

Current Status and Improvement Measures of Service Capacity of Traditional Chinese Medicine Clinics in Medical and Health Institutions: Post-print

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Abstract

This study provides a comprehensive review of the current status of service capacity problems, enhancement countermeasures, and improvement strategies for primary-level Traditional Chinese Medicine (TCM) clinics in Haizhou District, Lianyungang City. It describes the current operational status of these clinics regarding characteristic department construction, family doctor contract services, and medical-prevention integration. The investigation identified issues including uneven resource allocation, non-standardized management, insufficient facilities and equipment, and the need for service capacity improvement. Through survey and analysis of 19 TCM clinics established within primary-level medical and health institutions, this study identified both common and individual problems, proposing targeted recommendations and improvement strategies to enhance TCM clinic service capacity, develop distinctive medical-prevention integration features, fulfill primary-level healthcare functions and roles, and enable residents to access high-quality TCM services within their communities.

Full Text

Current Situation and Improvement Measures of the Service Capacity of Traditional Chinese Medicine Centers in Grassroots Medical and Health Institutions

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Abstract

This study reviews the current status of service capacity, improvement strategies, and enhancement measures for grassroots Traditional Chinese Medicine (TCM) centers in Haizhou District, Lianyungang City. It describes the operational status of these centers in terms of characteristic department construction, family doctor contract services, and medical-prevention integration. The investigation identified several operational challenges, including uneven resource allocation, non-standardized management, insufficient facilities and equipment, and the need for service capacity enhancement. Through a survey and analysis of 19 grassroots medical and health institutions with TCM centers, this study identified both common and individual problems and proposed targeted recommendations and improvement strategies. These measures aim to enhance the service capacity of TCM centers, develop distinctive medical-prevention integration features, fulfill grassroots medical functions, and enable residents to access high-quality TCM services within their communities.

Keywords: Medical organizations; Traditional Chinese medicine clinic; Service capability; Current situation analysis; Improvement measures

Introduction

The National Administration of Traditional Chinese Medicine's "14th Five-Year Plan" for Traditional Chinese Medicine Development [1-2] and Jiangsu Province's "14th Five-Year Plan" for Traditional Chinese Medicine Development [3] have proposed initiatives to enhance grassroots TCM service capacity, improve grassroots TCM health standards, and establish qualified medical institutions with certified personnel to provide TCM services, thereby addressing residents' difficulties in accessing medical care. These policies also call for establishing service capacity evaluation mechanisms, accelerating the construction of graded TCM centers and TCM pavilions, and ensuring that 15% of TCM centers complete connotation construction of service capacity to create national standard "flagship" departments. TCM centers serve as the frontline of grassroots health services, holding practical significance for advancing tiered diagnosis and treatment, medical consortium construction, and two-way referral systems in China.

In recent years, multiple government departments have introduced corresponding policies providing crucial guidance for TCM development and improving the grassroots public health system. In 2023, the National Administration of Traditional Chinese Medicine formulated and issued the *Standards for Enhancing the Service Capacity Construction of Traditional Chinese Medicine Centers in Community Health Service Centers and Township Health Centers (Trial)* [4], which provides clear planning and requirements for the construction standards of grassroots TCM centers and pavilions. Grassroots medical institutions should promote and improve TCM center construction according to these requirements, strengthening infrastructure, standardizing equipment, and enhancing service

quality and capacity to meet grassroots TCM service needs.

With policy support, governments have increased investment in infrastructure and equipment. For example, under the leadership of higher-level authorities, grassroots medical institutions in Haizhou District, Lianyungang City, Jiangsu Province, have significantly improved their TCM center infrastructure, medical equipment, and technical capabilities [5]. However, some TCM centers still face challenges such as resource imbalance, outdated facilities, and insufficient specialized service capacity. To ensure urban and rural residents receive safe, effective, and convenient basic TCM medical services, TCM centers in Haizhou District must further align with standardized construction requirements, enrich appropriate TCM technologies, and enhance medical capabilities to fully leverage their distinctive features and functions. This study analyzes existing problems in grassroots TCM center service capacity and proposes targeted recommendations to provide countermeasures and improvement measures for addressing residents' TCM health needs.

1. Current Status of Problems in Grassroots TCM Center Services

With social aging and increasing chronic disease populations, along with growing health awareness, demand for TCM treatment and preventive care has gradually increased. To promote TCM inheritance and innovation and establish an integrated Chinese-Western medical prevention mechanism, Jiangsu Province's "14th Five-Year Plan" for Traditional Chinese Medicine Development requires comprehensive coverage of TCM center construction in grassroots medical institutions, enabling residents to access safe and effective TCM services within their communities. According to a survey conducted at the end of 2022, all 19 grassroots medical institutions in Haizhou District, Lianyungang City, had established TCM centers, all meeting the standards specified in the *Notice on Evaluating the Capacity Level Construction of TCM Centers in Grassroots Medical and Health Institutions in Jiangsu Province* (Su TCM Medical Administration [2021] No. 13) [6]. Specifically, three centers achieved Level 5, four achieved Level 4, seven achieved Level 3, and five met basic standards. While these TCM centers adequately meet residents' basic TCM service needs, they still face numerous challenges and difficulties in their development and construction. To better utilize their functions and enhance service capacity, improvements are needed across multiple dimensions.

1.1 Unstandardized Department Setup Processes According to the *Standards for Enhancing the Service Capacity Construction of Traditional Chinese Medicine Centers in Community Health Service Centers and Township Health Centers (Trial)* issued by the National Administration of Traditional Chinese Medicine, this study surveyed 19 grassroots medical institutions in Haizhou District. The findings revealed that all 19 institutions had independently established TCM departments, with nine institutions setting up three TCM consultation rooms, while some had only one. Five institutions' TCM

center comprehensive service areas reached 300 m² (with the standard requiring 150 m² for TCM treatment rooms), and six institutions reached 200 m² (with the standard requiring 100 m²). The average area of each consultation room reached 10 m², with 18 institutions meeting hospital infection management requirements in terms of layout and facilities.

1.2 Insufficient Drug Supply and Outdated Equipment All grassroots TCM centers have independently established herbal pharmacies equipped with Chinese herbal decoctions, granules, and no fewer than 10 types of TCM diagnosis, treatment, and rehabilitation equipment. However, most institutions are equipped with \$ \$300 types of herbal decoctions (including granules). Some institutions lack qualified personnel, resulting in equipment that cannot be utilized effectively, while some equipment has become too outdated to meet normal usage requirements.

1.3 Unreasonable Resource Allocation (1) **Unreasonable Human Resource Allocation:** Survey data show that the 19 grassroots medical institutions' TCM centers employ a total of 165 TCM professionals, including 5 with master's degrees, 66 with bachelor's degrees, 58 with college diplomas, and 36 with technical secondary school education. TCM physicians account for only 24.8% of the total. Only 11 institutions have TCM physicians comprising more than 20% of all hospital physicians. Some grassroots TCM centers suffer from staff shortages, uneven personnel quality, limited career development prospects, and inadequate compensation [8].

(2) **Poor Information Connectivity [9]:** The survey indicates that while information systems have achieved 100% coverage in grassroots institutions, facilitating better performance in public health services, there are deficiencies in TCM management, information sharing with tertiary hospitals, two-way referral systems, and remote consultation. This hinders data sharing, resulting in lower resident satisfaction with information-based health management at grassroots institutions compared to municipal hospitals.

(3) **Low Bed Availability and Utilization in TCM Wards:** Most institutions have not opened TCM wards, and those few that have report low bed utilization rates.

(4) **Inadequate Medical Insurance Policy Support:** Some TCM rehabilitation items (such as internal heat acupuncture therapy) are not included in the medical insurance reimbursement catalog for grassroots TCM centers.

1.4 Low TCM Service Capacity The survey found that from 2020 to 2022, both outpatient visits and growth rates for TCM services in the district were far below the average levels of other counties and cities in Lianyungang. The level of TCM service capacity and the application of appropriate technologies are crucial for addressing patients' health problems and form the foundation for patient trust and willingness to seek treatment [10]. The survey revealed

that some grassroots TCM centers cannot provide herbal decoction services, and some offer fewer than 4 categories and 6 items of TCM medical techniques. Limited business scope and technical categories constrain these institutions' TCM service levels and capacity, making it difficult to meet residents' medical needs.

1.5 Insufficient Construction of Characteristic Departments and Services

(1) Insufficient Construction of Characteristic Specialized Departments: Currently, only two grassroots TCM center departments have been developed into provincial-level characteristic departments in grassroots medical institutions, and seven have become municipal-level characteristic departments. Most characteristic departments were built upon existing acupuncture and physiotherapy departments, with only one institution establishing a pediatric TCM department. It is necessary to accelerate the construction of TCM characteristic specialized departments—such as TCM gynecology and TCM geriatrics—leveraging grassroots advantages in managing elderly populations, chronic disease patients, and women and children, thereby providing distinctive grassroots services [11].

(2) Inadequate Integration with Family Doctor Contract Services:

While family doctor contract services have become normalized in grassroots medical institutions, with contract management of key populations reaching 75%, only two TCM centers have integrated TCM services into their contract services. There is a need to combine TCM characteristic medical services with public health work to increase contract rates and TCM capacity levels.

1.6 Need to Strengthen Medical-Prevention Integration Grassroots medical institutions primarily provide basic public health and medical services. With the establishment of resident health records, health education, health interventions, and government promotion and assessment of public health services, grassroots institutions have increased investment in public health personnel, resulting in significantly improved public health service levels. However, many institutions have developed a phenomenon of “emphasizing public health while neglecting medical care,” leading to declining grassroots medical service levels. Some departments have even ceased original services, with many TCM practitioners switching to public health roles, creating a situation where TCM services “only prevent but do not treat,” making it difficult to implement medical-prevention integration.

1.7 Unstandardized Service Technology Management [12] TCM diagnosis and treatment are flourishing, but technical standardization is urgently needed to ensure patient safety and health. Existing problems include: (1) Unstandardized professional qualifications: Western medicine practitioners participating in TCM diagnosis and treatment must pass the “Grassroots Medical and Health Institution Clinical Medicine Professional Training in Traditional

Chinese Medicine Technology” examination organized by the health commission and master TCM skills before participation. (2) Unstandardized service techniques: Services are not provided according to the disease management and TCM diagnosis and treatment protocols established by the National Administration of Traditional Chinese Medicine.

2. Improvement Measures

2.1 Establish Standardized Processes According to the relevant standards for department setup in the *Notice on Evaluating the Capacity Level Construction of TCM Centers in Grassroots Medical and Health Institutions in Jiangsu Province*, TCM departments (including secondary specialties), acupuncture and physiotherapy departments, and TCM rehabilitation departments should be established, with medical institution licenses displayed on public notice boards. TCM centers should form independent TCM characteristic diagnosis and treatment areas with reasonable layout, convenient consultation processes, and patient privacy protection. Facilities and layouts should meet hospital infection management requirements, with particular attention to safety for children and elderly patients. Decorations should adopt Chinese-style design, with TCM knowledge posters displayed in waiting and treatment areas to highlight traditional cultural and TCM cultural characteristics.

2.2 Configure Adequate Equipment and Drugs Grassroots TCM centers should independently establish herbal pharmacies meeting the *Basic Requirements for Hospital Herbal Pharmacies* of the National Administration of Traditional Chinese Medicine. They should stock \$ 300 types of herbal decoctions (including granules) and \$ 50 types of Chinese patent medicines to meet diagnosis and treatment requirements for common and frequently occurring diseases in TCM outpatient departments. The herbal decoction dispensing room area should be \$ 40m^2\$, and the herbal decoction preparation room \$ 25m^2\$ to facilitate business operations.

2.3 Rational Allocation and Use of Resources (1) **Human Resource Allocation:** Conduct comprehensive assessments of each grassroots medical institution’s service population, economic level, traditional department construction, medical staff capabilities, daily workload, building area, and residents’ TCM needs to allocate TCM professionals and TCM wards for district-wide resource distribution. Increase staff recruitment in institutions with better TCM business performance, provide additional municipal expert support to weaker institutions, rationally utilize resources, and rehire renowned retired TCM experts. Establish TCM expert studios and joint wards with medical consortium units to strengthen grassroots TCM center teams and create a “15-minute TCM health service circle” to provide TCM services that address residents’ need for nearby TCM diagnosis and treatment.

(2) **Information Connectivity and Shared Services [13]:** Through work

information platforms, facilitate connections with higher-level hospitals, enabling appointment reservations, expert consultations, and green channels for two-way referrals. Import imaging, electrocardiogram, and other examination results into the doctor workstation information platform for remote diagnosis and consultation via network. Relevant information and data generated during patient visits at grassroots medical institutions and municipal hospitals should be shareable at grassroots doctor workstations. Municipal hospitals can transfer convalescent patients to grassroots medical and health institutions, with experts formulating treatment plans and health guidance through “remote network consultations” to ensure real-time health monitoring and rehabilitation management while improving grassroots TCM diagnosis and treatment levels.

(3) Improve Bed Utilization Rates: For patients who genuinely require inpatient care, acute lumbar and leg pain treatment, or TCM rehabilitation services, establish joint wards with municipal experts after hospital admission for systematic diagnosis and treatment [14]. Invite municipal experts to transfer patients from neurology, orthopedics, and other departments of higher-level hospitals in the medical consortium who are in recovery or need rehabilitation treatment to grassroots medical institutions for co-management, reducing overcrowding, overtreatment, and resource waste in large hospitals while achieving mutual benefit and common development.

2.4 Enhance TCM Service Capacity (1) Expand Service Scope: According to the *Standards for Enhancing the Service Capacity Construction of TCM Centers in Community Health Service Centers and Township Health Centers (Trial)*, grassroots TCM centers should provide herbal decoctions and more than 6 categories and 10 items of TCM medical services. Each TCM center should promote the application of appropriate TCM technologies [15] and equip no fewer than 10 types of TCM diagnosis, treatment, and rehabilitation equipment, including traction beds, electroacupuncture devices, intermediate frequency therapy apparatus, ultrashort wave devices, electromagnetic wave therapy apparatus, microwave therapy apparatus, and traditional Chinese medicine transdermal therapy apparatus to provide the foundation for TCM diagnosis and treatment services.

(2) Professional Personnel Training: Based on the advantageous and key diseases in each grassroots TCM center’s departments, develop a pattern where each practitioner masters one characteristic technique, with a reasonable “senior, middle-aged, and young” talent structure, coordinated “medical, educational, and research” development, and comprehensive “mentorship, assistance, and guidance.” Dispatch TCM practitioners for advanced training and select physicians for TCM technology training programs to enhance professional technical levels and service capabilities. Establish TCM community expert studios, leverage the opportunity of contracted experts from higher-level hospitals for counterpart support, conduct mentorship programs, hire municipal experts for daily TCM work, and train Western medicine physicians in TCM knowledge and

physiotherapy to fully apply TCM knowledge in serving residents. Implement flexible and practical multi-form training measures to elevate TCM capacity levels.

(3) Improve Service Models [16]: Establish daily TCM outpatient services for common diseases to meet community health needs. Promote online appointment services to improve outpatient utilization and expert scheduling. Strengthen the functional role of family doctor teams by integrating TCM services and characteristic appropriate technologies into contract services. Advance information technology applications to develop “Internet Plus” TCM services and establish effective two-way referral and remote medical services with municipal hospitals, rationally applying municipal advantageous resources to serve residents. Establish green channels to simplify admission processes, and develop home wards and home visit services to address home-based medical health issues for special-needs populations using TCM techniques.

According to the *Catalogue of TCM Medical Technologies* of the National Administration of Traditional Chinese Medicine, provide \$ \$10 types of TCM technologies. Based on the *Handbook of Appropriate TCM Technologies for Grassroots Levels* and *TCM Diagnosis and Treatment Protocols for 95 Diseases in 22 Specialties* from the Medical Administration Department of the National Administration of Traditional Chinese Medicine, implement \$ \$20 appropriate TCM technologies (such as acupuncture, physiotherapy, acupoint application, herbal formulas, and cupping) and develop \$ \$5 advantageous disease types. Standardize technical service provision, expand TCM service scope [18], and enable TCM to play an important role in preventing and treating common, frequently occurring, chronic, geriatric diseases, and major infectious diseases such as COVID-19 in communities. By continuously improving service levels and forming grassroots TCM technical characteristics, the “last mile” for TCM application in communities can be bridged, allowing urban and rural residents to access TCM diagnosis, treatment, rehabilitation, and health care services in their communities and even at home, thereby enhancing residents’ sense of gain from TCM health services.

2.5 Strengthen Characteristic Department Construction With increasing population aging and rising chronic disease incidence, residents’ demand for TCM medical and health services has grown significantly, leading to continuously increasing TCM outpatient volumes. Based on the business status, medical radiation scope, and patient source conditions of TCM departments, grassroots medical institutions should adhere to the fundamental principle of “equal emphasis on Chinese and Western medicine with integrated medical-prevention” to establish characteristic departments such as TCM pediatrics, TCM gynecology, TCM encephalopathy, TCM nephrology, and TCM rehabilitation. These departments should promote the characteristics of TCM services—“simple, convenient, effective, and inexpensive”—while highlighting TCM specialized features to improve academic levels and disease prevention and treatment capa-

bilities. Strengthen infrastructure conditions, enhance scientific management levels, optimize clinical diagnosis and treatment protocols, reinforce TCM specialized norms, strengthen the cultivation of academic leaders and TCM specialized backbones, promote department construction and academic innovation, and enhance sustainable development capabilities to better leverage grassroots TCM characteristic advantages for residents' medical health and economic development.

2.6 Implement Medical-Prevention Integration Early intervention and prevention before disease onset are essential. Grassroots medical institutions manage residents' health resources and can form a "prevention in communities, treatment in hospitals" system through health examinations, health education, vaccination, and TCM preventive care. In particular, TCM "preventive treatment" can leverage TCM characteristics to promote medical-prevention integration. Integrating appropriate TCM technologies (such as acupuncture, acupoint herbal application, and physiotherapy) [17] into contract services ensures contracted services and accessible community medical care. Each institution should fully utilize the advantages of being designated as "Jiangsu Province TCM Characteristic Community Health Service Centers" and "Provincial and Municipal Characteristic Specialized Departments of Grassroots Medical Institutions," along with expert resources, to develop "specialized disease precision and personalized service menus." This approach enables cutting-edge and effective TCM disease prevention and treatment protocols to better serve contracted residents through menu-based contract services and first-visit contract services, addressing residents' TCM medical needs, enhancing family doctor service capabilities, and ultimately gaining public recognition and compliance. Combining TCM characteristic diagnosis and treatment technologies with basic public health and contract services forms a distinctive medical-prevention integration feature that ultimately promotes residents' TCM health service development.

2.7 Standardize Service Technology Management **(1) Certified Professionals for Post Practice:** Each grassroots medical institution should employ at least one TCM-category licensed physician to provide TCM diagnosis and treatment services. Multi-site practicing physicians and retired rehired personnel who have long engaged in TCM diagnosis and treatment can register for practice. TCM centers should employ more than two herbal pharmacists for herbal decoction and preparation work and can employ more than two TCM nursing personnel to participate in TCM nursing services. Institutions with appropriate conditions can also employ rehabilitation physicians and technicians for TCM rehabilitation work.

(2) Service Technology Standardization: According to the *Catalogue of TCM Medical Technologies*, provide \$ \$10 types of TCM technologies. Based on the *Handbook of Appropriate TCM Technologies for Grassroots Levels* and *TCM Diagnosis and Treatment Protocols for 95 Diseases in 22 Specialties*, implement \$ \$20 appropriate TCM technologies (such as acupuncture, physiotherapy,

application, herbal formulas, and cupping) and develop \$ \$5 advantageous disease types. Standardize technical service provision and expand TCM service scope [18] to enable TCM to play an important role in preventing and treating common, frequently occurring, chronic, geriatric diseases, and major infectious diseases such as COVID-19 in communities.

2.8 Improve Assessment and Incentive Mechanisms Establish performance assessment and incentive mechanisms to encourage medical personnel to adopt TCM therapies clinically and improve TCM diagnosis and treatment levels. Integrate TCM diagnosis and treatment services into the physician performance assessment indicator system, with salary incentives 倾斜 toward TCM work and family doctor contract TCM services. Establish TCM talent incentive mechanisms [19] to attract and retain TCM talent in grassroots TCM centers, including competitive compensation, training opportunities, and social honors. Develop a long-term cultivation plan to foster a new generation of TCM practitioners who are passionate about grassroots TCM work, possess profound theoretical knowledge, exquisite technical skills, and noble medical ethics, thereby strengthening and expanding the TCM characteristic medical team.

Conclusion

As the frontline of grassroots TCM services, TCM centers hold practical significance for addressing medical reform challenges such as tiered diagnosis and treatment, medical consortium construction, two-way referral, and the 下沉 of advantageous resources. However, due to government investment, personnel allocation, and uneven service capacity, TCM centers still have considerable gaps from construction goals and residents' needs. This study analyzed existing problems in grassroots TCM center construction in Haizhou District, Lianyungang City, such as resource imbalance, outdated facilities, and insufficient specialized service capacity. Under the guidance of national and provincial TCM center construction policies, this paper proposed countermeasures and improvement strategies to enhance grassroots TCM center service capacity, including standardizing processes, adequately configuring equipment and drugs, rationally allocating resources, enhancing TCM service capacity, strengthening characteristic department construction, implementing medical-prevention integration, standardizing service technology management, and improving assessment and incentive mechanisms.

This study not only compiled basic data on grassroots TCM center construction in Haizhou District and identified existing problems but also provided development ideas and measures for grassroots TCM center construction, offering a foundation and direction for grassroots TCM services and career development. With the construction and capacity enhancement of grassroots TCM centers, collaborative efforts across medical institutions at all levels will form a TCM service system integrating preventive health care, disease treatment, and rehabilitation, providing TCM services covering the entire population and life cycle.

Continuously improving TCM center service capacity and developing medical-prevention integration features will enable grassroots medical institutions to fulfill their functions, allowing residents to access high-quality TCM services in their communities.

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Author Contributions

MA Shanjun and YAN Zhenzhe were responsible for the design and conceptualization of the article. WANG Yun was responsible for literature collection, organization, and manuscript writing. MA Shanjun and YAN Zhenzhe were responsible for article revision, guidance, overall responsibility, and supervision. MA Shanjun was responsible for article guidance and review.

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