POLICY AND PRACTICE UPDATES

大部制微调：食药监管酝酿整合 防止相互推诿
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2 月 23 日，中共中央政治局召开会议，讨论了《国务院机构改革和职能转变方案（草案）》，确定将其作为十八届二中全会的议题之一。据知情人士称，草案中的最大亮点是酝酿打造食品药品监管“大部”——将国务院食品安全委员会办公室与现由卫生部管理的国家食品药品监督管理局（下称“国家食药监局”）合并，并吸纳散落在农业、质检、工商、商务、卫生等部门的食品药品安全监管职能，成立正部级的国家食品药品安全监督管理总局。

有研究食品安全监管的学者认为，食品生产经营根据其属性而言，是一个全周期的完整链条，但是由于种种历史原因，在我国，食品安全的监管被人为地划分了段落，由于多头管理，中国的食品药品安全监管体系存在颇多漏洞，国务院正试图通过新一轮“大部制”改革将这一体系理顺。

根据我国食品安全法和药品管理法规定，食品和药品的安全管理实行的是地方政府负总责的原则，意即实行地方分级管理的属地原则。在这种模式下，地方政府在接下来的机构改革中发挥创造性改革的空间很大，不一定完全根据中央的模式一刀切，但是总的思路还是要进行部门和职能的整合。

事实上，在监管体系整合方面，一些地方已经走在了中央的前面。例如陕西渭南则将农业、工商、质监、卫生、畜牧、水产甚至林业、环保和城管等部门所有有关食品安全的职能整合在一起。深圳设立的市场监督管理局，则将工商、质监、知识产权监管职能统一在一个机构下，并下设一个二级局负责食品安全监管。如果借鉴上述地方的经验，除食品药品安全监管之外，工商、质监、知识产权等市场秩序方面的监管职能亦可整合。不过，国家质监部门的一名工作人员对本报表示，虽然参照深圳模式构建大监管的思路也得到了热烈讨论，但目前尚未看到高层就此作出指示。

Integration of Drug and Food Administrations

CPC Central Committee Political Bureau held a meeting on February 23 and discussed “State Council Institutional Reform and Functional Transformation Program (the Draft)”, which will be a topic at the 18th Second Plenary Session. The Draft aims to create a Ministry of Food and Drug Safety at the national level to house the current fragmented food and drug safety regulatory bodies.

Researchers in food safety regulation points out that food production and distribution is a full-cycle process that should be administered as a whole. Due to various historical reasons, this process was broken up and regulated by multiple agencies, creating regulatory redundancy and loop holes.

Local governments will play a big role in this reform since they are the ones actually implementing food and drug safety regulations. In fact, some local governments are leading the way by combining food safety functions across multiple offices such as agriculture, commerce, quality monitoring, public health, livestock, fisheries, and even forestry and environmental protection. Experiences from local governments might serve as a blueprint for the national reform.

中国社会资本办医论谈在厦门举办
《中国行业研究网》 2013-03-02
http://www.chinairn.com/news/20130302/090444870.html

中国社会资本办医论坛当天在厦门举办，来自政府部门、公立和民办医院、投资方代表、相关社会团体和单位的与会者，共同探索符合中国国情的社会办医新路子。

此间，中国卫生部部长陈竺在论坛上表示，中国社会资本办医发展现状与国家“十二五”医改规划提出的目标尚有较大差距，要推进社会办医发展，加快形成多元化办医格局。当前，医改进入深水区、社会办医面临发展之际，越来越多有识之士将社会资本投入医疗卫生行业，但从整体上看，社会办医机构目前存在规模普遍偏小、地区间发展不平衡、人才结构不尽合理等问题，中国社会资本办医发展现状与国家“十二五”医改规划提出的目标尚有较大差距，要推进社会办医发展，加快形成多元化办医格局。

陈竺表示，从历史和实践看，社会办医有利于改善医疗服务体系结构、质量和效益，有利于促进医疗服务市场的竞争，促使公立医院拓宽思路、提高质量。所以，需要进一步引导和鼓励社会力量办医，推进社会办医发展，加快形成多元化的办医格局，一方面需要继续完善社会办医政策，另一方面需要在医院卫生服务需求和社会资本之间搭建桥梁，畅通渠道，互通信息。

据悉，目前中国社会办医机构数占全国总数的 47.9%，床位数占全国的 9.7%，卫生人员数占全国的 12.1%，已成为中国医疗体系的重要组成部分，对其办医质量的改革将对中国医改起到重要的影响。

Xiamen Held Debate on Private Capital Funded Hospitals

Xiamen hosted a debate on how best to use private capital to fund hospitals, with attendees from diverse backgrounds that include government agencies, public and private hospitals, investors, and related non-government organizations.

Minister of Health Chen Zhu stated that the current development in social capital funded hospitals is still far from the goals set by the Twelfth Five-Year Plan. There are existing problems that are hindering the process, such as small scale investment, uneven regional development, and less than ideal personnel distribution.

From a historical perspective, private capital funded hospitals are beneficial for reforming medical system, increasing medical service quality, and providing much needed competition for public hospitals.

Currently, 47.9% of hospitals in China are funded by private capital, occupying 9.7% of all hospital beds, and 12.1% of medical service personnel. They are an increasingly important component of the Chinese medical system.

医保并轨初起步

《财经》杂志 2013-03-25

http://magazine.caijing.com.cn/2013-03-25/112617491.html

2013 年 3 月 18 日，国务院总理李克强主持召开新一届国务院第一次常务会议，提出了“整合城镇职工基本医疗保险、城镇居民基本医疗保险、新型农村合作医疗的职责”这一工作动向。而在此之前的 3 月 10 日，国务委员兼国务院秘书长马凯在全国“两会”上作《关于国务院机构改革和职能转变方案的说明》中，也有对三大医保“由一个部门承担”的改革进行了表述。

中国政府之所以在近期将三大医保的并轨问题提上议程，则是由于伴随着覆盖面的不断扩大，原有的医疗保险管理体制越来越多地受到诟病。由于分属两个部门管理，新农合和城镇居民医保在大多数地方并行：两套经办机构、两套人马、两套信息系统。而两个经办机构的信息系统互不兼容，不但存在重复建设情况，更导致大量重复参保。统计显示，城镇居民和新农合的重复参保约占总人口的 10%，这无疑造成财政资金浪费。而这的结果不仅对医保制度本身造成损害，导致风险不能在更大范围内分担，加剧医保基金财务危机的可能，更使得

卫生部不堪“一手托两家”（既管医院，又管医保）的负重，行政人员不断增多，基层医疗机构甚至出现“再行政化”趋势。
因此，实现医保并轨，提高统筹层级，简化医保的行政负担，提高医保基金的抗风险能力，将医保政策和经办机构的统指挥，减少行政资源浪费的改革已势在必行。

Initial Steps in Combining Medical Insurances

On March 18, Premier LI Keqiang chaired the first executive meeting of the new State Council, and proposed combining three major medical insurances as one of the major tasks. The three main basic insurances are for urban workers, urban residents, and rural residents, and under the proposal, they will be managed under one ministry.

This proposal is a response to increasing criticism of the current medical insurance system as insurance coverage expanded. Currently, there are two co-existing systems that manage urban residents and works separate from rural residents. There are extensive overlap between the two systems, resulting in considerable waste, both in resources and personnel. About 10% of policy holders are insured under both systems. Health departments are required to manage both hospitals and medical insurances, and are straining under the pressure.

Based on these factors, it is of utter most importance to combine the three types of basic insurances under one system, to reduce burdens on the health departments and waste.

十二五医改路线公布 县级公立医院成试验田
《人民网》 2013-03-26
http://js.people.com.cn/html/2012/03/26/93748.html

3 月 21 日，国务院印发《“十二五”期间深化医药卫生体制改革规划暨实施方案》，明确提出，“十二五”期间要在加快健全全民医保体制、巩固完善基本药物制度和基层运行新机制、积极推进公立医院改革三个方面取得重点突破，同时，统筹推进其他领域改革。分析人士认为，在上一轮医改，前两项任务已经取得了巨大成效，惟有公立医院改革迟迟未动。从《医改规划》可看出，公立医院改革将是未来几年内的重中之重。国务院医改办公室有关负责人也表示：“十二五”时期，改革的重心逐步从基层上移到公立医院，涉及到体制机制改革的问题更多更复杂。这是利益格局调整的深水区，医药卫生体制长期积累的深层次矛盾在这一时期集中暴露，需要逐一破解。”

作为医疗卫生服务终端的公立医院已成医改必须攻克的“堡垒”，相关部门曾经制定过很多政策试图解决此问题，但成效并不好。比如，2010 年年初，《公立医院改革试点指导意见》出台，选取全国 16 个城市试点公立医院改革。从试点情况看，现在改革大多是围绕着外围项目转，如住院医师培训、信息化、医院管理等，对深层次的问题鲜有触及。对此，卫生部副部长马晓伟曾表示，公立医院改革在体制机制改革、结构性调整等方面仍然任重道远，主要表现为：补偿机制改革滞后、公立医院内涵建设和调动医务人员积极性的运行机制缺位、医疗资源总量不足分布不平衡、公立医院改革配套缺失以及药品生产流通体制、药品定价机制、基本医疗保障制度支付方式改革等工作推进缓慢。

对此，《医改规划》提出“十二五”期间要把县级公立医院改革放在突出位置，以破除“以药补医”机制为关键环节，统筹推进管理体制、补偿机制、人事分配、采购机制、价格机制等方面的综合改革；加强以人才、技术、重点专科为核心的能力建设，力争使县域内就诊率提高到 90%左右，基本实现大病不出县。2015 年要实现县级公立医院阶段性改革目标。

Twelfth Five-Year Plan Medical Reform Blueprint: Piloting in County-level Public Hospitals

The State Council recently released documents regarding the deepening of medical reform during the Twelfth Five-Year Plan. Of the three main goals, build a sound universal insurance plan,

reinforce basic drug list system, and push for public hospital reform, only the last one remains barely touched and will be the focus of the next round of medical reform.

During the Twelfth Five-Year Plan, the focus of medical reform will move from local hospitals to public hospitals, and the accompanying institutional reform problems will only become more numerous and complicated. Through this reform, many deep-seated conflicts relating to different interest groups will surface and need to be addressed one by one.

There have been several attempts at reforming public hospitals, the last "Fortress" in the medical reform process, with little to no results. Most attempts only addressed surface-level issues, without implementing any meaning change, such as reforming compensation system, building public hospital infrastructure, balancing distribution of medical resources, and ensuring repayment of basic medical insurance.

To address these issue, county-level public hospitals will become the center of attention during the new round of medical reform, and be able to provide medical care to 90% of the county population through comprehensive reform of management, repayment, personnel, purchasing, and pricing systems.

青海实施 5 项医改政策为民减负

《中国医疗保险》 2013-05-02

http://www.zgylbx.com/droqoyshnew47065_1/

从 2013 年 5 月 1 日起，青海省陆续出台实施“进一步提高城乡居民医保筹资标准并统一医保政策”“青海省城镇职工大病保险办法（试行）”“巩固完善基本药物制度和基层运行新机制”“建立青海省疾病应急救助制度”和“推进药物流通领域改革”五项今年医改的主要政策措施。

具体来说，第一，2013 年青海省将实行统一的城乡居民医保政策，将新农合和城镇居民医保并轨，实现统一的管理部门、筹资标准、州市级统筹、基本政策和信息系统，全面实现城乡居民医保一体化，为广大群众提供即时、便捷的服务；第二，青海省将实施城镇职工大病保险，减轻参加城镇职工医疗保险人员的高额医疗费用负担，职工大病保险实行州、市级统筹，省直机关、企事业单位以及中央驻省企事业单位职工大病保险实行省级管理；第三，青海省关于巩固完善基本药物制度和基层运行新机制的实施方案，明确了从完善药物采购和配送、加强基本药物使用和监管、深化夯实基层综合改革、加强基层医疗卫生服务体系建设、健全完善医药卫生监管机制五个方面进行改革；第四，青海省将建立疾病应急救助制度，主要是着力解决极少数需要急救但身份不明、无能力支付医疗费用患者的医疗急救保障问题，避免由于“等钱救命”等原因而导致严重后果的发生，切实保障人民群众生命安全，维护社会和谐稳定；第五，药品流通领域会加强对政府和基层医疗机构的监察，并建立由财政、民政、人力资源和社会保障部门联合监管和人大、政协代表、监察、审计、医学专家、捐赠人、媒体人士、群众代表等组成的基金监管委员会进行监督检查的监管机制。

Qinghai Implemented 5 Medical Reform Policies to Alleviate Residents' Medial Treatment Burden

Starting May 1 of this year, Qinghai provincial government introduced five new medical reform policies aimed providing more accessible care to its residents.

First, Qinghai province will integrate urban and rural residents' medical insurance policies under one management system to reduce waste in administrative personnel and provide faster and more convenient care to residents. Second, Qinghai province will provide serious illness insurance to urban workers to alleviate financial burden for medical care. Third, the province will reinforce and improve the essential drug list system, ensuring drug purchasing, distribution, and monitoring can be done at the local level. Fourth, the province will establish emergency care system for patients who are in dire need of medical care but whose couldn't provide identification at the time. Fifth, monitoring and supervising of the government and local medical institute will be strengthened

through coalition of various organizations such as financial, civic service, human resources, social welfare, media, and the general public.

山西“医改”迈新步 万余闲置床位被压缩

《新华网》 2013-05-08

http://news.xinhuanet.com/local/2013-05/08/c_115690432.htm

近来，山西推进公立医院改革迈出新步，对医疗资源布局、优化展开整体规划，已核减闲置医疗机构床位1.36 万张。今后，床位使用率不足的医疗机构还将予以动态核减。山西省卫生厅医政处处长刘洋介绍说：“随着职能发生改变，一些乡镇卫生院和社区卫生服务机构转为公共卫生服务为主，住院病人数量已经非常少。一些厂矿医院也出现了不同程度的床位闲置问题。”其中，被压缩的病床主要集中在厂矿医院和部分基层医疗机构。

一个床位的投入究竟有多少？刘洋说，对大型医院来讲，床位投入约占其整个财政投入的 5%左右。大量闲置床位的存在，导致财政投入增加、人员编制增多，维护费用也相应高涨。对于床位，基层流传着“不管用不用，放在那里就是钱”的形象说法。据介绍，此前山西医疗机构床位数为每千人 4.26 张，超过国家每千人 4 张的标准，紧跟北京、上海和广州，比周边省份都高。压缩之后，山西医疗机构床位数达到每千人 3.85 张。

“从全国范围来看，社会资本举办医疗机构数量占医疗机构总数约三分之一，其床位数仅占医疗机构总床位数的 8%到 10%，呈数量多、规模小的现状。”刘洋说，这种现状今后将得到逐步调整。因此，根据山西近来下发的通知，厂矿医院、乡（镇）卫生院等基层医疗机构闲置床位将逐步调整、核减，原则上基层医疗机构以观察床为主，不设置床位。存量床位将重点向短缺地区、社会资本举办医疗机构以及老年护理、康复等薄弱专科医疗机构倾斜，以此优化医疗资源的配置，防治医疗基础设施的重复建设。

Shanxi Making Process in Medical Reform

Recently, Shanxi province made strides in streamlining the medical care system by reducing unused hospital bed by 13,600. Going forward, medical institutes with under-utilized hospital beds will continue this reduction based on needs.

How much does a bed cost for a hospital? For large-scale hospitals, bed investment costs about 5% of their overall finance. Large amount of unused or under-utilized beds leads to increased financial and personnel investments. Before the reform, Shanxi medical institutes have about 4.26 beds per 1,000 residents, exceeding the national standard of 4 beds per 1,000 residents. After reduction, there are about 3.85 beds per 1,000 residents.

In the future, local level health clinics will concentrate on observational beds, and surplus hospital beds will be taken to resource poor areas, private capital supported hospitals, elderly care and physical therapy facilities, to optimize and equalize distribution of medical resource.