

Problems and Development Strategies of Rural Medical and Health Care Construction in Eastern Liaoning Province

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Abstract: in 2024 the central file no. 1 to further strengthen the construction of towns and townships and village clinics service capacity, steadily improve rural doctors have practicing (assistant) physician qualification proportion, improve rural infectious disease prevention and control and emergency disposal ability, gradually improve the county health insurance fund used in rural medical institutions, speed up the village clinics into health designated management. This paper analyzes the current situation of rural medical and health construction in Liaodong Liaoning, discusses the outstanding problems existing in rural medical and health construction, and puts forward the development strategies and specific measures to strengthen rural medical and health construction. We will continue to make efforts in strengthening key areas such as infrastructure construction, building community-level health personnel, improving the basic medical and health service system, continuing to promote information construction, strengthening health education, and raising farmers' health awareness. In addition, we will avoid one-size fits all and blind construction in the process of development.

Keywords: Rural medical and health care; farmer health level; rural revitalization and development strategy

1. Introduction

Rural medical and health care construction is an important part of rural social development, which is related to the health and quality of life of farmers. With the rapid growth of China's economy and the acceleration of urbanization, the rural medical and health care construction is facing new opportunities and challenges. This paper takes the rural primary medical and health construction in eastern Liaoning as the research object, analyzes the problems existing in the rural grassroots medical and health construction and discusses the development strategies of the primary medical and health construction, so as to provide reference for promoting the development of rural medical and health undertakings and provide constructive suggestions for the formulation and development of rural medical and health policies.

2. The importance of rural primary medical and health care construction

(1) Ensuring the health of farmers. Strengthening the construction of rural medical and health care can improve the health level of farmers, prevent and control the occurrence of diseases, and reduce the phenomenon of poverty caused by illness and returning to poverty due to illness.

(2) Promoting rural economic development. Good rural medical and health conditions can help to improve the labor productivity of farmers, promote the development of agricultural industry, and promote the sustainable growth of rural economy.

(3) Achieving social equity. Promoting medical and health care development in rural areas will help narrow the gap between urban and rural medical and health resources, achieve equal access to basic medical and health services, and promote social equity.

(4) Maintaining social stability. Improving the rural medical and health conditions can enhance farmers' sense of happiness and gain, alleviate social contradictions, and maintain the stability of rural society.

(5) Promoting rural revitalization and development. Rural medical and health care construction is an important part of building a well-off society in an all-round way, and also a key link in the realization of

rural revitalization strategy. It is of great practical significance to strengthen and develop rural medical and health care construction, improve the health level of farmers, promote rural economic development, realize the coordinated development of urban and rural areas, and promote rural revitalization.

3. The current situation and problems of rural medical and health care construction

In the past three years, after experiencing the public health emergency of COVID-19 infection, the state has gradually paid more attention to the rural primary medical and health work, and the investment in the infrastructure and equipment of township health centers and village clinics has increased year by year. The medical and health conditions in rural areas have been greatly improved, and the rural primary medical and health institutions have made great progress. However, due to the limitation of subjective and objective conditions, there is still a large gap between the current work and the growing practical needs of the broad masses of the people and the rural medical treatment needs. There are multi-factor problems affecting the construction, mainly manifested in the following aspects:

(1) Infrastructure construction lags behind.

Rural areas lack high-quality medical resources, and high-quality medical resources are concentrated in big cities, mainly in the first-tier and second-tier cities, followed by the third-tier cities^[1]. Most medical and health institutions in rural areas still have problems such as poor infrastructure and lack of necessary or outdated medical equipment, which cannot meet the basic needs of villagers for medical and health services. In the late period of the public health events in recent years, the rural medical and health undertakings have been highly valued. However, there is also the phenomenon of the construction of primary medical and health institutions, without effectively investigating the actual situation of the local rural medical and health needs and the professional ability of medical personnel, unified allocation and consistent planning, resulting in idle waste of equipment and facilities, or excessive medical treatment.

(2) Lack of primary health and human resources.

According to relevant statistics, there is still a considerable gap between China and the target of more than 3.5 grassroots health workers per 1,000 permanent residents^[2]. Due to the low treatment, small business development space, relatively difficult environment and other reasons, rural primary medical and health institutions are less attractive to college graduates, and the introduction of professional and technical personnel is difficult, leading to the lack of medical personnel and health personnel, and the professional and technical level of the existing medical personnel needs to be improved. At the same time, the structure of medical staff in primary medical and health institutions is unreasonable, and there is a general lack of medical imaging, laboratory personnel, public health doctors, traditional Chinese medicine and other technical personnel. Especially in the village-level clinics, the professional medical talents are very few, and the village doctors who grow up from the "old village doctors" are more common. According to a survey of doctors in primary medical and health institutions in eastern, central and western China, 1.7 percent of primary doctors are not qualified to practice^[3]. This proportion may even be higher in remote rural areas.

(3) Insufficient capacity of primary medical care services.

Grassroots medical and health services are weak, making it difficult to assume the responsibility of "health gatekeeper". There is a relative shortage of general practitioners, and the level and ability of grassroots health personnel are limited, so it is difficult to undertake the functions of primary diagnosis and referral of patients in the hierarchical diagnosis and treatment system.

The medical and health service system is not perfect, such as unreasonable structure and imperfect function, which is difficult to meet the diversified medical needs of farmers. Family doctor signing has been popularized, but most of them have problems such as inflated signing numbers and insufficient services.

At the same time, the lack of coverage of primary medical and health care institutions is also very prominent. Due to the large range of villagers' residence, it is difficult to cover all village-level medical and health services.

(4) Information technology construction needs to be improved.

The development of agricultural public health information and the integration of basic health information system have not been fully developed, the health information management interactive system for farmers has not been formed, and the current situation of information island is more common.

(5) Farmers' awareness of health is weak. Some farmers do not pay enough attention to health problems, and lack of basic health knowledge and awareness of disease prevention. Economic conditions also affect farmers' concept of seeking medical treatment. Due to the limited economic conditions and the lack of advanced medical insurance policies, some villagers have the concept of "no treatment for minor diseases, and serious diseases cannot be treated", which has lost the opportunity of early detection and early treatment. In addition, the concept of farmers' health also plays a restrictive role in the construction of rural medical and health care.

4. Strengthen the development strategy of rural medical and health care construction

(1) Increase investment to improve the relevant medical infrastructure, instruments and equipment.

The government should increase the financial input to rural medical and health undertakings, improve the infrastructure conditions of rural medical and health institutions, and allocate medical instruments and equipment. At the same time, we can try to encourage social capital to participate in rural medical and health construction and broaden the source channels of funds. When increasing investment in community-level medical and health services in rural areas, we should pay attention to targeted measures, based on the actual situation of the village population, age composition, living span, economic conditions, medical personnel allocation and professional ability. Avoid the emergence of one size fits all, rush, unrealistic waste of resources. In addition, the actual medical needs of local villagers and the characteristics of diseases should also be combined to avoid the occurrence of excessive medical treatment or the return to poverty due to illness.

(2) Strengthening the construction of health professionals at the community level.

We will study and formulate policies for the introduction of grassroots health personnel to solve the problem of the lack of grassroots health personnel. We will formulate preferential policies to attract outstanding medical and health professionals to work in rural areas. Further improve the performance plan of medical staff, improve the work enthusiasm of medical staff, and attract capable medical staff to stay in the township and village-level clinics. Various ways are adopted to introduce talents, such as the implementation of free medical students in rural areas, and the public recruitment of special general practitioners. We will improve the incentive mechanism and assessment mechanism, establish a feedback mechanism and standardize the service process, and further improve the sense of responsibility and service awareness of community-level medical and health service personnel, so that they can meet the growing needs of residents for basic medical and health services and better serve rural residents.

GP post plan and rural order directional medical students free training, is to deepen the reform, strengthening the construction of gp team of major initiatives, including the United States, many developed countries in the world medical practice shows that general medicine is to adapt to the modern people for health, high demand development way, but also save social medical resources, improve communication, improve patients' medical satisfaction^[4]. At the same time, by strengthening medical education, training and continuing education, the professional quality and professional ability of the current rural medical and health personnel should be continuously improved.

(3) Strengthening the development of the basic medical and health care service system.

We will improve the medical and health service system and comprehensively improve the capacity of medical services. We will integrate rural medical and health resources, and establish a sound medical and health service network at the county, township, and village levels. We will strengthen the cooperation and linkage between community-level medical and health institutions and county-level hospitals, and effectively improve the overall level of community-level medical and health services in rural areas.

A large number of high-level clinical medicine and management personnel will be trained by means of centralized training, joint construction and joint management.

To strengthen the medical and health service system, we will also deepen the work of matching medical treatment between urban and rural areas. In order to effectively do a good job in urban and rural matching support medical treatment, we should send a team according to the guiding ideology of "leading a grassroots, serving the masses and training a group of talents". At the same time, we will further implement the hierarchical and classified treatment work, establish a three-level hierarchical diagnosis and treatment grid system for tertiary hospitals, secondary hospitals and primary medical institutions, implement the functional positioning, and give full play to the role of the "network bottom" of rural primary medical institutions and the "gatekeeper" of rural family doctors in health.

(4) Promote information construction and build a full-coverage medical information interaction platform.

We will accelerate the development of information platforms for comprehensive management of community-level health care, including telemedicine services, remote imaging, remote ECG, and remote consultation, promote the contracted "Internet + family doctor" services, and increase the full coverage of diagnosis and treatment in all rural community-level health institutions. We will gradually increase the proportion of medical insurance funds used in rural medical and health institutions in counties, accelerate the inclusion of village clinics in the designated management of medical insurance, and fully ensure that all villagers have basic access to medical services^[5-6]. We should strengthen the combination of rural public health information construction and basic medical information, break the information island, and establish a medical information interaction platform for villagers.

(5) Strengthen health education and improve farmers' health awareness.

In the construction of rural medical and health, the concept of farmers' health also plays a certain role in restricting the construction of rural medical and health, so it is crucial to improve the health awareness of farmers. Various forms of health education activities can be carried out, such as health education publicity, lectures and training, free physical examination and other ways to popularize health knowledge, so as to guide farmers to develop good living habits and health behaviors, and improve their self-health care ability.

Improving farmers' health awareness is a long-term process, which needs to be promoted continuously. The government and relevant departments should formulate long-term health education plans, and evaluate the results regularly, and constantly improve and perfect the work.

5. Conclusion

Rural medical and health care construction is an important part of building a well-off society in an all-round way, and also a key link in the realization of rural revitalization strategy. In view of the problems existing in the current rural medical and health construction, the government, society and individuals need to make joint efforts to increase investment, strengthen talent training, improve the service system, and improve the health awareness of farmers. Only in this way can we gradually realize the development of rural medical and health undertakings and provide better medical and health services for the majority of farmers. In the process of development should pay attention to avoid one size fits all development, to adjust measures to local conditions, classification ShiCe, combined with the medical talent team construction, villages population, age, living span, economic conditions, medical staffing and professional ability, local disease development actual situation, to carry out the suitability development, gradual development.

Through the comprehensive implementation of the above measures, farmers can effectively improve their health awareness, promote their actively participate in rural medical and health construction, and improve the overall health level. At the same time, it also needs the joint efforts of the whole society to form a good atmosphere of attention to rural health. The construction of rural medical and health care is related to the national economy and people's livelihood. Only by striving to build a good rural community-level medical and health care, can we better realize China's rural revitalization strategy.

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