



West meets east: Chinese and US doctors addressing the medical ecology and disease management from both countries' perspectives

Wei Wang

China's expenditure on health care has increased dramatically over the last 20 years, and three broad trends are seen in the associated health outcomes. Firstly, limited improvements have been achieved to aggregate high-level health outcomes, e.g. infant mortality. Secondly, development of large and widening health inequalities associated with disparate wealth between provinces and a rural-urban divide. Finally, the burden of disease is shifting from predominantly communicable diseases to chronic diseases [1, 2].

In the US, leading primary care doctors have been invited to meet with the President's health care reform team and put forward suggestions to revitalise primary care in the US. Key issues for reform are changes to the amount and nature of primary care payment systems, investment in primary care infrastructure and organisation, and strategies to attract more local medical students into family practice as a career [3].

There are many reasons for the limited gains from investment in health care in both countries, for example: increased out-of-pocket expenditure, including a high proportion of catastrophic expenditure; a geographical imbalance in health care spending, focusing on secondary and tertiary hospital care and greater expenditure on urban centres compared with rural centres; and the commercialization of health care without adequate attention to cost control, which has led to

escalation of prices and decreased efficiency [1–3].

In this issue, the study of Snipes, Maragakis and O'Donohue adds an important contribution to the literature on "Team Based Stepped Care in Integrated Delivery Settings" [4]. In their study, a rationale for team-based stepped care is presented, tools for implementation are provided, and future research directions are suggested. They point out "Fragmented health care delivery is recognized as increasingly problematic. Integrated care has been advanced as a reform that will improve quality of care and lower costs. Despite the application of integrated care systems in the United States, there has been a limited amount of empirical work explicating the most effective health care pathways. Stepped care has been proposed as a framework by which to implement coordinated team-based care and has gained preliminary empirical support." [4].

Dr. O'Donnell et al. address the same topic in their article on "The Accountable Care Organization results: Population health management and quality improvement programs associated with increased quality of care and decreased utilization and cost of care." [5].

Also in this issue, Kushner and Schell focus their study on "A population-based approach to the management of depression in a patient-centered medical home" [6]. Mental health care is a big challenge that China and

CORRESPONDING AUTHOR:
Professor Wei Wang
School of Medical Sciences,
Faculty of Health, Engineering
and Science, Edith Cowan Uni-
versity, 270 Joondalup Drive,
Joondalup WA 6027, Australia
E-mail: wei.wang@ecu.edu.au



US are facing. Both countries are fighting with the disease burden of mental health and shortage of patient-centred medical home and community care centers [2, 6, 7].

Li et al. address another important topic: smoking cessation. An evidence-based smoking cessation assistance program initially developed and validated in the US was adapted and implemented through an Employee Assistance Program (EAP) for the purpose of evaluating the effectiveness of such programs in China. They report “The program consisted of recommending medication and cognitive-behavioral interventions. Local EAP counsellors received training on the program and delivered assistance to the clients. A follow-up evaluation showed that the program improved quit rates and reduced nicotine dependence compared with statistics published in the literature”. The study has important implications for delivering cessation assistance through an employment-based program not only in China but in other developing countries as well [8].

The study of Wu and Jian aims at determining the availability and social determinants of community health management service for patients with chronic diseases with an empirical analysis on elderly hypertensive and diabetic patients in an eastern metropolis of China, by concluding that the coverage of community health management services for elderly hypertensive and diabetic patients needs improvement, and more effort should focus on promoting the availability of community health management services for elderly hypertensive patients, especially those with lower socio-economic status [9].

Also in this issue, Dr. Kessler presents us “Evaluating the process of mental health and primary care integration: The Vermont Integration Profile”. He emphasizes that The Vermont Integration Profile (VIP) helps to identify the core descriptive elements of an optimal model of collaborative behavioral health as part of primary care. His research team has a standardized measure of these integrated care processes, used to assist practice implementation and improved research efforts [10].

Dr. Strand et al. study the “Menopause and the risk of metabolic syndrome among middle-aged Chinese women”. Based on a cross-sectional survey of 440 women in Yuci, China, they conclude that “The prevalence of diabetes, stroke, hypertension, and hyperlipidemia was higher among post- than

pre-menopausal women. Health screenings for women in China should consider the increased risk for metabolic disorders during the postmenopausal stage of life” [11].

Last but not the least, Dr. Huang et al. report the importance of synergizing the “three essential elements” of the primary health care system (PHCS): General practitioners (GPs), health insurance, and government health investment. They make a comparison of two well-known cities: California in the US and Guangdong in China. The article indicates there are three important aspects in developing a PHCS in China: (1) training qualified GPs, (2) establishing a diversified health insurance system to strengthen the policy connections between health insurance and the PHCS, and (3) increasing government health investment and broadening health financing channels [12].

The eight articles in this issue cover the theme “the medical ecology and disease managements in China and US: a comparison of models, methods and outcomes”. This theme showing Chinese and US doctors working together to improve the health of patients has seldom been covered in other journals. We expect to address such issues in our journal *Family Medicine and Community Health* regularly.

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