POLICY AND PRACTICE UPDATES

深圳“新医改”启动：挑战药品招标采购
来源：21 世纪经济报道 2012-06-20
http://www.21cbh.com/HTML/2012-6-20/4NMDY5XzQ1NzM4Nw.html

全国公立医院改革试点城市、广东省按照新医改的进程，全国公立医院改革试点城市、广东省深圳市宣布年底以前全面取消药品加成；5 月出台的《深圳市公立医院医药分开改革实施方案》，更明确规定将正式启动医药分开改革，取消公立医院药品加成、建立允许患者使用外购药品制度、完善公立医院补偿机制。

与此同时，为了弥补药品零加成带来的医院减收，深圳市另辟蹊径，除了同样提高诊疗费以外，更把矛头指向药品集中招标采购制度，提出公立医院集团式采购、药品“厂院直销”等创新做法。

改革措施之一是实行集团式采购。即由深圳市公立医院管理部门制订全市公立医院采购药品目录，以广东省药品统一采购中标目录和中标价格为基础，对进入深圳公立医院的药品实施二次遴选；与中标药品供应商进行价格谈判，代表全市所有公立医院实施集团式采购，并实行统一配送，从而降低药品入库价格。

此次改革的另一个主要做法是实施“厂院直销”。由市公立医院管理部门选取试点单位，探索建立医院与药品生产企业之间的直销渠道，以此减少流通环节，降低采购价格；或者以不高于广东省同品规药品集中采购中标价格为前提，参照周边地区中标品种和中标价格进行采购。

Shen Zhen Initiates “New Medical Reform”: Challenging Current Medicine Procurement System

In May, City of Shen Zhen in Guangdong Province introduced the Reform Implementation Plan for Separation of Hospital Management and Medicine Procurement in Public Hospitals, formally initiating the reform, eliminating public hospital medicine markups by the end of 2012, allowing patients to use medicine outside the hospital system, and improving current public hospital reimbursement system.

In order to reduce hospital revenue shortfalls resulting from zero medicine markups, Shen Zhen will increase hospital fees and decrease medicine purchasing price through group procurement. Shen Zhen Public Hospital Management Office will compile a medicine list based on Guangdong Province Unified Procurement Bidding List and Price, and represent all public hospitals in the city to negotiate with medicine suppliers to reach lowest possible price. The management office will also attempt to establish a direct link between pilot hospitals and medicine suppliers, eliminating all middle men and further reducing costs of medicine.

中国2020年拟实现人人享有基本医疗卫生服务
来源：中国新闻网 2012-06-15
http://www.chinanews.com/jk/2012/06-15/3966654.shtml

据卫生部网站消息，日前，卫生部、国家中医药管理局联合印发《关于加强卫生信息化建设的指导意见》，《意见》提出，到 2020 年,建立完善实用共享、覆盖城乡的全国卫生信息化网络和应用系统，为实现人人享有基本医疗卫生服务目标提供有力的技术支撑。

《意见》在肯定近年来中国卫生信息化建设阶段性成果的基础上，同时也指出长期以来存在的多项问题：卫生信息化建设缺乏顶层设计与规划,标准和规范应用滞后，导致信息不能互联互通,信息资源共享程度较低；居民电子健康档案和电子病历数据资源库建设滞后，难以适应当前深化医药卫生体制改革的需要,不能有效满足人

民群众的健康保障需求。同时，卫生信息化管理和专业人才缺乏,卫生信息化对卫生事业改革发展的技术支撑作用难以得到充分发挥。

《意见》要求，建设国家、省、区域(地市或县级)三级卫生信息平台，加强公共卫生、医疗服务、医疗保障、药品供应保障和综合管理等五项业务应用系统,建设居民电子健康档案、电子病历等两个基础数据库和一个业务网络,将三级卫生信息平台作为横向联系的枢纽，整合五项业务的纵向功能和应用,以居民健康卡为联结介质,促进互联互通,实现资源共享。到 2015 年，初步建立全国卫生信息化基本框架。到 2020 年,建立完善实用共享、覆盖城乡的全国卫生信息化网络和应用系统,为实现人人享有基本医疗卫生服务目标提供有力的技术支撑。

此外，《意见》还对信息化工作的其他方面提出了具体要求：各级卫生行政部门要研究完善卫生信息化有关管理制度；同财政、发展改革部门把卫生信息平台建设、应用系统运行维护和卫生信息化管理经费纳入各级财政预算；各地要以互联互通、资源共享为目标,按照国家统一规划和卫生信息化建设总体框架,制订本地区卫生信息化建设规划；要研究制订本地区的卫生信息化人才培养规划,完善卫生信息化人才的引进、培养、使用和激励机制。

China Setting Sight on 2020: Basic Medical and Public Health Services for Everyone

Recently, Ministry of Health and National Administration of Traditional Medicine jointly published "Guidance on Strengthening the Building of Health Information System", identifying the establishment of a functional nation-wide health informatics system as essential for delivering medical and health services to every citizen in the country.

The Guidance affirmed recent gains in building China's health informatics system, but also pointed out long-standing problems such as lack of top quality system design, planning, standardization, and implementation, that lead to inefficient information communication and exchange. There is a shortage of subject experts and professionals, further delaying the development of health informatics system.

The Guidance recommends building informatics platforms at the national, provincial, and local levels to serve as hubs for databases containing residents' electronic health and medical records, and strengthen the delivery of five major health services, including public health, medical service, medical insurance, medicine provision, and integrated management of these services. Using personal health information card as the connector, each citizen's health and medical records could be accessed at each platform level regarding his or her received health or medical services.

The Guidance projects the establishment of basic framework for national health informatics system in 2015, and expansion of the improved system to every jurisdiction in the country by 2020, providing vital technical support to achieve the goal of health services for every person.

国家人权行动计划：2015 年医保基本实现全覆盖

来源：搜狐健康 2012-06-12

http://health.sohu.com/20120612/n345389029.shtml

6 月 11 日，中国国家国务院发布了国家人权行动计划(2012-2015 年)(下称“计划”)。计划包含经济社会权利、公民权利与政治权利、少数民族、妇女、儿童、老年人和残疾人的权利、人权教育四大部分。

在社会保障权利方面，计划指出到 2015 年，医疗保险基本覆盖城乡居民。职工医疗保险、城镇居民医疗保险、新型农村合作医疗（以下简称“新农合”）参保（合）人数较 2012 年新增 6000 万人以上。城乡基本医疗保险参保(合)人数达到 13.2 亿人。提高对城镇居民基本医疗保险和新农合财政补助标准。职工医保、城镇居民医保和新农合在政策范围内住院医疗费用支付比例均达到 75%左右。城镇居民医保和新农合门诊统筹覆盖所有统筹

地区，支付比例提高到 50%以上。到 2015 年，城镇居民医保和新农合政府补助标准提高到每人每年 360 元以上，新农合参合率稳定在 95%以上。

在健康权利方面，计划指出要研究制定精神卫生法，基本医疗卫生保健法，中医药法和药品标准管理办法。不断提高人均期望寿命。到 2015 年，人均期望寿命达到 74.5 岁。加强基层医疗卫生机构和全科医生培养基地建设。到 2015 年，通过转岗培训、在岗培训和规范化培训培养 15 万名全科医生。促进基本公共卫生服务逐步均等化。落实现有人均基本公共卫生服务经费不低于 25 元标准，到 2015 年提高至 40 元以上。为城乡居民免费提供建立健康档案、健康教育、预防接种等多项服务。加大慢性病防治力度，普及慢性病防治知识，慢性病防治核心信息人群知晓率达到 50%以上。加强主要慢性病及高风险人群的早期发现和干预管理，35 岁以上成人血压和血糖知晓率分别达到 75%和 50%，高血压管理率和糖尿病规范管理率均不低于 40%。在全国 30%的癌症高发地区开展对重点癌症的早诊早治。

National Human Rights Action Plan (2012-2015)

On June 11, China's State Council introduced National Human Rights Action Plan (2012-2015). The Plan is divided into four major sections that include socioeconomic rights; citizen and political rights; minorities, women, children, elderly, and disabled persons' rights; and education rights.

In the section detailing rights for social security, the Plan stated that by 2015, most citizens, both in urban and rural settings, should have health insurance coverage. Combining workers' insurance, urban residents insurance, and new rural cooperative insurance, the number of insured should increase by more than 60 million people compared to 2012, bringing the total insured to 1.32 billion.

Regarding the rights to a healthy life, the Plan pointed out the need for mental health laws, basic medical health laws, traditional medicine laws, and medical standard and management plans. The Plan's stated goals for 2015 include reaching life expectancy of 74.5 years; training 150,000 qualified general medical practitioners; achieving ¥40 per capita medical expenditure; providing free services such as establishing health record database, health education and vaccination; and increasing prevention of chronic diseases through screening and education.

卫生部门槛放宽 诊所和股份制医院可“非营利”

来源：每日经济新闻 2012-05-22
http://news.10jqka.com.cn/20120522/c527757994.shtml

继国务院办公厅《关于进一步鼓励和引导社会资本举办医疗机构的意见》明确要求加快形成多元化办医格局以来，为促进非公立医疗机构持续健康发展和医药卫生体制改革的深化，昨日(5 月 21 日)卫生部在其官方网站上发出通知，就社会资本办医的经营性质和级别进行明确。

在社会资本办医经营性质层面，卫生部提出，社会资本可以按照经营目的，自主申办营利性或非营利性医疗机构。原本城镇个体诊所、股份制医疗机构等一般定为营利性医疗机构的相关规定今后将不再适用。

针对社会资本办医级别，卫生部强调，卫生行政部门在设置审批社会资本举办的医院(含中外合资合作医院)时，应当根据《医疗机构管理条例》、《医疗机构设置规划》以及该医院的功能任务、服务半径等，及时确定其级别，并在《设置医疗机构批准书》“其他”栏目中予以明确。

根据卫生部 16 日发布一季度全国医疗服务数据，社会资本办医的快速增长再次得到印证。截至 3 月底，民营医院数量为 8864 所，同比增长 21.23%。国家医改专家咨询委员会专家刘国恩表示，政策层面上将把社会资本办医的障碍减到最少，“十二五”期间社会资本办医发展速度将超过公立医院发展速度。

Ministry of Health to Allow Private "Non-Profit" Hospitals

In order to stimulate the healthy development of private medical institutions and deepen the reform of public medical facilities, Ministry of Health posted announcement on their website on May 21 to further shed light on classification of private medical facilities.

The Ministry stated that privately owned medical centers could apply to be either "for-profit" or "non-profit" depending on their business goals, in contrast to past practice that label all privately owned medical facilities as "for profit".

According to national medical service survey, privately owned medical centers grew at a faster rate than their public counterparts, reaching 8,864 by the end of March, a 21.23% increase compared to last year. Current policies will create a favorable environment for this trend to continue.

卫生部部长陈竺：依靠机制控制医疗费用不合理增长，新农合力求实现病种全覆盖

来源：新华网 2012-05-16

http://news.xinhuanet.com/health/2012-05/16/c_123139729.htm

"新农合筹资水平增长很快，但不合理的医疗费用会消耗新农合资金，依靠大处方、不合理检查、过度医疗服务来补偿医疗技术劳务收入不足的现象还未能从根本上得到解决。"卫生部部长陈竺 16 日接受新华社记者专访时表示，要通过新农合支付方式改革，利用机制引导医疗机构控制医疗费用的不合理增长，提高参合农民的实际受益水平。

陈竺表示支付方式改革是通过推行按病种付费、按床日付费、门诊总额预付等付费方式，将医疗服务的付费模式由传统的单纯按项目付费向混合支付方式转变，实现规范服务、控制费用的目的。医疗服务由于不再按项目收费，同时限定收费总额，客观上迫使医疗机构在总额控制的前提下调整医药费用结构，控制不合理检查、不合理用药，间接提高了医务人员的技术劳务收入，改变了医疗卫生机构服务成本的补偿机制，建立了医疗机构对费用的自我约束机制和费用结构的自我调整机制。

陈竺同时强调，依据卫生部、国家发改委、财政部近日联合发出《关于推进新型农村合作医疗支付方式改革工作的指导意见》，要求各地从 2012 年开始积极推进统筹区域内定点医疗机构和病种全覆盖的支付方式改革试点工作，并逐步扩大实施范围，争取到 2015 年实现在所有的统筹地区全面实施的目标。新农合支付方式改革要力争覆盖统筹区域内所有定点医疗机构，覆盖所有住院病人以及享受新农合门诊（统筹）补偿的病人。各地应保证支付方式改革方案覆盖最大化。

Minister of Health Comments on New Rural Cooperative Medical Insurance

"Funding for the New Rural Cooperative Medical Insurance is growing fast, but unreasonable medical expenses such as unnecessary checkups, prescription of expensive medicines or over prescription of treatment have not been satisfactorily dealt with and could waste these funds", commented CHEN Zhu, Minister of Health, when interviewed on May 16th.

The Minister pointed to medical payment reforms as an essential component of the New Rural Cooperative Medical Insurance to increase rural residents' medical benefits. Medical payment reforms aim to transition from the traditional "pay by service" to mixed payment methods, such as pay by diagnosis-related groups (DRGs), days of hospital bed used, and prepayment of outpatient fees. With the payment reform and cap on total chargeable cost, medical facilities need to restructure their payment system, such as reducing unnecessary tests ordered and medicine prescription, to find a balance between delivering patient care and receiving fair compensation.

The Minister also pointed to the recent joint guidance from Ministry of Health, National Development and Reform Commission, and Ministry of Finance. The guidance requested that medical payment reform to be implemented in all designated medical facilities within each coordinated region as preparation for 100% coverage by 2015.

医药“十二五”规划发布 医改“第二季”启动

来源： 21 世纪经济报道 2012-03-23
http://www.21cbh.com/HTML/2012-3-22/yNMDY5XzQxMTgyNA.html

3 月 21 日，国务院印发了《“十二五”期间深化医药卫生体制改革规划暨实施方案》（以下称“实施方案”）提出，到 2015 年，“个人卫生支出占卫生总费用的比例降低到 30%以下，看病难、看病贵问题得到有效缓解。”

实施方案明确提出“把建立全科医生制度作为强基层的关键举措”，“保基本、强基层、建机制”仍是“十二五”医改的基本原则。而在重申基层仍是未来医改的重点的基础上，实施方案还强调成立“卫生国资”以及完善基药考评两个方面。

在公立医院方面，实施方案提出，“按照‘四个分开’的要求，以破除‘以药补医’机制为关键环节，以县级医院为重点，统筹推进管理体制、补偿机制、人事分配、药品供应、价格机制等方面的综合改革，由局部试点转向全面推进。”而针对办医职能，实施方案明确提出“研究探索采取设立专门管理机构等多种形式确定政府办医机构，由其履行政府举办公立医院的职能，负责公立医院的资产管理、财务监管、绩效考核和医院主要负责人的任用。”值得关注的是，实施方案中还特别提出“公立医院资源丰富的城市，可引导社会资本以多种方式参与包括国有企业所办医院在内的部分公立医院改制重组。”实际上，这是引导社会资本针对医疗资源存量所进行的改革。

在基本药物方面，“十二五”期间将推进村卫生室实施基本药物制度，而对非政府办基层医疗卫生机构，各地政府可结合实际，采取购买服务的方式将其纳入基药实施范围。而公立医院和其它医疗机构，则鼓励其优先使用基本药物。就即将进行调整的基本药物目录，实施方案要求“适当增加慢性病和儿童用药品种，减少使用率低、重合率低的药品，保持合理的基本药物数量。”同时，“基本药物由省级人民政府统一增补，不得将增补权限下放到市、县或基层医疗卫生机构。要合理控制增补药品数量。”

实施方案还明确提出，“十二五”期间将坚持基本药物以省为单位网上集中采购，落实招采合一、量价挂钩、双信封制等采购政策。为确保质量优先、价格合理，未来将完善基本药物质量评价标准和评标办法。此外，实施方案还提出“对独家品种和经多次集中采购价格已基本稳定且市场供应充足的基本药物试行国家统一定价。对用量小、临床必需的基本药物可通过招标采取定点生产等方式确保供应。”

Release of the Twelfth Five-Year Plan for Medicine: Second Season of Medical Reform

On March 21st, State Council released the document “Deepening Reform of Medical and Health System during the Twelfth Five-Year: Plan and Implementation” (Implementation Plan from now on). The Implementation Plan projects that by 2015, private medical expenditure will only occupy less than 30% of the total, and difficulties in obtaining affordable medical care will be effectively alleviated.

The Implementation Plan’s basic concepts are still focused on “Ensuring the Basics, Strengthen the Grass-root Medical System, and Building Sustainable Infrastructure”, and identified establishment of a holistic general practitioner system as the essential building block of a stronger medical system.

For public hospitals, the Implementation Plan stressed that reform should focus on County hospitals and later extend to the entire system through a coordinate, multi-faceted reform that impacts management systems, payment methods, personnel distribution, medicine supply and pricing. The implementation Plan also clearly states that dedicated governing bodies should be established to fulfill government obligation in building public hospitals, and manage hospital financial and personnel resources. Cities with rich public hospital resources could also consider involving private funding streams in building the medical care system.

Essential medicine is also considered within the Twelfth Five-Year Plan. During the next few years, village medical offices will start implementing the Essential Medicine List, and grass-root level non-governmental medical facilities could be incorporated into the local government's implementation of the Essential Medicine List if local conditions permit. Public hospitals and other medical facilities are encouraged to first use the medicines listed in the Essential Medicine List.

The Essential Medicine List is undergoing adjustment, and the Implementation Plan suggests that more medicines for chronic or children's diseases should be added, and redundant or under-utilized medicines should be eliminated, and only Provincial level government has the authority to modify the Essential Medicine List and purchase listed medicines. For medicines that are patented by a single company or medicines that have a stable market price and supply, a nationally unified price could be established and tested. For essential medicines that are required for certain diseases but only in small quantities, manufacturers could be contracted to produce the medicine only when needed.

陈竺捐赠资金 40 万 中华医学会设立卫生政策奖

来源: 中国健康界网站

http://weibo.com/1558405975/yDZdEC0OF

“把稿费和获奖项目奖金捐出来，做一点有意义的事情，是我的夙愿。今天终于达成心愿，我感到十分欣慰。”卫生部长陈竺在中华医学会卫生政策奖捐款仪式上说，希望通过设立卫生政策奖，鼓励更多的学者和专家投身到卫生政策研究中。

Minster CHEN Zhu Donated ¥400,000 to Chinese Medical Association to Create the Health Policy Award

“I have always wished to do something meaningful with my award money and royalties for my published work. I am really happy that my wish is fulfilled today”, said CHEN Zhu, Minister of Health, at Chinese Medical Association's Health Policy Award Donation Ceremony. He hopes that by establishing this award, more researchers and experts will devote their time and energy to study health policies.