

# ***The Realistic Dilemma and Optimization Strategies of Policy Implementation in County Medical Communities—Analysis Based on Smith's Policy Implementation Process Model***

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**Abstract:** Based on Smith's policy implementation process model, it is found that China's county medical community policy faces the real dilemma of ambiguous policy objectives and contents, imperfect related laws and regulations; policy supervision is lacked of by the grassroots government and poor collaboration among departments; insufficient cognitive ability of the support target group and low motivation of healthcare workers to go down to the grassroots level; ambiguous division of interests in healthcare insurance payment, and weak promotion and publicity efforts in the society. In view of this, improving policy content and laws and regulations, optimizing organizational policy implementation mechanisms, enhancing the cognitive ability of target groups, and improving the policy implementation environment are conducive to promoting the effective implementation of county medical community policies.

## **1. Introduction**

At the end of 2023, 10 departments, including the National Health and Health Commission, jointly issued the Guiding Opinions on Comprehensively Promoting the Construction of Closely Tailored County Medical and Healthcare Communities, which clarified the goals and tasks of county medical community construction, and that the construction of closely tailored county medical communities should make significant progress by the end of 2025, and that close-tailored county medical communities should achieve basic full coverage by the end of 2027. The establishment of an efficient and coordinated medical service system has become a consensus to address the high-quality development of China's medical services, especially county-level medical services <sup>[1]</sup>. Based on Smith's policy implementation process model, this paper focuses on the four directions of “idealized policy, executive body, target group and policy environment”, and finds that the county medical community policy still faces many problems in the implementation process, so it is necessary to put forward the optimization strategy of the policy implementation, so as to provide a reference for the further improvement and development of China's county medical community. Therefore, it is necessary to propose optimization strategies for the implementation of the policy to

provide reference for the further improvement and development of the county medical community in China.

## 2. Framework of analysis

### 2.1 Smith Policy Implementation Process Model

Policy implementation research in the 1970s and 1980s set off a wave in the field of public policy research in the U.S. Scholars in policy science research seek to study and explore from all angles and in all directions. Among them, Smith, a famous American political scientist, put forward the Smith Policy Implementation Process Model, which describes the relevance of various factors in the process of policy implementation, mainly covering four variables: idealized policy, executive agency, target group, policy environment, Smith pointed out that in the process of policy implementation by the four major factors of the mutual influence of each other, there is a “tension” in the relationship between them. Smith pointed out that in the process of policy implementation by the interaction of the four factors, there is a “tension” in the relationship between each other, the need to take institutionalized or non-institutionalized form of this tension to deal with, in order to achieve coordination between the factors, to promote the smooth implementation of the policy [2]. (See Figure 1.)

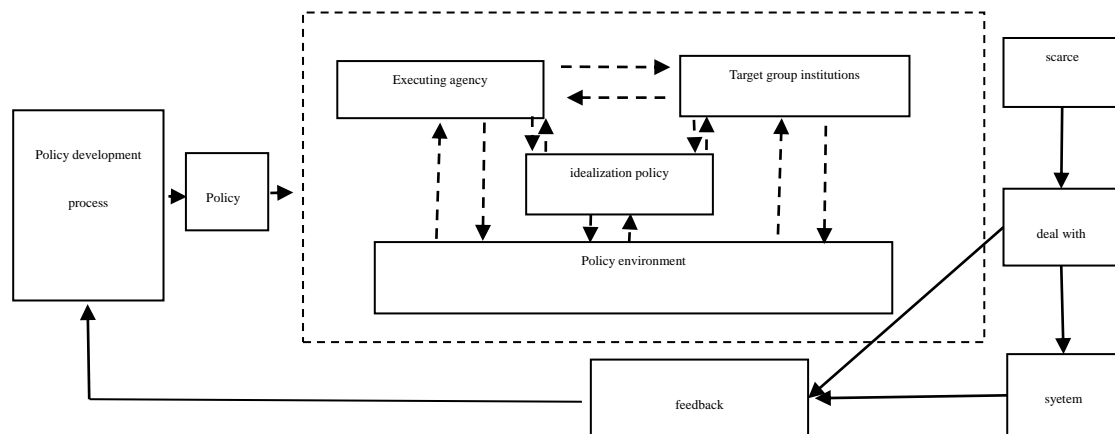


Figure 1: Smith Policy Implementation Process Model

### 2.2 Framework for analyzing policy implementation in county medical communities

Smith's policy implementation process model focuses on the policy ontology, internal and external factors constraining policy implementation, and the mutual influence relationship between them to systematically analyze policy implementation. This paper combines the characteristics of the county medical community itself, and constructs the analytical framework of policy implementation of China's county medical community on the basis of Smith's policy implementation process model (see Figure 2), and the interaction of the four variables finally presents a picture of the complexity of the policy implementation process of the county medical community. Through the introduction of Smith's policy implementation process analysis model, it systematically helps us to understand and analyze the characteristics of the policy implementation of the county medical community, and further explore the dilemma of the policy implementation of the county medical community through a variety of surface phenomena, so as to find the optimization strategy for cracking the reality of the dilemma.

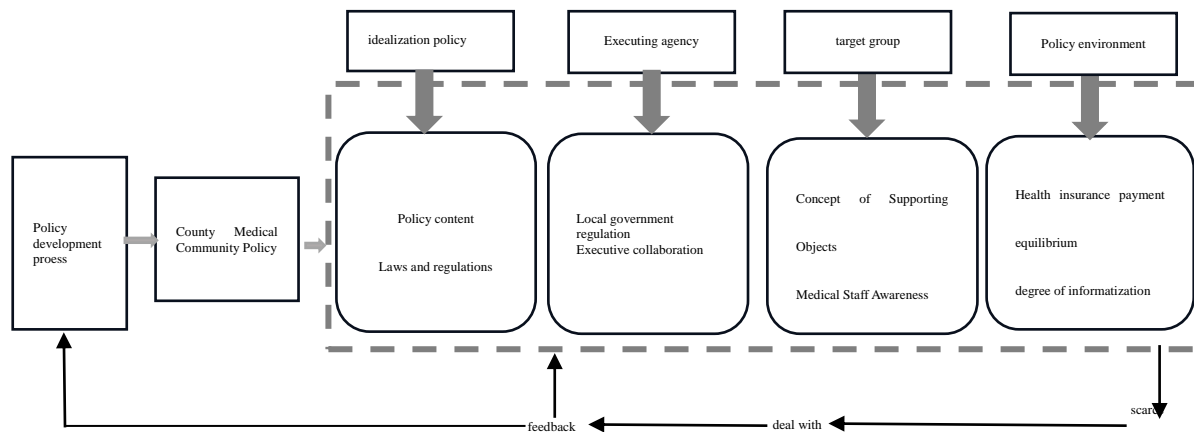


Figure 2: Framework for analyzing policy implementation in county medical communities

### 3. The Realistic Dilemma of Policy Implementation in County Medical Communities

#### 3.1 The county medical community policy itself

First, the policy content is not clearly expressed. In recent years, from the national to the local medical community related policies have been issued one after another, but there is still the problem of ambiguity and generalization of policy objectives and contents<sup>[3]</sup>. For example, in 2023, the “Guiding Opinions on Comprehensively Promoting the Construction of Close-knit County Medical and Healthcare Communities”, the policy text of “reasonable formation, strengthen the promotion of” and other expressions are only expressed at the macro level, and this symbolic implementation undermines the effect of policy implementation and increases the burden of policy implementation. Second, the relevant laws and regulations are not perfect. Through the survey, it is found that most of the policies at the central level are issued in the form of “opinions” or “notices”, and there are fewer relevant legislative documents. With the continuous development of the county medical community, involving the interests of all parties, it is very easy to produce problems of mutual shifting of responsibilities, medical supervision, “lack of position”, “offside” and other problems<sup>[4]</sup>.

#### 3.2 County Medical Community Policy Implementation Agency

First, the lack of grassroots government supervision. Through the review of relevant literature found that China's current medical community policy tools are mainly supply-type policy tools, and for the county medical community research is mainly concentrated in the field of medical service capacity and management system, the government for the county medical community supervision lack of global. The development of regional medical level is linked to the government's performance, and many regional governments do “face-saving projects” for the sake of performance, which leads to uneven distribution of medical resources, chaotic financial management, and lack of understanding of policies within the medical community. Secondly, the collaboration between departments is poor<sup>[5]</sup>. The implementation of the Community's policies involves a number of levels and sectors; coordination between counties and townships is relatively easy, but conflicts are likely to arise between different sectors at the same level, with the administration working on its own, which can easily lead to “disconnection” of the three-tiered network of medical and health services.

#### 3.3 County Medical Community Policy Target Groups

First, the cognitive ability of the support object is insufficient. By organizing the data from the

National Bureau of Statistics in 2023, it was found that the number of consultations in tertiary hospitals reached 2.63 billion, while the number of consultations in primary and secondary hospitals was only 1.22 and 250 million, which is a big gap with tertiary hospitals, and to a certain extent, it can reflect that the masses have insufficient cognition of the county medical community. Secondly, the enthusiasm of medical and nursing personnel to go to the grassroots is not high. According to the data of National Bureau of Statistics, in 2021, the age of personnel in township health hospitals is mainly concentrated in the age of 25-54 years old, the education of personnel is mainly concentrated in undergraduate, college and junior college, and the postgraduate education only accounts for 0.1%, and the proportion of professional technician qualification of regular high and associate high is only 0.3% and 3.6%. In 2022, the health technicians per 1,000 population in towns and rural areas are respectively 10.20 and 6.55 per 1,000 population in urban and rural areas in 2022, mainly because of the lower level of economic development in rural areas, and the active willingness of highly skilled medical personnel to go to the grassroots is not high.

### **3.4 County Medical Community Policy Target Groups**

First, the division of medical insurance payment interests is vague. In some areas, the division of labor among members of county medical communities is still arbitrary, with unclear rights and responsibilities, making it difficult to ensure the effective operation of the incentive risk-sharing mechanism of “retaining balances and sharing overruns” under the total control of medical insurance. The relationship between the various levels and departments of China's county medical communities is intricate, and the distribution of surplus funds needs to take into account a variety of factors, which can easily lead to ambiguity in the division of interests between various units. Second, the social promotion and publicity is not effective. The policy of the county medical community involves many aspects such as the reform of the medical and health system and the integration of medical resources, and has a certain degree of specialization and complexity. However, in the publicity process, the main body of policy promotion often lacks in-depth interpretation and popularized expression of the policy content, which leads to difficulties in the public's understanding of the policy and makes it difficult for them to truly comprehend the significance and value of the policy.

## **4. Optimization strategies for policy implementation dilemmas in county medical communities**

### **4.1 Improvement of policy contents and laws and regulations**

Local governments should take into account the real needs of the people at the grassroots level and the actual local situation, promote the autonomy of policy implementation, and construct a medical service evaluation system that is in line with the progress of local medical and health care development. They should further refine the indicators for evaluating the interests of the medical communities to ensure a balance of interests among counties, townships, villages, departments and healthcare workers. Improvement of laws and regulations on the internal medical supervision of county medical communities and the protection of patient data in medical communities has prompted the main bodies of policy implementation in medical communities to standardize their own behavior and provide a strong guarantee for the smooth implementation of the policy.

### **4.2 Optimizing organizational policy implementation mechanisms**

Constructing a comprehensive, scientific and effective internal supervision mechanism, clarifies the duties and powers of medical and health institutions at all levels, give commendations and rewards to institutions and individuals with outstanding performance in internal supervision, and

seriously deal with institutions and individuals with irregularities, so as to form an effective incentive and constraint mechanism. The government should accelerate the synergistic cooperation between the county medical community policy implementation departments and the departments of human resources, social security, finance and other departments, implement cross-sectoral collaboration, effectively avoid conflicts of interest, and at the same time, allow the public to participate widely, and enhance the effectiveness of the policy implementation through internal and external joint supervision.

### 4.3 Enhancement of the cognitive capacity of target groups

The government publicizes this with the help of the media, volunteer services and other means, and at the same time needs to hold regular lectures on general knowledge for the public at the grass-roots level and go to the countryside to publicize the concept of the medical community to gradually increase the number of residents. Secondly, the executive body should strengthen the attraction of medical talents. Medical institutions improve the enthusiasm of grass-roots health care workers to the countryside service through personal future development planning and career preferences to clarify the characteristics of the development of medical personnel, in accordance with the requirements of the post to develop incentive programs to highlight the value of the profession.

### 4.4 Improving the policy implementation environment

The health insurance sector should take full account of the size and level of the county medical communities and their risk-bearing capacity, provide them with diversified benefit distribution schemes, accelerate the formation of incentive mechanisms for multi-level synergistic development within the county medical communities, and further adjust the proportion of balances retained and the proportion of over-value sharing in accordance with the characteristics of the medical communities. The Government is also increasing its efforts to publicize the policies of the county medical communities, vigorously promoting the development of digital county medical communities, and disseminating the idea of “digital health care” with the help of short videos, microblogs, Weibo, WeChat, and other Internet platforms.

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