CAIJING BOSHI LUNCONG

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Urban Community Health Service System Under the New Medical Security Schemes

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主要论文：《对医疗机构产权改革的思考》（2007）、《行政过度是导致我国股市泡沫的重要原因》（2005）、《MM 理论及其对我国上市公司资本结构的影响》（2003）、《电子商务环境下的内部控制与风险管理》（2001）、《会计信息失真与“公信”原则》（2001）、《电子货币网络银行对货币政策和金融监管的影响》（2000）等。

内 容 摘 要

进入21世纪之后，中国经济的高速发展越来越受到全世界的关注。高速发展的经济使得国民收入提高、贫困人口减少、生活水平也得到相应改善。

然而，在经济长足发展的同时，我国政府在医疗卫生方面的投入并没有达到与经济发展水平相适应的程度。作为反映社会公平重要指标之一的医疗卫生保健出现了不容忽视的问题：曾经一度辉煌并被世界卫生组织（WHO）向全世界发展中国家推荐的“中国模式”——农村合作医疗，在不太长的时间内迅速瓦解；我国政府在不同场合多次承诺的到2000年实现“人人享有卫生保健”的社会发展目标未能实现；根据2005年世界卫生报告可知，在世界卫生组织的191个成员国里，我国医疗卫生分配的公平性排名第188位，列倒数第四。与此同时，还出现了一系列与医疗卫生相关的问题，如宏观效率低下、药品无序涨价、防治严重倒置、医患关系恶化、医德严重滑坡等。

对于中国的老百姓来说，总的感觉是“看病难”和“看病贵”。根据第三次国家卫生服务调查结果，2003年，我国城市居民次均就诊费用为219元，次均住院费用为7606元，分别比1998年增长了85%和88%。与不断上涨的医疗费用相对应的是，我国人民的医疗保障覆盖水平不高，其中44.8%的城市居民和79.1%的农村人口没有任何医疗保障。这是老百姓感觉看病贵的主要原因。

看病难的问题主要表现在医疗卫生资源（资金、医院、医生、

设备等）配置的不合理。医疗资源大多集中在城市，特别是集中在大城市中。但是，即便医疗资源集中在城市里，也无法解决看病难的问题。一方面，由于区域卫生规划并未得到很好的落实；另一方面，许多已经建好的医疗卫生资源没有得到合理的利用。由于政府在医疗卫生方面的投入日趋减少，迫使医疗机构不得不为自身的生存寻找出路，加之政策导向也使得医疗机构朝着市场化方向发展。于是，在医疗服务提供这个信息不对称的市场里，出现了严重的市场失灵，需要一定程度的政府干预。

根据国外医疗卫生事业的发展经验，我们发现，首先，大多数国家已经建立了比较完善的医疗保障系统，不论是英国的国家健康服务系统（NHS），还是德国的社会健康保险，抑或美国的以私人医疗保险为主的混合医疗保障系统，它们基本覆盖了85%以上的该国国民。而我国近半数的城市居民和近八成的农村人口没有任何医疗保障，与这种体现公平可及原则的国际大环境极其不相符合。其次，在上述国家的医疗服务提供系统，为了控制医疗费用，几乎都选择了社区卫生服务或者与此相关的全科医生或家庭医生作为医疗服务提供系统的“守门人”，并且执行比较严格的双向转诊制度，以便达到降低医疗成本的目的。再次，在医疗卫生服务体系内，上述各国还实行相对健全的监管政策，对医疗卫生服务体系中可能存在的质量或安全等问题进行必要的监督管理。

我国属于二元经济结构的发展中国家，城市与农村之间存在较大的差异，很难在一本书中清楚说明城市和农村的医疗卫生保健问题。因此，本书的研究重点，主要集中在城市医疗卫生服务体系，特别是城市社区卫生服务体系方面。

基于此，本书首先从医疗保障制度和医疗服务提供（特别是社区卫生服务）这两方面出发，介绍国外已有的经验，并进行必要的研究与分析。然后结合我国实际情况，分别说明我国医疗保障制度的演变，以及医疗服务提供体系的现状，重点分析并提出关于构建

我国新型医疗卫生服务体系，特别是社区卫生服务体系方面的设想。在此基础上，针对双向转诊在医疗成本控制中的作用、社区卫生技术人才培养和人力资源管理，以及社区卫生服务中的监管等问题进行了探讨，希冀从中找出更加适合我国国情的社区卫生服务体系及其管理方式。

全书共分为十章。

第一章绪论，主要通过一系列比较数据，针对我国医疗卫生事业的发展状况提出存在的问题，并分析导致问题的原因。

第二章介绍本书的理论基础，主要包括福利经济学、健康经济学和公共物品理论。这是因为我国医疗卫生事业发展中存在的问题，主要表现在过于注重效率而忽略了公平性。而且，健康经济学在我国的研究历史不算长，导致经济学在医疗卫生保健领域里的研究尚未发挥其应有的作用。同时，我国对于医疗卫生领域中，公共物品、准公共物品和私人物品的划分并不清晰。为了更好地进行相关研究与讨论，我们需要对此有所了解。

第三章介绍国外的医疗保障系统和社区医疗卫生服务。本书选择介绍英国、德国、美国和挪威等国的情况，重点突出上述各国的社区卫生服务在医疗经费来源得到保障的前提下，如何发挥医疗卫生服务系统“守门人”的作用，为有效控制医疗成本打下良好的制度基础。

第四章的重点内容是国内的医疗保障制度和医疗服务提供。为了更好地说明本书提出的新型医疗服务体系理论模型，在目前我国新型医疗保障系统尚未明确的前提下，按照作者自己的思路提出了国内的新型医疗保障系统，即以家庭为单位参保的城镇职工医疗保险、政府医疗保险、互助医疗保险和商业医疗保险等。在此基础之上，本书明确提出有效推行上述医疗保障制度的医疗服务体系理论模型，即公立医疗服务体系和非公立医疗服务体系。

第五章是本书的核心部分，着重分析并构建我国的社区卫生服

务体系。在对多家社区卫生服务机构访谈的基础之上，作者指出了我国社区卫生服务面临的主要问题。为了更好地解决这些问题，本书构建了我国新型社区卫生服务管理模式的理论模型，以及多样化的双向转诊体系。简单的说，作为我国未来医疗服务系统的核心，社区卫生服务中心应当成为网络化管理的基本医疗服务和信息管理中心，承担公共卫生服务和基本医疗服务。而多样化的双向转诊体系将成为提高医疗服务效率，有效控制医疗成本的重要手段。

第六章的重点内容是对城市社区卫生服务体系的经济可行性进行研究与分析，亦即对财政投入进行匡算。由于城市特别是大城市已经具备足够的医疗卫生资源，如何利用已有的医疗卫生资源，发挥其在社区卫生服务中的作用，对于各级财政的资金投入，具有一定的指导意义。本书选取北京市海淀区作为财政投入的匡算对象，具体说明匡算思路和方法。

第七章探讨双向转诊及其在医疗成本控制中的作用，以及DRG（Diagnosis Related Group，按病种付费）在国内推广的可行性，同时提出通过社区卫生服务机构进行疾病经济负担研究，有助于体现保健（Health）而非医疗（Medical）作为社区卫生服务工作重点的必要性。

第八章主要研究社区卫生服务体系中的人力资源问题。研究表明，目前人们不愿到社区卫生服务机构就医的主要原因之一，是担心社区卫生服务机构的医疗水平不够高，而这恰恰是不争的事实。本书提出的对策包括：加强全科医学教育、改变医学人才观念、提高居民健康和就医认识、建立健全薪酬管理制度和激励机制等。

第九章讨论的是社区卫生服务体系的监管问题。显然，作为特殊服务形式的医疗卫生服务，不存在需不需要监管的问题，而是如何进行监管。本书介绍了监管内容及其相应的形式，以及如何评价监管结果等。

第十章结束语是对全书的总结，特别谈到对目前正在进行的7

套甚至 8 套医疗改革方案准备工作的看法。作者认为，新一轮医疗卫生改革正在探索和起步阶段，而且并非一蹴而就的事，仍然需要结合国家的财力和全社会的配合才有可能获得成功，希望本书也能对我国的医疗卫生改革有一定的借鉴意义。

本书有以下几方面的创新：

1. 将医疗保障系统和医疗服务提供两者结合起来讨论，使得这两方面的因素能被纳入统一的医疗体系之中。在国家尚未提出医疗保障制度的前提下，本书提出相对简单且易操作的医疗保障系统，以及与该医疗保障系统相关的医疗服务提供体系。为此，作者设计了我国新型医疗服务体系的理论模型。

2. 借鉴国外先进经验，并结合我国实际情况，构建了我国社区卫生服务体系的理论模型。笔者认为，社区卫生服务中心应当成为网络化管理的基本医疗服务及信息中心，通过电子健康档案和电子病历，逐步实现社区卫生服务中心（站）之间，以及社区卫生服务机构与上级医疗机构之间的信息共享，提高医疗卫生服务的工作效率；同时提出必须实行多样化的双向转诊体系，通过社区卫生服务中心与上级综合医院或专科医院自行合作的方式，达到有效实行双向转诊的目的，并以此实现各级同类医疗机构之间的竞争，降低医疗成本，提高服务效率。

3. 以北京市海淀区为例，研究了在大城市中建立社区卫生服务体系的经济可行性，提出了充分利用现有医疗卫生资源，以尽可能少的资金投入，多快好省地发展社区卫生服务的思路。

关键词：新型　医疗保障制度 社区卫生服务体系

Abstract

When humans witness the 21st century, more and more eyes from different places of the whole world have been attracted by the rapid increase of Chinese GDP. With the development, we can see more national income and less poverty population. The standards of living go up to a higher level.

However, in the meantime, the financial input of China's government into the health care was not accordance with the speed of economic development. Health care, which is regarded as an important index to judge the social equity, has met big problems. For instance, the rural cooperative medical services, that were called "the Chinese model" and recommended to other developing countries by WHO, seemed to be collapsed suddenly. Health for all, the social development goal that was put forward by WHO in 1977, has not been reached in China. In 2005, among the 191 member countries of WHO, China got the position at No.188 for its fairness in health care. Obviously it is not good.

The general feeling for people going to see the doctors is difficult and expensive. According to the third National Health Service Investigation, in 2003, the average expenditure for urban outpatient is 219 yuan and 7606 yuan for every inpatient. The two figures are increased by 85% and 88% comparing to those in 1998, respectively. At the same time, 44.8% of urban residents and 79.1% of rural population have not got any medical securies yet, explaining why people feel expensive.

The most important reason for the difficulty to see doctors is the unreasonable collocation of medical resources. The best medical resource is to locate in the cities, especial in big cities. However, it is still hard to solve the difficulty problem because people like to go to the big hospitals and dislike to go to the community doctors. Another reason is the Chinese government has reduced to input the health care field to press the medical institutions to survive by themselves. And the whole medical system tends to focus on the profitable target.

The conclusion is that we need government intervention to some extent because there has been serious market failure in Chinese health care system.

From the experiences of foreign health care system, we can find that firstly there are good enough medical securies systems set up in most countries. For instance, NHS in Great Britian, Social Health Insurance in Germany or the mixture of private and public medical care schemes in USA, they have covered more than 85% of their residents. China is almost on the opposite. We can also see that the second reason is to control the medical cost. Almost all countries choose the community health care or General practitioners or family doctors as the gate – keepers of the medical provision systems. They also have the strict two – way referral system to reach the goal of reducing medical expenditures. There have been regulations to supervise the quality, safe, etc in the health care service system of the mentioned countries.

China is a developing country that has two separate economic structures of urban and rural areas. It is impossible to clearly describe the health care issues in urban areas and in rural areas in such a kind of PhD papers. That is why this article to focus mainly on the urban health care services system.

Based on this, the book will firstly introduce the foreign experiences from two different commodities, medical securities system and medical

service provision, especially the community health care service. Then, the book will describe the evolvement of Chinese medical securities system and medical care provision. The author analyzes and designs a framework of China's new health care service system which the community health service system is the core. On basis of the point of view, the book is to discuss about the two – way referral system, human resource management in the community health care and the health care supervision.

There are ten chapters in the book. Chapter One is the introduction to explain why the author choose this topic and to briefly analyze the reasons that result in people feeling difficult and expensive when they have to go to doctors.

Chapter Two will introduce some basic theories that are closely related to the book. We will see the brief cores of welfare economics, health care economics and public goods theory. The author thinks the big problem in Chinese health care system is to focus on the efficiency and ignore the equity. Another reason is the research history of health care economics in China is too short to do enough research on the medical care fields. Meanwhile, we have not figured clearly out what are the public goods or quasi – public goods or private goods. To do further research, we need to know more about the basic theories.

Chapter Three is to introduce the foreign medical securities system and community health care services. The book has chosen the Great Britian, Germany, USA and Norway for examples and focused on the role of gate – keepers of general practitioners to control the medical cost.

Chapter Four will focus on China's medical securities system and medical service provision. In order to explain the new theoretic model of medical service system proposed by the author, the book has synchronously brought forward the new medical systems, which is including employer/

employee medical insurance on the basis of families, government medial insurance, mutual assistant medical insurance and commercial medical insurance. Afterwards, the book starts to put forward the new medical service provision system, i. e., the public medical service system and the non – public medical service system.

Chapter Five is the emphasis of the book to focus on constructing the community health care framework in China. On the basis of interviews with people in a dozen of community health care institutions, the book points out the main problems of Chinese community health care services. To solve the relevant problems, the author presents the theoretical model for new community health care services and diversified two – way referral system. Simply speaking, as the core of our future medical service system, community health care center should become the information network center to supply the basic medical services and public health care services. While diversified two – way referral system will be the important means to improve medical efficiency and control medical cost in an effective way.

Chapter Six is a case study to calculate in general the financial input when the new urban community health care service system continues to work. Due to the reasons that there have been enough medical care resources in big cities, the most important is to use these resources in an effective and efficient way. The book will choose Haidian District of Beijing City for the case study.

Chapter Seven will discuss the two – way referral and its role in medical cost control. The second issue is to analyze the possibility of promotion DRG (Diagnosis – Related Group) in China. Finally, the book will bring forward the research on disease economic burden with the help of community health care institutions to prove that health rather than medical is the most important in community health care services.

Chapter Eight will focus on the human resource issue in community health care services. According to the investigations, one of the main reasons that people dislike to go to the community health care is to worry about the medical level and quality of general practitioners. The fact is the point. This book points out general medicine education should become an important specialty in the college education and above. We should also change the minds of medical staffs and ordinary people. At present, what we could do is to set up the effective stipend system and incentive mechanism.

Chapter Nine is to discuss the supervision of community health care services. The medical care service, as a kind of special services, should be regulated. The book presents the contents and forms of community health care regulations and how to evaluate the supervisions.

Chapter Ten is the summary of the whole book. When the book has been finished, there are seven or eight blueprints going on establishment. We do not know when the new health reform starts, however, we all know it will turn to the Health for all. This book could give some help to the new health reform, more or less.

Some new ideas of the book are listed as follows.

1. To put the medical securities system and medical service provision together and make the two factors into composite medical system. Before the new medical securities system occurs, the book put forward a simplified and feasible medical securities system by means of foreign experiences and Chinese current situation. On the basis of it, the book is to focus on the construction of medical service provision especial the community health care services.

2. To form a new theoretical model for Chinese medical service provision on the basis of new medical securities system. Simply speaking, we need two different medical service provision systems. They are public

medical system and non – public medical system. However, the proportion of public and non – public institutions can be changed in different areas according to the local economic level.

3. To construct the new theoretical model for our community health care service system by means of foreign advanced experiences and the actual situation in China. The author believes that community health care center should be the information network center to supply the basic medical services and public health care services. Along with the electronic health files and electronic case history are widely used in the medical service, the electronic means will ensure the information share between community health care institutions and hospitals to improve the working efficiency. At the same time, the book brings forward the diversified two – way referral system that is organized by the community health care institutions and hospitals without government intervening. The system will be an important way to improve medical efficiency and control medical cost in an effective way.

4. To take Haidian District of Beijing City as an example because this is one of the complicated administration areas in big cities. The book starts from the new form of community health care service and calculate how much money that government will put into the new system. The purpose is to focus on how to use current medical care resources in an efficient way rather than increase more inefficient money.

Key words: *Medical securities schemes*, *Community health care service*, *Systemetic research*

目　录