The Policy Implementation Process of Medical Resource Decentralization

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ABSTRACT
In order to alleviate the imbalance between the supply and demand structure of primary care and to achieve equalization of basic public services. District Y promotes the sinking of high-quality medical resources through the reform of county medical institution integration. According to the Smith's policy process model analysis, problems were found: defects in the policy itself, imperfect supporting policies; the special nature of the management organization, defects in high level promotion, and limitations of traditional thinking; different capabilities of medical institutions, one-sided understanding of the policy by the public, and diverse preferences for medical treatment; and an unsatisfactory external environment for the policy. In view of the problems in health care reform, based on the Smith model analysis, the AHP hierarchical analysis method is used to construct a comprehensive governance model of policy implementation subjects, and the influence weight of the government in the comprehensive governance of county health care reform policy implementation is 0.4555, the corresponding data of hospitals is 0.4254 and individuals is 0.1191. Therefore, the government and hospitals in the comprehensive governance of county health care reform policy implementation should play important roles.

Keywords-*county health care organizations; integration; policy implementation; Smith model; AHP method*

1.INTRODUCTION

The rapid increase in the level of urbanization and the gradual increase in the elderly population have catalyzed major changes in the disease spectrum, and the existing health care institutions must meet the continuous, diverse, and multilevel service needs of the general public, and the medical system is gradually applied to prevent and control chronic diseases. To alleviate these problems, the National Health and Wellness Commission (NHC) has carried out the reform of integration of county medical institutions with a view to establishing a close knit medical group with independent legal personality through policy guidance, breaking the old system where medical and health institutions operated independently and were not linked to each other, integrating all medical and health institutions in the county so that county medical and health services form an up and down linked whole, sinking talents, capital and technology to The medical group is a group of medical and health institutions in the county, so that the county's medical and health services form a whole, sink talent, capital, technology to the township and village, to achieve the horizontal and vertical union of medical resources.

The reform of integrated county medical institutions is proposed to make up for the shortcomings in the construction of medical associations, to solve the problems of structural imbalance and unbalanced development of urban and rural medical and health systems by breaking down the old system and reshaping the new mechanism, and finally to form a new pattern of integrated management and a new order of graded diagnosis and treatment. However, the literature and data on the integration reform of county medical institutions are scarce, and the existing relevant studies focus on the background, content and description of the implementation status, lacking research and analysis of micro-level and case studies, and mostly conduct overall research from the perspective of social security, lacking

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relevant discussions on its policy implementation process and problems. Therefore, this study attempts to answer the question: What are the roles and reasonable boundaries of multiple actors in the process of rights governance? What are the elements of systematization of health system reform policy implementation? How do urban and suburban areas realize the sinking of medical resources through policy implementation to achieve the goal of equalization of basic public services? The research is carried out according to the idea of theoretical analysis-field research-description summary-problem optimization[1], as shown in "Fig. 1".

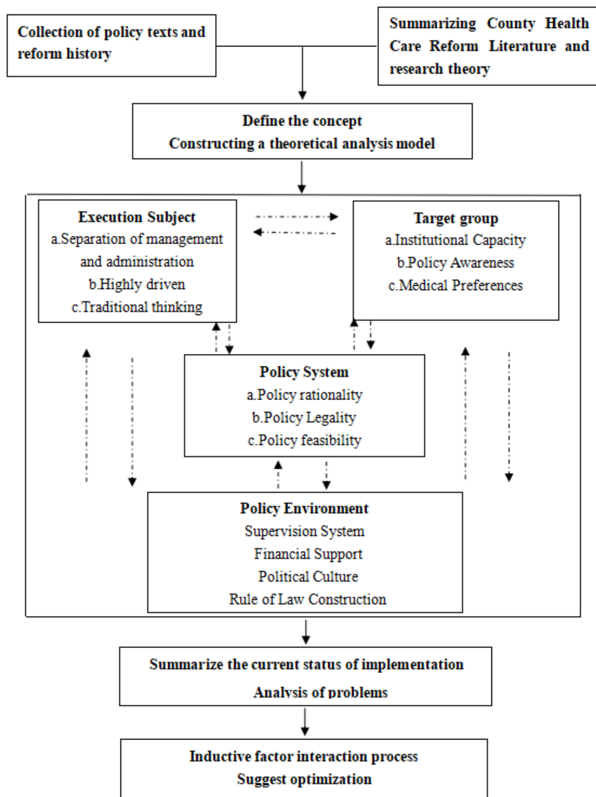

Figure 1. Research line of thought

2. Analysis of County Health Reform Policy Implementation Based on Smith's Model

In 2017, under the guidance of a series of policy documents, the district party committee and the district government approved the establishment of a universal ownership institution, namely the medical group, which integrated the district people's hospital, more than ten township health centers and eight community health service centers[2].

2.1 Health Care Reform Policy System

In order to avoid the phenomenon of disorder or contradiction of policy objectives at the upper and lower levels, the functional departments at the grassroots level pursue superficial pasting and simple relaying in the policy design, reflecting low initiative and lack of adjustment and adaptation to the symptoms and the system, which are prone to the phenomenon of quick success and the emphasis on targets rather than effects. Due to the professional and public welfare characteristics of the medical and health care business, some policy documents are relatively broad and general, giving functional departments and medical group management greater rights to determine the corresponding behavior.

Although the opinions of experts and scholars are authoritative, the status of public subjects and ideas in participatory democracy should be given more importance. In the top-down policy logic, the "legitimacy" is derived from the policy texts issued by higher levels of government or from the opinions of national, provincial, and municipal leaders or from the expertise of experts and scholars, and this legitimacy can be strengthened or weakened by the realities of integrated reform, the integration of interests among subjects, and the deployment of resources by government departments.

2.2 Policy Implementation Subject

The separation of management and operation model is the application of government regulation and market adjustment in the medical field under the conditions of market economy. Firstly, define the relationship between funding, supervision and operation, the government establishes a standardized property rights relationship with the medical group as a funder, separating the medical group from the former health administration department, so that the competent department focuses on regulatory functions and the hospital is responsible for operation. Second, the establishment of the hospital corporate governance structure, the Medical Management Committee is responsible for decision-making, the Medical Management Office to implement the leadership, protection, management and supervision responsibilities, the group management is the executive body, thereby achieving the division of ownership, property rights, management rights.

On the one hand, major reforms require the construction of highly centralized institutions for decision-making and breaking down the barriers between relevant functional departments to achieve smooth communication between institutions, rational deployment of resources and consistency in the implementation process; on the other hand, no institutions, no additional staffing, saving administrative costs, temporary deliberative bodies using administrative On the other hand, no agency, no additional staffing, saving administrative costs, temporary deliberative bodies using administrative authority to temporarily solve the key problems of the constraints of the development of medical institutions - the crossover of powers and

responsibilities between government departments and the health administration tends to be conservative and stable. But health care reform is a long-term systemic project, if we do not really ensure that the functional departments have clear authority and responsibility, mutual initiative and cooperation, and the establishment of a stable long-term governance mechanism, once the party and government "priorities" shift, local governments and functional agencies will relax the importance of the medical cause, driven by the internal nature of the government, the problem of "kicking each other in the balls" again.

2.3Policy Target Groups

District People's Hospital as the leader, its overall development strength to determine the breadth of radiation and drive depth, subject to the potential impact of the traditional dual structure of urban and rural areas, once the district government financial investment is insufficient, leading strong grassroots will be easy to make their own development is limited, the district people's hospital leadership is one of the medical group management staff, both the referee and the special nature of the athletes, will pursue "self-interest ", resulting in medical group resources tilt. Inadequate equipment and venues, weakness in introducing market mechanisms, less contractual cooperation with relevant pharmaceutical and equipment enterprises, and limited training of village doctors in the current network base construction, as shown in "Fig. 2".

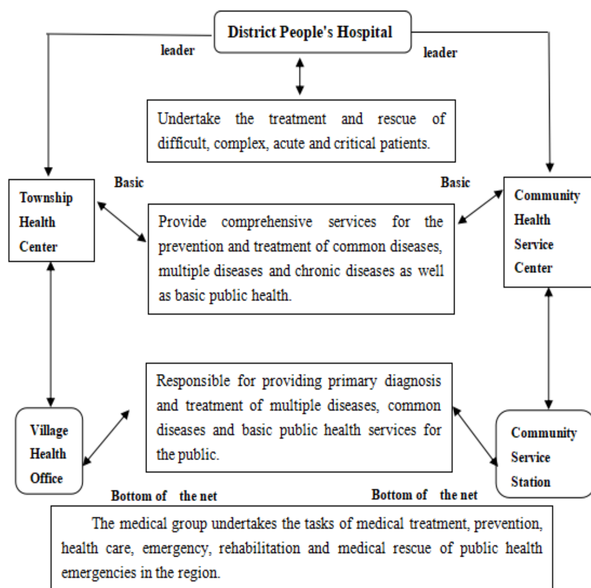

Figure 2. Division of medical group functions

Township health centers and community health centers in charge of leadership and networking circles, the quality of medical staff composition and technical services, the status of interaction with higher hospitals, the degree of acceptance of the market will affect their own level of development, determine the degree of understanding, recognition and implementation of health care reform policies[3].

With the traditional governmental ideology, the public subconsciously relies excessively on the government and believes that health care reform is the government's business, and is not enthusiastic about participation. Some medical staff subjectively believe that the focus of health care reform is on institutional reform and adjustment changes, and that the terminology is complicated, so the public does not need to know too much, but only needs to understand the content of policies that bring benefits, such as reimbursement rates and referral procedures, and artificially filter policy information. The existing policy propaganda tends to show political achievements, pursuing the affirmation of the industry through internal propaganda to expand influence and credibility, while the public health propaganda around the people, only some branches of the trumpet player and village doctors take the initiative to promote door-to-door, still not comprehensive enough, the scope of health education is limited.

2.4Policy Environment Factors

Policy environment factors are the general term for the external environment that affects policy formulation and implementation, and a good external environment helps policies to be implemented efficiently. The factors that constitute the environment are complex and diverse, and are analyzed in the following four aspects.

Policy implementation is centered on political institutions and systems, and the political environment has a great influence on the degree of politicization, democratization and legalization of policies. The inevitable profit-seeking behavior of the implementation subjects and the conflict of interests of the implementation subjects at different levels and management systems require corresponding supervision of the policy implementation. There are many resources for medical reform regulation and mixed interests, and the current supervision method is only the supervision of the administrative department's duty to the medical group and the internal self-monitoring of the medical group, and the supervision system is not sound enough.

Economic factors are the starting point for the formulation of health care reform policies and the landing point for the implementation of health care reform policies, and are also necessary for the process of policy implementation, and will also affect the goals and directions of health care reform policies. The implementation of medical reform policy is affected by the level of the economy, which cannot be separated from sufficient financial investment and market capital flow to guarantee the continuous improvement of systems and Internet technologies such as pharmacy,

equipment and personnel performance. This has led to a tendency of "profit-seeking" in the process of organizing medical services in some hospitals[4].

Policy implementation needs to be supported by a good cultural environment, and the degree of conflict or fit between consciousness and policy implementation affects the actual effect. The constraints of the submissive culture make the lack of effective supervision by the public as the key subject, which makes public policies deviate from the public character and affects the reasonable and effective allocation of resources. Once encountered with their own interests, such as doctor-patient conflicts and poor reimbursement, due to the lack of systematic understanding, they are prone to the misunderstanding psychology of backroom operation and reduce the satisfaction of medical groups and medical staff.

The government departments in the implementation of the district medical reform policy have low administrative capacity according to law, and various laws and regulations on medical services, hospital management, medical insurance reimbursement and behavior supervision have not yet been implemented. Policy implementation currently relies mainly on the top-down administrative system and the public interest sentiment of the group's managers, lacking the concept of rule of law, insufficient legal system construction, and a sound system of laws and regulations has not been formed to protect.

3.Using AHP to Construct a Model for Integrated Governance of Policy Implementation Subjects

AHP specifically analyzes the specific content of the integrated reform policy implementation of county medical institutions, which can be divided into policy system, subject synergy, and external environment, and the three aspects are specifically related to the government, hospitals and individuals[5]. Therefore, the hierarchical analysis method can be used to quantify the qualitative issues. The specific analysis process is as follows.

3.1Symbol Description

- W0:Express the weight of the criterion layer to the target layer.
- W1:Indicates the weight of the measure layer on the criterion layer.
- W:Indicates the weight of the measure layer on the target layer.
- CI:Indicates a consistency indicator for the results.
- RI:denotes the average random consistency index.
- CR:Indicates consistency ratio.
- A:Represent the judgment matrix of the criterion layer.
- b1.b2.b3 denote the judgment matrix of each of the three scheme layers.
- R:denotes the eigenvalues in the judgment matrix.

3.2Model Building Solving and Testing

First, based on the reform of county health care institutions, the size of the role of government, hospital and individuals in integrated governance can be derived.The hierarchical analysis is structured as follows, “Fig. 3”.

It shows that the government, hospitals, and individuals all have influence on the policy system, subject synergy, and external environment, which in turn constitute the content of the comprehensive governance of county health care institution reform policy implementation.

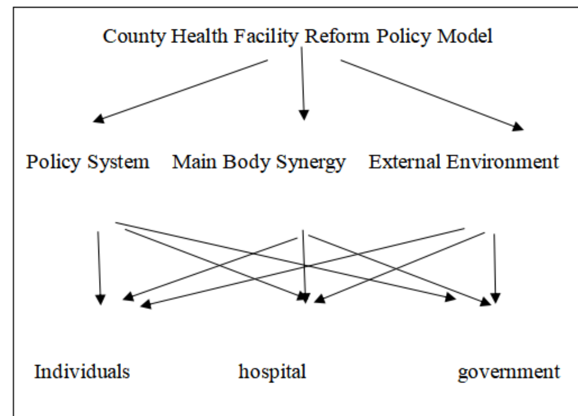

Figure 3. Hierarchical analysis structure

The following analysis of the specific contribution weights of the government, hospitals and individuals in the implementation of county health care reform policy will lay the foundation for the subsequent analysis[6]. The scale values of the hierarchical analysis are shown in the “Tab. I” below :

TABLE I. PROPORTIONAL SCALE VALUE SCALE A

Scale aij	Meaning
1	Ci has the same effect as Cj
3	Ci has a slightly stronger effect than Cj
5	Ci is stronger than the effect of Cj
7	Ci is significantly stronger than the effect of Cj
9	Ci is definitely stronger than the influence of Cj
2 4 6 8	The ratio of the effects of Ci to Cj is between

Scale aij	Meaning
	the two adjacent classes above
1/2 ……1/9	The ratio of CI to the effect of Cj is the complex inverse of aij above

3.2.1Determine the weight W of the criterion layer (B) on the target layer (0).

According to the magnitude of the expressive power of each factor on the implementation of county health care reform policy, the magnitude of the role of each condition in the impact evaluation is fully considered, and the pairwise comparison matrix $A=(aij)_{9*9}$ is constructed.

$$A=\begin{vmatrix} 1 & 1/3 & 1/5 \\ 3 & 1 & 1/2 \\ 5 & 2 & 1 \end{vmatrix} \quad (1)$$

A is a positive and negative inverse matrix of order 3. Find the maximum eigenvalue of A. $R_{max}=3.0037$.

Corresponding eigenvectors and the normalization of the eigenvectors:$W_0=(0.1095,0.3090,0.5816)$.

Calculate consistency metrics:$CI^{(1)}=0.0019$.

Check the table to get the random consistency index RI=0.58.

Consistency Ratio Indicators:$CR^{(1)}=CI^{(1)}/RI=0.0032$.

Because $CR^{(1)}<0.1$, it passes the consistency test,the consistency test shows that W0 can be used as the weight vector.

3.2.2Determine the weight W1 of the scheme layer (C) to the criterion layer (B).

The corresponding comparison matrices are determined according to the degree of influence of individuals, hospitals and governments on each criterion. Let the comparison matrix of C to B be $B=bij^{(k)}$ (k=1,2,3), and the judgment matrices of the three subjects regarding the three indicators at the criterion level are:

$$b1=\begin{vmatrix} 1 & 1/5 & 1/3 \\ 5 & 1 & 2 \\ 3 & 1/2 & 1 \end{vmatrix} \quad (2)$$

$$b2=\begin{vmatrix} 1 & 1/3 & 1/5 \\ 3 & 1 & 1/2 \\ 5 & 2 & 1 \end{vmatrix} \quad (3)$$

$$b3=\begin{vmatrix} 1 & 1/4 & 1/3 \\ 4 & 1 & 1 \\ 3 & 1 & 1 \end{vmatrix} \quad (4)$$

Similar to the method of finding the criterion layer to the target layer, the maximum eigenvalue of each Bk is found with the corresponding eigenvector, and the consistency test is performed, and the eigenvector of Bk is normalized to the weight vector of C to B, which is denoted as:$W^{(k)}=(W_{k1},W_{k2},W_{k3})^T$,(k=1,k=2,k=3).

Determine the three corresponding test indicators, and after the consistency test, form the pairwise comparison matrices B1, B2, and B3, the full vector of the total hierarchical ranking can be derived and tested for consistency, and the results are solved by MATLAB in the following “Tab. II”:

TABLE II. EIGENVECTORS OF SCHEME LAYER TO CRITERION LAYER MATRIX AND TEST

K	1	2	3
W_{k1}	0.1095	0.1095	0.1260
W_{k2}	0.5816	0.3090	0.4579
W_{k3}	0.3090	0.5816	0.4161
$CR_2^{(k)}$	0.0032	0.0032	0.0079

All passed the consistency test.

3.2.3Determine the weights of scheme layer (C) to target layer (0).

From the weight W_0 of B on 0 and the weight W_1 of C on B, the weight of C on 0 is thus obtained as W=(0.1191,0.4254,0.4555), Portfolio consistency metrics<0.1.

The final weight analysis shows that the influence weight of the government in the comprehensive governance of county health reform policy implementation is 0.4555, the corresponding data is 0.4254 for hospitals and 0.1191 for individuals.Thus, the government and hospitals should play an important role in the comprehensive governance of county health reform policy implementation[7]. They establish a standardized and flexible hybrid coordination mechanism of performance management and dialogue exchange to promote horizontal coordination among departments based on bottom-up diversity of opinions and information, and translate into top-down consistent policies. Medical groups need to use information technology to communicate policy content downward, consult problematic measures upward, communicate frequently with peer departments, and strengthen communication and collaboration among implementing agencies to achieve information sharing and cost savings.

4.CONCLUSION

The integration reform policy of county medical institutions aims to build a new order of graded treatment, and lay the foundation for universal health. Taking District Y as an example, based on the Smith policy model, we investigate and summarize the specific situation of the integration reform policy of medical institutions, and consider the following shortcomings: the policy itself has some unclear regulations, low legality, and poor connection with the old policy; low institutional sustainability, low initiative, and traditional thinking restrictions of the implementation body; large differences in the ability level of the target group, understanding of the policy; the problems of imperfect supervision system of external environment, less financial subsidies, less strong atmosphere of participation and inadequate laws and regulations make the policy implementation still have certain shortcomings.The AHP hierarchical analysis was used to determine the size of the weight of the main actors in the implementation of the integration reform policy of county medical institutions, and to provide a reference for the effective formation of a multifaceted synergistic mechanism.

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