

POLICY AND PRACTICE UPDATES

Support for Injecting Private Funding into Elder Care Service Industry

The recent State Council Executive Meeting proposed to promote private capital as the main force pushing development of China's elder care industry. Analysts predict that in the next few years, government will likely provide support to all components of elder care, such as elder health care, services, and real estates.

There were also proposals to strengthen various aspects of elder care, such as construction, services, and model innovation. While the emphasis will be on home care of the elderlies, it is also important to simplify and standardize procedures, reduce administrative fees, support building of elder care facilities using societal capital, and encourage oversea investment in the elder care service industry.

Data from National Committee on Ageing indicates that the current consumer demand for elder care services exceeds ¥3 trillion, and is projected to reach ¥5 trillion by 2050. Faced with this hugely profitable new industry, investors are beginning to mobilize.

Currently the most active area is the construction and management of retirement communities. Many insurance companies are already investing in building these communities in places such as Hebei and Hubei.

民资进入养老服务业将获扶持

来源：经济参考报 2012 年 08 月 19 日

http://www.zqylbx.com/sihcqlbknew52244_1/

国务院常务会议日前提出，要在政府“保基本、兜底线”的基础上，推动社会力量成为发展养老服务业的“主角”。分析人士预测，未来几年，养老服务业所涉及的养老医疗、地产、服务甚至金融业都有望得到政策支持，养老地产项目也有望开启新的成长窗口。

会议要求，将从建设、服务、模式创新等多个方面加强养老服务业的发展。在重点发展居家养老的同时，通过简化和规范程序，减免行政事业性收费，支持社会力量举办专业化养老机构，鼓励境外资本投资养老服务业。此外，将推动医养融合发展，探索医疗机构与养老机构合作新模式，促进养老服务与医疗、家政服务、保险、教育、健身、旅游等领域互动发展。到 2020 年建成以居家为基础、社区为依托、机构为支撑的覆盖城乡的多样化养老服务体系。

来自全国老龄工作委员会的数据显示，目前我国养老服务市场消费需求在 3 万亿元以上，2050 年左右将达到 5 万亿元，一个潜力极大的新兴产业正在形成。面对如此庞大的市场，各路资本也都蠢蠢欲动。目前来看，社会资本参与养老产业已有所发展，其中以养老社区开发运营为主的养老地产最为集中，这一领域的活跃投资者包括民营养老服务机构、地产商、保险公司、境内外财务投资者等。

而各大险企中，除泰康人寿、新华保险等几家已着手建设养老社区的公司外，中国人寿、合众人寿也分别在河北及湖北规划了养老社区项目。全国工商联商业不动产专委会主任朱凌波认为，随着越来越多的保险企业获得不动产投资“牌照”，“百舸争流”的局面已经形成。

State Council Medical Reform Office Beginning to Evaluate County Level Pilot Sites that were Part of the Public Hospital Reform

State Council Medical Reform Office, together with the Central Office, the Development and Reform Commission, the Ministry of Finance, the Ministry of Human Resources and Social Security, the National Health and Family Planning Commission, and the Administration of Traditional Chinese Medicine, will begin to evaluate the county level public hospitals that were the earliest pilot sites for the public hospital reform.

According to recently released "Notice on Launching Self Evaluation of County Level Public Hospital that Served as Comprehensive Reform Pilot Sites", the initial work will be focused on finishing self-evaluation by August 20. This evaluation will help summarize reform implementing experience, spread the success stories and useful tips, and identify problems and obstacles.

国务院医改办启动县级公立医院改革试点评估工作

来源：新华网 2013 年 08 月 30 日

http://news.xinhuanet.com/2013-08/06/c_116832543.htm

8 月 30 日，从国家卫生计生委获悉，国家卫生计生委近日印发了《关于进一步完善乡村医生养老政策提高乡村医生待遇的通知》，要求各地将乡村医生队伍建设和养老保障作为深化医药卫生体制改革的重要内容，严格落实相关政策。

根据《通知》要求，各地要加快制订并完善乡村医生养老政策，采取多种形式提高乡村医生养老待遇，确保其养老金收入不低于当地居民最低生活保障水平。有条件的地方可结合乡村卫生服务一体化管理将取得执业（助理）医师资格的乡村医生纳入乡镇卫生院编制统一管理。同时，建立乡村医生到龄退出机制，原则上年满 60 周岁的乡村医生不再在村卫生室执业，如情况特殊可延长工作年限。

为确保乡村医生合理收入不降低，《通知》提出，各地应当采取先预拨、后结算的方式发放乡村医生补助，由县级财政部门直接将补助经费的 80%以上按月拨付乡村医生，余额经考核后发放，不得挪用、截留。为落实乡村医生补偿政策，原则上将 40%左右的基本公共卫生服务任务交由村卫生室承担，考核后将相应的服务经费拨付给村卫生室。合理制订村卫生室一般诊疗费标准，原则上为 10 元左右，并确定新农合支付标准和办法。

在严格乡村医生执业管理方面，《通知》指出，乡村医生准入管理要严格依法进行，在村卫生室从事预防、保健和医疗服务的人员必须具备乡村医生执业证书或执业（助理）医师证书。

National Health and Family Commission and Ministry of Finance: Insurance Policy for Serious Illnesses Purchased Using the New Rural Cooperative Fund

As part of the medical reform, the New Rural Cooperative Funds will be used to purchase insurance for serious illnesses for both rural and urban residents. This new policy will be pilot tested in certain areas to better understand the relationship between the supply of New Rural Cooperative funds and demand of insurance policies by residents, to determine a reasonable level of investment. Local governments are encouraged to start working on insurance plans for serious illnesses, and to ensure rural residents who participate in these insurance plans will have comparable benefits. Local governments are also encouraged to involve commercial insurance companies, and bring market forces into play.

By the end of 2012, around 262 cities and districts at the county level had already ensured services for the New Rural Cooperative Funds to commercial insurance companies, reaching about 10% of all regions that are piloting the New Rural Cooperative Funds.

卫计委财政部：新农合基金购买大病保险试点将全面推开

来源：中国政府网 2013 年 09 月 17 日

http://www.cnma.org.cn/sy_Infos.asp?id=1240

国家卫生计生委、财政部近日就做好今年新农合工作发出通知，要求全面推开利用新农合基金购买城乡居民大病保险的试点，制定大病保险的基本政策要求，完善招标、协议、监管、保障、基金结余管理等方面的政策措施，确保大病保险试点工作顺利起步。

通知说，试点地区要根据新农合基金承受能力和群众大病保障需求等因素，合理确定大病保险的筹资水平。鼓励以地市或省为单位开展大病保险工作，做好大病保险与新农合重大疾病保障的衔接，积极创造条件逐步向大病保险统一，确保参合农民待遇不降低。同时，通知要求，加快推进商业保险机构参与新农合经办服务有关工作。完善委托商保机构经办服务的准入、退出机制和激励约束机制，充分发挥市场机制作用，提高新农合经办服务水平，力争在更大范围和更高统筹层次上推进商保机构经办新农合服务。

据悉，截至 2012 年底，委托商业保险机构经办新农合业务的县（市、区）数达到 262 个，占新农合统筹地区的 10%，实现了管办分开、政社分开。

Hebei and Beijing Signed Health Cooperative Agreement

Hebei Province and City of Beijing recently signed an agreement to strengthen their medical service cooperation. The two sides will establish a network allowing easier transfer of medical cases, remote diagnosis, and joint consultation on difficult cases. With this new agreement, patients in Hebei Province will have an easier time reaching the medical experts in Beijing.

Currently, Hebei Province already has a system where experts from county and provincial hospitals have joint consultations through remote communication, allowing patients with serious illnesses access to provincial level experts without leaving local hospitals. Once Hebei Province and Beijing perfect their remote diagnosis system, patients will have access to more medical experts without leaving the provincial capital. Beijing hospitals will also send experts to Hebei Province to provide training, while doctors from the Province can be trained in Beijing hospitals, increasing the management and service capacities for non-primary hospitals in Hebei.

Due to lower pay and less active research environment, medical experts tend to migrate away from Hebei Province, resulting in a sizeable gap between levels of expertise in Hebei and Beijing. With this new agreement, medical professionals in Hebei will receive more training, be more capable of providing quality local care for patients, and alleviate the pressure on Beijing's medical system.

河北与北京签署卫生合作协议 新农合医保将互通

来源：河北青年报 2013 年 10 月 24 日

http://hebei.hebnews.cn/2013-10/24/content_3559053.htm

近日，河北省和北京市签署了关于卫生合作框架协议，将从建立双向转诊制度、远程诊疗系统、疑难重症会诊制度，设立专科医院等方面加强卫生合作。京冀双方将建立双向转诊制度、方便河北患者享受北京专家服务。

目前河北省内已开展省级医院与县级医院远程会诊试点，重症患者不出县即可享受省级专家服务。若京冀建立完善远程会诊，就意味着省会就诊患者不出市即可让北京专家看病。双方将建立相应制度，由北京市属医院将对河北省环首都地区的二级以上医院禁行对口支援。同时，北京将通过向河北派驻专家、河北选派优秀医师到北京进修等方式，提高河北二级以上医院的管理和服务能力。

根据框架协议，双方将积极探索将“双方共建医院”及“符合条件的协作医院”，确定为双方城镇职工医保、城镇居民医保和新型农村合作医疗的定点医院。同时，将积极探索建立异地医保结算机制，首先推动新型农村合作医疗省级信息系统平台的互联互通，逐步实现参合农村居民信息资源共享、定点医疗机构互认和跨省网上实时监管，努力实现两地参合农民在定点医疗机构刷卡就医、即时结报。

河北省因待遇、科研、环境、学术氛围等导致人才流失，致使河北省医学专家水平较北京差距大。从而使得目前的省会只是冀南地区的医疗中心，环京津地区的患者多流向北京。而通过开展合作，把北京技术引向河北，可以达到双方优势互补，不仅可以提高河北医疗水平，减少患者进京就医负担，同时也可以减轻北京医疗卫生机构的压力。

Anhui: Rural Residents Able to Have Inpatient Care in Participating Hospitals outside Home Province

According to recent news from Anhui Province Department of Health, New Rural Cooperative Insurance agencies from 21 cities and counties already signed agreements with hospitals from other provinces, allowing rural residents from these localities in Anhui to be treated and pay for the treatments in the participating hospitals.

Currently, the national and Anhui provincial databases are already connected. Once the national database enables inter-provincial information exchanges, rural residents participating in the New Rural Cooperative Insurance will be able to access information from other provinces and instantly pay for treatments.

Anhui Province has been testing the best way to reimburse medical treatments rendered outside the province. To date, there are 21 localities in Anhui Province that signed hospital service agreements with more than 40 hospitals in Guangdong Province, and cities of Xuzhou, Nanjing, and Wuhan, allowing instant medical treatment reimbursement services.

However, with greatly increased medical treatment reimbursements from outside Anhui Province, the already limited New Rural Cooperative Funds might be stretched even thinner. These services make life easier for patients to seek care outside their home province, but could increase the outflow of patients, and further upset the balance for the new insurance scheme. Further reforms are needed to allow these agreements to work.

安徽：农民省外定点医院住院可即时结报

来源：健康报 2013 年 10 月 25 日

<http://www.jkb.com.cn/htmlpage/39/391548.htm?docid=391548&cat=0D&sKeyword=null>

据安徽省卫生厅农合办近日提供的消息，截至目前，安徽省已有 21 个市、县的新农合经办机构和省外医院签订了异地结报协议，这些地方的农民在外省定点医院就医，可即时结报。

目前，安徽省与国家平台已经联网，一旦国家平台启用跨省信息交流，安徽省参合农民即可通过国家平台与外省联网，实现跨省即时结报。安徽省的跨省异地结报已经摸索了三四年，目前都还是点对点的模式。2009 年，该省歙县与浙江省湖州市吴兴区织里镇医院达成协议，歙县农民在该院看病，出院即可在该院完成报销，3 万多名在织里镇打工的歙县农民首试跨省即时结报。随后，不少外出务工人员较多的统筹地区陆续和省外医疗机构达成协议。迄今，安徽省已有淮北市、滁州市、阜阳市等 21 个统筹地区与徐州市、南京市、武汉市、广东省等地的 40 余家医疗机构签订了服务协议，开通了即时结报服务。

但是，考虑到新农合资金总量有限，如果异地报销多了，会更吃紧。跨省即时结报，方便了病人报销，但也确实加剧了病人外流，对新农合基金平衡可能会造成一定的影响。因此，跨省即时结报还需要设计配套管理措施，

比如支付方式改革、起付线差异应对、跨省联合监管等，确保新农合基金安全。

The New Rural Cooperative Medical Insurance Plan: National and Provincial Information Platforms Connection Pilot Tested

The National Information Platform for the New Rural Cooperative Medical Insurance is currently pilot testing connection with Provincial Information Platforms from Beijing, Inner Mongolia, Jilin, Jiangsu, Anhui, Henan, Hubei, Hunan, and Hainan. National Health and Family Planning Commission will evaluate the completeness of Provincial Information Platforms, synchronize internet environment, perform interface tests, and pilot data exchanges. All these activities will help to establish a functional network for treating patients across provincial borders and allowing instant reimbursement for these treatments.

Ministry of Health has been pushing for the establishment of a strong information system from the beginning of medical reforms. A fully integrated information system is needed to strengthen the monitoring of the New Rural Cooperative Funds and allow rural residents easier access to medical treatments.

Data from monitoring the national medical reform indicates that about 90% of the counties in the country launched New Rural Cooperative Funds Agencies and are working on inter-province treatment and reimbursement agreement. Across the country, about 61% of the counties already successfully implemented a single-payment system for medical treatments within and outside the province.

国家新农合信息平台试点联通 9 省份

来源：健康报 2013 年 10 月 25 日

<http://www.jkb.com.cn/htmlpage/39/391583.htm?docid=391583&cat=02&sKeyword=null>

10 月 23 日，国家卫生计生委基层司合作医疗处相关负责人表示，国家新农合信息平台目前已开展与北京、内蒙古、吉林、江苏、安徽、河南、湖北、湖南、海南 9 个省级平台的试点联通，国家卫生计生委将根据各省级新农合平台的完善程度，开展网络环境联调和接口测试，试点数据交换，为跨省就医费用核查和结报奠定基础。

为加强基金监管和方便农民参合就医，卫生部自新农合制度实施之初，就积极推进统筹区域内即时结报和新农合信息化建设。为进一步方便参合农民跨省就医费用核查和结报，原卫生部自 2011 年起委托中国医学科学院医学信息研究所建设国家新农合信息平台，经过大量的前期准备工作，制订了《国家新农合信息平台联通技术方案（试行）》，指导国家新农合信息平台与省级平台的联通。

全国医改工作进展监测数据显示，截至 2013 年 3 月底，全国 90%的县（市、区）开展了新农合经办机构与省内异地医疗机构即时结报，61%的县(市、区)实现了新农合省内异地就医一卡通。国家卫生计生委将根据各省级新农合平台的完善程度，开展网络环境联调和接口测试，逐步探索跨省就医费用核查和结报试点，并继续扩大联通范围，力争“十二五”期间参合农民跨省就医结报工作有较大推进。