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Original Paper

Analysis on the Policy of Hierarchical Diagnosis and Treatment in China since the New Medical Reform

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Abstract

Based on the implementation status of the hierarchical diagnosis and treatment policy in China since the new medical reform, this paper systematically combs the text of the hierarchical diagnosis and treatment policy in China after the new medical reform, analyzes the effectiveness and problems of the implementation of the hierarchical diagnosis and treatment policy in China, and further puts forward the policy development direction. The study found that five hierarchical diagnosis and treatment models have been formed in the implementation of the hierarchical diagnosis and treatment policy in China, the service capacity of grassroots medical institutions has been enhanced, and the regional sharing of medical resources has made positive progress, reducing the burden of patients' medical care. But at the same time, it is also faced with problems such as the ability of grassroots medical service institutions to be further improved, two-way referral has not really been realized, the concept of medical care of the masses has not been successfully changed, the siphon effect of high-level hospitals is obvious, the number of general practitioners is small, and the training system is not perfect. In the future, our country's tiered diagnosis and treatment policy should increase the emphasis on the resource allocation of primary medical institutions, guide the masses to change the concept of medical care, establish and improve the two-way flow of personnel, two-way referral docking and standardized training system, and strengthen the training of primary medical personnel and general practitioners. This study has certain inspiration and reference significance for further promoting the construction of hierarchical diagnosis and treatment system and deepening the reform of medical system in China.

Keywords

new medical reform, Graded diagnosis and treatment, policy analysis

1. Introduction

In March 2009, the Central Committee of the Communist Party of China and The State Council issued the Opinions on Deepening the reform of the medical and health system, marking the start of a new round of medical and health system reform (hereinafter referred to as the new medical reform). The new medical reform aims to solve the problem of "difficult and expensive medical treatment" for the

masses, implement the public welfare nature of medical and public health undertakings, and achieve the goal of everyone enjoying basic medical and health services (Dong Zhiyong & Zhao Chenxiao, 2020). In the report of the 19th National Congress of the People's Republic of China, "Implementing the strategy of Healthy China" was proposed. On the basis of deepening the "new medical reform", China raised the building of healthy China to a national strategy, proposed to improve the national health policy, and promoted the transformation from "treating diseases as the center" to "taking people's health as the center". With the opening of the new medical reform and the implementation of the "Healthy China" strategy, China's medical and health reform has entered a period of rapid development, and many medical reform policies have been introduced.

The hierarchical diagnosis and treatment policy focuses on improving the ability of primary medical services, takes the hierarchical diagnosis and treatment of common diseases, frequency-occurring diseases and chronic diseases as a breakthrough, improves the service network, operating mechanism and incentive mechanism, and guides the sinking of high-quality medical resources, which is a breakthrough in the reform thinking. The implementation of hierarchical diagnosis and treatment policy is an important measure to rationally allocate medical resources and promote the equalization of basic medical and health services in China at this stage, and is an effective way to solve the problem of "difficult and expensive medical treatment" and realize the strategy of healthy China. The establishment of hierarchical diagnosis and treatment system as the core content of the new medical reform has been planned and promoted, and its related policies have been issued, forming a strong policy signal and guidance, and the exploration and practice of hierarchical diagnosis and treatment in various provinces and cities have also been launched. Under the impact of the novel coronavirus epidemic, China's medical and health resources are very tight, and the structural imbalance in the supply of medical resources has become increasingly prominent. At this time, according to the severity of the disease and the difficulty of treatment, different degrees of disease are carried out by different levels of medical institutions. It is of great significance for the effective allocation of medical resources under the prevention and control of major infectious diseases to achieve the first diagnosis at the grass-roots level, two-way referral, urgent and slow treatment, and up-down linkage of graded and classified treatment (Jiang Yuexiang, Guo Junfei, & Sun Rui, 2019).

Therefore, combing and analyzing China's hierarchical diagnosis and treatment policy since the new medical reform, summarizing the results and problems faced in the implementation process of China's hierarchical diagnosis and treatment policy, and exploring the development direction of the future hierarchical diagnosis and treatment policy are conducive to further promoting the construction of China's hierarchical diagnosis and treatment system, rationally allocating medical resources, alleviating the "medical run", and better meeting the life and health needs of the people.

2. Literature Review

As an important measure to deepen medical reform in our country, the construction of hierarchical

diagnosis and treatment system has been widely concerned by the academic community and the public. The author searched 2210 literatures under the title of "hierarchical diagnosis and treatment" in the CNKI database, and 55 literatures were published in core journals. However, there are few researches specifically on the policy of hierarchical diagnosis and treatment. Judging from the search results of CNKI, the attention of domestic academic circles to "hierarchical diagnosis and treatment" can be traced back to 2009 at the earliest, but at this time, the attention to hierarchical diagnosis and treatment is not high, there is only one literature related to hierarchical diagnosis and treatment. Since 2013, the research on hierarchical diagnosis and treatment has shown a straight upward trend. It reached its peak in 2017 (1,144 articles were published on the topic of grading in 2017).

Domestic scholars' research on hierarchical diagnosis and treatment mainly focuses on the following three aspects: First, hierarchical diagnosis and treatment mechanism design research. Li Zhongping (2019) based on the game analysis among the participants, the government subsidy mechanism design of coordinated medical referral in hierarchical medical service system was proposed. Li Zhongping et al. (2019) analyzes the influence of quantity, performance and mixed benefit sharing mechanism on the operational performance of China's medical system, and then puts forward the choice of benefit mechanism based on the difference of total service ability. Second, study on the effect of the reform of graded diagnosis and treatment. Gong Xiuquan et al. (2021). believed that China's hierarchical diagnosis and treatment model can effectively save the utilization of outpatient emergency and inpatient service resources. Li Hua and Xu Yingqi (2020) found that the reform of hierarchical diagnosis and treatment with primary primary diagnosis as the core significantly improved residents' health. In particular, the health improvement effect is more obvious for disadvantaged groups (rural residents) and low-income groups, and the treatment level of doctors has a significant effect on the health of residents with chronic diseases. Pan Changjian et al. (2022) found that the implementation of hierarchical diagnosis and treatment policy effectively alleviated the health inequality among the elderly. Li Hua et al.[错误!未定义书签。]found that the first diagnosis at the grass-roots level significantly reduced the economic burden of family medical care, and the economic burden of residents with chronic diseases and hospitalization experience was more affected. Gao Chuansheng et al. (2019) believe that although graded diagnosis and treatment in China has improved the primary medical service ability to a certain extent, the overall effect of the policy has not been demonstrated. The trend of people choosing hospitals over primary care institutions has not fundamentally changed. Third, the development prospect of graded diagnosis and treatment in the post-epidemic era. Zhang Luofa (2020) believed that the novel coronavirus epidemic has brought opportunities for the reform of hierarchical diagnosis and treatment, and the importance of primary medical care in epidemic prevention and control has been widely paid attention to, and residents' community awareness has been enhanced. With the further development of Internet health care, we must take advantage of the reform window brought about by the epidemic to promote the acceleration of relevant policies. Fu Mingwei (2022) believed that the erroneous view that large public hospitals are good and private hospitals are unreliable arose after the epidemic, which brought great

challenges to the promotion of graded diagnosis and treatment. To promote graded diagnosis and treatment in the post-epidemic era, we must vigorously develop private medical care.

It can be seen that from the current research, the implementation and development of hierarchical diagnosis and treatment policy has extremely high research value and practical significance. Existing studies are more about the system setting and reform effects, focusing on the content analysis of hierarchical diagnosis and treatment policy, lack of systematic review of China's hierarchical diagnosis and treatment policy since the new medical reform. Therefore, on the basis of systematically sorting out China's hierarchical diagnosis and treatment policy since the new medical reform, this study summarized the effectiveness and problems faced by the current hierarchical diagnosis and treatment policy in the implementation process, and proposed the future policy development direction combined with the current situation. In order to further promote the establishment and perfection of graded diagnosis and treatment system in our country.

3. China's Hierarchical Diagnosis and Treatment Policy Review

This paper mainly reviews the graded diagnosis and treatment policies issued by the CPC Central Committee, The State Council and relevant departments since the new medical reform in 2009. The main source of policy texts is the Peking University talisman database, and supplemented and confirmed by government portal resources such as the portal website of the Central People's Government and the website of the National Health Commission. The specific screening criteria of policy texts are as follows: (1) The title keyword and content keyword of "hierarchical diagnosis and treatment" are searched in the database; (2) The effective level of the policy text is administrative regulations and departmental rules, and the issuing unit is the Central Committee of the Communist Party of China, The State Council and its relevant departments; (3) The type of policy text refers to opinions, notices, decisions, etc. on the regulatory content of graded diagnosis and treatment; (4) Excluding speeches, letters, instructions, etc. of leaders, as well as local laws and regulations. The list of policy documents compiled is as follows:

Table 1. China's Policy Documents on Tiered Diagnosis and Treatment

Publish Time	Publishing Body	Policy Name
2009.3.17	CPC Central Committee, State Council	《Opinions on Deepening the Reform of the Medical and Health System》
2013.11.12	The 18th Central Committee of the Party	《Decision of the Central Committee of the Communist Party of China on Several Major Issues Concerning Comprehensively Deepening Reform》
2015.3.30	General Office of the State Council	《Outline of the National Medical and Health Service System Plan (2015-2020)》

2016.10.25	CPC Central Committee, State Council	《Outline of the Healthy China 2030 Plan》
2017.3.22	General Office of the State Council	《 China's Medium and Long-Term Plan for the Prevention of Chronic Diseases (2017-2025)》
2017.4.23	General Office of the State Council	《Guiding Opinions on Promoting the Construction and Development of Medical Consortions》
2018.8.7	National Health Commission, State Administration of Traditional Chinese Medicine	《Notice on Further Doing Key Work Related to the Construction of Graded Diagnosis and Treatment System》

On March 17, 2009, the Central Committee of the Communist Party of China and The State Council issued the Opinions on Deepening the Reform of the Medical and Health System (hereinafter referred to as the Opinions) in which the central government proposed the concept of hierarchical diagnosis and treatment for the first time (Zhong Yuying, Wang Kailan, & Liang Ting, 2019), which provided top-level policy design and macro guidance for a new round of medical and health system reform in China. "Opinions" proposed that "general diagnosis and treatment should be guided to sink to the grassroots, and gradually realize the first diagnosis in the community, hierarchical medical treatment and two-way referral." Under the guidance of the new medical reform policy, the central government encourages all localities to explore the practice of hierarchical diagnosis and treatment, formulate standards for hierarchical diagnosis and treatment, carry out the pilot of the community first diagnosis system, and establish a two-way referral system between grass-roots medical institutions and higher hospitals. But it is a pity that no effective reform measures have been effectively implemented. Until 2012, Beijing, Shanghai, Jiangsu, Zhejiang, Xiamen and other provinces took the lead in exploring the hierarchical diagnosis and treatment model in line with local conditions (Gong Xiuquan & Sun Chenhan, 2021).

On November 12, 2013, the Third Plenary Session of the 18th CPC Central Committee deliberated and adopted the "Decision of the CPC Central Committee on Several Major Issues on Comprehensively Deepening Reform", proposing to "improve the reasonable hierarchical diagnosis and treatment mode, establish the contract service relationship between community doctors and residents", and focus on improving the grassroots medical service ability. From 2013 to 2014, Jiangsu, Zhejiang, Shanghai and other places have successively launched measures such as "comprehensively promoting the family doctor (general practitioner) contract system, resource sharing between secondary and tertiary medical institutions and grass-roots medical institutions, and matching support".

On March 30, 2015, The General Office of the State Council issued the Outline of the National Medical and Health Service System Plan (2015-2020), proposing to "establish and improve the hierarchical diagnosis and treatment model, establish a division of labor and cooperation mechanism, and improve the operation mechanism of networked urban and rural grass-roots medical and health services". Driven

by the innovative practice of local governments, on September 8 of the same year, China issued for the first time a government document with "hierarchical diagnosis and treatment" as the core - "Guiding Opinions on Promoting the construction of hierarchical diagnosis and treatment system". The document defines the objectives and tasks of hierarchical diagnosis and treatment, construction priorities, organization and implementation, as well as the evaluation and evaluation of pilot work. At the same time, relevant departments have issued relevant policies to cooperate with the promotion of hierarchical diagnosis and treatment, and the construction of hierarchical diagnosis and treatment system has spread across the country. By the end of 2015, 16 provinces, 173 prefectures and 666 counties nationwide have launched the pilot of graded diagnosis and treatment (Shen Shuguang, Zhang Bo, 2016).

On October 25, 2016, the Central Committee of the Communist Party of China and The State Council issued the Outline of the Healthy China 2030 Plan, proposing to make "the grassroots generally have the ability to be the gatekeeper of residents' health, improve the contracted services of family doctors, and fully establish a mature and perfect hierarchical diagnosis and treatment system." On March 22, 2017, The General Office of the State Council issued the "Medium and Long-term Plan for the Prevention of Chronic Diseases in China (2017-2025)", which proposed that "priority should be given to including patients with chronic diseases into the scope of contracted services of family doctors, improve the service chain of treatment-rehabilitation-long-term care, and focus on opening up downward referral channels for patients in chronic and convalescent periods". On April 23 of the same year, The General Office of the State Council issued the Guiding Opinions on Promoting the Construction and Development of medical consortials, proposing to further promote the construction of hierarchical diagnosis and treatment with the construction of medical consortials as the carrier, scientifically implement two-way referral, and clarify the two-way referral service process. On August 7, 2018, the National Health Commission and the State Administration of Traditional Chinese Medicine jointly issued the Notice on Further Doing Key Work related to the construction of the hierarchical diagnosis and treatment System, emphasizing the strengthening of the overall planning and construction of the medical union, further promoting the separation of hierarchical diagnosis and treatment between regions, urban and rural areas, upper and lower levels and urgent and slow levels, and improving the protection policy.

With the improvement of the state's attention to the construction of the hierarchical diagnosis and treatment system, the construction of the hierarchical diagnosis and treatment system has been emphasized in many national policies, and the relevant policies of hierarchical diagnosis and treatment have also been introduced, and the content of the policies has been continuously enriched and improved, and the policy system has been gradually improved. From the above analysis, we can see that the development process of China's hierarchical diagnosis and treatment policy can be divided into three stages: central top-level policy design and macro guidance (2009 "Opinions" issued) - policy formulation (2009-2015) - policy diffusion (2015 "Guidance on Promoting the construction of hierarchical diagnosis and treatment system").

4. The Efficacy of the Implementation of the Graded Diagnosis and Treatment Policy

The policy objectives of the construction of hierarchical diagnosis and treatment are mainly to rationally allocate medical resources, improve the service capacity of grass-roots medical institutions, promote the equalization of basic medical and health services, and solve the problem of "difficult and expensive to see a doctor". So after years of policy practice, what achievements have been made in the implementation of China's hierarchical diagnosis and treatment policy?

1. China has formed five hierarchical diagnosis and treatment modes, which take chronic diseases as the breakthrough point, medical union as the entry point, diagnosis and treatment types as the starting point, family doctor contract service as the basis and medical insurance policy guidance (Gao Herong, 2017), many cities have basically established a hierarchical diagnosis and treatment system in line with local actual conditions, and achieved remarkable results in the prevention and treatment of primary diseases, common diseases and chronic diseases. It effectively promoted the return of patients and the sinking of resources, improved the accessibility of basic medical and health services for the masses, and gradually showed the results of graded diagnosis and treatment.

2. The number of primary medical institutions has increased, medical facilities and equipment have been greatly improved, and the service capacity of primary medical institutions has been enhanced. By the end of 2021, there were 977,790 primary medical and health institutions in China, 7,754 more than in the previous year, and 57,020 more than in 2015. The number of beds in primary medical and health institutions reached 1.712 million, an increase of 298,000 over 2015. The number of health workers in primary-level medical institutions reached 4.432 million, 829,000 more than in 2015. In 2021, the number of consultations in primary medical institutions accounted for 50.2% of the total number of consultations, and the first consultation at the primary level achieved certain results.

3. Positive progress has been made in regional sharing of medical resources. At present, the construction of medical commonwealth is the core of further promoting the reform of graded diagnosis and treatment in China. At the moment, China has formed five medical joint operation modes: city medical group, county medical community, cross-regional specialist alliance, remote and poor areas to develop telemedicine collaboration network, and cross-regional entrusted management. The cooperation of medical institutions at different levels has been enhanced, and the further sinking of high-quality medical resources has been promoted.

4. It enables patients to get basic medical and health services nearby, reducing the economic burden of patients. The construction of the medical union has improved the accessibility of quality medical services. In the first half of 2016, the total inpatient cost of the pilot county of the construction of the county medical community in Anhui Province was reduced by 638 million yuan, and the personal burden was reduced by 236 million yuan. Average hospitalization cost was reduced by 221 yuan (Ye Jiangfeng, Jiang Xue, Jing Qi, & Lei Yi, 2019).

5. The Issues Encountered in the Implementation of the Tiered Medical Diagnosis and Treatment Policy in China

Although the implementation of China's hierarchical diagnosis and treatment policy has achieved certain results, there are still problems in the following five aspects:

1. The service capacity of community-level medical and health institutions needs to be further improved. Although the construction of basic medical and health infrastructure has made great progress and has received a large amount of government funds, there are still many shortcomings in the actual development process. First of all, the basic foundation of primary medical services is weak and cannot undertake corresponding medical services. According to statistics, there is a large gap between primary medical institutions and hospitals in the number of beds and the total number of health personnel. The basic hospitals in the medical Union lack the ability to accept the patients transferred down from the tertiary hospitals, and the problem cannot be completely solved only by the doctors in the superior hospitals and the remote guidance. The technical level of primary hospitals in rural areas is more limited (Feng Jin, Lv Sinuo, & Wang Zhen, 2022). Secondly, the level of primary medical and health services is low. Due to the small number of general practitioners in primary medical and health institutions, incomplete equipment, limited service funds and other reasons, the overall service level is low, and the attraction of patients is weak.

2. Two-way referral has not been realized, and downward referral is difficult to perform. Two-way referral is the embodiment of improving the utilization rate of data resources. However, from the overall situation of graded diagnosis and treatment in our country, two-way referral is not really realized. It is still relatively common for patients who go to big hospitals to see minor illnesses and are not willing to be referred to grassroots hospitals.

3. The masses' concept of medical treatment has not successfully changed, and the concept of medical treatment is still upward. Medical and health service in our country follows market regulating mechanism. Patients have the right to choose medical treatment, and the long-term tendency to seek medical treatment is one of the important reasons for the difficulties in the construction of graded diagnosis and treatment in our country. In order to pursue health, patients are willing to spend more time and money to go to large hospitals for treatment, forming the concept of high quality of large hospitals, and the mindset of distrust and worry about primary medical institutions. For example, in the early days of the outbreak, patients with COVID-19 and common cold flocked to large hospitals because their conditions were unknown, which not only led to long waiting times and overcrowding of patients in large hospitals, but also expanded the scale of infection, which was not conducive to epidemic prevention and control.

4. The siphon effect of high-grade hospitals under the administrative hierarchical management system is obvious. In China's public medical institutions in China's medical service supply system is absolutely dominant, in the hierarchical management system, according to the level of administrative allocation of resources, high-level medical institutions can get more financial subsidies, better medical equipment,

doctors have better welfare benefits, greater space for development, good doctors have a trend of upward mobility. After patients have their own choice of medical treatment and residents' income has increased significantly, patients tend to seek treatment in tertiary hospitals with good doctors and resources regardless of major illnesses and minor illnesses. The influx of patients to high-grade hospitals has led to the continuous expansion of high-grade hospitals, and the "siphon" of excellent doctors at the grassroots level has led to the worsening of graded diagnosis and treatment.

5. The number of general practitioners is small and the training system is not sound. In the hierarchical diagnosis and treatment system, 80-90% of medical problems can be solved by general practitioners in grassroots hospitals, but there are currently fewer general practitioners in China, and the number of general practitioners per 10,000 population will only be 3.08 in 2021. At the same time, China has not established a real sense of the general practitioner training system and system, can not provide a sufficient number of general practitioners.

6. Future Development Direction of Graded Diagnosis and Treatment Policy in China

In view of the problems existing in the practice of the hierarchical diagnosis and treatment policy, we should optimize the policy design, improve the policy supply, strengthen the policy implementation, effectively improve the service level of primary medical institutions, constantly enhance the people's recognition of primary medical institutions, deepen the reform of the hierarchical diagnosis and treatment system, and promote the realization of the policy objectives of hierarchical diagnosis and treatment.

1. Increase the priority of resource allocation to primary medical institutions, improve the primary medical and health service system, effectively improve the service capacity of primary medical and health institutions, and promote the implementation of a reasonable and orderly hierarchical diagnosis and treatment system. On the one hand, the government should technically deepen and improve the infrastructure construction of primary medical institutions, increase financial support, and provide necessary support for the construction and development of primary medical and health institutions. On the other hand, it should pay attention to the training of general practitioners, improve the training and assessment mechanism of general practitioners, pay attention to the personal career development needs of general practitioners, and constantly improve their knowledge and technical level.

2. Comprehensive use of policy tools to guide people to change the concept of medical treatment. It is a long-term task to change people's concept of medical treatment and change people's medical habits. On the one hand, the government should guide people to change their medical habits and concepts by gradually canceling the general outpatient service in large hospitals and retaining the emergency outpatient service in large hospitals. On the other hand, the government and all sectors of society can publicize the policy of hierarchical diagnosis and treatment through channels such as television broadcasting and new media platforms, strengthen the public's understanding of grassroots medical institutions, and educate and guide the public to make the first diagnosis at the grassroots level.

3. We will establish a sound two-way flow of personnel, two-way referral connection and standardized training system, and strengthen the training of community-level medical personnel and general practitioners. Primary medical institutions are the focus of graded diagnosis and treatment. Only by improving the professional level and general service ability of medical staff in primary medical institutions can we gain the trust of patients. Therefore, it is necessary to take corresponding policy measures and incentive measures to mobilize doctors from higher hospitals to visit grassroots hospitals regularly to help carry out appropriate technical projects, and grassroots medical staff to regular training, cooperation and standardized training in higher hospitals. Second, it is necessary to actively carry out relevant training on two-way referral docking services and establish corresponding training organizations. Implementation of standardized training focusing on continuous medical service for patients, referral standards, coordination between different levels of medical staff, etc. (Li Lei, Li Jingyu, Liu Bing, et al., 2018). Third, we should increase special financial investment and policy support for the training of general practitioners, improve the standardized training system for general practitioners, formulate an effective incentive mechanism, attract general practitioners to the grass-roots level, and play the role of "gatekeeper".

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