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Study on the Diffusion Path and Spatiotemporal Characteristics of Family Doctor Policy

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Abstract: Drawing upon the theoretical framework of policy diffusion, this study employs policy text analysis to conduct a comparative study of the temporal and spatial characteristics, diffusion capacity, and influencing factors of the policy diffusion of the family doctor contract service. This analysis is conducted for the initial 31 provinces in China where the policy was implemented. The analysis reveals that the diffusion of the provincial family doctor contract policy exhibits a discernible clustering effect in terms of time, a notable neighbour effect in geographical proximity, a top-down hierarchical effect, and an evolution from east to west. The diffusion of the family doctor contract service policy is influenced by multiple factors. The predominant factors influencing the diffusion of this policy include economic considerations, governance issues, technical constraints, and horizontal and vertical pressures. To accelerate policy diffusion, it is imperative to enhance regional coordinated development and elevate the government's information level. A dialectical consideration of the driving effect of higher pressure on policy diffusion is recommended, alongside the rational utilisation of the coercive mechanism and the optimisation of the learning and competition mechanism among governments at the same level.

Keywords: Family Doctor; Contract Services; Policy Diffusion; Characteristic; Agent.

1. Introduction

The contracted service of family doctors is pivotal in guiding the initial diagnosis of community residents and facilitating the effective implementation of the hierarchical diagnosis and treatment system [1]. It plays a significant role in modifying residents' medical treatment behaviours, enhancing compliance with the hierarchical diagnosis and treatment system, alleviating the issue of "difficulty in seeing a doctor", and enhancing the health level of the general population. In recent years, various localities have proactively explored and implemented family doctor contract services in various forms, achieving notable progress and accumulating valuable experience. However, unexpected challenges have emerged [2]. Existing literature has addressed the status quo and influencing factors of contracted services of family doctors in China [3], the implementation effect evaluation [4], the performance appraisal index system construction [5], the equity of resource allocation [6], the quantitative evaluation of political policy texts [7], the problems affecting family doctor contract services and their severity [8], the constraints and optimization paths of policy implementation [9], and the inspiration of foreign family doctor contract services to our country [10]. Nevertheless, with regard to the nationwide promotion of China's family doctor contract services policy, it is necessary to consider the characteristics of the policy promotion path and the causes of policy diffusion.

The theoretical framework of policy innovation diffusion theory has its origins in a range of disciplines, including communication studies, sociology and intelligence studies, among others. It is a theoretical method that is employed to describe and analyse the characteristics and mode of policy diffusion in a specific field, the operating mechanism and constraints of the diffusion process, as well as the motivation and influencing factors of diffusion through quantitative policy texts [11].

A comprehensive search was conducted for relevant literature using the term "family doctor" across the websites of the people's governments of 31 provinces (autonomous regions and municipalities directly under the Central Government), the Development and Reform Commission, the Department of Finance, the Health Commission, the Administration of Traditional Chinese Medicine, and other pertinent departments, as well as the magic database of Peking University. The search yielded data including the earliest family doctor contract service policy documents and "policy release time" released at the provincial government level. The collection process resulted in a total of 31 provincial family doctor contract service policy documents. Utilising the theoretical framework of policy diffusion, this study systematically and comprehensively analyses the promotion path, diffusion characteristics and diffusion factors of the contract service policy of our country. The study provides a valuable reference point for the promotion of high-quality development of the contract service of our family doctors in the subsequent stage.

2. The Promotion Path and Characteristics of Family Doctor Contract Service Policy in China

2.1. Three Stages of The Development of Family Doctor Contract Service in China

In accordance with the extant literature on the subject (see reference 12), this paper proposes a three-stage model for the development of domestic family doctor contract services. The model delineates three distinct stages: a pilot exploration stage, a progressive promotion stage, and a comprehensive implementation stage.

2.1.1. Pilot Exploration Phase: 2008-2011

The year 2009 marked the initiation of a new phase in the

reform of China's medical and health systems, with the introduction and advancement of a family doctor system. In 2010, the city of Beijing initiated a pilot programme for family doctor services in Dongcheng, Xicheng and Fengtai districts. The following year, Shanghai initiated a family doctor system pilot in 10 districts, including Changning and Minhang. At this stage, although the national and provincial levels had not yet formally established the family doctor contract service system, some pilot areas had conducted pilot exploration of the family doctor contract service, which had accumulated rich experience for the development of the family doctor contract service system in China.

2.1.2. Progressive Promotion Phase: 2012-2015

In 2011, the state issued the Guiding Opinions on the Establishment of a General Practitioner System, which defined the guiding ideology, basic principles and overall goals for the establishment of a general practitioner system. The opinions also proposed the establishment of a contract service relationship between general practitioners and residents. Subsequent to this, in February and May 2012, Beijing and Shandong province, respectively, issued policies on contracted family doctor services at the provincial level for the first time, with the aim of promoting the pilot experience of the two places. Subsequent to these pioneering initiatives, Shanghai, Guangdong and Zhejiang provinces promulgated their own provincial-level policies in 2013, 2014 and 2015, respectively, to pilot and promote the family doctor contract service system. These policies constituted the basis for the formal formulation and dissemination of the family doctor contract service policy in China.

2.1.3. Full Implementation Phase: 2016 to Present

A summary of the pilot experience of family doctor contract service in various regions was published in May 2016, and this was followed by the official release of China's first national family doctor contract service policy, entitled "Guiding Opinions on Promoting Family Doctor Contract Service". The family doctor contract service policy began to spread in all provinces in China. By October 2017, 31 provinces (autonomous regions and municipalities directly under the Central Government) had introduced family doctor contract service policies at the provincial level, and the coverage of family doctor contract services had expanded. The proliferation of family doctor contract service policies had entered a stage of accelerated development. At this juncture, the promotion of family doctor contract services is being vigorously pursued on a national scale, accompanied by the formulation of policies that are undergoing continuous development and innovation to ensure ongoing enhancement.

2.2. The Characteristics of China's Family Doctor Contract Service Policy Promotion

2.2.1. Time Characteristics of Policy Diffusion

From 2012 to 2017, 31 policy documents concerning the family doctor contract service were published at the provincial level. The diffusion effect of the family doctor contract service policy among provincial governments was evident, and the diffusion curve (see Figure 1) exhibited an approximate S-shaped distribution, with a time aggregation effect. The curve and associated literature suggest that the policy diffusion process of family doctor contract service can be divided into three distinct stages: a slow period of policy diffusion, an explosive period of policy diffusion, and a steady period of policy diffusion. The initial phase, spanning from January 2012 to December 2015, was characterised by a gradual policy diffusion. From January 2012 to June 2013, only three provinces, Beijing, Shandong and Shanghai, issued family doctor contract service policies, and the policy diffusion was not obvious; from July 2013 to December 2015, the policy diffusion began to spread to Guangdong Province and Zhejiang Province. From January 2016 to June 2017, the diffusion of the policy accelerated, with a total of 23 provinces (autonomous regions and municipalities directly under the central government) successively issuing the policy of family doctor contract service. This acceleration can be attributed to the role of central high-level promotion and the demonstration and leadership of the pioneer of innovation. From July to December 2017, the policy spread remained stable, with the final three provinces (autonomous regions and municipalities directly under the Central government) all issuing family doctor contract service policies. The spread rate gradually slowed down during this period.

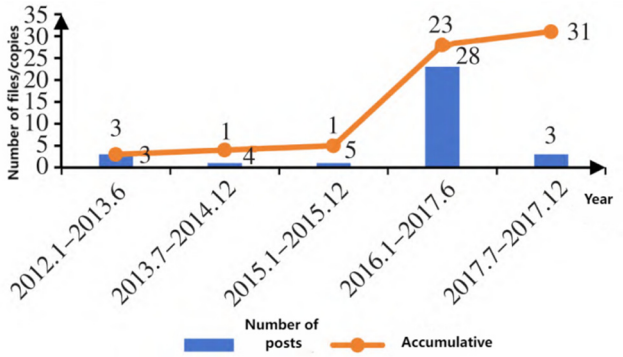

Figure 1. Distribution of the diffusion time of the family doctor signing policy

2.2.2. Spatial Characteristics of Policy Diffusion

The analysis yielded results which indicate that the provinces (autonomous regions and municipalities directly under the Central Government) which were the first to issue the policy of family doctor contract service are mainly distributed in North China, East China and South China. Beijing, situated in the former, is the first to issue the policy of family doctor contract service at the provincial level, followed by Shandong Province, located in the latter. The subsequent provinces in the order of issuance were Shanghai in eastern China and Guangdong province in southern China (see chart 1). The diffusion of China's family doctor contract service policy among provincial governments exhibits the following characteristics in the spatial dimension: (1) An obvious neighbour effect is evident, indicating that the diffusion rate of the policy is faster among neighbouring provinces. For instance, following the promulgation of the family doctor contract service policy in Beijing in February 2012, Shandong Province in East China swiftly adopted the policy at the provincial level in May 2012. Shanghai, Zhejiang and Anhui provinces have followed suit, introducing policies for family doctors to contract services. Following the establishment of a provincial policy in Beijing, four other provinces in Northern China have also issued policies on family doctor contract services. This development signifies that North China has become the inaugural region in the country to have completed the provincial diffusion of the family doctor contract policy. Following the introduction of the family doctor contract service policy in Hunan Province, the family doctor contract service policy in Guizhou, Hubei and Jiangxi Provinces has been issued successively. The

policy has been shown to exhibit characteristics of top-down hierarchical diffusion. That is to say, following the release of the policy at the central level, each provincial level has responded and issued the contract service policy of family doctors. Following the issuance of the "Guiding Opinions on Promoting Family Doctor Contract Services" in May 2016, 23 provinces (including autonomous regions and municipalities directly under the Central Government) across the country have successively issued policies on family doctor contract services. This phenomenon aligns closely with the supply-side reform approach of China's medical reform, which is characterized by a unique sequence of events. This sequence begins with central top-level design and macro-guidance, followed by local independent innovation, the formation of national policies, policy diffusion, and system improvement [13]. (3) The findings demonstrate the evolution characteristics of the "east-middle-west" paradigm. The dissemination of the doctor contract policy in our country demonstrates the law of radiation from the developed eastern regions to the economically underdeveloped central and western regions. The eastern economic centre has assumed a leadership position in the implementation of policy, becoming the primary object of family doctor contract service learning and emulation in central and western regions. This has led to the horizontal diffusion of family doctor contract service policies among provincial governments. In the diffusion of family doctor contract service policies in various regions, North China is the first to complete the diffusion of provincial government policies within the region, which is marked by the issuance of family doctor contract service policies in Tianjin. The East China region has also completed the policy diffusion process earlier. The northwest region was the last to complete the policy diffusion. Two of the three provinces that introduced the policy of family doctor contract service after July 2017 are located in the western region, among which Xinjiang Uygur Autonomous Region is the last province in the western region and the country to enact the policy of family doctor contract service.

Table 1. The spatial distribution of family doctor contract service policy diffusion in each province

Region	Time			
	2012.1-2013.6	2013.7-2014.12	2015.1-2015.12	2017. 7-2017. 12
North-east			Heilongjiang, Jilin and Liaoning	
North	Beijing		Inner Mongolia Autonomous Region, Shanxi Province, Hebei Province, Tianjin	
East	Shangdong and Shanghai		Anhui, Jiangsu, Jiangxi and Fujian	
Central			Hunan, Hubei and Henan	
South		Guangdong	Guangxi Zhuang Autonomous Region	Hainan
Southwest			Chongqing Municipality, Yunnan Province, Guizhou Province, Sichuan Province, Tibet Autonomous Region	
Northwest			Shaanxi Province, Gansu Province, Ningxia Hui Autonomous Region	Qinghai Province and Xinjiang Uygur Autonomous Region

2.2.3. Comparison of Policy Diffusion Capacity

The length of time for governments at all levels to respond to national policies and the sequence of time for governments at all levels to issue a certain policy are important criteria for examining the policy innovation ability of governments at one level [14]. Based on the policy diffusion speed calculation formula used in existing literatures [15], this paper calculates and ranks the policy innovation diffusion index of each provincial government based on the relevant data of family doctor contract service policies. According to the common policy diffusion speed formula: V = (Tn-T1)/(Tl-Tm), the diffusion speed of each provincial government can be calculated. The higher the value of V, the slower the policy diffusion speed. According to the policy diffusion index formula S = 1- (Tn-T1)/(Tl-Tm), the policy innovation diffusion index of each provincial government can be calculated to assess the policy innovation diffusion ability of each provincial government. The larger the value of S, the shorter the response interval to the central government and the stronger the policy diffusion ability of the local government. There are 5 provinces with a policy innovation diffusion index S > 1, indicating that these provinces issued relevant provincial policies before the official release of the national policy on family doctor contract services. Beijing, Shandong Province, Shanghai, Guangdong Province and Zhejiang Province ranked in the top five in terms of policy innovation diffusion ability, among which Beijing had the strongest policy innovation diffusion ability. Qinghai Province, Hainan Province and Xinjiang Uygur Autonomous Region ranked the next three in terms of policy innovation diffusion capability. Most of the provinces with strong policy innovation and diffusion capability are located in North China and East China, while the provinces with poor policy innovation and diffusion capability are mostly located in Northwest China. See Table 2.

3. Analysis on the Motivation of the Diffusion of Family Doctor Contract Service Policy

The analysis of the related influencing factors of policy innovation diffusion is pivotal to comprehending the logic of the diffusion path and elucidating the diffusion path. The driving forces affecting policy diffusion are intricate to a certain extent. A two-fold classification system is proposed, dividing driving forces into internal and external factors. The former category includes attributes of jurisdictions and government characteristics, while the latter encompasses national and regional diffusion factors.

Table 2. Innovation diffusion index of family doctor contract service policy in provinces (autonomous regions and municipalities)

Province	Tn-T1	T1-Tm	V	S	Ranking
Beijing	-1561	1561	-1.000	2.000	1
Shandong	-1484	1561	-0.951	1.951	2
Shanghai	-1155	1561	-0.740	1.740	3
Guangdong	-693	1561	-0.444	1.444	4
Zhejiang	-352	1561	-0.225	1.225	5
Anhui	76	1561	0.049	0.951	6
Neimenggu	112	1561	0.072	0.928	7
Jiangsu	137	1561	0.088	0.912	8
Shanxi	141	1561	0.090	0.910	9
Shanxi	166	1561	0.106	0.894	10
Chongqing	173	1561	0.111	0.889	11
Hebei	174	1561	0.111	0.889	12
Tianjin	184	1561	0.118	0.882	13
Heilongjiang	189	1561	0.121	0.879	14
Yunnan	205	1561	0.131	0.869	15
Jilin	208	1561	0.133	0.867	16
Hunan	216	1561	0.138	0.862	17
Guizhou	219	1561	0.140	0.860	18
Hubei	225	1561	0.144	0.856	19
Gansu	230	1561	0.147	0.853	20
Jiangxi	258	1561	0.165	0.835	21
Sichuan	261	1561	0.167	0.833	22
Guangxi Zhuang Autonomous Region	323	1561	0.207	0.793	23
Ningxia Hui Autonomous Region	331	1561	0.212	0.788	24
Fujian	341	1561	0.218	0.782	25
Xizang Autonomous Region	376	1561	0.241	0.759	26
Liaoning	386	1561	0.247	0.753	27
Henan	400	1561	0.256	0.744	28
Qinghai	414	1561	0.265	0.735	29
Hainan	435	1561	0.279	0.721	30
Xinjiang Uygur Autonomous Region	516	1561	0.331	0.669	31

3.1. Internal Factors Influencing the Diffusion of Family Doctor Contract Service Policy

3.1.1. Economic Factors

The formulation of public policy necessitates a substantial capital investment, encompassing the proposal stage, government agenda inclusion, and formulation and implementation. Concurrently, numerous impediments may emerge during the implementation process, potentially resulting in suboptimal efficiency or even the policy's failure. Beijing, Shandong, Shanghai, Guangdong, Zhejiang and other provinces were at the forefront of introducing family doctor contract service policies, as the governments of economically developed eastern provinces are better equipped to shoulder the financial and logistical burdens associated with policy innovation, a finding that aligns with the conclusions drawn by Wu Kaisong and other scholars [16]. In contrast, the majority of family doctor contract service policies in western regions were introduced at a later stage, potentially attributable to the comparatively lower levels of economic development in these regions and the relatively limited capacity in the field of health and health services. The circumstances necessary for the prompt implementation of family doctor contract service policies were not yet in place. While some western provinces have yet to formulate a family doctor contract service policy at the provincial level, some local areas in certain provinces have initiated exploration. For instance, Chengdu and Zigong City in Sichuan Province initiated the proposal for the establishment of a family doctor responsibility system in 2011 and 2012, respectively.

3.1.2. Governance Factor

The epidemiological transition of the population, characterised by an ageing demographic and evolving lifestyles, has rendered non-communicable diseases (NCDs) a preeminent health concern in the nation. The continuous increase in medical costs has resulted in a growing burden of disease, with a series of issues, including the significant imbalance in the distribution of medical resources, coming to the fore. It is imperative to modify the prevailing medical and health service model and enhance the top-level design. Shanghai, Zhejiang, Shandong, Anhui, Jiangsu and other provinces were the first to introduce the policy of a family doctor contract service, possibly because these provinces have a high degree of aging, and the people have a strong demand for medical treatment and long-term care. The motivation for policymakers to reform is constituted by their judgment and cognition of the severity of the problem when formulating policies [17]. The severity of the problem is directly correlated with the governance demand. This

assertion is evidenced by the successive introduction of the family doctor contract service policy in various provinces since 2012, which has undergone a gradual dissemination from the eastern coastal provinces to the central and western regions. This phenomenon underscores the notion that the severity of a given problem directly influences the propagation of policy innovation by local governments. The accelerated dissemination of family doctor contract service policies in Beijing, Shanghai, Guangdong, Jiangsu, Shanxi, and Shaanxi, among other provinces, may be associated with the high educational attainment of the population in these provinces. As the primary beneficiaries and significant proponents of family contract service, the greater the degree of recognition of family doctor contract service among the population with higher education levels, the greater the demand for governance.

3.1.3. Technical Factor

It is imperative that a policy undergoes a series of interconnected processes, commencing with its formulation and culminating in its implementation. The efficiency and efficacy of implementation can be influenced by factors such as the rapidity of information transmission and the constraints imposed by spatial distance. The utilisation of information technology has been demonstrated to be an effective solution to these challenges, albeit to a limited extent. The accelerated dissemination of family doctor contract service policies in Beijing, Shanghai, Shandong, Guangdong, Zhejiang, Jiangsu and other provinces may be associated with the advanced level of information technology in these regions. The advent of 5G, big data, cloud computing, artificial intelligence and other new generation information technologies has profoundly transformed the manner in which policies are diffused. The development of information technology has had a significant impact on policy diffusion, leading to changes in the traditional dissemination process and a notable increase in the speed and coverage of policy diffusion. The digital government construction level in Beijing, Shanghai, Shandong, Guangdong, Zhejiang, Jiangsu and other provinces is at the forefront of the country, indicating that these provinces have further promoted the construction of digital government, high level of internal informatization, smooth and orderly information communication between government departments, and fast policy delivery, which has greatly promoted the proliferation of family doctor contract service policies.

3.2. Domestic Family Doctor Contract Service Policy Diffusion External Influence Factors

3.2.1. Longitudinal Pressure

The city of Beijing has been identified as a leader in the formulation of the provincial family doctor contract service policy. This is likely due to Beijing's role as the national political centre, where the central spirit is firmly upheld and decisions are tested prior to wider implementation. The rapid dissemination of family doctor contract service policies in Shanghai, Guangdong, Zhejiang, Anhui, Jiangsu, Shaanxi, Chongqing and other provinces at the provincial level may be attributable to their status as pilot provinces in the national comprehensive medical reform initiative. The formulation of these policies is evidently influenced by the top-down political authority of the central government. From January 2016 to June 2017, there was a marked increase in the number of provinces introducing the policy of family doctor contract service at the provincial level, indicative of a top-down hierarchical diffusion process. This may be attributable to the state's issuance of the Guiding Opinion on Promoting Family Doctor Contract Service, a document that provides a framework for the implementation of the contract service. The contract service of family medical students has officially risen to the national strategy. In response to the signal from the central government, some provinces have successively introduced policies on family doctor contract service at the provincial level. The preceding analysis demonstrates that local governments are to a great extent influenced by the central government in the formulation of policy, with longitudinal pressure from higher governments constituting an important factor affecting the diffusion of local government policy innovation. This finding is largely consistent with the conclusions drawn by Xue Yang [18] and other scholars.

3.2.2. Lateral Pressure

The dissemination of China's family doctor contract service policy among provincial governments has an obvious neighbour effect in spatial dimension. This phenomenon may be due to the fact that provinces at the same level and adjacent geographical locations share certain commonalities in terms of political, economic, cultural and social environment, as well as certain similarities in social problems they face. Concurrently, neighbouring governments at the same level are frequently subject to the same standard performance appraisal system and are inclined to perceive each other as competitors. Consequently, when a province initiates the implementation of the family doctor contract service policy, a competitive dynamic is initiated among neighbouring provinces operating within a shared competitive environment. In order to address the requirements of performance evaluation and advancement, relevant leaders in neighbouring provinces may also proactively advocate for the implementation of family doctor contract service policies, thereby expanding the scope for future development and seeking to enhance their resources and authority.

4. Suggestion

4.1. To Strengthen the Regional Harmonious Development

The dissemination of China's family doctor contract service policy among provincial governments has an obvious neighbour effect in spatial dimension. This phenomenon may be due to the fact that provinces at the same level and adjacent geographical locations share certain commonalities in terms of political, economic, cultural and social environment, as well as certain similarities in social problems they face. Concurrently, neighbouring governments at the same level are frequently subject to the same standard performance appraisal system and are inclined to perceive each other as competitors. Consequently, when a province initiates the implementation of the family doctor contract service policy, a competitive dynamic is initiated among neighbouring provinces operating within a shared competitive environment. In order to address the requirements of performance evaluation and advancement, relevant leaders in neighbouring provinces may also proactively advocate for the implementation of family doctor contract service policies, thereby expanding the scope for future development and seeking to enhance their resources and authority.

4.2. Strengthen the Government Informatization Level

In the process of policy diffusion, governments at all levels should integrate information technologies such as big data, the Internet, cloud computing and artificial intelligence in depth in order to give full play to the role of information technology in the process of policy innovation diffusion [19]. In order to enhance the level of government informatization, it is necessary to promote the sharing of government information, integrate the business systems of government departments at all levels, achieve standardized data collection, unified standards, real-time updates, and interconnection, and accelerate the development of an integrated government data service platform. Concurrently, enhancing the efficiency of online government services, expediting the establishment of a novel policy distribution paradigm underpinned by online dissemination supplemented by diverse release channels, optimising policy intelligent push services, timely classification of various policy documents, centralised and unified dissemination to society, and accelerating the propagation of family doctor signing policies are imperative.

4.3. Rational Use of Coercive Mechanisms

The coercive mechanism is a double-edged sword. While it has the capacity to accelerate the diffusion of policies over a relatively short period of time, it simultaneously hinders the autonomy and enthusiasm for local policy innovation, and lack of innovation according to local conditions. This, in turn, makes it difficult to play the due effect of policies. This conclusion is in line with that of Rodin et al. [20]. It is therefore incumbent upon policymakers to calibrate the appropriate level of pressure or support to be applied to lower levels of government, and to do so in a timely manner. In the early stage of policy diffusion, the higher government should improve the enthusiasm of local government policy independent innovation by improving political identity and strengthening financial support, and accelerate the diffusion of family doctor contract service policy. In instances where policy diffusion is characterised by a state of languor, the role of policymakers becomes twofold. On the one hand, they are enjoined to employ mandatory policy instruments. On the other, they are charged with the responsibility of nurturing the policy system and establishing a long-term supervision and evaluation apparatus. The primary objective of these measures is to ensure the orderly, healthy and sustainable diffusion of family medical student contract policies.

4.4. Optimization Mechanism of Learning and Competition Between Government at the Same Level

Firstly, the central government should endeavour to implement the application and selection of family medical student contract service demonstration areas at various levels. It should establish advanced models, leveraging the leading role of benchmarking, and implement phased supervision, inspection and standardised assessment. This will further strengthen the healthy competition between different regional and provincial governments, and form a policy bureau that is first tried and gradually promoted. Secondly, it is necessary to establish and improve the policy communication network among different provinces. As the primary entity responsible for policy innovation, the government should establish a policy exchange and information sharing platform utilising technologies such as the Internet and big data analysis, thereby fostering enhanced exchanges and cooperation between governments in disparate regions and ensuring the timely acquisition of information regarding family doctor contract service policies that have been announced and implemented in various regions. Finally, the establishment of a targeted policy advisory system is imperative, entailing the mobilisation of health strategic think tanks and experts in policy suggestions and decision-making consultation in the formulation of family doctor contract service policies, and the reinforcement of policy innovation according to local conditions.

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References

[1] Wang Bo, YUE Lin-Lin, GUO Zhao-Xian. Analysis on Influencing factors of community residents' medical treatment behavior in the context of family doctor contract service [J]. Journal of Health Economics, 2019, 40(4) : 52-55.

[2] Fan Zhuan, Liu Yuanyuan, Yang Qian, et al. Research on the existing problems of family doctor contract service in China [J]. Health Economics Research, 2018(11) :54-56.

[3] Huang Liping, Pu Chuan, He Yuxin, et al. Analysis of contract service status and influencing factors of resident family doctors in Chongqing [J]. Chinese Journal of Public Health Administration, 2019, 38 (6) : 413-416,476.

[4] Wang Fang, Deng Hongyue, Cao Guili, et al. Study on effect and influencing factors of family doctor contract service in Dongcheng District of Beijing [J]. Chinese Journal of General Medicine, 21, 24 (22) : 2805-2809.

[5] Zhang Jingyu, Liu Lixia, Wang Xiaogang, et al. Research on the construction of internal examination index system of family doctor contract service team [J]. Chinese Journal of General Medicine, 201, 24(25) : 3244-3249.

[6] Gong Chao, Yang Siqiu, Liu Chunyu, et al. Research on fairness of contract service resource allocation for family doctors in Tianjin [J]. Chinese Health Policy Research, 2019, 15 (12) : 60-66.

[7] Xu Pingping, Zhao Jing, Li Chunxiao, et al. Quantitative evaluation of family doctor contract service policy at central level in China: based on PMC index model [J]. Chinese Journal of General Medicine, 2019, 26(4) : 440-446.

[8] Chen Haoyang, Li Xiangyi, Yan Ruyu, et al. Study on the problems affecting family doctor contract service and their severity from the perspective of literature analysis [J]. Chinese Journal of General Medicine, 2020, 23(7) : 789-794.

[9] Yang Shuiguang, Ma Ke. Retarding factors and optimization path of family doctor contract service policy implementation [J]. Journal of Health Economics, 2002, 39(3) : 56-59.

[10] Chang Yuanyuan, Xu Hongbin, Qiao Yan, et al. Contract service of foreign family doctors and its implications for China [J]. Chinese Health Policy Research, 2020,13 (5) : 50-53.

[11] Xu Hang, Ma Xiaojing, Dai Tao. Research on community health management service policy diffusion in China from the perspective of innovation diffusion theory [J]. Chinese Journal of General Medicine, 2002, 25 (16) : 1995-2002.

[12] Sun Caixia, Liu Tingfang, Jiang Feng, et al. Research on the development history and implementation of family doctor related policies in China [J]. Chinese Journal of General Medicine, 21, 24(7) : 765-774.

[13] Lu Lanting, Hu Qiu Rubidium, Guo Minjiang. Study on policy evolution and innovation diffusion mechanism of drug negotiation in China [J]. Chinese Health Policy Research, 2019, 15(9) : 47-55.

[14] Liu Zhihui, Liu Santan. Spatio-temporal characteristics and content analysis of government service purchase policy diffusion in China [J]. Administration and Law, 2023(1) : 19-26.

[15] Liu Chang, Du Hongmei. Research on the diffusion of graded diagnosis and treatment policy based on the perspective of diffusion theory [J]. Chinese Hospital Administration, 2020,40 (8) : 14-16.

[16] Wu Kaisong, Liu Lu. The diffusion effect of the policy of building Chinese People's community consciousness [J]. Journal of Central South University for Nationalities (Humanities and Social Sciences Edition), 202, 42(9) : 36-47, 182-183.

[17] Lu Xuanru, Zhang Xiaoyi. Study on policy diffusion of government purchase of home care services from multiple logic perspectives: An event history analysis based on Chinese provincial data [J]. Journal of Northeastern University (Social Sciences Edition), 202, 24(4) : 54-63, 117.

[18] Xue Yang, Li Manzhu, Gao Yunhong, et al. Study on the diffusion mechanism of China's carbon Emission Trading System -- An event history analysis based on macro-micro interaction logic [J]. Urban Problems, 2023(7) : 43-52.

[19] Chen Tan, Li Yike. Influencing factors of public policy innovation diffusion: A data analysis based on 31 provincial residence permit systems [J]. Journal of Central South University (Social Science Edition), 2019, 26(5) : 107-118.

[20] Luo Dan, Li Jiangping, Zhang Qingzhi. Research on factors affecting the diffusion of municipal solid waste classification policy -- Based on the event history analysis of 261 prefecture-level cities [J]. Science of Resources Science, 2002, 44(7) : 1476-1493.

[21] Li Yan, Su Yidan. Study on the diffusion mechanism of local government Big data policy in China [J]. Soft Science, 2002, 36(3) : 1-8.