科思论丛

赵 斌◎著

基于国际经验的社会医疗保障制度购买医疗服务机制研究

A Study on the Mechanism of Medical Service Purchase in Social Medical Care System Based on International Experiences

社会医疗保障制度是社会经济发展的产物。随着内外部环境的不断发展变化，社会医疗保障制度已从政府干预医疗保险市场失灵的工具，逐步转变为政府调控医疗保险和医疗服务市场的重要工具。社会医疗保障服务购买机制可被视为规范我国医疗服务机构行为、帮助实现医改目标的重要政策工具。

中国言实出版社

科思论丛　　本书由中国劳动保障科学研究院资助出版

基于国际经验的社会医疗保障制度购买医疗服务机制研究

A Study on the Mechanism of Medical Service Purchase in Social Medical Care System Based on International Experiences

赵　斌◎著

中国言实出版社

图书在版编目(CIP)数据

基于国际经验的社会医疗保障制度购买医疗服务机制研究 / 赵斌著. —北京：中国言实出版社，2014.11
ISBN 978-7-5171-0973-0

Ⅰ. ①基… Ⅱ. ①赵… Ⅲ. ①医疗保健制度—卫生服务—研究—中国 Ⅳ. ①R199.2

中国版本图书馆CIP数据核字（2014）第265782号

责任编辑：周汉飞

出版发行 中国言实出版社

地　址：北京市朝阳区北苑路180号加利大厦5号楼105室
邮　编：100101
编辑部：北京市西城区百万庄大街甲16号五层
邮　编：100037
电　话：64924853（总编室）64924716（发行部）
网　址：www.zgyscbs.cn
E-mail：zgyscbs@263.net

经　销 新华书店
印　刷 北京京华虎彩印刷有限公司
版　次 2014年12月第1版　2014年12月第1次印刷
规　格 787毫米×1092毫米　1/16　24印张
字　数 442千字
定　价 59.00元　ISBN 978-7-5171-0973-0

前言

社会医疗保障制度是社会经济发展的产物。随着内外部环境的不断发展变化，社会医疗保障制度的功能已从最初政府干预医疗保险市场失灵的工具，逐步转变为政府调控医疗保险和医疗服务市场的重要工具。

当前，我国政府以行政命令方式调控医疗服务机构行为存在失灵现象是本文研究社会医疗保障购买服务机制的根本原因。随着改革深化，医疗服务部门各主体行为日趋市场化，旧有的以行政命令方式调配资源和控制医疗服务机构行为的机制出现越来越多的“上有政策，下有对策”的政策执行失灵现象。而自20世纪90年代以来，国际上，社会医疗保障制度改革大多采用建立和发展社会医疗保障购买服务机制的方式来克服行政命令方式在管理医疗服务市场中的失灵现象。诸多研究和国际实践表明，社会医疗保障制度已从简单的筹资系统逐步转为通过基于市场（准市场）的购买服务机制调控医疗服务市场的重要政策工具。社会医疗保障购买服务机制实际就是在购买服务理念下重构的整个社会医疗保障“医、保、患”的三方结构和相互关系，是政府以市场（准市场）经济激励方式引导医疗服务市场主体行为的重要方式。

因而，社会医疗保障服务购买机制可视为解决我国医疗服务机构行为失范，进而帮助实现医改目标的重要政策工具。为此，本研究以国际上社会医疗保障购买服务机制为研究对象，总结相应国家经验，以期对我国完善基本医疗保险购买服务机制提供有益借鉴。

国内研究社会医疗保障购买服务机制主要关注基本医疗保险的协商谈判环节，对整个基本医疗保险购买服务机制的研究较少，也缺乏相应的国际经验总结。故而，本研究主要注重对国际经验的总结，主要目标是归纳和总结国际上社会医疗保障购买机制整体及重要构件的发展、演变和设置规律等内容。本研究重点回答以下问题：按照医疗服务购买理念重组的社会医疗保障制度是怎样一个组织结构，包括哪些要件和关键

设计？为什么包括这些关键设计和要件，它们呈现怎样的发展规律，以及为何这样发展？我国应该如何完善基本医疗保险的购买服务机制？

遵循典型性、资料可及性和完整性以及统计和描述口径的一致性，本文共选定48个样本国家。为方便研究，这些样本国家按照是否转型国家分为转型国家和非转型国家两个大类，每一个大类下按照是否建立社会医疗保障购买服务机制又分为建立购买服务机制的国家和未建立购买服务机制的国家两小类，每一小类按照社会医疗保障制度购买者的特色进行细分，大致被分为竞争、多元购买者的社会医疗保险制度，非竞争、多元购买者的社会医疗保险制度，单一支付者、地方购买者的社会医疗保险制度，单一支付者、国家购买者的社会医疗保险制度，购买者和提供者分离的国家卫生服务制度，购买者和提供者未分离的国家卫生服务制度。

由于社会医疗保障购买服务机制实际是医疗服务购买理念下的社会医疗保障制度的重构和改进，本文研究所用概念框架也套用社会医疗保障制度的“医、保、患”三方结构模型，重点关注“医”（医疗服务提供者市场）、“保”（医疗服务购买者市场）、“患”（社会医疗保障被保障人）三方及两两之间关系的变化。其中，被保障人和购买者之间的财务关系，重点关注筹资和资金分配（再分配）环节设计；购买者和提供者之间的关系，重点关注医疗服务购买合同和费用支付方式的设计；医疗服务提供者和被保障人之间的关系，重点关注守门人机制和患者对医疗服务提供者选择权的相关设计。

从行文逻辑上，本研究共分八个章节，可归为三大部分。

第一部分为研究设计和文献综述部分，包括两个章节。第一章为绪论，主要提出研究社会医疗保障购买服务机制的原因，界定研究所涉及的主要概念，提出论文的研究方法和整体结构。第二章为文献综述、分析框架和样本国家，主要综述国内外医疗服务购买的相关文献，提出研究用的概念性分析框架，并选定本研究所使用的样本国家。

第二部分为国际比较研究部分，包括五个章节。其中，第三到第五章以社会医疗保障制度购买服务机制的三个主要构成环节作为研究对象，进行国际比较研究。第六章、第七章以社会医疗保障制度购买服务机制整体为研究对象，进行案例研究和规律归纳。

以社会医疗保障购买服务机制主要构成环节为研究对象的国际比较研究部分中，第三章为被保障人到医疗服务购买者的资金流动关系国际比较研究，主要对购买服务机制的一个重要环节，即医疗服务购买者和医疗保障制度被保障人群之间的财务关系进行样本国家普查式研究，归纳实行购买服务机制国家的资金分配（再分

配）机制基本模式和使用的人头费计算因素及相应设计规律和原因。第四章为医疗服务购买者和提供者之间关系的国际比较研究，主要采取样本国家普查方式，重点对购买服务机制的两个关键内容：医疗服务购买合同和医疗费用支付方式的设计和规律进行归纳和总结。医疗服务购买合同重点关注合同涉及的类型、内容及相应协商谈判确定机制等；医疗费用支付方式则按照初级卫生保健服务、门诊专科医生服务、住院专科医生服务和住院服务四个部分分别归纳实践中使用的支付方式和支付方式组合及其应用环境、发展规律等内容。第五章为医疗服务提供者与享有者之间关系的国际比较研究，主要研究购买服务机制对医疗保障待遇享有者就医自主权和就医路径的管制内容，采取样本国家普查方式重点归纳守门人机制和患者对医疗服务提供者选择权两方面的设计及发展规律。

以整个社会医疗保障购买服务机制为研究对象的国家比较研究方面。第六章为社会医疗保障购买服务机制的典型国家案例研究，主要以国家案例研究形式描述单个国家社会医疗保障购买服务机制的整体设计。按照医疗保障制度模式和是否转型国家进行典型国家选择，共选定英国、意大利、荷兰、法国、拉脱维亚、哈萨克斯坦、保加利亚、斯洛伐克8个典型国家。第七章为不同社会医疗保障制度购买服务机制演进规律研究，主要在第二到第五章研究的基础上，按照引入社会医疗保障购买服务机制前各国社会医疗保障制度类型，分为实行国家卫生服务制度的非转型国家、实行社会医疗保险制度的非转型国家和实行国家医疗保险的转型国家三类不同医疗保障制度改革背景国家，对相应类型国家社会医疗保障购买服务机制的演进规律和现状进行总结，并归纳趋同后的社会医疗保障“医、保、患”三方结构的抽象模式。

第三部分是我国基本医疗保险购买服务机制的研究部分，仅有第八章一章。第八章是我国基本医疗保险购买服务机制的现状和完善建议，主要按照前文使用的分析框架总结我国建立基本医疗保险购买服务机制的组织条件和环境；随后在总结上述研究的基础上，根据我国情况提出完善我国基本医疗保险购买服务机制的相关建议。

本研究的基本结论是引入社会医疗保障购买服务机制后，各种社会医疗保障制度呈现出趋同的趋势。

“医、保、患”三方主体特点和两两之间关系都呈现趋同和复杂化的情况。其中，社会医疗保障被保障人走向全民覆盖和医疗保障待遇的同质化；医疗服务购买者从被动付费人走向主动购买者，并正在逐步走向战略性购买者，购买者管理自主权不断提高，市场集中度从过度集中或过度分散逐步走向集中度适中；医疗服务提

供市场主体自主权不断提高，市场私有化程度有所提升，公立医疗服务机构的自主权有所提高，初级卫生保健服务市场呈现私营执业化倾向。

被保障人和购买者之间普遍建立了资金分配（再分配）机制，且所使用的调整因素逐步从简单社会人口学因素走向复杂的疾病相关因素和筹资汲取能力因素相结合的方式。

购买者和提供者之间的医疗服务购买合同和费用支付方式转向以鼓励市场竞争为导向并日益精细化。购买合同从简单固定协议逐步走向以鼓励竞争和降低交易成本为导向的复杂合同方式，大多采用由利益相关群体代表协商谈判确定的集体合同为主，购买者和提供者直接协商谈判的个人合同为辅的合同组合方式。集体合同主要用于医生服务的购买，个体合同主要用于住院服务和特殊需要服务的购买。费用支付方式呈现出走向按病种付费、组合化和精细化的趋势。购买者根据不同医疗服务提供者、不同医疗服务的特点及供需情况、卫生医疗政策当期优先目标等确定所使用的支付方式和支付方式组合。

享有者和提供者之间的就医途径和医疗机构选择权设置上逐步趋同。建立医疗服务体系守门人机制成为趋势，患者对医疗服务机构的自主选择权也逐步趋同。

需注意，尽管引入社会医疗保障购买服务机制后，社会医疗保障“医、保、患”三方关系呈现趋同趋势。但不同国家的社会医疗保障购买机制所处发展阶段各不相同，相应构成要件的具体设计和应用与社会医疗保障制度类型、所处的发展阶段、医疗服务市场、医疗购买者市场以及被参保人基本特点等密切相关。因而，在设计社会医疗保障购买服务机制时需依据本国具体情况进行具体设计。

在此基础上，本文沿用社会医疗保障“三方结构”分析框架总结我国基本医疗保险购买服务机制的组织条件和环境。被保障人方面，我国被保障人已基本实现医保全民覆盖，但是保险报销水平仍相对有限；不同项目之间、统筹地区之间保障待遇不同；参保者存在着重复就医和诊断习惯，并倾向于直接到高级别医疗机构就医。医疗服务购买者方面，基本医疗保险经办机构仍扮演被动支付者角色，是行政色彩浓厚、自主权较低的事业单位，并以县级或市级地域范围扮演支付者，所支付资金占医疗机构收入的份额相对较低。医疗服务提供者方面，初级医疗保健服务提供者以公立医疗机构为主，一定程度上的以营利性医院为主的私有化，医生和医院仍主要属于公立部门，公立医院缺乏规范的自主权。被保障人和购买者之间的财务关系缺乏保费分配（再分配）环节，仅在新农合和城镇居民医保中引入了以简单定额人头费形式分配中央财政对地方财政保费补贴的设计。支付者和提供者之间关系主要通过行政命令式的简单、固定的定点服务协议予以规范；支付方式改革刚刚开

始，各地仍处于试点状态。“社区首诊、双向转诊”是我国的守门人机制，但并未全面建立，仅在少数地区试点，除医疗服务资源丰富的地区外，多数地区试点效果并不理想；我国绝大多数参保者在统筹地区内仍享有充分的医疗服务机构选择权。

为此，本文建议以医疗服务购买观念完善基本医疗保险制度，将购买服务机制定位为推动医药卫生体制改革新工具，采取渐进推进、多方联动、因地制宜原则使用购买服务机制逐步替代现有行政命令式医疗机构管理。购买者方面，调整基本医疗保险制度融合路径，不断提高基本医疗保险购买能力、经办能力和管理自主权，逐步从被动支付者走向主动购买者。医疗服务提供者方面，进一步放开和规范公立医院自主权，鼓励社会资本以私营非营利组织形式进入医疗服务市场，明确各类医疗服务机构的定位，鼓励医疗服务机构集团化和联盟化，强化基层医疗机构服务水平和能力，考虑初级卫生保健服务提供者私营执业可能。被保障人群和购买者之间财务关系方面，新建城镇职工基本医疗保险保费再分配机制，完善城镇居民医保和新农合的财政资金分配机制。医疗服务购买者和提供者之间关系方面，购买合同从简易购买协议转为以鼓励竞争为导向的合同，医疗费用支付方式走向按病种付费并逐步精细化和组合化。医疗服务享有者和提供者之间关系方面，视基层医疗服务机构情况建立守门人机制，引导患者对医疗机构的自由选择权。

它山之石可以攻玉，希望本书的一些浅显认识能够为我国医药卫生体制改革做出些许贡献，也希望本书能够“抛砖引玉”让更多的同仁们关注“医疗保险购买医疗服务”这一研究主题，进一步充实和完善相关研究。

尽管本书尽力使资料完善、准确和实时，力求向读者展示国际上最真实的情况和最前沿的信息。但由于时间、个人水平、信息可获取性、语言（特别是小语种）等多方面的问题，本书仍存在诸多不足，敬请各位同仁指正并谅解。最后，本书的完成必须感谢我的两位导师——董克用教授和王虎峰教授的指导和帮助。董老师是我的社会保障启蒙老师，也是我的博士生导师，本书的整体逻辑结构、布局、问题的把握等都源自他的指导和帮助。王老师是我的硕士生导师，是我走入“医疗保障”研究领域的引路人，他在本书撰写和完善过程中给予了许多指导。此外，还要感谢在本书写作和完善过程中给予我指导和帮助的诸位老师、同学、同事和朋友们，他（她）们是石雷雨教授（美）、李珍教授、吕学静教授、仇雨临教授、金维刚研究员、谭中和研究员、华迎放研究员、何凤秋研究员、程永宏副教授、王宗凡主任、董朝晖副主任、顾雪非副研究员、王云屏副研究员、曹琦博士、王超群博士、赵巍巍、王艳艳、李蔚、刘小青、韩礼健、毛雪莹、熊玲、李凌霄等。特别感谢我的父母、太太和儿子，感谢你们长久以来对我的支持和照顾。同时，对所有曾

给予我帮助和关心的老师、同学、同事和朋友们表示衷心的感谢。

谨以此文献给那些曾经帮助过我的老师、同事和朋友们，也献给我国正在快速推进中的医改事业，期望我国国民早日实现“病有所医”的愿望，愿所有人健康、快乐，愿祖国繁荣昌盛。

Preface

Medical security system, as a product of social and economic development, has been continuously developed along with the changing external environment. In terms of the function, medical security was only served as government intervention for the private insurance market failure initially. Medical security, however, has been gradually transformed into the regulation mechanisms of health supply market now.

At present, the "command and control" model on health service supply sector was faced with government failure. That is the primary reasons for this paper focusing on medical security purchasing service mechanism. Along with the reforms, the behavior of health service sector is becoming increasingly market-oriented. Policy implementation failure is common under the "command and control" resource distribution model. Since the 1990s, purchasing health service mechanism was used as general tools in health care reform, which aim to overcome the failure of the administrative command in health service sector. A lot of researches and international practices show that medical security system gradually converted from simple financing system to an important policy tool for the regulation of medical service market in which health services are purchased with market-based (quasi-market) mechanisms. Purchasing health services mechanism is the reconstruction of the entire medical security system with the concept of purchasing, which can be used as a policy tool to guide health service institutions using economic incentives.

Thus, purchasing health care mechanism can be considered as a policy tool to solve the behavior anomie of health care institutions and help to achieve the goal of health care reform in china. Hence, this research study on International comparison of purchasing health service mechanism,

summarizing the experiences of the corresponding countries, providing a useful reference for our purchasing health service mechanisms in basic medical insurance.

Literature review shows that Domestic researches focus on consultation and negotiation instead of purchasing health service mechanism in basic medical insurance. Moreover, international experience summary is lacking. Therefore, this study focuses on the summary of international experience, summarizing the evolution and rules of purchasing health service mechanism and its important components. This paper tries to answer the following questions: 1) what the reconstructed medical insurance system should be like? 2) What are the main components and key designs of the purchasing health care mechanism? Why should they be included? 3) What is the law of development regarding to these components and key designs? Why? 4) How to improve the purchasing health service mechanism of basic medical insurance in China?

Following the rules of representativeness, Material accessible and completeness as well as consistency for statistics and description, this paper chooses 46 countries as samples. To facilitate the study, these samples are divided into two main categories: transition and non-transition countries. Then each category is divided into two subgroups, including countries which have already established purchasing health service mechanisms and which have not. And each subgroup is divided into more groups in accordance with the characteristics of medical care, including competitive, multi-purchaser social health insurance; non-competitive, multi-purchaser social health insurance; single payer, local purchaser social health insurance; single payer, national punchers social health insurance, purchaser and provider separated national health service; purchaser and provider unseparated national health service.

As the purchasing health service mechanisms is reconstruction of medical security system with the concept of purchasing. This paper apply the conceptual framework of the tripartite structure model of medical security system, which focuses on the modification of provider (health service market), insurer (purchaser market) and insured as well as the relationship among them .As to the financial relationship between the insured and purchaser, this paper focuses on the mechanism of funding and the allocation (redistribution) of funds. In regard to the relationship between purchaser and provider, this paper focuses on purchasing contract and payment mechanism. As for the relationship between provider and the insured, this paper focuses on gatekeeper mechanism and free

choice of provider.

The study is divided into eight chapters, which can be grouped into three parts.

The first part focuses on the research design and literature review, which consist of two chapters.. Chapter 1 is introduction. The main objectives of the introduction include: 1) explain the reason and the meaning of this study; 2) define key concepts used in this research; 3) propose research methods and overall structure, Chapter 2 is literature review, analysis framework and sample countries, which review the literature from domestic and international researchers, propose the conceptual analysis framework, and select sample countries.

The second part is about international comparative study, which consists of five chapters. Chapter 3 to 5 focus on international comparative studies which use the three main components of medical security system as research objects. Chapter 7 and 8 are case studies and law summary which use the whole purchasing health care system as an object.

Chapter three is an international comparative study on the relationship between the insured and purchaser, which focuses on the financial relationship between them. This chapter use census study on all the sample countries, sum up the basic model of funds allocation (redistribution) mechanism and the factors which are used to calculate capitation as well as figure out design rules and causes for them. Chapter four is an internationals comparative study on the relationship between purchaser and provider, which focus on purchase contract and medical expenses Payment. The research of purchase contract focuses on contract type, content and the corresponding determine mechanism which is based on consultations and negotiations. Payment of medical expenses was analyzed regarding to four aspects: methods of payment in practice, portfolio of payment methods, application environment and their law of development. And the analysis is made under conditions of four different kind of service: primary health care, outpatient specialist service, inpatient specialist service and hospital services. Chapter five is an internationals comparative study on the relationship between the insured and provider, which focuses on the patient choice of provider and patient pathway. This chapter makes census study on sample countries, summering up the practice and law of gatekeepers system of health care and patient choice of provider.

Chapter six is about case studies on typical countries, which are representatives of different kind of health care system. This paper chooses eight sample countries

in accordance with two criterions: type of medical insurance model and whether-or-not-transition country. The eight typical countries are the United Kingdom, Italy, the Netherlands, France, Latvia, Kazakhstan, Bulgaria, and Slovakia. Chapter seven is the study on the evolution law of purchasing health care services in different health care systems. The sample countries are divided into three types: social health insurance countries, National Health Service countries as well as soviet model countries in accordance with the health care system before the introduction of the purchasing mechanism. Then the author summarizes the evolution law and current situation of these countries.

The third part is about the current situation and improvement of purchasing health service in china, which only has on chapter. Chapter eight is the analysis of the current situation of Chinese basic medical insurance purchasing health service mechanism and the recommendations for improvements. In this chapter, the author uses the same concept framework to summarize the conditions and environment of the purchasing health service mechanism of China and provides some recommendations for improvements.

The primary conclusion of this research shows that different medical security systems show a trend of convergence after introduction of purchasing health service mechanism.

Main characteristics of tripartite actors and the relationships between any two show a trend of convergence and complexity. Universal coverage and homogenization of medical security benefits are the main trends of insured. The purchaser party transformed form passive payer to active purchaser and their management autonomy has been continuously improved. The market concentration developed from excessive concentration or excessive decentralization to moderate level. The provider party, such as public service organizations, has got more autonomy and the privatization level of market has improved, Primary health care market shows a tendency of private practicing.

Funding Allocation (redistribution) mechanisms are generally established between purchaser and the insured. Adjustment factors that are used by these mechanisms changed from simple social demographic factors to the combination of complex disease-related factors and financing extractive capacity factors.

Purchase contracts between purchasers and providers of medical services and the payment mechanism are increasingly refined. Purchase contracts gradually developed from simple fixed agreements to complex contracts that aimed at encouraging competition

and bringing down transaction costs. Collective contracts are the main forms, which are made by representatives of stakeholder groups through consultations and negotiations. Individual contracts, generally based on direct negotiations between the purchasers and providers, play a supplemented role. Collective contracts are always used for the purchase of physician services, while individual purchase contract s for inpatient services and special services. Payment methods present trends towards DRGs, combination as well as refinement. Purchaser always uses different payment methods and method combination according to variations of providers, medical services and the demand situations. Besides, priorities of current health policy are also considered.

Gradual convergence is found between the insured and provider in the patient pathway and choice of provider. The establishment of gatekeeper mechanism on health care system becomes a trend. Patients' choice of providers shows convergence under the same rules and pathway.

It should be noted that despite convergence trend of medical security system. Health care system in different countries has different development stages of purchasing health service mechanism. The specific designs and application of key elements are influenced by several factors, including health care system, stage of development as well as market features. Thus, the design of purchasing health service mechanisms should be based on the specific situation of the country.

On this basis, tripartite structure of social security is used as framework to sum up the environmental basis for basic health insurance. On the aspects of insured, universal coverage has been achieved, while reimbursement level still limited; insured in different projects and different regions have different benefits; duplication treatment and diagnostic, directly to the high-level medical institutions for medical treatment are common tendency for insured behaviors. on the aspects of purchaser, basic health insurance agencies still plays the role of passive payer , while those agencies only have limited autonomy, which on behalf of insured in country or city. The revenue from basic health insurance in hospitals still limited. On the aspect of provider, public institutions still play dominant role in primary health care , for profit organization play dominant role in private health service sectors, physicians and hospitals stilly mainly in public sector, public hospital lack of normative autonomy.

On the financial relationship between insured and purchaser, there is still deficiency of

premium allocation (reallocation) in basic medical insurance for urban employee, while a simple capitation system which depends on the domicile place of insured are established in basic health insurance for urban residence and The New Cooperative Medical Scheme.

Simple agreement is used to regulate the Relationship between purchaser and provider, which based on point-of-service and fixed executive order; payment reform is just started. Gate keeper mechanism is not fully established, only a few of pilot schemes, most pilot effect is not ideal which are not have abundant medical resources. Vast majority of insured still have full choice of medical providers.

In the end, this paper gives some recommendations for basic health insurance purchasing health service mechanism in china. First, mechanism of purchasing health service in china should be treated as new tools to promote health care reform. Then, mechanism of purchasing health service should be used to replace the "command and control" model of management. Second, on the aspect of purchaser, modify the pathway of basic health insurance integration, improve the purchasing power and service capability as well as autonomy of basic medical insurance, transform from passive payer to active purchaser. On the aspect of provider, autonomy of public hospital should be expended and normative, Social Capital should be encouraged to invest in health service sector which use nonprofit origination model, the function of medical services agencies should be specified, the group and alliances of medical institutions should be encouraged, the capacity of primary health care sector should be strengthened, primary health care sector privatization should be seen as a reform options. On the financial relationship between the insured and purchaser, the new urban basic medical insurance premiums redistribution mechanism should be established, financial funds from central government allocation mechanism the medical insurance for urban residents and the new rural cooperative should be improved. On the Relations between purchasers and providers, the purchase contract should transform from a simple agreement to a sophistication contract which aimed to encourage competition, while payment of medical expenses towards DRGs and gradually refined and combinations. The decision to establish a gatekeeper mechanism should depending on the capability of primary care service agencies, in the mean time the choice of hospital should be guided.

中国劳动保障科学研究院
2014年“科思论丛”系列图书

1.《中国劳动保障发展报告（2014年劳动保障蓝皮书）》（刘燕斌　主编）

社会科学文献出版社　2014年9月出版

2.《中国薪酬发展报告（2013—2014年）》（刘学民　主编）

中国劳动社会保障出版社　2014年11月出版

3.《国际人力资源社会保障报告（2014）》（莫荣　主编）

中国劳动社会保障出版社　2014年11月出版

4.《中国农民工政策评估报告》（金维刚　主编）

社会科学文献出版社　2014年12月出版

5.《产业转型与就业对策》（刘燕斌　主编）

社会科学文献出版社　2015年2月出版

6.《外资大型代工企业：劳动关系、用工隐患及相关问题研究》（涂点萍　著）

中国劳动保障出版社　2014年12月出版

7.《构建企业人工成本宏观监测系统》（马小丽　著）

中国劳动社会保障出版社　2014年11月出版

8.《重点行业人工成本实证分析及国际比较》（孙玉梅、王学力　等著）

中国劳动社会保障出版社　2014年12月出版

9.《企业工资集体协商与利益共享机制》（王霞　著）

社会科学文献出版社　2015年2月出版

10.《国外国有企业高管薪酬》(肖婷婷　著)

社会科学文献出版社　2015年4月出版

11.《积极就业政策的形成和完善》(莫荣　著)

社会科学文献出版社　2015年2月出版

12.《医疗保险法律制度研究》(李文静　著)

中国言实出版社　2014年12月出版

13.《中国延长退休年龄问题研究》(李宏　著)

中国言实出版社　2014年12月出版

14.《基于国际经验的社会医疗保障制度购买医疗服务机制研究》(赵斌　著)

中国言实出版社　2014年12月出版

15.《职业资格证书制度创新发展研究》(袁良栋　著)

中国言实出版社　2014年12月出版

16.《国际视野下我国工伤预防机制创新研究》(赵永生　著)

中国言实出版社　2014年12月出版

17.《推动实现更高质量就业评价指标体系研究》(张丽宾　著)

中国言实出版社　2014年12月出版

18.《人才生态论：兼论危机中的人才流动》(钱诚　著)

中国言实出版社　2014年12月出版

19.《我国人才聚集与人才聚集力研究》(黄湘闽　著)

中国言实出版社　2014年12月出版

20.《"社会保险法"实施评估研究》(金维刚　主编)

中国言实出版社　2015年8月出版

21.《探索与创新——中国劳动保障科学研究院2014青年科研成果集》
(刘燕斌　主编)

中国劳动社会保障出版社　2014年11月出版