

欧盟第六轮科技合作框架计划项目 (INCO-CT-2005-517657)
教育部新世纪优秀人才支持计划项目 (NCET-06-0635)
中国博士后科学基金项目 (20080431015)

熊吉峰 陈玉萍 著

STUDY ON THE BENEFITS OF NEW COOPERATIVE MEDICAL
SYSTEM:EVIDENCE FROM THE WEST POOR AREAS IN CHINA

新型农村合作医疗受益 问题研究: 来自西部贫困地区的证据



湖北长江出版集团
湖北人民出版社

新型农村合作医疗受益 问题研究： 来自西部贫困地区的证据

熊吉峰 陈玉萍 著

湖北长江出版集团
湖北人民出版社

鄂新登字 01 号

图书在版编目(CIP)数据

新型农村合作医疗受益问题研究:来自西部贫困地区的证据/熊吉峰,陈玉萍著.

武汉:湖北人民出版社,2010.5

ISBN 978 - 7 - 216 - 06424 - 8

I. 新...

II. ①熊...②陈...

III. 农村—合作医疗—医疗保健制度—研究—中国

IV. R197.1

中国版本图书馆 CIP 数据核字(2010)第 098171 号

新型农村合作医疗受益问题研究

——来自西部贫困地区的证据

熊吉峰 陈玉萍 著

出版发行: 湖北长江出版集团
湖北人民出版社

地址:武汉市雄楚大街 268 号
邮编:430070

印刷:武汉兴和彩色印务有限公司

印张:10.5

开本:880 毫米×1230 毫米 1/32

插页:1

版次:2010 年 5 月第 1 版

印次:2010 年 5 月第 1 次印刷

字数:350 千字

定价:28.00 元

书号:ISBN 978 - 7 - 216 - 06424 - 8

本社网址:<http://www.hbpp.com.cn>

中 文 摘 要

我国市场化改革以来,随着农村劳动力流动性的提高,工作节奏加快和生活习惯的改变,环境污染的加重和人口老龄化加剧,农户面临的疾病风险更加复杂和多样化。近年来,在政府的大力推动下,新型农村合作医疗获得了快速发展,为农村居民医疗和健康建立起了一个初步的防护网。但是,新型农村合作医疗受益机制中仍然存在诸多障碍,农村地区特别是贫困农村地区,农户“因病致贫,因病返贫”的现象仍然十分严重。因此,研究新型农村合作医疗受益问题,不仅有助于加强农村医疗卫生体制改革的针对性,对于改变农村地区“因贫致病”、“因病致贫”现象也具有重要的现实意义。

本书运用农业经济管理、农村社会学、卫生经济学、发展经济学、统计学和计量经济学等理论知识和研究方法,以农户及其疾病为研究对象,利用较大样本的农户调查数据和丰富的案例访谈资料,考察新型农村合作医疗受益问题。本书的研究旨在通过对新型农村合作医疗受益问题的深入分析,了解新型农村合作医疗制度障碍及新型农村合作医疗供给与农户的补偿需求之间的矛盾,并据此为医疗服务和政府决策部门提供相关可行的政策建议。

全书共分为7章:第一章是绪论,首先,从一个大病农户的口述史切入,提出本书的研究问题、研究目标和研究内容;其次,对关键概念进行界定;再次,对所运用的研究方法、研究程序、数据情况加以说明;最后,指出本书的创新点与局限性,并阐述论文的框架结构。第二章阐述本研究的理论基础并进行相关文献回顾。第三章研究贫困地区农户住院利用情况及影响因素。首先,介绍样本地区及新农合开展情况;然后,对样本农户患病率、疾病结构、住院率进行比较分析;最后,利用有序多分类 logistic 回归来分析农户对不同级别医疗机构的利用差异及影响因素。第四章研究新农合补偿概率与补偿金额问题。首先,对参加了新农合的农户样本进行描述;然后,用卡方检验的方法对住院农户获得补偿的概率以及补偿

金额之间进行差异显著性检验;然后,利用 Heckman 两阶段模型研究新农合补偿的影响因素;最后,提出一些改进意见。第五章研究新型农村合作医疗补偿公平性及影响因素。首先,运用集中指数方法对新农合补偿金额与补偿率的公平性分布进行描述;其次,利用农户口述方法对农户认为新农合补偿中存在的一些问题进行分析;最后,运用拉尼斯—费景汉模型比较不公平性影响因素的顺序。第六章对新农合对农户的生计影响与经济帮扶绩效进行评估。首先,运用案例分析的方法,对农户应对疾病的生计策略进行总结;其次,对新农合对大病农户生计策略的影响进行检验并分析原因;再次,运用农户口述史的方法,描述新农合对农户经济的帮助作用;最后,利用最优尺度回归分析方法,对不同影响因素的作用力度进行比较,并提出相应的对策建议。第七章是本研究的结论与政策建议。

本研究的主要发现有:(1)调查地区新型农村合作医疗补偿模式不利于门诊病人与慢性病居民。慢性病居民门诊次数显著地高于非慢性病居民,而住院率显著地低于非慢性病居民,慢性病居民一旦住院之后,补偿比例显著地低于非慢性病居民,表明慢性病居民在新农合中受益低于非慢性病居民。(2)调查地区贫困农户在新型农村合作医疗中处于不利地位。一旦住院之后,贫困农户比非贫困农户得到补偿的概率更高,但贫困农户获得的补偿比例却显著地低于非贫困农户。(3)F 县宽松的新型农村合作医疗补偿模式对农户更有利。F 县居民获得补偿的概率和补偿比例都要显著地高于 L 市,且 F 县比 L 市公平性要好,表明 F 县宽松的医疗卫生体制比 L 市更有利于农户。(4)基层医疗机构在农村卫生医疗体系中扮演重要角色。三级医疗机构承担了农户绝大多数门诊治疗,尤其是村卫生室和乡镇卫生院。其独有的地理优势与人脉资源优势使之成为广大农户门诊治疗的首选。县级医院则是农户治疗大病时优先考虑的医疗机构。(5)控制医疗费用对提高新型农村合作医疗受益水平具有重要意义。住院费用越高,农户获得补偿的补偿比例越低,补偿的公平性越差。(6)新型农村合作医疗补偿对农户的影响作用有限。本书从 8 个维度考察了新农合补偿对不同层次农户生计策略的影响,发现新农合缓解农户大病冲击的效果并不显著。在农户对新农合补偿的经济效力的评价方面,48.73%的农户认为新农合补偿只有一点帮助或没有任何帮助。说明农村医疗保障制度的保障性作用比较有限,保障功能尚不齐全。

本书的创新之处在于:(1)与以往多数文献仅从患者个体角度研究问题的方式不同,本研究既从个体角度,又从农户层面对农户家庭成员的疾病情况与新农合利用状况等进行分析,丰富了医疗卫生经济学知识体系。(2)区别于既有文献中对于新农合补偿不公平性的直观描述,本研究首次尝试对新农合受益不公平性的影响因素进行研究排序,有利于政府从政策层面进行操作。(3)本研究首次对新农合对农户的生计策略与经济扶持作用进行度量,使人们对新农合受益不仅仅局限于补偿金额这一狭隘视角,从而,有利于提升新农合对农户的帮扶作用,深化对新农合受益问题的认识。另外,本研究过程与结论都是来自于2007年深入农村调查获得的一手数据,这些数据都是比较新和全的,这为本研究结论的先进性和科学性提供了证据保证。

关键词:新型农村合作医疗,农户,受益,补偿,公平性,生计策略

Abstract

Since the market reform starts of our country, health risk the rural household faces has become more complicated and diversified with the increase of the rural labor mobility, the speed—up of the pace of work, the change of the life style, the deterioration of the environment pollution and the aggravation of the ageing of the population. In recent years, the New Cooperative Medical System (NCMS) has developed so fast under the great promotion of the government that a primary safety net has been established for the rural population's health. However, there are still many obstacles in the beneficial system of NCMS. A serious phenomenon of impoverished by hospitalization or fell back into poverty due to illness still exists in rural areas, especially in poor rural areas. Therefore, to investigate the beneficial questions of NCMS could not only improve the pertinence of the reform of the rural healthcare system, but also have great practical significance towards the change of the rural area's phenomenon of hospitalization by impoverishment or fell back into poverty due to illness.

Based on a large sample of rural household survey and rich case study materials, this book targeting on the rural households studies the NCMSs beneficial questions by applying the theories and research methods of agricultural economic management, rural sociology, health economics, development economics, statistics and econometrics etc. The book aims to acquaint with the contradiction between the NCMSs obstacles and the rural households' compensation demands by analyzing the NCMSs beneficial questions in detail. So that a relevant and feasible policy suggestion could be offered to the medical services and governmental departments.

There are seven chapters in this book. Chapter one is the preface. The authors put forward the research problems, research targets and research contents by quoting the oral report of a rural household suffered from serious disease; and then narrows down the key concepts used in the book; then the research methods, research procedures and statistics, which have been used, are explained; finally, the authors point out the innovative points and limitations of the study, and establishes the research framework for the book. In Chapter two, the authors introduce the theories used for the book and the bibliographies. In Chapter three, the authors study the hospital utilization and the factors for the poverty—stricken rural households; the authors introduce the background of the study areas and its development of the NCMS at the very beginning; and then compares the disease prevalence rate, the disease structure and the hospitalization rate; finally, the authors analyse the utilization difference and factors of the medical institutions of different classification based on the multinomial logistic regression. In Chapter four, the authors study the compensation probability and the compensation amount of the NCMS; areas which have taken part in the NCMS are described in the first part; then in the second part, the authors show an obvious examination toward the discrepancy between the compensation probability and the compensation amount of the rural households who have been in hospital with the method of Chi—Square Tests; in the third part, the authors research the factors which influence the compensation of the new rural cooperation medical system based on Heckman's two—stage model; at last, certain suggestions for improvement are given. In Chapter five, the authors study the compensation fairness and factors. Firstly, the authors describe the fairness division of the NCMS's compensation amount and compensation rate by applying the index centralization method; secondly, the authors analyse the problems of the NCMS which the rural households voiced orally; lastly, the authors compare the order of the unfair factors according to the Ra-

nis—Fei model. In Chapter six, an evaluation on the livelihood influence and the financial aid of the NCMS toward the rural households is given. Firstly, the authors conclude the livelihood strategies upon the diseases the rural households take by analyzing the cases; secondly, the authors examine the influence of the NCMS to the livelihood strategy of the rural households suffered from serious disease; thirdly, the authors describe the financial aid the NCMS brings to the rural households on the basis of the rural households' oral report; lastly, the authors compare the function of different factors based on the optimal scaling regression analysis method, and put forwards countermeasures. In Chapter seven, the conclusion and the policy suggestions are offered.

This research mainly found that: (1) The model of NCMS's compensation in the study area is not conducive to outpatient and residents with chronic illness. The frequency of outpatient visits among residents with chronic illness is significantly more than that among residents without chronic illness. While the hospitalization rate among residents with chronic illness is significantly lower than that among residents without chronic illness. Once the residents with chronic illness are in hospital, the compensation ratio they receive is significantly lower than that the residents without chronic illness receive. This shows the residents with chronic illness will receive fewer benefits than what the residents without chronic illness will receive in the NCMS. (2) The poor households in the study area are at a disadvantage in the NCMS. Once farmers are in hospital, there will be a higher probability for poor farmers to receive compensation than that for non—poor farmers. But the compensation ratio poor farmers receive is significantly lower than that non—poor farmers receive. (3) The free NCMS's compensation model in F County is more favorable for farmers. The probability and ratio of compensation for farmers in F County is significantly higher than that for farmers in L City, and the fairness is also better in the former than that in the latter. This shows the free medical and health care system in

F County is more favorable for farmers than that in L City. (4) Grass—roots medical institution plays an important role in the medical and health care system in rural areas. Three—level medical institutions undertake farmer's outpatient treatment, due to their unique geographical advantages and contacts resources advantages. Especially village clinic and township hospitals, they are preferred for most farmers' outpatient treatment. As a medical institution, the county—level hospital will be preferred for farmers' serious illness treatment. (5) Controlling medical expenses has the significance for improving the beneficial level of NCMS. The more hospitalization expenses are, the lower compensation ratio farmers receive is, and the worse fairness of compensation is. (6) The NCMS's compensation has a limited effect on farmers. This book studied the effect the NCMS's compensation had on different level farmers' livelihood strategy from eight dimensions. It found that the effect of the NCMS's compensation was not obvious in terms of relieving farmer's serious illness assault. While in terms of evaluating economic impact NCMS's compensation has produced, 48.73% farmers hold that the NCMS's compensation was of little or no help. This shows the indemnificatory effect of rural medical security system is limited and its indemnificatory function is still not sound.

The innovative point of this article is; (1) In different from the study ways of most previous literature in which authors did the research from patients individual aspects. This research analyzed farmers' illness condition and the NCMS utilizing condition from the perspective of both individual and farm households level. It enriched the knowledge body of health economics. (2) Being distinguished from the existing literature in which authors usually give an intuitive description of the unfairness of the NCMS's compensation, this research has tried to research and sequence the unfair influence factors of the NCMS's benefit, which will be helpful for the government to operate from the policy aspects. (3) This article measured the effect on the farm households' livelihood and

economic support the NCMS has had. This makes that the NCMS's benefits don't limit the amount of compensation. Thus, this will be helpful for improving the supporting effect the NCMS has had on farmers. It also can deepen the understanding of the question about the NCMS's benefits. Besides, the course of the research and the conclusion were all from the first-hand data which was acquired from in-depth survey in the study areas in the year of 2007. Thus, this first-hand data which is new and complete can provide evidence warrant for the advanced conclusion of this research.

Keywords: The new rural cooperative medical system; Farm household, Benefit; Compensation; Fairness; Livelihood strategy

目 录

第1章 绪论	(1)
1.1 大病农户生活的艰辛	(1)
1.2 问题的提出	(6)
1.2.1 农民的健康状况具有恶化的趋势	(6)
1.2.2 服务于农户的医疗保障制度很不健全	(9)
1.2.3 新农合受益机制中还存在诸多问题	(10)
1.3 研究目标与内容	(11)
1.3.1 研究目标	(11)
1.3.2 研究内容	(11)
1.4 关键概念界定	(12)
1.4.1 农户与农民	(12)
1.4.2 疾病与大病	(13)
1.4.3 新农合补偿与受益	(14)
1.5 研究方法	(16)
1.5.1 文献回顾研究方法	(16)
1.5.2 实地调查研究方法	(16)
1.5.3 定性案例研究方法	(17)
1.5.4 定量研究方法	(17)
1.5.5 比较研究方法	(18)
1.6 研究样本	(18)
1.7 研究的创新点与局限性	(20)
1.7.1 研究可能的创新之处	(20)
1.7.2 研究中的局限性	(20)
1.8 本书的框架结构	(21)
第2章 理论基础与文献回顾	(23)
2.1 理论基础	(23)
2.1.1 农户行为理论	(23)
2.1.2 农村社会保障理论	(25)

2.1.3	可持续生计框架	(27)
2.2	研究文献综述	(29)
2.2.1	新农合满意度	(29)
2.2.2	新农合补偿方案比较	(30)
2.2.3	新农合补偿绩效	(34)
2.2.4	新农合受益公平性	(36)
2.3	简要评述	(38)
第3章	贫困地区农户医疗服务利用情况及影响因素	(40)
3.1	调查地区情况简介	(40)
3.1.1	调查地区总体情况	(40)
3.1.2	调查地区农户基本情况	(41)
3.1.3	调查地区新农合实施情况	(44)
3.2	调查地区农户患病情况比较	(44)
3.2.1	调查地区农户的患病率比较	(44)
3.2.2	调查地区农户疾病结构比较	(46)
3.3	调查地区患病农户就诊行为与住院利用比较	(54)
3.3.1	调查地区患病农户就诊行为比较	(54)
3.3.2	调查地区农户住院利用比较	(59)
3.4	调查地区农户医疗费用比较	(64)
3.4.1	不同特征农户门诊费用比较	(65)
3.4.2	不同特征农户住院费用比较	(68)
3.5	调查地区农户住院级别选择	(71)
3.5.1	调查地区农户住院级别特征	(71)
3.5.2	调查地区农户住院级别选择的影响因素	(73)
3.6	本章小结	(81)
第4章	新型农村合作医疗补偿水平分析	(83)
4.1	数据来源及样本描述	(84)
4.1.1	新型农村合作医疗补偿的影响因素指标设定	(84)
4.1.2	数据与样本描述	(86)
4.2	新型农村合作医疗补偿的影响因素	(89)
4.2.1	不同特征农户新农合补偿差异	(89)

4.2.2	新农合补偿水平影响因素的计量分析	(98)
4.3	结论与建议	(103)
第5章	新型农村合作医疗补偿公平性及影响因素分析	(106)
5.1	新型农村合作医疗制度补偿公平性分布	(106)
5.1.1	新型农村合作医疗住院费用与补偿的公平性 分布	(106)
5.1.2	新型农村合作医疗补偿在不同医疗机构之间 的分布	(112)
5.2	农户对新型农村合作医疗制度补偿公平性的描述	(117)
5.2.1	新型农村合作医疗补偿的积极评价	(117)
5.2.2	农户对新型农村合作医疗补偿的消极评价及 其原因分析	(117)
5.3	新型农村合作医疗补偿公平性影响因素分析	(120)
5.3.1	新农合补偿公平性研究回顾	(120)
5.3.2	新农合补偿公平性影响因素的回归分解	(120)
5.3.3	新农合补偿公平性影响因素的顺序比较	(122)
5.4	结论与政策建议	(124)
第6章	新型农村合作医疗对农户生计的扶持作用评估	(126)
6.1	新型农村合作医疗在缓解疾病对农户生计破坏性冲击 绩效评估	(127)
6.1.1	农户应对疾病冲击的生计策略	(127)
6.1.2	大病农户的生计策略顺序及影响因素	(131)
6.2	新型农村合作医疗对农户的经济扶持作用评估	(149)
6.2.1	农户对新农合补偿效力评价的不同声音	(149)
6.2.2	影响农户对新农合补偿评价的因素	(150)
6.3	结论与政策建议	(156)
第7章	本书的研究结论与对策建议	(158)
7.1	本书的主要发现与结论	(158)
7.1.1	调查地区新型农村合作医疗补偿不利于门诊 病人与慢性病居民	(158)
7.1.2	调查地区贫困农户在新型农村合作医疗中处于	

不利地位·····	(158)
7.1.3 F县宽松的新型农村合作医疗补偿模式对农户 更有利·····	(159)
7.1.4 基层医疗机构在农村卫生医疗体系中扮演重要 角色·····	(159)
7.1.5 控制医疗费用对提高新型农村合作医疗受益 水平具有重要意义·····	(160)
7.1.6 新型农村合作医疗补偿对农户的影响作用有限 ·····	(160)
7.2 相关对策建议 ·····	(160)
7.2.1 加大对县级及以下医疗机构的投入,增强其 基础保障功能·····	(160)
7.2.2 规范医疗服务行为,控制医药费用不合理增长 ·····	(161)
7.2.3 根据各地实际情况,改进新型农村合作医疗 补偿模式·····	(162)
7.2.4 推进农村地区大病居民照料的社会化服务 体系建设·····	(163)
7.2.5 在新农合制度目标方面,要提高制度的公平性 ·····	(163)
7.3 有待进一步研究的问题 ·····	(164)
参考文献·····	(165)
附录一 疾病口述史·····	(176)
附录二 新型农村合作医疗制度政策文献·····	(266)
附录三 作者发表的相关文章·····	(295)
后记 ·····	(318)

图 表 目 录

图 1.1	我国农村居民与城市居民人均医疗保健支出比	(8)
图 1.2	本研究的组织和框架图	(22)
图 2.1	可持续生计框架示意图	(28)
图 5.1	集中曲线示意图	(109)
图 5.2	新农合补偿金额集中曲线	(110)
图 5.3	补偿前住院费用与自付住院费用集中曲线比较	(111)
图 5.4	新农合补偿比例集中曲线	(111)
图 6.1	大病农户应对疾病的生计策略调整顺序	(134)
表 1.1	我国城乡两周患病率与慢性病患率比较	(6)
表 1.2	我国城乡居民两周患疾病严重程度比较	(7)
表 1.3	我国城乡居民医疗保障支出对比	(8)
表 1.4	我国农村居民与城镇居民相比两周就诊率与两周 住院率比较	(9)
表 1.5	我国居民医疗保障制度构成(%) (2003 年)	(10)
表 1.6	我国居民医疗保障制度构成(%) (2008 年)	(10)
表 1.7	我国新型农村合作医疗基本情况(2004—2008)	(11)
表 1.8	四川调查数据基本情况	(19)
表 3.1	调查地区样本农户基本情况	(41)
表 3.2	调查地区农户基本情况与患病率分布	(43)
表 3.3	F 县与 L 市各级别医院补偿起付线与补偿比例比较	(44)
表 3.4	按性别分组的农户疾病构成比例分布	(47)
表 3.5	按年龄分组的农户疾病构成比例分布	(48)
表 3.6	按从事职业分组的农户疾病构成比例分布	(51)
表 3.7	患病农户就诊行为比较	(54)
表 3.8	患病农户的住院率比较	(59)
表 3.9	应住院而未住院率与因经济原因未住院率比较	(61)
表 3.10	不同特征农户 2006 年门诊费用比较	(65)

表 3.11	不同特征农户次人均住院费用比较	(68)
表 3.12	2006 年最近一次住院级别分布情况	(71)
表 3.13	各级别医院住院费用、车旅、伙食、陪护等费	(72)
表 3.14	各级别医院次均住院天数	(72)
表 3.15	不同文化程度与住院级别选择	(73)
表 3.16	农户的家庭非农务工人数与住院级别选择	(74)
表 3.17	农户是否外出与住院级别选择	(74)
表 3.18	农户的融资能力与住院级别选择	(75)
表 3.19	农户的职业与住院级别选择	(76)
表 3.20	农户的县(市)差异与住院级别选择	(77)
表 3.21	是否慢性病与住院级别选择	(78)
表 3.22	是否参合与住院级别选择	(78)
表 3.23	变量的定义与说明	(79)
表 3.24	农户住院级别选择有序多分类 LOGIT 回归结果	(80)
表 4.1	参加了新农合的住院农户基本情况	(86)
表 4.2	性别对新农合补偿的影响	(89)
表 4.3	文化程度对新农合补偿的影响	(89)
表 4.4	家庭经济状况对新农合补偿的影响	(90)
表 4.5	不同非务农人口比例对新农合补偿的影响	(91)
表 4.6	融资能力对新农合补偿的影响	(92)
表 4.7	是否外出对新农合补偿的影响	(92)
表 4.8	到最近医疗点的距离对新农合补偿的影响	(93)
表 4.9	是否获得其他医保对新农合补偿的影响	(94)
表 4.10	户主是否村干部或者自办企业对新农合补偿的影响	(94)
表 4.11	是否慢性病对新农合补偿的影响	(95)
表 4.12	住院级别对新农合补偿的影响	(96)
表 4.13	住院费用对新农合补偿的影响	(97)
表 4.14	县(市)政策差异对新农合补偿的影响	(98)
表 4.15	农户新农合补偿影响因素的 Heckman 两阶段模型 分析结果	(100)
表 5.1	不同资产等级农户补偿与费用比较	(107)
表 5.2	不同住院级别医院新农合补偿分布	(115)