

Analysis on the Effect of Policy Implementation Based on Smith Model

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Abstract: On the basis of understanding the current situation of the construction and development of the Medical Consortium, the policy of building a Medical Consortium from 2000 to 2019 is combed; the development course of the construction policy of the Medical Consortium is analyzed and summarized. We analyzed the implementation status of supportive policies for Medical Consortium based on the framework of Smith's policy implementation process model, detailedly discussed the idealized policies, implementors, target group and environmental factors.

Medical consortium is not only an important hand to promote hierarchical diagnosis and treatment, but also a powerful power to improve the efficiency of medical services. With the country gradually clear the importance of medical Consortium for medical reform, in order to better promote the integration of medical resources and improve the ability of basic level service, relevant policies have been successively issued. However, the implementation process of China's Medical Consortium has been slow, the formation of a slow pattern of hierarchical diagnosis and treatment, Medical Consortium policy due to a variety of deviations and obstacles to the implementation of bottlenecks. Therefore, with the help of Smith model, this paper attempts to analyze the deviation and obstacles in the process of policy implementation from four perspectives so as to find out the key problems hindering the implementation of the policy of the medical alliance and put forward suggestions^[1].

1. Materia and Methods

1.1 Materia

Through setting the written date range from 2000 to 2019 on the websites of the National Health Commission and the Central People's government, the relevant policy documents of Medical Consortium published by " Medical Consortium " were searched by keywords in the main body, and 24 analysis documents were finally included (Table 1).

Table 1. The analysis documents

NO.	publish agencies (time)	Documents
1.	the General Office of the State Council (2000)	Guiding opinions on the reform of medical and health system in cities and towns
2.	the General Office of the State Council (2015)	Development plan of Chinese medicine health service (2015-2020)
3.	the General Office of the State Council (2015)	Implementation opinions of the general office of the State Council on comprehensively promoting the comprehensive reform of county level public hospitals

4.	↵	the General Office of the State Council (2015) ↵	Guiding opinions of the general office of the State Council on the pilot project of comprehensive reform of urban public hospitals↵
5.	↵	the General Office of the State Council (2015) ↵	Guiding opinions of the general office of the State Council on promoting the construction of hierarchical diagnosis and treatment system↵
6.	↵	the General Office of the State Council (2016) ↵	Key tasks of deepening medical and health system reform in 2016↵
7.	↵	National Health Commission of the people's Republic of China (2016) ↵	Notice on promoting pilot work of graded diagnosis and treatment↵
8.	↵	the state council (2017) ↵	The 13th five year plan for deepening the reform of medical and health system↵
9.	↵	the state council (2017) ↵	Opinions of the State Council on implementing the division of work of key departments in the report on the work of the government↵
10.	↵	the state council (2017) ↵	Opinions on key work of deepening economic system reform in 2017↵
11.	↵	the General Office of the State Council (2017) ↵	Key tasks of deepening medical and health system reform in 2017↵
12.	↵	the General Office of the State Council (2017) ↵	Opinions on supporting social forces to provide multi-level and diversified medical services↵
13.	↵	the General Office of the State Council (2017) ↵	Guiding opinions of the general office of the State Council on further deepening the reform of payment methods of basic medical insurance↵
14.	↵	the General Office of the State Council (2017) ↵	Guiding opinions of the general office of the State Council on the establishment of modern hospital management system↵
15.	↵	National Health Commission of the people's Republic of China (2017) ↵	Notice of the general office of the state health and Family Planning Commission on carrying out field inspection of health and family planning system↵
16.	↵	National Health Commission of the people's Republic of China (2017) ↵	Guidance of national health and Family Planning Commission on pilot work of medical consortium construction↵
17.	↵	the General Office of the State Council (2017) ↵	Guiding opinions on promoting the construction and development of medical Consortium↵
18.	↵	the state council (2018) ↵	Opinions of the State Council on implementing the division of work of key departments in the report on the work of the government↵
19.	↵	the General Office of the State Council (2018) ↵	Suggestions on reforming and improving the incentive mechanism for training and using general practitioners↵

20.	the General Office of the State Council (2018)	General Office of the State Council on the promotion of Internet and medical health development
21.	National Health Commission of the people's Republic of China (2018)	Notice on printing and distributing the work plan of comprehensive performance appraisal of Medical Consortium (Trial)
22.	the General Office of the State Council (2018)	Notice of the general office of the State Council on printing and distributing the key tasks of deepening the reform of the medical and health system in the second half of 2018
23.	National Health Commission of the people's Republic of China and the State Administration of Traditional Medicine of China (2019)	Pilot work plan of urban medical consortium construction
24.	the General Office of the State Council (2019)	Notice of the general office of the State Council on printing and distributing the key tasks of deepening the reform of the medical and health system in 2019

1.2 Methods

The Smith model (Figure 2) was developed by the American scholar T. B. Smith first proposed in *The Policy Implementation Process*⁰ that the model is used to systematically analyse the relevant variables in policy implementation. The relevant variables are the idealized policies, implementors, target group and environmental. Whether policy implementation is effective depends not only on idealized policies, but also on the overall objectives. Taking into account the impact of the implementation agencies and the policy implementation environment. The policy implementation process is the process of adjusting and optimizing the tension of the interaction of the four variables to a flat state, and the policy implementation results will be fed back and used to fix the policy or formulate a new policy.

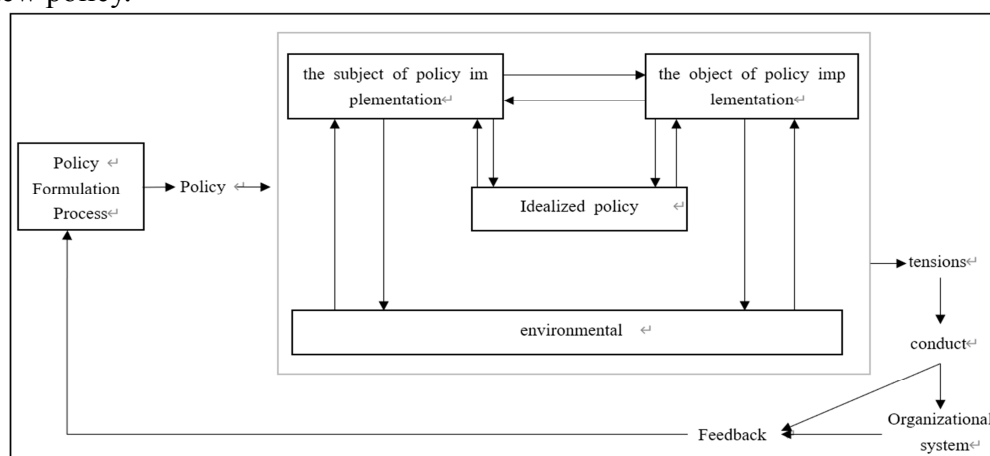


Figure 2. The smith model

2. Idealized Policy

The idealized policy in Smith's model refers to the policy which is scientific, feasible and effective. That is, whether the implementation of the Medical Consortium can achieve the desired effect of the country, including the form of the policy (law or order), social support, etc.

Many scholars have expressed their views on the construction and development of Medical

Consortiums. Tian Ping and others (2019) believe that the construction of internal information system in the medical alliance is lagging behind, and the patients' treatment procedures are complicated ^[2]. It is necessary to accelerate the construction of information application and establish a complete medical information platform docking. Li Wei and other scholars (2019) this paper analyzes the accounting problems of the main economic activities of the Medical Consortium, and thinks that the organizational structure of the Medical Consortium is conducive to division of labor but not conducive to overall management ^[3].

All over the country, large and medium-sized cities are focusing on the implementation of various types of Medical Consortium system construction in this period. They are still in a cautious state for highlighting a series of problems in the construction process at the national level. The policies issued are mostly to use the Medical Consortium as a theoretical method to help improve the management and operation mechanism, strengthen the division of labor and cooperation mechanism, and improve primary medical care. However, there is no detailed and specific guidance on the establishment of medical consortium. From the perspective of a series of Health Care Alliance policies, the reform policies are in the "isolated" state and lack of contact with other policies.

3. Policy Implementation Agencies

A policy enforcement agency is a unit of government that is responsible for policy implementation, including structure and people, leadership style and skills, ability and beliefs of the implementer, etc. ^[4] Dunn points out that policy enforcement is the process of translating policy ideas and texts into policy effects and the only bridge between policy objectives and policy outcomes ^[5], and that policy enforcement agencies act as a bridge.

At present, China's medical and health resources are allocated in accordance with the administrative level. Leading medical institutions and medical institutions at all levels do not belong to the same level of government departments and financial budget units. The power of personnel appointment and removal, establishment examination and approval, medical equipment purchase approval and financial investment allocation, funding sources and allocation channels are different ^[6]. Moreover, it is impossible to unify the account, which makes the fund management more difficult ^[7]. Then, the Medical Consortium built under the background of a management system with no division of management and operation can only be a loose Medical Consortium which stays at the level of technical guidance. This kind of Medical Consortium is not an independent legal entity, and its members have strong autonomy and cannot be managed uniformly ^[8].

4. Policy Implementation Target Groups

The target group in Smith's model refers to the groups that have to adjust their behavior because of specific policy decisions, including the degree of organization and institutionalization of the target group ^[9]. In this paper, the target groups are analyzed only for superior hospitals, grass-roots hospitals, private hospitals and patients.

At present, from the cost-benefit point of view, the higher hospital-led Medical Consortium needs to spend a lot of manpower, material resources, financial resources and other resources. But the initial effect of the establishment is very little and the sustainability is not enough. On the other face of the basic medical institutions, the policy not only did not mobilize the enthusiasm of the grass-roots technical personnel, but also made most hospitals refuse to participate in the Medical Consortium. It is mentioned in many policies that social medical institutions should be encouraged to run hospitals. But the public welfare of public hospitals and the profitability of private hospitals is contrary to the private hospitals. Patients may lose the right to choose medicine because of the construction of the Medical Consortium. In the Medical Consortium grid, medical service monopoly may be formed, and patients can only flow within the grid. What's more, medical institutions at all levels will shirk patients.

5. The Policy Implementation Environment

The policy implementation environment refers to the political, economic and cultural factors related to the living space of the policy. In addition to being influenced by formal systems such as legal provisions, policies are influenced by informal factors such as traditional ideas, ethics, etc. ^[10]

At present, the policy implementation environment is very good. The governments at all levels, hospitals and so on are actively engaged in the creation of Medical Consortiums. But the hospitals at all levels in the Medical Consortium in the level of medical services, medical resources, personnel technology and other aspects of the gap. There are differences in medical division, information level and cultural concept ^[11]. These differences make it difficult for members of the Medical Consortium to carry out close cooperation, while loose management system cannot achieve a win-win goal ^[12].

6. Advices

6.1 The System Formulates the Policy of Medical Consortium.

In formulating a reform policy, we need to take into account the consequences of implementing this policy. It will establish and improve the Medical Consortium into various health policies and measures, and continuously promote the construction and development of the Medical Consortium.

6.2 Clarify the Responsibilities of Each Department and Separate Management

It is necessary to explore the establishment of a collaborative mechanism between health, medical insurance, social security and finance departments, to break the fragmentation management, and to establish information sharing mechanism with medical institutions. In addition, we should explore a unified financial allocation system within the Medical Association and break the traditional system of "eating with different stoves" ^[13].

6.3 Build a Stable Relationship between Medical Institutions and Patient Resources

Hospitals at all levels are mainly for public welfare, and information and technology are connected with each other. Higher level hospitals continue to enhance the ability of specialized disease treatment, and primary medical institutions continue to improve the basic medical service ability. But it does not mean that through contracting or other means to force residents not to go to other places to receive medical services. Instead, there is a need for a comprehensive grasp of the health status of the population of the region and the provision of sustained and effective medical services to the population ^[14].

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