Analysis of Elderly Inpatients Health Expenditure and its Influencing Factors —Case Study from a Tertiary Hospital, Southern China

by

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硕士学位论文

南方某三甲医院老年患者住院费用及影响因素研究

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摘要

医疗卫生事业作为一个层次多、分支广的复杂系统，需要通过全面的分析来评估、评价其运行的合理性与科学性。目前在我国医疗卫生资源浪费较为严重、供需矛盾十分突出、医疗费用不断增加的情况下，客观科学地分析各地区医疗卫生费用的使用情况已经越来越受到关注。为了解南方某省部分老年患者（≥60 岁）的住院费用支出情况，并进一步了解住院医疗费用的影响因素，以减轻老年患者的经济负担，同时为控制医疗总费用过快增长提供合理的参考建议，本研究以该省某三级甲等医院 2003-2009 年间老年患者的住院病案资料为统计对象，采用 SPSS17.0 软件为统计工具，首先按不同年份、年龄、性别、职业、疾病类别、支付方式及费用构成进行描述性统计分析，然后采用多元逐步回归法分析了病案资料中的相关因素对总住院费用的影响。研究结果显示，老年患者数量由 2003 年的 4714 人上升到 2009 年的 7708 人，人均住院费用由 2003 年的 6290.92 元上升到 2009 年的 7433.06 元，且老年患者每年的日均、人均住院费用增幅均大于成年非老年患者；其中，60-76 岁患者，年龄每增加 1%，费用平均增加 4.70%；76-90 岁患者，年龄每增加 1%，费用平均降低 7.52%；男性老年患者的日均、人均住院费用均多于女性；人均住院费用最高的职业类别为商业、服务业人员，为 7730.83 元；人均住院费用最高的疾病类别为肿瘤，为 9527.96 元；总住院费用构成中占比最高的是药费，为 46.64%；支付方式为公费医疗的人均住院费用最高，为 8197.24 元，自费医疗的最低，为 6619.56 元。同时，住院天数、手术与否、抢救与否、疾病类别、入院次数、付费方式、性别、入院情况、转归情况和年龄对住院费用的影响有统计学意义，是影响住院费用的相关因素。通过本研究表明，老年人群的医疗卫生支出压力越来越大，提示在现行医疗体制下，应积极通过控制药费比例、减少不必要的医疗服务、建立科学的诊疗标准、依据病种区分收费、完善医疗保险制度、合理关注重点人群等手段控制医疗费用增长，以改善当前的情况。

关键词：老年住院患者　医疗费用　影响因素　三甲医院

Abstract

Since the healthcare system is a complex one with multi-level and multi-branch, it is the intrinsic demands of scientific and rational policies that it should be evaluated. As it is known that the current waste of resources in our healthcare system becomes more serious, along with the low efficiency, significant contradiction between suppliers and demanders, and continuously increased health expenditure, to analysis regional health expenditure utilization is becoming more and more important nowadays. In order to understand the health expenditure utilization and its influencing factors of elderly inpatients (Age≥60) in a particular district of one southern province, this study is conducted so as to alleviate the financial burden of elderly patients and control the excessive growth of total health expenditure. In this study, medical records of inpatients over 60 years old were collected from a tertiary hospital between 2003-2009. SPSS17.0 software was used for descriptive statistical analysis by different years, age, gender, occupation, disease categories, payment type and constitution of health expenditure, and then the constitute and influencing factors of health expenditure were analyzed by multiple regression. It was shown that the number of elderly inpatients increased from 4714 in year of 2003 to 7708 in year of 2009, with the health expenditure per capita increasing from 6290.92 Yuan in 2003 to 7433.06 Yuan in 2009, and the health expenditure per day and per capita of elderly inpatients were both higher than those of non-elderly adult inpatients. Among all the elderly inpatients, the ones aged from 60 to 76 took a 4.70% increase of health expenditure per capita with each 1% increase in age, while the ones aged from 76 to 90 took a 7.52% decrease of health expenditure per capita with each 1% increase in age. The health expenditure per day and per capita of male elderly inpatients were both higher than those of females. The health expenditure per capita of elderly inpatients as commercial staffs and service personnel was 7730.83 Yuan, which was the highest among all the occupation categories. The health expenditure per capita of elderly inpatients who were diagnosed with cancer was 9527.96 Yuan, which was the

highest among all the disease categories. Moreover, the expenditure on drugs (46.64%) constituted the highest proportion of the total health expenditure. Payment of free medical treatment had the highest health expenditure per capita, which was 8197.24 Yuan, while payment out of one's own pocket had the lowest of 6619.56 Yuan. Meanwhile, the main significant factors which influence health expenditure of elderly inpatients were as follows: the length of hospital stay, surgery or not, emergency rescue or not, admission of hospital, disease category, payment methods, gender, admission conditions, vesting conditions and age. According to this study, the pressure of health expenditure burden of elderly patients are increasing in this province. It is recommended that further controls and improvements, such as reducing unnecessary clinical medicine and medical services, establishing a scientific diagnostic criteria, charging in accordance of different disease categories, improving the medical insurance system and focusing on particular patient groups etc. should be taken under the current health care system.

Keywords: Elderly Inpatients, Health Expenditure, Influencing Factors, Tertiary Hospital

论文目录

第一章 研究背景 1
1.1 老年患者住院费用研究的必要性 1
1.1.1 全球医疗卫生费用变化趋势 1
1.1.2 人口老龄化对医疗费用的影响 2
1.1.3 医疗费用中住院费用项的研究意义 3
1.2 部分国家老年患者医疗费用现况及现行控制措施 4
1.2.1 美国 4
1.2.2 英国 5
1.2.3 德国 6
1.2.4 日本 7
1.3 中国老年患者医疗费用研究进展 8
1.3.1 中国老年患者医疗费用现况 8
1.3.2 中国老年患者医疗费用研究概况 9
1.3.3 住院费用影响因素的研究方法 10
第二章 研究对象与方法 15
2.1 研究对象 15
2.2 资料来源 15
2.3 研究内容 15
2.4 统计方法 15
2.4.1 描述性统计分析方法 16
2.4.2 影响因素研究方法 16
第三章 研究结果 18
3.1 老年患者不同年份的住院费用 18
3.2 老年患者不同年龄的住院费用 19
3.3 老年患者不同性别的住院费用 20
3.4 老年患者不同职业的住院费用 21
3.5 老年患者不同系统疾病的住院费用 22

3.6 老年患者不同支付方式的住院费用.....24
3.7 老年患者总住院费用构成及变化趋势.....25
3.7.1 六种费用在总费用的占比.....25
3.7.2 六种费用 2003-2009 年构成比例变化趋势.....26
3.8 老年患者住院费用影响因素回归分析.....26
第四章 研究讨论.....30
4.1 本研究的特点及意义.....30
4.2 本研究关于描述性统计的分析.....30
4.3 本研究关于影响因素的分析.....33
4.4 对医疗费用上涨及我国现有控制措施的进一步思考.....34
第五章 研究结论.....38
第六章 老年患者住院费用控制政策建议.....39
5.1 补助特定高消费老年人群.....39
5.2 逐步引入按病种付费制度.....39
5.3 继续完善各级医保体系.....40
5.4 控制重点收费项目.....40
第七章 本研究的局限性及未来研究方向.....42
参考文献.....43
致谢.....48
攻读硕士学位期间的学术文章目录.....50

表格目录

表 1　各因素赋值 16
表 2　2003-2009 年的住院费用 18
表 3　2003-2009 年同年龄段不同时期的平均费用增幅 18
表 4 不同年龄的住院费用 20
表 5 不同性别的住院费用 21
表 6 不同职业的住院费用 21
表 7 不同疾病的住院费用 23
表 8 不同支付方式的住院费用 25
表 9 不同项目的住院费用 25
表 10 各因素描述性统计 27
表 11 老年患者总住院费用影响因素多元逐步回归分析结果 28

图示目录

图 1 标准化总住院费用直方图 17
图 2 不同年龄的人均住院费用中位数及住院天数中位数变化趋势 20
图 3 2003-2009 年住院费用构成变化 26
图 4 回归标准化残差的标准 P-P 图.....29