

care network accordingly. We next developed a large-scale two-level queuing network to analyze the impact of G2P-SD on patient flows within the service network. We defined funding efficiency as a potential indicator to policy makers for effective budget allocation among various types of patients. Our study verified the effectiveness of modifying the G2P-SD policy, i.e., the total social cost is reduced by 55.99%. Furthermore, our study suggested the benefit of further tailoring the policy design with consideration of influential patient attributes, which leads to a further reduction in wait time at high-workload hospitals in our Shanghai-based case study.

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