Postprint: Hotspots and Frontiers Analysis of County-level Medical Community Research in China

Authors: Wang Shuyun, Xia Liang, Li Xia, Lin Lin, Feng Qiming, Huang Zhaoquan, Huang Zhaoquan

Date: 2024-10-17T10:19:29+00:00

Abstract

Background Promoting the construction of county-level medical communities is an important measure for establishing a hierarchical medical system. Domestic academia has conducted extensive theoretical and empirical research in the field of county-level medical communities, but there is insufficient synthesis and summary of existing research findings. Systematically reviewing the research progress of relevant literature in this field using bibliometric methods can provide reference and guidance for comprehensively promoting the high-quality development of county-level medical communities.

Objective To conduct a visual analysis based on literature data in the field of county-level medical communities in China, and to explore research hotspots and frontier trends in this field.

Methods On February 25, 2024, a systematic search was conducted for literature related to county-level medical communities included in CNKI (China National Knowledge Infrastructure), with the search timeframe set from 2016 to 2023. CiteSpace software was used to conduct bibliometric visual analysis on publication years, authors and institutions, as well as keyword co-occurrence, clustering, and burst detection.

Results A total of 481 articles were included. The publication volume in this field showed an increasing trend driven by policy factors, with 65 articles (13.51%) published from 2016-2019, 167 articles (34.72%) from 2020-2021, and 249 articles (51.77%) from 2022-2023. The top three authors in terms of publication volume were Chen Yingchun, Wang Fang, and Zheng Ying, each with 8 articles. The top two keywords in terms of centrality and cluster size were “medical community” and “hierarchical medical system.” The timeline distribution indicated that “hierarchical medical system” was the earliest and most persistent research

hotspot in this field. Additionally, clusters such as “integration of medical treatment and prevention,” “performance assessment,” “countermeasures,” and “patients” were also research hotspots. Keyword burst analysis revealed that “medical insurance funds,” “chronic diseases,” “management models,” “development strategies,” and “rural doctors” are recent research hotspots and future directions in this field.

Conclusion Focusing on the construction of the hierarchical medical system, concentrating on chronic disease and public health integration of medical treatment and prevention services, and exploring performance assessment pathways are research hotspots in county-level medical communities. The field demonstrates strong research trends in deepening policy connotation studies, using county-level medical community construction to promote the establishment of hierarchical medical systems, advancing innovation in the integration of medical treatment and prevention, strengthening performance assessment, and optimizing internal management.

Full Text

Preamble

The Research Hotspots and Frontiers of County-level Medical Community in China

WANG Shuyun[1,2], LIANG Xia[2], LI Xia[2], LIN Lin[1,2], FENG Qiming[1,2], HUANG Zhaoquan[2]*

[1]Health and Policy Research Center, Guangxi Medical University, Nanning 530021, China
[2]Guangxi Medical University, Nanning 530021, China

*Corresponding author: HUANG Zhaoquan, Professor/Doctoral supervisor; E-mail: zhaoquanhuang_{gxmu}@163.com

---

Abstract

Background: Promoting the construction of county-level medical communities is a crucial measure for establishing a hierarchical medical system. While the domestic academic community has conducted extensive theoretical and empirical research in this field, there is a lack of comprehensive summaries of existing research findings. This study uses bibliometric methods to systematically review the progress of related literature in this field, providing insights and references for the high-quality development of county-level medical communities.

Objective: To conduct a visual analysis of the literature on county-level medical communities in China, exploring research hotspots and frontier trends in this field.

Methods: On February 25, 2024, we systematically retrieved literature related to county-level medical communities from the China National Knowledge Infrastructure (CNKI) database, covering publications from 2016 to 2023. CiteSpace software was employed for bibliometric visualization analysis of the literature, focusing on publication years, authors and institutions, keyword co-occurrence, clustering, and burst detection.

Results: A total of 481 articles were included. The publication volume in this field has been increasing, driven by policy factors, with 65 articles (13.51%) published between 2016 and 2019, 167 articles (34.72%) published between 2020 and 2021, and 249 articles (51.77%) published between 2022 and 2023. The top three authors in terms of publication volume were CHEN Yingchun, WANG Fang, and ZHENG Ying, each with 8 articles. The top two keywords in terms of centrality and cluster size are "medical community" and "hierarchical medical system." The timeline distribution indicated that "hierarchical medical system" was the earliest and most sustained research hotspot in this field. Additionally, clusters such as "integration of medical prevention," "performance evaluation," "countermeasures," and "patients" emerged as research hotspots. Burst detection revealed that "medical insurance fund," "chronic disease," "management model," "development strategy," and "rural doctors" were recent research hotspots and future directions in this field.

Conclusion: Key research hotspots in the field of county-level medical communities include the construction of hierarchical medical systems, focusing on chronic diseases and the integration of public health services, and exploring performance evaluation pathways. Future research trends indicate a strong focus on deepening policy research, using county-level medical community construction to promote the establishment of hierarchical medical systems, advancing innovation in the integration of medical prevention, enhancing performance evaluation, and optimizing internal management.

Keywords: County-level medical community; Hierarchical medical system; Bibliometrics; Visualization; CiteSpace

---

1.1 Data Sources

This study was conducted on February 25, 2024, with literature sourced from the China National Knowledge Infrastructure (CNKI) database. First, we performed a professional search using the query "SU%=('county-level') AND SU%=('medical community'+'medical consortium')", with all journals as the source category and academic journals as the document type, covering the period from 2016 to 2023 (the earliest literature on county-level medical communities in the CNKI database dates back to 2016). This initial search yielded 946 results. Next, we manually screened the retrieved literature, including papers related to medical community research and excluding dissertations, conference

papers, newspaper reports, and documents with unknown authors or lacking keywords. Finally, a total of 481 articles were selected for inclusion.

1.2 Research Methods

The selected literature was imported into CiteSpace 6.1.R6 software in Refworks format for knowledge mapping analysis of authors and keywords. CiteSpace is a bibliometric software developed by Professor Chen Chaomei from the College of Computing and Informatics at Drexel University. The software helps researchers visualize and analyze research hotspots and frontier trends in a particular field by measuring, modeling, and mapping literature data. The literature analysis workflow for this study is shown in [Figure 1: see original paper].

Analysis parameters: Time range: 2016–2023 (time slice length = 1); Themes: authors, keywords; Parameter settings: Link strength: Cosine; g-index: k=25.

2.1 Publication Timeline

From 2016 to 2023, the number of domestic publications on county-level medical communities showed an increasing trend. Publications were relatively scarce from 2016 to 2019, with a total of 65 articles (13.51%). The publication volume grew rapidly from 2020 to 2021, with 167 articles (34.72%). From 2022 to 2023, the publication volume continued to grow, exceeding the total of previous years with 249 articles (51.77%). This trend is illustrated in [Figure 2: see original paper].

2.2 Author Productivity Analysis

The top three authors in terms of publication volume were CHEN Yingchun from Huazhong University of Science and Technology (8 articles), WANG Fang from the Chinese Academy of Medical Sciences (8 articles), and ZHENG Ying from the Chinese Academy of Medical Sciences (8 articles). Research teams are concentrated in Beijing, with additional distribution in Hubei, Anhui, and Zhejiang provinces, as shown in .

2.3.1 Keyword Co-occurrence Analysis

Based on high-frequency keywords and keyword co-occurrence mapping, we identified 575 nodes, 957 links, and a network density of 0.0058. The keywords with the top two centrality scores were “medical community” (centrality = 0.65) and “hierarchical medical system” (centrality = 0.19). The keywords with the top six occurrence frequencies were “medical community” (85 times), “hierarchical medical system” (46 times), “county-level” (23 times), “medical consortium” (15 times), “financial management” (15 times), and “integration of medical prevention” (13 times). The keyword co-occurrence map shows that “integration of medical prevention” and “tight-knit type” appeared more recently, while

"medical community," "hierarchical medical system," "county-level," "medical consortium," and "two-way referral" appeared earlier, as detailed in and [Figure 3: see original paper].

2.3.2 Keyword Clustering Analysis

The keyword clustering results showed a Q-value of 0.7312 (>0.3000) and an S-value of 0.9199 (>0.7000), indicating good clustering quality. The top three keywords by cluster size were "medical community," "hierarchical medical system," and "integration of medical prevention." Based on keyword clustering analysis and mapping, research content primarily focused on three aspects: hierarchical medical systems, integration of medical prevention, and performance management in county-level medical communities. Hierarchical medical system research mainly included improving the rational allocation mechanism of primary-level medical insurance, healthcare, and pharmaceutical resources. Integration of medical prevention research primarily focused on health issues of key populations and establishing management service mechanisms for chronic diseases and public health. Performance management research mainly involved improving health support policies and standardizing internal operations management, as shown in and [Figure 4: see original paper].

2.3.3 Timeline Distribution

"Hierarchical medical system" was the earliest research hotspot with good temporal continuity. "Pharmacy management," "medical services," "patients," and "cross-regional medical consortium" emerged as new research hotspots in recent years. By the end of 2023, "medical community," "hierarchical medical system," "integration of medical prevention," "performance evaluation," "countermeasures," and "patients" all showed clear research hotspots. Further refinement based on clustering information and timeline analysis revealed that "construction of county-level medical community hierarchical medical system," "county-level medical community chronic disease and public health integration of medical prevention services," and "county-level medical community performance evaluation pathways" are research hotspots, as illustrated in [Figure 5: see original paper].

2.3.4 Keyword Burst Analysis

"Hierarchical medical system" had the highest burst value (2.38) and sustained popularity. Additionally, "medical insurance fund," "chronic disease," "management model," "development strategy," and "rural doctors" represent recent research hotspots and future trends in this field, as shown in [Figure 6: see original paper].

3.1 Further Deepening of Policy Connotation and Implementation Effect Analysis is Needed

Publications in this field over the past eight years show a clear phased distribution, roughly divided into three stages. The first stage (2016–2018) was the embryonic period. During this time, guidelines on hierarchical medical system and medical consortium construction were successively issued, clarifying the need to primarily establish medical communities at the county level and promote the flow of high-quality medical resources to primary-level and remote impoverished areas. Under policy guidance, research on county-level medical communities gradually emerged. The second stage (2019–2021) was a period of rapid growth. The release of pilot lists, management methods, and monitoring indicators for county-level medical community construction promoted continuous standardized development. Under policy opportunities, the publication volume of related research grew rapidly. The third stage (2022 to present) is the connotation exploration period. The issuance of the "Guiding Opinions on Medical Communities" further clarified the connotation of tight-knit county-level medical community construction, making explicit provisions for external management, internal operations, service improvement, and support policies. This document also marked the transition of tight-knit county-level medical community construction from the pilot phase to comprehensive implementation. Under the policy boosting effect, the growth rate of publications has slowed but still maintains over 100 articles annually. Evidently, research on county-level medical communities is largely driven by policy factors, and future research should further deepen policy connotation analysis and conduct in-depth studies on implementation effects of comprehensively promoting county-level medical community construction.

3.2 Strengthening Inter-regional Collaborative Research is Needed

The distribution of authors in county-level medical community research is highly localized, showing characteristics of regional collaboration. In terms of author distribution, the core author groups are primarily concentrated in Beijing, which is related to the long-term focus of the National Health Commission's Health Development Research Center and the Chinese Academy of Medical Sciences on domestic county-level medical community reform progress and construction effectiveness. In addition to Beijing, CHEN Yingchun's team in Hubei Province has achieved fruitful results in the field of global budget prepayment, WANG Heng's team in Anhui Province in constructing medical and health service systems, and ZHOU Chi's team in Zhejiang Province in the integration of medical prevention. This study also found a lack of cross-regional collaboration among authors in this field, and core author groups rarely involve underdeveloped regions in China. This may be related to the relatively lagging socio-economic development in underdeveloped regions and the delayed effectiveness research on medical and health system reform policies. Therefore, we recommend strength-

ening cross-regional research collaboration in this field to promote the flow of high-quality research resources to underdeveloped regions, creating a more diverse academic atmosphere for promoting coordinated regional advancement of China's county-level medical community construction to higher levels and quality.

3.3.1 County-level Medical Community Construction Promotes the Establishment of Hierarchical Medical Systems

The specific measure for implementing the hierarchical medical system is promoting county-level medical community construction, with the core connotation focusing on rationally allocating county-level medical and health resources and promoting collaborative development and governance of medical care, medical insurance, and pharmaceuticals. As the keyword with the most sustained popularity in this field, hierarchical medical system is inseparable from guiding rational medical treatment for county residents, reasonably controlling medical expenses, and promoting the formation of an integrated and continuous county-level medical and health service pattern. However, many problems remain in implementing county-level medical community and hierarchical medical system construction, including inadequate dynamic mechanisms for promoting hierarchical medical treatment, connection obstacles in the downward referral module, and insufficient high-quality resource 下沉 (sinking) within counties. Relevant studies have found that the dominant factors affecting the effectiveness of hierarchical medical treatment within counties include medical insurance funds, general practitioners, and tight-knit county-level medical community construction. Research on medical insurance payment method reform in county-level medical communities has effectively promoted the optimal allocation of medical resources and formed positive incentive and constraint mechanisms. Long-term balanced and orderly development of county-level hierarchical medical treatment requires constructing a risk protection mechanism for the financial vulnerability of medical community medical insurance payments. Using medical community construction to promote the establishment of hierarchical medical systems remains a trend and key focus in this field.

3.3.2 County-level Medical Community Construction Advances Innovation in Integration of Medical Prevention

The integration of medical prevention in counties mainly focuses on county-level medical and health institutions as the starting point and foothold, emphasizing the improvement of primary-level disease prevention, treatment, and health management capabilities, and representing the integration of treatment services and preventive services. Based on keyword clustering and burst analysis, research hotspots on the integration of medical prevention in China's county-level medical communities mainly include chronic diseases and public health, with chronic diseases also representing a future research trend in this field. Currently, the "emphasis on treatment over prevention" in county hospitals, insuffi-

cient service capacity of primary-level medical and health institutions, and loose integration of medical prevention information networks have become major problems facing the construction of integrated medical prevention service systems. To explore countermeasures, DENG Hongyu et al. [17] proposed an innovative concept of horizontally integrating public health and medical services and vertically integrating specialty and general practice services, using the chronic disease management model in Xindu District as an example. LAI Sihong et al. [18] recommended providing integration of medical prevention training for public health personnel with relatively short working years at the county primary level to deepen their understanding and improve their service capabilities. Studies analyzing practical experiences of medical prevention integration in Shapingba District of Chongqing, Shenzhen City of Guangdong, and Wudi County of Shandong have concluded that "Internet Plus" approaches can improve the quality and efficiency of medical prevention information interconnectivity [19-21]. With the deepening aging of the county population, county-level medical communities will continue to show significant research trends in innovating integrated medical prevention services and improving institutional mechanisms for medical prevention integration.

3.3.3 County-level Medical Community Construction Strengthens Performance Evaluation and Optimizes Internal Management

Exploring performance evaluation pathways for county-level medical communities provides important references for precise policy implementation during high-quality development stages. At present, unreasonable benefit distribution mechanisms among relevant stakeholders, imperfect internal governance structures within medical communities, and low compensation guarantees for primary-level general practitioners and rural doctors are common problems [23-27]. YU Ganquan et al. [22] and SHEN Jianguo et al. [28] believe that the core condition for implementing high-quality performance in county-level medical communities is effective assessment of medical community construction, with unified management of institutions, personnel, finance, quality, and services being implemented effectively. Relevant studies have pointed out that performance evaluation oriented toward county-level health outcomes is an inevitable trend, and performance evaluation should leverage the authority and incentive nature of policy measures to achieve the common goal of maximizing overall county health benefits through reasonable benefit distribution. In internal management, the global budget system is the core policy tool for reconciling internal interest conflicts within county-level medical communities. It is also necessary to strengthen the construction of sharing mechanisms focusing on improving primary-level medical and health services and enhance the impact of county-township-village integration construction on the organizational support sense of primary-level general practitioners and rural doctors [34]. Combined with keyword burst analysis results, "management model," "development strategy," and

"rural doctors" are all research hotspots and frontier trends in this field in recent years, and future research on strengthening performance evaluation and optimizing internal management in county-level medical community construction still needs to be deeply explored.

References

[1] General Office of the State Council. Guiding Opinions on Promoting the Construction and Development of Medical Consortia [A/OL]. (2017-04-23) [2024-03-07]. https://www.gov.cn/gongbao/content/2017/content_{5191699}.htm.

[2] National Health Commission. Guiding Opinions on Comprehensively Promoting the Construction of Tight-knit County-level Medical and Health Communities [A/OL]. (2023-12-30) [2024-03-07]. http://www.nhc.gov.cn/jws/s7874/202312/e5d16e73fa324533bcc8f75

[3] ZHANG Xindan, CHEN Cunchuan, WANG Haipeng. Visual Analysis of Research on County-level Medical Communities in China [J]. Chinese Health Resources, 2023, 26(2): 184-188, 232. DOI: 10.13688/j.cnki.chr.2023.220924.

[4] LI Jie, CHEN Chaomei. CiteSpace: Text Mining and Visualization in Scientific Literature [M]. 3rd ed. Beijing: Capital University of Economics and Business Press, 2022.

[5] HUANG Yan, ZHANG Luying. Incentive Compatibility: The Implementation Path of China's "Hierarchical Medical System": A Case Study of Medical Community Reform in S County [J]. Chinese Public Administration, 2019(7): 115-123. DOI: 10.19735/j.issn.1006-0863.2019.07.16.

[6] DAI Wenyun, HU Ling. Exploration and Practice of Primary-level Medical and Health Work in the Construction of County-level Medical Communities [J]. Chinese General Practice, 2021, 24(1): 23-29. DOI: 10.12114/j.issn.1007-9572.2020.00.188.

[7] LI Jingquan. Research on the Construction of Hierarchical Medical System from the Perspective of Medical Consortia: Based on Zhejiang Practice [J]. Health Economics Research, 2022, 39(5): 49-52. DOI: 10.14055/j.cnki.33-1056/f.2022.05.001.

[8] JIN Hongfang, TIAN Jun, XU Guanhua, et al. Investigation on the "Difficult Downward Referral" of Chronic Disease Patients in County-level Medical Communities [J]. Health Economics Research, 2022, 39(7): 15-17. DOI: 10.14055/j.cnki.33-1056/f.2022.07.014.

[9] WANG Hongbo, ZHANG Kairan, GONG Xi. Coordinated Development of County-level Medical Communities and Medical Insurance: Theoretical Rationale, Practical Dilemmas, and Optimization Strategies [J]. Chinese Journal of Health Policy, 2023, 16(9): 1-7. DOI: 10.3969/j.issn.1674-2982.2023.09.001.

[10] PENG Bo, WANG Bowen. Analysis of Dominant Factors in Implementing Hierarchical Medical Treatment in Tight-knit County-level Medical Community

Construction [J]. Chinese Health Economics, 2022, 41(12): 89-93.

[11] HUANG Lingbo, ZHANG Xinglong, LIU Peiyun, et al. Research on "Bundled Payment" in Tight-knit County-level Medical Communities Based on Multidimensional Scaling Analysis and Social Network Analysis [J]. Chinese Health Economics, 2024, 43(1): 26-30.

[12] CHEN Yingchun, TAN Huawei. Financial Vulnerability and Risk Protection of Medical Insurance Payment in China's Tight-knit County-level Medical Communities: Risk Identification, Experience Reference, and Policy Pathways [J]. Chinese Journal of Health Policy, 2022, 15(11): 1-10. DOI: 10.3969/j.issn.1674-2982.2022.11.001.

[13] LIU Jue, YAN Wenxin, LIU Min, et al. Medical Prevention Collaboration in Healthy China Construction in the New Era: Theoretical Mechanisms and Policy Evolution [J]. Bulletin of National Natural Science Foundation of China, 2023, 37(3): 451-460. DOI: 10.16262/j.cnki.1000-8217.2023.03.009.

[14] JIA Yan, ZHU Shijun, LU Zuxun. Current Status and Countermeasures of Medical Prevention Integration in Beijing Public Hospitals [J]. Chinese Hospital Management, 2021, 41(3): 94-96.

[15] GU Hai, LI Zihao, WANG Furu, et al. Key Issues, Mechanism Innovation, and Implementation Pathways for Medical Prevention Integration [J]. Health Economics Research, 2024, 41(1): 45-49. DOI: 10.14055/j.cnki.33-1056/f.2024.01.004.

[16] GUO Wei, LI Ye, LI Yuanyuan, et al. Research on Medical Prevention Integration in County-level Medical Communities Based on Social Network Analysis and Multidimensional Scaling Analysis [J]. Chinese Hospitals, 2023, 27(6): 1-5. DOI: 10.19660/j.issn.1671-0592.2023.06.01.

[17] DENG Hongyu, WU Miaomiao, YANG Zheng, et al. Research on Constructing an Innovative Model for Chronic Disease Management with Medical Prevention Integration in Tight-knit County-level Medical Communities [J]. Chinese General Practice, 2023, 26(22): 2720-2725. DOI: 10.12114/j.issn.1007-9572.2023.0150.

[18] LAI Sihong, CHEN Jingchun, MA Shengjie, et al. Analysis of Cognitive Evaluation and Working Conditions of Public Health Personnel on Medical Prevention Integration in Hangzhou County-level Medical Communities [J]. Modern Preventive Medicine, 2023, 50(5): 879-883. DOI: 10.20043/j.cnki.MPM.202210113.

[19] SHAN Ying, MA Fang'en, ZHANG Liheng, et al. Research on Practice Progress of Medical Prevention Integration in County-level Medical Communities [J]. Health Economics Research, 2021, 38(9): 10-12, 17. DOI: 10.14055/j.cnki.33-1056/f.2021.09.002.

[20] WANG Xianjun, TANG Zhiyou, YANG Wenmei, et al. Research on the "Five Integrations" Medical Prevention Health Management Service Model in

Primary-level Medical and Health Institutions [J]. Chinese General Practice, 2020, 23(31): 3924-3929. DOI: 10.12114/j.issn.1007-9572.2020.00.454.

[21] DONG Pei, WANG Kun, MAO Aiyan, et al. Current Status and Countermeasures of Public Health and Medical Service Integration in China [J]. Chinese Journal of Public Health, 2020, 36(12): 1686-1689. DOI: 10.11847/zgggws1133336.

[22] YU Ganquan, ZHENG Caiyun, WANG Xin. Research on Configuration Paths of Tight-knit Governance Affecting County-level Medical Community Performance [J]. Chinese Health Economics, 2023, 42(11): 24-27, 31.

[23] HE Guangxiu, TANG Shaoliang. Research on Stakeholder Game Theory in County-level Medical Community Construction Under the Background of Hierarchical Medical System [J]. Chinese General Practice, 2020, 23(13): 1611-1614, 1620. DOI: 10.12114/j.issn.1007-9572.2020.00.085.

[24] ZHAO Minjie, JIA Meng, WANG Fang, et al. Analysis of Reform Measures and Effects of County-level Medical Community in Deqing County, Zhejiang Province [J]. Chinese Journal of Health Policy, 2019, 12(11): 53-58. DOI: 10.3969/j.issn.1674-2982.2019.11.010.

[25] XIONG Jixia, CUI Tingting, SONG Xiaoqing, et al. Analysis of Symbiotic Elements and Sustainable Development Countermeasures for Medical Consortia [J]. Chinese Health Service Management, 2021, 38(7): 484-487.

[26] ZHOU Aiqing, QI Jun. Discussion on Key and Difficult Issues in County-level Medical Community Construction Under the Background of Strengthening Primary-level Healthcare [J]. Chinese Rural Health Service Management, 2024, 44(1): 59-61, 66. DOI: 10.19955/j.cnki.1005-5916.2024.01.010.

[27] ZHAO Ruina. The Impact of County-level Medical Communities on Rural Doctors: Empirical Evidence from Field Research in Two Adjacent Counties [J]. Chinese Rural Health Service Management, 2021, 41(2): 113-117. DOI: 10.3969/j.issn.1005-5916.2021.02.009.

[28] SHEN Jianguo, ZHOU Shidong. Innovative Practical Exploration of Tight-knit Medical Community Construction in Lianshui County [J]. Chinese Rural Health, 2024, 16(1): 18-21. DOI: 10.20126/j.cnki.1674-361X.2310-233.

[29] CUI Yueying, ZHOU Chi, SHI Lijie, et al. Application and Evolution of Stakeholder Policy Tools in China's County-level Medical Community Construction: Based on Hood's Classification [J]. Chinese Journal of Health Policy, 2022, 15(3): 37-44. DOI: 10.3969/j.issn.1674-2982.2022.03.006.

[30] CAI Qiumao, WU Wenqiang, WANG Xin, et al. Evaluation of Reform Effects of County-level Medical Communities from the Perspective of Mixed Policy Tools [J]. Chinese Health Economics, 2023, 42(1): 14-18.

[31] CHEN Hao, ZHOU Rui, GU Renjun, et al. Research on Benefit Distribution in County-level Medical Communities Based on Cooperative Game Shap-

ley Value Method [J]. Health Economics Research, 2022, 39(6): 82-85. DOI: 10.14055/j.cnki.33-1056/f.2022.06.016.

[32] LI Li, ZHENG Ying. Analysis of Incentive and Constraint Mechanisms for County-level Medical Communities Under Global Budget System: Conflict Between Individual and Collective Interests [J]. Public Management and Policy Review, 2023, 12(1): 140-155.

[33] ZHENG Ying, HU Jia, DAI Tao, et al. Research on County-level Medical Consortium Construction in Tianchang City, Anhui Province and Youxi County, Fujian Province [J]. Chinese Journal of Health Policy, 2019, 12(5): 11-17. DOI: 10.3969/j.issn.1674-2982.2019.05.002.

[34] ZHANG Hanxuan, LI Jiantao, YUAN Xiaoguo, et al. Research on the Impact of Rural Integration Reform on Rural Doctors' Organizational Support: Taking Tight-knit County-level Medical Communities in Shanxi Province as an Example [J]. Modern Preventive Medicine, 2022, 49(20): 3753-3758. DOI: 10.20043/j.cnki.MPM.202205740.

Author Contributions: HUANG Zhaoquan proposed the main research objectives and is responsible for the article; WANG Shuyun was responsible for research conception, design, implementation, and manuscript writing; LIANG Xia conducted data collection and organization; LI Xia created figures and tables; LIN Lin revised the manuscript; FENG Qiming was responsible for quality control and review, and supervision and management.

Conflict of Interest: The authors declare no conflict of interest.

ORCID: WANG Shuyun: https://orcid.org/0000-0002-4133-6104

(Received: April 26, 2024; Revised: June 21, 2024)
(This article was edited by WANG Fengwei)

Note: Figure translations are in progress. See original paper for figures.