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主编荐读

20 世纪 80 年代曾被认为是两次卫生革命的承接点。以传染病和寄生虫病为主要疾病谱和死亡谱, 逐渐被慢性非传染性疾病疾病负担所取代, 加上人口老化和医疗技术创新的因素, 系统和人们的关注点向“慢、非、传”倾斜, 医疗和预防两条线的治理和实施的边界越来越清晰, 厚薄不均。然而, 呈线性上升发展的治疗系统与呈波形成起伏态势的预防系统, 两者如何更好地协调和平衡? 这是世界范围的命题, 中国也有自己的背景和答案。2022 年 5 月, 国务院办公厅发布《关于印发“十四五”国民健康规划的通知》, 强调“预防为主, 强化基层。把预防摆在更加突出的位置, 聚焦重大疾病、主要健康危险因素和重点人群健康, 强化防治结合和医防融合。”

医防融合就是将“治病”与“防病”结合起来, 即医疗、预防相互渗透, 融为一体, 通过医疗服务与预防服务有效衔接、同时提供、相互协同等形式, 最大限度地减少健康问题的发生。医防融合的核心要素: 一是贯彻预防为主, 服务关口前移, 让公众“不生病、少生病”; 二是根据个体的具体健康状况, 同时提供医疗与预防服务, 既有疾病诊疗, 又有相关健康知识和技能的教育; 三是医疗与预防服务有效协同, 根据患者的不同状况和疾病的不同阶段, 采取不同的预防和治疗措施, 将三级预防的思想真正融入健康服务的全过程。基于此, 提出基层卫生服务中医防融合的核心要素主要包括: 实施机构是基层医疗卫生机构, 融合内容以慢性病健康管理为突破口, 目标是实现健康服务的连续、协同。对此, 要做好人才队伍、日常工作、信息数据、考核评价等工作的融合, 重视慢性病患者的筛查, 遵循早发现、早诊断、早治疗的原则, 开展居民全生命周期的健康管理和健康教育, 保障居民获得高质量的医疗与公共卫生相关服务。

在此背景下, 《中国全科医学》组织“医防融合”专题研究, 本期从“合作”与“分工”的思辨高度及目前医防融合的典型案例分析方面抛砖引玉, 期待并诚邀公共卫生、临床医学、人口健康学、卫生经济学、数字智能化等领域的专家、学者及相关研究者踊跃赐稿, 分享相应研究成果, 推动健康中国建设。



(扫码获取医防融合征稿主题)

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