Development Practice and Optimization Strategies of Joint Wards in Pudong New Area Under the Medical Consortium Model (Postprint)

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Abstract

Background In the context of implementing the tiered diagnosis and treatment system, to address prominent issues such as uneven distribution of medical resources and low utilization efficiency of primary-level health resources, joint wards have emerged as an innovative collaborative model of medical services. The construction of joint wards holds significant importance for further accelerating the allocation and sharing of high-quality medical resources.

Objective To understand the current construction status of joint wards in Pudong New Area, conduct an in-depth analysis of their operational models and implementation challenges, and provide referable optimization strategies for improving medical resource utilization efficiency and facilitating residents' access to convenient, high-quality medical resources.

Methods From November 2024 to March 2025, the literature research method was employed to systematically search domestic and international databases and official websites of health commissions to obtain policy documents and literature related to joint ward construction, thereby summarizing the main development models, advantages, and disadvantages of joint wards in China. In August 2024, the key informant interview method was utilized to conduct semi-structured interviews with principal responsible persons from joint wards of 5 leading hospitals in medical consortiums and 7 community health service centers, aiming to understand issues concerning discipline construction, matching degree of advantageous disease categories, and development constraints of joint wards in medical consortiums.

Results The current development model of joint wards in China is primarily characterized by "medical consortium leading hospitals taking the lead, with

medical institutions at all levels conducting cooperation,"encompassing five typical development models, among which the "hospital-community" one-stop ward construction serves as the main operational model, providing patients with a direct transitional care pathway. The construction of joint wards in Pudong New Area currently faces challenges including non-prominent construction of advantageous disease categories, incomplete arrangements for physician training, difficult coordination of downward patient referrals, and insufficient publicity coverage. Based on these findings, optimization should be approached from four dimensions: institutional framework construction, grasping core essentials, securing key elements, and establishing external conditions, to further refine the visualized implementation plan for joint ward development in Pudong New Area.

Conclusion Joint wards in Pudong New Area are currently in the exploratory development stage. It is recommended to prioritize enhancing community specialty capacity, focus on constructing advantageous disease categories as the core lever, intensify publicity efforts for joint wards, stimulate the work enthusiasm of joint ward teams, scientifically and rationally arrange training schedules for community physicians, and establish flexible management mechanisms for joint wards, thereby enabling residents to "nearly" enjoy high-quality medical services and providing a feasible practical paradigm for joint ward construction in other regions of China.

Full Text

The Practice and Optimization Strategy of Joint Ward Construction in Pudong New Area under the Medical Consortium Model

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Abstract

Background: In the context of implementing the hierarchical diagnosis and treatment system, joint wards have emerged as an innovative healthcare collaboration model to address prominent issues such as uneven distribution of medical resources and low utilization of primary health resources. Joint ward construction is crucial for accelerating the allocation and sharing of high-quality medical resources.

Objective: This study examines the current status of joint ward construction in Pudong New Area, analyzes their operational models and implementation challenges, and provides optimization strategies to improve medical resource utilization and residents' access to convenient, high-quality healthcare.

Methods: From November 2024 to March 2025, we conducted a systematic literature review by searching domestic and international databases and official health commission websites for policy documents and research on joint ward construction, summarizing the main development models and their advantages and disadvantages in China. In August 2024, we conducted semi-structured interviews with key informants, including primary responsible persons from joint wards at 5 leading hospitals and 7 community health service centers in medical consortia, to understand disciplinary development, alignment of advantageous disease categories, and development constraints.

Results: China' s joint ward development follows a model led by medical consortium hospitals with cooperation across all levels of medical institutions, featuring five typical patterns. The "hospital-community" one-stop ward construction serves as the primary operational model, providing patients with a direct care transition pathway. However, joint wards in Pudong New Area currently face challenges including insufficient development of advantageous disease categories, inadequate physician training arrangements, difficulty coordinating patient transfers, and insufficient publicity coverage. Based on these findings, we propose optimizing the visual implementation plan for Pudong New Area's joint ward development through four aspects: institutional framework construction, core focus areas, key element management, and external condition building.

Conclusion: Joint wards in Pudong New Area are in an exploratory development stage. We recommend focusing on enhancing community specialty capabilities, prioritizing advantageous disease category development, increasing publicity efforts, stimulating team motivation, scientifically arranging community physician training schedules, and establishing flexible management mechanisms. This will enable residents to access high-quality medical services "nearby" and

provide a feasible practical paradigm for joint ward construction in other regions of China.

Keywords: medical consortium; joint ward; graded diagnosis and treatment; community health service center

Introduction

The development of medical consortia (医联体) represents a crucial component of deepening healthcare reform and establishing a basic medical and health system with Chinese characteristics [1]. In January 2023, six national ministries jointly issued the "Notice on Launching Pilot Work for the Construction of Compact Urban Medical Groups," proposing to "take resource 下沉 and sharing as the core to build a new pattern of hierarchical diagnosis and treatment services," and establishing 81 pilot areas for compact urban medical groups [2]. This strategy further addresses China' s shortage and uneven distribution of high-quality medical resources while strengthening primary healthcare institutions, representing an important initiative to promote equalization of basic medical and health services [3,4].

Under the medical consortium model, institutions must establish close cooperative relationships to jointly undertake patient treatment and care, giving rise to the joint ward model. Joint wards, established through cooperation agreements between hospitals and primary healthcare institutions under the deep integration of medical consortia, transfer eligible patients to community hospital joint wards. Relying on the family doctor contract system, they provide patients with comprehensive health management covering subsequent treatment and rehabilitation. The goal is to improve overall medical resource utilization and promote close cooperation and coordinated development among medical consortium members.

Currently, all nine major medical consortia in Shanghai's Pudong New Area have basically launched joint ward construction. The Oriental Hospital-Beicai Community Health Service Center Joint Ward and the Seventh People' s Hospital-Gaohang Community Health Service Center Joint Ward represent relatively mature models with higher patient volumes. To better understand the development status and challenges of joint wards, this study examines Pudong New Area' s joint wards to explore new opportunities and optimization strategies for development, aiming to provide valuable experience for joint ward construction nationwide.

1. Materials and Methods

Our research team conducted investigations across nine medical consortia in Pudong New Area, collecting qualitative data to understand actual implementation effectiveness. Qualitative data included policy documents and database literature on joint wards, as well as key informant interview materials. Policy documents and literature were used to analyze relevant policy information, development status, and construction strategies for joint wards in China, while interview materials were used to analyze key issues in Pudong New Area' s current joint ward construction.

1.1 Literature Review

From November 2024 to March 2025, we systematically searched PubMed, CNKI, Wanfang Data, and other databases using keywords including "medical community," "compact type," "joint ward," and "medical group" to obtain relevant literature, with the search timeframe set from March 2016 to March 2025. We further searched official websites of national and local health commissions for policy documents, opinions, and plans related to joint ward and medical consortium construction from April 2017 to November 2024. The final analysis included 9 policy documents and 13 database literature items (see Appendix 1 for details).

1.2 Key Informant Interviews

In August 2024, we used purposive sampling to select primary responsible persons from joint wards at 5 leading hospitals and 7 community health service centers across medical consortia for semi-structured interviews. Interview topics covered operational regulations, specialty discipline construction (advantageous disease categories), and challenges in current joint ward development. Interviews were conducted face-to-face, audio-recorded with consent, and lasted 90-120 minutes each. After interviews, researchers summarized key points, compiled complete analysis tables, and had them validated by other team members to ensure accuracy and completeness.

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2. Results

2.1 Overview of Joint Ward Development Models in China

China' s joint ward development model is primarily characterized by "medical consortium leading hospitals taking the lead with cooperation across all levels of medical institutions." Construction principles strictly adhere to mechanism sharing, information integration, and combined management-operation. The mechanism sharing principle ensures effective integration and optimal allocation of resources across different institutions to enhance overall service efficiency. The information integration principle achieves seamless and real-time sharing of

patient diagnosis and treatment data through advanced information technology. The combined management-operation principle ensures effective government supervision and guidance at the macro level while granting medical institutions autonomy and flexibility in micro-level operations.

In terms of implementation, the main approaches involve establishing expert 下沉 teams and expert studios [5,6]. Expert 下沉 teams, composed of high-level specialists from higher-level hospitals, regularly or permanently work at primary healthcare institutions through consultations and ward rounds, bringing advanced medical concepts and technologies to the grassroots level. Expert studios serve as long-term support platforms established through cooperation between experts and primary institutions, providing continuous technical support and talent cultivation through regular consultations and teaching.

Our analysis of joint ward development models across China identified five typical patterns: (1) "hospital-community" one-stop ward construction, (2) compact county hospital team-based development, (3) specialty co-construction and sharing with rehabilitation beds as the breakthrough point, (4) branch hospital specialty development 依托医共体总院, and (5) cross-regional supportive joint wards [7,8]. Overall, the "hospital-community" one-stop model is the primary operational pattern, providing patients with a direct care transition pathway. Other models incorporate regional characteristics, policy orientation, and hospital management systems as effective supplements to the mainstream approach. Despite progress, joint wards still face challenges, particularly regarding smooth two-way referrals, ineffective management-operation integration, and relatively low-quality community medical services [1,9-14] (see Table 1).

2.2 Current Status and Problems of Joint Ward Construction in Pudong New Area

In 2023, to further promote high-quality medical resource 下沉 and enhance community health service capacity, Pudong New Area implemented regional medical consortium joint ward construction according to relevant policy documents. The core objectives were to strengthen leading hospitals' specialty service brands, improve community health service centers' medical capabilities, optimize resource allocation, and innovate governance mechanisms to provide more equitable, integrated, continuous, and high-quality medical services.

Research on the nine major medical consortia in Pudong New Area revealed current difficulties in advantageous disease categories, training arrangements, publicity, and two-way referrals.

2.2.1 Lack of Prominent Advantageous Disease Categories The primary bottleneck in joint ward development is the lack of distinctive advantageous disease categories. Currently, some community health service centers in Pudong New Area have not developed advantageous disease categories based on their own disciplinary strengths or specialist talent characteristics, limiting

the potential for diversified and specialized development. To promote balanced development, specialty construction must be strengthened to ensure joint wards can achieve service diversification and refinement according to different communities' specific needs and resource conditions.

Interviewee 3: "Our joint ward is still in the renovation phase, with increased bed numbers and rising patient volumes. However, using diabetes as an advantageous disease category is not feasible because the condition is often difficult to control effectively."

Interviewee 1: "Since establishing the joint ward, we often encounter situations where patients refuse transfer to community joint wards for post-acute rehabilitation. The rehabilitation period is long, creating significant pressure on communities, so clarifying construction goals is the primary issue to address."

Interviewee 9: "We need to clarify the purpose of joint wards first, then determine the matching degree between leading hospitals and communities to identify each community' s advantageous disease categories."

Interviewee 10: "Taking chronic obstructive pulmonary disease patients as an example, transferring them to Community A' s joint ward faces multiple challenges: first, the condition is complex and may deteriorate suddenly; second, Community A' s infrastructure and equipment are insufficient for such emergencies; third, it' s uncertain whether on-call doctors can quickly recognize deterioration; fourth, community medical staff currently lack adequate emergency skills and experience. Therefore, we cannot blindly follow higher-level hospitals' wishes but should make reasonable judgments based on the community' s own capacity."

2.2.2 Difficulty in Coordinating Physician Training Arrangements
Current joint ward training consists of two components: specialized training at higher-level hospitals and regular internal training at community health centers. The training cycle is currently 3-6 months, requiring 1-2 sessions per week. The concentrated and frequent schedule demands multiple adjustments to original work arrangements, making it difficult for community medical staff to balance daily medical work with joint ward training, resulting in dual pressure.

Interviewee 4: "Medical staff currently face heavy workloads. Requiring them to regularly go to higher-level hospitals for training means temporarily leaving their positions, creating vacancies in the original work schedule. If this work is left for colleagues, it leads to overtime. Clinical work is already exhausting, and balancing training requires careful consideration."

Interviewee 8: "This situation is indeed tricky. Arranging medical staff for training is met with widespread reluctance, as they complain about already overwhelming workloads and find it difficult to make time for learning, resulting in low motivation."

Interviewee 11: "Although medical staff participate in training, the learning outcomes seem unsatisfactory, with many gaps exposed in practical application."

2.2.3 Insufficient Publicity Coverage Despite development over time, a significant gap remains between actual effectiveness and public awareness of joint wards. Possible reasons include overly technical and obscure publicity content and lack of case interpretations relevant to residents' lives. Consequently, most residents remain unfamiliar with joint wards' operational mechanisms and how they achieve multidisciplinary team collaboration and improve diagnostic efficiency, indicating deficiencies in promotion efforts.

Interviewee 7: "Disease category construction is currently chaotic. We need to first clarify each community' s advantageous disease categories and patients' actual conditions."

Interviewee 2: "The trust issue is indeed important. For example, in one medical consortium, patient awareness of joint wards is very low, less than 10%. Under such circumstances, implementing joint ward policies faces considerable resistance. Therefore, the focus later must be on public education."

2.2.4 Bottlenecks in Patient Transfer from Higher-Level Hospitals Two-way referrals between leading hospitals and community health centers face the problem of "easy upward transfer, difficult downward transfer." The community joint ward referral mechanism requires close cooperation among higher-level hospitals, community health service centers, and patients. From the higher-level hospital perspective, assessing patient suitability for downward transfer requires multidisciplinary consultation. Due to dynamic patient conditions, the number of patients actually eligible for transfer is limited, affecting community joint ward bed utilization rates. From the community perspective, receiving transferred patients tests not only medical facility completeness but also community medical staff' s specialist diagnostic and emergency response capabilities. Given the weak foundation of specialty construction in community health institutions and lack of specialist service talent, community doctors may choose to simply refer patients back to higher-level hospitals, preventing significant improvement in community medical service capacity. This uncertainty leads to more cautious attitudes when receiving transferred patients. From the patient perspective, some have little understanding of community joint ward service models, reducing their willingness to transfer.

Interviewee 5: "The joint ward currently has relatively few medical records. Upward transfer has a one-click procedure that' s relatively convenient, but downward transfer is the primary issue to address. First, patients don' t understand joint wards and resist transfer; second, whether the community' s capacity and conditions can handle patients; third, whether patients can be transferred for subsequent rehabilitation—the assessment procedures are also cumbersome. If any of these three links has problems, two-way referrals become blocked."

Interviewee 6: "The difficulty in two-way referral lies in downward transfer. For example, Hospital B' s rehabilitation department is well-known, and community health centers in the consortium only receive rehabilitation patients, while also dispatching professional rehabilitation therapists to communities for consultations. Patients have high trust in the hospital' s rehabilitation department and are therefore willing to cooperate with downward transfer for subsequent treatment. Additionally, the community' s rehabilitation facilities are relatively complete, achieving partial sharing of rehabilitation equipment, making the entire joint ward operation smoother and more efficient. Therefore, downward transfer can only occur when there is mutual trust and sufficient capacity."

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3. Policy Recommendations for Joint Ward Construction in Pudong New Area

3.1 Optimizing the Implementation Path for Joint Ward Construction in Pudong New Area

Based on typical domestic development models and experiences, and considering the challenges faced by Pudong New Area, we have constructed a visual implementation path for joint ward development focusing on four key operational points (Figure 1 [Figure 1: see original paper]).

(1) **Institutional Framework Construction:** Establish a medical consortium office implementing both emergency response mechanisms and daily supervision systems to manage joint ward operations in two phases. The office bears critical responsibility for promoting joint ward construction and development, managing expert teams, supporting joint ward operations, and coordinating two-way referrals. Expert teams cover general practice, emergency, and administrative departments, forming both emergency response and routine management pathways. During emergencies, green channels for upward referral are activated; under normal conditions, experts conduct in-depth community supervision, training, and health education.

(2) **Core Focus Areas:** Prioritize advantageous disease category construction as the core development focus. Select primary disease categories conducive to ward development based on patient volume or community specialty characteristics.

(3) **Key Element Management:** Strengthen joint ward publicity efforts, further stimulate medical staff motivation, optimize training schedules for community medical personnel, achieve information sharing across medical consortium joint wards, and establish flexible ward management mechanisms to maximize community specialty service capacity.

(4) **External Condition Building:** Increase special funding investment for

Pudong New Area joint wards and recruit more outstanding specialist personnel.

3.2 Key Strategies for Joint Ward Development

3.2.1 Prioritizing Advantageous Disease Category Construction In the high-quality development of community joint wards in Pudong New Area, advantageous disease category construction is the core focus for activating primary healthcare service effectiveness. Pudong New Area's "Notice on 2025 Peak and Plateau Discipline Construction Clinical Medicine New Quality Specialty (Disease) Project Initiation" provides directional guidance for large hospitals' advantageous discipline development, offering target orientation for communities to select and develop suitable advantageous disease categories.

Joint wards can adopt a disease category list construction strategy through two pathways: First, community health service centers in Pudong New Area can proactively declare, analyzing diseases treated in community joint wards and identifying the top three to five disease categories by patient volume as key advantageous disease categories for cultivation, subject to joint assessment with leading hospitals. Second, centers can select matching disease categories based on their own medical resource layout, clinical specialty characteristics, or direct alignment with leading hospitals' new quality specialty construction needs. This development model can both integrate deeply with Pudong New Area' s peak discipline construction system and create a "vertically integrated, each with its own strengths" disease category cultivation ecosystem. Additionally, development should closely align with the disease spectrum characteristics of local residents [15].

3.2.2 Five Key Elements for Joint Ward Construction

(1) **Enhancing Community Specialty Medical Service Capacity:** Under the background of building Pudong New Area into a leading area for socialist modernization, enhancing community health service center specialty capacity is an important lever for promoting high-quality hierarchical diagnosis and treatment development. In terms of specialty collaboration mechanisms, adopt a general-specialist combined cooperation model or join specialty alliances to actively absorb specialist physicians with clinical accumulation and expertise, thereby strengthening the professional depth of community medical services. Establish a training system where specialist physicians serve as mentors, regularly conducting training courses to systematically improve general practitioners' professional skills and clinical practice capabilities through a "specialist-led generalist" model [16], bringing advanced diagnostic and treatment technologies and concepts to joint ward teams.

In terms of smart medical collaboration, establish a medical consortium information platform, using electronic health records as the link to create systems

for remote consultation, remote difficult case discussion, and remote imaging diagnosis, moving toward visual ward rounds and achieving real-time sharing of medical information resources among consortium members [17]. Open green channels for referrals, build direct information transfer mechanisms, promote upward and downward referral services, coordinate internal consortium transfers, and achieve coordinated development with accurate positioning and graded treatment.

In terms of specialty talent construction, vigorously build joint ward specialty talent echelons [18], prioritizing internal cultivation by selecting experienced clinical and teaching staff from hospitals as training candidates, regularly dispatching them upward or inviting external experts for training and assessment focusing on specialist diagnosis and emergency capabilities. Encourage internal talent to actively participate in academic exchanges to improve specialty knowledge mastery, or recruit medical talents externally as reserve forces for community joint ward construction [19], developing detailed specialty training plans with 1-3 year cultivation cycles and providing ample specialty clinical practice opportunities.

(2) **Stimulating Joint Ward Team Motivation:** Standardizing work handover and incentive mechanisms for expert teams from higher-level hospitals is key to ensuring efficient community joint ward operation. First, 依托 Pudong New Area' s medical consortium coordination mechanism, establish a "dual-hospital linkage" pre-scheduling system through the "Pudong New Area Medical Consortium Coordination Platform" to complete work information docking in advance, clarifying 下沉 experts' 驻点 time, team composition, and guidance needs, achieving the goal of "下沉 without leaving the post, ensuring both sides."

Second, construct a long-term incentive mechanism by detailing core responsibility lists for experts in joint wards, specifying weekly on-site ward round frequency, emergency consultation response time, and community specialty training duration. Third, link joint ward operational indicators with performance assessments, increasing the weight of joint ward assessment indicators in the performance management system while providing special allowances from district-level finance [20,21]. Fourth, list work experience at community health service centers as a "bonus item," giving priority recommendations to experts participating in community joint ward construction during professional title review and promotion.

(3) **Establishing Flexible Joint Ward Bed Management Mechanisms:** To enable community health service centers to serve transferred patients more efficiently, combined with Pudong New Area' s development characteristics of "high-efficiency coordination and smart convenience," adopt flexible bed management mechanisms. For rehabilitation patients in joint wards, daily basic diagnosis and examinations can be completed directly at community health service centers [22,23]. When transferred patients require further examinations, such as MRI for stroke patients during re-

habilitation, community medical staff can directly issue joint ward examination application forms for patients to undergo tests at partner leading hospitals. Relying on Pudong New Area' s smart medical platform, examination results for transferred patients can be synchronized in real-time to the community medical service management system, enabling joint ward team members to view results online immediately and adjust subsequent diagnosis and treatment plans based on the latest patient conditions. This allows patients to enjoy precise and continuous medical services within the "15-minute community health service circle."

(4) **Scientific Planning of Community Physician Training Arrangements:** Training arrangements for community physician teams in joint wards should fully align with regional characteristics, implementing personalized and flexible strategies [24]. In terms of training schedule planning, abandon the traditional "one-size-fits-all" approach and adopt a combination of short and long cycles [25,26]. Community physicians can first participate in short-cycle theoretical training focusing on joint ward operation mechanisms and standardized diagnosis and treatment of common and characteristic disease categories, using Pudong New Area' s rich medical practice cases to help community physicians quickly master key knowledge and skills for joint ward operation, laying a solid foundation for subsequent in-depth learning and practice. Long-cycle training should be more in-depth and professional, covering diagnosis and treatment strategies for difficult and complex diseases and emergency measures in joint wards to further enhance physicians' professional quality and comprehensive practice capabilities. This phased training approach better suits Pudong New Area's fast-paced and diversified development characteristics, helping community physician teams learn new joint ward knowledge more efficiently, effectively avoiding intimidation from excessive knowledge volume, and ensuring substantive growth and progress during training.

(5) **Strengthening Joint Ward Publicity and Promotion:** By the end of 2024, Pudong New Area' s family doctor contract rate among permanent residents reached 45.4% [27], a hard-core indicator that can be transformed into a "Pudong-style" communication matrix for joint ward publicity. Medical consortia can leverage family doctors' community connections to organize joint ward 专题讲座, promoting the core concepts, operation methods, and actual health benefits to community residents in accessible language. Additionally, fully utilize modern technological means to promote joint ward services through multiple channels and comprehensively, ensuring broad and precise information coverage. Leading hospitals should also actively use official WeChat accounts and other new media channels to publish video tutorials or articles [28], such as linking with the "Health Cloud" platform to precisely push joint ward service guides to contracted residents' personal accounts, demonstrating joint ward operation and appointment forms through "virtual guidance" to popularize knowledge about medical consortium joint wards and enhance public awareness of two-way

referral systems and community medical service priorities.

3.3 Development Recommendations for Joint Ward Construction in China

Promoting high-quality community joint ward development nationwide requires building a three-dimensional system of "policy guidance, resource linkage, capacity enhancement, and service optimization." First, establish an advantageous disease category cultivation mechanism [29]. Localities can refer to regional health development plans, combine with regional disease spectrum characteristics, determine advantageous disease categories through a "primary-level declaration + higher-level assessment" dual-path approach, and actively encourage community health service centers to align with higher-level hospitals' specialty characteristics [30], forming a division of labor pattern where "common diseases are managed at the community level and rehabilitation patients are transferred downward."

Second, strengthen general-specialist collaboration and talent construction. Promote the "general-specialist combined"cooperation model, where leading hospital specialists serve as mentors in communities, regularly training and conducting joint ward rounds to improve general practitioners' specialty capabilities. Establish an "internal-external linkage" talent cultivation mechanism, selecting backbone physicians internally for training at higher-level hospitals, externally absorbing professional talents to strengthen the primary level, improving professional title review preferential policies, and smoothing career development pathways.

Third, build a smart medical support system. With electronic health records as the core, establish a regional medical consortium information platform achieving full coverage of remote consultation, imaging diagnosis, and other functions [31], promote "green channel referrals,"simplify referral processes through information technology, and promote mutual recognition of examination results to reduce patient burden [32].

Fourth, innovate publicity and promotion models. Relying on the family doctor contract service network, popularize joint ward advantages through 专题讲座, new media platforms, and other channels to further enhance residents' awareness of hierarchical diagnosis and treatment.

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Appendix 1: Nine Policy Documents and Thirteen Database Literature Items Included in the Study

Database Literature

First Author (Publication Date)	Article Title / Document Title
SONG Xizhu (2020-07-10)	Current status and prospects of medical and elderly care needs of stroke patients after discharge—Based on a survey of Zhenjiang Liming Community Rehabilitation Joint Ward
YE Jiajun (2021-10-28)	Practical measures and problem analysis of group-based assistance in Huadu District People' s Hospital Medical Group in Guangzhou
LI Ting (2024-06-08)	Leveraging resource advantages to promote high-quality development of birth defect prevention and treatment—Interview with TANG Weibing, Vice President of Children' s Hospital of Nanjing Medical University
GU Xiaomeng (2023-12-28)	Application of famous doctor studios and joint wards in the quality development of specialty medical care in traditional Chinese medicine hospitals
YU Haijun (2021-10-25)	Residents of Runzhou District, Zhenjiang City, Jiangsu Province, see traditional Chinese medicine at their doorstep
LUO Jincheng (2020-02-20)	Design and application of cloud medical business system for medical consortium joint wards
XU Qing (2016-03-15)	Discussion on deepening the connotation construction of rehabilitation joint wards in Zhenjiang City, Jiangsu Province
TU Yixin (2025-01-15)	County medical community reform: China' s solution for building an integrated medical and health service system
YU Shufu (2024-11-03)	Stable "medical" support warms people' s hearts
WANG Liansheng (2023-08-18)	Research on the practical effectiveness of promoting rehabilitation joint ward construction in a certain city

First Author (Publication Date)	Article Title / Document Title
HE Liping (2024-05-23)	Every health center here has a "joint ward"
YU Bo (2024-03-05)	Study on the effect of establishing rehabilitation joint wards in compact medical consortia—Taking Zhenjiang Rehabilitation Medical Group in Jiangsu Province as an example
DONG Xianglong (2023-12-28)	Practical exploration of compact medical consortium construction

Policy Documents

Publication Date	Document Title
January 2023	Notice on launching pilot work for the construction of compact urban medical groups
September 2023	Notice on further improving mechanisms to promote the 下沉 of urban medical resources to county hospitals and primary levels
April 2017	Guiding opinions of the General Office of the State Council on promoting the construction and development of medical consortia
June 2023	Panyu District creates "joint wards" to effectively improve primary medical service capacity
March 2023	Guilin City medical consortium construction implementation plan
March 2023	Notice of the Guangdong Provincial Health Commission Office on issuing the Guangdong Province Compact County Medical Community Joint Clinic and Joint Ward Operation Guidelines (Trial) and 2 other operation guidelines
May 2023	Notice of the Zhejiang Provincial Health Commission on issuing the Zhejiang Province Urban Medical Consortium Construction Work Plan (Trial)

Publication Date	Document Title
July 2023	Putian City hierarchical diagnosis and treatment promotion regulations
August 2023	Notice of the Henan Provincial Health Commission on issuing the implementation plan for promoting the "full-chain" medical-elderly care integration model

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