

Supplementary Section A

Policy nature (X1) refers to the inherent essence and characteristics of the policy itself, which can be broken down into six sub-dimensions [1, 2]. Prediction (X1:1) involves judgments about the prospects and ongoing directions of the HMS policy before its implementation. Supervision (X1:2) pertains to supervising and guiding HMS efforts, including establishing critical work tracking and supervision systems. Suggestion (X1:3) proposes specific strategies and levers for implementing the HMS. Support (X1:4) refers to government support for developing the HMS, creating a favorable environment for planning schemes. Pilot (X1:5) assesses whether the policy is experimental, progressing cautiously by selecting pilot programs and promptly summarizing experiences. Lastly, guidance (X1:6) involves indicating the guiding objectives of the development and reform of the HMS, guiding various stakeholders to deepen their understanding of the HMS.

Policy timeliness (X2) assesses the duration of HMS policies, dividing it into long-term (X2:1), medium-term (X2:2), and short-term (X2:3) stages [3]. Long-term refers to a policy's effectiveness lasting over five years, medium-term indicates a point between 3-5 years, and short-term denotes effectiveness within two years, including effects within the current year.

Policy function (X3) refers to the role and utility of the HMS. The connotation and value pursuit of the HMS is to promote the gradual formation of the order of medical visits (X3:1), two-way referral (X3:2), classified treatment (X3:3), and cooperation mechanism (X3:4) [4]. The HMS guides patients with common diseases to go to primary medical institutions such as health community service first. Two-way referral refers to the orderly referral between primary and higher medical institutions, focusing on unblocking downward referral channels [5]. The HMS should define the technical scheme and service chain of diagnosis and treatment of acute and chronic diseases and provide continuous diagnosis and treatment services of scientific treatment-rehabilitation-long-term care. The HMS should establish a division of labor and cooperation mechanism for institutions at different levels, emphasizing the sinking and vertical flow of high-quality medical resources.

Policy content (X4) emphasizes critical aspects of the HMS policy involvement, focusing on strengthening the medical service system at the grassroots level [1]. This involves building a grassroots medical and health talent team (X4:1), enhancing the service capability of grassroots medical and health services (X4:2), improving the comprehensive ability of county-level public hospitals (X4:3), promoting regional medical resource sharing (X4:4), and developing medical and health informatization (X4:5). Each sub-dimension has specific assessment criteria. Specifically, developing grassroots medical and health professionals requires establishing a training system and incentive mechanism for general practitioners. The capacity of primary medical and health services should focus on standardizing primary health institutions, including

direct drug distribution, strengthening medical services, and traditional Chinese medicine. County-level public hospitals should ensure reasonable scale and quantity, support specialty capacity, and provide treatment for severe illnesses without requiring patients to leave the county. Regional medical resource sharing should integrate resources such as examinations and inspections in hospitals above the second level and be open to chronic disease and primary health institutions. Medical and health informatization refers to developing services based on the Internet and using information technology to enable the HMS.

Policy receptors (X5) refer to the subjects that the policy tries to influence, including administrative departments (X5:1), primary medical and health institutions (X5:2), public hospitals (X5:3), and patients (X5:4) [6, 7]. We analyze the original intention and implementation process of the HMS policy, which is more likely to affect administrative departments, primary medical institutions, county-level public hospitals, or patients.

Policy fields (X6) clarify the scope of the HMS policy's impact, including economic (X6:1), social (X6:2), political (X6:3), and technological (X6:4) fields [7, 8]. Each field is evaluated separately based on its specific impact.

Policy tools (X7) refer to the specific means to achieve the policy objectives of the HMS. According to the content mining of the HMS policies, it can be divided into supply type (X7:1), demand type (X7:2), and environment type (X7:3). It was revised based on Rothwell et al. and Liu et al. to reflect the operation mechanism of the HMS under the policy application scenario, including the guiding instrument of supply-side push and demand-side pull and the indirect means of the environment [6, 9]. Supply-based policy tools are the pushing force of policies to the HMS; Demand-based policy tools are shown as the pulling force of policies; Environmental policy tools show the indirect influence of policies.

Issuing subjects (X8) refer to the evaluation of the administrative level and cooperation of the HMS policy issuing institutions [3], including two secondary indicators: Core (X8:1) and diversity (X8:2). Core refers to whether the subject of the policy includes at least one of the State Council, the National Health Commission of the PRC, the general office of the local people's government, and the local health commission. Diversity refers to whether the issuing subject of the document is diversified.

Policy evaluation (X9) is to judge the overall formulation of the HMS, which includes four secondary variables [1, 10]: Concrete objectives (X9:1), scientific plan (X9:2), clear rights and responsibilities (X9:3), and detailed planning (X9:4). Concrete objectives means that the policy puts forward the quantifiable results that the policy implementation is expected to achieve. The scientific plan suggests that the policy scheme is feasible and scientific. Clear rights and responsibilities refer to clarifying the duties and powers of various departments. Detailed planning refers to a careful and thorough planning policy.

Reference

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