctors' inspection projects in the overall human resources assessment and quality of work. During the supervision process, there are even some hospitals. In order to strictly implement the sudden system construction, each department has issued indicators. For example, a hospital in Beijing has set up indicators: "As of May 2020, the per capita medical expenses of each department should be Decrease by 5% to 8%[1]. "From the development direction of this industry, it can be seen that the promotion of the vertical mutual recognition system for medical examination results has the following effects:

2.1. Reduce the cost of medical treatment for ordinary people

China's medical reimbursement system is mainly for primary hospitals. Most of the medical reimbursement targets are mainly local primary hospitals. Many people choose to be close to the clinic when they find that they have problems in their bodies. Establishing medical examination results in mutual recognition can promote higher-level hospitals, such as dimethyl hospitals, top three hospitals, etc., recognize the results of primary hospitals, reduce the cost of medical treatment

for the people as much as possible, avoid repeated treatment, and lead to an increase in the cost of treatment for the people. Even beyond the affordability of the people, affecting the actual treatment effect.

2.2. Saving public resources of the hospital

For the hospital, the vertical mutual recognition can also save the hospital's human resources, mechanical resources, film resources, etc., and reduce the cost of the hospital. Promote the sustainable development of medical resources, and save the hospital's comprehensive operating costs, apply the limited resources of the hospital to the technical upgrading, human resources optimization management, etc., in order to improve the overall service level of the hospital and provide patients with better quality comprehensive treatment. .

3. Problems in the Construction of Vertical Mutual Recognition System for Medical Examination Results

3.1. Vertical mutual recognition is difficult to guarantee the quality of diagnosis and treatment

Some hospitals have doubts about the implementation of this policy. Although the documents have been issued for some time, the actual level of operation is relatively low. Many doctors have doubts about the quality of mutual recognition of medical examination results. Especially in China, there is a very big difference in the level of inspection results between various medical institutions. If the results of other hospital examinations are confirmed directly, the risk of misdiagnosis and missed diagnosis will increase. This will not only significantly affect the patient's diagnosis and treatment, delay the timing of treatment, but also may cause medical malpractice in serious cases. The identification of the problem of this kind of problem is one of the main problems that plague the doctor.

3.2. Basic level hospitals have low trust in diagnosis and treatment

At present, many medical examinations between the top three hospitals can be mutually recognized, and this mutual recognition of peers is relatively smooth. However, in the vertical direction, most of the top three hospitals have a lack of trust in the test results provided by the primary health care centers. Many doctors said in an interview that “the medical staff in the primary hospitals have fewer cases and experience, and if there is a direct identification of their inspection reports, we will have certain doubts.”

3.3. Mutual recognition of peers affects the scope of vertical mutual recognition

Most hospitals have over-emphasized the concept of siblings in the process of building a sudden system. For the implementation of documents, it is equivalent to narrowing the scope. Some hospitals have said in the survey that “the inspection of hospitals above dimethyl The report can directly admit “. But the result of this mutual recognition is equivalent to the exclusion of primary hospitals, which is unfair to many patients who have financial difficulties and are first examined in primary hospitals[2].

4. Countermeasures for Constructing a Vertical Mutual Recognition System for Medical Examination Results

In the process of actual diagnosis and treatment, the patient's condition is always in a dynamic state of development. From the perspective of clinical medicine, it is very necessary to conduct a phased examination of the patient. Therefore, in the clinical examination, the vertical mutual recognition construction cannot be carried out across the board, and flexible vertical and sudden result adjustments should be made according to the actual situation. Each hospital can start from the following aspects to build a mutual recognition system:

4.1. Detailed classification test items

At present, medical examination results and vertical mutual recognition in the medical chain have become one of the development directions of the industry. In order to effectively implement mutual recognition of inspection results, hospitals must conduct dynamic and flexible differentiation for specific inspection items. For example, a patient underwent an MRI at a hospital and found that there was a shadow in the lungs. If the patient had doubts, he would go to the b hospital for testing. Then the doctor at the hospital b is very likely to know the patient's details and conduct a. After the hospital reads the film, the patient's condition is diagnosed and treated, and the patient is instructed to perform another MRI. Whether such an examination is necessary depends on the actual treatment of the patient.(1) Judging according to the time of the patient's last examination, the current vital signs of the patient, and the like.(2) If the patient does not progress significantly in a short period of time, the last test result is a blood and liver function test by the machine. If the test does not change significantly in a short time, the longitudinal test result can be considered.

4.2. Establish a unified vertical result identification standard

In the process of establishing the identification system, each hospital should reduce the difficulty of actual operation, and combine the actual operation system of the hospital to carry out standard management of certification results. It is necessary to change the status quo of the industry to take medicine and to check the health care of the doctors, and to provide more convenience for the people.

We will build a comprehensive inspection technology platform and carry out in-depth investigation and research by promoting information management methods. We will conduct unified standardization management of various inspection reagents and equipment in a certain area, and carry out numerical calculations on the error problems of various inspection equipments through a unified procurement mode. Correction, thus establishing a comprehensive citizen medical database. For example, in the process of industry construction in Qingdao, a relatively complete database of citizen medical information has been established. All the specific inspection reports and video materials of Qingdao hospitals can be Query in the database. This method of detection for equipment, reagents, unified standard management and environmental management, to minimize the difference in results caused by different inspections, significantly reduce the cost of medical treatment[3].

4.3. Adjusting the importance of thought

In the process of medical examination and mutual recognition of imaging examination results, each hospital must always put the needs of patients first, reduce the cost of patients' medical treatment, promote the accuracy of examination results, and improve the process of simplifying medical treatment.

Through the establishment of the system and the operation of safeguard measures, the relevant mutual recognition work organization leading group will be established to carry out specialized technical training for all relevant image technology inspectors of different levels of hospitals, so as to improve the work level of inspectors at the basic level. Guarantee inspection and stability of inspection quality.

At the same time, it is also possible to carry out longitudinal clinician training and communication, enhance the doctor's recognition ability, and improve the doctor's recognition level in the examination.

Establish relevant industry medical records and strict management systems, such as managing medical records by patients themselves, establishing electronic medical records, and unifying data management libraries. At the same time, it is necessary for the hospitals to take the results, images, and materials of the large-scale medical equipment inspections such as the inspection report form, the ultrasound report form, and the MRI report form of the outpatient emergency department as part of the case, and the individual will be kept by the patient.

4.4. Strengthen supervision and management of the results of mutual recognition system construction

The relevant administrative departments of each medical and health service center shall supervise and guide the mutual recognition work of different levels of hospitals in the jurisdiction, so as to improve the understanding level of each hospital management personnel and mutual recognition work.

First of all, sum up some problems existing in the current management process, provide support for all medical staff to solve problems, and effectively supervise the specific development of mutual recognition work according to the quarterly, semi-annual and annual standards.

Secondly, through strengthening quality control and building a mutual recognition platform, the actual standards established by mutual recognition work will be tested, and specific reference values will be set to improve the quality control of the staff.

Finally, strengthen the news propaganda during the system construction process. The health supervision service management department and the hospital management department shall timely summarize the experience in the process of building the mutual recognition system, and build a platform for effective communication with patients, and release the results of the industry mutual recognition system through the media, especially social media. So that the masses can understand the progress of the current development of the medical mutual recognition system and guide the masses to consciously join in the process of sudden system supervision.

However, in the process of building a medical diagnostic mutual recognition system, it is also necessary to recognize some special circumstances. For example, there is an objective difference in the quality of examinations between hospitals. The dynamic manifestations of diseases affect the diagnosis and treatment of patients' diseases, and some complicated problems occur in patients. The diagnosis makes diagnosis not an easy task. Both doctors and patients must correctly analyze and rationally treat: doctors should always take the patient's needs and safety as the main criteria for mutual recognition, and patients should strengthen their understanding of the entire system and provide more to the doctors. The details of the disease development are convenient for doctors to carefully observe the deterioration of their condition.

5. Conclusion

The establishment of a vertical mutual recognition system is a long-term systematic work. Only by comprehensively considering relevant factors can we truly reduce medical costs. From the analysis of this paper, it can be seen that the construction of the vertical mutual recognition system for medical examination is conducive to comprehensively reducing the cost of medical treatment for the people, saving medical quality and creating a good environment for the people. Therefore, we must strengthen systematic research and use the vision of development to solve problems.

References

- [1] Yang Bihui, Xu Yuhui, Wang Jiwei. Application research of mutual recognition system for inspection and inspection results of medical institutions in the region. *China Journal of Health Information Management*, 2019, 16 (04): 437-441.
- [2] Hainan promotes the mutual recognition of medical examination results to simplify the medical treatment. *The world's latest medical information digest*, 2018, 18 (26): 7.
- [3] Beijing-Tianjin-Hebei mutual recognition of 17 medical imaging examination results. *China Digital Medicine*, 2017, 12 (01): 91.