



# Research on the Policy Agenda of Inter-provincial Settlement of Outpatient Expenses Based on Multiple Streams Model

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**Abstract.** Cross-provincial settlement of outpatient expenses provides convenient and fast medical security services for the floating population, improves the convenience of out-patient medical treatment in different places, and promotes a fairer and more reasonable distribution of medical resources. The vast majority of people's needs for outpatient medical treatment in different places are further met, which is an important livelihood issue that concerns the vital interests of the people. Based on Kingdon's multi-source public policy process analysis framework, this paper analyzes the establishment process of the policy agenda from three aspects: problem origin, policy origin and political origin, in order to explore the performance of various origins in the opening of the policy window, and to measure The degree of matching of its application in my country's policy agenda.

**Keywords:** Multiple streams model · Off-site medical problem source flow · Policy source flow · Political source flow

## 1 Introduction

Since my country has long been a household registration system and the existence of urban and rural binary separation patterns, the insured personnel occurred outside the in-house medical treatment. With the continuous development of economic society, cross-regional population flows are increasing, and they have continuously increased in different places. Since the policy treatment of the participating area is different, the medical insurance treatment is implemented, and there are many inconveniences in the actual reimbursement process of medical insurance. On September 30, 2020, the National Medical Insurance Bureau, the Ministry of Finance issued the "Notice on Promoting the Pilot Outpatient Fare" (Medical Security [2020] No. 40), pilot work, including the outpatient, medical treatment, Settlement process, treatment policy, medical insurance supervision, fund management, settlement service, etc., outpatient costs across the provincial direct settlement work accelerate the advancement of pilot work. The establishment of the national remote medical management system and related policies, for remote outpatient expenses real-time settlement provides more possible, better meet the needs of the

people to go out to medical treatment, and ensure the basic medical insurance rights of the flow of people, further improve Fairness of public goods for medical and health resources. Since 2016, it has been launched for direct settlement of medical academic housing costs from the province from the province. Compared with the direct settlement of cross-provincial clinic and hospitalization, the number of settlements is more, the frequency is higher, and the response speed requirement is faster. This article will analyze the policies agenda to introduce the deputy direct settlement policy of cross-provincial direct settlement policies in different places.

## 2 Methods

Policy processes include policy development, policy implementation, policy assessment, and policy end, and multi-source stream models mainly explore how social issues enter policy agenda and evolve the issue of public policy, and is the theory of policy development. There are many problems that need to be solved, including private issues and public problems. Only the issue involving most people's interests and causing discussions in society, will enter the vision of political officials [1]. The multi-source flow model proposed by Professor John·W·Kingden will be divided into three source streams, including the source stream, policies and political source. Through the analysis of the influence of three source streams, it is further explained that it is possible to enter the perspective of the governor and set up relevant policy agenda. The problem source stream is a process of perceive and definition. Policy source stream refers to various policy recommendations to solve policy problems, including technical feasibility, feasibility, public acceptance levels, political source of political source refers to political aspects. The degree of preferences in the solution, the attitude of interest groups greatly affect policy agenda evolution [2]. These three source flows are independent of the development process [3]. As shown in Fig. 1, when different problems, policy source and political source flows in specific time conversion, solving problems and problems, and appropriate political pressure will gather together, the window of policy The public policy agenda will start [4].

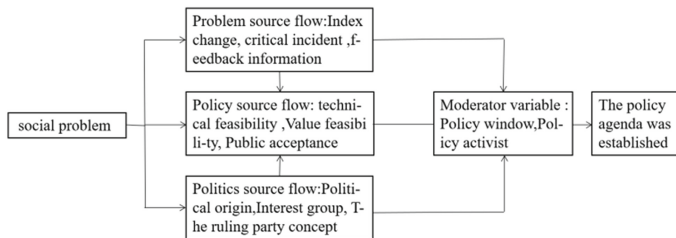


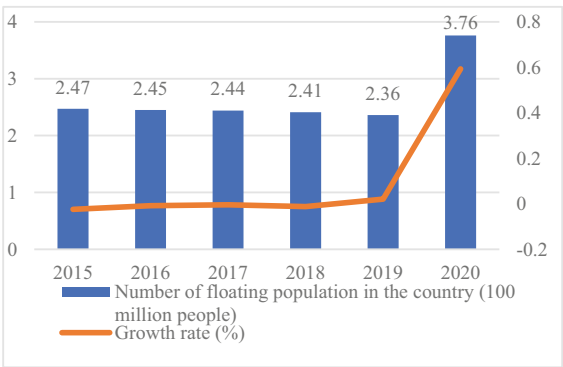
Fig. 1. Multiple streams model of John W. Kingdon

### 3 Discussions

#### 3.1 Problem Source Flow Analysis

In recent years, my country’s urbanization process has been accelerating, and the flow chairs have long maintained a large flow scale. Cross-regional flowing population still accounts for a large weight, the seventh national census report in 2020 shows that the floating population is 376 million, an increase of 69.73% compared with the sixth census in 2010, of which a cross-provincial floating population is 125 million. As shown in Fig. 2, the large-scale floating population has spawned more demands for medical care in other places. Moreover, my country’s aging is constantly deepening, making the elderly to seek medical attention to problems that must pay attention to the whole society. Due to work, medical treatment, retirement, etc., the flow chanu has undergone long-term or short-term flow, and the medical behavior of the intermittent district is a very important social security requirement of the people. The household registration system has been implemented in China for decades. As a specific historical background and special national conditions, it is conducive to the development of government management, but also brought the segmentation situation of urban and rural binary opposing. my country’s medical insurance coordination level is not high, there is a regional segmentation, the crowd discrete, project division, and the current medical insurance management system makes medical insurance in different co-ordination areas. The fluidity of the floating population is inherently contradictory, and it is often difficult for medical treatment to provide the same treatment with local insured personnel in different places [5].

The outpatient doctor is more dispersed and has strong uncertainties. The increase in the number of outpatients and the number of medical insurance reimbursement has increased, and it also brings an increase in the difficulty of supervision of medical insurance funds. The cost segmentation and real-time settlement of the medical insurance in different medical insurance patients are more cumbersome than in-hospital behavior. Due to the endless medical management system, this is a higher load capacity for real-time transmission capacity for different settlement system information [6]. In the process of medical and settlement in cross-province, the outpatient needs of the clinic,



**Fig. 2.** Changes in the number of floating population in the country

the patient's approach demand is larger, and it is necessary to incorporate more eligible designated medical institutions. The diagnosis of the disease is mainly based on daily diseases and diabetes, high blood pressure, etc., and the variability is different. The outpatient treatment is an important part of the first hospital in the hospital. It has a wider range of patient populations. The condition is reluctant to be judged, and the general medical treatment is far more than hospitalized patients. Due to the presence of the above factors, higher levels of medical insurance and coordination are difficult, and the difficulties of medical reimbursement in different places have also increased.

## **3.2 Policy Source Flow Analysis**

### **3.2.1 Value Feasibility**

The old medical security system can persist and can continue to pay attention to the experts and government officials because the system is in line with the value feasibility criteria in the Golden Deng multiple streams model. In terms of medical treatment policies in different places, on the one hand, in the context of population aging and flowing populations, the population of cross-regional flows inevitably increase, thereby bringing an increase in medical people in different places; on the other hand Words, due to local medical and health resources and their own condition and the causes of foreign residence, work, retirement, and have to take differential medicines in the field. In order to better serve the needs of the people for medical treatment in different places, the full implementation of settlement work in different places is imminent. This will further improve the convenience of the insured people to seek medical treatment in different places, meet the needs of the people to seek medical treatment in other places, protect the basic medical insurance rights and interests of the floating population, and improve the fairness of the supply of public goods for medical and health resources. Judging from the number of outpatient visits in my country, as shown in Fig. 3, the total number of outpatient visits in China increased year by year before 2017, and decreased in 2018 and 2020. The proportion of outpatient visits for outpatient services is relatively high. In terms of medical expenses in different places, as shown in Fig. 4, before 2019, there was an increasing trend year by year, and in 2020, there was a slight decrease, and the proportion of hospitalization expenses was high, above 90%. Since 2016, the direct settlement of inter-provincial and out-of-town hospitalization expenses has been launched. In 2017, the direct settlement system of inter-provincial and out-of-town hospitalization expenses has been connected nationwide. At present, the direct settlement of inter-provincial and inter-provincial hospitalization expenses has been generally carried out in all coordinating regions across the country. Starting in 2020, the pilot work of direct settlement of outpatient expenses across provinces will be carried out in three areas of Beijing-Tianjin-Hebei, Yangtze River Delta, and five southwest provinces. Currently, we are making every effort to promote the direct settlement service of outpatient expenses across provinces, and orderly carry out outpatient expenses for chronic and special diseases. Cross-provincial direct settlement pilot. Compared with the direct settlement of hospitalization expenses, the direct settlement of inter-provincial outpatient expenses has more settlements, higher frequency and faster response speed requirements.

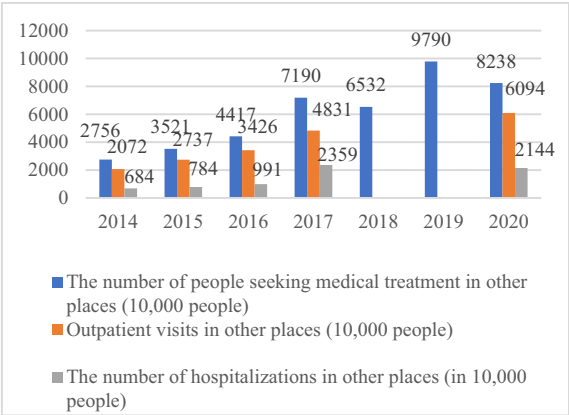


Fig. 3. 2014–2020 The total number of medical visits in other places

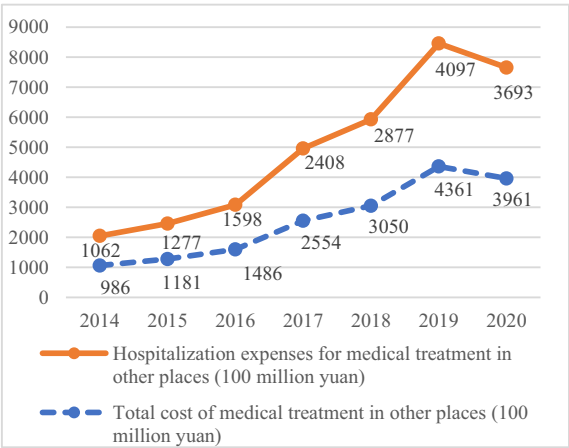


Fig. 4. 2014–2020 Total cost of medical treatment in different places

The introduction of the medical insurance policy in the outpatient will be further facilitated for the convenience of residents’ medical insurance in different places, further relieving the risk of disease economic risks and reducing the mass of medical treatment, and effectively solving the historical problem of “difficult to see a doctor, seek medical attention, reimbursement is difficult”. Once the same as the social value concept is issued, it has been widely recognized and supported by the policy agenda.

3.2.2 The Operation is Feasible

In terms of technical feasibility, many experts scholars give a lot of policy recommendations through investigating and analysis. Guo Yujiang, Guo Lin (2014) proposes that in the context of flowing population brings more medical needs, proposes three typical models of different medical institutions, a differential system, provincial networked

settlement model, pointing to the low level, Information system standards are different, etc. [7]. Li Yuanxia (2016) pointed out that the strategic of the relevant literature policy has proposed a hierarchical strategy that is increasing from provincial-level coordination to the health insurance relationship, creating a “ID card” alternative “medical insurance card” [8]. Liu Wei (2020) believes that the multi-compound medical insurance payment method will bring the budget difficulty in the prepaid liquidation mode, which is difficult to affect the effective implementation of medical fractional diagnosis and treatment, and gradually establish national health insurance to achieve the country. At all, the medical insurance fund adjustment system is established to mitigate prepaid pressure, strengthen the carrying and sharing of different medical settlement systems to accommodate the real-time settlement of outpatient costs, and point out the medical voucher system and community outpatient expenditure to encourage and standardize the medical order [9]. Liu Yang et al. (2021) on the implementation results of the long-term outpatient settlement, the results of the settlement system were unstable, the disease coverage is incomplete, and proposed should be suggested in strengthening information construction, promoting directory unity, strengthening promotional guidance, etc. Meet the accounting needs of the insured people in different places [10].

### 3.3 Analysis of Political Origin and Flow

#### 3.3.1 Public Sentiment

In 2009, the “Opinions on the Work of Solid Survey Service” (the Ministry of Human Social Security “issued by the People’s Republic of China (the Ministry of Human Social Development [2009] No. 190) (the Ministry of Human Social Security) focuses on the retirees in different places. Do a good job in medical and payment services. On October 28, 2010, my country’s “Social Insurance Law” (Chairman of the People’s Republic of China) issued the real-time settlement system of different medical expenses from the first place in accordance with legally provisions. 2014 “Guidance Opinion on progress to make a settlement work in the medical expenses of basic medical insurance” (the Ministry of Human Social Security [2014] No. 93) focuses on resettlement of retirees in different places and the disposal of the hospitalization costs, and the hierarchical advancement Serve. On December 8, 2016, the Ministry of Finance of the Ministry of Human Resources and Social Security of the People’s Republic of China issued the “Notice on Doing a Good Job in the Direct Settlement Work of Medical Costs in China and Temperature” (Ministry of Human Social Security” [2016] No. 120 (Hereinafter referred to as “Notice”), solve the real-time settlement of the hospital in different placed retirees, expanded to the refunded regulations, and gradually incorporate the long-term residents and the residetary staff in different places, medical expenses, direct coverage. In 2018, the National Medical Insurance Bureau released the “Notice on Doing Health Direct Settlement Work” (Medical Insurance [2018] No. 6), expanded cross-provincial medical real-time settlement, and improved national medical management and Cost settlement information system. On September 29, 2021, the General Office of the State Council issued the “14th Five-Year” National Medical Security Plan”, which emphasizes to further improve the direct settlement mechanism system of cross-provincial medical treatment, strengthen the construction of medical and payment capacity in different

**Table 1.** 2017–2021 Cumulative changes in direct settlement of hospitalization expenses across provinces and other places

	Designated Medical Institutions (10,000)	Cumulative settlement person-time (10,000)	Medical insurance fund payment (100 million yuan)
2017	0.90	20.80	28.00
2018	1.54	131.80	188.50
2019	2.72	276.08	383.20
2020	3.79	652.92	931.27
2021	5.27	1093.51	1555.90

places. It can be seen that the rulers have a very concern about medical problems in different places in more than ten years. Search for medical treatment involves most groups in society, mainly with resident staff, long-term residential personnel in different places, resettlement of retirees in different places, and referral for medical staff [11].

As shown in Table 1, from 2017 to 2020, the designated medical institutions and the number of settlements for inter-provincial and out-of-town medical treatment and hospitalization expenses have increased year by year. Since its launch in January 2017, a total of 6.5292 million cross-provincial and non-local medical treatments have been directly settled. The medical insurance fund paid 93.127 billion yuan, with a payment ratio of 59.0%, and the total medical expenses were 157.744 billion yuan. Especially in 2019, the total medical expenses and medical insurance fund payment both increased to a large extent, reflecting the comprehensive promotion of the direct settlement of hospitalization expenses for medical treatment in different provinces.

The direct settlement of hospitalization expenses across the country has been operating steadily. Since the start of the direct settlement of hospitalization expenses across provinces in 2016, as of the end of December 2021, there have been 52,700 designated medical institutions nationwide, basically covering all The first to third-level designated hospitals have realized that each county has more than one networked designated medical institutions. The cumulative number of settlements has exceeded 10 million, and the direct settlement rate has reached about 60%. Significant progress has been made in the direct settlement of outpatient expenses across provinces. Since September 2018, eight co-ordinated regions including Jiangsu Province and Anhui Province have taken the lead in becoming the first pilots for direct settlement of outpatient outpatient expenses in different places in the Yangtze River Delta region. At the beginning of 2020, on the basis of fully opening up the pilot projects in the five provinces of Beijing-Tianjin-Hebei, the Yangtze River Delta, and the southwest, the National Medical Insurance Bureau and the Ministry of Finance added 15 provinces including Shanxi as national outpatient pilot provinces, and comprehensively promoted the general outpatient cost across provinces. Direct billing works. As of the end of December 2021, a total of 12.5144 million cross-provincial outpatient medical expenses across the country have been directly settled; the medical expenses involved are 3.128 billion yuan, and the fund payment is 1.750 billion yuan. The fund payment ratio is 56.0%, and the overall settlement scale has quadrupled

compared to the same period in 2020. In December 2021, 1,390,900 person-times of outpatient clinics nationwide were directly settled across provinces, involving 347 million yuan in medical expenses and 203 million yuan in fund payments, up 25.9%, 22.3%, and 29.6% month-on-month respectively. Full coverage of medical institutions above the first level. The accumulative number of inpatient and outpatient medical treatment in different places in different provinces exceeded 10 million, and the needs of floating population for medical treatment in different places were continuously met.

The insured personnel take medical behavior in the coordinated area other than the insured, and will involve settlement between medical systems in different sites. The development of medical treatment policies in different places will provide convenient and fast medical security services to promote the fairness and rationality of medical resource allocation. This policy caters with the guidance of public emotions, and the broad support of the masses is the favorable promotion factor issued in the departure policy.

### **3.3.2 The Philosophy of the Ruling Party**

In political source, except for public emotions, exchange elections for administrative organs or legislators will also have a certain impact on the establishment of the policy agenda. The Decoration of the Ruling Party Governing Concepts plans to plan a global role, the CPC Central Committee and the State Council pay close attention to the hot topics in the field of people's livelihood, and propose to deepen the reform of medical and health system, providing more quality and equitable medical and health services for the broad masses of people; And point out that while social and economic development, the reform and opening up results will benefit all the people, and earnestly improve the living standards of the broad masses of the people. In the 19th Plenary Session and 2020 Government Work Report, it has made a clear requirement for accelerating the medical insurance system in different places. The core leadership collective is highly concerned about the migrant population in different medical problems, which greatly promotes the introduction of outpatients. The proposal of the new people's livelihood concept of the ruling party will play a programming role in the modernization of medical insurance system, the central government requires accelerating the completion of "covering the whole people, urban and rural coordinates, clearing, safeguarding moderate, sustainable", multi-level medical security system. my country's medical security system reform will continue to move into people-oriented health services, allowing the people to get more sense, happiness and sense of security.

### **3.4 Multi-source Flow Convergence, the Window of Policy Opens**

At the Fourth Plenary Session of the 19th CPC Central Committee, the leadership with General Secretary Xi Jinping as the core proposed to improve the social security system covering the whole people and accelerate the implementation of the settlement system for medical treatment. In different places. In the 2020 government work report, it put forward clear requirements for improving the level of basic medical services and carrying out the pilot inter-provincial direct settlement of outpatient expenses. The new governance concept has opened the policy window for the promotion of remote medical treatment



policies. At this time, many initiatives of more and more policy entrepreneurs are also in line with the guidance of public opinion, and at the same time arouse the attention of the official rulers. The three source streams gather together to open the window of policy. On September 30, 2020, the National Medical Insurance Administration and the Ministry of Finance jointly issued the Notice on Promoting the Pilot Work of Inter-provincial Direct Settlement of Outpatient Expenses. Since the direct settlement of inter-provincial hospitalization expenses was launched in 2016, remote medical treatment has been gradually promoted from province to province, from hospitalization to outpatient service. With the process of direct settlement of inter-provincial hospitalization expenses in all pooling areas, the pilot work of inter-provincial direct settlement of outpatient expenses has been officially launched.

## 4 Conclusions

This paper conducted an in-depth discussion by means of the analysis of the analysis of multiple streams models, the influence of problem source, policy source, and political source. In conjunction with the above analysis, we can see the establishment of a policy agenda. First, we need to find the origin of the issue. Second, there are many policy entrepreneurs to propose their own insights, and have a wide support of public opinion in society, which in turn affects. Further concerns about the political attitude of the official law. Finally, under the dual role of policy issuers and policy covers, the coupling of the three-source stream is promoted to open the policy window to issue relevant policies [12]. Outpatient costs cross-provincial settlement policy issued process is the result of the three source flow convergence, from the source of problem. The results of various factors such as filing channels. From the perspective of policy source, domestic expert scholars provide many feasibility recommendations, local governments are also conducting innovative beneficial explorations in practice, such as long-term exploration, Beijing, China, etc. Outpatient costs cross-province direct settlement provide a valuable test for reproduction. From the perspective of political source, the Party Central Committee and the Government have given high attention to the people's livelihood in my country, and multiple positive documents are introduced to push out the outpatient cost. The problem of outpatient expenses cross-provincial reimbursement is urgent to solve, in the face of the real demand for medical treatment in different places, the willingness of the government is more intense, and the full policy source stream provides a feasible policy recommendation, outpatient cost cross-provincial direct settlement. The policy is now introduced.

Although my country and Western countries have different political systems, multiple streams models are used as a policies and analytical tools, and it provides a good analysis idea for the analysis of different medical policy. However, whether the multiple streams model adapts to other policy sectors of China's localized national conditions, further research, the preliminary discussion of this paper also provides a certain reference for the development and optimization of other fields of policies. Further research and discussion on the test of multi-source flow theory in China.

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