



Text Analysis of China's Health Insurance Policy on Traditional Chinese Medicine from the Perspective of Policy Instruments

Chenyu Ding, Xiao Zhang^(✉), and Haoyun Yang

School of Public Health, Southeast University, Nanjing, China
zhangxiao@seu.edu.cn

Abstract. Over the past few decades, China has formulated a series of policies to support the development of Traditional Chinese Medicine (TCM). To reveal what role health insurance plays in the preservation and innovative development of TCM and to help the optimization of the policy system, this study constructs a two-dimensional analysis framework based on the perspective of policy instruments and the dimension of development stages. Content analysis is used to quantitatively analyze the policy texts. A total of 44 policy texts and 164 policy instruments are included in the statistical analysis, of which environment-type instruments account for 46.95%, demand-type instruments 36.59% and supply-type instruments 16.46%. So far, problems, such as unbalanced policy instruments, unreasonable internal structure, insufficient policy evaluation and so on, still exist in China's health insurance policy on TCM. It is suggested to continually optimize the structure of policy instruments, enhance the feasibility and innovation of policy instruments, and value the supervision of policy implementation.

Keywords: Traditional Chinese Medicine · health insurance · policy instruments · text analysis

1 Introduction

Traditional Chinese Medicine (TCM), as a unique health resource in China, has deposited rich theoretical content and treatment experience. Promoting the inheritance and innovation of TCM is one of the important strategic deployments of China in the health field. In recent years, TCM has been gradually marginalized due to the impact of Modern Medicine, the preference of public, the lack of professionals and other realities [16][17]. If we fully comply with the free market, it is difficult to effectively solve the marginalization of TCM. Therefore, government support becomes an important guarantee for the inheritance and innovation of TCM. In the context that the development of TCM cannot be separated from government regulation, it is of practical significance to conduct a policy analysis.

Policy texts are the main carrier of public policies. Quantification of policy texts is different from the interpretation of individual policies. The huge amount of textual information provides researchers with new analytical paths and broadens the research

paradigm of the public policy discipline. Content analysis is a common method for quantitative research on policy texts. This method implements text coding by defining an analysis unit and then does statistical analysis [5][22]. Policy instruments are the approaches adopted by public policy subjects in the process of implementing policies that can translate public management goals into concrete actions [1][18]. Using policy instruments as an analysis unit helps to understand the government's policy goals as well as the measures adoption.

Under public ownership, China's healthcare system shows a centralized characteristic. The role of the government is therefore critical to the positive development of TCM [16]. The Chinese government has traditionally implemented the guideline of placing equal importance on both TCM and Modern Medicine. Over the years, the government has invested much effort to protect and enhance the role of TCM in the health system, which has provided scholars with ample information to support their policy research. Until now, there has been some policy research around the field of TCM, including overviews of TCM policies and quantitative studies of policy texts, but the number is not large. Wang et al. (2021) [11] introduced the history of TCM development, sorted through the policy documents until 2019 and outlined the core content of each one. Some scholars conducted content analysis based on the perspective of policy instruments. These studies cover TCM [3][9], preventive treatment of disease in TCM [13], and health services in TCM [12][19]. However, there is no study on health insurance policies for TCM. The healthcare system and the health insurance system are not separate. It means that the inheritance and innovation of TCM need the guidance of health insurance system. Health insurance expands the service scope of the TCM supply system and guides the behavior of doctors and patients through risk sharing and compensation design [21]. Simultaneously, the optimization of healthcare system helps to strengthen the management of health insurance funds. Therefore it is necessary to focus on the effects that health insurance policies have on the development of TCM. So far, a large number of policy documents have been issued in the field of TCM. Among them, policies related to health insurance have been accumulated but are scattered. Besides, previous studies simply considered different health insurance policies as a single policy instrument, which led to the neglect of the heterogeneity of health insurance measures. Therefore, it is necessary to conduct a separate study on health insurance policies in the field of TCM. Based on the above background, this study constructs a two-dimensional analysis framework from the perspective of policy instruments to conduct a quantitative text analysis of TCM health insurance policies. Thus, it goes to find out the current composition, characteristics and shortcomings of TCM health insurance policies, and to provide references to further improve the policy system.

2 Materials and Methods

2.1 Sources of Materials

The PKULAW database and the official websites of central government ministries are used as search sources. In order to obtain as much information as possible, "TCM", "health insurance", "insurance", "security", etc. are set as keyword or full-text search to collect relevant policy documents from 1998, when the Basic Medical Insurance for

Table 1. TCM health insurance policies in China (partial).

No.	Policy	Authority	Time
1	Program for Chinese Materia Medica Development	General Office of the State Council of the People's Republic of China	2002.11.01
2	Regulations of the people's Republic of China on Traditional Chinese Medicine	State council of the People's Republic of China	2003.04.07
3	Key Points of Traditional Chinese Medicine Work in 2008	State Administration of Traditional Chinese Medicine of the People's Republic of China	2008.03.04
...			
43	The 14th Five-year Plan for the National health	General Office of the State Council of the People's Republic of China	2022.04.27
44	Key Tasks in Deepening the Medical and Healthcare System Reform in 2017	General Office of the State Council of the People's Republic of China	2022.05.04

Urban Employees was established, to May 2022. The purpose of this paper is to study the policies related to TCM health insurance at the national level. To achieve the purpose and ensure the relevance of the policies, three principles are used in the selection of policy documents. (i) Documents were directly issued by national government departments; (ii) The content of policy documents is related to supporting the inheritance and development of TCM via health insurance. (iii) The types of policy documents are mainly laws and regulations, plans, opinions, etc., which are more normative. A total of 44 policy texts are included, as shown in Table 1.

2.2 Methods

2.2.1 Policy Documents Coding

First, the included policies are coded in the form of “policy number - primary title - secondary title - tertiary title”, and then the main contents are extracted to form a standardized policy text base. If multiple policy instruments are used for a certain content, the same code is counted again. Examples of coding are shown in Table 2.

2.2.2 Constructing a Framework for Policy Analysis

The policy instruments perspective is widely used in policy text studies to analyze the characteristics and distribution of policy measures. However, it is difficult to see the dynamic process of policy development from a single policy instruments perspective. As policy goals and issues change, policy characteristics and functions differ at different stages. Analysis in the temporal dimension can reflect the pattern of policy evolution. In order to systematically demonstrate the developmental characteristics of policy texts, this study constructs a two-dimensional policy analysis framework of health insurance

Table 2. Examples of TCM health insurance policy text codes.

policy no.	primary title	secondary title	tertiary title	code
1	3. Main measures	3. Increasing policy supports for TCM industry	5. Improve the registration review of Chinese medicine. ...	1-3-3-5
44	4. Promote high-quality development of medicine and health	20. Promote the revitalization and development of TCM. ...	/	44-4-20

supporting TCM development from the dimension of basic policy instruments and the dimension of policy development stages (Fig. 1).

- (i) X-dimension: basic policy instruments. There are different approaches to the classification of policy instruments in the academia. For example, Howlett and Ramesh (2009) [4] classified policy instruments into voluntary, mandatory, and hybrid instruments. And Rothwell and Zegveld (1985) [8] classified policy instruments as supply-type, demand-type, and environment-type, which is generally accepted in healthcare field. The key to the development of healthcare is to achieve a balance between supply and demand [15]. Similarly, health insurance supporting the development of TCM also aims to help TCM achieve a supply-demand balance. The division of policy instruments according to supply and demand is helpful to clarify what role health insurance plays in each aspect and to analyze the conflict between supply and demand. Meanwhile, this approach regards the government as more of an environment shaper, which relatively reduces the role of governmental coercive intervention [2][6]. Preferential policies in health insurance aim to create a healthy ecology so that it can encourage the development of TCM, rather than to support TCM by “suppressing” Modern Medicine and unfairly distributing it. Its role is in line with the concept of environment shaper. Therefore, based on this approach, X-dimension classifies policy instruments into the following three categories: (1) Supply-type instruments, which refer to health insurance policies that directly promote the development of TCM; (2) Demand-type instruments, which refer to health insurance policies that have a pulling effect on the development of TCM. They drive the preservation and innovation of TCM by stimulating the demand of all parties; (3) Environment-type instruments, which refer to the creation of a supportive policy environment for TCM through supporting and guaranteeing measures.
- (ii) Y-dimension: policy development stages. After sorting through the documents and considering the general background of China's medical and health development, this paper selected some important policy documents as the division nodes and divided the policy development into three stages: (1) The budding period (1998–2008): Since the establishment of Basic Medical Insurance for Urban Employees in 1998, China's basic health insurance system began to be built for the first time. At

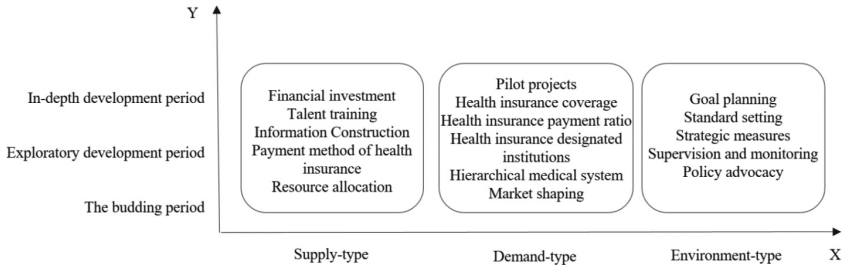


Fig. 1. A two-dimensional analytical framework for TCM health insurance policies.

this time, the focus of social health insurance was to expand the coverage, improve the funding level and the protection level [14]. Therefore, less attention was paid to TCM alone. Only a small number of policy texts mentioned “incorporate TCM as an important element in the construction of health security system, and formulate preferential policies to encourage the use of TCM.”. (2) Exploratory development period (2009–2018): With the gradual improvement of the basic health insurance, China started a new round of healthcare system reform in 2009. The State Council then issued the *Several Opinions on Supporting and Promoting the Development of TCM*, marking the growing attention to the development of Chinese medicine. Multiple parties, including health insurance sector, conducted their explorations during this phase. (3) In-depth development period (2019-): In 2019, the Central Committee of the Communist Party of China and the State Council issued the *Opinions on Promoting the Preservation and Innovative Development of TCM*. It gives comprehensive guidance to the development of TCM and places TCM in a higher priority. The number of policies increased significantly during this period. The objectives and contents were more detailed than before.

2.2.3 Statistical Analysis

After completing the coding of policy texts and classification of policy instruments via content analysis, all materials were recorded into Excel 2016 for quantitative statistical analysis.

3 Results

3.1 An Overview of China’s TCM Health Insurance Policies from 1998 to 2022

A total of 44 policies were included in this study. As shown in Fig. 2, there is an overall increasing trend in the number of documents issued. Among them, the number of policies is the largest in 2021. There were 13 policies issued jointly by multiple departments and 31 issued by a single department.

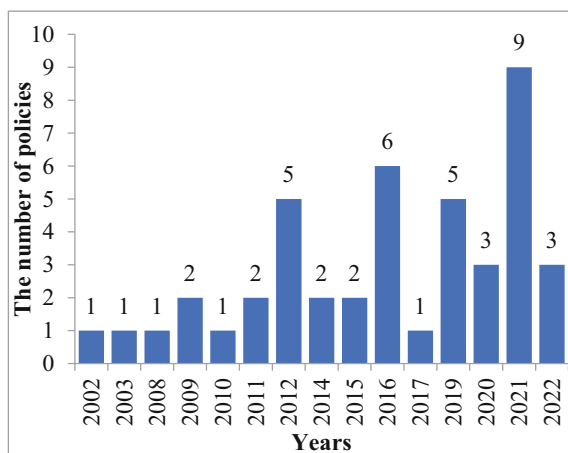


Fig. 2. Statistics on the number of policies issued from 1998–2022.

3.2 Results Under the Policy Instrument Dimension

After content analysis, 148 policy texts were selected. Some of these codes used several policy instruments at the same time, so a final total of 164 policy instruments were included in the statistical analysis. The results are shown in Table 3.

It shows that the use of policy instruments from high to low are environment-type, demand-type and supply-type instruments, accounting for 46.95%, 36.59% and 16.46% respectively. In terms of specific use, the most used supply-type instrument is the payment method of health insurance, which exceeds the number of other supply-type instruments combined. Among the demand-type instruments, the most used is health insurance coverage, followed by health insurance designated institutions. Among environment-type instruments, the most used is strategic measures, followed by goal planning.

3.3 Utilization of Policy Instruments at Different Stages

By adding Y dimension to X dimension, the application of policy instruments under the two-dimensional framework is shown in Table 4. It shows that the policy instruments are least used in the budding period, accounting for only 1.97%. The exploratory development period and the in-depth development period account for 45.73% and 52.44%. In the budding period, policy instruments such as health insurance coverage, health insurance designated institutions and strategic measures were used. All three types of instruments were used during the exploratory development period. The supply-type instruments were used the least with 13.33%. There were slightly more environment-type instruments than demand-type instruments, accounting for 44% and 42.67%. Strategic measures and goal planning were most used in this stage. In the in-depth development period, supply-type instruments increased, demand-type instruments decreased, environment-type instruments remained the most numerous. The three types account for 19.77%, 30.23% and 50% respectively. The policy instruments used in this phase are more various. All instruments were used except talent training and health insurance payment ratio. The most

Table 3. Distribution of TCM health insurance policies in the dimension of policy instruments.

Type	Name	Percentage(%)	Total(%)
Supply-type	Financial investment	0.61	16.46
	Talent training	0.00	
	Information onstruction	3.66	
	Payment method of health insurance	10.98	
	Resource allocation	1.22	
Demand-type	Pilot projects	4.27	36.59
	Health insurance coverage	12.80	
	Health insurance payment ratio	3.05	
	Health insurance designated institutions	6.71	
	Hierarchical medical system	3.66	
	Market shaping	6.10	
Environment-type	Goal planning	12.80	46.95
	Standard setting	4.27	
	Strategic measures	20.12	
	Supervision and monitoring	6.71	
	Policy advocacy	3.05	
Total		100	100

commonly used are strategic measures, payment methods of health insurance and health insurance payment coverage.

4 Discussion

4.1 The Government is Placing More Emphasis on Supporting TCM Through Health Insurance

China is paying increasing attention to TCM. With the continuous progress of China's health security system, the role of health insurance in promoting medicine and health is proven by practice. The policy issue of advancing TCM through health insurance is gradually moving from the periphery to the core. Entering the in-depth development period, the number of policies and policy instruments in less than four years (20, 82) has approached or even exceeded the total number in the exploratory development period (21, 75). With continuous development, the variety of policy instruments has become richer. Policy support has gradually increased, such as the inclusion of TCM rehabilitation medical services in the coverage of health insurance. The measures have been changing from vague to precise, such as refining "explore suitable health insurance payment methods for TCM" to "explore the implementation of Diagnosis-Intervention Packet (DIP) for TCM". In terms of issuing authorities, the top three in the number of documents issued

Table 4. Distribution of TCM health insurance policies in the two-dimensional framework.

Type	Budding peorid	Exploratory development period	In-depth development period	Total	
	Percentage(%)	Percentage(%)	Percentage(%)	Frequency	Percentage(%)
Supply-type					
Financial investment	0	0	1.16	1	0.61
Talent training	0	0	0	0	0
Information onstruction	0	6.67	1.16	6	3.66
Payment method of health insurance	0	6.67	15.12	18	10.98
Resource allocation	0	0	2.33	2	1.22
Total	0	13.33	19.77	27	16.46
Demand-type					
Pilot projects	0	2.67	5.81	7	4.27
Health insurance coverage	33.33	12.00	12.79	21	12.80
Health insurance payment ratio	0	6.67	0	5	3.05
Health insurance designated institutions	33.33	9.33	3.49	11	6.71
Hierarchical medical system	0	6.67	1.16	6	3.66
Market shaping	0	5.33	6.98	10	6.10
Total	66.67	42.67	30.23	60	36.59
Environment-type					
Goal planning	0	16.00	10.47	21	12.80
Standard setting	0	0	8.14	7	4.27
Strategic measures	33.33	18.67	20.93	33	20.12
Supervision and monitoring	0	5.33	8.14	11	6.71
Policy advocacy	0	4.00	2.33	5	3.05
Total	33.33	44.00	50.00	77	46.95

are the General Office of the State Council/State Council, the State Administration of Traditional Chinese Medicine and the National Healthcare Security Administration, with 22, 18 (including joint issuance) and 9 (including joint issuance) respectively. The high number of documents issued by the State Council reflects the national attention to TCM. However, there is also the problem that the policies are macro-guidance-oriented and

therefore need to be further implemented [20]. The State Administration of Traditional Chinese Medicine and the National Healthcare Security Administration jointly issued a total of 6 documents. As the two major key authorities, inter-departmental cooperation needs to be further enhanced.

4.2 The Type of Policy Instrument is Imbalanced

A balanced combination of different types of policy instruments can work best. The so-called balance is difficult to specify as a given ratio. It is usually a qualitative judgment on the effectiveness of the combination of policy instruments and the achievement of policy objectives [15]. The results of the study show a strong preference for environment-type use. The government prefers to give attention on promoting TCM development in top-level design. The overall utilization of demand-type is relatively reasonable. However, in the view of the development stage, there is a decreasing trend of its use ratio. One of the important functions of health insurance is to guide behavior and demand. So it is important to value demand-type instruments that can fully pull the need of TCM. In addition, supply-type instruments are underused. Although the proportion of supply-type is gradually increasing in terms of development stage, it is still insufficient. Supply-type instruments play a direct role in promoting the growth of TCM. The lack of supply-type instruments and the excess of environment-type instruments in all three phases suggest a certain path dependence in the selection of policy instruments [6]. It is now in the in-depth development period, the overuse of environment-type instruments will hinder the direct dynamics and prevent TCM from stepping into the path of efficient development [7].

4.3 The Internal Structure of Various Types of Policy Instruments is Imbalanced

Among the supply-type instruments, payment method of health insurance are the most used, accounting for 64%. While resource allocation and financial investment account for only 8% and 4%, respectively, talent training is not used. This is in line with other scholars' studies that TCM lacks policy supports regarding financial investment [3][9][12][13][19]. The health insurance cannot directly give financial funds, infrastructure construction and other inputs, so the corresponding instruments are even more inadequate. In addition, it suggests that there is a lack of training composite talents with both TCM and health insurance knowledge.

Among the demand-type instruments, health insurance coverage (36.36%) and health insurance designated institutions (20%) were the most used. The reason may be that these two policies are not very difficult to implement. The internal structure of the demand-type instruments is relatively reasonable, with each instrument being used. It is worth mentioning that the health insurance payment ratio instrument was only used in the exploratory development period. The text is "increase the reimbursement rate of TCM in the New Rural Cooperative Medical System", which can stimulate patients' demand for TCM. No further use is seen in the in-depth development period.

Among the environment-type instruments, strategic measures (43.06%) and goal planning (27.78%) are the most used. It reflects that policy makers clearly plan for the development of TCM and take measures, such as regulating the prices, as guarantees.

The wide use of goal planning instruments shows that the Chinese government emphasizes goal setting and advances in a layer-by-layer way. However, there are also problems of vague policy objectives and lack of quantitative expression. Since the in-depth development period, the national level has been giving clearer standards and paying more attention to supervising and monitoring than before, but the policy evaluation as well as policy advocacy are still lacking.

5 Suggestions

5.1 Balance the Basic Policy Instruments and Optimize the Internal Structure

The balanced use of policy instruments emphasizes the coordination between supply-type, demand-type, and environment-type. In order to better support the preservation and innovative development of TCM with health insurance, firstly, increase the supply-type instruments to increase the policy impetus. Second, optimize demand-type instruments to build a demand-driven high-quality TCM service system. Third, streamline environment-type instruments to shape an excellent implementation environment.

Internal optimization of supply-type instruments should begin with strengthening the training of quality health insurance personnel and the formation of an advisory team with the participation of TCM and health insurance experts. Health insurance policy makers should know the characteristics of TCM services. What's more, the role of health insurance in medical supply-side reform should be focused on [10]. First, the total budget should be appropriately tilted to the TCM hospitals to increase the investment of health insurance fund. Second, payment method that meet the characteristics of TCM should be created. The current policy orientation is shifting from DRG payment to DIP payment for TCM, which has lessened the control on TCM costs. In view of the fact that TCM and Modern Medicine belong to two separate medical systems, it is recommended to explore the health insurance mechanism of separate total budget for TCM. So as to comply with the characteristic of syndrome differentiation and treatment and give TCM more autonomy.

Regarding demand-type instruments, it is recommended to continue the pilot work of TCM reform and encourage the exploration and implementation of localities. In addition, TCM should be integrated into the construction of hierarchical medical system. For example, encourages should be given to the establishment of private TCM healthcare institutions, to the use of TCM in primary healthcare institutions, and to the inclusion of TCM family doctors and preventive treatment of disease in TCM in the health insurance coverage. Finally, it is recommended that the reimbursement ratio for TCM can be set flexibly. The development of TCM will be driven by the preferential payment ratio of medical insurance within a limited period. However, care should be taken to maintain a balance with Modern Medicine policies to keep a healthy ecology in the medical market.

Regarding environment-type instruments, first, a detailed monitoring mechanism, such as an evaluation system for TCM health insurance payment reform, should be developed to focus on policy implementation. Second, strengthen policy advocacy. For the government, training can be conducted to enhance the attention and willingness of relevant functional departments to carry out the project. For patients, various social advocacy programs can be launched to enhance their understanding and willingness

to use TCM. Third, some strategic measures are vague and should be elaborated. For example, give the implementation plan for dynamic price adjustment of TCM services, clarify the division of duties for multi-sectoral collaboration, etc.

5.2 Enhance the Operability and Innovation of Policy Instruments

After policy accumulation, the government has sufficient planning for TCM development at the macro level. However, detailed to the promotion role of health insurance, there are fewer systematic policy texts at the national level, which have limited guidance for practical implementation [13]. First, the government should continue to encourage localities to explore their own reform paths that are compatible with their local healthcare systems and summarize their experiences. The government also needs to focus on policy continuity and enhance the operability of policy instruments.

In the process of reform, the adjustment of policy objectives and changes in the external environment put demands on the innovation of policy instruments. China’s deepening the healthcare system reform is advancing rapidly, and the link between health insurance and medicine is becoming increasingly close. When designing policy instruments, it is necessary to consider their life cycle [15], break the path dependence through gradual adjustment, enhance the innovation of policy instruments, and better fit the needs of policy objectives, so as to establish an efficient policy instrument system for health insurance to promote TCM inheritance and innovation.

Appendix

The classification and interpretation of policy instruments are detailed in Table 5 .

Table 5. Classification and interpretation of policy instruments.

Type	Name	Interpretation
Supply-type	Financial investment	Increase the total budget of the TCM medical service community.
	Talent training	Train comprehensive health insurance professionals who are familiar with TCM.
	Information onstruction	Strengthen the information technology construction and promote the good interface of different information systems.

(continued)

Table 5. (continued)

Type	Name	Interpretation
	Payment method of health insurance	Explore suitable medical insurance payment methods for TCM.
	Resource allocation	Build TCM-led medical treatment combinations/communities to optimize resource allocation.
Demand-type	Pilot projects	Carry out DRG pilot, county medical community pilot, TCM information construction pilot, etc. to promote experience.
	Health insurance coverage	Include suitable TCM services and medicine in the medical insurance coverage.
	Health insurance payment ratio	Increase reimbursement of health insurance for TCM.
	Health insurance designated institutions	Include eligible TCM institutions in health insurance designated institutions.
	Hierarchical medical system	Improve differential payments. Increase the ratio of payment for primary healthcare institutions and encourage the use of TCM services.
	Market shaping	Encourage commercial insurance companies to launch TCM health insurance products.
Environment-type	Goal planning	Make plans for the development of TCM with clear objectives and tasks.
	Standard setting	Formulate relevant specifications, such as coding rules, monitoring indicators, etc.
	Strategic measures	Protective and strategic measures, such as improve the price of TCM services and build a TCM service delivery system in collaboration.
	Supervision and monitoring	Determine the subjects, objects and ways of supervision, and improve the regulatory system.
	Policy advocacy	Publicize policies to the society and mobilize participation.

References

1. Cao, Y. (2009). History and classification of policy instruments. *J. Modern Business Trade Industry*. 21(13), 41-44.
2. Che, F. (2018). Analysis of China's health service industry policy based on the perspective of policy instruments. *J. Journal of Yunnan Minzu University (Social Sciences)*. 39(06), 75-81.
3. Deng, Y. and Nie, H. (2021). Analysis on the inheritance and innovation policy of Traditional Chinese Medicine in China based on policy tools. *J. China Pharmacy*. 32(01), 1-5.
4. Howlett, M. and Ramesh, M. (2009). Studying public policy: policy cycles and policy subsystems. *J. American Political Science Association*. 91(2), 548-580.
5. Huang, C. and Lyu, L. (2020). The application of text analysis methods in public administration and public policy research. *J. China Public Administration Review*. 2(04), 156-175.
6. Li, Y. and Jiang, L. (2022). Analysis of local long-term care insurance pilot policies based on a policy instruments perspective. *J. Journal of Yunnan Minzu University (Social Sciences)*. 39(01), 122-133.
7. Ma, Y., Zhang, Y., Yang, L., et al. (2021). A textual quantitative study on the reform of medical insurance payment methods in China from the perspective of policy tools. *J. Medicine and Society*. 34(08), 103-107.
8. Rothwell, R. and Zegveld, W., 1985. *Reindustrialization and technology*. Armonk, N.Y.
9. Song X., Xiong, J., Yao, Y. (2019). Research on Chinese Medicine policy based on policy tools. *J. Medicine and Society*. 32(11), 4-8.
10. Sun, X. (2019). How to better play the role of total health insurance control in the New Healthcare Reform environment. *J. Management and Administration*. (04), 7-9.
11. Wang, W., Zhou, H., Wang, Y., et al. (2021). Current policies and measures on the development of Traditional Chinese Medicine in China. *J. Pharmacological Research*. 163, 105187.
12. Wei, M., Qiao, T., Li, M. (2021). Quantitative analysis of China's Traditional Chinese Medicine health service policy based on the perspective of policy tools. *J. Modern Preventive Medicine*
13. Wu, M., Fan, Z., Xiang, L. et al. (2021). Study on the policy of preventive treatment of diseases in Traditional Chinese Medicine in China based on policy tools. *J. Medicine and Society*. 34(10), 17-22.
14. Xie, L. and Hu, H. (2021). Evolution and trend of the cross-pooling healthcare policy of basic medical insurance in China: Based on content analysis of policy document. *J. Chinese Journal of Health Policy*. 14(06), 45-50.
15. Xiong, Y. and Zhao, Q. (2021). The structure of policy instruments combination in the New Health Care Reform: staged evaluation and development prospect. *J. Journal of Anhui Normal University (Hum.&Soc.Sci.)*. 49(04), 95-105.
16. Xu, J. and Yang, Y. (2009). Traditional Chinese medicine in the Chinese health care system. *J. Health Policy*. 90(2-3), 133-139.
17. Yang, Y., Tian, K., Bai, G., et al. (2019). Health technology assessment in traditional Chinese medicine in China: current status, opportunities, and challenges. *J. Global Health Journal*. 3(4), 89-93.
18. Zeng, J. (2008). Policy instruments selection and socialization of public management in China. *J. Theory and Reform*. (2), 87-89.
19. Zhang, H., Deng, M. (2022). Research on policy instruments in the field of TCM health services in the context of Healthy China. *J. Journal of Hohai University (Philosophy and social sciences)*. 24(01), 30-37+110.
20. Zhang, M., Lin, Z., Zhan, X., et al. (2021). Analysis on the policy text of combination of medical and nursing care in Nanjing: Based on policy tools. *J. Chinese Journal of Health Policy*. 14(06), 21-28.

21. Zhang, Y. and Zhang, L. (2017). Structural friction and integration of medical insurance system health care delivery. *J. Chinese Health Economics*. 36(1), 21-23.
22. Zheng, X. and Dong, Y. (2021). Review on quantitative analysis of political texts. *J. Journal of Modern Information*. 41(02), 168-177.

Open Access This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

