



深圳市构建分级诊疗制度的思考和实践

The Construction of Shenzhen Hierarchical Medical System



深圳市卫生和计划生育委员会
Health and Family Planning Commission of Shenzhen Municipality

2016年6月13日

深圳市医疗服务供给侧的主要问题

- ❑ 资源总量不足
- ❑ 分布不均
- ❑ 结构不合理

The main problem of Shenzhen Health Service Supply Side

- ❑ Insufficient resources
- ❑ Uneven distribution
- ❑ Unreasonable Structure

深圳解决建议

- ❑ 构建资源均衡布局、医院-社康分工协作的分级诊疗服务体系

Shenzhen resolving suggestion

- ❑ Build up balanced resource layout, and the hierarchical medical system of hospital-community cooperation.

深圳具体措施

- ❑ 推进医疗服务体系的供给侧结构性改革
- ❑ 补短板、强基层、建机制，提高基层医疗机构服务能力
- ❑ 完善医院-社康中心分工协作机制
- ❑ 健全分级诊疗引导机制
- ❑ 解决医疗资源下得去、基层接得住、群众愿意去的问题

Shenzhen concrete measures

- ❑ Promote the structural reforms of medical service system supply side.
- ❑ Strengthen the service ability of Primary health care institutions.
- ❑ Improve the collaboration mechanism between hospital –community center.
- ❑ Improve the hierarchical medical System of hierarchical diagnosis.
- ❑ Solve the problem of medical resource allocation and the difficulty of getting medical service.

深圳初步成效



每个街道至少有一家二、三级综合医院



每个社区有一家社康中心

全市服务网点便捷化

Shenzhen preliminary success



At least one class II-III general hospitals in every street.



Every community has one primary healthcare service center.

Health Service Network

深圳初步成效



基层诊疗量**5,721万人次**，占全市的**64.5%**



老年人、慢性病和精神病患者等重点人群家庭医生服务签约率达到**63%**



次均门诊费用**218.36元**



次均住院费用**9,117.24元**



居民现金卫生支出占卫生总费用的比例**19.62%**

30%

Shenzhen preliminary success



The amount of outpatient in primary health care institution is **57.21 million**, which is accounted for **64.5%** of the city.



The general practitioner service contract rate of elderly, chronic disease and mental patient is up to **63%**.



The outpatient expenses is RMB **218.36**.



The inpatient expenses is RMB **9,117.24**.



Residents' health cost accounts for **19.62%** of the total health expenses.

30%

1 调整医疗服务体系结构

2 加强基层医疗机构能力建设

3 完善分级诊疗引导机制

4 试点推动医保支付方式改革

1 Adjust the medical service system structure

2 Strengthen the capacity construction of primary health care institution.

3 Improve the guiding mechanism of hierarchical medical System

4 Promote Medicare payment reform

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（一）建立健全城市基本医疗服务体系

1. Establish the basic medical service system

□ 构建以区域医疗中心、基层医疗集团为主体，公益目标明确、布局合理、规模适当、结构优化、层次分明、功能完善、富有效率的的城市基本医疗服务体系。

□ Establish the efficient basic medical service system which is focused on regional medical center and primary care group, with the clear public welfare, rational layout, appropriate scale, and structure optimization.

深圳市区域医疗中心规划图



（一）建立健全城市基本医疗服务体系

1. Establish the basic medical service system

“中心”：区域医疗中心，以市属医院和其他三甲医院为主体

- **发展方向**：医疗、教学、科研协调发展的市、省、国家级医疗中心
- **承担**：急危重症、疑难病症诊疗、人才培养、学科建设和重大科研任务

“Center”：Regional Medical Center , based on Municipal hospitals and top three hospitals.

- **Development direction**: municipal, provincial, national medical center with the coordinated development of medical treatment, training, and scientific research.
- **Responsibility**: the critical diseases diagnosis, talent cultivation, discipline construction and major scientific research.

（一）建立健全城市基本医疗服务体系

1. Establish the basic medical service system

“集团”：基层医疗集团，以“三级综合医院+社康中心”联合体为主体

- 以**集团化改革**或“**院办院管**”的方式，将各区（面积和人口规模较小的区）或各街道（面积和人口规模较大的街道）范围内的社康中心集中交由**一家区属三级综合医院管理**



“Group”：primary care group, based on the complex of **Top three general hospitals + community centers**

- Utilize the **collectivization reform** and "**Hospital-conducted and hospital managed mode**" to manage community centers (street or district scale) by a district top-three general hospital.



（一）建立健全城市基本医疗服务体系

1. Establish the basic medical service system

集团化管理模式



5家区属医院



35家社康中心

2015年8月，深圳市罗湖区成立**一体化紧密型唯一法人代表**的医院集团



明确功能定位、发展目标
促进各医院功能错位配置
推进医疗资源纵向流动
大力发展家庭医生服务
构建**医院-社区协同服务**新格局

Group Management Model



5 District Hospitals



35 Community Centers

The integrative hospital group which only has **one legal representative** has been established by Shenzhen Luohu district in Aug 2015.



Clarify the function orientation and development goals.
Improve the configuration of hospital function dislocation.
Promote medicine health resources longitudinal flow
Develop the general practitioner service.
Build a new service pattern of **hospital – community collaborative service model**.

(一) 建立健全城市基本医疗服务体系

1. Establish the basic medical service system

院办院管模式

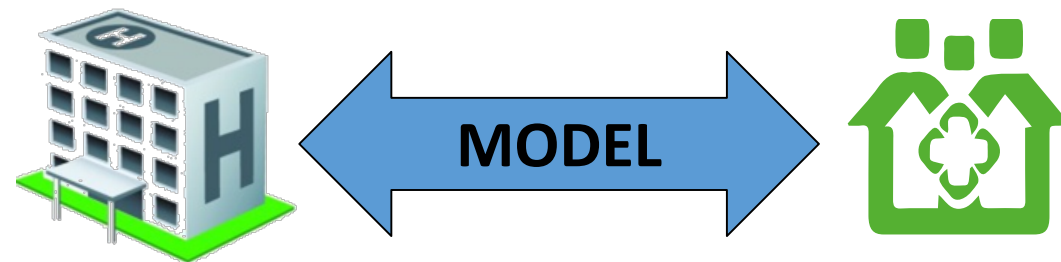


强调政府主导
专业化管理



政府撒手不管

Hospital-conducted and hospital managed model



An Etatistic model
Specialized management



NO GOVERNMENT
MANAGEMENT

（一）建立健全城市基本医疗服务体系

1. Establish the basic medical service system

院办院管模式

政府提供社康中心的基本建设经费、业务用房租赁费、全科医师培训经费，以及基本公共卫生服务、社区基本医疗服务、政策性减收等补助经费。

医院负责举办和管理社康中心，对其实施一体化、专业化、精细化的连锁式运营管理。

Hospital-conducted and hospital managed mode

The government provides various subsidies to community center, such as: capital expenditures, rental fee, GP training funds, primary public health services, community health services, and policy of reducing.

The hospital takes responsible for hosting and supervising the community center and implementing the integrative, specialized, and refined franchising operation management.

（一）建立健全城市基本医疗服务体系

1. Establish the basic medical service system

院办院管模式

落实了**政府保基本**的职能，又有效发挥了大医院的管理、人才、技术和后勤保障优势，促进社康中心的**可持续发展**，促进大医院与社康中心合理分工，形成**天然的分级诊疗、双向转诊**的制度。

保障患者不管在医院还是基层医疗机构，都能获得**诊疗方案一致、用药目录一致、质量保障机制一致**的基本疾病诊疗服务。

Hospital-conducted and hospital managed mode

Implement the **basic responsibility of government**; keep the advantage of hospital talent, technological and logistic management; promote the sustainable development of the community center; improve the reasonable division between community center and hospital; build the **hierarchical medical System** and **two-way transfer treatment system** in community.

Ensure the patients can have the **same treatment scheme, medication directory**, and same **basic disease diagnosis and treatment services** in both hospital and community center.

（二）健全医院-社康中心分工协作机制

- 打破过去各区属医院均举办社康中心，**资源配置不均**，举办医院与社康中心貌合神离的局面，使医院 - 社康中心捆绑成一个**紧密型医疗服务整体**，共同承担区域内的基本医疗卫生服务



2.The collaboration mechanism of general hospital and community center

- Change the **unbalanced allocation** of hospital resources and connect the hospital and community center into **one unified medical service system** to undertake the basic medical and health services together.



1.功能错位配置

- **三级综合医院**主要承担急诊、住院服务，成为社康中心的人才、技术和后勤保障后盾。
- **社康中心**的主要角色是医院的门诊部、综合健康管理平台，主要承接普通门诊、家庭医生和基本公共卫生服务。

1. Function dislocation configuration

- **Class III general hospital** takes main responsibility for emergency treatment and in-patient service. It provides the talents, technology and logistics support to community center.
- **The community center** plays the lead role of the of out-patient department and integrated health management platform of the hospital, which undertaking the general out-patient clinic, family doctor, and basic public health service.

2.转诊上下对接

- 督促落实好“二、三级医院**设置全科医学科**，协调双向转诊工作，将专科号源优先配置给社康中心，为其上转的患者提供**优先接诊、优先检查、优先住院服务**”的政策要求。

2. Two-way Referral System

- Supervise the implement of top hospital **General Practice department**, coordinate the two-way referral, and transfer the specialized patients to community center to satisfy the policy requirement of **priority treatment** for the community patients.

3.检查用药对接

- 推广X光片、B超、脑电图、心电图等“**基层检查 + 医院诊断**”模式，医院采用远程诊疗系统为社康中心提供检验检查技术支撑。
- 完善医院与社康中心的检验检查和用药衔接机制。



3.Medicine inspection

- Promote the **Basic Inspection + Hospital Diagnosis** mode with X-ray, ultrasound, electroencephalogram, and electrocardiogram. The hospital uses remote diagnosis system to provide the technical support for community center.
- Improve the inspection and medicine cohesive between hospital and community center.



4.让家庭医生团队成为对接医院-社康中心资源、服务链条的纽带



制定家庭医生服务规程

组建家庭医生团队：三级综合医院**专科医生**+**社区医生**

整合医疗、康复护理、预防保健等资源、项目和链条

提供集医疗、护理和预防保健于一体的医疗健康服务

4. Connect the hospital and community center through GP group.



Formulate the GP service regulations

Build GP group :
Class III general hospital specialist
+**community doctor**

Integrate the medical, rehabilitation, and prevention health care resources.

Provide integrating health service with medical, nursing and prevention health care.

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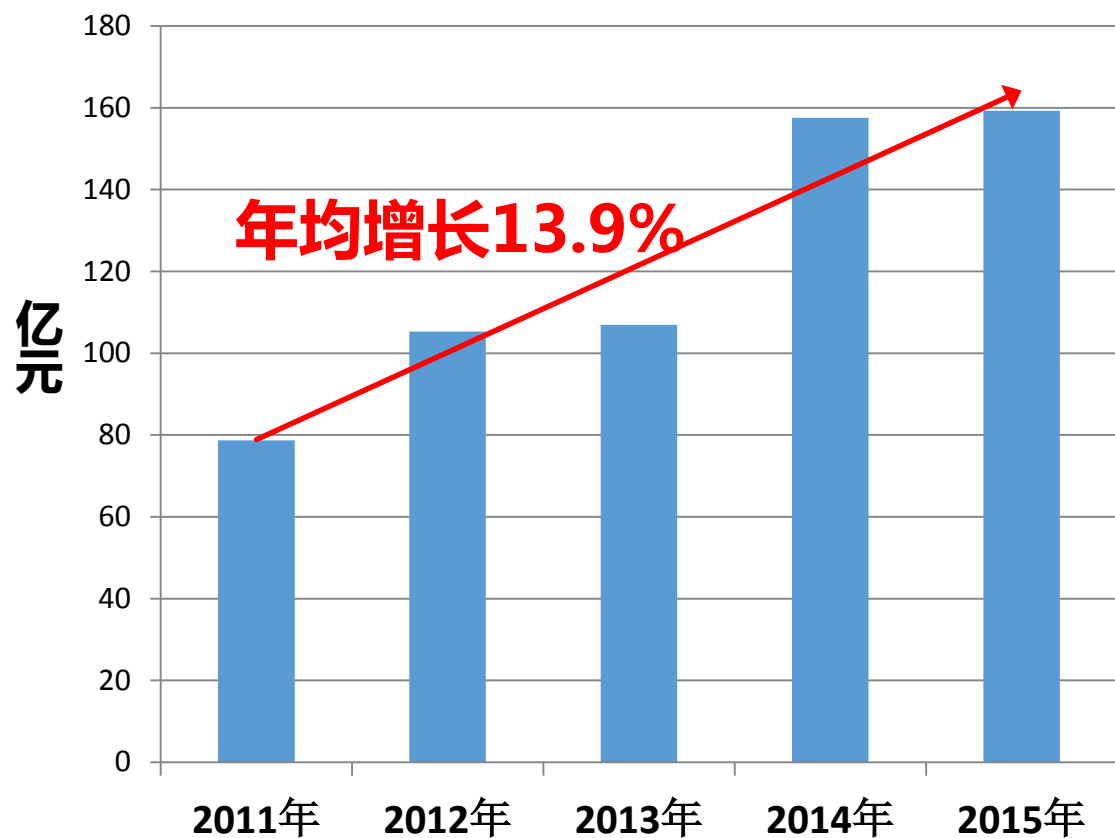
3 Improve the guiding mechanism of hierarchical diagnosis.

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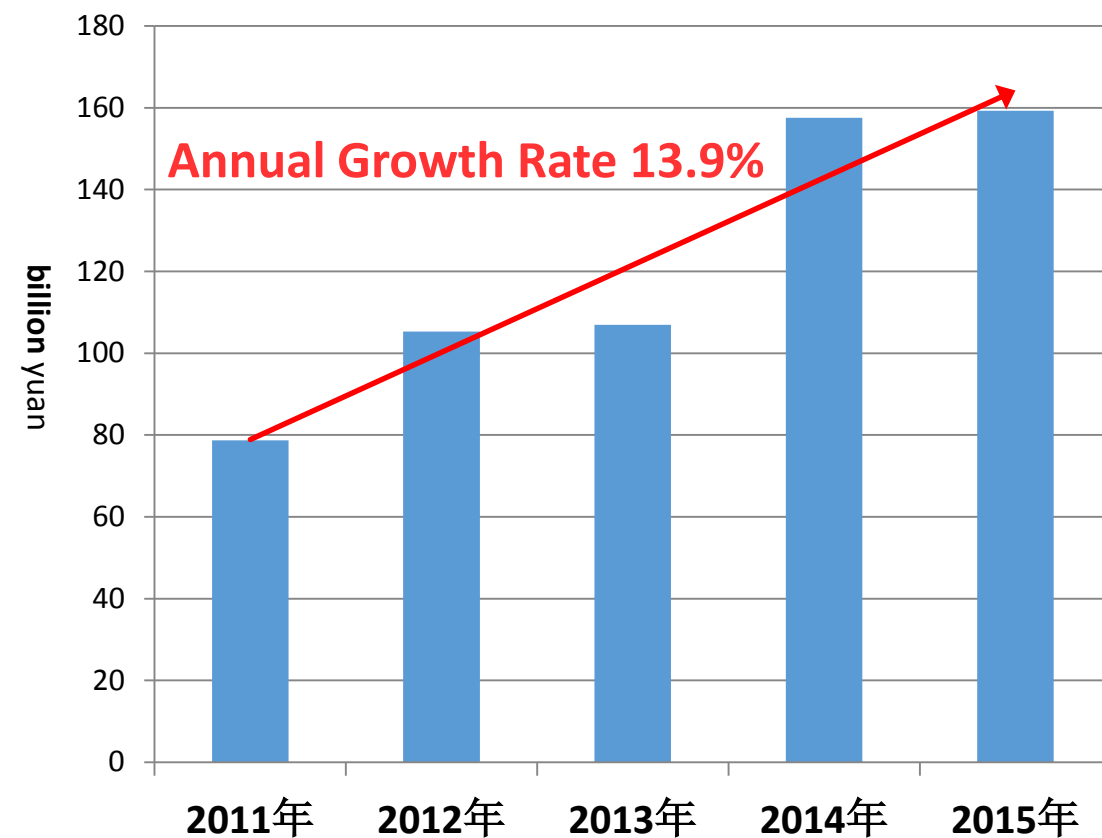
（一）加强硬件设施建设

1.Strengthen the facilities construction

深圳“十二五”财政卫生总投入599.1亿元



The total health investment of Shenzhen government has been increased into 599.1 billion yuan during the 12th Five-Year Plan period.



（一）加强硬件设施建设

1.Strengthen the facilities construction

“十三五”期间，将再投入1,400亿元，加快推进48个卫生重大项目建设，加快构建多元化城市医疗服务体系。

During the period of "13th Five-Year Plan", the government will reinvest 140 billion Yuan to improve 48 health projects construction and develop diversified medical service system.

- 中山大学附属第七医院
- 市中医院光明院区

- 新华医院
- 第二儿童医院

- 平湖医院
- 吉华医院

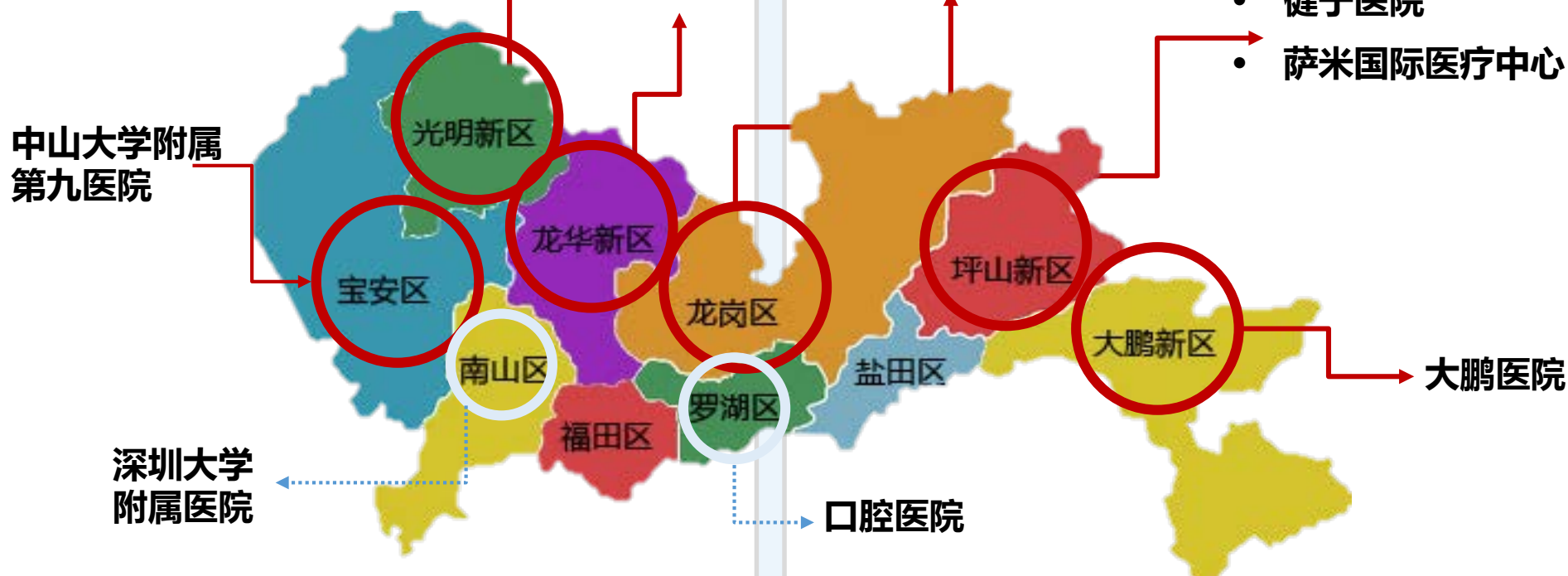
- 健宁医院
- 萨米国际医疗中心

中山大学附属
第九医院

深圳大学
附属医院

口腔医院

大鹏医院



1.加强社区医务人员队伍建设

- **一是加大培训培养力度。**对从医院进入社康中心工作的人员，进行为期一年的全科医师转岗培训；对于刚毕业2年内转入社康中心工作的人员，参照住院医师规范化培训制度，参加为期3年的全科医师规范化培训。



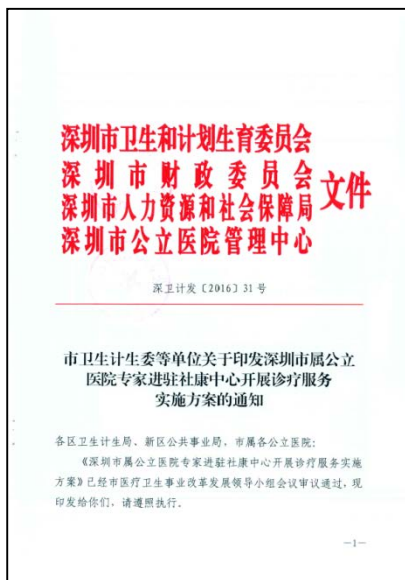
1. Strengthen the construction of community health workers

- **Enhance the training system.** For the staffs that transfer to community center from hospital, he/she needs to have one-year general practitioner job-transfer training; For those fresh gradates (within 2 years) who transfer to community center, have to attend 3 years general practitioner standardization training base on resident standardization training system.



1.加强社区医务人员队伍建设

- 二是推进医院专家进社区。市财政安排专项补助，支持市属医院专家进社区，开展诊疗服务和技术指导工作。



1. Strengthen the construction of community health workers

- Introduce specialist to community center. The government will allocate special subsidy to support specialists to provide the medical services in community center.



1.加强社区医务人员队伍建设

- 三是推进预防保健人员进基层。将公共卫生机构的妇幼保健、慢病管理、健康教育等相关人员进社区，参加家庭医生服务团队，将其工作从原来“坐等”收集数据，转为直接为居民提供健康促进服务。

1. Strengthen the construction of community health workers

- Introduce preventive health care staff into community. Introduce the relative staff of maternal and child health, chronic diseases management and health education from public health institutions into community center to join the GP service group and provide the medical service directly instead of waiting the data collection.

2.提高社区医务人员待遇

□ 一是实施 “一同等、两自主” 政策

深圳市政府明确

保障社康中心医务人员的薪酬待遇不低于举办医院同类同级医务人员的平均水平。



2. Increase community health workers salary

Equity and Independent

Shenzhen municipal
government clarified

It is important to ensure that community doctors has the same remuneration as medical staffs who are working in hospital.



2.提高社区医务人员待遇

- 二是提高优秀全科医生的工资标准



优秀全科医生实行 “**年薪制**”

2015年，罗湖医院集团招聘了30名优秀全科医生，起薪**30万元**。

2. Increase community health workers salary

- Increase excellent GP salary standard



“**Annual salary system**”

Luohu hospital group employed 30 excellent GPs in 2015, standard starting salary is **RMB30,0000 yuan.**

1. 全面放开医疗市场

取消了医疗机构的**选址距离**、**数量**和**医保协议机构数量**限制。



1. Comprehensive deregulation of medical market

Canceled the medical institution's location distance, quantity, and the limitation of health care agreement institutions .



2. 实施医师执业区域注册

全面放开了**医师执业地点**限制。



2. Implementation of physician practice regional registration

Physician multi-site practice

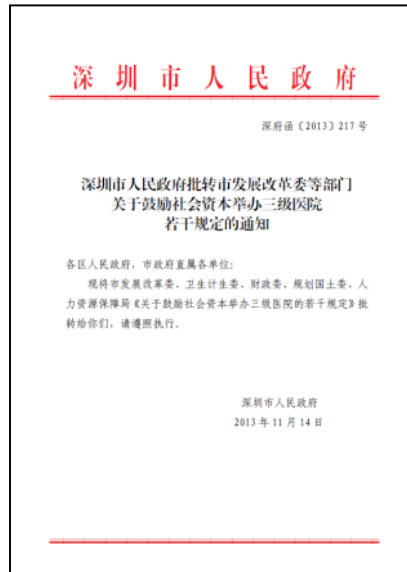


（三）鼓励社会力量举办基层医疗卫生机构

3.Encourage nongovernmental investors to establish medical institutions.

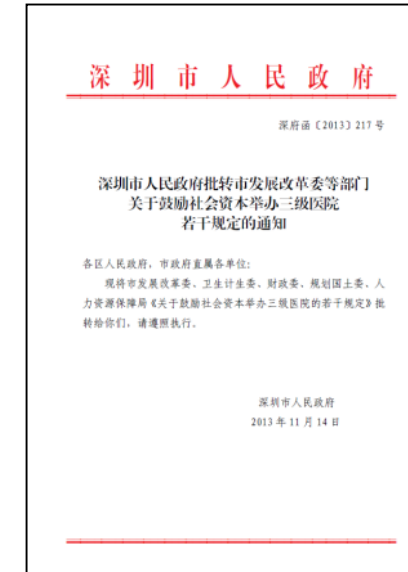
3.建立政府购买服务机制

对社会办医疗机构为本市医保参保人提供的**基本医疗服务**，安排**财政补助**。



3. The implementation mechanism of government purchasing public service

The government will offer **financial aid** to private clinics, which provide health insurance to the insured citizen.



4.创新社会办医模式

支持社会力量建设社康中心，承接家庭医生服务。

支持社会力量举办**名医诊疗中心**，鼓励社会力量以众创、众筹等方式开办**名医工作室**、**医生集团**、**护士集团**，为医护人员提供更好的执业平台。



4.Innovative private medical institution

Encourage social investors to establish community center and provide **family doctor services**.

Encourage social investors to establish the “**Famous doctor clinic**”, “**VIP doctor studio**”, “**Nursing group**” by crow-funding to provide a better practice platform for medical staff.



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基本医疗服务补助方面

推进公立医疗卫生机构财政补助方式改革，根据公立医疗卫生机构完成基本医疗服务的**数量、质量**和**群众满意度**核拨财政补助。

深圳市财政委员会
深圳市发展和改革委员会
深圳市卫生和人口计划生育委员会 文件
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深圳市人力资源和社会保障局

深财规〔2013〕7号

深圳市财政委员会等单位关于印发《关于完善政府卫生投入政策的实施方案》的通知

各区人民政府（新区管委会）、各有关单位：

为完善政府卫生投入政策，促进我市医药卫生事业持续健康发展，根据财政部等五部委《关于完善政府卫生投入政策的意见》（财社〔2009〕66号）、市委市政府《关于推进医药卫生体制改革的意见》（深发〔2009〕11号）精神，结合

Basic medical service subsidy

Promote the reform of public medical institution fiscal subsidies, and announced the subsidies according to the quality of medical service that health institutions provided and the people's satisfaction.

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基本医疗服务补助方面

提高：


- 
- ①三级医院的**急诊、住院和专科门诊**补助标准。
 - ②社康中心等基层医疗卫生机构的**基本医疗服务补助**标准。

降低：


- 
- ①三级医院的**普通门诊**补助标准。
 - ②三级医院**超负荷**的**基本医疗服务财政补助**标准。

Basic Medical Services' Subsidy

Increase：

- 
- ① The subsidy standard of **emergency treatment, hospitalization and special outpatient clinic** in class III hospital.
 - ② The subsidy standard of primary healthcare service in basic medical institution.

decrease：

- 
- ①The subsidy standard of General outpatient clinics in class III hospital.
 - ② The financial aid of overload of basic medical services In class III hospital.

公共卫生服务补助方面

常住人口人均基本公共卫生服务补助标准，从40元提高到70元。



Public health service allowances

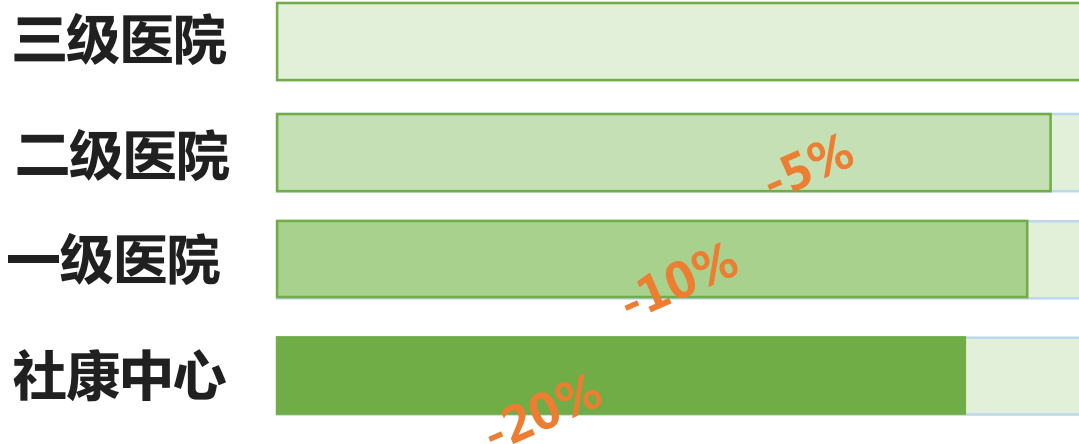
The permanent residents per capita funding for basic public health services allowances standard has been raised from 40 yuan to 70 yuan.



(二) 实行医疗收费分级管理

2. Implement medical tiered pricing measures

广东省物价标准



将社康中心的挂号费、诊查费、注射费、药事服务成本统一打包成**一般诊疗费**，标准为**10元/人次**。

Price standard of Guangdong Prov.



Put the registration fee, inspecting fee, injection fee, and pharmaceutical care service fee of community center into **one general package**, standard is **10yuan/person-time**.

(三) 实行医保差别支付制度

3. Implement Medicare payment package system

二、三档险种

社区首诊

绑定858.7万名

门诊费用
“定额、包干”

The second and third
class Medicare

prior treatment
in community
center

Binding **858.7million citizens**

Fixed quotas for
clinical revenue
and expenditure

一档险种



医疗卫生机构、社会零售药店就诊、取药的，医保费用从个人账户支付70%，统筹基金支付30%；；如直接到医院，则全部从个人账户支付。

The first
class
Medicare



•If a patient treated in medical and health organizations or purchase any medicine in pharmacies, the medical insurance will cover 70% of the patient medical expenses, and pooling funds covers 30%.

•The expense will be paid from personal account if the patient goes directly to the hospital.

1 调整医疗服务体系结构

2 加强基层医疗机构能力建设

3 完善分级诊疗引导机制

4 试点推动医保支付方式改革

1 Adjust the medical service system structure

2 Strengthen the capacity construction of primary health care institution.

3 Strengthen the capacity construction of primary health care institution.

4 Promote Medicare payment reform

签约参保人

10项优惠、优质、便捷服务



家庭医生
健康档案管理
优先诊疗
慢病管理
用药咨询与指导
健康促进
预防保健
家庭病床
社区康复
医养融合养老



二、三级医院

优先接诊
优先检查
优先住院服务

Contractor

10 preferential, high quality and convenient services



The general practitioner
Health file Mgt
Priority treatment
Chronic Disease Mgt
Medication consultation and guidance
Health promotion
Prevention and healthcare
Family sickbed
Disease prevention
pension

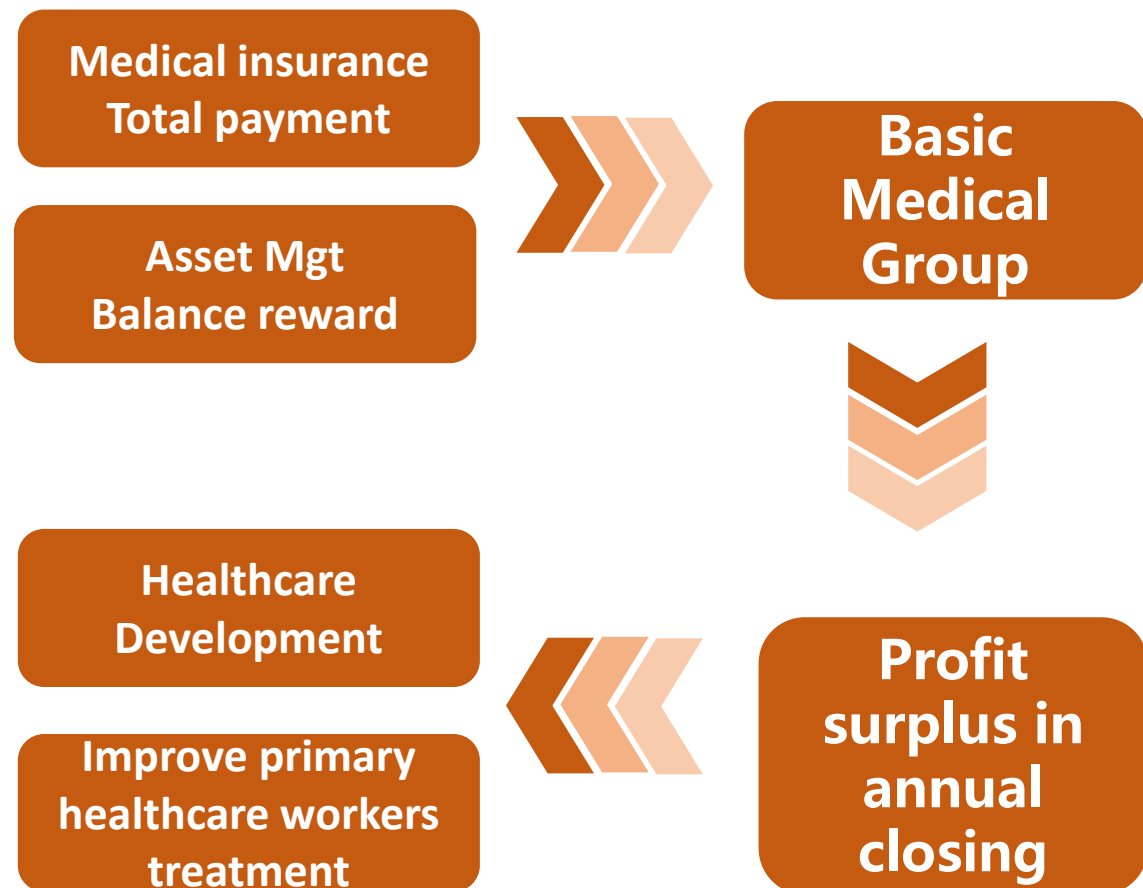


Top hospitals

Priority treatment
Priority check
Priority In-patient care

(二) 建立医保激励约束机制

2. Establish the incentive and restrictive mechanism for medical insurance



汇报完毕

Thank You For Your Attention