

## **Title: Implementation Science Research for Rural Health System Reforms in China**

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**Background:** China is reforming its health system, transforming its village health posts, township health centers (THC's) and county hospitals into a closely linked **network** to deliver prevention, primary care and basic hospital services to 700 million Chinese. THC's will become the linchpin bridging prevention and primary care provided at village/town levels and specialty and hospital services provided by the county hospitals. THC's directors must lead and manage prevention and primary care. How well the directors perform their roles will largely determine the success or failure of China's rural reform. Meanwhile, little attention has been paid to the selection of the directors and the development of their capacity to lead and manage THC's when the system's organizational structure is significantly altered.

Inattention to implementation issues is common throughout the world. We give great attention and efforts to policy formulation but not enough to execute the policy. This study intends to fill some of the gaps and advance Implementation Science.

Currently, THC's with a staff of 12-15 and 15-20 beds provide basic health services, competing for patients with village posts and county hospitals to obtain revenue to sustain themselves. Under the reform, THC's are responsible for preventive and basic health services for 20,000-40,000 rural residents, financed by government budget and social insurance, instead of revenues derived from charges to patients. THC's will continue to provide basic health care. In addition, they will supervise and monitor the services delivered by about 20-40 village doctors and serve as a gatekeeper and refer more seriously ill patients to the county hospitals.

**Aims of the study:** We have two goals: (1) Engage faculty and students in Economics and Management to investigate the new roles, responsibilities and accountabilities of THC's and the roles of the directors under three different Chinese rural reform models. (2) Establish a long-term collaborative relationship between Harvard and Rural Research Center of Tongji Medical University in order to facilitate Harvard students to conduct field research in poor rural regions of China.

**Specific Activities:** Chinese rural health reform established different models of organization. We selected three prevalent models which consist of Ningxia province, Qianjiang county (Chongqing) and Yiyang county (Henan province) for Harvard faculty and students in Global Health to conduct field studies. Over 18 months, we will:

- Examine the functional, financial and organizational structure of the new three-tiered rural health system that integrates services at village posts, THC's and county hospitals.

- Investigate the roles, responsibilities and accountabilities assigned to THC's and the power given to THC's to manage financial, personnel, supervision of village doctors, and performing gatekeeping and referral functions for complicated cases.
- Assess the background and training of the current THC's directors, their motivations and capacity to perform their new roles and responsibilities.
- Determine the knowledge and skills that THC's directors need to perform their duties successfully. Propose new selection criteria for directors and the leadership and managerial training they need.
- Methods:
  - Survey 80 or more THC's in the three sites on their major responsibilities, organizational structures, personnel qualifications, financial and management practices, management information system, and services delivered.
  - Conduct three-day on-site interviews and data collection: randomly select 40 THC's to investigate on their operations, including how much power is delegated to directors and how they use the power to produce efficient and effective services, internal organizational structure established to manage the operations, and managerial capacity and practices.

**Expected outputs:** We plan to produce a report and publish several papers on our findings to fill the gaps in Implementation Science in transforming global health systems.