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参加国外医疗保障制度讲座的专家与学员合影留念。

care systems in the United States and international comparison. Under the efforts of the team and the supports from all parties concerned, the Project has been going on smoothly for the last over 2 years. All of the research items have been done. On the basis of a number of research, statistics, analysis and investigation, the team has completed a general report and its four sub-reports, combining the research with the practice and coming up with suggestions to heatlhcare system reform pilots all over Guangdong Province. The propaganda on reform thus is functioned in the process at various levels.

The moment the Project was about to be successfully concluded, the State Council was making decision to set up basic healthcare insurance system for staffs/workers in urban/town all over the country, which is a reference for the coming system reform of Guangdong Province. The team will edit and publish a book containing the research reports and articles about international comparison, decision of the State Council and pilot scenarios in Guangdong Province. The general report, composed by Zhang Jun, analyses the status quo of the whole healthcare insurance system all over the province, summarizes the experience of such pilots as Shenzhen and Shunde, and creates opinions

with constructive suggestions on system reform and improvement of administration. Lincoln National assisted us with Seminar on Overseas Healthcare System held in Guangzhou, giving lectures to officials and experts from such departments as system reform, finance, health and social security, on the subject of healthcare system in the U. S. A., Britain and Chile, inviting staffs of research project office to the United States for research of healthcare system and making every arrangement for the trip to enable the team to exchange opinions with various hospitals and insurance organizations deeply and extensively. Here we give our heartfelt thanks to Lincoln National and Lincoln people for their great support all along. Special thanks go to Mr. Howard J. Margules [President of Lincoln National (China) Inc. & Chief Representative of Beijing Representative Office], Mr. Jason Jin [Chief Representative of Guangzhou Representative Office] and Miss Phoebe Yang [Executive Assistant of Guangzhou Representative Office].

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The opinions in the reports are personal, for reference only. And any comment is welcome for any missing and any error in the book.

January 15, 1999

Guangdong Provincial Healthcare System Reform
Research Project Office

# 摘　要

医疗制度是整个社会保障制度的重要组成部分，也是改革难度最大的一个部分。本报告总结了广东省近几年来一些地方进行医疗制度改革试点的经验，提出了改革的目标和基本观点，对改革的模式选择、政策和管理的一些要点提出意见。

——**基本观点**。(1) 改革开放推动广东省医疗保障事业取得了前所未有的发展，人民健康水平显著提高。(2) 广东省医疗保障制度改革试点已经取得了积极的成效。(3) 经济发展、社会发展不平衡决定了保障方式的多元化、多样化。(4) 无论采取什么方式，个人管小病、社会保险管大病都可作为基本思路之一。(5) 社会统筹与个人账户相结合能够刺激被保险人注意节约费用、长期积累；大病保险在目前具有筹集费率低、简便易行的特点。(6) 享受水平应与经济发展水平相适应，保证基本医疗的内在要求是在发展医疗卫生事业的同时，根据社会经济条件，对昂贵医疗技术使用、昂贵药品使用及服务标准作必要的限制。(7) 建立医疗费用合理补偿机制是减少医、患、保三方矛盾的基本手段。(8) 加强

卫生规划、合理配置资源、建立多层次的卫生服务体系，是保证基本医疗、发展卫生事业的基本条件。(9) 加快合作医疗发展是保证农村居民基本医疗的基本途径。(10) 以多种形式使城乡居民得到基本医疗保障是各级政府的基本责任，以商业或慈善等形式提供的医疗服务是医疗保障体系的组成部分。(11) 医改不仅仅是建立医疗保险的问题。卫生管理体制、医疗机构运行机制、公立医疗机构经费预算制度、医疗收费的价格体系、药品的生产和供应体制等，都与医改有着直接的关系。

——**改革的必要性和目标**。现行制度的主要弊端：(1) 保障范围狭小，纳入直接给予费用补偿范围的只限于公职人员（包括国有企业职工）。(2) 费用管理社会化低，所有企业及相当一部分行政机关、事业单位职工的医疗费用由本单位自行支付和管理。(3) 医疗管理与费用管理脱节，费用提供者在加强费用管理方面处于软弱无力的地位。(4) 享受保障的个人利益与费用支付水平关联度很小，保障需求日益提高。(5) 医疗卫生服务体系发展与社会经济发展、医疗费用补偿制度的发展不衔接，加剧了服务提供方和费用提供方的矛盾。随着社会经济管理体制和相应的社会管理体制的改革、变化，上述特点所决定的保障不足与浪费严重并存的矛盾愈演愈烈，由此造成的社会矛盾也日益尖锐，改革已成为社会多数方面、多数层面的强烈要求。改革的目标应是适应建立社会主义市场经济体制和提高人民健康水平的要求，逐步建立保证基本医疗、广覆盖、多层次的医疗保障体系，其

处。按比例便于与养老缴费衔接、有利体现个人贡献（在有个人账户时）、年度调整有确定性；按定额比较直观、管理相对简单、在贡献与享受关系上更能体现公平原则。实行统账结合的一般就应采用按比例方法，实行大病保险的则可以选择。（3）关于“封顶线”。“封顶线”似乎成为“基本医疗”的标准线，实际上对同一疾病采用不同的检验、治疗手段会出现很大的费用差异，而效果差异却未必那么大，反之亦然。最重要的是根据“保证基本医疗”的要求，控制可提供的药物、检查治疗手段和生活服务（病房及其设备等）标准。（4）关于保险偿付制度。偿付标准及方式是实行保险制度后医、患、保三方矛盾的焦点，矛盾在于如何做到医院的付出得到合理的补偿，保险机构的支出能得到控制，患者不会成为费用转移的受害者。关键在于建立一种能使医疗机构在自我约束中保证服务、获得利益的机制。付费的具体方法多种多样，总体上看，采用包干——特别是按治疗（住院）人次付费管理比较简单，能够使医疗机构最终的利益与保险机构统一起来，但要完善两个方面的基础工作，一是尽可能周全地对各类病种的发病率、合理治疗费用进行统计测算，减少随意性和讨价还价的余地；二是制订医疗服务指南和完善药品目录，对各项疾病的检查治疗程序、手段、效果作出规定，促使医院通过提高效率获取经济利益。（5）关于费用负担的责任。改革的原则中有很重要的两条：保证基本医疗和单位、个人双方合理负担。改革必须在制度设计和实施管理中完整地体现这两条原则的要求。实行保险后，无论采取

什么样的付费、结算办法，令人不安的是被保险人明显处于被动地位。必须通过完善、合理的药品目录、医疗指南、对医院直接收费的严格控制和提高医保机构审核的透明度相结合，尽可能减少被保险人在“制度外”的自付部分。(6) 关于卫生资源配置与费用补偿机制。医疗费用提供方面的改革应与卫生资源配置、费用补偿机制的调整相结合，总的要求应是卫生事业发展与经济发展相适应；多层次的医疗事业发展与多层次的医疗保障要求相适应；医疗费用总量控制与结构调整相结合；保证基本医疗与提高医疗保障水平、提高医疗服务水平相结合。与费用补偿机制调整相联系，应研究改革药品的生产、供应、销售体制问题。(7) 关于管理体制。不论建立什么样的管理体制，都应该体现下述要求：第一，在有利于加强领导的同时充分发挥各有关部门的作用，形成合力，推进改革；第二，有利于各方面加强对基金管理、医疗管理的监督，实行政事分开；第三，有利于正确处理医疗机构、医保机构、被保险人的关系，保证费用合理支付，提高保障、服务水平。因此，在集中的行政管理体制下，建立协调委员会和监督委员会是必要的，有助于解决利益对立问题。(8) 关于特殊人群的保障方式。(9) 关于多层次的医疗保障体系。补充保险是医疗保障制度的一个重要组成部分；市、县政府有关部门通过财政拨款、社会捐赠等途径，建立专门的救助基金，对解决特殊的医疗费用支付是非常必要的。目前，一些外来工比较多，又缺乏健全的医疗制度的企业通过厂方资助、职工自愿集资建立特殊医疗救助基金也是

in the aspect of healthcare mode. (4) The way is regarded as one of basic concepts that the individual pays for minor diseases and social insurance looks after major diseases. (5) The combination of social pooling and individual account stimulates the recognition of cost saving and long-term accumulation; insurance products for major diseases is featured as low premium and easy operation. (6) The coverage should be in line with economic development, ensuring the demands for primary healthcare and cost control on technology and medicine at the same time. (7) Setting up rational compensation mechanism for healthcare expenditure is a basic means to mitigate the contradiction among healthcare service providers, patients and insurers. (8) Strengthening health planning, properly allocating health resources and establishing hierarchical healthcare service system is the postulate for the ensure of primary healthcare service and the development of healthcare . (9) Speeding up cooperative healthcare system is an essential channel for ensuring primary healthcare to farmers. (10) Satisfying residents' demands for primary healthcare in various ways is essential responsibility of governments of all levels. Commercial health insurance or charity events is the composition of healthcare system. (11) Healthcare system reform is more than the issue of establishment of health in-

surance. Such systems have immediate links with the reform as that of healthcare administration, careproviders' operation, budgeting for public healthcare, pricing system, and production & supply of medicines.

## Necessity and objective of the reform

The drawbacks of existing system include: (1) Narrow coverage, people under the coverage of compensation plan are only civil servants (including employees of state - owned enterprises); (2) Healthcare cost is self - paid and self - administrated by all of enterprises and a number of governmental organs. (3) Healthcare administration is divorced from cost administration. Payers don't carry weight in the administration. (4) The demand for coverage is more and more, due to the weak relation between personal benefit of the insured and fees payment. (5) Development of healthcare service system can not catch up with the pace of social economic development and the growth of compensation plan, which aggravates the contradiction between caregivers and payers. In the changing environment, the features mentioned above spotlight the contradiction between insufficient coverage and rampant waste and then social contradiction. Thus the reform is urgently to be expected. The objective of the reform should

aim at meeting the need of establishment of socialism market economic system, upgrading people's health, setting up hierarchical healthcare system to ensure primary healthcare, the nucleus of which is to set up social health insurance system covering all of the workforce and combining social pooling and individual account.

## Pilots of the reform

Reform pilots have been conducted in various models since 1992, including:

[Shenzhen] Compositive insurance, hospitalization and special insurance designed for different population groups in the way of combining social pooling with individual account;

[Shunde] Hierarchical hospitalization insurance by premium and coverage amount, combining compulsory means (for employees) and willingness (for individuals);

[Foshan] Employees of municipal government enterprises and institutions are required to purchase hospitalization insurance;

[Dongguan] Major diseases insurance is only for enterprises in urban and town;

[Zhuhai, Suixi, Yingde] Medical insurance is for all employees of governmental enterprises in the way of com-