完善基层网格治理 创新绩效评价机制
推动基层公共卫生服务高质量发展
Improve the Grid Governance in Primary Care and Build an Innovative Performance Evaluation Mechanism for Stronger Development of Primary Public Health

遂溪县卫生健康委员会 Suixi County Health Commission

闫化仁 Yan Huaren

2024年9月 September 2024

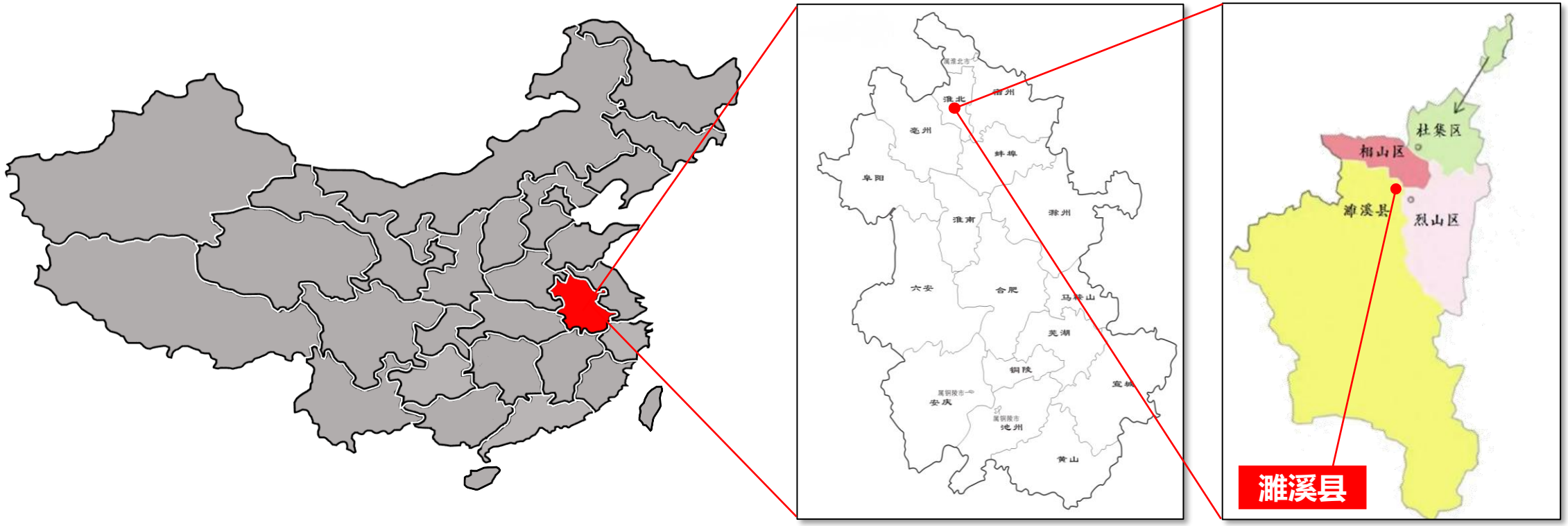
1.背景与动因 Background and drivers

2.创新治理体系 Innovative governance system

3.创新评价机制 Innovative evaluation mechanism

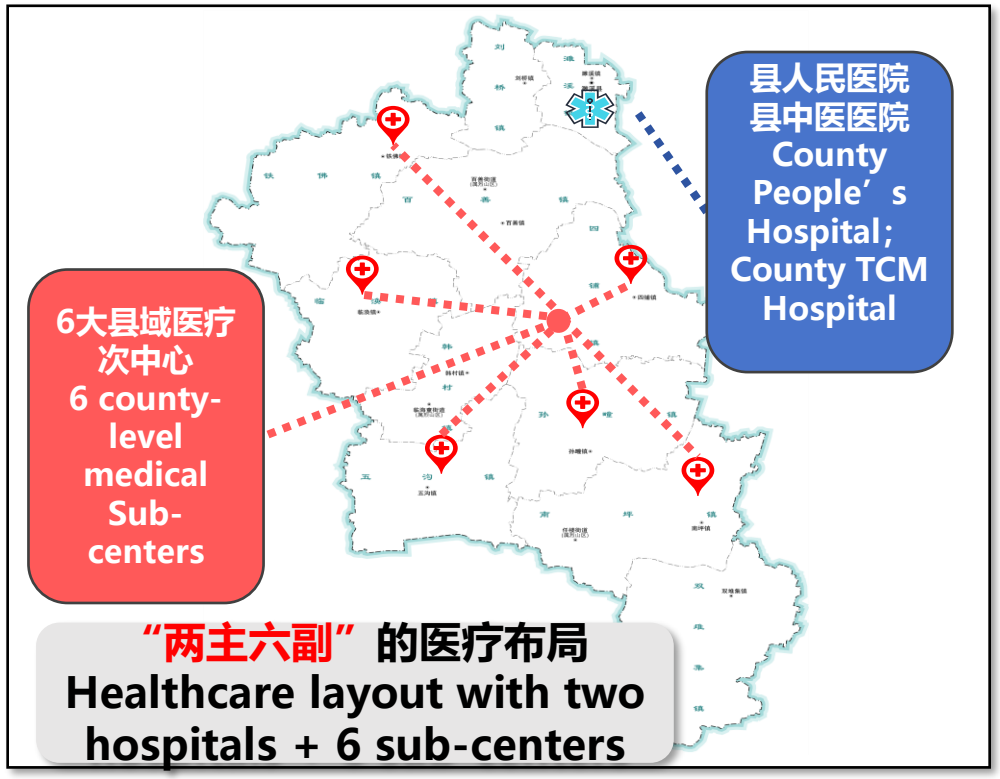
4.成效与展望 Achievements and Prospects

1.1基本县情 Basic facts of the county



濉溪县地处皖北平原，是安徽省淮北市唯一辖县，面积1987平方公里，户籍人口114.1万人，常住人口91.8万人，农村人口超63万。濉溪县下辖11个乡镇、1个省级经济开发区，是中原经济区、淮海经济区和徐州经济圈的重要县域，素有“酒乡琴韵”“嵇康故里”之美誉。Suixi County is located in the northern plain of Anhui Province. It is the only county under the jurisdiction of Huaibei City and covers an area of 1,987 square kilometers. It reports a registered population of 1.141 million, among whom 918,000 are permanent residents and over 630,000 are rural residents. Suixi County has 11 townships and 1 provincial-level economic development zone. It is not only a key county in the Central Plain Economic Zone, Huaihai Economic Zone and Xuzhou Economic Circle, but also a well-known town rich in the culture of wine and music.

1.2卫生健康事业发展现状 Current status of the health care sector



“两主六副”的医疗布局
Healthcare layout with two hospitals + 6 sub-centers

县人民医院 County People’s Hospital	县中医医院 County TCM Hospital
12家卫生院（分院）12 township health centers	6家卫生院（分院） 6 township health centers
170家村室（服务站） 170 village clinics	100家村室（服务站） 100 village clinics

紧密型县域医共体2个; two closely-structured county-level medical communities

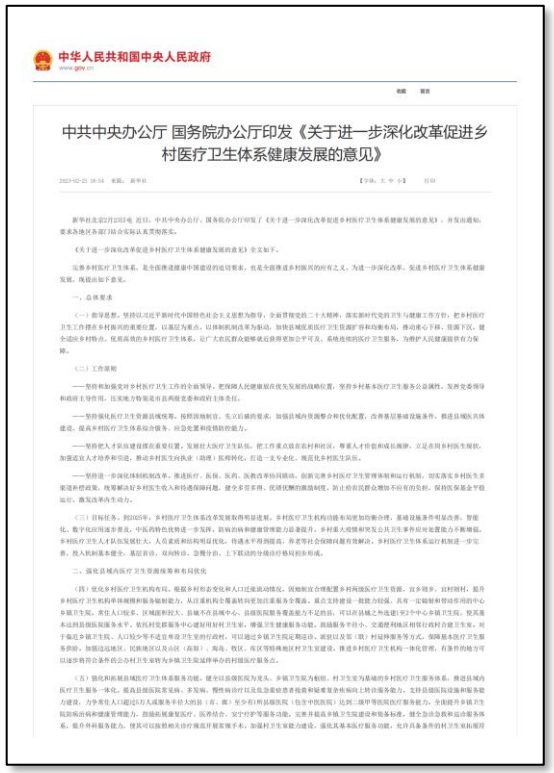
医疗机构398家; 398 healthcare institutions

- 县级医疗机构3家; 3 county- level medical institutions
- 乡镇卫生院（分院）18家; 18 township health centers (branches)
- 社区卫生服务站20个; 20 community health service stations
- 村卫生室250个; 250 village clinics
- 民营医院8家; 8 private hospitals
- 门诊部8家;
- 8 outpatient clinics
- 个体诊所90个; 90 private clinics

卫生技术人员5220人; 5220 health care practitioners

- 每千人执业（助理）医师2.55人; 2.55 practicing (assistant) physicians per 1,000 people
- 每千人执业护士2.50人; 2.50 licensed nurses per 1,000 people
- 每千人床位数4.59张; 4.59 beds per thousand people

1.3改革动因 Drivers of reform



中华人民共和国中央人民政府

中共中央办公厅 国务院办公厅印发《关于进一步深化改革促进乡村医疗卫生体系健康发展的意见》

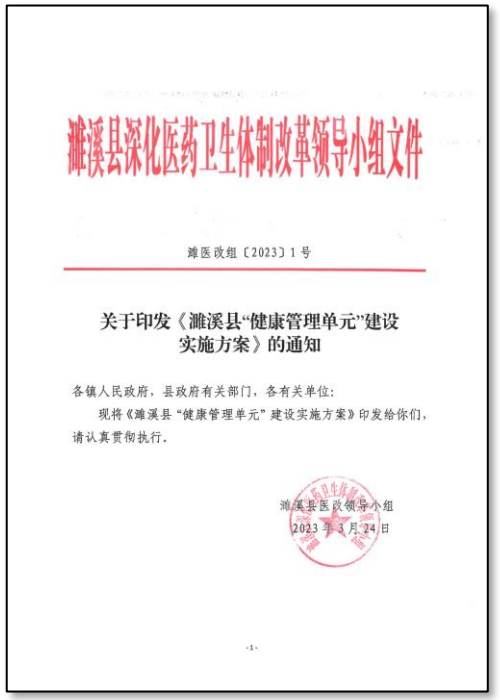
县域医疗服务体系的问题与短板日益凸显

County healthcare service system's limitations increasingly prominent

- 医疗服务资源配置不均衡Unbalanced allocation of health care resources
- 基层医疗服务力量薄弱 Weak primary health care
- 慢病负担效应日渐突出The burden of chronic diseases is becoming increasingly prominent
- 结果导向型激励不明显Result-oriented incentives are not adequate

2023年初，中共中央办公厅、国务院办公厅印发了《关于进一步深化改革促进乡村医疗卫生体系健康发展的意见》，要求“以基层为重点”“推动重心下移、资源下沉”。为解决医疗资源下沉共享不足、基层服务服务质量不高、慢病负担效应突出、自我管理基础薄弱、结果导向激励不明显等问题，濉溪县自2023年起以利益共享机制为核心探索建设健康管理单元。

At the beginning of 2023, the General Offices of CPC Central Committee and the State Council issued "*Opinions on the Further Reform to Promote Health Development of Rural Health Care System*" and required to "give priority to the primary care" and "decentralize resources to the local community". To address the limited health care resources and quality at the primary level, increasing burden of chronic diseases, inadequate awareness of self-management, and insufficient result-oriented incentives, Suixi County started to build a more incentivizing model consisted of health management units in 2023.



濉溪县深化医药卫生体制改革领导小组文件

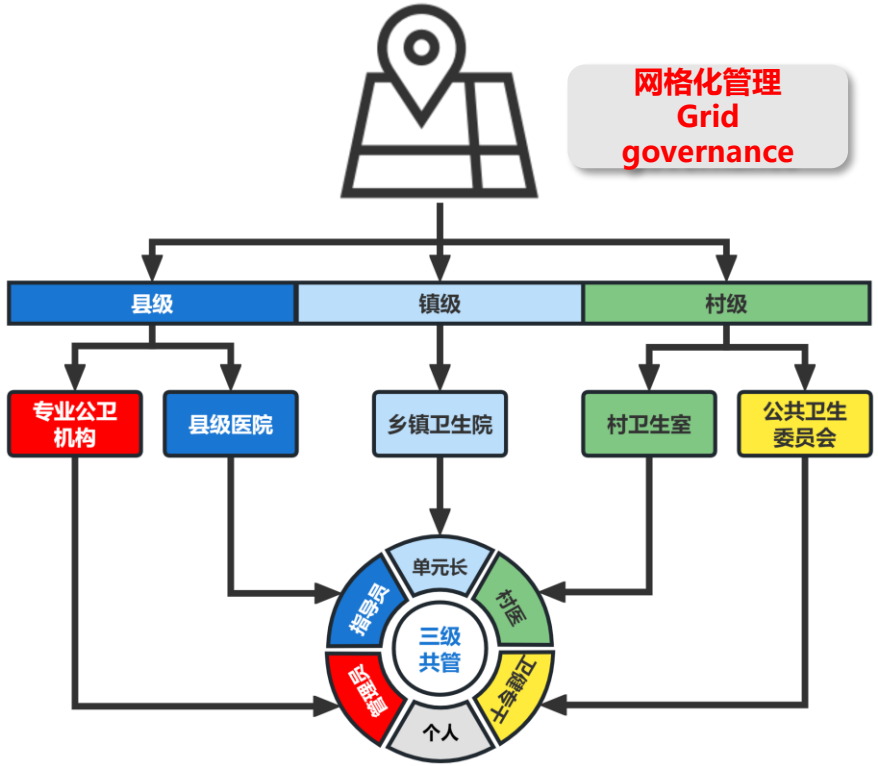
濉医改组〔2023〕1号

关于印发《濉溪县"健康管理单元"建设实施方案》的通知

各镇人民政府，县政府有关部门，各有关单位：

现将《濉溪县"健康管理单元"建设实施方案》印发给你们，请认真贯彻执行。

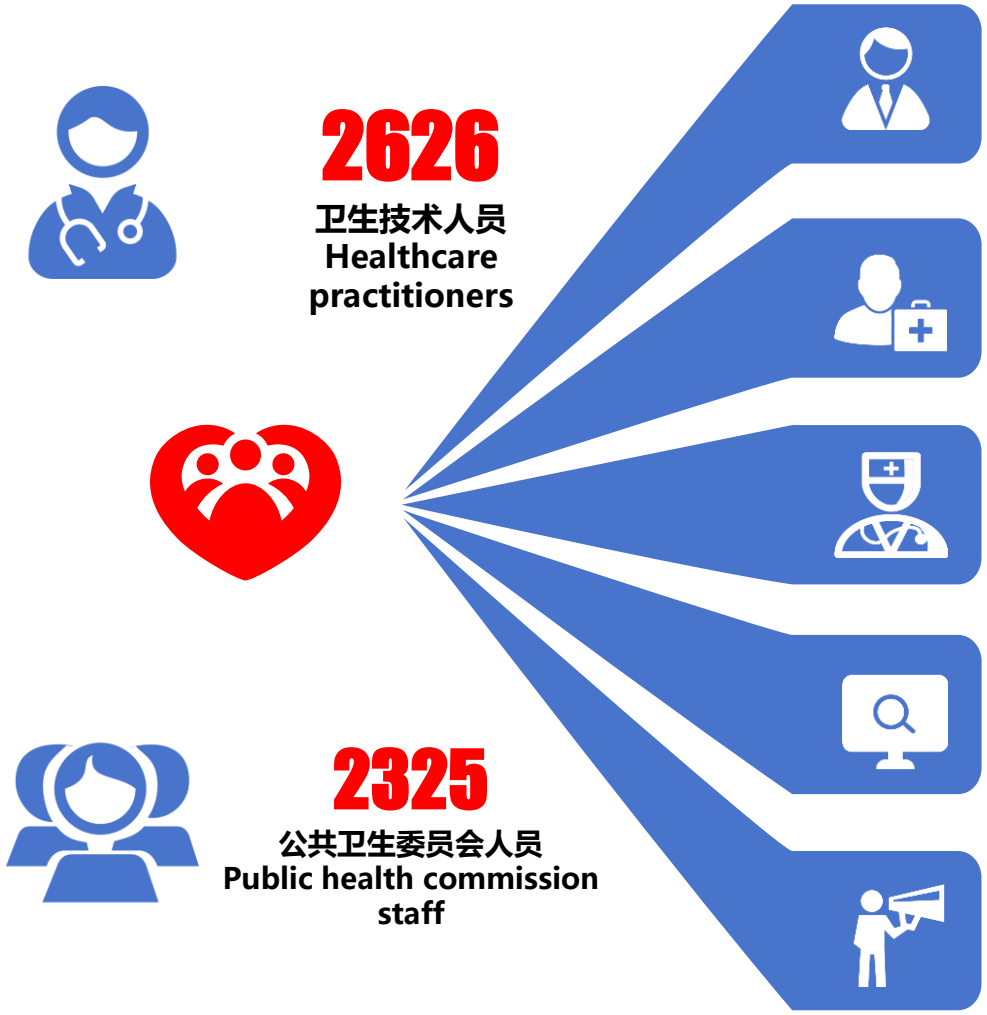
濉溪县医改领导小组
2023年3月24日



城镇社区与行政村网格化管理
Grid governance of township communities and administrative villages

232
健康管理单元
Health management units

制定《健康管理单元建设实施方案》，以城镇网格和行政村为基础，在全县划分232个健康管理单元，每个单元网格由县、镇、村三级机构，专业公共卫生机构、县级医院、乡镇卫生院、村卫生室、公共卫生委员会五方团队协同负责，构建了三级共管、上下联动、协同共治的网格化基层卫生治理体系。
According to the "Implementation Plan for Developing Health Management Units", the county has been divided into 232 health management units based on township grids and administrative villages. Each unit is jointly managed by five teams from three tiers (county, townships and villages) including professional public health institutions, county hospitals, township health centers, village clinics, and public health committees. We have thus constructed a grid-based primary care governance system featuring three-tier co-management, coordination between top and bottom levels and collaborative governance.



单元长（乡镇卫生院）：负责健康管理单元日常全面管理工作，对接卫生院管理辖区中风险人群
Unit head (township health center): responsible for the general daily management of health management units; connect with the medium-risk population in the health center’ s jurisdiction

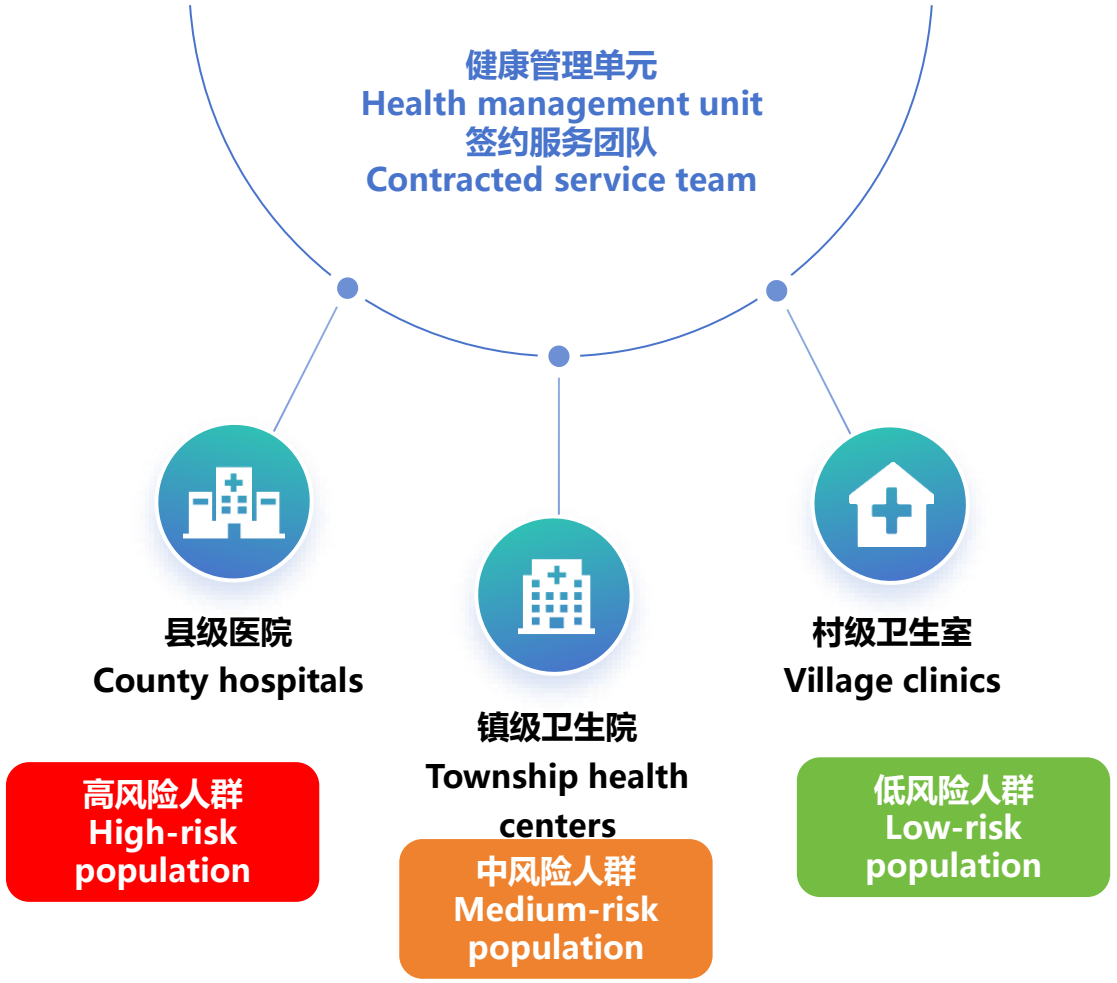
指导员（县级医院）：负责健康管理单元政策指导、业务培训，对接牵头医院管理辖区高风险人群
Instructor (county-level hospital): responsible for policy guidance and technical training of health management units; connect with the high-risk population in the jurisdiction of the hospital in lead.

村医（村卫生室/社区卫生服务站）：负责健康管理单元辖区内居民签约服务、转诊引导、低风险人群管理等工作
Village doctors (village clinics/community health service stations): responsible for contracting services and referral guidance for residents within the health management unit; responsible for the management of low-risk population.

管理员（专业公共卫生机构）：负责健康管理单元服务质量控制工作与效果评价工作
Administrator (professional public health institutions): responsible for the service quality control and effect assessment within the health management unit

卫健专干（公共卫生委员会）：配合健康管理单元团队开展人员摸排、健康宣教、健康促进、公共卫生突发事件处置等
Healthcare practitioners (Public Health Commission): cooperate with the health management unit team to carry out public screenings, health education, health promotion and public health emergency response, etc.

2.1网格共管，探索协同共治新格局Discover a new pattern of grid co-governance



在健康管理单元的基础上组建县镇村三级参与、临床与公卫协同的一体化签约服务团队，针对辖区重点人群开展摸排与风险等级评估，并按照“红黄绿”标记风险人群，实施分级分类管理，通过精准服务有效提高慢性病管理水平。

In the framework of health management units, a collaborative service team is established featuring three-tier cooperation (county, townships and villages) and coordination of clinical healthcare and public health staff. The team investigates into key populations within the jurisdiction and marks different health risk levels with “red, yellow and green”, so as to implement differentiated management and improve chronic disease management through well-targeted services.

全民健康信息平台
Public health information platform

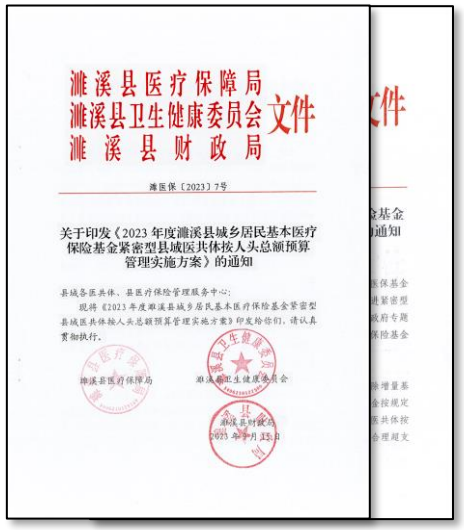
远程诊疗体系
Remote system of diagnosis and treatment

专家会诊服务中心
Specialist consultation service center

医共体中心药房
Central pharmacies for medical communities

健康管理单元团队依托紧密型县域医共体的全民健康信息平台、远程诊疗体系、专家会诊服务中心、医共体中心药房等资源共享渠道，构建诊前有管理、诊中帮转诊、诊后有随访、取药能就近、信息能共享的全周期服务供给体系，进一步提高农村居民就医的可及性和公平性，打通基层卫生治理体系“最后一公里”。
Based on the public health information platform, remote diagnosis and treatment system, specialist consultation service center and central pharmacies and other resource sharing channels of the closely connected country-level medical community, the health management unit team has built a full-cycle service system that enables pre-diagnosis management, referral assistance during diagnosis, follow-up after diagnosis, easy access to pharmacy and information sharing. The system further improves the accessibility and fairness of medical treatment for rural residents and removing the obstacles lying in the last mile of primary care delivery.

2.3资金共池，构建利益共享新机制Build a pooled fund and a new mechanism of benefit sharing


濉溪县医疗保障局
濉溪县卫生健康委员会文件
濉溪县财政局

濉医保〔2023〕7号

关于印发《2023年度濉溪县城乡居民基本医疗保险基金紧密型县域医共体按人头总额预算管理实施方案》的通知


濉溪县卫健委 财政局 文件

濉卫健〔2023〕36号

关于印发《濉溪县2023年基本公共卫生服务经费县域医共体人头付费总额预算实施方案》的通知

治病为中心
Treatment as the focus

健康为中心
Health as the focus

医保基金
Medical insurance funds
医疗
Medical care

公卫经费
Public health funds
预防
Prevention

医防协同
Medical care-prevention integration
利益共享
Benefit sharing

通过将医保基金和公卫经费统筹使用，按辖区服务人口进行总额预算，在健康管理单元团队县镇村三个层次中实现医防协同与利益共享，逐步增强“以治病为中心”向“以健康为中心”转变的内生动力。
We integrated medical insurance funds and public health funds and built a global budget based on the served population in the jurisdiction. The three tiers (county, townships and villages) of the health management units collaborate and share benefits with each other to promote the transformation from the treatment-focused care model to a health-focused model.

3.1以医保基金包干为基础，建立效果导向的健康管理单元经费包干机制 Establish an outcome-oriented capitation payment mechanism for health management units based on lump sum contracts with medical insurance schemes

城乡居民医保基金按人头包干
Capitation payment by urban and rural resident medical insurance funds (based on the number of people)

单元包干结余
savings from the capitation payment system

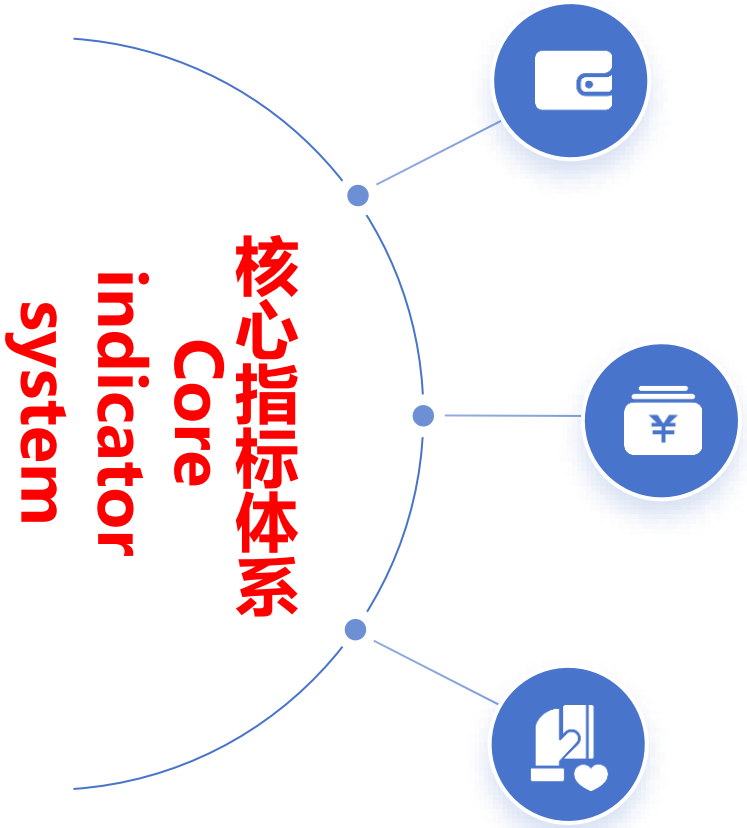
- 县级分配10%
- 10% of the savings allocated to county
- 镇级分配30%
- 30% allocated to townships
- 村级分配60%
- 60% allocated to villages

总额预算、按月预拨、年终决算、结余留用
Global budget, monthly payment, year-end settlement, and savings retention and allocation

以健康管理单元近3年一般人群人均医保基金年均支出和门诊慢病人群人均医保基金年均支出为标准，将城乡居民医保基金向健康管理单元包干，主要用于包干人群的门诊和住院支出（不含大病保险），实施总额预算、按月预拨、年终决算、结余留用，超支由医共体分担。结余基金按县镇村对应比例进行考核分配。
Based on the general population’s average annual spending from the medical insurance and the chronic-diseases-population’s average annual spending at the outpatient department from the medical insurance under the health-management-unit framework over the past three years, the urban and rural residents' medical insurance funds are allocated to the health management units in the form of capitation payment. This provider payment model covers the outpatient and inpatient expenditures of the managed population (excluding critical disease insurance), operating with a global budget, making monthly advance payments, settling at the year end and retaining savings (or sharing excess cost if losses are incurred) across the medical community. The savings are verified and allocated according to the corresponding proportions of the county, towns and villages.

3.1以医保基金包干为基础，建立效果导向的健康管理单元经费包干机制 Establish an outcome-oriented capitation payment mechanism for health management units based on lump sum contracts with medical insurance schemes

在医共体总额预算框架下以健康管理单元为单位的经费包干预算基础上，建立以3项指标为核心的健康干预举措落实效果指标体系，推动“健康守门人”和“医保基金守门人”制度的落地见效。
Based on the capitation payment to the health management units under the global budget framework of the medical community, a health intervention performance indicator system with three core indicators is established to promote the concepts of "health gatekeeper" and "medical insurance fund gatekeeper".



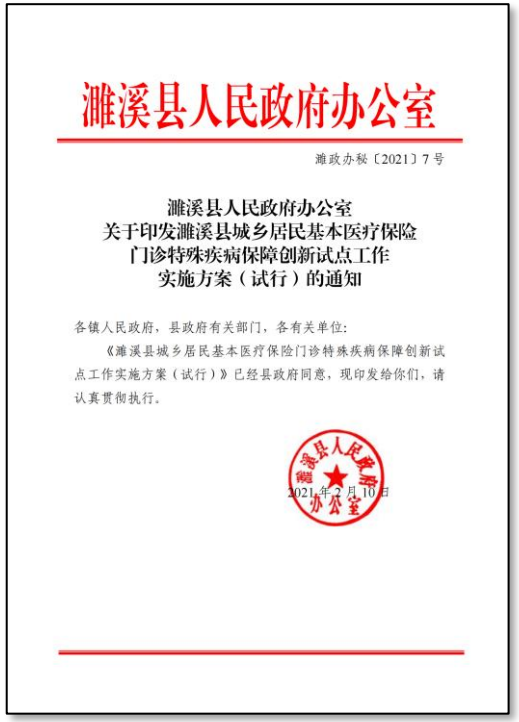
单元基本医保基金结余
The savings from basic medical insurance funds

单元人均年度基本医保支出同比变化情况
Year-on-year changes in the annual per capita spending in basic medical insurance schemes

单元参保人均年度医疗总支出同比变化情况
Year-on-year changes in the annual per capita spending in the total medical insurance schemes

创新评价机制Innovative evaluation mechanism

3.1以医保基金包干为基础，建立效果导向的健康管理单元经费包干机制Establish an outcome-oriented capitation payment mechanism for health management units based on lump sum contracts with medical insurance schemes



濉溪县人民政府办公室

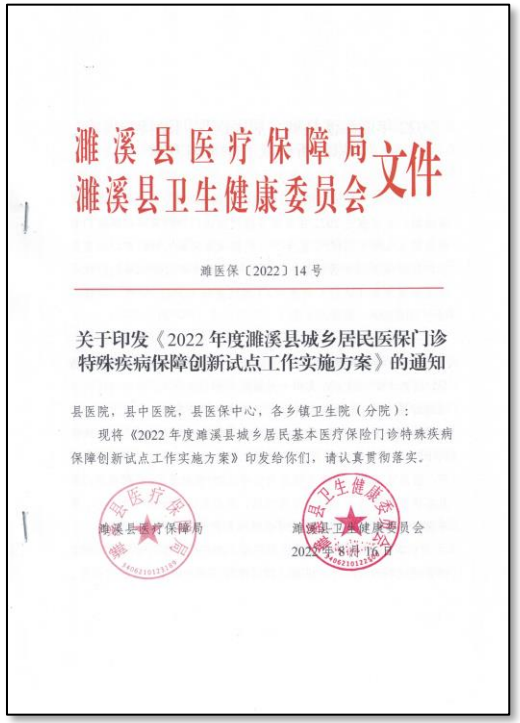
濉政办秘〔2021〕7号

濉溪县人民政府办公室
关于印发濉溪县城乡居民基本医疗保险
门诊特殊疾病保障创新试点工作
实施方案（试行）的通知

各镇人民政府，县政府有关部门，各有关单位：

《濉溪县城乡居民基本医疗保险门诊特殊疾病保障创新试点工作实施方案（试行）》已经县政府同意，现印发给你们，请认真贯彻执行。

2021年2月10日



濉溪县医疗保障局
濉溪县卫生健康委员会文件

濉医保〔2022〕14号

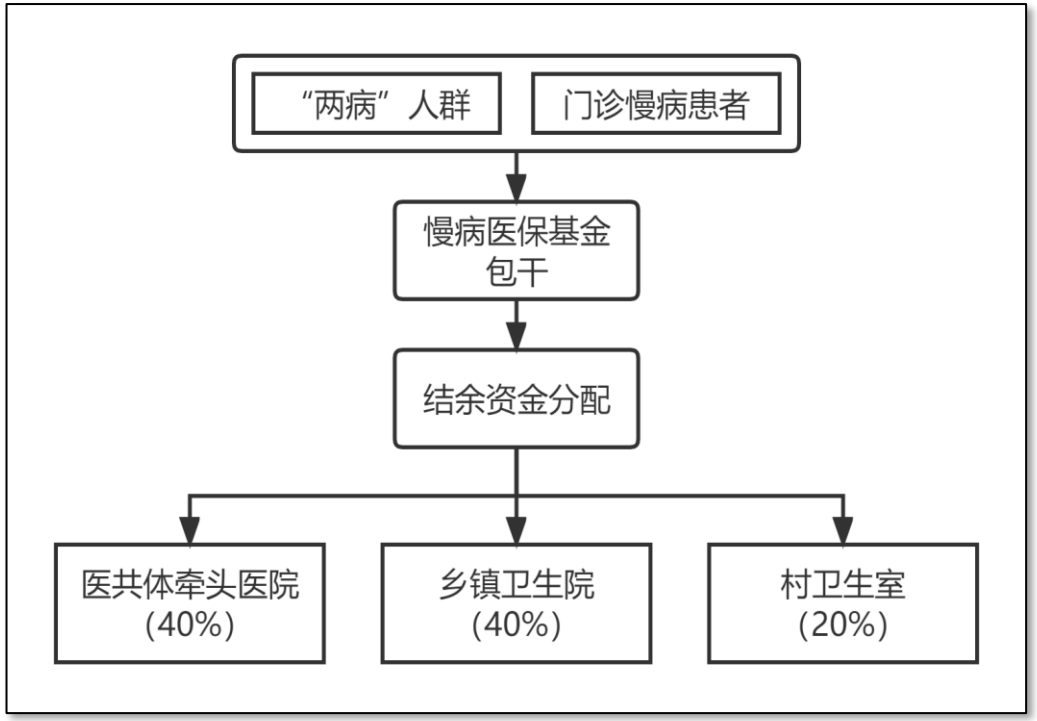
关于印发《2022年度濉溪县城乡居民医保门诊特殊疾病保障创新试点工作实施方案》的通知

县医院，县中医院，县医保中心，各乡镇卫生院（分院）：

现将《2022年度濉溪县城乡居民基本医疗保险门诊特殊疾病保障创新试点工作实施方案》印发给你们，请认真贯彻落实。

濉溪县医疗保障局　　濉溪县卫生健康委员会

2022年8月16日



在城乡居民医保总额预算“大包干”的基础上创新实施**门诊慢性病医保基金“小包干”**。探索将41组常见慢性病门诊医保基金提取出来包干管理，结余资金经考核后按县镇村4:4:2分配。通过资金激励推动基层医疗机构主动强化慢病防治，实现从慢病管理中获得收益。Following the "big capitation package" under the framework of urban and rural residents' medical insurances, we innovatively introduced **the "small capitation package" to manage chronic diseases at the outpatient departments**. We explored to separate part of funding from the medical insurance schemes to manage the 41 most common chronic diseases and in such small capitation management model, any savings, once verified, are allocated among the county, townships and villages according to the 4-4-2 formula. Through financial incentives, we try to encourage primary medical institutions to actively strengthen the prevention and care of chronic diseases and gain a share of the benefits from chronic disease management.

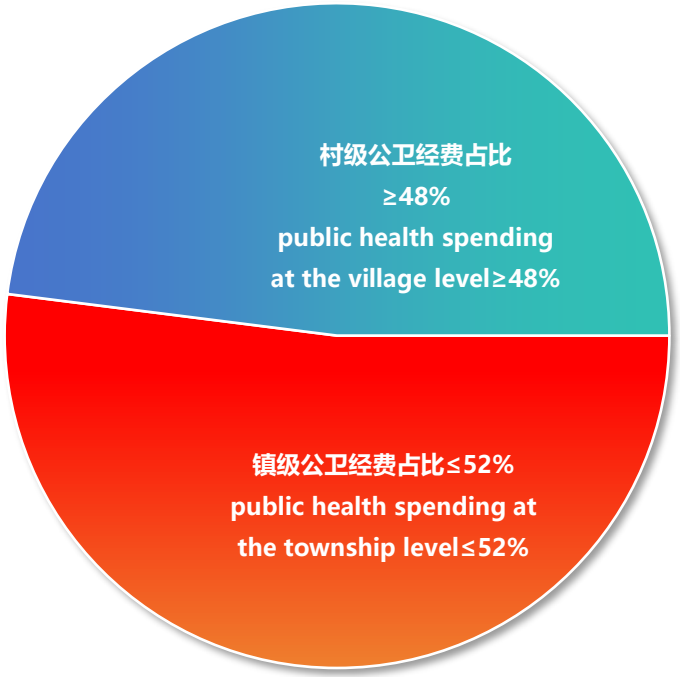
创新评价机制Innovative evaluation mechanism

3.2以公卫经费包干为基础，建立过程、目标、效果协同引导的健康管理单元绩效评价机制 Build a performance evaluation mechanism for health management units and pursue a balance between process, objectives and effects in the capitation payment to public health

中央补助资金
Subsidies from the central government

省级补助资金
Subsidies from provincial government

县级补助资金
Subsidies from county government



核定总量不低于48%的额度为村级年度补助资金总量
≥48% of the subsidies are allocated to the villages

- 核算70%额度用于过程评价
- 70% of the subsidies are allocated based on process evaluation
- 核算20%额度用于目标评价
- 20% of the subsidies are allocated based on objective evaluation
- 核算10%额度用于效果评价
- 10% of the subsidies are allocated based on effect evaluation

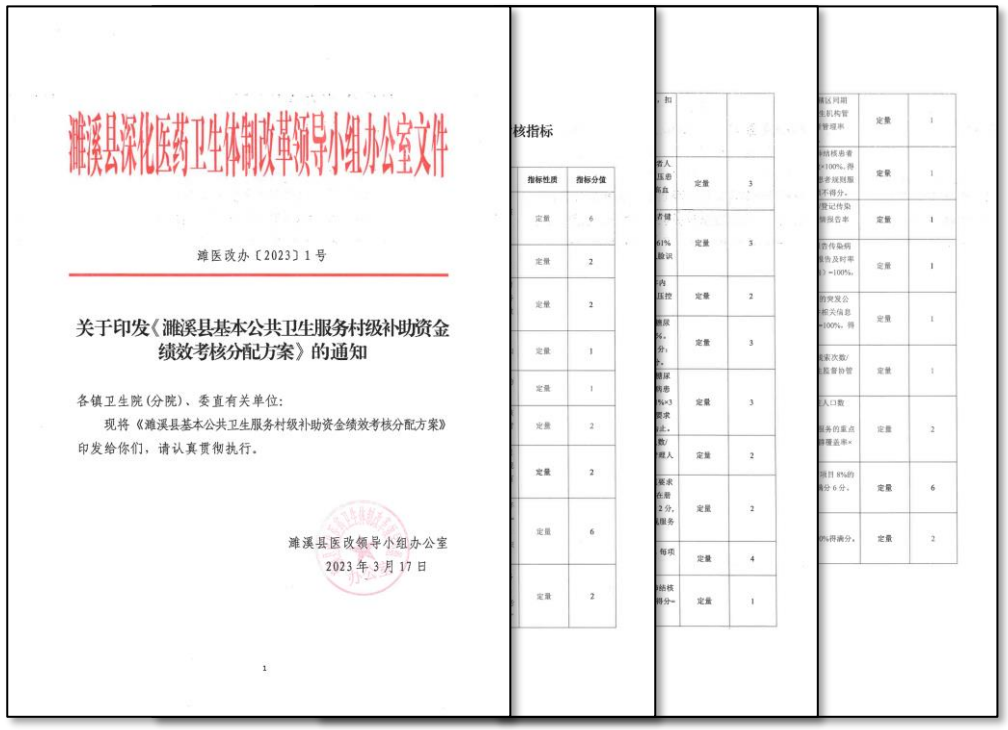
以健康管理单元为单位进行村级基本公共卫生经费包干，对村级基本公共卫生经费总量按照7:2:1核算评价额度，在基本公共卫生服务过程控制的基础上，强化基本公共卫生服务的目标与效果评价，建立过程、目标、效果协同引导的公共卫生服务绩效评价机制。Within health management units, the basic public health funding is paid at the village level on a capitation basis. The total funding for basic public health at the village level are allocated with a ratio of 7:2:1 (among process, objectives and effects). While maintain an overall control over the process, we also want to strengthen the evaluation of objectives and effects of basic public health services.

3 创新评价机制Innovative evaluation mechanism

3.2以公卫经费包干为基础，建立过程、目标、效果协同引导的健康管理单元绩效评价机制Build a performance evaluation mechanism for health management units and pursue a balance between process, objectives and effects in the capitation payment to public health

3.1

3.2



◆ 工分校正work credit calibration

校正后工分值=季（年）度项目工分值×项目质量系数
Calibrated work credits=quarterly (annual) work credits of a project * project quality coefficient

◆ 纳入“两卡制”管理的子项目sub-projects included in the “two-card" management system

项目补助资金额度=校正后工分值×元/分
Allocated subsidies=corrected work point * RMB/point

◆ 未纳入“两卡制”管理的子项目sub-projects not included in the “two-card” management system

项目补助资金额度=子项目过程评价总额×质量系数
Sum of allocated subsidies=sub-projects' total score in the process evaluation * quality coefficient

提取村级基本公共卫生经费70%用于过程评价，按照原有的《基本公共卫生服务村级补助资金绩效考核分配方案》进行。以公共卫生服务两卡制工分考核为基础，实行季度考核，年终总评，季（年）度得分作为质量系数校正工分值。以前三季度考核得分各20%，第四季度考核得分40%合成年度绩效评价得分，考核扣减的份额纳入效果评价。

70% of the village-level basic public health funds are allocated based on process evaluation in accordance with the original “Allocation Plan of Village-level Basic Public Health Service Subsidies according to Performance Assessment". Based on the two-card work credit assessment of public health services, quarterly assessments and year-end evaluations are implemented, and the quarterly (annual) scores are used as quality coefficients to calibrate the work credits. 20% of the assessment scores are assigned to the first three quarters each and the 40% is assigned to the fourth quarter. After putting together scores of four quarters, the aggregated sum becomes the annual evaluation score. The deducted scores will be included in the effect evaluation.

3 创新评价机制Innovative evaluation mechanism

3.2以公卫经费包干为基础，建立过程、目标、效果协同引导的健康管理单元绩效评价机制Build a performance evaluation mechanism for health management units and pursue a balance between process, objectives and effects in the capitation payment to public health

3.1

3.2

序号No.	基本公共卫生服务项目basic public health services	目标考核指标assessed indicators	基准目标值benchmark requirements
1	电子健康档案e-health record	规范化电子健康档案覆盖率Coverage of residents with standard e-health records	64%
2	健康教育health education	健康教育积分Health education credits	按当年任务设定assigned based on annual tasks
3	预防接种preventive vaccination	免疫规划疫苗接种率Immunization program vaccination rate	90%
4	0-6岁儿童健康管理health management of children aged 0-6	新生儿访视率Newborn visit rate	90%，辖区出现0-6岁儿童死亡的此项不分配no allocation in cases of death of children aged 0-6 within the jurisdiction
		0-6岁儿童健康管理率. % of children aged 0-6 years under health management	90%，辖区出现0-6岁儿童死亡的此项不分配no allocation in cases of death of children aged 0-6 within the jurisdiction
5	孕产妇管理maternity management	产后访视率Postpartum visit rate	90%，辖区出现孕产妇死亡的此项不分配no allocation in cases of death of children aged 0-6 within the jurisdiction
		孕产妇系统管理率 % of pregnant women and women in childbed under systematic management	90%，辖区出现孕产妇死亡的此项不分配no allocation in cases of death of children aged 0-6 within the jurisdiction
6	65岁以上老年人健康管理health management of the elderly over 65	老年人规范健康管理率 Proportion of the elderly under standard health management	64%
7	慢性病患者健康管理health management of chronic disease patients	高血压患者规范管理率 Proportion of hypertension patients under standard management	64%
		Ⅱ型糖尿病患者规范管理率Proportion of type II diabetes patients under standard management	64%
8	严重精神障碍患者健康管理health management of patients with severe mental disorders	严重精神障碍患者健康管理率 % of severe mental disorder patients under health management	80%，辖区发生严重精神障碍患者肇事肇祸的此项不分配no allocation in cases of accidents caused by patients with severe mental disorders within the jurisdiction
9	肺结核患者健康管理health management of tuberculosis patients	肺结核患者健康管理率Proportion of TB patients under health management	90%，辖区发现漏报、漏管的此项不分配no allocation in cases of unreported or unmanaged patients
10	中医药健康管理health management with TCM	65岁以上老年人中医药健康管理服务率 % of elderly over 65 under health management using traditional Chinese medicine	74%
		0-36个月儿童中医药健康管理服务率 % of children aged from 0 to 36 months under health management using traditional Chinese medicine	84%
11	卫生协管health coordination	卫生监督协管信息报告率 % of event reporting by health supervision and coordination staff	90%
12	公卫卫生事件处理response to public health events	传染病和突发公共卫生事件报告Report on infectious diseases and public health emergencies	95%

提取村级基本公共卫生经费20%用于目标评价，考核12项基本公共卫生项目的目标完成情况，在年度过程绩效评价结束后进行。针对各项基本公共卫生服务子项目设置相应基准目标值，凡子项目工作达到基准目标值及以上时可分配相应子项目的全额经费，低于基准目标值时不参与分配。考核扣减的份额纳入效果评价。20% of the village-level basic public health funds are allocated according to evaluation of target attainment. The attainment of 12 targets in basic public health delivery is assessed after the annual process performance evaluation. Corresponding benchmarks are set for sub-projects under each basic public health service. When the benchmarks are reached, the corresponding service will be fully funded. In cases of failure to reach the benchmarks, no payment will be made. The shares deducted in the objective evaluation will be allocated in the effect evaluation.

创新评价机制Innovative evaluation mechanism

3.2以公卫经费包干为基础，建立过程、目标、效果协同引导的健康管理单元绩效评价机制Build a performance evaluation mechanism for health management units and pursue a balance between process, objectives and effects in the capitation payment to public health.

健康管理单元人均年度医疗总支出同比变化情况
Year-on-year changes in the total annual medical spending per person within the health management unit framework

健康管理单元 Health management unit A、B、C……	排名前 top 12.5%
健康管理单元 Health management unit a、b、c……	排名 top 12.5%-25%
健康管理单元 Health management unit 1、2、3……	排名 top 25%-37.5%
健康管理单元 Health management unit Ⅰ、Ⅱ、Ⅲ	排名 Top 37.5~50%

分配40%额度
40% of the total funding allocated

分配30%额度
30% of the total funding allocated

分配20%额度
20% of the total funding allocated

分配10%额度
10% of the total funding allocated

提取村级基本公共卫生经费10%用于效果评价，在年度过程绩效评价结束后进行，过程评价和目标评价扣减的份额纳入效果评价资金额度。

以健康管理单元人均年度医疗总支出同比变化情况为效果评价指标，依托信息系统对同比下降幅度或合理增长幅度进行排名。

排名前50%的健康管理单元根据排名情况参与分配效果评价资金额度，其中排名前12.5%的分配40%额度，排名12.5~25%的分配30%额度，排名25~37.5%的分配20%额度，排名37.5~50%的分配10%额度；排名后50%的不参与分配。

10% of the basic public health funds at the village-level will be allocated based on effect evaluations, which will be carried out after the annual process performance evaluation. The deductions from the process and objective evaluation will also be allocated during the effect evaluation.

The year-on-year changes in the annual total medical spending per person within the health management unit framework is used as the indicator for effect evaluation. The units are ranked based on their year-on-year developments (declines or reasonable growth in per capital spending) in the ICT system.

The top 50% health management units participate in the allocation of effect evaluation funds according to their rankings. The top 12.5% take 40% of the funding; the units ranked 12.5-25% take 30%; the units ranked 25-37.5% take 20%; and those ranked 37.5-50% take 10%; the bottom 50% units shall not participate in the allocation.

创新评价机制Innovative evaluation mechanism

3.2以公卫经费包干为基础，建立过程、目标、效果协同引导的健康管理单元绩效评价机制Build a performance evaluation mechanism for health management units and pursue a balance between process, objectives and effects in the capitation payment to public health.

以过程评价为基础
Process evaluation as the basis

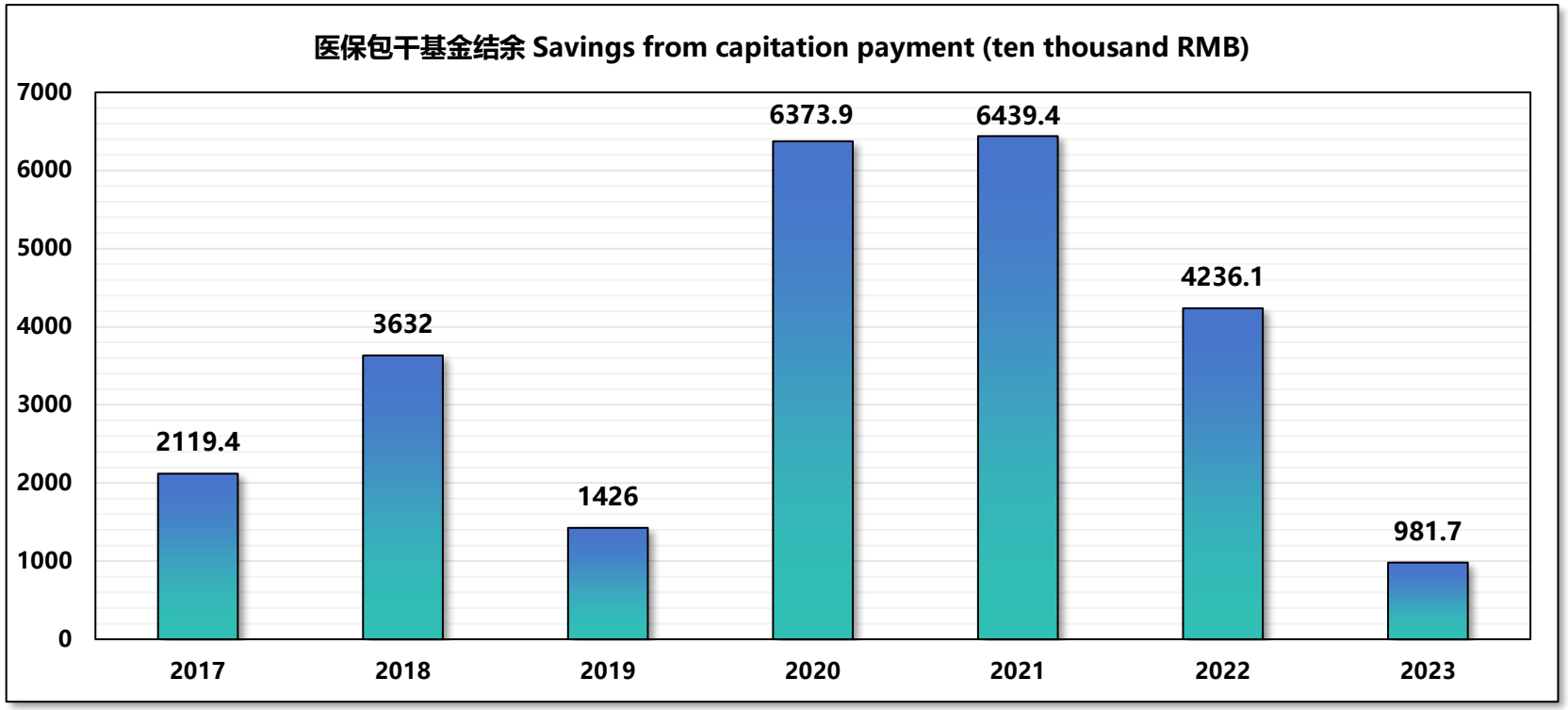
以目标评价为导向
Objective evaluation as the orientation

以效果评价为激励
Effect evaluation as the incentive

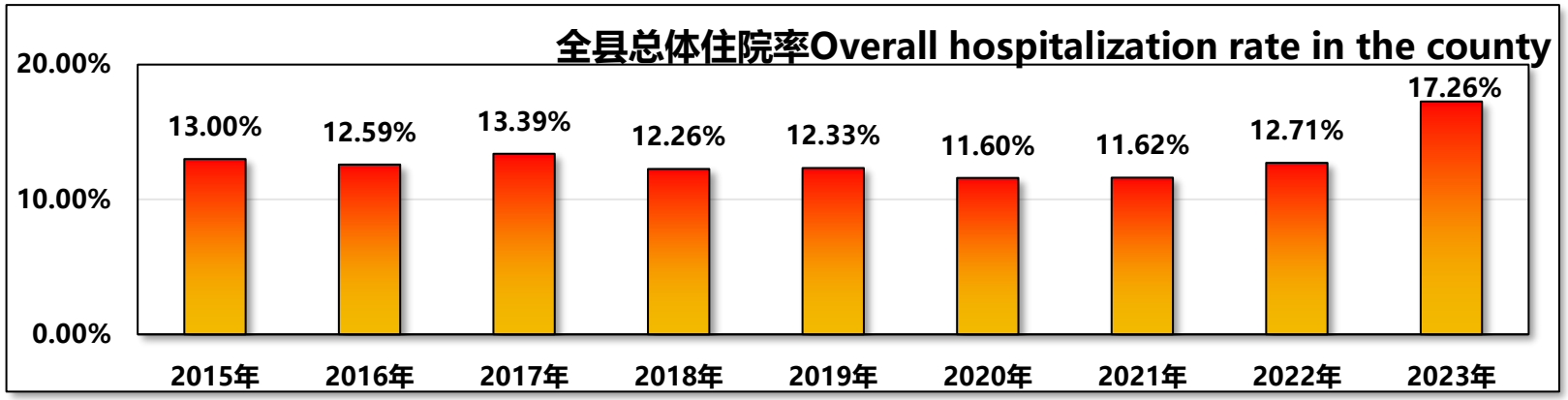
健康管理单元公卫包干结算金额=（包干额度x70%-过程评价扣减份额）+（包干额度x20%-目标评价扣减份额）+效果评价分配份额
In the capitation payment model to fund public health delivery，the final payment to the health management units =（lump sum of packagex70%-deductions in process evaluation）+（lump-sum of packagex20%-deductions in goal evaluation）+allocations in effect evaluation

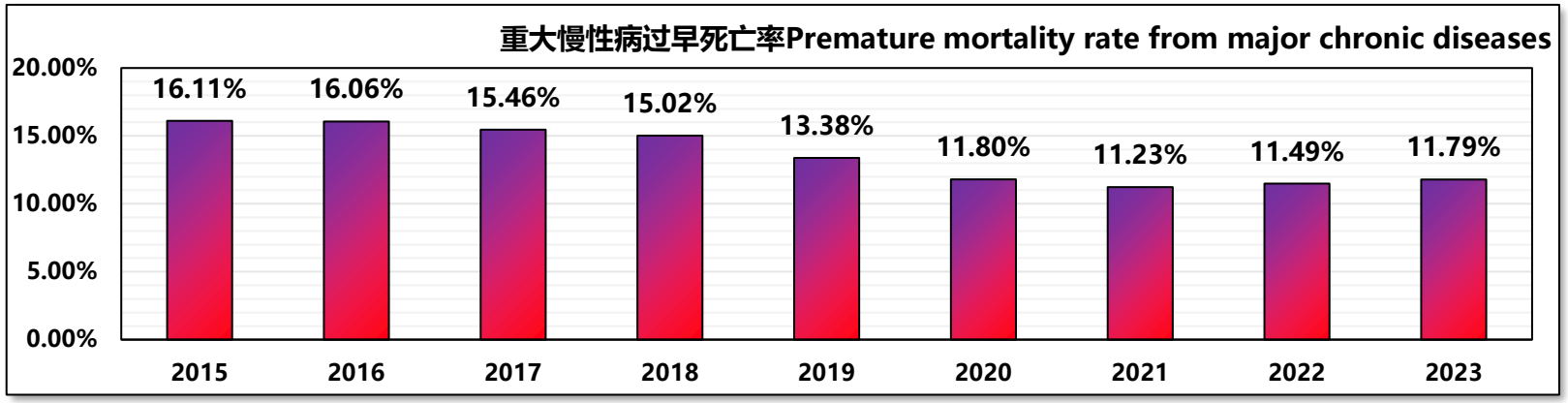
通过持续优化基本公共卫生服务绩效评价机制，促进基层公共卫生服务供给由过程评价逐步转向过程、目标、效果评价相结合，进一步强化“以健康为中心”工作导向，推动基层卫生网底的服务效率进一步提升。By continuously optimizing the performance evaluation mechanism for basic public health services, we gradually upgrade the evaluation model of primary care from process evaluation to an integrated evaluation of processes, objectives and effects; further prioritize the “health-centered（instead of treatment-centered）” concept and further improve the efficiency of primary care。

4.1取得成效Achievements



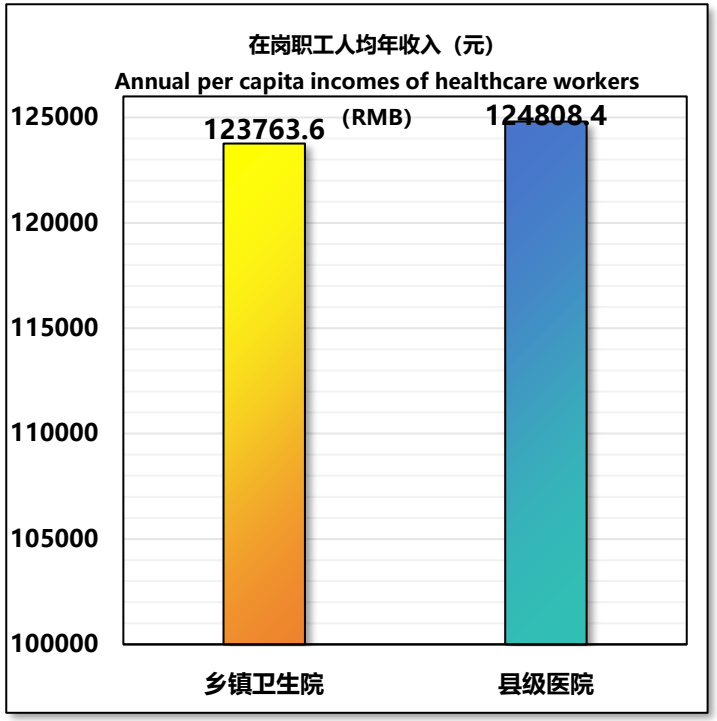
通过不断深化资金包干机制，从医共体包干向健康管理单元包干探索、从城乡居民医保大包干向门诊慢性病医保小包干探索，医保总额预算政策在医疗服务战略购买中发挥的作用持续呈现，**包干资金从2017年起已实现连续7年结余**，医保资金的保障效益更加稳固。We have continuously deepened the application of capitation mechanism in paying health care delivery. Our reform began from using health management units and paying them lump sum fees based on the number of managed population(“big capitation model”), then we developed the model of paying the units in managing a group of chronic diseases at the outpatient departments(”small capitation model”). Setting a global budget for the health service delivery has played a lasting role in the health insurers’ strategic procurement of medical services. **Such innovative payment models have generated savings for seven years in a row** and the potential benefits that medical insurance schemes can provide are more solid than ever.

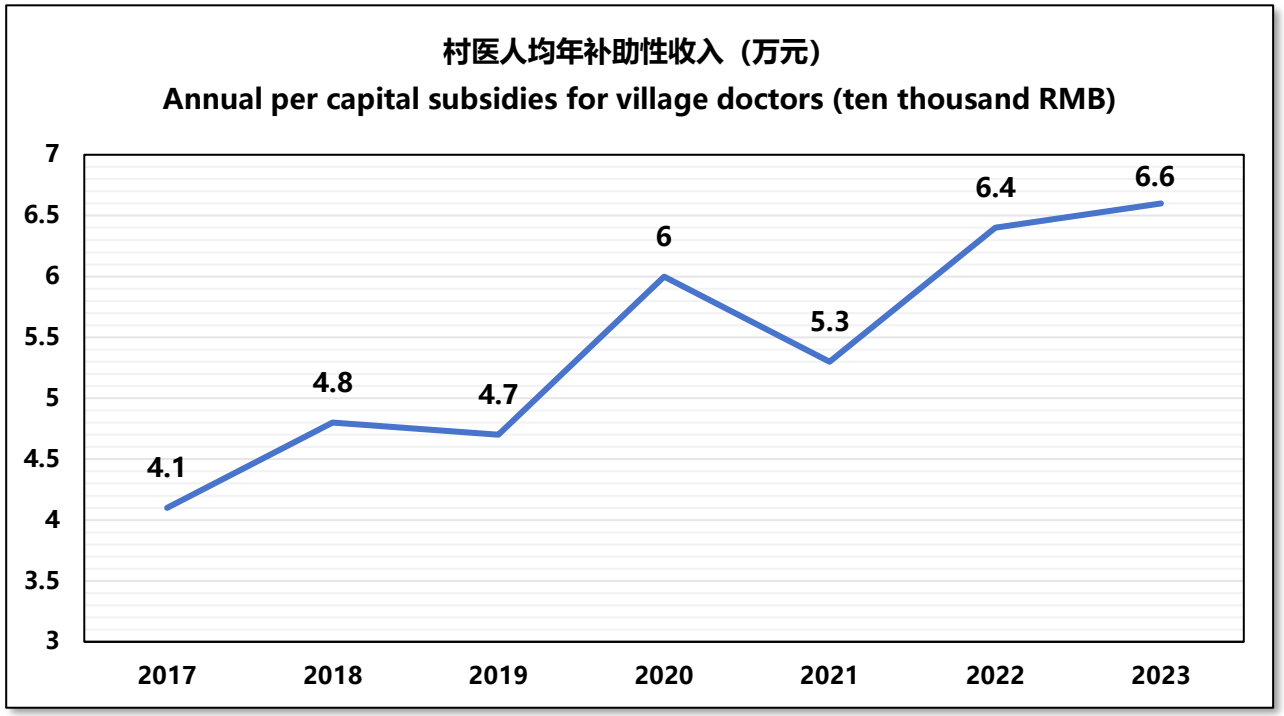




通过完善绩效评价机制，在县级医院、基层医疗卫生机构、专业公共卫生机构之间建立了目标一致的绩效评价与激励约束机制，在辖区居民的全程健康管理中形成有效合力，医共体核心利益共享机制进一步巩固，“重预防、少生病、少住院”的医防融合服务理念进一步发展，县域总体住院率长期维持在较低水平，重大慢性病过早死亡率呈稳步下降趋势。By improving the performance evaluation mechanism, we managed to set up a mechanism in which county-level hospitals, primary care institutions and specialized public health institutions are teamed up and share goals and benefits. An effective synergy has thus formed in the seamless health delivery for the residents in the jurisdiction. The concept of medical care-prevention integration is further enhanced. Greater priority is given to the prevention so that people can suffer from less illness and have less chances of hospitalizations. The overall hospitalization rate in the county has maintained low for a long time, and the premature mortality rate from major chronic diseases has steadily declined.

4.1取得成效Achievements





医务人员价值进一步体现。2023年乡镇卫生院人均年收入与县级医院人均年收入比值达99.16%，村医人均年补助性收入从2017年4.1万元增长到2023年6.6万元，年均增长17.20%。The value of healthcare workers is further recognized. In 2023, the annual incomes of healthcare workers in townships were 99.16% as much as the county hospitals' working staff, while the village doctors were granted 66,000 RMB subsidies per person in 2023 compared with 41,000 RMB subsidies in 2017 (with an average annual growth of 17.20%).

4.2下一步工作The following steps

◆ 进一步加强项目质量控制Further enhance quality control

依托医共体公共卫生管理中心，组建基本公共卫生服务质量控制团队，加强基本公共卫生服务质量控制工作，健全质控结果合理纳入健康管理单元评价机制，切实保障基层服务真实、有效。
The quality control team for basic public health services will be established by the medical community's public health management center. The quality control of basic public health services will be strengthened, and the quality control results will be reasonably incorporated into the evaluation mechanism for health management units. Thus, primary care will be ensured to be real and effective.

◆ 进一步完善信息化支撑Enhance ICT support

加快完善县域全民健康信息平台绩效评价模块功能建设，为实现健康管理单元评价指标提取、评价结果应用、包干资金与公卫经费结算等功能提供信息化支撑。Accelerate the development of functional modules of performance evaluation in the county-level public health information platform, so as to provide ICT support for the extraction of evaluation indicators, application of evaluation results, and settlements of capitation payment and funding for health management units to provide public health services.

◆ 进一步强化基层服务导向 Prioritize primary care

通过全民健康信息平台将健康管理单元需要重点关注的的工作任务系统汇聚，形成重点任务清单，并根据健康管理单元团队职能自动匹配，实现在任务清单的指引下有序开展服务。Based on the public health information platform, we will systematically compile a list of key tasks which need special attention from health management units, and the unit teams will be automatically matched with key tasks according to their functions. We will manage to provide services in an orderly way under the guidance of the task list.

奋楫笃行守健康　凝心聚力赴新征

We are committed to safeguarding public health,
and determined to collaborate on the new journey to greater wellbeing

感谢聆听观看

欢迎批评指正

Thank you for your listening and your critical comments are welcome