Original Article

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Abstract

Background National policies have continuously promoted collaborative diagnosis and treatment with traditional Chinese medicine and Western medicine in general hospitals, and interdepartmental consultation with the Department of Traditional Chinese Medicine is a core vehicle for collaboration between the two disciplines. General practice centers on whole-person management of multimorbidity in older adults, which is highly consistent with the holistic syndrome differentiation concept of traditional Chinese medicine; however, systematic empirical studies on targeted consultations between the Department of Traditional Chinese Medicine and the Department of General Practice are limited. Objective To systematically analyze the disease composition, service model, and clinical characteristics of interdepartmental consultations between the Department of Traditional Chinese Medicine and the Department of General Practice in a general hospital in Beijing, and to clarify their positioning and value in in-hospital multidisciplinary collaboration. Methods A retrospective analysis was conducted using complete records of 1 929 in-hospital interdepartmental consultations completed by the Department of Traditional Chinese Medicine of a tertiary Grade A general hospital in Beijing from 2022 to 2024. Patient demographic characteristics, requesting departments, types of consultation requests, purposes of consultation, and consultation recommendations were collected and analyzed. The Pareto principle was used to identify the main requesting departments, and statistical software was used to analyze measurement and count data. Results From 2022 to 2024, the Department of Traditional Chinese Medicine in the case hospital completed 1 929 interdepartmental consultations, accounting for 4.61% of all hospital consultations (41 843 cases). Consultation requests involved 22 departments; among the 30 departments in the hospital eligible to request consultations, the coverage rate was 73.33% (22/30). Among the consultation patients, 908 were male and 1 021 were female, with a mean age of (68.75$±$1.41) years. Patients aged >60 years numbered 1 454, accounting for 75.37% of all interdepartmental consultations with the Department of Traditional Chinese Medicine. The Department of General Practice had the highest annual number of requests for interdepartmental consultations with the Department of Traditional Chinese Medicine and the highest cumulative proportion over the 3 years, with a total of 554 cases (28.72%). There were 332 cases from the Department of Respiratory Medicine (17.21%), 196 from the Department of Neurology (10.16%), 125 from the Department of Endocrinology (6.48%), 119 from the Department of General Surgery (6.17%), 105 from the Department of Gastroenterology (5.44%), and 72 from the ICU (3.73%). The cumulative proportion of the above departments over the 3 years was <80%; according to the Pareto classification principle, these 7 departments were the main departments requesting interdepartmental consultations with the Department of Traditional Chinese Medicine. The primary diseases related to consultation conditions involved 18 systems, including the circulatory, nervous, digestive, respiratory, and skeletal systems, and 69 disease types. From 2022 to 2024, there were 1 454 patients aged over 60 years in interdepartmental consultations with the De-

partment of Traditional Chinese Medicine in the case hospital; among them, 1 431 had inpatient diagnoses of common chronic diseases in older adults and had multimorbidity. The common chronic diseases in older adults were mainly hyperlipidemia, coronary heart disease, hypertension, type 2 diabetes mellitus, osteoporosis, cerebral infarction, and chronic pulmonary diseases. Conclusion The Department of General Practice is the department with the greatest demand for consultations with the Department of Traditional Chinese Medicine in general hospitals. The core population served by collaboration between the two departments comprises older patients of advanced age with multimorbidity, and the advantageous scenarios are concentrated in long-term management of chronic diseases in older adults. However, the hospital-wide coverage of traditional Chinese medicine consultations is insufficient, and the scope of disease application is relatively narrow. A normalized collaboration mechanism between general practice and traditional Chinese medicine should be established, the disease categories in which traditional Chinese medicine has advantages should be clarified, and the clinical application scenarios of traditional Chinese medicine consultations should be expanded, so as to fully leverage the role of collaborative traditional Chinese and Western medicine in integrated management of multimorbidity in older adults and provide practical evidence for high-quality development of traditional Chinese medicine in general hospitals.

Full Text

Original Article

Current Status of Interdepartmental Consultations Between the Department of Traditional Chinese Medicine and the Department of General Practice in General Hospitals and the Value of Collaborative Chinese-Western Medicine Diagnosis and Treatment

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Abstract Background National policies have continuously promoted collaborative diagnosis and treatment integrating traditional Chinese and Western medicine in general hospitals, and interdepartmental consultation by the Department of Traditional Chinese Medicine (TCM) is a core carrier of collaboration between the two disciplines. General practice, centered on whole-person management of older adults with multimorbidity, is highly consistent with the holistic syndrome-differentiation concept of TCM; however, systematic empiri-

cal studies focusing on targeted consultations between TCM and general practice departments remain limited. **Objective** To systematically analyze the disease composition, service model, and clinical characteristics of interdepartmental consultations between the TCM Department and the Department of General Practice in a general hospital in Beijing, and to clarify their positioning and value in hospital-based multidisciplinary collaboration. **Methods** A retrospective analysis was conducted. Complete records of 1 929 in-hospital interdepartmental consultations completed by the TCM Department of a tertiary grade-A general hospital in Beijing from 2022 to 2024 were extracted. Patient demographic characteristics, requesting departments, consultation request types, consultation purposes, and consultation management opinions were collected and analyzed. The Pareto principle was used to identify the main requesting departments, and statistical software was used to analyze measurement data and count data. **Results** From 2022 to 2024, the total workload of interdepartmental consultations completed by the TCM discipline in the case hospital was 1 929 cases, accounting for 4.61% of all hospital consultations (41 843 cases). A total of 22 departments requested consultations; among the 30 hospital departments eligible to request consultations, the coverage rate was 73.33% (22/30). Among consultation patients, 908 were male and 1 021 were female, with a mean age of (68.75 ± 1.41) years. Among them, 1 454 patients were >60 years old, accounting for 75.37% of all TCM interdepartmental consultations. The Department of General Practice had the highest annual number of requests for TCM interdepartmental consultation and the highest three-year cumulative proportion, with 554 cases in total (28.72%). There were 332 cases from Respiratory Medicine (17.21%), 196 from Neurology (10.16%), 125 from Endocrinology (6.48%), 119 from General Surgery (6.17%), 105 from Gastroenterology (5.44%), and 72 from the ICU (3.73%). The cumulative three-year proportion of the above departments was <80%; according to the Pareto classification principle, these seven departments were the main departments requesting TCM interdepartmental consultations. The primary diseases involved in the consultation conditions covered 18 systems, including the circulatory system, nervous system, digestive system, respiratory system, and skeletal system, and 69 disease categories. From 2022 to 2024, among the 1 454 patients aged over 60 years who underwent TCM interdepartmental consultation in the case hospital, 1 431 had inpatient diagnoses of common chronic diseases of older adults and had multimorbidity. The common chronic diseases of older adults were mainly hyperlipidemia, coronary heart disease, hypertension, type 2 diabetes mellitus, osteoporosis, cerebral infarction, and chronic pulmonary disease. **Conclusion** The Department of General Practice is the department with the greatest demand for TCM consultation in general hospitals. The core service population for collaboration between the two departments consists of older adults of advanced age with multimorbidity, and the advantageous scenarios are concentrated in long-term management of chronic diseases in older adults. However, hospital-wide coverage of TCM consultation is insufficient, and the scope of disease application is relatively narrow. It is necessary to establish a regularized collaboration mechanism between general practice and TCM, clarify the diseases for which TCM has advantages,

expand the clinical application scenarios of TCM consultation, and fully leverage the role of Chinese-Western medicine collaboration in integrated management of multimorbidity in older adults, thereby providing practical evidence for the high-quality development of TCM in general hospitals.

[**Keywords**] consultation; Department of Traditional Chinese Medicine; Department of General Practice; hospitals, general; development strategy

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Study on the Disease Composition and Development Strategy of Interdepartmental Consultation Based on Traditional Chinese Medicine Disciplines in General Hospitals

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Abstract Background National policies of China have continuously promoted integrated traditional Chinese and Western medicine collaborative diagnosis and treatment in general hospitals, and interdepartmental consultation of the Department of Traditional Chinese Medicine (TCM) serves as the core carrier for interdisciplinary cooperation. Centered on holistic care for elderly patients with multimorbidity, general practice is highly consistent with the holistic syndrome differentiation theory of TCM. Nevertheless, systematic empirical research focusing on targeted interdepartmental consultations between the TCM Department

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and the General Practice Department remains scarce. **Objective** To systematically analyze the disease composition, service models, and clinical characteristics of interdepartmental consultations between the Department of TCM and the General Practice Department in a general hospital in Beijing, and to clarify its positioning and value in the hospital' s multidisciplinary collaboration. **Methods** A retrospective analytical approach was adopted. Complete medical records of 1,929 in-hospital interdepartmental consultations conducted by the TCM Department of a tertiary Grade A general hospital in Beijing from 2022 to 2024 were extracted. Demographic characteristics of patients, departments submitting consultation requests, types of consultation requests, consultation purposes, and TCM intervention recommendations were collected and analyzed. The Pareto principle (80/20 rule) was applied to identify major requesting departments, and statistical software was used for statistical analysis of measurement data and enumeration data. **Results** From 2022 to 2024, the TCM Department of the studied hospital completed a total of 1,929 interdepartmental consultations, accounting for 4.61% of all hospital-wide consultations. Consultation requests originated from 22 of the 30 eligible clinical departments across the hospital, representing a department coverage rate of 73.33% (22/30). Among consulted patients, 908 were male and 1,021 were female, with a mean age of (68.75 $\pm$ 1.41) years. A total of 1,454 patients were aged over 60 years, accounting for 75.37% of all TCM interdepartmental consultations. The General Practice Department submitted the highest annual and three-year cumulative number of consultation requests, with a total of 554 cases (28.72%). Other major requesting departments included the Department of Respiratory Medicine (332 cases, 17.21%), Department of Neurology (196 cases, 10.16%), Department of Endocrinology (125 cases, 6.48%), General Surgery Department (119 cases, 6.17%), Department of Gastroenterology (105 cases, 5.44%), and Intensive Care Unit (ICU, 72 cases, 3.73%). Collectively, these seven departments contributed less than 80% of all consultation requests; according to the Pareto classification criterion, they were defined as the primary departments requesting TCM interdepartmental consultations. Primary underlying diseases of consulted patients covered 18 physiological systems, including the circulatory, nervous, digestive, respiratory, and musculoskeletal systems, involving 69 distinct disease entities. Among the 1,454 consulted patients aged over 60 years between 2022 and 2024, 1,431 had confirmed diagnoses of common chronic geriatric diseases with multimorbidity. The predominant chronic conditions comprised hyperlipidemia, coronary heart disease, hypertension, type 2 diabetes mellitus, osteoporosis, cerebral infarction, and chronic pulmonary diseases. **Conclusion** The General Practice Department constitutes the primary requester of TCM interdepartmental consultations in general hospitals. The core population served by the collaboration between the two departments consists of elderly patients of advanced age with multimorbidity, with predominant application scenarios in long-term management of chronic geriatric diseases and perioperative rehabilitation conditioning. However, the hospital-wide coverage of TCM consultation services is insufficient. A regularized collaborative mechanism between general practice and TCM should be established. TCM-advantaged disease categories need to be

clearly defined, and clinical application scenarios for TCM consultations should be expanded. Such measures can fully exploit the strengths of integrated traditional Chinese and Western medicine in the integrated management of geriatric multimorbidity, and provide practical evidence for the high-quality development of traditional Chinese medicine services in general hospitals.

【Key words】 Consultation; Department of Traditional Chinese Medicine; Department of general practice; Hospitals, general; Development strategy

In 2021, the General Office of the State Council issued the *Several Policy Measures on Accelerating the Distinctive Development of Traditional Chinese Medicine* [1], proposing the gradual establishment of a multidisciplinary diagnosis and treatment system integrating Chinese and Western medicine, and encouraging collaboration between departments in Chinese and Western medicine. In the same year, the National Administration of Traditional Chinese Medicine issued the *Opinions on Further Strengthening Traditional Chinese Medicine Work in General Hospitals and Promoting the Coordinated Development of Chinese and Western Medicine* [2], which clearly stated that general hospitals are among the backbone institutions of the TCM service system, an important platform for integrated Chinese and Western medicine, and an important base for the inheritance, innovation, and development of TCM. It also proposed incorporating TCM into multidisciplinary consultation systems and explicitly encouraged TCM physicians to participate in in-hospital consultations and multidisciplinary diagnosis and treatment. In 2022, the General Office of the State Council issued the "*14th Five-Year Plan*" *for the Development of Traditional Chinese Medicine* [3], once again emphasizing the promotion in general hospitals of an integrated Chinese and Western medicine model that has "mechanisms, teams, measures, and results," incorporating TCM into multidisciplinary consultation systems, strengthening Chinese–Western medical collaboration and coordinated problem-solving, and formulating and implementing integrated Chinese and Western medicine diagnosis and treatment plans based on the principle of "use Chinese medicine when appropriate and Western medicine when appropriate."

In recent years, with accelerated population aging and changes in the disease spectrum, general practice—whose core tasks are multimorbidity and long-term management of chronic diseases—has entered a period of rapid development. Its philosophy of "person-centered, holistic management" is highly aligned with the holistic view and syndrome-differentiation treatment approach of TCM, providing a shared theoretical foundation and practical demand for deep integration of the two disciplines [4–5]. In general hospitals, because patients often have complex conditions and multiple comorbidities, higher requirements are placed on the continuity and integrity of medical services. Interdepartmental consultation refers to the process in which physicians from different departments conduct interdisciplinary discussion and collaboration regarding a patient' s condition and jointly formulate a diagnosis and treatment plan [6–7]. As a key link in internal hospital collaboration, interdepartmental consultation is of great significance for ensuring the quality of patient diagnosis and treatment and for promoting

technical exchange among departments [8–9]. TCM consultation is one of the important components of TCM work in general hospitals, and the consultation capacity of the TCM Department directly reflects the comprehensive···

level of traditional Chinese medicine (TCM) work in general hospitals.

Although the importance of TCM departmental consultation within the diagnosis and treatment system of general hospitals has become an industry consensus, existing studies have mostly focused on the overall departmental distribution and disease-spectrum descriptions of TCM consultations[10–11]. Systematic empirical research on the clinical characteristics, service models, and collaborative value of consultation cooperation between TCM departments and general medical departments remains relatively scarce, making it difficult to support institutional design and optimization of clinical pathways for deep integration of the two disciplines. This study selected a tertiary Grade-A general hospital in Beijing and analyzed TCM interdepartmental consultation from 2022 to 2024, systematically examining the current status of consultation collaboration between TCM and general medical disciplines, disease composition, and clinical diagnosis and treatment characteristics. The aim was to clarify the core value of Chinese–Western medicine collaboration in the clinical diagnosis and treatment of general hospitals, provide evidence for promoting comprehensive development of TCM disciplines, and offer reference suggestions for scientific management of TCM disciplines and optimization of clinical consultation work.

1 Materials and Methods

1.1 Data Acquisition and Observation Indicators

A comprehensive tertiary Grade-A hospital in Beijing was selected as the study subject. Through the inpatient electronic medical record system, records of in-hospital interdepartmental consultations actually conducted by the TCM department from 2022 to 2024 were extracted. The collected data and observation indicators included: (1) patient demographic and clinical baseline data, including sex, age, principal diagnosis, and other diagnoses; (2) core consultation data: department requesting consultation, time of request and time of completion, type of consultation request, purpose of consultation, and consultation management opinions; (3) disease-spectrum-related data: referring to the *International Classification of Diseases, Tenth Revision (ICD-10)*[12], the primary diseases involved in consultations were systematically classified, and the disease system, comorbidity types, and number of comorbidities were counted; (4) relationship between consultation and the main purpose of hospitalization: with reference to previous literature[13], based on the relationship between the primary disease and main purpose of hospitalization and the consultation, consultations were divided into four categories, including: closely related to the primary disease of this hospitalization; not directly related to the primary disease of this hospitalization, but affecting the diagnostic and treatment process; unrelated to the primary disease of this hospitalization and not affecting the diagnostic and

treatment process; sudden acute illness.

1.2 Statistical Methods

The extracted consultation data were summarized and organized, counts were performed using data pivot tables, and the number of consultations by department was analyzed. According to the Pareto classification principle[9], factors with a cumulative composition ratio of <80% were defined as the main factors, that is, the major departments. SPSS 19.0 statistical software was used for data analysis. Count data were expressed as cases (%), and the χ^2 test was used. A difference of $P < 0.05$ was considered statistically significant.

2 Results

2.1 Basic Consultation Characteristics

From 2022 to 2024, the TCM department of the case hospital completed a total of 1,929 interdepartmental consultations, accounting for 4.61% of all hospital consultations (the total number of hospital consultations was 41,843). A total of 22 departments requested consultations. Across the hospital, 30 departments were eligible to request consultations, giving a coverage rate of 73.33% (22/30). Among consultation patients, 908 were male and 1,021 were female; ages ranged from 3.4 to 104 years, with a mean age of (68.75 ± 1.41) years. Among them, 1,454 patients were >60 years old, accounting for 75.37% of all TCM interdepartmental consultations; 585 patients were >80 years old, accounting for 30.33% of all TCM interdepartmental consultations.

2.2 Number and Composition Ratio of TCM Interdepartmental Consultations Requested by Department

From 2022 to 2024, the number and composition ratio of TCM interdepartmental consultations requested by each department of the case hospital are shown in Table 1. The General Practice Department submitted the highest number of TCM interdepartmental consultation requests each year, and also had the largest cumulative number of consultations over the 3 years, totaling 554 cases, with a combined composition ratio of 28.72%. There were 332 cases from Respiratory Medicine (17.21%), 196 cases from Neurology (10.16%), 125 cases from Endocrinology (6.48%), 119 cases from General Surgery (6.17%), 105 cases from Gastroenterology (5.44%), and 72 cases from the ICU (3.73%). The cumulative 3-year composition ratio of the above departments was <80%. According to the Pareto classification principle, General Practice, Respiratory Medicine, Neurology, Endocrinology, General Surgery, Gastroenterology, and ICU were the seven main departments requesting TCM interdepartmental consultations.

2.3 Distribution of Primary Diseases by System Among Consulted Diseases

From 2022 to 2024, consultation conditions at the case hospital involved a total of 18 systems and 69 diseases as primary diseases. The disease systems included the circulatory system, nervous system, digestive system, respiratory system, musculoskeletal system and connective tissue diseases, endocrine, nutritional and metabolic diseases, genitourinary system diseases, and tumors, among others. Primary diseases in consultations involving the circulatory system were mainly chronic diseases such as hypertension (1,052 cases), hyperlipidemia (778 cases), and coronary heart disease (498 cases); those involving the nervous system were mainly cerebral infarction (517 cases) and cerebrovascular disease (108 cases); those involving the digestive system were mainly disease complications or postoperative complications, such as dysbiosis (503 cases) and intestinal obstruction (72 cases); those involving the respiratory system were mainly acute diseases or acute exacerbations of chronic diseases, such as pneumonia (442 cases) and acute bronchitis (211 cases); those involving the skeletal system were mainly osteoporosis (491 cases); those involving the endocrine system were mainly diabetes mellitus (687 cases); and complications in other systems were mainly hypoproteinemia (430 cases) and anemia (409 cases), as shown in Table 2.

2.4 Multimorbidity of Seven Common Chronic Diseases in Older Adults Among Populations with Different Characteristics

From 2022 to 2024, there were 1,454 TCM consultation patients aged 60 years or above in the case hospital. Among them, 1,431 had inpatient diagnoses of common chronic diseases of older adults, with frequent multimorbidity. The common chronic diseases of older adults were mainly hyperlipidemia, coronary heart disease, hypertension, type 2 diabetes mellitus, osteoporosis, cerebral infarction, and chronic pulmonary disease, as detailed in Table 3. Comparisons of the composition ratios of chronic disease multimorbidity among consultation patients by age group, department, and sex all showed statistically significant differences ($P < 0.001$), as shown in Table 3.

2.5 Purpose of Consultation

From 2022 to 2024, the main purposes of consultation at the case hospital could be divided into three major categories: TCM professional guidance/consultation, treatment of postoperative complications, and acupuncture/physical therapy (see Table 4).

2.6 Relationship Between Consultation and the Main Purpose of Hospitalization

There were 1,005 consultations closely related to the current hospitalization, accounting for half of all consultations (52.10%); there were 672 consultations

that were not directly related to the primary disease of this hospitalization but affected the diagnostic and treatment process, accounting for 34.84%; other

Table 1 Number and composition ratio of inter-departmental consultations applied for by clinical departments to the Department of Traditional Chinese Medicine, 2022–2024

Department requesting consultation	2022 consultations	2023 consultations	2024 consultations	Three-year total consultations	Three-year total composition ratio (%)	Three-year cumulative composition ratio (%)
General Medicine	165	156	233	554	28.72	28.72
Respiratory Medicine	49	99	184	332	17.21	45.93
Neurology	67	40	89	196	10.16	56.09
Endocrinology	21	57	47	125	6.48	62.57
General Surgery	44	46	29	119	6.17	68.74
Gastroenterology	22	47	36	105	5.44	74.18
ICU	11	23	38	72	3.73	77.92
Cardiology	40	18	14	72	3.73	81.65
Rheumatology and Immunology	17	10	40	67	3.47	85.12
Obstetrics and Gynecology	28	17	16	61	3.16	88.28
Orthopedics	10	15	24	49	2.54	90.82
Burns	11	8	18	37	1.92	92.74
Department						
Hematology	13	6	13	32	1.66	94.40
Otolaryngology	7	7	15	29	1.50	95.90
Nephrology	8	7	11	26	1.35	97.25
Thoracic Surgery	1	0	13	14	0.73	97.98

Department requesting consultation	2022 consultations	2023 consultations	2024 consultations	Three-year total consultations	Three-year total composition ratio (%)	Three-year cumulative composition ratio (%)
Emergency Department	0	4	8	12	0.62	98.60
Ophthalmology	6	1	3	10	0.52	99.12
Vascular Surgery	2	3	3	8	0.41	99.53
Osteology/Internal Orthopedics	0	0	3	3	0.16	99.69
Urology	2	0	1	3	0.16	99.84
Neurosurgery	2	0	1	3	0.16	100.00
Total	526	564	839	1 929	100.00	

Table 2 Distribution of disease systems and hospital diagnoses of inter-departmental TCM consultations, 2022–2024

Primary disease system	Hospital diagnosis	Cases	Primary disease system	Hospital diagnosis	Cases
Circulatory system	Hypertension	1 052	Respiratory system	Pneumonia	442
Circulatory system	Hyperlipidemia	778	Respiratory system	Acute bronchitis	211
Circulatory system	Coronary heart disease	498	Respiratory system	Respiratory failure	171
Circulatory system	Cardiac insufficiency	227	Respiratory system	Cough	150
Circulatory system	Angina pectoris	65	Respiratory system	Chronic obstructive pulmonary disease	135

Primary disease system	Hospital diagnosis	Cases	Primary disease system	Hospital diagnosis	Cases
Nervous system	Cerebral infarction	517	Respiratory system	Pulmonary interstitial fibrosis	44
Nervous system	Facial neuritis	29	Musculoskeletal system	Osteoporosis	491
Nervous system	Various pains	192	Musculoskeletal system	Osteoarthritis	95
Nervous system	Dizziness	47	Musculoskeletal system	Poor postoperative muscle-strength recovery after orthopedic surgery	25
Nervous system	Dementia	35	Endocrine system	Diabetes mellitus	687
[[unclear: primary disease system not shown]]	Dysbiosis	503	Endocrine system	Thyroid disease	262
[[unclear: primary disease system not shown]]	Dyspepsia	204	Genitourinary system	Prostatic hyperplasia	275
[[unclear: primary disease system not shown]]	Chronic gastritis	177	Genitourinary system	Urinary tract infection	215

Primary disease system	Hospital diagnosis	Cases	Primary disease system	Hospital diagnosis	Cases
[[unclear: primary disease system not shown]]	Diarrhea	106	Genitourinary system	Renal insufficiency	171
[[unclear: primary disease system not shown]]	Intestinal obstruction	72	Tumors	Lung cancer	87
[[unclear: primary disease system not shown]]	Abdominal pain and distension	66	Tumors	Gynecologic malignant tumor	57
[[unclear: primary disease system not shown]]	Abdominal pain	42	Tumors	Benign tumor	35
[[unclear: primary disease system not shown]]	Cholecystitis	31	Tumors	Prostate tumor	26
[[unclear: primary disease system not shown]]	Abdominal distension	24	Tumors	Colon cancer	14
[[unclear: primary disease system not shown]]	Hiccup	9	Tumors	Bone tumor	11

Primary disease system	Hospital diagnosis	Cases	Primary disease system	Hospital diagnosis	Cases
			Other systems	Hypoproteinemia	430
			Other systems	Anemia	409
			Other systems	Venous thrombo-sis	192
			Other systems	Fatigue	10

Detailed data on the relationship between consultations and hospitalization are shown in Table 5.

2.7 Consultation management recommendations

Consultation management recommendations could be broadly divided into five categories: professional TCM guidance or medication consultation, treatment with Chinese herbal decoctions, treatment with Chinese patent medicines, acupuncture or physical therapy, and combined therapy with Chinese herbal decoctions plus acupuncture (Table 6). Among these, more than half of the patients were mainly treated with Chinese herbal decoctions (57.23%); a small proportion (9.7%) received professional TCM guidance or medication consultation, without any treatment, requiring only guidance based on TCM professional knowledge.

3 Discussion

3.1 Basic characteristics of consultations: breadth of service, prominent population specificity, and policy response

This study showed that, from 2022 to 2024, the Department of Traditional Chinese Medicine in the case hospital completed a total of 1 929 in-hospital inter-departmental consultations. The departments applying for consultation accounted for 73.33% (22/30) of all clinical departments in the hospital, indicating broad clinical demand and an application foundation for TCM services within the case hospital. Of particular note, consultation demand from the Department of General Medicine was especially prominent (accounting for 28.72%), providing an important data basis for in-depth analysis of collaborative models between general medicine and TCM. The mean age of consultation patients was (68.75 ± 1.41) years, and patients aged 60 years and above accounted for as much as 75.37%, revealing the distinct characteristics of the population served by inter-departmental TCM consultation: mainly older patients suffering from

multiple chronic diseases and complex conditions. This is highly consistent with the characteristics of patients admitted to general hospitals, where complex illnesses and multimorbidity are common, and it highlights the unique value of TCM' s holistic concept and syndrome differentiation–based treatment in addressing complex clinical situations. From the perspective of national policy, documents such as the *Opinions on Further Strengthening TCM Work in General Hospitals and Promoting the Coordinated Development of Chinese and Western Medicine* clearly point out that strengthening clinical collaboration between Chinese and Western medicine and establishing a multidisciplinary Chinese–Western medicine diagnosis and treatment system are important directions for deepening reform of the medical and health system [2]. The results of this study suggest that the application of TCM consultation in areas such as general medicine and management of geriatric multimorbidity is a concrete embodiment of responding to and implementing this policy orientation. However, the volume of inter-departmental TCM consultations accounted for only 4.61% of the hospital' s total consultations. This proportion also indicates that, as a model initiated mainly by other departments, the service potential of TCM consultation has not yet been fully stimulated, and there remains substantial room for improvement in its hospital-wide penetration rate and active application rate.

Table 3 Multimorbidity of seven common chronic diseases among the elderly in populations with different characteristics

Group	Cases	No chronic disease	Single disease	2–3 diseases	4–5 diseases	6 diseases and above	χ^2 value	P value
Age (years)								
60–69	421	21 (5.0)	113 (28.2)	77 (19.3)	201 (50.2)	9 (2.3)	554.72	<0.001
70–79	448	2 (0.5)	19 (4.3)	54 (12.1)	254 (57.0)	119 (26.7)		
80–90	423	0	5 (1.2)	32 (7.6)	188 (44.4)	198 (46.8)		
>90	162	0	0	4 (2.5)	26 (16)	132 (81.5)		
Department							290.251	<0.001
General Medicine Department	515	0	13 (2.5)	40 (7.8)	233 (45.2)	229 (44.5)		
Respiratory Medicine	286	14 (4.9)	35 (12.2)	45 (15.7)	134 (46.9)	58 (20.3)		

Group	Cases	No chronic disease	Single disease	2–3 diseases	4–5 diseases	6 diseases and above	χ^2 value	P value
Neurology	162	0	1 (0.6)	8 (4.9)	92 (56.8)	61 (37.7)		
Endocrinology	103	0	13 (12.6)	18 (17.5)	34 (33)	38 (36.9)		
General Surgery	93	0	34 (36.6)	26 (28)	21 (22.6)	12 (12.9)		
Gastroenterology	63	2 (3.2)	9 (14.3)	3 (4.8)	36 (57.1)	13 (20.6)		
ICU	26	0	1 (3.8)	1 (3.8)	16 (61.5)	8 (30.8)		
Sex								
Male	706	10 (1.4)	61 (8.8)	111 (15.9)	362 (52.0)	162 (23.3)	62.47	<0.001
Female	748	13 (1.7)	76 (10.3)	56 (7.6)	307 (41.8)	296 (40.3)		

Table 4 Distribution of purposes of TCM consultation applications from the whole hospital and general practice department

Main purpose of consultation	Hospital-wide cases	Hospital-wide proportion (%)	General Medicine Department cases	General Medicine Department proportion (%)
TCM specialist guidance and consultation	1,471	76.25	420	75.81
Treatment to prevent postoperative complications	78	4.04	17	3.07
Acupuncture and physical therapy	380	19.71	117	21.12

between them.

3.2 Clear areas of consultation advantage, clearly defined focus of collaboration, and the necessity of general medicine–TCM cooperation

Applications for TCM consultation mainly came from seven departments: the General Medicine Department (28.72%), Respiratory Medicine (17.21%), Neurology (10.16%), Endocrinology (6.48%), General Surgery (6.17%), Gastroenterology (5.44%), and ICU (3.73%). Consultation needs were mainly concentrated in the internal medicine system, especially in chronic disease management fields such as general medicine, respiratory medicine, and neurology; this distribution trend is consistent with previous literature reports

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Among cases in which the General Medicine Department applied for consultation, more than 97% involved elderly patients with two or more coexisting chronic diseases, and the purposes of consultation and hospitalization were mainly "overall functional regulation and prevention of complications." This highlights the urgent need in general medicine, when managing complex health problems, for the TCM concepts of "holistic regulation" and "preventive treatment of disease." In addition, this study found that the ICU has become one of the main departments requesting interdepartmental TCM consultation, revealing the great potential of integrated Chinese and Western medicine collaboration in the field of critical care medicine; behind this are the combined effects of clinical demand, policy orientation, and the academic development of TCM itself

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This distribution pattern clearly indicates that TCM departments in general hospitals have initially formed core areas of advantage: general-practice comorbidity management, long-term regulation of chronic diseases, perioperative support, and adjuvant treatment of critical illness. These fields are also key directions of concern in general medicine. Notably, the General Medicine Department ranked first, accounting for 28.72% of the consultation volume. This is not only a reflection of clinical demand, but also demonstrates from a practical perspective the necessity of close cooperation between the General Medicine Department and the TCM Department. As the "bridge" and "gatekeeper" connecting specialties and primary care within a general hospital, the General Medicine Department faces patients' overall and undifferentiated health problems in its clinical work, especially those of elderly patients. Chin[[unclear: truncated text]]

Table 5 Association between main purposes of consultation and hospitalization

Relationship between consultation and this hospitalization	Determination criteria	Hospital-wide cases	Hospital-wide proportion (%)	General Medicine Department cases	General Medicine Department proportion (%)
Closely related to the primary disease of this hospitalization	The consultation need was directly caused by the patient's main diagnosis for this admission or its complications	1,005	52.10	306	55.24

Relationship between consultation and this hospitalization	Determination criteria	Hospital-wide cases	Hospital-wide proportion (%)	General Medicine Department cases	General Medicine Department proportion (%)
Not directly related to the primary disease of this hospitalization, but affects the diagnostic and treatment process	The symptoms or problems addressed by the consultation—such as severe insomnia, constipation, anxiety, poor nutritional status, postoperative failure to pass flatus, nausea, etc.—were not the direct reason for this hospitalization, but would significantly affect the patient's recovery speed in treatment of the main disease,	672	34.84	212	38.27

Relationship between consultation and this hospitalization	Determination criteria	Hospital-wide cases	Hospital-wide proportion (%)	General Medicine Department cases	General Medicine Department proportion (%)
Unrelated to the primary disease of this hospitalization and does not affect the diagnostic and treatment process	The consultation addressed the patient's inherent and stable chronic disease or non-emergency symptoms; whether or not they were managed would not affect the treatment process for the main disease of this admission or discharge decisions	239	12.39	34	6.31

Relationship between consultation and this hospitalization	Determination criteria	Hospital-wide cases	Hospital-wide proportion (%)	General Medicine Department cases	General Medicine Department proportion (%)
Sudden acute illness	An acute condition newly occurring during hospitalization that required urgent TCM intervention	13	0.67	1	0.18

Table 6 Distribution of management recommendations in TCM consultation applications from the whole hospital and the Department of General Practice

Management method	Whole hospital, cases	Whole-hospital proportion (%)	General Practice Department, cases	General Practice Department proportion (%)
Chinese herbal decoction therapy	1,104	57.23	408	73.65
Acupuncture and physical therapy	457	23.69	108	19.49

Management method	Whole hospital, cases	Whole-hospital proportion (%)	General Practice Department, cases	General Practice Department proportion (%)
Oral guidance only and medication consultation	187	9.70	23	4.15
Chinese patent medicine therapy	136	7.05	13	2.35
Combined Chinese herbal decoction + acupuncture therapy	45	2.33	2	0.36

Chinese medicine emphasizes a holistic view and syndrome differentiation–based treatment, and has unique advantages in improving symptoms, enhancing quality of life, and managing the coexistence of multiple chronic diseases. General practitioners are the best coordinators for identifying and referring cases suitable for TCM intervention, while TCM intervention can effectively compensate for the shortage of general-practice resources in functional symptom regulation and non-pharmacological therapies. Therefore, promoting the establishment of an institutionalized collaborative diagnosis-and-treatment model between general practice and TCM is a key pathway toward "patient-centered" integrated medical services.

3.3 General-practice management of geriatric multimorbidity: a foundation for integrating interdepartmental consultation between TCM and general practice

This study found that most older adults had multiple coexisting chronic diseases, mainly hyperlipidemia, coronary heart disease, hypertension, type 2 diabetes mellitus, osteoporosis, cerebral infarction, and chronic pulmonary disease. Among them, 1,431 cases, accounting for 98.4% of patients aged $ $60 years, had chronic diseases commonly seen in older adults, and multimorbidity was extremely common. In the 80–90-year age group, patients with 4–5 chronic

diseases accounted for 44.4%, and those with 6 or more accounted for as high as 46.8%; in the >90-year age group, the proportion with 6 or more coexisting chronic diseases increased sharply to 81.5%. These data position the value of TCM consultation in the complex population of very old patients with multimorbidity. This is consistent with the key populations of concern in general practice reported in related studies

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, and represents the core population for general-practice services and research. The core concepts of TCM are the holistic view, syndrome differentiation and treatment, and preventive treatment of disease; these are highly compatible with the general-practice concepts of whole-person care, individualized multimorbidity management, and healthy aging

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. Both focus on maintaining the patient' s overall functional status and improving quality of life, providing a solid theoretical and population basis for the deep integration of TCM into a general-practice-led geriatric multimorbidity management system.

3.4 Scope for improving the intrinsic quality of consultation

From the perspective of the purposes of general-practice consultation, "TCM professional guidance and consultation" predominated (75.81%), indicating that general practice needs not only TCM therapeutic modalities, but also places greater emphasis on its distinctive diagnostic thinking and professional judgment. Analysis of the relationship between consultation purpose and hospitalization purpose found that as many as 52.1% of consultations were closely related to the primary disease of the current hospitalization, while 34.84% of consultations addressed symptoms or problems that, although not directly related to the primary disease of the current hospitalization, significantly affected the diagnostic and therapeutic process, such as severe insomnia, constipation, anxiety, and postoperative gastrointestinal dysfunction. This reveals a key role played by TCM consultation in general hospitals: symptom management and holistic regulation, effectively addressing core problems that are easily overlooked under modern specialized diagnosis-and-treatment models but directly affect patients' speed of recovery, medical experience, and length of hospital stay. The management of these undifferentiated disease problems is also an area of major concern in comprehensive care within general practice. When managing patients with multimorbidity, general practitioners often need to deal with numerous symptomatic problems that affect recovery but are not the main diagnosis, or even have no definite diagnosis; however, they often lack effective intervention resources

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. TCM has good application potential in regulating such functional and subclinical states. Therefore, TCM consultation is not only an auxiliary treatment for the primary disease, but also an important component in improving the overall quality of care.

In addition, literature reports show that the disease spectrum of acupuncture has reached 532 diseases

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, and the largest number of disease categories seen in consultations is 153

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. In contrast, this study showed that the largest number of disease categories involved in interdepartmental TCM consultations was only 69, less than one ninth of the disease spectrum reported in the literature. Disease-spectrum analysis helps identify areas in which TCM treatment has advantages, such as geriatric multimorbidity, perioperative treatment, chronic disease management, and supportive cancer therapy, thereby providing direction for the professional development of TCM departments.

3.5 Limitations of this study

This study has several limitations. First, the data came from a single center, limiting the generalizability of the findings; multicenter studies should be conducted in the future to verify the broad applicability of the conclusions. Second, this study focused on describing the current situation and did not quantitatively assess the impact of TCM intervention on indicators of medical quality and efficiency. The clinical value of TCM consultation and ward rounds has therefore not yet been explored in sufficient depth. For example, whether they reduce the incidence of complications, reduce the occurrence of critical illness, or shorten the average length of hospital stay remains to be determined. These medical indicators are key evidence demonstrating the irreplaceable role of TCM in general hospitals. In the future, prospective studies should be conducted from the perspective of general practice to systematically evaluate the impact of TCM consultation on core outcome indicators such as functional status, quality of life, and rehospitalization rates among patients with multimorbidity, thereby providing evidence-based support for collaboration between Chinese and Western medicine.

In summary, interdepartmental TCM consultation in general hospitals has formed advantageous fields centered on geriatric multimorbidity management and perioperative management; however, its penetration rate across the whole hospital still has considerable room for improvement. In the future, strategies such as strengthening interdisciplinary cooperation and clarifying disease categories in which TCM has advantages should be used to further leverage the strengths of TCM interdepartmental consultation in the diagnosis and treatment of multimorbidity in general hospitals. This has important reference

value for research on clinical collaboration mechanisms between Chinese and Western medicine for major difficult diseases, and will promote the high-quality development of Chinese medicine in general hospitals.

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