

# Design and Application of Chronic Disease Management Mode Based on New Media

Shanwei Li

Chia Tai Tianqing Pharmaceutical Group Co. LTD, Nanjing 221100, Jiangsu province, China.

---

**Abstract:** With the rapid development of the Internet, lifestyles have also changed dramatically. Cardiovascular diseases, cancer, chronic obstructive pulmonary disease and other chronic diseases are on the rise. In order to better cope with the challenges posed by chronic diseases, we should gradually explore the health management of chronic diseases and establish a demonstration area for the comprehensive prevention and treatment of chronic diseases. We should increase investment in the prevention and treatment of chronic diseases, improve the management model of chronic diseases, optimize the allocation of public health resources, strengthen coordination and cooperation between departments, and provide health services to the general public.

**Keywords:** New Media; Chronic Disease; Design

---

## Introduction

Chronic disease has become a major public health problem affecting human health, and the management of chronic disease has become the focus of global attention. In order to solve the current health problems in China and implement the health strategy, the burden of chronic diseases cannot be ignored. Therefore, in the context of new media, we should optimize the management mode of chronic diseases.

### 1. Promoting the formation of a healthy atmosphere for the whole people

#### 1.1 Strengthening policy support

In the context of new media, the concept of "health" and "prevention first" should be incorporated into all policies, and the cooperation between government leaders and disease prevention and control agencies at all levels, health education institutions, medical institutions and other sectors outside the health system should be strengthened. We should take various measures to prevent and control chronic diseases and their risk factors, the dissemination of health knowledge to the whole society to government departments, social organizations and the masses can be used as health managers, forming a powerful health maintenance strength, strive to improve the efficiency of health management. It is not only promoting the various construction projects, but also is the basis of economic development. According to the medical level and management capacity of different regions, we will make full use of community resources, actively implement the "Healthy China 2030 Strategy" and formulate policies for the prevention and treatment of chronic diseases. We should set up health education and science data, develop chronic diseases diagnosis and treatment standards, respectively, for healthy people and patients with high-risk groups and the health management plan, summarize the current local chronic noncommunicable diseases prevention and control work achievements, for the next phase to intensify the management of chronic diseases throughout the city to establish reasonable term development planning. At the same time, the implementation plan is formulated to guide and plan the systematic development of urban chronic disease management in the next decade, and corresponding policies and

guidelines are formulated from the macro level.

## **1.2 Promoting the participation of the whole community**

At present, there is a serious separation between chronic disease management departments in the health system. We should mobilize more social forces to participate, and integrate social resources from various departments, so as to form a complete coordination mechanism and create synergies. The Publicity Department is responsible for the publicity, education and implementation of nationwide fitness activities. The Ministry of Physical Education starts with children and provides compulsory physical exercise and health guidance for primary and middle school students. Government enterprises and institutions have adopted effective exercise methods such as "work exercise" to let more people participate in the management of chronic diseases. To carry out health education in the community, we should innovate the form of education and carry out different forms of health education for different groups of people, so that more people firmly hold the view of "balance between eating and exercise". At the same time, with the support of new media, publicity activities have been carried out to provide health knowledge to the public and guide more young people and students to form healthy habits through Weibo and the Internet.

## **2. Accelerating the development of personnel for chronic disease management**

### **2.1 Train general practitioners**

In undergraduate education, two modes can be adopted to train more general practitioners. One is the direct establishment of the general practitioner profession; Second, cultivate talents in the form of "5+3". In the first five years, they will learn medical undergraduate knowledge, and in the second three years, they will train general practitioners, gradually forming a perfect training system for general practitioners. In the face of the existing shortage of general practitioners, it is impossible to solve the talent gap problem in a short period of time only by these two talent training modes, and other ways should be adopted: First, community-level doctors are encouraged to participate in training activities for general practitioners, and those who pass the training can transfer to other posts. However, those who participate in post transfer training must have the qualification of practicing physician or assistant physician, and the training duration is 1-2 years. Only those who have passed the training and examination can obtain the corresponding qualification. Second, doctors at the grass-roots level should be encouraged to participate in educational training, such as distance education and adult education. Doctors on duty at the primary level who have met the relevant education requirements can take the general practitioner or assistant physician examination, and those who pass the examination can become a general practitioner. Third, more doctors should be encouraged to work at the community level, but they should receive technical training before taking part in the work. With the help of these forces, the level of community-level medical care will be improved. Fourthly, all doctors participating in professional title promotion should have the experience of serving at the grass-roots level. Communication between local hospitals and community health institutions can also be enhanced through telecommunication, online teaching and other ways, so that community health institutions can get guidance and form a perfect two-way referral system. Fifth, we will provide reasonable remuneration for medical staff and encourage some retired doctors from specialized hospitals and general hospitals to work in community medical institutions so as to make the best use of all people.

### **2.2 Explore ways to manage volunteer participation**

In the construction of volunteer service system, learn from other excellent places, give full play to this advantage, develop and expand the volunteer team of chronic disease management, so that people in medical and other fields can take the initiative to participate in this work, and build a strong team of chronic disease management. In this team, regional hospital experts should play a guiding role. Community doctors are the main body of responsibility, and volunteers can

supplement these two forces, play a role in social resources, to promote health education knowledge to the whole society. In practice, we should first select some people from the community medical institutions to participate in the training activities, so as to improve the technical level of community doctors; Secondly, experts related to the treatment of chronic diseases should be transferred from hospitals to community services. Third, community medical institutions are responsible for providing services to volunteers, so that volunteers can become the right-hand man of medical staff, with their help to popularize knowledge related to chronic disease prevention and treatment, and improve the quality of service.

### **3. Expanding the development of health information platforms**

#### **3.1 enhance information platform sharing**

Health information construction will be carried out in the whole city, so that the information related to residents' health obtained by medical institutions can be circulated in more institutions of the city, so as to provide good services for patients with chronic diseases. In the process of health service development, information construction has become the focus of work. Grass-roots health departments should take the lead in establishing information management institutions, build health system information platforms with the assistance of experts or social forces, formulate reasonable data management standards, include all information related to chronic diseases, and solve problems existing in data exchange and information construction in the early stage. We should break down sectoral barriers, eliminate fragmentation, and carry out chronic disease management with the support of more effective information.

#### **3.2 Develop grid information management**

Using the construction of "Internet plus" and the application of information technology, the grid information management mode of chronic diseases is established on the basis of the establishment of health service platform. According to the local geographical layout, management status and other principles, the management area is divided into a number of mesh cells, the health platform data and geographical location information, community street information association and integration. It can not only reflect the basic situation of each person in the grid, but also provide feedback on the development of chronic disease management in a certain region, so as to provide efficient, active and targeted chronic disease management services to the residents who are included in the grid management, thus improving the efficiency of chronic disease management and comprehensive service. In the convenient management and provision of services at the same time, to ensure the security of information involving personal privacy, information security management system must be established to manage user permissions, to ensure that residents do not leak personal information, to protect the basic personality rights of residents.

### **4. Improving the functions of national physical fitness monitoring centers and establish sports prescription databases**

At present, the construction of national fitness monitoring centers in China only reaches the county level. Although some developed areas set up mobile fitness monitoring teams in communities and towns, the vast majority of community towns are still in the blank period of fitness monitoring due to factors such as site and personnel. As a result, the coverage rate of national physical fitness monitoring has not high for a long time. Therefore, it is necessary to establish a national fitness monitoring center at the township level in the community, and at the same time set up several small fitness monitoring teams in remote areas such as rural areas, so as to meet the needs of the masses to participate in fitness monitoring nearby and improve the monitoring coverage rate. We should perfect the national physique monitoring center functions, conditional region in the protection of basic constitution monitoring function can increase exercise prescription on the basis of the issue and the guidance of scientific fitness function, add the relevant sports fitness equipment, the introduction of new technology of self-health evaluation mechanism and chronic disease monitoring, monitoring and prevention function of developing

chronic disease and mental disease. At the same time, we should improve the way of monitoring data processing, make full use of new media technology, establish electronic health monitoring files of residents, so as to achieve long-term tracking and monitoring of physical health. To build relevant monitoring data sharing platform, achieve the integration of national physical fitness monitoring data of various departments, build national physical fitness monitoring big data information database, and provide data support for policy making, scientific research and clinical trials of government departments, scientific research institutions and clinical institutions. Establishing sampling review mechanism for national physical fitness monitoring data, conducting multi-party inspection for reported data, and reducing errors and fraud.

## **Conclusion**

To sum up, in the new media environment, the health management model of chronic diseases needs the supervision of communities and families to make residents pay more attention to disease prevention. People should stick to daily exercise and improve their unhealthy lifestyle. The rapid development of the Internet makes it inevitable to expand business with new media in other fields, and the chronic disease health management model can also adapt to this trend. We should do a good job in the primary prevention of chronic diseases, at the same time to establish a doctor-patient communication platform, ultimately promote the health of middle-aged and elderly, to achieve the improvement and development of comprehensive management of chronic diseases.

## **References**

- [1] Sun Hongxia, Wu Bing. Current situation of chronic disease health management in China [J]. Chinese Sanitary Engineering, 2020, 19(06):958-960.
- [2] Cui Xiangli, Guo Jingli, Wang Yu, Zhao Guodong. Study on the effect of community chronic disease management on the curative effect and medical expenses of hypertension patients [J]. Chinese Community Doctors, 2020,36(35):170-171+174.
- [3] Hu Danfeng, Pi Lifang, Liu Yunping. Research progress on prevention and management of senile chronic diseases in basic hospitals[J]. Public Medical Forum Magazine,2020,24(35):5150-5153.
- [4] Tang Wenxiao. Investigation on prevention and control of common chronic diseases in the elderly and health management [J]. Journal of Chinese Medicine Management, 2020, 28(20):189-190.