

中国医疗系统的抉择：要创新，还是要可及性



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最近，全世界见证了中国政府在抗击新一轮禽流感疫情中的果断表现。除迅速关闭活禽交易市场、严密监测患者外，中国的医务人员和公共卫生部门还与国际医学专家以及世界卫生组织开展了密切合作。在这次疫情面前，中国医疗卫生系统所展现的应对能力与响应速度，较2003年抗击“非典”时已有大幅提升。

在过去十年的艰辛改革中，中国政府加大了对医疗保障体系的建设力度，从而显著扩大了基本医疗保险制度的覆盖范围。分析人士预测，到2020年，中国医疗卫生支出将达到1万亿美元，将是目前的三倍之多。如今，中国医疗改革的成果可谓惠及全民——随着医疗体系的逐步完善，中国医疗卫生水平显著提升，人口寿命大大延长，婴儿死亡率进一步下降。然而，中国医疗卫生体系依然存在诸多问题，例如患者看病要自掏腰包、医院为富人专设VIP套房、以及医生受利益驱使故意在处方中使用昂贵药品等等。

当前，中国医疗卫生体系陷入了一个两难的发展困局：一方面需要保

护医疗产业的利益，以促进其产品技术创新；另一方面又需要控制医疗服务价格，提高医疗服务的可及性。如果无利可图，药品和医疗器械行业将得不到发展，丧失开发新产品的动力；但是，如果诊疗费用居高不下，广大患者将受困于过重的负担。

过去三十多年间，中国经济发展表现惊人，除了GDP增长速度在全世界领跑外，储蓄率也一直保持着极高的水平。事实上，中国老百姓存钱往往是为了留作将来给自己和家人看病之用。在中国，近40%的医疗费用直接由患者支付，而经济合作与发展组织成员国的个人支付比例只占10%到15%。

“创新” VS “可及性”

每个国家都需要在“鼓励医疗行业创新”与“确保全民医疗可及性”之间谋求平衡。

例如，美国对医疗保险和药品采取自由市场定价政策，其相关行业年产值占到GDP的近20%，各类研发型生物制药与医疗器械公司发展之势一派欣欣向荣。虽然美国在2010年颁布了旨在扩大医疗保障覆盖范围的《平价医疗法

案》，但美国医疗体系的本质仍是以促进尖端医疗技术的发展为主要任务，而非提供平价医疗。

在印度，情况则恰好相反。印度法院最近的一些判决削弱了相关企业对药品专利的保护，同时，印度政府也对某些尚在专利期内的药品实施强制许可（即不经专利权人同意，直接允许其他企业应用其专利、以更低成本生产药品），平抑药价。印度医疗相关行业的年产值仅占该国GDP的4%。推行平价医疗、让百姓都能买得起药看得起病，才是该国政府的主要目标。

新中国成立以来，中国医疗卫生系统历经变迁，最终形成如今的格局。

自1949年至20世纪80年代，中国医疗卫生政策一直以满足工农兵群众的

China's Healthcare Choice: *Innovation or Access?*

By Arthur Daemmrich

This spring, the world watched closely as Chinese officials responded rapidly to a new avian flu virus. In addition to closing poultry markets and monitoring patients, Chinese physicians and public health leaders collaborated with international experts and the World Health Organisation. China's healthcare system has demonstrated far greater capacity and responsiveness than in the 2003 SARS scare.

Ten years of reforms to China's healthcare system have significantly increased the availability of government-backed insurance and basic care to the world's largest population. Analysts predict that healthcare spending in China will grow to \$1 trillion by 2020, triple present levels. The public is benefiting from improved care, longer lifespan, and a decrease in infant mortality. Nevertheless, tensions are apparent as people pay directly for care, hospitals build VIP suites for wealthy patients, and doctors have



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基本医疗需求为目标。医疗体系被视为社会主义制度不可分割的一部分，从医院管理到药品生产等环节均全面实行集化管理。

自1978年改革开放以来，医疗服务在中国逐渐成为一种消费行为。从概念上来说，医疗从一种公共福利更多地转变为由每个人自己承担的责任。就制度而言，大部分医疗服务机构仍具有公共性质，门急诊和手术费用由政府统一定价；但是，药品供应、诊断化验与专科治疗等环节已开始采用市场定价模式。这便导致中国医疗系统在“提供平价医疗服务”与“通过市场化激励扶持创新”之间形成“拉锯”困局。

如果中国大力发展新药研发和医疗信息技术等创新领域，医疗行业将有望为整体经济从制造业转向服务业、从投资转向消费的战略转型作出显著贡献。

新药研发

中国正面临在国际药品研发工作

(包括临床试验管理)中占据一席之地的重大机遇。

跨国公司和中国政府都斥巨资扶持基础生物医学研究。但是，担忧跨国公司可能不公正对待参加试验的中国病患的舆论声浪不绝于耳，也导致很多临床试验的申请审批工作一再被搁置。

同时，中国也不能仅仅成为西方国家药物测试的外包场所，国内的药物测试工作同样得开辟新途径；这需要国内生物制药公司与城镇医院及乡镇卫生中心之间开展密切合作。中国的制药公司和医务人员可以通过全国型临床试验项目，熟练掌握如何管理及开展多地区临床试验的技能。

数年前，有分析人士曾预测俄罗斯和印度将成为除欧美外最主要的临床试验地区。然而，这两个国家在这方面的发展都不如预期。中国有望抓住机会迎头赶上，成为一个高效且监管有序、在高新医疗科技及传统中药新配方等研究上均有建树的全球主要临床试验地区。

医疗信息技术

信息技术是中国医疗系统发展的另一良机。依托信息技术平台，中国可以做到快速响应国内医疗需求，并在国际舞台上崭露头角。

中国政府正加紧制定医疗信息技术标准并推动其具体实施。鉴于人口基数大、且极少有医疗机构建立了完善的纸质病历管理系统等现状，中国特别迫切需要建设电子化病历管理体系。在中国，病历目前普遍由个人自管保存，每人都有了一本或多本小小的纸质病历簿，记载其就医记录。

如果中国借鉴大多数西方国家的方式来建立电子病历系统，患者们可能会在与医生及医院的关系中处于更加弱势的地位。较为可行的做法是：搭建一个让中国居民可以通过技术手段、充分参与自身医疗数据管理工作的电子病历

系统。当中的主要举措包括：患者可以用移动设备查询病案、与医疗机构间实现双向沟通，以及能够选择是否向医疗研究机构提供自身数据等。这些技术手段的运用，不仅能帮助患者更好地参与治疗过程，也能促使医疗研究机构利用这些数据更好地改进药品，推动医学发展。电子病历系统促成的这些医学科研进步将惠及全国。

选择创新

中国医疗系统的经济收入主要来自政府运作的社会医疗保险与病患个人的自费支付。在理想的情况下，个人会为某些特别的医疗服务自掏腰包，也不会社会医疗保险覆盖范围内使用不必要的过度医疗服务。然而，中国的医疗服务费用当中，个人自费比例极高，这导致许多患者的疾病无法得到充分治疗，相应地，医疗创新也无法获得足够的经济回报。政府新近出台的大病医疗保险制度或许可以化解这一矛盾。但是，大病保险制度的实施也有可能限制商业保险的发展，且有可能推高治疗成本（相关医疗服务将可能以保险覆盖的基准线或更高的标准来定价）。

中国医疗创新的未来取决于能否破解“创新”与“可及性”之间的两难。公立医院按政府定价向患者收费，因而不适用于商业保险报销。商业医疗保险的发展有赖于私立诊所提供高质量的、可获商业保险覆盖的医疗服务。但是，有意于医疗产业的投资者们也必须得到充分保证，确保商业保险能够对私立医院和诊所的诊疗服务提供足够的费用理赔等资金支持。同样，制药公司也需要一些保证，确保新药研发的费用可以通过（商业保险可承担赔付的相对高）定价得到分摊。因此，明确商业保险公司的角色，对于生物制药行业、私立医院和专科诊所的进一步发展可谓至关重要。

financial incentives to prescribe brand-name drugs.

China today faces a dilemma in healthcare development between the present and the future. A fundamental choice will need to be made between financial incentives for future medical innovation or price controls that broaden present access to care. Without incentives, the pharmaceutical and medical device industries will not prosper and develop new treatments. But without inexpensive diagnostics and treatments, current patients bear an unfair burden.

China's GDP is striking not just for world-leading growth over the past three decades, but also for a very high savings rate. In effect, the Chinese public has deferred present-day consumption for infrastructure investment. But individuals also save to pay for future health expenditures for themselves and their families. Nearly 40 percent of health spending comes directly from Chinese patients, compared to between 10 and 15 percent across the OECD. Greater choice in insurance, both public and private, would enable healthcare to contribute to economic growth by rewarding inventors of new medicines or improved health services.

Innovation Versus Access

Every country strikes a balance between rewarding innovation and ensuring public access to care. The United States, for example, allows free-market pricing of insurance and medicine. Healthcare makes up nearly 20 percent of the GDP and supports diverse research-intensive biopharmaceutical and medical device firms. Even with expanded insurance under the 2010 Affordable Care Act, the system is fundamentally oriented to leading edge treatment rather than the delivery of inexpensive care. In India, by contrast, recent court decisions weakening drug patents and government support for compulsory licensing of pharmaceuticals illustrate a focus on low-cost therapies. The healthcare system, which comprises just 4 percent of GDP, is targeting generic drug availability and inexpensive patient care.

China has undergone significant shifts in its healthcare system during the past 60 years that provide context to present choices. Broadly, health policy from the founding of the People's Republic in 1949 through the 1980s was focused on meeting the basic health needs of peasants, soldiers, and workers. Healthcare was seen as an integral component of the

socialist system and all dimensions of care were collectivized, from hospitals to drug manufacturing.

Alongside economic reforms since 1978, healthcare in China became a consumption activity. Conceptually, health shifted from a public good to the private responsibility of each individual. Institutionally, most healthcare services remained public, with government-set prices for doctor visits and surgery. But the provision of medicines, diagnostic tests, and specialized care moved to a free-market model. As a result, China's healthcare system is split between delivering low-cost care and supporting innovation through market incentives. If China develops innovative areas such as pharmaceutical drug development and health information technologies, the healthcare system can be part of an economic transition from manufacturing to services and from building infrastructure to consuming of domestically invented goods and services.

Clinical Trial Innovation

A major opportunity is emerging for China to



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play a role in international drug development, including managing clinical trials. Significant investments are being made by multinational firms and the Chinese government to support basic biomedical research. But concerns about multinationals exploiting Chinese patients have led to delays in authorising clinical trials and approving hospitals for international trials.

Rather than serve solely as an outsourcing location for drug testing from the West, a new domestic-oriented approach would involve partnerships between biopharmaceutical firms and urban hospitals that work with county and township health centres. By building a national clinical trial programme, Chinese firms and Chinese physicians would gain expertise in managing multi-sited trials. Some years ago, analysts projected that Russia and India would become the main sites for clinical trials outside of the United States and Europe. However, neither has developed as expected, providing an opportunity for China to become a well-regulated but also efficient site for clinical trials of new therapies and new formulations of traditional Chinese medicines.

Health Information Technology

Information technologies offer a second area in which China can respond to domestic health needs and gain a leading international position. The government is developing technical standards for

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health information technology and supporting its implementation. China is especially intriguing for the development of electronic medical records because of its large population and few legacy systems of paper records held by clinics and hospitals. Instead, individuals commonly have a small booklet with records of past doctor visits and hospitalizations.

If China creates electronic medical records as in most Western nations, patients will be shifted to a more passive role relative to physicians and hospitals. Alternatively, a system that involves technology-savvy Chinese in the management of their medical data holds significant promise. Key features would include access from mobile devices, two-way interactions with medical authorities, and controlled access to data for biomedical researchers. In this way, patients would remain involved with their own care even as medicine improves from better knowledge about health outcomes and China benefits from research that builds on electronic records.

Choosing Innovation

China's healthcare system relies largely on insurance through government programmes and co-insurance by individuals based on savings. Under an optimal co-insurance model, individuals pay out-of-pocket for the care they need, but do not seek unnecessary and wasteful treatments covered by insurance. But China's very high out-of-pocket healthcare spending contributes to under treatment of many conditions and a lack of financial reward for medical innovation. New government-backed catastrophic insurance may help resolve this tension. However, public catastrophic insurance might also constrain the development of private insurance by making it too difficult for insurers to create profitable patient pools. It may also drive up costs, as treatments price at or above the coverage baseline.

The future of healthcare innovation in China hinges on the resolution of a two-sided dilemma. For private insurance to grow, clinics need to offer high-quality covered services. Public hospitals, which bill patients at government-set prices, are not equipped for private insurance reimbursement. But investors need to be convinced of the viability of private insurance plans to fund private hospitals and clinics. Likewise, pharmaceutical firms need some guarantee of payment to undertake research into new drugs. Thus clarity on the role for private insurers is essential to further development of the biopharmaceutical industry, private hospitals, and specialised clinics.