

Circulars and announcements

Notice on doing a good job in basic public health services in 2024

Release time: 2024-09-13 Source: Department of Primary Health

Guowei Grassroots Development [2024] No. 31

Health Commissions, Finance Departments (Bureaus), Traditional Chinese Medicine Bureaus, and Disease Control Bureaus of all provinces, autonomous regions, municipalities directly under the Central Government, and the Xinjiang Production and Construction Corps

In order to fully and thoroughly implement the spirit of the 20th National Congress of the Communist Party of China and the Third Plenary Session of the 20th Central Committee of the Communist Party of China, implement the Party's health and health work policy in the new era, adhere to the grassroots as the focus, focus on prevention, continue to promote the equalization of basic public health services, and enhance the balance and accessibility of basic public health servicesTo give play to the fundamental role of ensuring the health of urban and rural residents, combined with the relevant key tasks of deepening the reform of the medical and health system in 2024, the following notice is hereby given on doing a good job in basic public health services in 2024:

1. Clarify the ways to increase the use of funds and annual performance targets

In 2024, the per capita financial subsidy standard for basic public health services was 94 yuan, and the new funding was the same as in 2020-2023. The annual increase in financial subsidies for basic public health services will continue to be used to expand the coverage of the elderly, patients with chronic diseases such as hypertension and type 2 diabetes, and rural women with "two cancers" screening. Carry out in-depth and practical service content, and carry out classified and graded health services for the elderly and patients with chronic diseases; Implement the "Year of Weight Management", strengthen health education on weight management for urban and rural residents, and weight management for key populations; Strengthen health services for pregnant women and children aged 0~6, and implement children's eye care, developmental assessment and scientific parenting guidance; Implement health services for persons with severe mental disorders at home, carry out all work on the basis of the relevant norms for the management of services for severe mental disorders, strengthen close communication with higher-level professional service bodies and relevant departments at the basic level, and jointly complete standardized follow-up services for patients; Coordinate the prevention and control of the epidemic and the prevention and treatment of respiratory diseases, strengthen the reporting and handling of infectious diseases and public health emergencies, and carry out health services for patients with chronic obstructive pulmonary disease; Accelerate the opening and pragmatic application of residents' electronic health records to themselves; Implement and improve the population development strategy, and do a good job in optimizing the content of services related to the birth policy. The performance target for basic public health services in 2024 has been issued in accordance with the Notice of the Ministry of Finance and the National Health Commission on Issuing the Budget for Subsidy Funds for Basic Public Health Services in 2024 (Cai She [2024] No. 41). All localities should scientifically decompose and issue performance targets, make overall plans to grasp the progress of the implementation of basic

public health service tasks and funds, and ensure that annual tasks are successfully completed as scheduled.

2. Enrich the content of basic public health services

(1) Carry out health services for patients with chronic obstructive pulmonary disease. On the basis of basic public health services, health services for patients with hypertension and diabetes, strengthen the prevention and treatment of respiratory diseases, and organize and carry out health services for patients with chronic obstructive pulmonary disease (hereinafter referred to as health services for patients with chronic obstructive pulmonary disease). The National Health Commission will organize the compilation of the "Health Service Specifications for Patients with Chronic Obstructive Pulmonary Disease (Trial)" (hereinafter referred to as the "Service Specifications", which will be issued separately) for reference and use in the provision of services by all localities. All localities should carefully organize and clarify the service objects, service content, service processes, performance objectives and quality control requirements of health services for patients with COPD in accordance with the "Service Specifications", actively give play to the role of traditional Chinese medicine in health services for patients with COPD, and include them in the contracted services of family doctors. Strengthen the technical support and guidance of the leading hospitals of the close-knit county-level medical community to the primary medical and health institutions in the jurisdiction, clarify the referral channels, make timely referrals for those who need to be referred if abnormalities are found, and do a good job of follow-up follow-up. Clarify the provincial technical guidance institutions and expert strength, strengthen the technical training, guidance and quality control of health services for patients with COPD in primary medical and health institutions, and the National Health Commission will organize the training of provincial teachers. The relevant content of health services for patients with COPD has been included in the 2024 training syllabus for improving the capacity of primary

health personnel, and relevant video courses have been uploaded to the continuing medical education network.

(2) Implement the content of health services for the elderly. Strengthen health services for the elderly aged 65 and above, and on the basis of the existing free health examination programs for the elderly, encourage local governments to combine the service capacity of primary medical and health institutions and the health needs of the elderly according to local conditions, and optimize the contracted service package of family doctors, "health points." "Exchange and other ways to enrich the health examination items of the elderly, and the examination items with higher average cost can be carried out for 2 to 3 years or once on a periodic basis. Promote the development of primary screening services for the cognitive function of the elderly, pay attention to the elderly and disabled elderly groups in the jurisdiction, and ensure the content of health services. Promote the collection and management of health information for the elderly to residents' electronic health records, and actively guide the elderly aged 65 and above who carry out physical examinations outside of grassroots institutions to receive continuous health management services, including traditional Chinese medicine, in the nearest grassroots institutions. For those who are found to be abnormal, carry out personalized health guidance or assist in referral.

三、提升基本公共卫生服务质效

(一) 引导城乡居民加强自我体重管理。结合“体重管理年”，将合理膳食、均衡营养、适量运动等作为健康教育的重要内容，开展广泛宣传，提高城乡社区居民主动控制体重意识。强化重点人群体重管理，在对0~6岁儿童、孕产妇、65岁及以上老年人以及高血压、2型糖尿病、慢阻肺病等慢性病患者开展健康服务中，发现超重、肥胖的，要加强个性化咨询、指导和干预服务。鼓励基层医疗卫生机构将居民血压、血糖、体重、腰围等指标控制情况和主动参与自我健康管理情况兑换为“健康积分”，居民可利用“健康积分”兑换相应健康服务项目，增强居民的依从性和获得感。

（二）对慢性病患者和老年人提供分类分级健康服务。提升健康服务精细化水平，各地要加强指导，组织对65岁及以上老年人，高血压、2型糖尿病、慢阻肺病等慢性病患者根据健康状况、患病情况等提供分类分级健康服务。对老年人健康体检中发现血压、血糖异常的，确诊后及时纳入慢性病患者健康服务；对体检中发现体重异常或有其他基础疾病的老年人，适当增加联系频次，每年不少于2次，重点了解健康状况，提供健康教育、健康咨询，指导转诊等。对高血压、2型糖尿病等慢性病患者，指导按照《国家基本公共卫生服务规范》、《国家基层高血压防治管理指南》和《国家基层糖尿病防治管理指南》等工作，强化防治结合、医防融合、中西医结合；对病情不稳定及有严重并发症的，在按照服务规范要求随访的基础上视情增加随访频次，每年不少于2次，重点了解疾病控制情况，指导用药，提供有针对性膳食和运动干预建议，必要时指导转诊等。鼓励各地对患多种慢性病的患者，提供多病共防共管服务，依托信息技术整合慢性病患者随访服务信息表。

（三）推动科技赋能基本公共卫生服务。各地要落实《居民电子健康档案首页基本内容（试行）》，加强居民电子健康档案的规范建立和质量控制，加强和完善区域全民健康信息平台建设，推进信息互联互通和共享，加大数据日常自动校验、核对力度，支撑居民电子健康档案安全有序向本人开放，2024年，各省（区、市）以县（区、市）为单位实现居民电子健康档案向本人开放占比不低于40%。积极发挥人工智能、大数据的作用，为城乡居民提供个性化健康教育、随访预约等服务，辅助为医务人员提供合理用药、健康咨询建议，为卫生健康行政部门提供基本公共卫生服务运行、质量监管分析，强化支撑绩效评价。鼓励有条件的地方，为基层医疗卫生机构配备数字化智能化设备终端，加强与电子健康档案信息的联通，为有需要的患者提供连续、动态的健康监测服务并适时上传至电子健康档案，为医务人员开展个性化健康服务提供辅助参考。

同时，各地要结合基层便民惠民服务举措做好国家免疫规划疫苗接种，做实肺结核患者健康服务，强化国家医疗应急队伍运维保障，优化职业病防治服务，结合时令节气变化等时间节点加强健康教育和科普，强化居民及重点人群健康素养促进，切实提升群众获得感。

四、工作要求

各地要严格落实财政事权和支出责任，足额落实财政补助经费，加强资金管理，加快资金拨付进度，规范经费使用，切实提高资金使用效益，同时要保障非户籍常住人口获得基本公共卫生服务的权益。要加大力度充实基层医疗卫生机构专（兼）职精防人员，加强业务培训，提升专业服务能力。充分发挥村（居）民委员会公共卫生委员会作用，推进“网格化”服务“多格合一”，协同做好对基本公共卫生重点服务人群的组织、动员、健康宣教等服务。进一步强化绩效评价导向作用，创新评价方式方法，加强智能化技术应用，推进穿透式监管、扩大线上评价覆盖面，将基本公共卫生服务经费管理和重点人群健康服务等作为评价重点内容，加强对健康结果、项目效果的评价，全面客观反映基本公共卫生为民服务成效。

国家卫生健康委
国家中医药局

财政部
国家疾控局
2024年9月9日

(信息公开形式：主动公开)

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