

DOI: 10.4172/2472-1654.100101

## Real Access Points: Key to Healthcare Reform Systematic Framework

Jie Zhang, Zhong Jia\* and Chao-Jun Kong

**Received:** August 12, 2017; **Accepted:** September 04, 2017; **Published:** September 10, 2017

Department of Hepato-Pancreato-Biliary Surgery, Nanjing Medical University Affiliated Hangzhou Hospital, China

### Introduction

The thorny healthcare reform has aroused prioritized concern in all countries, partly due to its year-on-year rising financial premium burden as well as the barrier of old problematic or delayed care system. In a long run, government's ultimate aim is to provide an affordable care system so as to benefit one and all rather than specify which one or ones, but there is more to it than just that. More importantly, access points should be addressed ahead to promise care framework falling to the ground and its long-term vitality as well through tangible ways. Herein, these actual proposals may be substantial steps to boost future health care. First, Internet medical care service, smart payment have already offered many new routes to convenience for both patients and doctors. In addition to the dramatic increase in the number of patients, disease management has become much more complicated. We feel the effects of inadequate investment in family doctor services every day. Doctors are trying to treat as many patients as possible, but they also need to know that the health and well-being of themselves are critical to the safety of the patient. Network and big data era push global grid as well as connect, which is favorable to facing common challenges of human health, such as cancer, dementia, etc. In addition, it can make full use of various medical resources through online integration, and it also can combine modern information, wireless sensing and internet technology with modern medicine. Based on clinical data and genomic work [1], "Artificial Intelligence" will provide potential of evidence-based solution, while mobile payment such as Alipay will represent the new mark of future care. Of note, safety net is core key for care service providers [2].

Second, hierarchical medical system, big data let community clinics gather experts and tech easily. According to its proximity, "Medical Treatment Combination Framework" can be built effectively. As a result, larger hospital will obtain extension of impact and more high-quality patients as well, while community clinics will obtain professional support and promptly transfer patients with severe illness in good order. The current situation of doctor turnover can also be improved. In the future, community hub will become core and sign of the construction of medical and health industry. How to strike the balancing point between stimulating economy and realizing social fairness should be considered first. Otherwise, the potential risk will hurt the patients with low-income or refugees or immigrants [3].

### \*Corresponding author:

Zhong Jia

✉ jiazhong20058@hotmail.com

Department of Hepato-Pancreato-Biliary Surgery, Hangzhou First People's Hospital, Nanjing Medical University Affiliated Hangzhou Hospital, Hangzhou, Zhejiang 310006, China.

**Tel:** +8613958114181

**Fax:** +86057187914773

**Citation:** Zhang J, Jia Z, Kong CJ (2017) Real Access Points: Key to Healthcare Reform Systematic Framework. J Healthc Commun. Vol. 2 No. 4:60.

Third, back to previous historical progress in care field, only fuel more on tech innovation is right direction. Medical technology is the foundation of doctors' survival [4,5]. Medical technology innovation is the core of the future development of the hospital, and it is an important guarantee for the sustainable development of the hospital [6-8]. Many experts said Trump's NIH funding cut would be a disaster, which also may deteriorate ongoing researches, and even let US losing his leading role ultimately. Rolling on two wheels-tech and goal, indeed speeds up advance in healthcare, also bring surprising outcomes as expectation. In a word, authors hope these access points will be helpful for consensus making of later health reform [9,10].

### References

- 1 Lawler M, Haussler D, Siu LL, Haendel MA, McMurry JA, et al. (2017) Sharing clinical and genomic data on cancer-the need for global solutions. N Engl J Med 376: 2006-2009.
- 2 Chokshi DA, Chang JE, Wilson RM (2016) Health reform and the changing safety net in the United States. N Engl J Med 375: 1790-1796.
- 3 Obama BH (2017) Repealing the ACA without a replacement-the risks to American health Care. N Engl J Med 376: 297-299.

- 4 Rastegar DA (2004) Health care becomes an industry. *Ann Fam Med* 2: 79-83.
- 5 Santilli J, Vogenberg FR (2015) Key strategic trends that impact healthcare decision-making and stakeholder roles in the new marketplace. *Am Health Drug Benefits* 8: 15-20.
- 6 Boeldt DL, Wineinger NE, Waalen J, Gollamudi S, Grossberg A, et al. (2015) How consumers and physicians view new medical technology: comparative survey. *J Med Internet Res* 17: e215.
- 7 Anderson GF, Hall MA, Steinberg EP (1993) Medical technology assessment and practice guidelines: their day in court. *Am J Public Health* 83: 1635-1639.
- 8 Hardon A, Moyer E (2014) Medical technologies: flows, frictions and new socialities. *Anthropol Med* 21: 107-112.
- 9 Calman NS, Golub M, Shuman S (2012) Primary care and health reform. *Mt Sinai J Med* 79: 527-534.
- 10 McDonough JE (2014) Health system reform in the United States. *Int J Health Policy Manag* 2: 5-8.