Innovative Integration of Medical Treatment and Prevention, Jointly Building a Healthy China—2023 Healthy China Research Network Expert Consensus Postprint

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Abstract

Innovating the medical-preventive integration mechanism represents a critical approach to improving the healthcare service system and advancing the Healthy China initiative. In response to the current fragmentation between medical treatment and preventive care, the Healthy China Research Network has synthesized expert insights to propose the expert consensus "Innovating Medical-Preventive Integration to Jointly Build Healthy China," employing the connotation, philosophy, system, and institutional framework of medical-preventive integration as its foundational structure. This consensus articulates that innovating medical-preventive integration, guided by the Party's prevention-first health and wellness work policy for the new era and leveraging the effective synergy between therapeutic and preventive services as the key operational approach, aims to achieve organic linkage across the full spectrum of services—including health promotion, disease prevention, treatment, rehabilitation and nursing care, and end-of-life care—thereby establishing an integrated health service model covering the entire population throughout the whole life cycle. Philosophically, medical-preventive integration should transition from unidirectional intervention or treatment to comprehensive health management, from provider-centric decision-making to participatory decision-making involving both providers and patients, and from transient doctor-patient relationships to continuous, long-term accountable care relationships. Systemically, it should enhance coordination between the medical service system and public health service system while strengthening collaboration between medical institutions and public health institutions. In governance, it should establish a pattern and working mechanism of co-construction, co-governance, and shared benefits involving multiple stakeholders. Institutionally, it should optimize systems for assessment and evaluation, financing and payment, compensation and performance, and talent cultiva-

tion and utilization in medical-preventive integration, while accelerating digital empowerment and public communication and guidance for medical-preventive integration, promoting connectivity of personnel, resources, and information between medical and preventive sectors, breaking down the separation between them and achieving integration, and delivering comprehensive, full-cycle health services to the populace.

Full Text

Innovative Integration of Treatment and Prevention to Build a Healthy China Together: Expert Consensus from the Healthy China Research Network in 2023

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Abstract
The innovative integration of treatment and prevention is pivotal for enhancing the healthcare system and advancing the Healthy China initiative. Guided by a focus on preventive health policies, it fosters collaboration between treatment and preventive services, ensuring seamless linkage across health promotion, prevention, treatment, rehabilitation, and end-of-life care. Conceptually, this shift involves transitioning from unidirectional intervention to comprehensive health management, from provider-driven to participatory decision-making, and from transient doctor-patient relationships to sustained accountability relationships. Structurally, it emphasizes coordination between medical and public health systems, collaboration among healthcare institutions, and multi-stakeholder governance. Institutionally, it optimizes evaluation, financing, remuneration, and talent development systems while leveraging intelligent means for integration and promoting interoperability across personnel, resources, and information.

Keywords
Treatment and prevention integration; Treatment and prevention coordination; Healthy China; Health services research; Expert consensus

The health of the people is a crucial indicator of national prosperity and strength [1]. To better safeguard public health and advance the construction of Healthy China, the 20th National Congress of the Communist Party of China has deployed the important task of innovating mechanisms for medical-preventive coordination and integration [2]. In recent years, national health authorities have actively promoted medical-preventive collaboration and integration, achieving certain results in institutional reform. However, the current situation of relative separation between treatment and prevention in China has not fundamentally changed.

This expert consensus proposes a framework based on the connotation, concept, system, and institutions of medical-preventive integration. It emphasizes

that innovative integration should be guided by the Party's health policy focusing on prevention, promote effective synergy between treatment and preventive services, and achieve organic connection across the entire health service chain including health promotion, prevention, treatment, rehabilitation, and end-of-life care. The goal is to build an integrated health service model covering all populations and the entire life cycle.

The consensus outlines several key transformations: conceptually, from unidirectional intervention to comprehensive health management, from provider-driven to participatory decision-making, and from transient doctor-patient relationships to continuous long-term accountable relationships; systemically, strengthening coordination between medical and public health service systems and collaboration between institutions; in governance, building a multi-stakeholder participation pattern of co-construction, co-governance, and shared benefits; and institutionally, optimizing evaluation, financing, compensation, and talent development systems while accelerating smart technology empowerment and publicity guidance to promote interoperability of personnel, resources, and information, breaking down the separation and achieving integration to provide comprehensive, life-cycle health services for the people.

4.5.2 Promoting Supply System Integration

Strengthening coordination between medical service systems and public health service systems requires further integration of public health elements into medical services, combining hospital-based and community-based services, individual and population services, and diagnostic/treatment services with public health services. The scope of the public health service system should be expanded both horizontally and vertically—horizontally to include medical institutions as organic components of the public health system, and vertically to extend public health services down to primary-level medical institutions, thereby promoting integration of medical-preventive personnel, resources, and information.

Collaboration between medical service institutions and public health service institutions should be enhanced by further clarifying the public health functions of medical institutions at different levels [11], accelerating the allocation of corresponding personnel and resources, and incorporating public health work implementation into assessment criteria during medical institution operations and management. Public health institutions should strengthen guidance, training, and supervision of medical institutions in conducting public health work [12], monitor and evaluate the overall health status of the regional population and assess risks, and establish timely and effective information sharing mechanisms with medical institutions.

4.6.1 Coordinated Management System

A unified management system should be established to strengthen organizational leadership, leverage "high-level promotion," and clarify the functional po-

sitioning of different medical institutions and disease control agencies to achieve unified coordination of medical-preventive integration work [13]. A division-of-labor and collaboration system should be created to enhance coordination among management departments, medical institutions, and disease control agencies, forming unified deliberation, decision-making, and governance mechanisms to coordinate the synergy and integration of the two systems from a management perspective [3].

4.6.2 Evaluation System

The performance evaluation system should be innovated by developing clear and assessable responsibility lists for medical personnel and institutions regarding public health duties, and strengthening the primary responsibility of the medical system in disease prevention and control [8]. An application mechanism for evaluation results should be established to explore methods for assessing the overall efficiency and effectiveness of the health service system, incorporating regional overall health levels into the assessment scope of government departments, and effectively implementing the supervisory and guiding role of medical-preventive integration assessments. The evaluation should shift from focusing on process to focusing on outcomes.

4.6.3 Financing and Payment System

A multi-channel financing mechanism should be established, relying on medical insurance funds, public health project funds (basic public health service funds and major public health service funds), and fiscal appropriations to form a unified medical-preventive integration fund pool. Regional medical consortia should coordinate the use of these funds to enhance the scale benefits of fund utilization [14]. Payment method reforms should be advanced to stimulate the internal motivation of medical institutions and personnel to promote medical-preventive integration.

4.6.4 Compensation and Performance System

The compensation incentive system should be improved, with income distribution tilted toward medical personnel providing medical-preventive integration services. A performance appraisal mechanism should be established, closely linking performance pay, professional title evaluation, and position employment with the quantity and quality of medical-preventive integration services to enhance service motivation. A medical-preventive integration reward fund should be established to recognize outstanding medical personnel and institutions in practice, enhancing their sense of honor.

4.6.5 Talent Development and Utilization System

The talent training system should be reformed to integrate the concept of holistic health throughout the entire medical education process, cultivating interdis-

ciplinary talent. Post-graduate education and continuing education should be implemented to strengthen medical personnel, especially clinicians and nurses, in health education, chronic disease management, and infectious disease prevention and control for medical-preventive integration services [9]. A talent mobility system should be explored through experts going to grassroots levels and professional public health personnel joining family doctor teams to achieve personnel flow and interoperability between institutions and systems, thereby expanding the medical-preventive integration workforce.

4.7 Accelerating Smart Technology Empowerment

Modern technology and information technology should be fully utilized to continuously empower the innovation of medical-preventive integration mechanisms [15]. Unified operation and interoperability of information systems within medical consortia should be promoted, and digital health construction should be strengthened to provide residents with life-cycle health management services. Cross-departmental and cross-institutional health data sharing and scheduling mechanisms and intelligent early warning multi-point trigger mechanisms should be established to accurately predict public health risks and major health hazards, moving the public health and health management threshold forward. Wearable, portable, and home-based health monitoring devices and health management facilities should be used to assist family doctor contract services in providing dynamic health monitoring, health assessment, health record management, and health consultation, compensating for the "shortcomings" of grassroots health human resources and capabilities and enhancing grassroots service capacity.

4.8 Strengthening Publicity and Guidance

Medical-preventive integration work requires extensive publicity and guidance to create a favorable social atmosphere. Health education and health promotion should be improved to enhance medical personnel awareness and shift service awareness from passive to active. Medical-preventive integration should be combined with family development work and the "Good Family Values, Healthy Living" campaign to advocate civilized and healthy lifestyles, build healthy families, and create a favorable social atmosphere. Progress and achievements in medical-preventive integration should be publicized in a timely manner, with typical cases released and good experiences promoted to demonstrate exemplary effects. Organizations or individuals making outstanding contributions to medical-preventive integration should be recognized and rewarded.

Innovating the medical-preventive integration mechanism is an important lever for improving the medical and health service system and advancing the construction of Healthy China. The key lies in implementing the prevention-first health policy, scientifically defining the concept and connotation of medical-preventive integration, and innovating institutions and mechanisms. This involves shifting concepts toward "people-centered health," strengthening systemic coordination

and institutional collaboration, building a multi-stakeholder governance pattern, optimizing management systems, and accelerating smart technology empowerment and publicity guidance. This consensus defines the connotation, significance, and objectives of medical-preventive integration from a macro perspective of overall healthcare system development and proposes future directions for concept transformation, system improvement, and institutional optimization. Based on this, future work should urgently conduct further scientific evaluation of the effectiveness of medical-preventive integration systems and institutional construction, enrich theoretical and empirical research, and summarize a realization path with Chinese characteristics.

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Note: Figure translations are in progress. See original paper for figures.