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The Policy Process Research of Family Doctor System in China: from the Perspective of the Multiple-Streams Theory

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Abstract
Under context of aging population and chronic disease with high occurrence as well as difficulty and expensive costs in medical treatment, the establishment about system of family doctors has been brought about in China, but there lacks domestic research for process of policy evolution endowed with such significance. This paper tries to analyze process of institutional establishment of family doctors in view of multiple-streams theory; the evolution process about institutional construction of family doctors should have systematic classification with analysis of problem stream, policy stream and political stream respectively as well as facts based on fundamental challenges of grassroots public health; explanation should be made for features and inspiration about institutional construction of family doctors to further verify feasibility of multiple streams theory in China. The fact has found that social background and actor will influence agenda about institutional construction of family doctors, some agenda of basic public health service policy will not be promoted by accidental focus events; active public participation and attention will exert influence for formation of political stream.
Keywords: family doctor, multiple-streams theory, policy process, agenda setting.

1. Introduction

The family doctor (also known as the general practitioner) plays an important role in basic medical services as a "person who guard" residents' health and medical resources in use. Family doctor system is a health management model that is generally adopted. And there have been more than 50 countries and regions that implement family doctor system in the world. In these countries and regions, family doctors track community residents' health condition in all directions, establish perfect health files, and provide the means to prevent and treat common diseases. After the long-term practice, foreign family doctor system not only promoted residents to form healthy life style, but also reasonably allocated limited medical resources and effectively controlled medical expenses (Woodway, 2010).

In this context of aging of population, high incidence of chronic diseases and "difficulty of getting medical services and high cost of getting medical treatment", China has put forward the policy objectives of establishing family doctor system, learning from the practical experience of foreign family doctor system, providing residents with services such as health management, chronic disease prevention and common disease treatment, building a new community health care system, deepening medical health care system reform, and achieving "first community diagnosis, two-way referral, and step-by-step diagnosis and treatment". A series of theoretical researches focusing on family doctors have been carried out from the formal proposal of establishing family doctor system. Dozens of cities have actively carried out the pilot of signing family doctor services, made beneficial exploration, and accumulated rich practical experience.

It can be seen that it is not smooth from the construction process of family doctor system. In 2009, *The CPC Central Committee and the State Council's Opinions of Deepening Medical Health Care System Reform* put forward clear opinions of establishing family doctor system, implementing community public health service model based on family doctors, and achieving family doctors' first fixed-point medical treatment and referral system step by step (He &Liang, 2012); in 2011, *The State Council's Guiding Opinions of Establishing General Practitioner System* proposed a package proposal of establishing family doctor system; in 2016, the State Council's 7 departments such as Medical Reform Office issued *Notice on Guiding Ideas of Issuing and Promoting the Signing Service of Family Doctor*s. It takes 7 years to initially form a whole set of family doctor system construction system.

As a typical public policy, how do related issues enter the agenda? How are the issues built? What is the formulation process? How does the process enlighten other public policies? The paper plans to analyze the construction process of family doctor system from the perspective of the multiple-streams theory, that is, the paper makes a respective classification of problem origin, policy origin, and political origin based on the basic challenges that grass-roots public health, analyzes the characteristics and enlightenment of family doctor system under construction, and further verifies the applicability and limitations of the multiple-streams theory in China.

2. Literature review

2.1 Research about family doctor system in China

The concepts of general practice and general practitioner was introduced into China from the west in 1980s, with

development for many years, there are preliminary establishment of general practice education system and qualification admittance system, the group of general practitioners is becoming larger while system of family doctors goes forward in exploration. Some scholars conduct research around institutional concept, feasibility, operating mechanism and performance review of family doctors.

Concept research. Bao etc. (2011) think that institutional positioning should take general practitioners as main body, team of general practitioners as basis, community as scope, as family as unit and health management as goal so as to provide members of family comprehensive health care service and health management service through contractual service. Xue (2011）thinks that institution of family doctors is defined to provide integrated, continued and preventive service for family members through form of signing contract.

Feasibility study on implementation. Xu etc. (2013) summarize feasibility about institutional implementation of family doctors and possibly occurred problems with analysis of responsibility system of family doctors in Suzhou area. Yu etc. (2011) discuss feasibility for implementing system of family doctors in Shanghai through on-the-spot investigation. Zhang（2011）brings forward solution and thinking for existing problems through conducting working investigation about feasibility of family doctors service in Putuo District of Shanghai so as to provide reference and suggestion for exploring service model of family doctors in practice.

Study on service model. Study on service model is major contents of institutional research of family doctors. Zhang etc. (2014) point out service features of family doctors in Beijing with research on family doctors. Wu and Wang (2014) explore operating model about health management of the whole human being under responsibility system of family doctors. Geng etc. (2015) discuss the relationship among involved parties with analysis on process of service payment of family doctors to design payment method incentive-and-constrained action from parties. Tang etc. (2015) analyze service model of family doctors with different characteristics among United States, United Kingdom and Cuba for understanding about model features and existing defects. Li etc. (2015）explore the resolution for establishing and improving operating mechanism about service of family doctors.

Study on performance review. Wu (2012) brings forward the conception of performance appraisal index system about institution of family doctors suitable for national conditions through analysis on experience about current situation about service of family doctors and performance appraisal at home and abroad.Hu etc. (2014) design set of job performance appraisal index system of family doctors from four dimensions of public health service, basic medical treatment, contract and degree of satisfaction about contracted residents with adoption of Delphi method. Lu etc. (2016）design performance review system about institution of family doctors under management model of contractual medical insurance for review about reform and implementation from structure and dimension of process based on model and bring forward suggestion for improvement.

2.2 Multiple-streams theory

In field of research about policy science, policy agenda setting is how social problems will be shifted to policy problems. Whether public problems could enter into governmental agenda or not will depend on importance of problem and attention or social approval (Wei & Sun, 2016). In essence, policy agenda setting is to ensure social problems and moreover the process of bringing forward several resolution plan (Thomas, 2011).With combination of domestic policy agenda setting, Zhang (1992) thinks that policy agenda is to divide policy problems into politics or policy institution so as to conduct plan, which provides the channel for one policy problem into policy process and issues for consideration.

Since 1960s/1970s, western scholars hold different opinions about driver and explanation of policy agenda-setting. The first type is macro-agenda setting-driven model from representatives of Cobb and Elder, they divided the agenda into systematic agenda and institutional agenda, the systematic agenda emphasized that the agenda should be shifted from society and government gradually among these agendas（Cobb & Elder, 1972, which gives rise to basic path of agenda setting at macro level but never explains coupling relation among factors of agenda setting. The second type is the garbage can model from representatives of Cohen etc., this model holds opinion that policy-making is influenced by irrational and accidental factors so that introduction of policies will be the random and uncertain process（Cohen, 1972）.The third type is trigger mechanism model from representatives of Larry N. Gerston, this model considers that agenda setting will be triggered by focus events and set forth trigger mechanism from influence scope of focus event, intensity of influence and opportune time (Gerston, 2001).

As early as in 1984, multiple streams theory was brought forward by John Kingdon, the policy expert of United States. Kingdon develops three streams with influence on policy agenda and alternative plan based on the garbage can model of Cohen etc., namely problem stream policy stream and political stream （Kingdon,1984）.Problem stream refers to why policy-makers pay attention to one problem with ignorant of other problems, which is stream where practical problems gather. Policy stream called as the policy primeval soup means that policy supporters bring forward policy plan and policy claim with discussion and amendment

for one problem. Political problem includes citizen's emotional change, government change, election results and pressure movement of interest groups.

There is independent relation existing in problem stream, policy stream and political stream mainly, when coupling of three streams happens, window of policy could open. As long as window of policy opens, opportunity will be increased for one problem to be submitted in policy agenda. But with short-time open of window of policy, the opportunity need to be seized with driving force of policy entrepreneur.as long as policy entrepreneurs seize opportunity to promote combination of independently three streams on occasion of opening policy window, the possibility of problem up to policy agenda will be increased in large margin. Multiple streams theory by Kingdon not only promotes development and evolution of policy theory, but also enriches empirical research of policy sciences (Cairney & Jones, 2016).

In the meanwhile, analysis framework of policy process in this multiple streams model receive scholars' s higher degree of approval with extensive application on policy analysis covering health care, telecommunication, transportation and finance. Mamudu etc. (2014) adopts multiple streams analysis framework to explain smoke-free policy setting process in states with tobacco demands in United States and finds that policy supporters should make use of environment change to adjust the policy. Although there are lots of application about multiple streams framework on health policy research in developed countries but poor implementation in underdeveloped countries, therefore, Kusi-Ampofo etc. analyzes the reform and resistance of health policy in Ghana from perspective of multiple streams and explain the policy-setting process of national medical treatment and insurance plan in Ghana. Novotny and Polasek（2016）analyzes the modernization process of social democracy in Czech Republic under crisis with adoption of multiple streams.

2.3 Applicability in China of multiple-streams theory

Multiple streams model could be served for research of public policy with strong explanatory power by western scholars. But with big difference between China and west in political system and national conditions, could the multiple streams model deriving from development and practice of western public policy accommodate with China's policy setting process, which needs to be analyzed with combination of application terms of multiple streams model and China's policy setting.

The multiple streams model is applied with precondition of open political system and could provide diversified public participation. With reform and opening-up for more than 30years, the remarkable achievement has been made in economic development. And in the meanwhile, great progress has been made in reform of political and economic system, drastic changes have happened in degree of democracy than before reform and opening-up. Currently, the process of public policy setting in China will not be purely elite class-driven model but shift to more open and diversified model of public participation, the considerable public participation has been involved with some policy makings, for example, Sun Zhigang case, event of school bus safety, car-hailing and so on. More democratic and open China will provide great environment for application of multiple streams model.

In recent years, domestic scholars try to analyze the process of domestic policy setting with adoption of multiple streams model. Bi (2007) explains policy-setting process of prevention and care cooperation for water pollution in Jiangsu and Zhejiang areas with adoption of multiple streams analysis framework. Bai (2010) makes use of multiple streams model to explain policy agenda of School Bus Safety Regulation(Draft); Liu (2015) conducts multiple streams analysis for termination of policy; Wei and Sun (2016) take taxi as the example to provide framework of online social policy agenda setting based on multiple streams theory. These research results show that there is feasibility of multiple streams model mainly existing in China, but difference factors of this theory need to be recognized and controlled in process of application in China (Zhao, 2011).

The advantages of multiple streams model is to comprehensively analyze the whole process of policy agenda setting in dimension of time (Zhao, 2011). However the agenda for institutional construction of family doctors in the analysis of this text refers to problems concerning change trend of social development, interactive agenda setting for participation of different policy supporters, problem stream, policy stream and political stream, policy entrepreneur and similar internal logic of multiple streams model, therefore this text tries to adopt multiple streams model to control policy agenda about institutional construction of family doctors through controlling parts of factors under China's environment.

3. Multiple-streams analysis of system construction of family doctor

3.1 Problem stream

Problem origin results from the content defined by various problem data and problems. The dynamic factors of problem flow mainly include the highlight of problems. The factor reflects the change in the problems and the severity of the problems. The highlight of problems promotes people to take necessary response measures in most cases. But it is impossible for problems to naturally become policy topics. They are affected by important indicators the feedback from existing projects.

In recent years, with the development of China's economy and society, the basic medical conditions have been obviously improved and average life expectancy continues to increase. However, medical and health service faces many problems such as aging of population, high incidence of chronic diseases, and "difficulty of getting medical services and high cost of getting medical treatment", and it is difficult for the traditional medical and health service focusing on hospitals and diseases to meet the needs of the masses for the long-term and continuous health care. At the same time, residents focus on large hospitals to see a doctor, which is not conducive to improving the environment for medical treatment, balancing medical resources, easing the conflicts between doctors and patients, and reasonably controlling medical expenses. International experience and domestic practice have proved that it is an important way to ensure and maintain the health of the masses by promoting family doctor signing service at the grass-roots level in the new situation. Therefore, it becomes an important policy topic to construct the family doctor system. In the family doctor system construction, related important indicators and project feedback mainly constitute the problem origin.

(1) Aging of Population brings complex demand to the grass-roots health care

There are the increase in the number of elderly population and the proportion of elderly population of the total population. According to the statistical data from State Statistical Bureau, there were the elderly of 130 million and above 60 in China in 2000, accounting for 10.32% of the total population. Among them, the number and proportion of the elderly above 65 were respectively 88 million and 7%. Based on the standards of the United Nations, China became one of the countries with aging of population. And by 2010, there were the elderly of 222 million above 60, accounting for 16.1%, a net increase of 92 million than 2000, an increase of more than 70%; among them, there were the elderly of145 million above 65, accounting for 10.5%, an increase of more than 75% than 2000.

According to speculation, the elderly above 60 will account for 16.6% and the elderly above 65 will account for 11.7% in 2020. And by 2050, the elderly above 60 will account for 30% and the elderly above 65 will account for more than 22%. Based on the results shown in Figure 1, aging population above 65 increases at a moderate speed from 2000 to 2020 and shows the characteristics of gentle aging; aging population above 65 increases at a faster speed from 2020 to 2040 and shows the characteristics of rapid aging; the aging population varies from 300 million to 400 million and basically shows the gentle peak from 2040 to 2050.

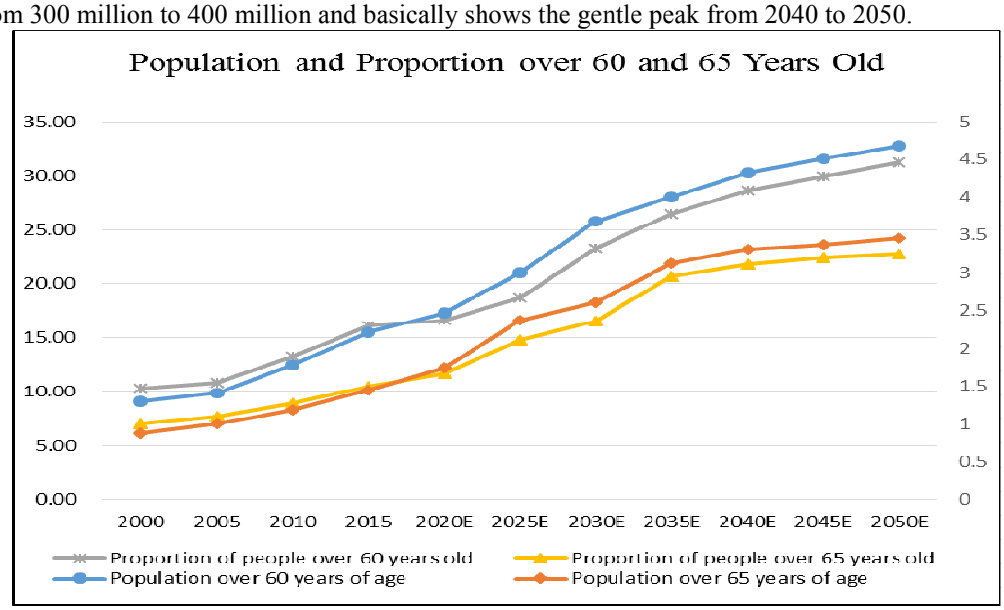

Figure 1: The Current Situation and Prognostic Map of Aging of Population

Aging of population is an important public health care problem that many countries face in the world now. China has become one of the countries with aging of population since 2000. The elderly people suffer from irreversible degeneration from head to foot and become relatively bad in whole quality of the body, so they increase the demand for complex health care. When China deals with aging of population, it should change the idea of "focusing on hospitals and despising community" and develop the community health care into one of the key points to sound the medical security mechanism for the elderly. And the community public health service model focusing on family doctors have been gradually concerned by people and become the problem origin for the government to solve the aging of population and build the family doctor system.

(2) The high incidence of chronic diseases brings huge losses to the society.

The rising morbidity of chronic diseases is closely related to factors such as economy, society, population, behavior, and environment. On the one hand, with the continuous improvement of people's life quality and health care level, average life expectancy continues to grow, the number of aging population continues to

increase, and the cardinal number of the patients with chronic diseases also continues to expand in China; on the other hand, as China continues to deepen the reform of the medical and health system, the patients with chronic diseases also continue to prolong life. In addition, domestic environmental pollution, neglect of chronic disease prevention, and unscientific public lifestyle and others lead to the continuous increase in chronic diseases in China.

Chronic disease is one of the greatest challenges to human health. At present, there are more than 260 million patients who have clearly been diagnosed with chronic diseases. In 2012, the morbidity of adults with high blood pressure of and above 18 was 25.2% in China; the morbidity of diabetes is 9.7% and shows an upward tread and a younger trend compared with 2002. Chronic diseases account for 85% of the reasons why the Chinese people die and 69% of disease burden.

Chronic diseases bring great pressure to family life, health service system, and public finance, have a very serious impact on low-income people, and become a serious public health problem and social problem. China enters a key period to prevent and control chronic diseases in the next 10 years. In order to avoid the blowout of chronic diseases, China must implement scientific and effective prevention and control strategy and carry out national health education and health promotion. As a grass-roots medical and health service, family doctor service not only can provide the public with the education and publicity of chronic disease prevention, but also effectively grasp the situation of the patients with chronic diseases, establish health files, and be with the characteristics of better integrity, continuity and prevention.

(3) “Difficulty of getting medical services and high cost of getting medical treatment” enter a dead end.

At present, the Chinese people generally see a doctor according to the principle of “turning to a top hospital and registering to a director”. In large hospitals, patients generally suffer from the problem of “difficulty of getting medical service”, have to queue in order to register, pay the bill and take medicine; doctors generally spend short time (“three long and one short”) in treating patients. In sharp contrast to the situation that large hospitals are crowed in every part, grass-roots community medical institutions have few patients (or just are a place where doctors prescribe and patients take medicine). The underlying reason is the unbalanced medical resource allocation and irrational structure. From the perspective of the comparison of the bed utilization of national community service centers and hospitals, the grass-roots community medical service centers have idle beds and are with not high operating efficiency.

Table 1: The Usage Rate of Hospital Beds and Average Length of Stay in Medical and Health Institutions at all Levels in the Corresponding Period of 2015 and 2016

	Usage Rate of Hospital Beds (%)		Average Length of Stay in Hospitals (Day)	
	Jan. - Apr. 2015	Jan. – Apr. 2016	Jan. – Apr. 2015	Jan. – Apr. 2016
Hospitals	87.4	87.6	9.3	9.1
Among them: third-class Hospitals	98.6	98.7	10.2	10
Second-class Hospitals	87.6	87.7	8.6	8.5
First-class Hospitals	61.4	62.6	8.4	8.4
Community Health Service Centers	57.2	56.3	9.6	9.5
Health Clinics in towns and townships	61.8	63.3	6.5	6.1

According to Table 1, from January to April, 2016, the usage rate of hospital beds was 87.6%, an increase of 0.2 % on year-on-year basis; community health service centers were 56.3%, a decrease of 0.9% on year-on-year basis; health clinics in towns and townships were 63.3%, an increase of 1.5% on year-on-year basis. In the first 4 months of 2016, the third-class hospitals had the usage rate of hospital beds higher than 42.4% had the average length of day more than 2 days compared with that in community health service centers. The gap was clear.

It is more difficult and expensive for the public to get medical treatment due to the prevalence of this phenomenon. How is effective diversion implemented in order to enable patients with common diseases such as cold, fever, and cough to be treated in community health service centers, reduce the number of outpatient and inpatient in large hospitals, and increase patient flow in community health service centers? Governmental officials easily pay attention to the social problems with universal significance and set up policy agenda for the problems.

3.2 Policy stream

When the problem is recognized and concerned by some people in the society, many policy recommendations will be proposed in order to solve the problem. The policy recommendations produce policy origin. In the multi-source flow model, policy origin comes from policy community: a network including bureaucrats, congressional committee members, scholars and researchers in the repository. Network members commonly pay attention to

problems in a policy area. The whole policy process includes program discussion and program formulation and legalization and others. It is as follows:

In fact, family doctor service is a model of community health service. After years of planning and development, China has made great breakthroughs and development in the breadth and depth of community health service (Wan & Chen, 2008). However, health care faces new challenges in the new situation, so the original model cannot be suitable. Therefore, a service model based on family doctor is proposed.

Policy participants in multi-source flow framework include two categories: internal participants and external participants. Internal governmental participants include administrative authorizes, civil officials and congress. Participants without formal governmental positions include interest groups, researchers, scholars, consultants, media, political parties, and other roles related to election and a large number of the public. In-system participants from administrative departments including governmental sectors, NPC members, CPPCC members, related professional researchers and other off-system participants put forward and discuss family doctor system program.

In fact, some research scholars first proposed the construction of family doctor system in order to solve aging of population, high incidence of chronic diseases, and "difficulty of getting medical services and high cost of getting medical treatment" and other basic problems of medical services, especially some experts as NPC members and CPPCC members. Due to their special identity, family doctor system that solves basic health service problems got the attention of governmental officials and media and gradually entered the agenda. However, the whole program was still discussed for a long time. Based on the voice of representatives during "the two sessions", as early as 2007, CPPCC member Dai Xiuying and the Central Committee of the Jiusan (Sept. 3rd) Society respectively put forward proposals that aimed to accelerate the construction of community health service talents and referred to the training of general practitioners. Among them, the Jiusan Society proposed to formulate the plan to develop and train general practitioners; CPPCC member and Ningxia Medical University's then vice president Dai Xiuying submitted the proposal of *Suggestions on Promoting General Medicial Education and Accelerating the Training of General Practitioners* and put forward specific suggestions on the education and training of general practitioners, especially the training of general practitioners in the central and western regions. However, as a new community health service model, the newly-proposed idea did not immediately get the national attention.

Until 2009, the CPC Central Committee and the State Council promulgated *Ideas of Deepening the Reform of Medical and Health System*, which clearly implemented family doctor system. And soon afterwards, many NPC members fiercely discussed family doctor system during the two sessions, put forward specific suggestions on family doctors' cultivation, training, investment, remuneration and management and others, and submitted corresponding proposals. Some cities took it as an opportunity to carry out the pilot of family doctors.

Policy community mutually exchanged, split and combined the ideas, proposals and programs, which continued to soften decision-makers. But due to feasibility and acceptability and other factors, decision-makers did not actively respond to the suggestions on alleviating the aging of population, high incidence of chronic diseases, "difficulty of getting medical services and high cost of getting medical treatment" and other problems through family doctor system. Family doctor system did not get response once again with the end of "the two sessions".

During the subsequent "two sessions" in 2010, CPPCC member and Renhe Pharmacy's President Yang Wenlong submitted proposals on the problems that further rural health system reform faces, which referred to a lot of training and education of general practitioners. This reply was more positive. Until the "two sessions" in 2011, a proposal of accelerating the training of general practitioners by 18 committee members such as CPPCC member and Ningxia Medical University's vice president Dai Xiuying was submitted to the two sessions. This response was very positive. These proposals gradually converge into policy origin.

In the policy-making system, the proposals about the construction of family doctor system formed the policy origin of constructing family doctor system after more than once entrance and the opposite, modification and perfection, floated around the policy community, and gradually got the attention of governmental departments. Governmental administrative staff had the main impact on alternative programs. They could put forward suggestions on making and amending the law, participate in legislative hearings and the drafting of drafts. National Health and Family Planning Commission, National Development and Reform Commission, Ministry of Finance and Ministry of Civil Affairs and other related functional departments had the right to formulate administrative rules and regulations.

Table 2: Voices of Family Doctors during the "Two Sessions"

Participants	Years	Main Policy Recommendations	Remarks
Jiusan Society	2007	On formulating the plan to develop and train general practitioners, increasing the investment in community talent construction, expanding the proportion of general medical education major in colleges and universities, steadily promoting the standardized training of general practitioners, and improving the remuneration of family doctors according to the standards of large hospitals in order to retain and attract talents	Proposal by the Central Committee of the Jiusan Society
Dai Xiuying	2007	On establishing the long-acting mechanism of training general practitioners, increasing investment, vigorously carrying out continuing education activities with the characteristics of general medicine and strong pertinence and practicality, training teachers, building bases, and strengthening the construction of the training ability of community health talents	CPPCC member submitted a proposal.
Wu Guanghua	2009	On regarding work related to community health as the core, running it through teaching, enabling students to comprehensively understand the contents and characteristics of community health work, accepting professional training based on generality, focusing on solving common community health problems, and emphasizing general medical students' ability to organize and manage and communicate with others with regard to training objectives	Jining Medical University's vice president and NPC member
Sun Yuan	2009	On introducing related supporting policies and measures as soon as possible and increasing investment in the training of general practitioners in order to solve the lack of medical staff in community health service institutions and enable community health service institutions to play its full role.	Guiyang Maternal and Child Care Service Center's vice president and NPC member
Li Zhenjiang	2009	On implementing the directed and free training policy for rural health talents. Various large medical colleges should set up the majors for general practitioners suitable for grass-roots health work, teach the basic theory of basic medicine, clinical medicine and traditional Chinese medicine and the skills to diagnose and treat common diseases and frequently-occurring diseases. Medical students should first practice in large hospitals and then return to grass-roots units after graduation.	Shineway Pharmacy's president and NPC member
Li Xiaoying	2009	On creating the training system of general practitioners with Chinese characteristics as soon as possible, building the model of training general practitioners with the combination of academic education, standardized training education and continuing education, reforming the current clinical teaching model of medical colleges, and increasing the training of improving the educational background of the existing general practitioners	NPC member and PLA General Hospital's professor
Yang Wenlong	2010	On first further improving the understanding of governments at all levels and all sectors of society of grass-roots health work with regard to the training of general practitioners. Grass-roots health teams should develop toward the direction of general practitioners, rehabilitation service personnel and public health personnel. On the one hand, the discipline of general medicine should be sufficiently built; on the other hand, social forces should be fully mobilized and the training and planning of grass-roots medical and health teams focusing on general practitioners should be implemented.	Renhe Pharmacy's president and CPPCC member
Dai Xiuying et al.	2011	The country should establish "National Training Center of General Practitioners" as soon as possible, provide and increase special subsidies, support the training of general practitioners, focus on the western region, increase the number of trained general practitioners in the western region, shorten the training cycle, and broaden the training channels.	18 national representative during the "two sessions" such as Dai Xiuying

With regard to family doctor system construction, government departments promote family doctor system construction through cooperation. In 2010, six ministries and commissions such as National Development and Reform Commission, National Health and Family Planning Commission, Ministry of Finance and Ministry of Education made positive response, introduced Construction Plan of Grass-roots Medical and Health Teams Focusing on General Practitioners, and clearly constructed and planned general practitioner teams. In 2011, the State Council formally promulgated *Guiding Ideas of Establishing General Practitioner System*, which marked that China began to comprehensively build family doctor system (Li et al., 2015). In 2012, the State Council Medical Reform Office determined 10 national pilot areas such as Beijing Xicheng District, Wuhan City, Shanghai Changning District and Wuhu City, tested the practice mode of general practitioners, and

reformed service model for a year.

After long-periodic modification and improvement in the previous pilot, six departments such as the State Council Medical Reform Office jointly issued *Guiding Ideas of Promoting the Signing Service of General Practitioners* in July 2016. By 2020, they will strive to expand the signing service of family doctors to the whole population, form a long-term and stable contract service relationship with residents, and basically achieve the complete coverage of the signing service system of family doctors.

3.3 Political stream

Political stream could be regarded as important part of policy agenda setting such as public emotion, government succession and leader's instructions. In institutional construction of family doctors, public emotion could put pressure on government so that it becomes the driving force for formation of system. However government succession is not only one of political stream, but also political window of policy window. The ultimate goal of public policy setting will be suitable for mainstream of public opinions, mainstream of public opinions with sound development will promote output about products of public policy representing public opinions. Kingdon thinks that national emotions will be regarded as one kind of widely-accepted value orientation and interests claim and appear in form of public opinions usually.

The inverted pyramid distribution of health resource from the past make patients suffer crowds, waiting and short-time medical treatment in A-level hospitals with their patience and unwilling to see doctors in grassroots medical institution. Which results in series of medical problems so that patients have negative emotions for hospitals and health care workers in process of medical treatment. The unpleasant medical experience for l long period will make the public lack trust for family doctors and sense of approval for institutional construction of family doctors. Therefore when problem stream and policy stream appear in system of family doctors in early period, as one of political stream, public emotions release without accumulation so as to slow the process of policy agenda at early stage. According to data of Baidu search platform, there is 227 pieces of news search in 2007,226 pieces of news search in 2008,405 pieces of news search in 2009 and 379 pieces of news search in 2010 related to family doctors. public emotions increase slowly at early stage and achieves double increase up to 1450 pieces in 2011 as well as 10700pieces in 2015 and 26000 pieces by end of December 1,attention increases gradually to promote formation of political stream.

In March 2010,premier Li Keqiang, leader of the Leading Group for Deepening reform of the Health Care System Reform of the State Council held sixth plenum of leading group for deepening medical reform of the State Council, he emphasized that the planning about construction of grassroots medical and health care staffs should be implemented in whole countries with major focus on general practitioners so as to cultivated sixty thousands general practitioners within three years.in June in same year, former Premier Wen Jiabao held executive meeting of the State Council to establish system of general practitioners, gradually forming grassroots medical and health care staffs, which is the important contents of medical and health care system and of important significance for improving level of grassroots medical and health care service and lower difficulty and expensive costs in medical treatment. This mean that higher leaders of central government have realized public emotion and need concerning institutional construction of family doctors, related policy of family doctors will enter into national policy-making agenda.

In March 2013, after new government came into power, the government would focus on construction of public service in first ruling period to lay foundation on economic development and innovation of social management. In April 2014, Premier Li Keqiang proposed to improve hierarchical medical, strengthen cultivation of general practitioners and promote multi-site practices by doctors so that the general public could enjoy high-grade medical service in his first Report on the Work of the Government. In March 2016, Premier Li Keqiang pointed out in Report on the Work of the Government that great efforts should be made to cultivate quickly general practitioners and pediatrician as well as to conduct hierarchical medical trials in 70% places in China. In April 2015,vice premier Liu Yandong, leader of leading group for medical reform of the State Council, pointed out that great efforts should be made to establish system of general practitioners and promote hierarchical medical treatment system so that the general public could see doctors orderly in video and telephone conference about Deepening reform of the Health Care System Reform in 2015.In September 2015.premier Li Keqiang held executive meeting of the State Council and pointed out that elderly people, kids, pregnant women and patients with chronic diseases should make contract with general practitioner at grass-root level and rural doctors on the voluntary basis so as to get service of basic medical treatment, public health and health management. All shows that new government, especially head of government much values projects for people's well-being, pays close attention to related problems of family doctors and actively promote institutional construction of family doctors into fast lane of agenda setting.

3.4 Coupling of multiple-streams: entrepreneurs catching policy window

There are problem window and political window in policy windows. The problem stream reveals many problems

to promote open of problem window, attention and instruction of higher leadership as well as open of political window. Because institutional construction of family doctors refers to more than one, the policy window opens more than one time in the policy agenda about institutional construction of family doctors. With continued promotion of suggestion of establishing family doctors institution from members of the national committee of CPPCC and deputies to the National People's Congress as well as leaders' instruction, in March 2010, as important part of institutional system of family doctors, the policy window opens for cultivating the general practitioners, in June 2011, policy window about institutional construction of family doctors reopens to promote preliminary establishment of new system. After new government comes into power, policy window about institutional construction of family doctors reopens in September 2015 owing to great efforts of Premier Li to further improve the system of family doctors.

There is independent relationship among problem stream, policy stream and political stream among multiple streams theory, three streams will be difficult to be chosen on agenda setting without policy entrepreneurs' promotion in opportune time although policy window reopens. In the process of institutional construction of family doctors, experts and scholars play the policy entrepreneurs' role as well as media worker, members of the national committee of CPPCC and deputies to the National People's Congress. They research related policies for a long period and advocate to establish system of family doctors with improvement of related supporting system about occupation of doctors for some people.

In 2009,under context of introduction about policy of deepening reform of the health care system reform, as modeling policy entrepreneurs, four deputies to people's congress such as Wu Guanghua, Sun Yuan, Li Zhenjiang, and Li Xiaoying seize opportunity period take part in discussion about institutional construction of family doctors through news interview, expressing review and submitting proposal and actively promote their own policy and plan so as to result in better effects and attract attention of policy makers.in March 2010,these alternative plans played big influence when policy window was opened by vice Premier Li Keqiang, leader of the Leading Group for Deepening reform of the Health Care System Reform of the State Council. In June 2011, former Premier Wen Jiabao opened policy window policy entrepreneurs had dreamed of for a long time, policy entrepreneurs seized opportune time of executive meeting of the State Council and actively joined in discussion to promote governmental decision of establishing system of general practitioners. In September 2015, policy entrepreneurs made use of open of related policy window about contracted service of family doctors with active advocacy to promote improvement of policy and plan, formally confluence of three streams and related themes in contracted service policy of family doctors into policy-making agenda.

4. Conclusion and discussion

Family doctor system construction shows the change in grass-roots public health service model as well as the focus of the government on public services. In recent decades, the reverse pyramid distribution of medical resources and the urban and rural binary pattern have made the existing grass-roots public health service under external pressure. In addition, the aging of population puts forward more complex requirements for basic medical services; the society bears huge cost due to high incidence of chronic diseases; the problem of "difficulty of getting medical services and high cost of getting medical treatment" and other problems become highlighted. Therefore, family doctor service is introduced as a new public health service. However, how does the system evolve? How does the multiple-source flow analysis framework explain the construction process of the system?

Based on multiple-source flow model and analysis of the evolution process, family doctor system develops in accordance with the basic track of multiple-source flow model, opens the policy window more than once, driven by political origin, and results from the situation that entrepreneurs seize the opportunities to promote the three major origins of problem origin, policy origin and politics origin to get together. Among them, the impact of social background factor (change in three major origins) and actor factor (policy entrepreneur behavior) on the establishment of the construction policy of family doctor system has been verified in the paper. This conforms to the internal logic of multiple-source flow model, and also explains the applicability of multiple-source flow model in the formulation of China's policy. At the same time, the research confirms from the side that the agendas of some basic public health service policies are unnecessarily promoted by accidental focus events; the public's active participation and attention have a certain impact on the formation of politics origin. In addition, based on organization and analysis, the paper systematically summarizes the evolution process of China's family doctor system construction.

Although the paper analyzes the policy process of family doctor system construction and obtains some significant conclusions, it just briefly analyzes it. Scholars will continue to build a more perfect modern analysis system related to policy agendas, explore the setting path of the construction agendas of modern family doctor system, and make a comparative analysis combined with other theories in the future.

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