

B 人口与健康蓝皮书[®]
BLUE BOOK OF POPULATION AND HEALTH

深圳人口与健康 发展报告 (2014)

ANNUAL REPORT ON POPULATION AND HEALTH
DEVELOPMENT OF SHENZHEN (2014)

主 编 / 陆杰华 罗乐宣 苏 杨
副主编 / 傅崇辉 王金营 许四虎 曾序春



社会科学文献出版社
SOCIAL SCIENCES ACADEMIC PRESS (CHINA)

2014
版

人口与健康蓝皮书

BLUE BOOK OF
POPULATION AND HEALTH



深圳人口与健康发展报告 (2014)

ANNUAL REPORT ON POPULATION AND HEALTH
DEVELOPMENT OF SHENZHEN (2014)

主 编 / 陆杰华 罗乐宣 苏 杨
副主编 / 傅崇辉 王金营 许四虎 曾序春



社会科学文献出版社
SOCIAL SCIENCES ACADEMIC PRESS (CHINA)

图书在版编目(CIP)数据

深圳人口与健康发展报告. 2014/陆杰华, 罗乐宣, 苏杨
主编. —北京: 社会科学文献出版社, 2014. 11

(人口与健康蓝皮书)

ISBN 978 - 7 - 5097 - 6741 - 2

I. ①深… II. ①陆… ②罗… ③苏… III. ①人口 -
研究报告 - 深圳市 - 2014 ②健康 - 研究报告 - 深圳市 -
2014 IV. ①C924. 24 ②R161

中国版本图书馆 CIP 数据核字 (2014) 第 262194 号

人口与健康蓝皮书

深圳人口与健康发展报告 (2014)

主 编 / 陆杰华 罗乐宣 苏 杨

副 主 编 / 傅崇辉 王金营 许四虎 曾序春

出 版 人 / 谢寿光

项目统筹 / 宋月华 韩莹莹

责任编辑 / 韩莹莹

出 版 / 社会科学文献出版社·人文分社 (010) 59367215

地址: 北京市北三环中路甲 29 号院华龙大厦 邮编: 100029

网址: www.ssap.com.cn

发 行 / 市场营销中心 (010) 59367081 59367090

读者服务中心 (010) 59367028

印 装 / 北京季峰印刷有限公司

规 格 / 开 本: 787mm × 1092mm 1/16

印 张: 22.5 字 数: 288 千字

版 次 / 2014 年 11 月第 1 版 2014 年 11 月第 1 次印刷

书 号 / ISBN 978 - 7 - 5097 - 6741 - 2

定 价 / 89.00 元

皮书序列号 / B - 2011 - 201

本书如有破损、缺页、装订错误, 请与本社读者服务中心联系更换

 版权所有 翻印必究



广视角·全方位·多品种

权威·前沿·原创

皮书系列为

“十二五”国家重点图书出版规划项目

人口与健康蓝皮书编委会

主 编 陆杰华 罗乐宣 苏 杨

副 主 编 傅崇辉 王金营 许四虎 曾序春

编委会成员 (按姓氏拼音排序)

崔祥芬	傅崇辉	李庄园	林德南	刘红瑛
刘钰媛	陆杰华	罗乐宣	苏 杨	田 丰
田 庄	王鹤云	王金营	夏挺松	谢立春
许四虎	杨 翌	尹德挺	曾序春	张玲华
张 瑛	周 复	朱 荟		

摘 要

《深圳人口与健康发展报告（2014）》的主题是“全面改革路上深圳的深发展”。新一届政府以《关于全面深化改革若干重大问题的决定》的形式将“施政纲领”和“改革方案”公之于众，在攸关民生的健康方面提出了具体的医药卫生体制改革目标。深圳作为全国改革的排头兵，在卫生计生领域的某些改革全国率先，但由于配套机制的改革不够全面、不够深入等，其卫生计生事业的发展问题与全国的情况相比“大同小异、率先不易”。因此，深入剖析深圳问题，一方面有助于缩小卫生计生事业发展现状与群众需要的差距，缩小当期深圳与其他一线城市的差距，解决当前深圳卫生计生事业发展的难题，另一方面还能前瞻性地指导全国的卫生计生改革。因此，本书意在“深入深圳，诠释全国”，力求以深圳案例洞察全国问题。

回顾“十二五”，深圳市相关规划中的重点指标完成情况良好。然而，不论是从卫生计生系统的需方——公众，还是供方——卫生计生服务团队看，其卫生计生事业发展的重要矛盾在于“供需不相称”，同时也有全国通病——“看病贵、看病难”。这些问题使深圳目前的卫生计生事业发展情况不尽如人意。撇开发展基础较薄弱因素，问题应主要归咎于卫生计生系统内各相关子系统制度衔接不够紧密以及作为卫生计生公共服务主体的公立医院的制度改革依然存在漏洞和短板。

因此，为了实现“解决好市民最关心、最直接、最现实的健康问题，努力为社会提供多样化服务，更好地满足人民需求，以



促使改革与发展成果更多更公平地惠及全体市民”这一全局目标，深圳市卫生计生事业的着力点应聚焦于通过全面深化改革，缓解“供需不相称”这一重要矛盾。其改革的关键，一方面在于以流动人口监测信息为信号，系统分析流动人口和全人口的动态变化带来的卫生计生服务需求的改变，建立“按需定供，动态分配”的卫生计生服务供给机制。另一方面是在上述资源配置机制的指导下，全面整合卫生计生服务职能，增强系统综合服务能力，并通过激发市场活力，推动社会办医和完善医师多点执业制度等，提高服务效率，并进一步完善公共卫生服务体系，推进公共服务在区域间和人群间的均等化，并探索缓解医患矛盾的保障机制，促使卫生计生系统内的供需双方和谐互信，促使卫生计生系统有序和谐地发展。

围绕“全面改革路上深圳的深发展”这一年度主题和上述总体思路，本书以总报告为统筹，在解读中央有关卫生计生领域改革顶层设计的基础上，客观评估深圳卫生计生事业发展取得的成就与面临的问题，通过“深圳市公共医疗体系改革及其财政可持续投入研究”“深圳市社区健康服务中心综合改革的路径选择研究”“深圳市社会办医的发展困境与改革思路研究”和“医师多点执业的现状、问题及配套政策体系研究”这四个报告，专门剖析了如何改善深圳“资源总量不足与效率不高”和“改革率先，但未尽全力”的问题，并针对当前医患矛盾日益剧烈的现实，开展了“深圳市医患关系及形成机制研究”。另外，在“深圳市‘十三五’期间卫生计生规划的重点专题研究”中，评价了“十二五”期间深圳卫生计生事业发展与改革的绩效，并前瞻性地提出了深圳“十三五”期间卫生计生规划的重点方向和重点研究领域。

根据本书研究，深圳虽然在卫生计生领域的诸多方面领先于全国，但仍有未尽力尽的方面。总体而言，深圳卫生计生事业的发展

动态较好，但静态欠佳，兼具资源总量不足与效率不高的难题。要实现“速度深圳”到“质量深圳”的完美转型，深圳需“全面”完善配套机制，深化不彻底的改革，突破当前体制机制的束缚，以流动人口管理信息为信号，建立“按需定供，动态分配”的资源配置机制，激发市场活力，推动社会资本办医，不断推动和规范医师多点执业，全面整合卫生计生服务职能，进一步完善以社康中心为基础的公共卫生服务体系，以解决资源总量不足与效率不高的难题。与此同时，同全国一样，深圳亦然面临着日益严峻的医患纠纷问题。虽然其引入了人民调解机制，但终究是治标不治本。只有从不同的视角深入剖析医患关系的现状和形成机制，方能有的放矢地通过制度建设加以应对急剧增多的医患纠纷事件，从而构建和谐医患关系。

由于卫生计生事业涉及面广泛，配套机制的改革复杂且重要，本书用六个分报告探讨了深圳卫生计生事业综合改革的重点与未来的发展方向。在“深圳市公共医疗体系改革及其财政可持续投入研究”中，说明为促使医疗保障与经济发展协调可持续，深圳应在增加公共财政对卫生计生领域的投入基础上，变革公共财政在卫生计生领域的投入方式和结构，完善卫生计生部门的补偿机制，加强信息化建设、分享优质医疗资源，以提高相关服务供给效率。在“深圳市社区健康服务中心综合改革的路径选择研究”中，建议深圳社康中心的管理体制，可探索性地从“院办院管”模式向“一体化”模式转变，鼓励有条件的社康中心组成运营集团，培育社区卫生服务的优势品牌，建立新型绩效考核和收入分配机制。在“深圳市社会办医的发展困境与改革思路研究”中，建议深圳对社会办医的配套机制进行改革，在未来以审批机制、医疗保险机制、人才流动机制、风险分散机制、行业监管机制、分级诊疗机制为重点领域。在“医师多点执业的现状、问题及配套政策体系研究”



中，认为“十三五”期间，深圳若能完善和落实执业医师管理制度、医院管理制度、执业医师培训制度、执业医师监管制度和医疗责任保险制度等配套机制，在“医师自由多点执业”顶层设计的指导下，医师多点执业制度改革的成效便将在在此期间显现。在“深圳市医患关系及形成机制研究”中，建议通过构建医患双方的双赢制度，逐步优化医生收入结构，建立媒体对医患关系的正引导效应，从而建立和谐的医患关系。而具有承前启后作用的“深圳市‘十三五’期间卫生计生事业规划的重点专题研究”，则在肯定深圳卫生计生事业“十二五”发展成就的基础上，建议在“十三五”期间，通过“四坚持”来全面深化深圳市卫生计生事业发展改革：①坚持开放办医、全面发展，合力提高医疗服务能力和水平；②坚持“三医”联动、协同推进，全面深化医药卫生体制改革；③坚持保障公平、优质惠民，大力推进卫生计生公共服务均等化；④坚持多管齐下、优化职能，构建基层卫生计生服务管理统一平台。

Abstract

The theme of *Annual Report on Population and Health Development of Shenzhen (2014)* is “Shenzhen’s Deeper Development in the Comprehensive Reform”. By releasing the report “Some Problematic Decisions on Deepening the Comprehensive Reform”, in which the administrative program and reforming plan are included, the new government hereby sets the detailed reforming goals for the medical and health care system which has a stake in people’s livelihood. As one of the pacesetters of reform in China, Shenzhen took the lead in the reform of health care and family planning. However, as the complementary system was not comprehensive and deep enough, Shenzhen embarked on a tough journey in playing its leading role. Therefore, an in-depth analysis into Shenzhen’s reform will be conducive to helping narrow the gap between the development of the health care and family planning undertakings and the need of the public in Shenzhen, thus narrowing the gap between Shenzhen and other first-tier cities in this regard. On the other hand, solving problems facing Shenzhen can be a guide to the reform nationwide. Therefore this report could serve nationwide need in some ways.

Looking back to the twelfth five-year period, Shenzhen witnessed a sound accomplishment in some key indicators. However, problems mainly lied in the imbalance between supply and demand of medical services, and between the supply-side (health care and family planning services team) and the demand-side (the public). Moreover, the public still get much difficulty in getting accesses to medical services. All those rendered Shenzhen into an unsatisfactory development in this area. Putting



aside a weak foundation, other problems impeding its development mainly resulted from the lack of cohesiveness among subsystems and from the vulnerability of system reform in public hospitals which are always regarded as the principal for providing health care and family planning services.

Therefore, to achieve the overarching goal of “solving the most direct, realistic and the public-concerned health related problems, providing the public with a much more diversified service portfolio so as to better meet their needs, and benefiting them with reform and development achievements in a fairer manner”, Shenzhen should give priorities to the reduction of imbalance between the supply and demand by deepening the comprehensive reform. On one hand, Shenzhen should systematically analyze the change of demands brought about by the variation of the floating population and whole population and then establish a “dynamic and demands-based” supply system. On the other hand, under the guidance of such an allocation mechanism, Shenzhen should integrate service functions, enhance its ability in providing comprehensive services, promote the development of private medical agencies and improve the doctor’s multi-sited licensed system by stimulating the vitality of the market, better the public health service system, propel the public health service equalization in different regions and among different groups of people, and explore a security system that helps alleviate the tensions between doctors and patients so that the health service system may enjoy a harmonious and orderly development.

Around the annual theme of “Shenzhen’s Deeper Development in the Comprehensive Reform” and the general idea, this report takes the general report as a whole and objectively evaluates those achievements that have been made in the area of health and family planning in Shenzhen and locates relevant problems based on the author’s analysis of the central government’s top level design of reform in the field of health and family planning. This report consists of six sub-reports: “Research

on the Reform of the Public Health System in Shenzhen and Its Sustainable Fiscal Investment”, “Research on the Selection of Reform Path for Community Health Service Centers in Shenzhen”, “Research on the Development Difficulties of Private Medical Agencies and the Reform Ideas in Shenzhen” and “Research on the Status Quo of the Doctor’s Multi-sited Licensed System, Relevant Problems and Supporting Policies”. They probe into solutions to the lack of capacity and efficiency, and to the problem of playing the first in reform but lacking effort. Aiming at the doctor-patient tension, there is the “Research on the Doctor-patient Relationship and Its Forming Mechanism in Shenzhen”. In addition, this report also reviews Shenzhen’s reform achievements made in the twelfth five-year period, and puts forward directions and focus for Shenzhen’s further development and research in the field of health and family planning as referred in “Research on the Priorities of Plan of the Health and Family Planning for Shenzhen in the Thirteenth Five-year Period”.

According to this report, Shenzhen ahead of the national in the field of health birth in many ways but still not do their best. On the whole, Shenzhen’s health and family planning is poor in static while good in dynamic, and capacity shortage and inefficiency coexists. To realize the perfect transition from a “speed-centered Shenzhen” to a “quality-centered Shenzhen”, much effort should be spent in improving its complementary mechanism, in deepening reform and in breaking the shackles brought about by the present mechanism. We should establish a “dynamic and demands-based” resource allocation mechanism based on floating population management data signal and stimulate the vitality of the market so as to promote the development of private medical agencies, and improve and regularize the doctor’s multi-sited licensed system. We should also improve the community public health service system so as to tackle the issue of capacity shortage and inefficiency. At the same time, just like other cities in China, Shenzhen is also facing serious doctor-



patient issues. The introduction of the people's mediation mechanism cannot help solve the problem fundamentally. Only by deeply analyzing the status quo of the doctor-patient relationship and its forming mechanism from multiple perspectives can we ease the tension of the sharp increase of medical disputes by the institution building and establish a harmonious one.

As the health and family planning covers a wide range while complementary reform is complicated but important, this report utilizes six sub-reports to discuss about the directions and focus for Shenzhen's further development and research in health and family planning. The main contents are as follows: The key conclusions of "Research on the Reform of the Public Health System in Shenzhen and Its Sustainable Fiscal Investment" are as follows: to ensure medical security and the sustainability of economic development, Shenzhen should not only increase fiscal investment in the health care field but also transform its investment mode and structure. Moreover, Shenzhen should improve the compensation mechanism, strengthen the construction of informatization and share its fine medical resources in order to enhance efficiency of delivering services. The key conclusions of "Research on the Selection of Reform Path for Community Health Service Centers in Shenzhen" are as follows: It is suggested that Shenzhen transform its management mode for the community health service centers from "hospital managing community health services" into "integrated management of community health centers", which means that qualified community health service centers are encouraged to form groups to cultivate their own health service brands and establish their own performance assessment and income allocation mechanism. The key conclusions of "Research on the Development Difficulties of Private Medical Agencies and the Reform Ideas in Shenzhen" are as follows: Complementary reform should focus on examination and approval, medical insurance, talents flow, risk diversification, industrial supervision

and hierarchical diagnosis mechanism. The key conclusions of “Research on the Status Quo of the Doctor’s Multi-sited Licensed System, Relevant Problems and Supporting Policies” are as follows: If Shenzhen can better implement those complementary mechanisms, like practicing physicians management system, hospitals management system, training and supervision system for practicing physicians, and medical liability insurance system, according to the top level design of “doctors’ free multi-sited practicing” in the thirteenth five-year period, the efforts in the reform of the doctors’ multi-sited licensed system will be paid off. The key conclusions of “Research on the Doctor-patient Relationship and Its Forming Mechanism in Shenzhen” are as follows: Establishing a win-win situation for both doctors and patients by gradually optimizing doctors’ income structure and fostering a positive leading role of the media will be beneficial to building a harmonious doctor-patient relationship. The key conclusions of “Research on the Priorities of Plan of the Health and Family Planning for Shenzhen in the Thirteenth Five-year Period” are as follows: Shenzhen’s achievements made in the health and family planning in the twelfth five-year period are well-acknowledged. On this basis, it is suggested that Shenzhen deepen the comprehensive reform by implementing the following “four insistence”: Firstly, insisting on providing medical services in an open manner so as to comprehensively enhance its capacity by leaps. Secondly, insisting on synergistically promoting tripartite sector reform to deepen the comprehensive reform of health system. Thirdly, insisting on safeguarding fairness, benefiting the public with quality services to vigorously advance the public health and family planning services equalization. Fourthly, insisting on multi-task management and on optimizing functions to establish a unified brand new management platform for grassroots health and family planning services.

前 言

34年前，深圳经济特区在全国率先进行经济体制改革，其经济发展高歌猛进。时至今日，深圳市不仅在经济上已成为人均GDP位居全国榜首的大城市，其社会领域的改革也先试先行，发挥着国家级试验田的功能。新一届政府以十八届三中全会《关于全面深化改革若干重大问题的决定》（以下简称《决定》）的形式，将“施政纲领”公之于众。在新一届政府“施政纲领”的指导下，作为特区和卫计领域改革先锋的深圳，在全面改革路上必须继续领跑，必须在改革上“深发展”。只有这样，才能让深圳名实相符。

对于作为民生大计的卫生计生事业，十八届三中全会的《决定》不仅有专章论述，还在其他地方多次论及相关机制。显然，卫生计生事业中有关医疗保障、医疗服务、公共卫生、药品供应、监管体系的综合改革问题，有很多属于全面深化改革的重大问题。即便是深圳这个改革特区，仍然如此。而且，《决定》对民生领域的改革要求仍在提高：“实现发展成果更多更公平惠及全体人民，必须加快社会事业改革，解决好人民最关心最直接最现实的利益问题，努力为社会提供多样化服务，更好满足人民需求。”

在此背景下，《深圳人口与健康发展报告》（以下简称蓝皮书）也必须与时俱进。在过去三年的蓝皮书中，我们的研究已经涉及卫生计生事业的许多领域。但从深圳的实践是“改革率先，未尽全力”和《决定》中“全面、深化”的总体要求看，这些研究意犹未尽，其中的重点领域仍然需要紧扣“全面”和“深化”继续研



究。考虑到中央的要求和深圳的实践，加之 2015 年初深圳市相关部门要着手编制“十三五”规划，2014 年的蓝皮书，以“**全面改革路上深圳的深发展**”为年度主题，紧扣“全面”和“深化”，并在机构改革、社康中心建设、社会力量办医、医患关系处理、医生管理等重要领域具体呈现了“全面”和“深化”主题，也在评价深圳市卫生计生领域“十二五”规划执行情况的基础上，对深圳市的“十三五”规划进行了预研究，以便深圳有关部门在制定“十三五”规划时，能明晰重点领域和掌握决策依据。

基于这样的思路，2014 年蓝皮书的内容安排如下：以总报告“**深圳市卫生计生领域的全面深化改革**”统筹，解读中央的改革要求和深圳全局的发展目标，通过“‘十二五’期间深圳市卫生计生领域的改革评价和‘十三五’预研究”^①“瞻前顾后”地总结分析深圳卫生计生事业发展的形势和重要改革任务，明确哪些领域需要全面、哪些方面需要深化。然后，在“**深圳市公共医疗体系改革及其财政可持续投入研究**”“**深圳市社区健康服务中心综合改革的路径选择研究**”“**深圳市社会办医的发展困境与改革思路研究**”“**医师多点执业的现状、问题及配套政策体系研究**”“**深圳市医患关系及形成机制研究**”等分报告中，探索如何在机构改革、社康中心建设、医疗机构建设、医患关系处理、医生管理等重点领域进行全面、深化改革。全书的基本框架如图 0-1 所示。

由图 0-1 可见，总报告是在中央政策顶层设计的指导下，以年度主题为线索对一系列相关问题的探索：从中央的改革要求和深圳全局发展目标入手，紧扣“全面深化改革”六字，剖析深圳卫生计生事业发展的短板和重点改革任务，明确当前深圳卫生计生事

① 这个子课题研究的成果在成书时被拆成了两部分：关于“十二五”期间深圳卫生计生领域的改革评价被合并进了总报告，关于“十三五”期间相关情况的预研究，成为第六篇报告。在图 0-1 的全书框架结构中，我们将这两块内容也分别置之显示。

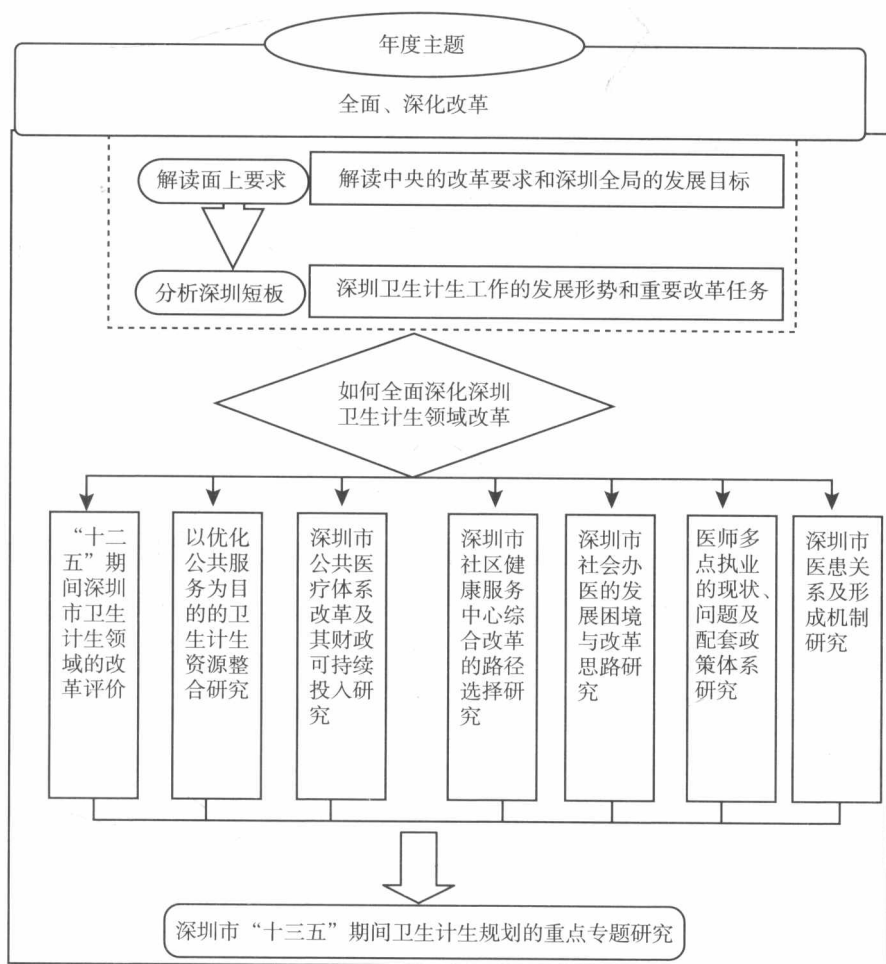


图 0-1 本书框架结构

业发展存在的三大难题：①卫生计生事业发展动态较好，静态欠佳；②卫生计生资源总量不足与效率不高并存；③卫生计生综合改革率先，但未尽全力。

问题一的根本原因在于深圳卫生计生事业发展的历史欠账较多以及人口变动带来的服务需求与服务供给的不协调。因此，为了缩小深圳市卫生计生服务水平与其他一线城市的差距，提高城市居民