



推进基本公卫项目服务 提质增效

Enhance the Quality and Efficiency of Basic Public
Health Services Program(BPHS)

浙江省卫生健康委 胡 玲

2024年09月4日

HU Ling, Zhejiang Provincial Health Commission

September 2024

项目背景 Program background

■ **实施目的:** 提高居民获得基本公共卫生服务的公平性和可及性

■ **实施主体:** 主要由**基层医疗卫生机构**提供服务, 专业公共卫生机构发挥业务指导、培训、考核作用

1.**2005**年开始实施“三大类**12**项”**农村**公共卫生服务项目

2.**2008**年启动“三大类**12**项”**城市**公共卫生服务项目

3.**2009**年列入国家新医改三年五项重点工作之一,

成为公共卫生领域一项**长期性、基础性**的制度安排

4.**2009**年**10**月, 我省统一并调整城乡基本公共卫生服务项目

■ **Objectives:** enhance the equity and accessibility of basic public health services

■ **Implementation bodies:** Services are mainly provided by **primary health care institutions**, while specialized public health institutions provide technical guidance, training and evaluation.

1.In **2005**, the **rural** public health service program consisted of "three categories and 12 sub-categories " was implemented.

2.In **2008**, the **urban** public health service program with "three categories and 12 sub-categories" was launched.

3.In **2009**, it was included in the “five priorities in three years” of the new national medical reform, becoming a **long-term and fundamental** institutional arrangement in public health.

4.In **October 2009**, Zhejiang province unified urban and rural basic public health service programs and made according adjustments.

主要做法

Main methods

01

组织管理
Organizational management

04

签约服务
Contracting services

02

资金管理
Fund management

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医防融合
Medical care-
prevention integration

03

绩效评价
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信息化支撑
ICT system support

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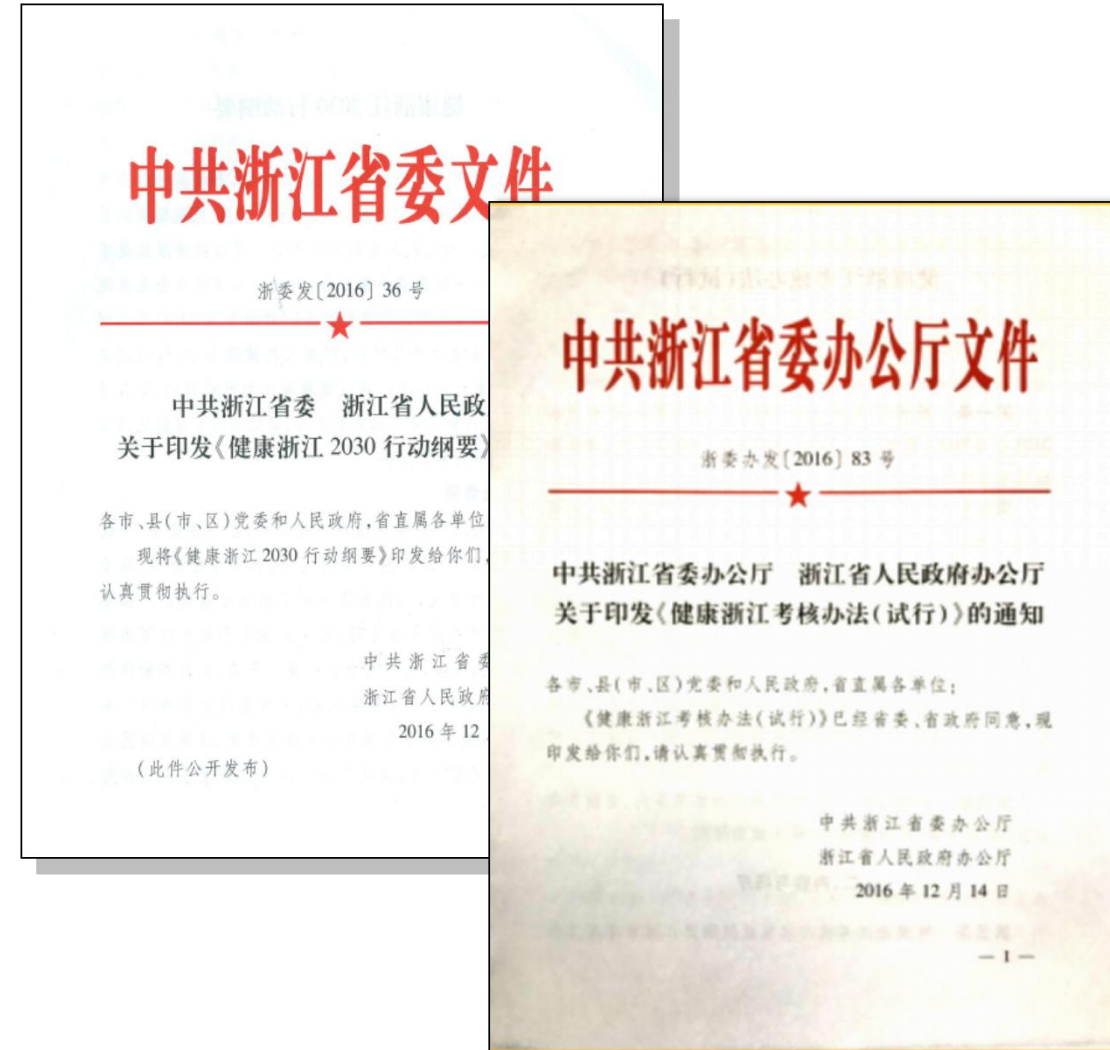
组织管理

Organizational management

组织管理Organizational management

政府部门层面 Government departments

- 强化政府主导、部门联动
 - “以县为主”的项目管理体制，基本公共卫生项目工作列入**健康浙江考核**的一票否决项
- 部门协作：需要卫生与财政、公安等部门密切合作，相互沟通
- Enhance government leadership and coordination across departments
 - a county-based management system; performance related to basic health services is a compulsory criteria in **the Healthy Zhejiang evaluation**
 - coordination across departments: health departments shall closely cooperate and communicate with finance and public security departments



组织管理 Organizational management

卫生内部层面 Within the health sector

需要建立有效的协调工作机制，基层、妇幼、疾控、监督、规财、信息中心等多个处室积极参与，各司其职

- **2012年1月成立省基本公共卫生服务项目办公室**，省卫健委副主任担任项目办主任，挂靠省疾控中心，落实专职工作人员和专项工作经费；**18个成员单位、处室明确工作职责；建立每季例会制度和工作协调机制**

全省**11个地级市和所有县（市、区）全部成立基本公共卫生服务项目**管理办公室，强化组织管理、技术指导、业务培训、督导考核等管理职能

It was necessary to establish an effective coordination mechanism within the Health Department. Divisions of primary health care, maternal and child health, disease control, supervision, planning and finance, and the information center actively participated and performed their respective duties.

- In January 2012, the **Provincial Management Office of Basic Public Health Services (BPHS PMO)** was established. Deputy Director General of the Provincial Health Commission was appointed as the BPHS PMO Director and the PMO set in the Provincial CDC. Full-time staff and special work funds were allocated to the PMO; 18 member units or divisions were assigned with clear responsibilities; mechanisms of quarterly meetings and work coordination were established
- All 11 prefecture-level cities and all counties (cities and districts) in Zhejiang have established their offices to manage basic public health services and provided organizational management, technical guidance, training, supervision and evaluation

A scenic landscape featuring a calm river flowing through a valley. The banks are covered in dense trees with vibrant autumn foliage in shades of orange, red, and yellow. A small wooden boat is visible on the river. In the background, a small wooden structure, possibly a pavilion or a house, is nestled among the trees. The overall atmosphere is peaceful and picturesque.

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资金管理Fund management

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资金管理 Fund management

加强资金管理，经费保障力度不断加大
Rigorous fund management with increasing financial support

《浙江省卫生厅浙江省财政厅关于做好2013年基本公共卫生服务项目工作的通知》（浙卫发[2013]150号）明确**加大资金监管力度，确保专款专用**，不得将项目经费用于基层医疗卫生机构开展基本医疗服务所需的人员、设备及基本药物补助等支出。*The Notice by Zhejiang Department of Health and Department of Finance on Facilitating Basic Public Health Services in 2013* (Issued by Zhejiang Department of Health [2013] No. 150) clearly requires to **strengthen fund supervision to ensure that special funds are used for their intended purposes**. Special funds shall not be used by primary medical institutions for personnel, equipment, basic medication subsidies or other expenses required for basic medical services.

绩效工资内的人力成本
Labor costs incurred
in performance-based pay

村卫生室承担任务经费
Funds for village clinics to perform tasks



直接成本支出 Direct costs

资金管理Fund management

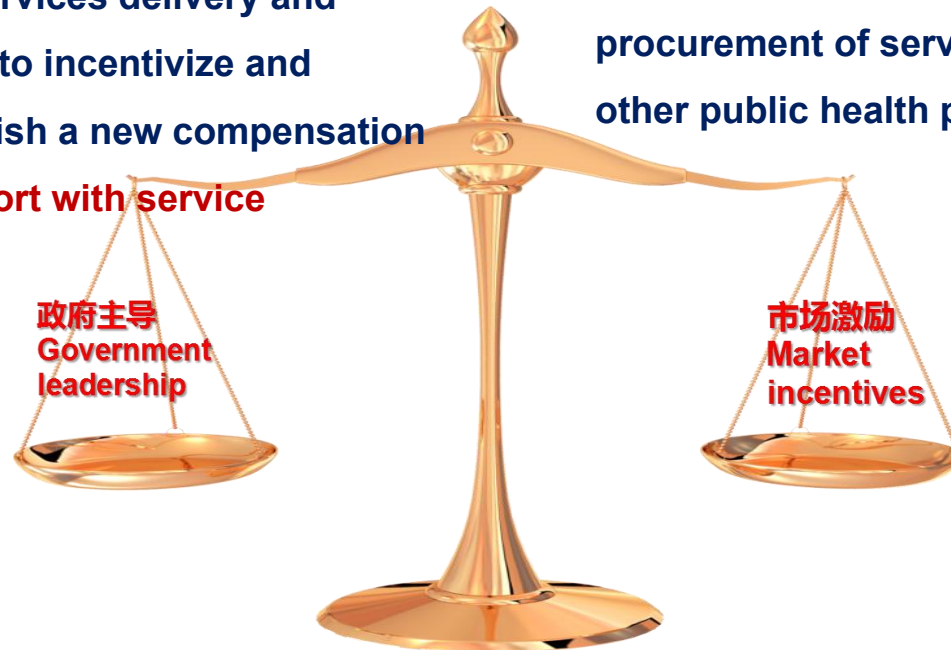
- ❑ 开展基本公共卫生服务项目购买机制改革
- ❑ **Reform the BPHS procurement mechanism**

- 开展基层财政补偿机制改革得到国家卫健委基层司、财政部社保司的重视支持
- 2015年10月12日，浙江省财政厅与浙江省卫生健康委联合下发《关于开展基层医疗卫生机构补偿机制改革试点的指导意见》浙财社〔2015〕133号
- 2017年10月30日，浙江省财政厅 浙江省卫生和计划生育委员会联合下发《关于全面推进基层医疗卫生机构补偿机制改革的实施意见》浙财社〔2017〕63号]
- The primary care compensation reform has been supported by the Primary Care Department of National Health Commission and the Social Security Dept of Ministry of Finance.
- On October 12, 2015, Zhejiang Department of Finance and Zhejiang Health Commission jointly issued the “**Guiding Opinions on the Reform of the Compensation Mechanism for Primary Medical Institutions**” --Zhejiang Department of Finance [2015] No. 133
- On October 30, 2017, Zhejiang Department of Finance and Zhejiang Health and Family Planning Commission jointly issued the "Implementation Opinions on Comprehensively Promoting the Reform of the Compensation Mechanism for Primary Medical Institutions" --Zhejiang Department of Finance [2017] No. 63

基层补偿机制改革 Reform of the primary care compensation mechanism

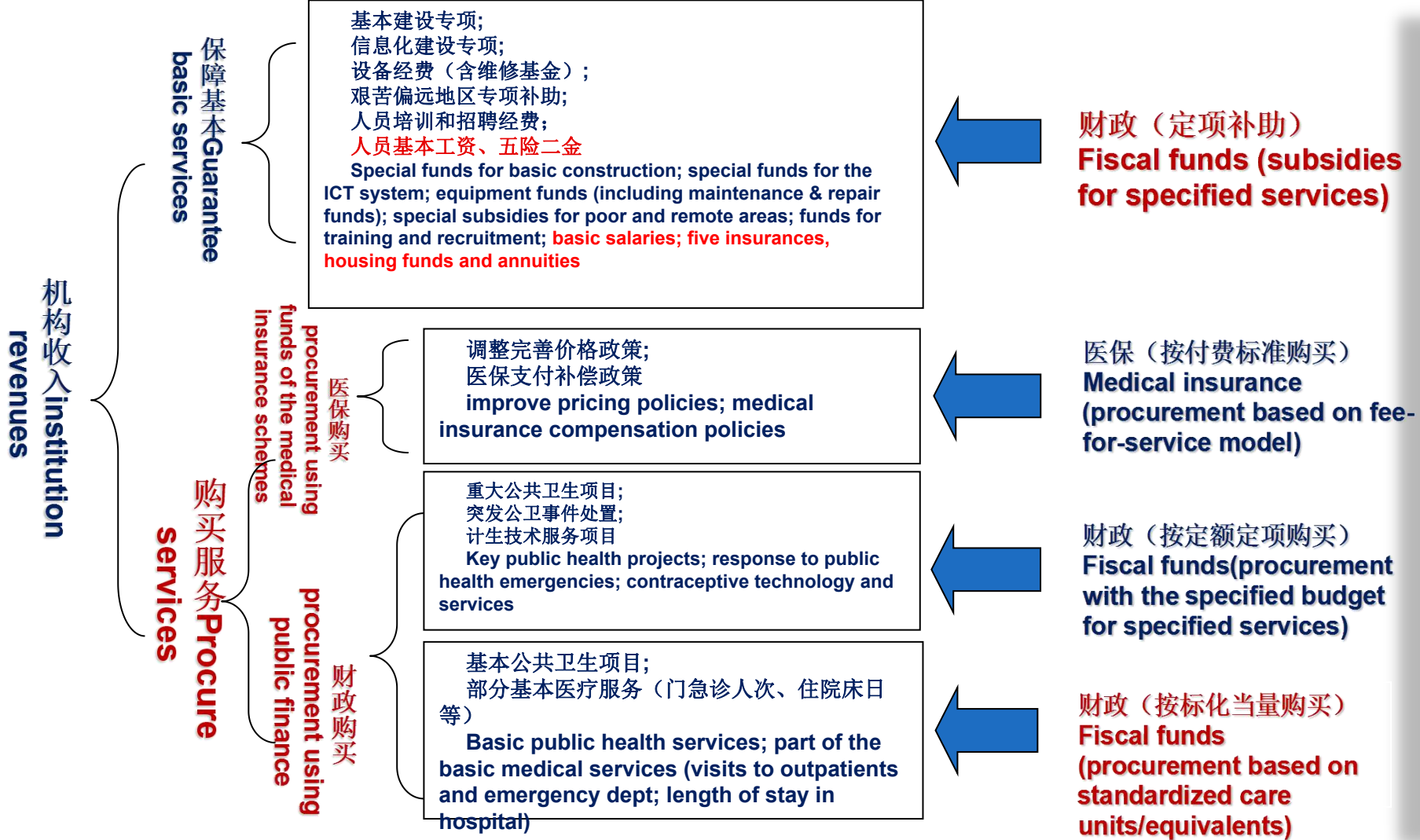
改革思路 Thoughts behind the reform

- **把握一对平衡：**落实政府主体责任，保障基本，维护公益性；发挥市场激励机制，调动积极性，建立**资金补助与服务绩效挂钩**的补偿新机制
- **One balance:** the government shall perform its responsibility to guarantee basic services delivery and public welfare; leverage the market to incentivize and mobilize various players and establish a new compensation mechanism that **links funding support with service performance.**
- **培育两个市场：**近阶段，公立基层医疗卫生机构内部市场；远期，引入非公立的村卫生室、其他公共卫生机构购买服务，外部市场
- Two markets:** In the near term, focus on the internal market of government-provided primary medical institutions; in the long run, develop the external market by encouraging the procurement of services from non-public village clinics and other public health providers.



基层补偿机制改革 Reform of primary care compensation mechanism

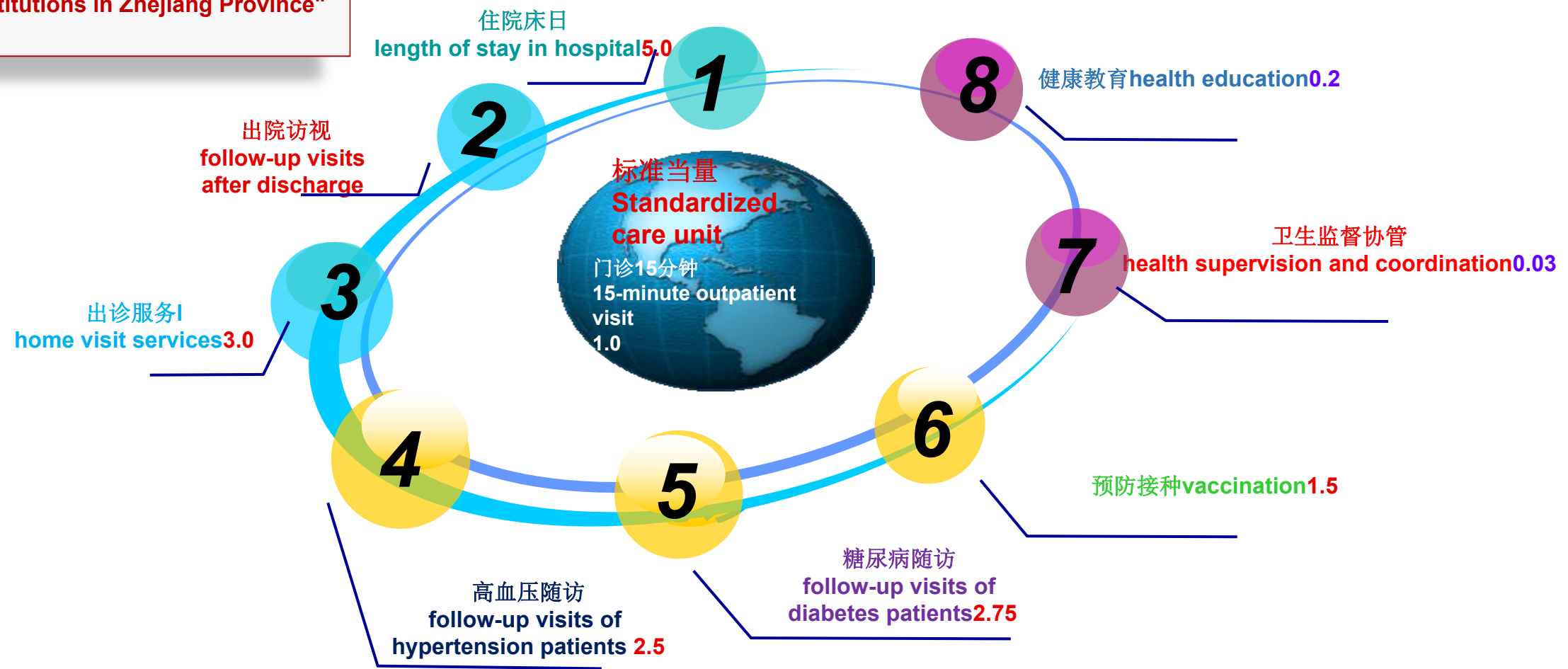
强化政府主体责任
Enhance the responsibility of the government



强化市场分类购买
Improve classified procurement from the market

基层补偿机制改革 Reform of primary care compensation mechanism

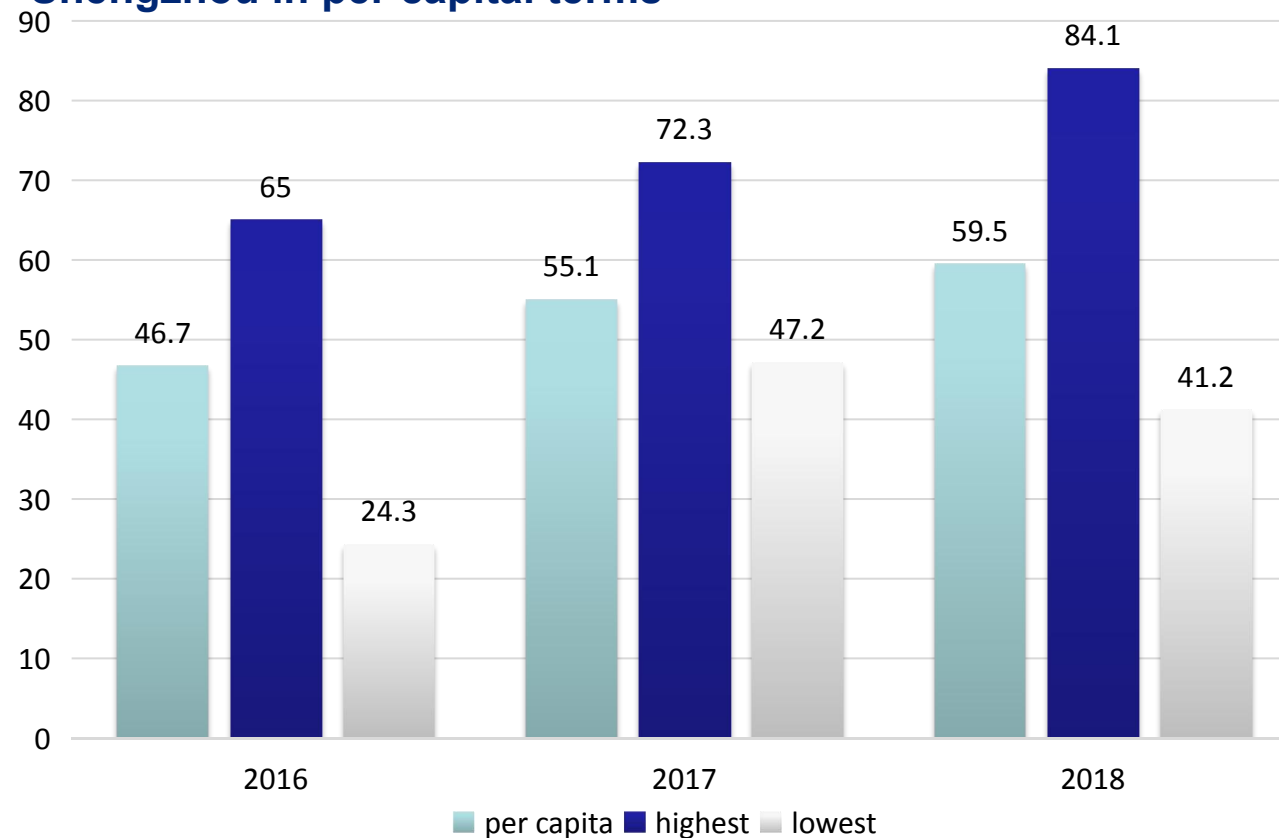
《浙江省基层医疗卫生机构补偿机制改革试点
基本服务项目标准化工作当量参考标准》
"Reference of Standardized Care Units for
Basic Services in the Pilot Reform of
Compensation Mechanism for Primary
Medical Institutions in Zhejiang Province"



基层补偿机制改革 Reform of primary care compensation mechanism

建立机构间竞争机制 Establish a competition mechanism among institutions

嵊州市基本公共卫生服务项目人均购买资金
funds available for procuring basic public health services in
Shengzhou in per capital terms



按标化当量进行财政补偿后，基本公共卫生服务从“打包补助”转变成“按劳分配”，如嵊州项目人均购买经费乡镇之间的差距拉开（左图），原先“按人头分馒头”的拨付方式得到改变，体现多劳多得。

通过改革，基层机构服务数量和工作效率整体提升，政府保障作用不断增强，对基层机构和人员的管理更加精准，居民服务的获得感和可及性提高。

As compensation to the providers is paid according to the provision of standard care units/equivalents, the funding for BPHS has essentially transformed from “package compensation” to the “work-more-receive-more” model. As a result, the gap among different towns in per capita care funding in Shengzhou has widened (left picture). The reform has promoted primary medical institutions to provide more services with higher efficiency. The government’s role in providing the security net is stronger, the primary care institutions and personnel are better managed, the public enjoys a higher satisfaction level, and the care services are more accessible.

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绩效评价

Performance evaluation

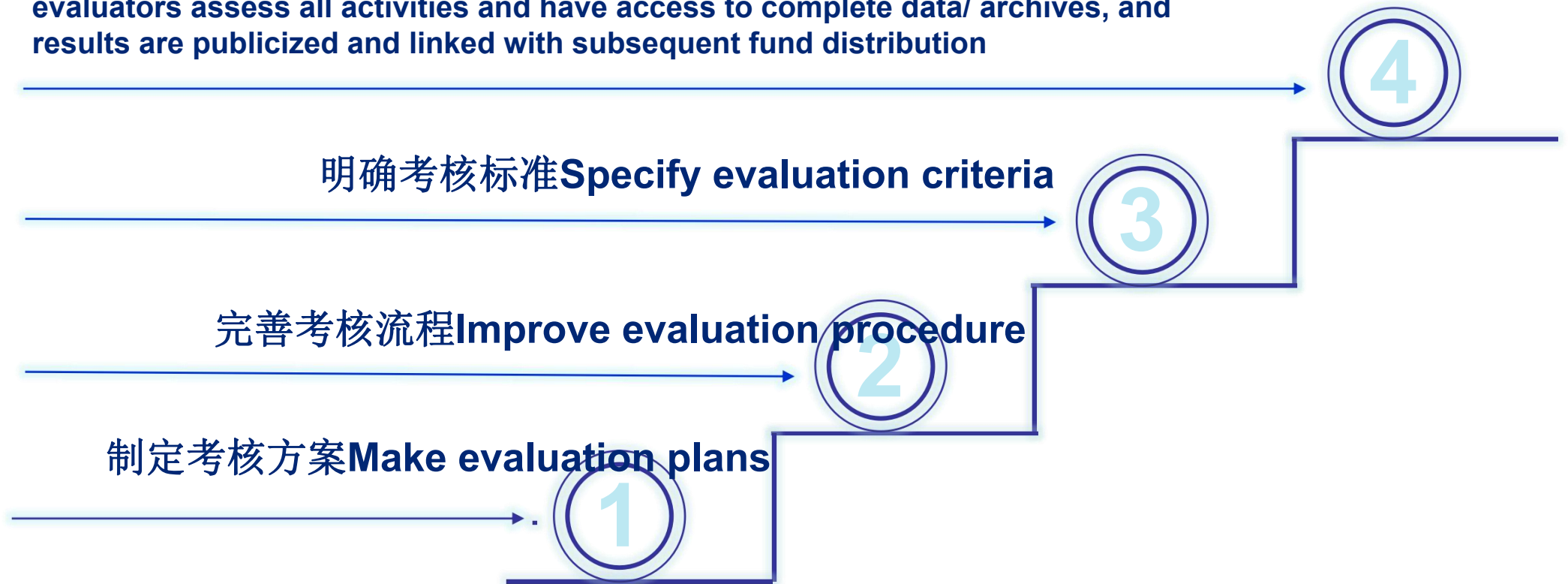
绩效考核

Performance evaluation

加强绩效管理，项目实施进一步规范enhance performance evaluation to ensure project activities are better implemented

□ 严格按照国家绩效考核有关要求进行检查**Strictly follow the national criteria for performance evaluation**

做到考核项目齐全、考核数据和资料完整、考核结果公布，并和项目资金分配挂钩ensure evaluators assess all activities and have access to complete data/ archives, and results are publicized and linked with subsequent fund distribution



绩效考核 Performance evaluation

加强绩效管理，项目实施进一步规范enhance performance evaluation to ensure project activities are better implemented

□ 严格按照国家绩效考核有关要求
进行考核Strictly follow the national criteria for performance evaluation

◆ 考核结果评定与应用

- （一）省卫生健康委、省财政厅将考核结果向全省通报对于抽查考核结果低于850分的县（市、区），省财政根据情况相应扣减省级转移支付资金。
- （二）县（市、区）级考核结果作为核拨基层医疗卫生机构基本公共卫生服务经费、考核主要领导年度工作绩效、核定卫技人员绩效工资等工作的依据。
- （三）各级卫生健康（卫生）、财政部门对考核过程中发现的问题要求认真查明原因，并及时督促整改。

◆ The application of evaluation results

- (I) The provincial health commission and finance department publicize the evaluation results. For counties (city or districts) with a score below 850 in the evaluation, the provincial finance department deduct provincial transfer payments accordingly.
- (II) The county-level (city, district) evaluation results serve as the basis for allocating funds for primary medical institutions, assessing the annual performance of leaderships, and determining the performance-related wages of health practitioners.
- (III) Health and finance departments at all levels are required to carefully investigate the causes of problems and promptly supervise the rectification.

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4

签约服务Contracting services

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签约服务制度安排 The arrangement of contracting service system

2014年上半年开始调研起草省政府签约服务文件

2015年6月8日，浙江省人民政府办公厅下发《关于推进责任医生签约服务工作的指导意见》(浙政办发[2015]65号)

In the first half of 2014, Zhejiang undertook research and developed a draft regarding contracting service for the provincial government.

On June 8, 2015, the General Office of Zhejiang Provincial Government issued the "Guiding Opinions on Promoting Contracting Services by Accountable Doctors" (Zhejiang Government Office [2015] No. 65)



签约服务的特点 Features of contracting services

- 政府主导 部门协同 省财政、医保、物价
- 设立签约服务费用
- 服务内容 防治结合 以需求为导向 个性化服务
- 服务模式 责任医生签约 团队服务
- 建立考核激励机制 规范服务 有效 服务
- 同步推进 分级诊疗 资源下沉 信息化建设

不纳入绩效工资总额
Not included in performance-related wages

- **Government leadership and coordination across departments** provincial departments of finance, medical insurance and pricing authorities
- **Set up contracting service fees**
- **Service content** prevention-treatment integration; demand-oriented; personalized services
- **Service model** signing with accountable doctors; team services
- **Set up a mechanism of evaluation and incentives** standard and effective services
- **Simultaneously promote a** tiered healthcare provider structure; decentralize resources to primary care institutions; develop the ICT system

不纳入绩效工资总额
Not included in performance-related wages

签约服务 Contracting services



签约的精准服务 **Well-targeted contracting services**

服务对象
Service
target populations

家庭医生签约服务对象为**十类重点人群**（老年人、孕产妇、儿童、残疾人、计划生育特殊家庭、困难人群，高血压、糖尿病、结核病等慢性疾病和严重精神障碍患者）和一般人群 The contracted GPs serve **ten key target populations** (the elderly, pregnant women and women in childbed, children, the disabled, special families under family planning, people in difficulties, patients with chronic diseases such as hypertension, diabetes, tuberculosis or with severe mental disorders), and the general population.

签约服务包
Contracting
service package

设计“10+1”人群的“签约服务包”，明确签约服务费用标准下的“签约服务包”内容并向群众公示，对不同人群实行**分类管理**，做好全方位全周期健康管理服务 ---**精准服务** Design a "contracting service package" for the "10+1" population groups; clarify services and fees of them in the "contracting service package" and publicize such information; provide **differentiated management** for different population groups; and develop all-round and full-lifecycle health management services by providing well **targeted services**



A scenic landscape featuring a calm river flowing through a valley. The banks are covered in trees with vibrant autumn foliage in shades of orange, yellow, and green. A small wooden boat is visible on the river. In the background, there are more trees and a small structure on the bank. The overall atmosphere is peaceful and natural.

6

医防融合 Medical care- prevention integration

改革目标Reform targets

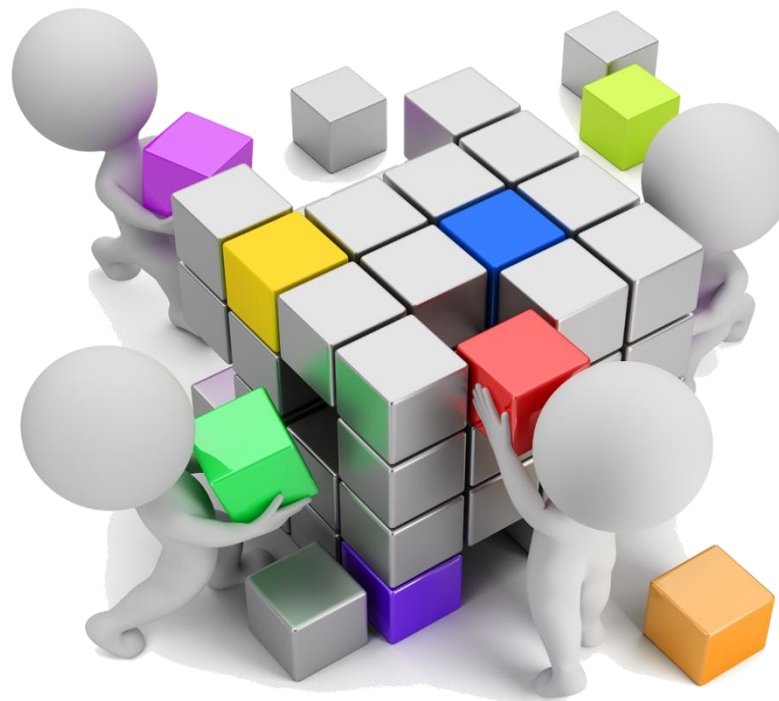
—总体要求和主要目标General goals and main objectives

以高血压、糖尿病全周期健康管理为突破口，依托县域医共体和城市医联体，综合推进医保支付和基层补偿机制改革等配套措施，构建**医防融合、连续协同和科学有序的分级诊疗格局**，引导两慢病患者到基层就诊和健康管理

提高居民健康水平

Starting from the full-life cycle health management of hypertension and diabetes patients and leveraging county-level medical communities and urban medical alliances, we comprehensively promote the reform of medical insurance payment and primary care compensation mechanisms, to build **a scientific and orderly tiered healthcare provider structure that provides integrated, seamlessly connected medical services and prevention services** and guides patients with the two chronic diseases to seek medical treatment and health management at the primary providers.

Strengthen public health levels



医防融合Medical care-prevention integration

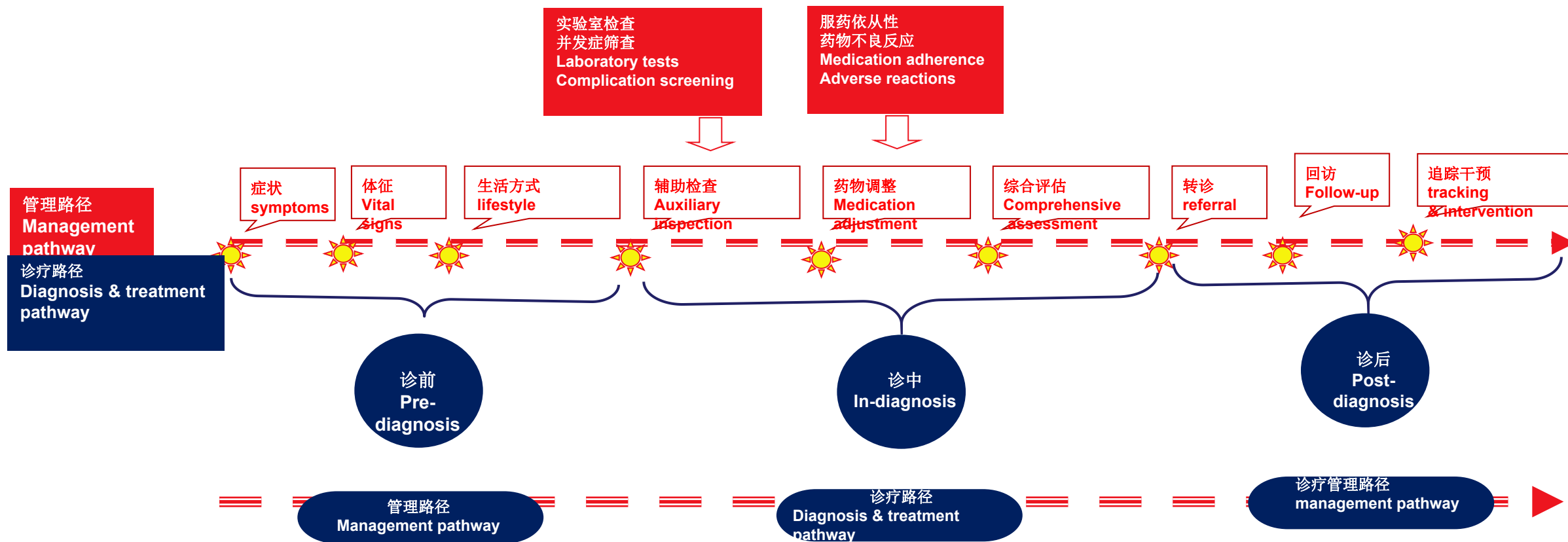
以国家基本公共卫生服务规范和《国家基层高血压防治管理指南》《国家基层糖尿病防治管理指南》为依据，将基本公共卫生服务与日常诊疗服务相结合，制定“两慢病”标准化的诊疗方案和服务流程

Based on the national basic public health service standards and the National Hypertension Prevention and Control Management Guidelines at Primary Level and the National Diabetes Prevention and Control Management Guidelines at Primary Level, we combine basic public health services with daily diagnosis and treatment services to develop **standardized diagnosis and treatment plans and service processes for the "two chronic disease" patients.**



- 基层机构要整合、规范“两慢病”诊疗路径和管理路径，建立起慢病诊间随访的医防融合服务模式，提高“两慢病”患者诊间随访比例Primary medical institutions should integrate and standardize the **diagnosis pathways and management pathways** of the "two chronic diseases", establish a service model featuring care-prevention integration by providing follow-ups during care, and increase the follow-up coverage of the "two chronic diseases" patients during care.
- 各地要统筹推进慢性病一体化门诊的建设，明确诊前服务、诊中服务、诊后管理的流程和要求，为“两慢病”患者提供一站式规范化服务All localities promote the development of **integrated outpatient services for chronic diseases patients**, clarify the processes and requirements for pre-diagnosis services, in-diagnosis services, and post-diagnosis management, and thus patients have access to the one-stop standard services.

医防融合 Medical care-prevention integration



慢病诊疗指标和管理指标在诊间进行有机融合
care indicators are naturally integrated with management indicators during the care for the chronic disease patients

医防融合Medical care-prevention integration

梳理两慢病规范化诊疗管理SOP服务清单The SOP service list for standard care
and management of the two chronic diseases

症状体征
Symptoms and signs

血压、腰围
体重/BMI
足背A触诊
吸烟、饮酒
摄盐、摄油
运动
Blood pressure, waist
circumference Weight/BMI
Food dorsum A palpation
Smoking, drinking
Salt and oil intake Exercise

每次指标
Indicators every
time

生化指标
Biochemical indicators

空腹、餐后2h血糖
糖化血红蛋白、血常规
尿微量球蛋白、尿常规
血脂、肌酐、尿素氮
胰岛/C肽释放试验/
OGTT、血钾
血同型半胱氨酸
Fasting and 2-hour postprandial blood sugar levels
Glycated hemoglobin, full blood count
Urine microglobulin, clinical urine test
Blood lipids, creatinine, urea nitrogen
Islet/C-peptide release test/ OGTT, blood
potassium
Blood homocysteine

每季指标
Quarterly
indicators

脏器损害
Organ damages

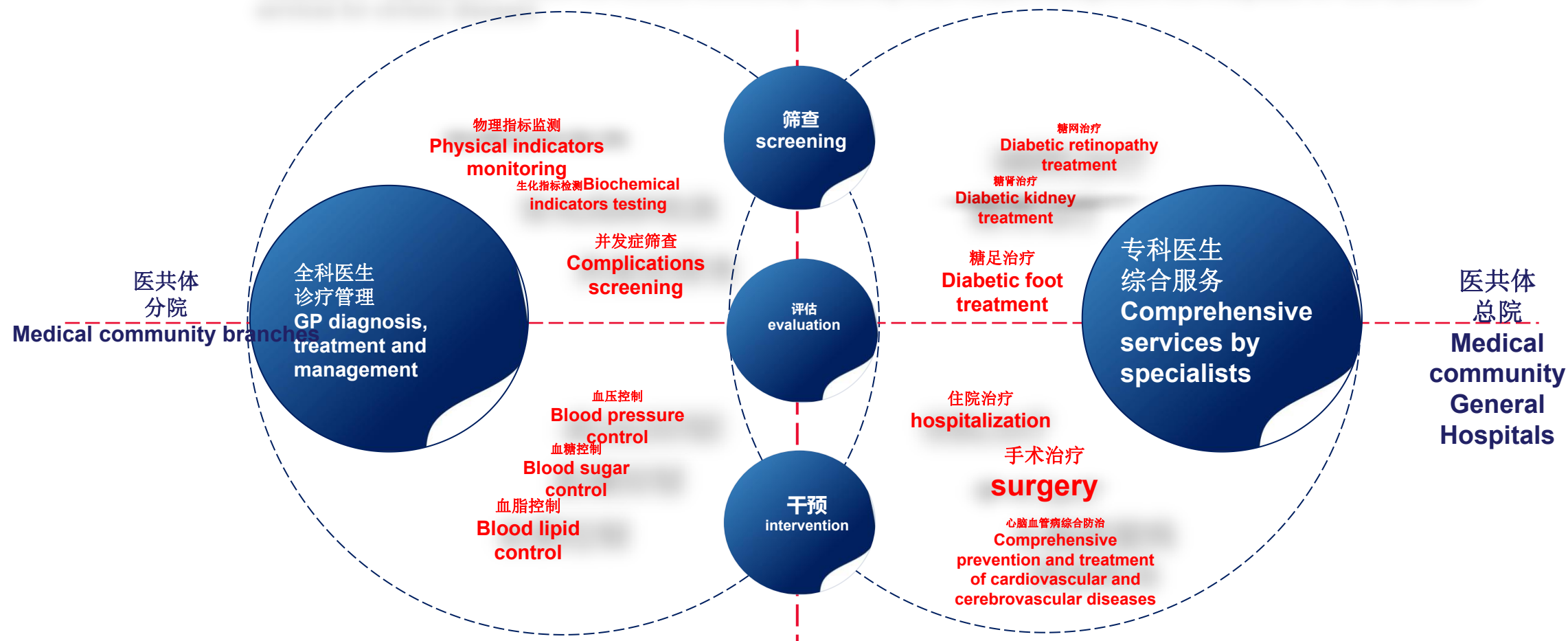
心电图、胸片/心胸比
颈动脉超声、动态心电图
动脉硬化检测
眼底照相、动态血压
内脏脂肪检测
外周神经传导检测
超声心动图检查
Electrocardiogram, chest X-ray/cardiothoracic ratio Carotid
ultrasound, dynamic electrocardiogram Arteriosclerosis
test
Fundus photography, dynamic blood pressure
Visceral fat test
Peripheral nerve conduction test
Echocardiogram

年度指标annual
indicators

医共同体闭环服务Close-looped services provided by medical communities

建立医共同体内慢病全专融合综合服务管理闭环“大平台”

Establish a “big platform” within the medical community, featuring close-looped management that integrates GP and specialist services for chronic diseases



如何让医防融合成为医疗机构和医生的自觉行为？**How to make medical institutions and doctors want to integrate medical care and prevention?**



- 以医防融合为核心的正向评价机制
- 以服务模式调整为目标的考核机制
- 以结果为导向的绩效评价体系
- 纳管人群医防融合覆盖率
- 诊间随访比率
- 项目执行比率
- 项目管理的效果-----
- A positive evaluation mechanism that supports care-prevention integration
- An evaluation mechanism that aims to transform the service model
- A result-oriented performance evaluation system
- Care-prevention integration coverage rate of the managed population
- % of follow-ups during care
- % of project implementation
- Project management effects-----

改革意义Significance of reform



- 从重过程--重结果转变
- 从完成任务-居民获益转变
- 以人为本，关爱生命
- Shift of the focus: from process to results
- Shift from delivering tasks to the public receiving benefits
- People-oriented and care for quality of life



6



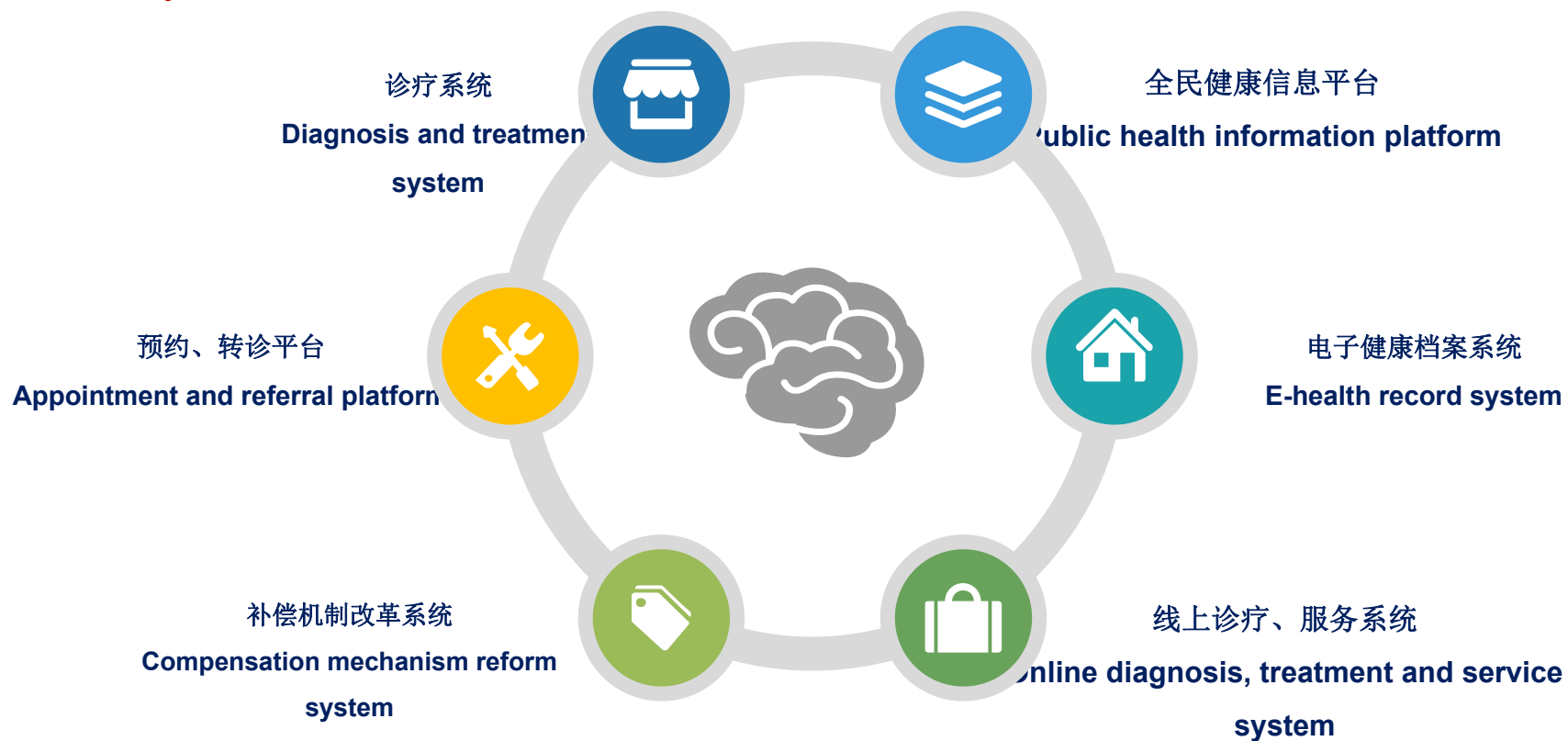
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信息化支撑 ICT system support

信息化支撑ICT system support

信息互通共享

Information connectivity and
sharing





数字化改革Digital reform

建设内容 Reform content

（一）建设省统建电子健康档案系统

通过“一地创新、全省共享”试点，建设省统建健康档案业务系统，覆盖**16**项基本公共卫生服务

（二）医疗机构HIS实时贯通

打通医疗服务数据实时采集通路，开展门诊、处方等数据标准化规范化采集，加强数据治理

（三）服务端应用

- 面向居民：在“浙里办”上线“浙里健康e生”移动端应用，向居民个人开放健康档案，打造全程连续健康服务
- 面向医生：推出数字家医，升级医生智能客户端，实现电子健康档案在医生诊间授权共享调阅

（四）治理端应用

初步形成涵盖个人/群体、机构、区域健康画像，为政策制定、业务管理、科研创新提供数据、算法、算力等技术支撑

(I) Developing a unified provincial e-health record system

Through piloting in one place and then scaling-up the experience across the province, Zhejiang has built a unified provincial health record system, covering 16 basic public health services

(II) Real-time HIS connection with medical institutions

Enables real-time collection of medical service data, standardizes the collection format of outpatient, prescription and other data, and strengthens data governance

(III) Service-side application

- For public: the province launched the "Zheli Healthy e-Life" mobile application on "Zheliban", authorized public to access health records, and provides seamlessly connected health services
- For doctors: the province launched digital GPs, upgraded the application for doctors, and enables the authorized sharing of e-records among doctors

(IV) Governance-side application

Has developed preliminary health profiles of individuals/groups, institutions and regions and provides data, algorithms, computing power and other technical support for policy development, technical management, and scientific research and innovation

基层补偿机制改革 Reform of primary care compensation mechanism

3.5亿
0.35 billion

省财政用于改革的基层信息管理系统建设

各地--统一开放的业务数据集成平台，实现数据最小颗粒度的采集、存储，对项目服务进行评价

Provincial finance department develops a primary care information management system
Local governments - unified and open platforms for service data integration that enables data collection and storage at the smallest granularity, so as to better evaluate service performance

100%

建立基层补偿改革信息系统,实现本地系统数据的自动化采集、数据对账和审核确认，可查看到机构、科室和个人工作量

Establish a primary care compensation information system to realize the automatic local data collection, data reconciliation, audit and verification; the system contains information regarding workload of institutions, departments and individual healthcare staff

90%
以上
Over 90%

实现按信息系统采集的数据为依据，计算工作当量并拨付财政购买资金，建立-量效挂钩的优绩优酬机制，提高-财政资金使用绩效

Based on the data collected by the information system, the workload equivalents are calculated, and the fiscal funds are allocated accordingly; the payment mechanism is based on workload and effects to improve the performance of fiscal resources.

信息化支撑ICT system support

挂号端

慢病人群和一般人群分类
签约居民和非签约居民

registration

Population with chronic diseases vs general population
Contracted vs non-contracted residents

诊前管理系统

是否需要随访管理提示

Pre-diagnosis management system

Reminder for follow-up management is needed or not



诊前管理内容:

- 1、体格检查（身高、体重、血压、血糖、足背动脉触诊等）
- 2、**症状和生活方式**问询
- 3、**档案完善和就诊信息**记录

Pre-diagnosis management:

- 1、physical examination (height, weight, blood pressure, blood sugar, foot dorsum artery palpation, etc)
- 2、inquiry of **symptoms and lifestyle**
- 3、**record completion and diagnosis information** filing

诊 前
Pre-diagnosis

信息化支撑ICT system support



诊中
In-
diagnosis

- ◆ 查阅**诊前管理信息**
- ◆ 根据路径化管理清单**完成诊疗**（智能辅助诊疗系统）
 - 1、本周期已经完成的检验检查（回顾查阅）
 - 2、本周期尚未完成的检验检查（实施）
 - 3、本次需复查的检验检查（实施）
 - 4、药物开具或调整
- ◆ 提供**健康教育处方/阶段性评估**报告
- ◆ 预约下一次诊疗时间
- ◆ **Review information from pre-diagnosis management**
- ◆ **Complete diagnosis and treatment** according to the management pathway (intelligent auxiliary diagnosis and treatment system)
 - 1、Tests and examinations completed in this cycle (review)
 - 2、Tests and examinations not completed in this cycle (implement)
 - 3、Tests and examinations that need to be repeated this time (implement)
 - 4、Medication prescription or adjustment
- ◆ Provide **health education prescriptions/ evaluation report of the current stage**
- ◆ Make appointment for the next visit

信息化支撑ICT system support



诊后 Post- diagnosis

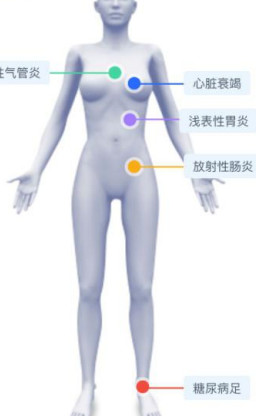
- ◆ 回顾已接诊慢病患者**诊疗信息**
- ◆ 查阅诊后完成的**检验检查结果**
- ◆ 利用智能辅助诊疗系统**综合分析**评估
- ◆ 制定或调整**下一阶段管理**计划
- ◆ 必要时开展诊后**追踪管理** → 预约特殊检查
- ◆ 提供预约**转诊/检查/住院**服务
- ◆ 将审核后的诊疗管理信息**同步**到慢病管理系统
- ◆ **Review the diagnostic information** of the patients already received
- ◆ Check **the test results** completed after the visit
- ◆ Use the intelligent auxiliary diagnosis and treatment system to conduct **comprehensive analysis** and evaluation
- ◆ Formulate or adjust the **management plan for the next phase**
- ◆ Carry out post-diagnosis **follow-up management** when necessary → Make an appointment for special examinations
- ◆ Provide services such as making appointments for referrals/examinations/hospitalization
- ◆ Synchronize the verified diagnosis and treatment management information to the chronic disease management system

姓名	性别	年龄(岁)	身高(cm)	体重(kg)	BMI指数(kg/m ²)	腰围(cm)	腰/臀
周XX	女	38	165	75	25.7 超重	88	88

诊断：高血压二级管理、糖尿病强化管理

主要健康问题

- 异常指标：糖化血红蛋白、肾功能、红细胞
- 血压控制不达标
- 血脂低密度脂蛋白超标



慢病管理指数

52

执行情况
器械检查
并发症评估
实验室检验
体征采集
生活方式

疾病风险指数

34.7

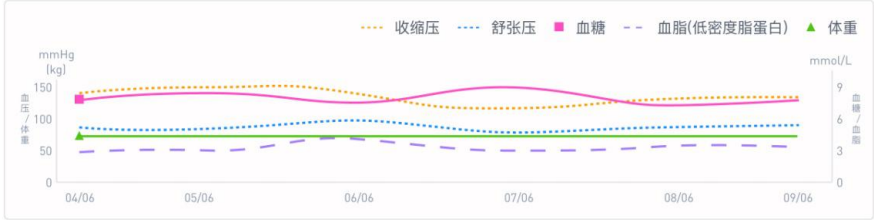
合并症
生活方式
家族史
医疗依从性
三高指标
靶器官损害

健康综合评分

0 19 48 60 100

您的健康综合评分**较低**。请遵循医嘱，准时按量用药，控制血压，控制体重，戒烟戒酒，保持运动。

主要健康指标



血压均值	145/90 mmHg	血糖均值	6.7 mmol/L
血脂(低密度脂蛋白)均值	3.37 mmol/L	体重均值	50 kg

健康指导建议

- 血压控制不佳，请按时服药，定期复诊；
- 低密度脂蛋白超标，请按时服药，保持良好习惯，三个月后复查；
- 血糖控制不佳，请遵医嘱服药，饮食控制，适当运动；
- 控制体重，保持合理的饮食结构，避免高糖、高盐、高脂肪的食物，增加水果和蔬菜的摄入。

年度健康评估报告

Annual health report

用药情况

药物名称	用法	用量	用药时间	服药依从性
氢氯噻嗪	口服	2 片/次；3次/日	30天	规律
二甲双胍	口服	2 片/次；3次/日	30天	间断

健康评价

ASCVD危险评估

低危

中危

高危

极高危

您未来10年发生动脉粥样硬化性心脑血管病的风险为**高危**。

近期检查结果异常项目

危险因素	去年结果	当前结果	理想目标值	参数说明
BMI	21.94 kg/m ²	21.94 kg/m ²	18.5 - 24 kg/m ²	判断肥胖的重要指标 BMI≥28，肥胖
INR	未知	未知	2.0 - 3.0	INR值越高，血液凝固所需时间越长
腰围	80 cm	80 cm	男性：< 90cm	中心性肥胖的依据
血压	130 / 80 mmHg	130 / 80 mmHg	< 140/90 mmHg	收缩压/舒张压
静息心率	80 (次/分钟)	80 (次/分钟)	70 次/分钟	安静状态下每分钟的心跳次数
吸烟	是	是	戒烟	与多种疾病相关
酗酒	否	否	限酒(每周≤100g)	与多种疾病相关
随机血糖	5.91 mmol/L	5.91 mmol/L	≤ 7.8mmol/L	随机GLU ≥11.1mmol/L诊断糖尿病的标准
空腹血糖	5.5 mmol/L	5.5 mmol/L	3.9-5.6 mmol/L	空腹GLU≥7.0 mmol/L诊断糖尿病的标准
糖化血红蛋白	5.9%	5.9%	< 6.5%	代表最近二个月平均血糖水平
总胆固醇	3.82 mmol/L	3.82 mmol/L	< 6.2 mmol/L	动脉粥样硬化的重要危险
甘油三酯	1.33 mmol/L	1.33 mmol/L	< 2.3 mmol/L	高脂血症的指标
高密度脂蛋白胆固醇	0.88 mmol/L	0.88 mmol/L	> 1.0 mmol/L	降低则动脉硬化的危险性增高
低密度脂蛋白胆固醇	2.21 mmol/L	2.21 mmol/L	< 1.8 mmol/L	增高则动脉硬化的危险性增高
同型半胱氨酸	15 μmol/L	15 μmol/L	5 - 15 μmol/L	增高增加心脑血管疾病的发病风险
丙氨酸氨基转移酶	25 U/L	25 U/L	< 40 U/L	是肝细胞损害的敏感指标
天门冬氨酸氨基转移酶	26 U/L	26 U/L	< 40 U/L	判断心肌和肝脏细胞有无坏死及损伤
肌肝	87 μmol	87 μmol	< 120 μmol/L	肾实质损害的标志

小结

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prevention
integration**

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信息化支撑
ICT system support



谢谢!
Thank you!