# POLICY AND PRACTICE UPDATES

## 2013 Analysis of Local Health Institution Reform Released

The recently released report showed that local health institutions still need to strengthen their management of healthcare-associated infections, establish rational use of medicines, and increase the number of qualified medical professionals; there is still a long way to go before a functional monitoring and management system can be put in place.

According to the report, there were 858,440 local level medical institutions audited from January to September 2013. Among these, 805,209 met the standard (91.4%) while 17,218 institutions had their licenses revoked. The audit also identified medical malpractice cases, with 304 cases transferred to criminal investigation, 5,825 cases transferred for further supervision, and 4,996 people were investigated for administrative responsibilities.

The report also pointed out that local health institutions need to build a standardized physical environment and be furnished with necessary equipment such as emergency care equipment.

## 2013 年基层医疗机构清理整顿分析报告出炉

《中国医疗保险》 2014-02-12

http://www.zgylbx.com/wmswwlnjnew60428 1/

报告显示,基层医疗机构准入及动态管理、院感管理等均有待加强,基层合理用药、医疗专业人才队伍总量不足问题突出,完善对基层医疗机构的监督和管理任重道远。

报告显示,2013年1月一9月,基层医疗机构数量共计880786家,通过整顿,现有机构858440个;其中合格805209家,占91.42%;注销执业许可证机构17218家,占1.95%。在所有检查的医疗机构中,共吊销医师执业证书258人,吊销医疗机构执业许可证2387家,移送公安案件304件,移送监察案件5825件,追究行政责任4996人。

报告还显示,在标准化建设达标方面,基层医疗机构最为突出的问题是急救设备不全,占总检查机构的 7.36%。 其他问题依次为医疗用房布局不合理,医疗用房面积不足,未建立健全技术操作规范,基本设备不全等。

#### Beijing Releases Urban and Rural Residents Catastropic Insurance Pilot Model

On February 8, National Health and Family Planning Commission released "State Council Medical Reform Office Notice about Accelerating Urban and Rural Residents Catastrophic Insurance Plan". The city of Beijing started the work in the early part of 2014, allowing urban and rural residents to make claims for unpaid, qualifying medical expenses from 2013.

The city of Beijing also released its own pilot model, announcing that all Beijing residents can put in claims for medical expenses not covered in the previous year, and certain percentages will be paid, with no cap on the total amount.

## 北京发布城乡居民大病医保试行办法

《新华网》 2014-02-13

http://news.xinhuanet.com/yzyd/tech/20140213/c 119308641

2月8日,国家卫生和计划生育委员会发布了《国务院医改办关于加快推进城乡居民大病保险工作的通知》。 北京市大病保险政策已于2014年初开始实施,城乡居民去年由基本医保报销后符合规定的高额费用,2014年可领到大病保险的二次报销。

随后,《北京市城乡居民大病医疗保险试行办法》对外发布,凡北京市城镇居民基本医保和新农合参保人,年度医疗费用超过指定额度,超出支出可按比例报销,且报销不设封顶线。2013年的大病今年即可报销,一年

一结算。其中城镇居民大病险资金实行全市统筹,由城镇居民基本医疗保险基金按照当年筹资标准 5%的额度划拨,农村的大病险资金则由新农合基金按照 5%划拨。

#### Proposal for Grading Health Insurance Designated Medical Institutes

The city of Guangzhou's Human Resources and Social Security Bureau opened for public comments on the document "City of Guangzhou Plan for Grading Medical Institutions That Are Designated by Social Health Insurance". Grades of these institutions will be an important factor in determining their budgets and auditing process. The grades will be determined on multiple factors, including medicine prices and quality of services provided for in- and outpatient care.

The initial plan is to grade the medial institutions as AAA, AA, A, or no grade, and these institutions will be graded independently of their scale and attributes. Institutions that receive AAA grade could also be designated to receive patients from out of the local jurisdiction.

#### 医保定点机构拟分级

《广州日报》2014-02-13

http://www.people.com.cn/24hour/n/2014/0213/c25408-24343037.html

广州市人社局公开征求《广州市社会医疗保险定点医疗机构分级管理办法》意见,提出对定点医疗机构实行分级管理,等级评定结果将作为预拨周转金和医疗费用年终清算的重要参考指标,药价收费、门诊住院等医疗服务情况占考核分数最高。

意见稿拟规定,定点医疗机构按 AAA 级、AA 级、A 级、无级别四个等级实施管理。定点医疗机构分级管理的等级评定与医疗机构等级和属性均不相关,即能否评上 AAA 级与是否三甲医院无关。

等级评定结果将作为对定点医疗机构预拨周转金和医疗费用年终清算的重要参考指标。AAA 级、AA 级定点医疗机构可优先开展医疗费结算新项目试点,优先将其作为异地就医合作的定点医疗机构。

## Government and Market Need to Work Hand in Hand for Medical Reform

Vice Premier Yandong Liu, member of the Politburo, while visiting the Province of Fujian, emphasized the importance of top-level design and system innovation as part of the medical reform, enabling both the government and the market to play their role in the reform.

As the reform continues, medicine distribution needs to be standardized and barriers removed, reducing the inflated prices of medicine. Multiple channels need to be pursued to allow quality health care to reach residents of remote and poor areas. Public hospitals need to adopt modern management systems to provide better care to local populations.

At the same time, privately or societally funded hospitals should be strongly encouraged. Private and public hospitals should be competing on a level playing field.

#### 医改要发挥好政府和市场作用

《中国医疗保险》 2014-02-24

http://www.zgylbx.com/vfyxoggnnew60704 1/

中共中央政治局委员、国务院副总理刘延东 2 月 18 日至 20 日在福建省考察时强调,加强医药卫生体制改革的顶层设计和制度创新,发挥好政府和市场在医改中的作用。

对此,要进一步规范药品流通秩序,减少流通环节,切实降低虚高的药价。要统筹推进公立医院各项改革,完善基层首诊、分级诊疗、双向转诊的医疗模式,采取多种措施使优质医疗资源能够服务农村、社区和边远贫困地区。建立现代医院管理制度,使公立医院更有效地保好基本、造福群众。

同时,要积极鼓励社会力量举办医疗事业,扶持民营医疗机构发展。要优先发展非营利性医疗机构,引导民营 医疗机构与公立医院公平发展、互利共赢。

#### Urban and Rural Residents and Retirees Enabled Portability of Their Pension Insurance Plans

Ministry of Human Resources and Social Security and Ministry of Finance, with approval from the State Council, jointly released "Interim Measures for Linking Urban and Rural Pension Insurance System". The Interim Measures clearly stated that pension insurance plans for urban residents and retirees and rural residents can be freely interchanged once certain criteria have been met. All interchanges will be carried out with full transfer of pension savings accounts, complete with the compound interests.

The Interim Measures states that all pensioners can apply for the pension interchanging process once they reach the legal retirement age. Pensioners who have paid insurance premiums for more than 15 years can change their pension insurance plan from the one for urban and rural residents to the one for urban retirees, and enjoy the corresponding benefits. For pensioners who have paid insurance premiums for less than 15 years, they can transfer from urban retiree plan to urban and rural resident plan.

#### 职工城乡养老保险将可相互转换个人账户随同转移

《环球网》 2014-02-27

http://china.huanqiu.com/hot/2014-02/4863065.html

经国务院同意,人社部、财政部联合印发了《城乡养老保险制度衔接暂行办法》(以下简称《暂行办法》)。 《暂行办法》明确规定,城镇职工养老保险与城乡居民养老保险,只要满足一定条件即可自由衔接转换,且无 论如何转变,都将个人账户全部储存额随同转移,累计计算权益。

据《暂行办法》规定,参保人员达到城镇职工养老保险规定的法定退休年龄后,可申请办理城乡养老保险制度 衔接手续,只要城镇职工养老保险缴费年限满 15 年,就可从城乡居民养老保险转入城镇职工养老保险并享受 相应的待遇,如不满 15 年,可从城镇职工养老保险转入城乡居民养老保险。

## State Council Executive Committee: 5 Key Points for Deepening the Medical Reform in 2014

Premier Keqiang Li presided over the State Council Executive Meeting on March 25 and announced the focus areas for deepening the medical reform for the year of 2014. The following are the five main areas of interest:

- Promote building the infrastructure of universal health care system, with components such
  as smoothly linking the basic insurance and social protection, building the critical illness
  insurance system, augmenting the emergency care system, establishing the medical
  information system, and pushing for real-time insurance payment for medical treatments
  received outside the insured catchment area.
- 2. Speed up the reform for public hospitals.
- 3. Relax the requirements for establishing privately funded hospitals in a slow and orderly fashion; provide the same treatments to public and private hospitals with regard to becoming health insurance designated hospitals, career advancement for medical professionals, and grading for the medical institutions.
- 4. Perfect the basic drug system, stabilize and improve rural medical teams, and increase the compensation for medical professionals working in remote, poor, or minority areas.
- 5. Standardize medicine circulation system, crack down on illegal activities related to medicine circulation, and prevent inflated medicine prices.

## 国务院常务会: 今年深化医改5重点

《中国政府网》 2014-03-26

## http://www.ah.xinhuanet.com/2014-03/26/c 119944272.htm

国务院总理李克强 3 月 25 日主持召开国务院常务会议,确定今年深化医药卫生体制改革重点工作。会议指出, 医改是全面深化改革的重要内容:

- 一、推进全民医保体系建设。做好基本保障和社会保险的衔接,健全重特大疾病保障机制,建立疾病应急救助制度。建立医疗信息化系统,推动异地就医即时结算。
- 二、加快公立医院改革。
- 三、有序放宽社会力量办医准入,在医保定点、职称评定、等级评审等方面给予同等待遇。
- 四、完善基本药物制度,稳定和优化乡村医生队伍,提高偏远、艰苦及少数民族等地区乡村医生待遇。
- 五、规范药品流通秩序,严厉打击违法违规行为,防止药价虚高。