

**Research on Implement Effect of National Essential Medicines
Policy in Primary Health Institutions**

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基层卫生医疗机构基本药物政策实施效果研究

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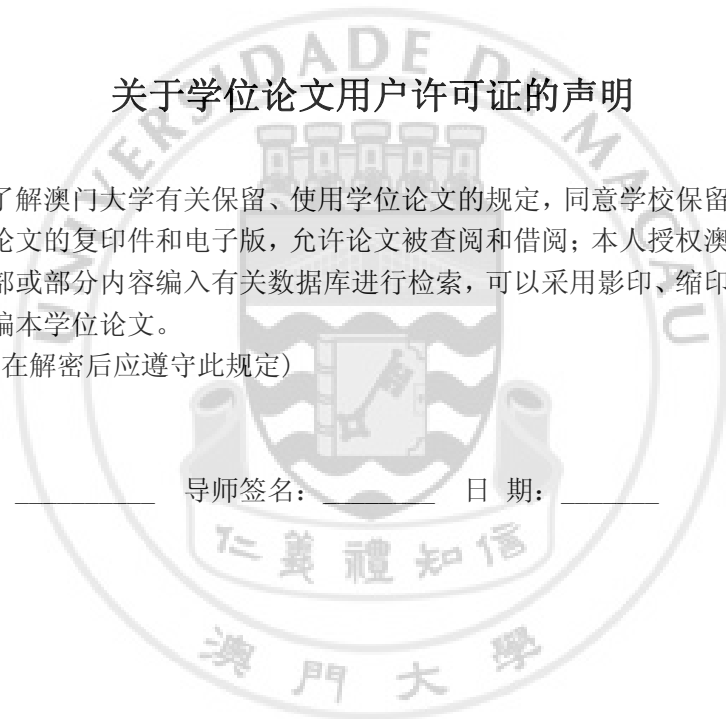
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中文摘要

研究背景：

向群众提供安全、必需、有效、价廉的基本药物是控制药品费用，减轻疾病经济负担，满足基本用药需求，保证健康公平可及的重要措施，也是以有限的资金和资源实现“人人享有卫生保健”的重要途径。近年来，我国“看病难、看病贵”的问题日益突出，严重影响社会主义和谐社会的构建，受到社会的密切关注与政府的高度重视，其中尤以公立医疗卫生机构“以药养医”的机制最为诟病。自 06 年起，我国政府开始筹划新一轮医疗体制改革，探索建立基本药物制度的途径，以减轻群众用药经济负担，满足群众基本用药需求。2009 年 4 月 6 日，我国新医改方案出台，同年 8 月 18 日，我国基本药物制度正式启动，307 种国家基本药物公布，各地基层卫生医疗机构开始逐步试点实施国家基本药物制度。

研究目的：

借鉴国际上基本药物政策制定与推行的经验，从我国基本药物政策发展过程中生产、流通、使用各环节的问题和症结出发，结合新医改背景下的基本药物制度，评价制度实施的效果，提出确保国家基本药物政策有效实施的政策建议，为推动初级卫生保健事业发展提供理论、政策和实证依据。

具体研究目标：

- 1、实证研究评价新政策下基本药物的价格限制措施在基层卫生医疗机构中的实施效果；
- 2、实证分析新政策下基层卫生医疗机构的门诊处方中用药数目的变化，评价用药的合理性；
- 3、实证研究评价新政策下基层卫生医疗机构中基本药物的可获得性。

研究方法：

以基本药物的相关理论为指导，通过文献综述法，并借助国家发改委对浙江省医改实施方案中期预评估的数据资料，实证定量分析政策实施前后浙江省 99 个基层卫生医疗机构中基本药物的价格变动情况（拉氏价格指数与派氏价格指数比较法）、销售状况、门诊处方药品使用情况（单张处方使用药品数及频数

分布)以及配备和配送情况等,并分别比较国家基本药物与省级增补非基本药物目录药品的差异,以评价政策实施的效果。数据整理与统计分析软件为Excel2003及SPSS16.0。

研究主要结果:

(1) 样本基层卫生医疗机构的基本药物零售价格平均下降 33.62%, 拉氏价格指数 (62.42%) 大于派氏价格指数 (61.70%), 零售价格下降幅度大的基本药物在基层卫生医疗机构的使用比重是增大的: 降价幅度超过 40% 的药品, 使用量平均增加 233.13%, 降价幅度 20%-40% 的药品, 使用量平均增加 146.68%, 降价幅度 20% 以下的药品 (包括个别价格上升的药品), 使用量平均增加 122.12%。(2) 政策实施后, 样本基层卫生医疗机构的门诊单张处方平均使用药品品种数下降 0.28 个, 平均使用国家基本药物品种数上升 0.5 个, 平均使用抗生素品种数下降 0.05 个, 平均使用针剂品种数下降 0.2 个, 输液使用率下降 1.35%, 激素使用率下降 2.63%。(3) 样本中 1/3 的基层卫生医疗机构已经实现只配备使用国家基本药物和省级增补非基本药物目录药品, 其他基层卫生医疗机构基本药物配备品种数占配备药品品种总数的平均构成比为 82.47%, 最低仅为 41.19%。这些基层卫生医疗机构的基本药物配备率平均为 61.27%。(4) 样本基层卫生医疗机构的基本药物及时配送次数占总配送次数的比例为 96.45%, 及时配送金额占总配送金额的比例为 96.44%。

研究结论:

基本药物制度启动实施一年多以来, 尽管伴随着一些问题, 但成效还是较为明显的:

(1) 基本药物价格方面, 零差率销售等降价措施有效地控制了基层卫生医疗机构的药品价格, 并且并未有出现药品“降价死”的情况, 基本药物的使用得到了促进。这也是基本药物政策实施效果最突出的地方。

(2) 基层卫生医疗机构的门诊处方使用更趋合理, “大处方”、滥用抗生素和激素, 过度使用针剂和大输液的情况得到缓解。

(3) 基本药物的可获得性方面: 试点国家基本药物制度的基层卫生医疗机构, 基本药物的配备和使用情况还未能达到政策预期的目标, 不少基本药物还没有在基层卫生医疗机构配备, 而同时基本药物目录外的药品仍有在使用; 基本药

物流环节集中采购、统一配送的措施可以促进基本药物的可得性，基本药物向基层卫生医疗机构配送的效率较高，供应也能得到保障，没有出现明显的短缺现象。

政策建议：

政府要强化在基本医疗卫生中承担的责任，坚持主导性，并维护社会的公平正义。政府应该坚持并完善基本药物的集中采购、统一配送、零差率销售等一系列政策措施；适时合理调整基本药物目录；加大财政投入，优化补偿机制；推行标准治疗指南和国家处方集，进一步约束医疗机构与医务人员行为，促进药物合理使用；并加强其他配套政策措施的配合。

关键词：基本药物；基层卫生医疗机构；基本药物政策；初级卫生保健



Abstract

Background:

Providing safe, necessary, effective and affordable essential medicines for people is an important measure to control medicines costs, to reduce the economic burden of disease, to meet primary medicines needs, to ensure the health fair as well, and is an effective way to achieve *health care access for all* with finite funds and resources. In recent years, the problem of inadequate and unaffordable medical services has become increasingly prominent in China, and seriously impacted on the construction of a harmonious socialist society, especially the *drugs-maintaining-medicine* mechanism in public health institutions, attached great importance with the community and the government. Since 2006, the government began to plan a new round of health care reform, and explore ways to establish Essential Medicines System (EMS). April 6, 2009, the new health care reform program was unveiled, August 18 in the same year, the EMS was officially launched, and primary health institutions began testing the pilot implementation of the policy.

Purpose:

Drawing ideas form international essential medicines policy development and implementation experience. To evaluate the implement effect of the EMS from process of manufacture, distribution and use etc. with the new health reform context. To give some advice to the government to ensure the effective implementation of the national essential medicines policy, and to promote primary health care in China, with theoretical, political and empirical basis.

Objectives:

- 1、 To evaluate implementation effect of the new policy measures to the price control of essential medicines in primary health institutions.
- 2、 To analyze the changes in the number of medicines in outpatient prescription in primary health institution and evaluate the status of the rational medicine

use;

- 3、To evaluate the availability of essential medicines in primary health institutions

Methods:

Guided by the theory of the essential medicines, through the literatures review, using the second-hand data form National Development and Reform Commission of mid-term pre-assessment of implementation of the new health reform in Zhejiang Province, an empirical case about distribution conditions, sales and price changes (compare Laspeyres index with Paasche index) of essential medicines, and the use of outpatient prescriptions (the number of medicines in single prescription and its frequency distribution), from 99 primary health care institutions in Zhejiang Province, was quantitatively analyzed, and the differences of national essential medicines and provincial added essential medicines were compared. Microsoft Excel 2003 and SPSS 16.0 were used for statistical analysis.

Results:

(1)The retail prices of essential medicines in sample primary health institutions decreased by 33.62% on average, Laspeyres index 62.42% was greater than Paasche index 61.70% of retail price in samples primary health institutions, which showed that the essential medicines which had got a large decline in retail prices had got a large increasing in use volume: the use volume of the medicines whose price decreased by more than 40% increased by 233.13% on average; the use volume of the medicines whose price decreased by between 20%-40% increased by 146.68% on average; the use volume of the medicines whose price decreased by less than 20% (including some individual medicines whose price increased)increased by 122.12% on average.

(2) The number of all medicines in a single out-patient prescription declined 0.28 on average, the number of the national essential medicines increased by 0.5 on average, the number of antibiotics decreased by 0.05 on average, the number of injection decreased by 0.2 on average, the rate of infusion using decreased by 1.35% on average, and the rate of steroid using decreased by 2.63% on average in samples primary health institutions.

(3) 1/3 sample primary health institutions have

achieved the policy goal of using national essential medicines and provincial added essential medicines only, the species of essential medicines accounted for 82.47% on average of the species of all medicines in other primary health institutions, the lowest one was only 41.19%. The species of essential medicines accounted for 61.27% on average of the species of all essential medicines in lists in all of these primary health institutions. (4) Sample primary health institutions had got timely delivery rates 96.45% in frequency and 96.44% in sum.

Conclusions:

The EMS has been implemented for more than a year, with some problems but more effects:

(1) Zero mark-up policy and other price control measures effectively reduced the medicines prices in primary health institutions; as well the use of essential medicines has been promoted. This was also the most prominent effect of the implementation of EMS.

(2) The use of out-patient prescription in primary health institutions became more reasonable and rational, the "big prescription", the abuse of antibiotics and steroid, and excessive use of injections and infusion has been getting less.

(3) The availability of essential medicines in primary health institutions was not bad. Most pilot primary health institutions have not achieved the policy goal of using national essential medicines and provincial added essential medicines only. A number of essential medicines have not been used in primary health institutions, while some out-list medicines was still in use. In circulation of essential medicines, the measures of centralized procurement and distribution was high efficient to ensure the supply of essential medicines in primary health institutions, and there was no apparent shortage.

Policy implications:

The government should strengthen its responsibility to primary health and safeguard social fairness and justice. More specifically, the government should uphold and improve the measures of centralized procurement and distribution of essential medicines, zero mark-up policy and other policy measures; timely adjust

the essential medicines list; increase financial input and optimize indemnity mechanism; promote the rational use of medicines by further normalizing the behaviors of medical institutions and medical personnel with implementation of Standard Therapeutic Guidelines and National Formulary; co-ordinate other supporting policies and measures.

Keywords: Essential Medicines; Primary Health Institution; Essential Medicines Policy; Primary Health Care

