

The Impact of Medical Insurance System Reform on the Accessibility of Medical Services

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Abstract

With the continuous reform and deepening of the medical insurance system, its impact on the accessibility of medical services is becoming increasingly significant. This article aims to explore how the reform of the medical insurance system affects the accessibility of medical services, analyze the impact of reform measures on the insured population, medical institutions, and medical service models, and propose corresponding policy recommendations. By systematically reviewing the main content and achievements of the medical insurance system reform in recent years, combined with specific cases and data, this article deeply analyzes the multidimensional impact of the reform on the accessibility of medical services.

1 Introduction

The medical insurance system, as an important component of the national social security system, is of great significance in improving the overall health level of the population and reducing the burden of medical expenses. In recent years, China's medical insurance system has undergone multiple major reforms, from basic medical insurance for urban employees to basic medical insurance for urban and rural residents, and then to the transformation of medical insurance payment methods. Each reform aims to improve the accessibility, fairness, and efficiency of medical services. This article will explore the impact of healthcare insurance system reform on the accessibility of medical services.

2 The Main Content of the Reform of the Medical Insurance System

2.1 Expand Coverage

The Guiding Opinions on Improving the Long term Mechanism of Basic Medical Insurance Participation clearly proposes that the registered residence registration restrictions on participation

in employment should be completely lifted, and primary and secondary school students and flexible employment personnel should be focused to ensure that they can participate in insurance and seek medical treatment on the spot. This policy adjustment broke the previous restrictions on registered residence to participate in insurance, making it easier for people who are employed and live in different places to enjoy medical security services. Especially for groups with high mobility such as migrant workers and new forms of employment, this policy undoubtedly improves their level of medical security(Akerlof, 1970). With the development of the economy and social progress, China's medical insurance system continues to include more people in its coverage. In addition to traditional urban workers and urban and rural residents, flexible employment personnel, migrant workers, and new forms of employment are gradually being included in the medical insurance system. For example, some regions have started piloting the inclusion of new industry practitioners in the scope of medical insurance, such as ride hailing drivers and food delivery drivers. These measures not only expand the coverage of medical insurance, but also improve the accessibility of medical services, enabling more people to enjoy the benefits of medical security. In order to increase the participation rate, governments at all levels and medical insurance departments have taken a series of measures. For example, by strengthening publicity and guidance, raising financial subsidy standards, optimizing the insurance participation process, etc., more people are encouraged to participate in medical insurance(Anderson and Mellor, 2008). At the same time, a funding mechanism for disadvantaged groups to participate in insurance has been established, providing insurance subsidies to eligible low-income groups, disabled people, etc., to ensure that they can enjoy medical security services. The implementation of these measures has significantly increased the participation rate, enabling more people to enjoy the benefits of medical security.

2.2 Adjust the Payment Ratio and Benefit Level

In recent years, China's medical insurance system has made multiple adjustments to the payment ratio. On the one hand, the payment ratio of employers has been appropriately increased to ensure the balance of income and expenditure of the medical insurance fund; On the other hand, the individual contribution ratio of employees has gradually been reduced to alleviate their economic burden(Ayanian et al., 2000). For example, some regions have reduced the personal contribution ratio of employees from 2% to 1%, while increasing the contribution ratio of employers from 6% to 8%. These adjustments not only optimize the financing structure, but also improve the sustainability of the medical insurance fund. In order to enhance the ability of medical security, governments at all levels continuously raise the standards of financial subsidies. For example, in 2024, the financial subsidy standard for urban and rural residents' medical insurance will be increased by another 30 yuan, reaching 670 yuan per person per year(Arrow, 1963). These financial subsidies are mainly used to improve the treatment level of insured persons and expand the coverage of medical insurance. By raising the financial subsidy standards, governments at all levels have provided more solid economic support for insured individuals.

In order to improve the medical security level of insured persons, China's medical insurance system continues to increase the maximum payment limit for major illness insurance. For example, some regions have raised the maximum payment limit of major illness insurance to over 500000 yuan to ensure that insured individuals can receive sufficient economic support when facing major illnesses(Baker et al., 2000). At the same time, a continuous insurance incentive mechanism has been established, providing higher levels of treatment to those who participate continuously. These measures not only improve the medical security level of insured persons, but also promote the

accessibility of medical services.

Exploring the establishment of long-term care insurance

With the aggravation of population aging in China, the demand for long-term care is growing day by day. In order to meet this demand, China's medical insurance system has begun to explore the establishment of a long-term care insurance system. For example, some regions have piloted long-term care insurance systems to provide long-term care services for disabled and semi disabled elderly. These measures not only improve the quality of life of the elderly, but also promote the accessibility of medical services.

2.3 Optimize Payment Mechanism

The reform of DRG/DIP payment methods is one of the important directions for the reform of China's medical insurance system. By introducing DRG/DIP payment methods, China's medical insurance system has achieved a transition from payment by project to payment by disease category. This payment method not only improves the efficiency of using medical insurance funds, but also promotes the rational diagnosis and treatment behavior of medical institutions (Cardon and Hendel, 2001). For example, by implementing DRG/DIP payment reform, the growth rate of medical expenses in some regions has been effectively controlled, and the quality of medical services has also been improved. In order to alleviate the financial pressure on medical institutions, China's medical insurance system has also established a prepayment system. By paying a certain percentage of the medical insurance fund to medical institutions in advance, it ensures that medical institutions can smoothly provide medical services. For example, the "Notice on Doing a Good Job in Prepaying Medical Insurance Funds" issued by the Office of the National Healthcare Security Administration and the Office of the Ministry of Finance clearly states the need to establish a prepayment system. This fund can only be used for the turnover of medical expenses such as the purchase of drugs and medical consumables, and cannot be used for non-medical expenses such as infrastructure construction, daily operations, and debt repayment of medical institutions. This measure not only reduces the financial pressure on medical institutions, but also promotes the accessibility of medical services (Binswanger, 1978). In order to improve the accessibility of medical services, China's medical insurance system actively promotes the participation of social forces such as commercial insurance and charity in the construction of the medical security system. For example, some regions have achieved synchronous settlement of commercial insurance, charity and basic medical insurance, providing more convenient and efficient medical security services for insured persons. These measures not only enrich the content of medical security, but also improve the accessibility and fairness of medical services.

3 The Impact of Medical Insurance System Reform on the Accessibility of Medical Services

The medical insurance system is an important component of the national social security system, and its reform is of great significance for improving the accessibility of medical services (Case et al., 2002). With the aging population, changes in disease spectrum, and advancements in medical technology, the traditional medical insurance system is no longer able to meet the growing demand for medical services among the people. Therefore, deepening the reform of the medical insurance system and improving the accessibility of medical services have become urgent issues that need to be addressed.

3.1 Promote the Rational Allocation of Medical Resources

The reform of the medical insurance system, as an important component of deepening the reform of the medical and health system, has profound significance in promoting the rational allocation of medical resources (Cawley and Philipson, 1999). This reform not only concerns the healthy development of the healthcare system, but also directly affects the vital interests of billions of people. By scientifically and reasonably determining payment standards and scope, the medical insurance system is gradually guiding medical institutions to optimize their service structure, improve service efficiency and quality, and thus promote a virtuous cycle in the entire medical industry.

(1) Scientific Setting of Payment Standards

The setting of medical insurance payment standards is a key link in guiding the rational allocation of medical resources. On the one hand, it requires reasonable pricing based on the cost, effectiveness, and social demand of different medical services to ensure that medical resources can be effectively utilized. For example, for basic medical services such as common and frequently occurring diseases, the payment standards can be relatively low to encourage patients to make their first visit at the grassroots level and alleviate the pressure of seeking medical treatment in large hospitals; For difficult and complicated diseases, high-tech medical services, etc., the payment standards need to be appropriately raised to encourage medical institutions to improve their technical level and service capabilities (Chetty and Looney, 2006).

On the other hand, the setting of payment standards also needs to consider regional differences and economic development levels. Medical institutions in different regions and at different levels have varying operating costs and service capabilities, so payment standards should also be tailored to local conditions to avoid a one size fits all approach. By scientifically setting payment standards, the medical insurance system can effectively guide medical resources to be tilted towards grassroots, rural, and remote areas, promoting the balanced distribution of medical resources (Chetty, 2006).

(2) Reasonable definition of service scope

The definition of the scope of medical insurance services is directly related to what medical services patients can enjoy. With the reform of the medical insurance system, the scope of services is gradually expanding, from initial hospitalization expense reimbursement to outpatient expenses, special disease expenses, chronic disease management expenses, and other aspects. This change not only improves the level of medical security for patients, but also promotes the optimization of the service structure of medical institutions (Stuart et al., 1988).

For example, in response to the long-term treatment needs of chronic disease patients, the medical insurance system has begun to include chronic disease management expenses in the reimbursement scope, encouraging medical institutions to provide continuous and comprehensive chronic disease management services. This not only improves the quality of life of chronic disease patients, but also promotes the transformation of medical institutions towards an integrated service model of prevention, treatment, and rehabilitation. At the same time, by reasonably defining the scope of services, the medical insurance system can also guide medical institutions to carry out characteristic specialty construction, and enhance the professionalization and refinement level of medical services.

(3) Strengthening regulatory and assessment mechanisms

In order to ensure the rational allocation and efficient utilization of medical resources, the medical

insurance system has also strengthened the supervision and assessment of medical institutions. By establishing a sound regulatory system, medical insurance institutions can comprehensively supervise the service behavior, cost control, medical quality, and other aspects of medical institutions. For violations such as excessive medical treatment and false reimbursement, medical insurance institutions will punish them in accordance with the law and regulations to maintain fairness and order in the medical market.

At the same time, the medical insurance system has also introduced a performance evaluation mechanism, which includes indicators such as service quality, patient satisfaction, and medical expense control of medical institutions in the scope of evaluation. Through performance evaluation, medical insurance institutions can motivate medical institutions to strengthen internal management, improve service quality, and better meet the medical service needs of the people. The combination of this regulatory and assessment mechanism not only promotes the rational allocation of medical resources, but also enhances the service level and competitiveness of the entire medical industry.

(4) Promotion of Information Technology Construction

In the process of promoting the rational allocation of medical resources, information technology construction has played an important role. By building a unified medical insurance information platform to achieve interconnectivity and shared utilization of medical data, medical insurance institutions can more accurately grasp the distribution and utilization of medical resources, providing a basis for scientific decision-making. At the same time, information technology construction can also improve the convenience and efficiency of medical insurance services, allowing patients to enjoy better and more efficient medical security services.

For example, through information technology such as electronic medical records and remote healthcare, medical institutions can achieve remote sharing and collaborative services of medical resources, improving the accessibility and convenience of medical services. In addition, information technology construction can provide accurate data analysis and prediction capabilities for medical insurance institutions, helping them better grasp the dynamic changes in the medical market, adjust payment standards and scope in a timely manner, and promote the rational allocation of medical resources.

3.2 Improving the Coverage of Medical Services

The reform of the medical insurance system not only promotes the rational allocation of medical resources, but also significantly improves the coverage of medical services. More and more people have been included in the scope of medical security through measures such as canceling registered residence restrictions and improving financial subsidy standards, so that more people can enjoy medical security services. This change not only reflects social fairness and justice, but also promotes social harmony and stability.

(1) Cancellation of registered residence restrictions

The registered residence system has always been an important obstacle in China's social security system. In the past, due to the existence of registered residence restrictions, many migrants and rural residents could not enjoy the same medical security services as urban residents. However, with the reform of the medical insurance system, the restrictions on registered residence have been gradually lifted, and more and more people begin to enjoy the benefits of medical security.

For example, some regions have started implementing the basic medical insurance system for urban

and rural residents, which includes both rural and urban residents in the same coverage area, achieving the integration of medical security between urban and rural areas. This change not only improves the level of medical security for rural residents, but also promotes fairness and integration between urban and rural areas. At the same time, with the cancellation of registered residence restrictions, the floating population can also enjoy medical security services more conveniently, improving their willingness and ability to seek medical care.

(2) Improvement of financial subsidy standards

In order to improve the coverage of medical services, the government has also increased financial subsidies for medical insurance. By increasing the financial subsidy standards, the government can support more people to be included in the scope of medical security, reducing their burden of medical expenses. This financial subsidy is not only targeted at low-income groups and disadvantaged families, but also covers other groups in need of medical security.

For example, for special groups such as the elderly, disabled, and children, the government can provide higher financial subsidy standards to ensure that they can access sufficient medical security services. At the same time, the government can also encourage medical institutions to provide basic medical services and reduce patients' medical expenses through financial subsidies. The formation of this financial subsidy mechanism not only improves the coverage of medical services, but also promotes the balanced distribution and efficient utilization of medical resources.

(3) Innovation of Cross Provincial Mutual Aid System for Medical Insurance Personal Accounts

In order to improve the accessibility and convenience of medical services, the medical insurance system has also promoted institutional innovations such as inter provincial mutual assistance for individual medical insurance accounts. This institutional innovation breaks geographical limitations and enables cross regional use of individual medical insurance accounts, making it more convenient for patients to enjoy medical security services.

For example, some regions have started implementing a cross provincial settlement system for medical insurance personal accounts, allowing patients to directly use their medical insurance personal accounts for payment when seeking medical treatment in different regions. This system not only increases patients' willingness and ability to seek medical treatment, but also promotes the cross regional flow and sharing of medical resources. At the same time, the cross provincial mutual aid system for individual medical insurance accounts can also motivate medical institutions to improve service quality and management level, in order to attract more patients to seek medical treatment.

(4) Medical security for special groups

In addition to abolishing the restrictions on registered residence and raising the standard of financial subsidies, the medical insurance system also pays special attention to the medical security of special groups. These special groups include low-income families, people with disabilities, the elderly, children, etc. They often face greater medical security needs due to economic, physical, or social reasons.

In order to meet the medical security needs of these special groups, the medical insurance system has taken various measures. For example, for low-income families, the government can provide higher medical assistance standards to ensure that they can access necessary medical security services; For people with disabilities, the medical insurance system can provide more personalized and refined services to meet their special needs; For the elderly and children, the medical insurance

system can strengthen preventive healthcare and health education, improve their health literacy and self-care ability. The implementation of these measures not only improves the level of medical security for special groups, but also promotes social fairness and justice.

3.3 Reduce the Economic Burden on Patients

The reform of the medical insurance system not only promotes the rational allocation of medical resources and improves the coverage of medical services, but also effectively reduces the economic burden on patients. By optimizing payment mechanisms and increasing reimbursement rates, patients' medical expenses have been effectively reduced. At the same time, by promoting diversified payment methods such as commercial insurance and synchronous settlement of charity, the economic pressure on patients has been further alleviated, and their willingness and ability to seek medical treatment have been improved.

(1) Optimization of payment mechanism

The optimization of payment mechanism is an important means to reduce the economic burden on patients. By introducing new payment methods such as pay per disease and pay per person, the medical insurance system can more effectively control medical expenses and reduce the economic burden on patients. For example, the payment method by disease can be reasonably priced based on the treatment costs and effects of different diseases, avoiding the occurrence of over treatment and unreasonable charges; The per capita payment method can encourage medical institutions to provide continuous and comprehensive medical services, improving service quality and efficiency.

At the same time, the medical insurance system has strengthened the negotiation and consultation mechanism with medical institutions, reducing their operating costs and service prices by reasonably determining payment standards and scope. The formation of such negotiation and consultation mechanisms not only helps to control medical expenses, but also promotes the rational allocation and efficient utilization of medical resources.

(2) Increase in reimbursement ratio

Increasing the reimbursement ratio is a direct measure to alleviate the financial burden on patients. By gradually increasing the reimbursement ratio of medical insurance, patients can enjoy more medical expense reimbursement and reduce their financial burden. For example, some regions have started implementing a major illness insurance system, increasing the reimbursement ratio of medical expenses for major illness patients to a higher level, effectively alleviating their economic pressure.

At the same time, the medical insurance system has also strengthened medical assistance for low-income groups and disadvantaged families. By providing higher medical assistance standards and a wider range of assistance, these special groups can obtain more comprehensive and timely medical security services. The formation of this rescue mechanism not only reflects social fairness and justice, but also promotes social harmony and stability.

(3) Innovation in Diversified Payment Methods

In order to further reduce the economic burden on patients, the medical insurance system has also promoted diversified payment methods such as commercial insurance and synchronous settlement of charity. The emergence of these new payment methods provides patients with more flexible and diverse payment options, reducing their financial pressure.

For example, commercial insurance can be combined with medical insurance to provide patients with more comprehensive and efficient medical security services. By purchasing commercial insurance products, patients can receive additional medical expense reimbursement and health management services on top of their medical insurance. Meanwhile, charitable organizations can also collaborate with medical insurance institutions to provide charitable assistance and donation support to patients. The innovation of this diversified payment method not only enriches patients' payment choices, but also promotes the improvement and development of the medical security system.

(4) Exploration of Long term Care Insurance

With the intensification of population aging, long-term care insurance has gradually become an important component of the medical insurance system. By exploring the establishment of a long-term care insurance system, the medical insurance system can provide more comprehensive and long-term medical security services for the elderly, reducing their economic burden and life pressure.

The long-term care insurance system can cover various aspects such as daily life care, medical care, rehabilitation services, etc. for the elderly. By providing necessary nursing services and cost support for the elderly, the long-term care insurance system can reduce their medical expenses and living costs. At the same time, the long-term care insurance system can promote the rational allocation and efficient utilization of medical resources, improve the quality of life and happiness of the elderly.

3.4 Challenges and Countermeasures for Deepening the Reform of the Medical Insurance System

Although the reform of the medical insurance system has achieved significant results, it still faces many challenges in the process of deepening the reform. To address these challenges, we need to take more effective measures and strategies to promote the sustained and healthy development of the medical insurance system.

(1) Challenges Faced

Although the medical insurance system has achieved certain results in promoting the rational allocation of medical resources, the problem of uneven distribution of medical resources still exists. Medical resources in some regions and fields are still relatively scarce, making it difficult to meet the medical needs of the people. This uneven distribution not only affects the accessibility and convenience of medical services, but also restricts the sustainable and healthy development of the medical insurance system.

With the continuous advancement of medical technology and the upgrading of medical services, the difficulty of controlling medical expenses is gradually increasing. On the one hand, the introduction of high-tech and high-end medical services has increased the level of medical expenses; On the other hand, factors such as aging population and high incidence of chronic diseases have also increased the pressure on medical expenses. This dual pressure poses greater challenges for the healthcare insurance system in controlling medical expenses.

With the expansion of medical insurance coverage and the increase in reimbursement rates, the sustainability of medical insurance funds has been challenged to some extent. On the one hand, the expenditure pressure of the medical insurance fund is gradually increasing; On the other hand, the

funding channels for medical insurance funds are relatively limited, making it difficult to meet the growing demand for medical security. This contradiction poses a dilemma for medical insurance funds in safeguarding patients' medical rights and maintaining their own sustainable development.

Although information technology construction has played an important role in the medical insurance system, the level of medical insurance informationization still needs to be improved. On the one hand, the low degree of information interconnection between medical institutions in different regions and at different levels has affected the efficiency of sharing and utilizing medical data; On the other hand, the functions and service level of the medical insurance information platform also need to be improved, which is difficult to meet the growing information needs of patients.

(2) Countermeasures and suggestions

In order to strengthen the balanced allocation of medical resources, we need to take a series of measures. Firstly, the government should increase investment in grassroots medical institutions to improve their service capabilities and levels; Secondly, through policy guidance and incentive mechanisms, we encourage outstanding medical talents to flow to grassroots, rural, and remote areas; Finally, strengthen regional medical cooperation and collaborative development, promote the cross regional flow and sharing of medical resources.

In order to deepen the reform of the medical expense control mechanism, we need to start from multiple aspects. Firstly, establish a sound monitoring and evaluation system for medical expenses, and promptly detect and correct unreasonable charging phenomena; Secondly, promote the reform and innovation of medical payment methods, such as the application of new payment methods such as payment by disease and payment by head; Finally, strengthen the internal management and cost control of medical institutions to improve service efficiency and quality.

In order to improve the financing and regulatory mechanism of the medical insurance fund, we need to take the following measures. Firstly, broaden the financing channels of the medical insurance fund, such as increasing government investment and guiding social capital participation; Secondly, establish a sound regulatory system for medical insurance funds and strengthen supervision and inspection of the use of medical insurance funds; Finally, improve the efficiency and transparency of the use of medical insurance funds to ensure that patients' medical rights are fully protected.

In order to improve the informatization level of medical insurance, we need to strengthen the construction and application of informatization. Firstly, promote the interconnection, sharing and utilization of medical data, and establish a unified medical insurance information platform; Secondly, improve the functionality and service level of the medical insurance information platform to enhance patients' medical experience and satisfaction; Finally, strengthen information security and privacy protection to ensure the security and reliability of patients' personal information and medical data.

3.5 International Experience and Reference of Medical Insurance System Reform

In the process of deepening the reform of the medical insurance system, we can draw on successful international experiences and practices to provide useful references and inspirations for China's reform.

The social healthcare insurance system in Germany is renowned for its comprehensive coverage, efficient management, and high-quality services. This system implements the principle of

mandatory insurance coverage, including all residents in the scope of protection, and ensures the sustainability of the medical insurance fund through diversified financing channels and refined management methods. In addition, Germany has established a comprehensive medical service network and quality control system, which has improved the quality and efficiency of medical services. These experiences and practices provide useful references for the reform of China's medical insurance system.

The commercial healthcare insurance system in the United States is renowned for its flexibility, diversity, and strong market competition. This system allows individuals and businesses to freely choose medical insurance products, and promotes insurance companies to improve service quality and reduce costs through market competition mechanisms. At the same time, the US government also encourages individuals and businesses to purchase medical insurance through tax incentives and other measures. These experiences and practices provide useful insights for China to promote the integration of commercial insurance and medical insurance.

The National Health Service system in the UK is renowned for its fairness, efficiency, and comprehensive coverage. The system implements a universal free healthcare system, which includes all residents in the scope of protection, and is managed and controlled by the government to cover medical expenses. At the same time, the NHS has established a comprehensive healthcare service network and talent development system, improving the quality and efficiency of healthcare services. These experiences and practices provide useful references for China to strengthen government leadership and promote balanced allocation of medical resources.

As a developing country, India's universal health insurance plan provides valuable insights for our country. This plan provides medical security services for low-income groups and impoverished families through a combination of government subsidies and private sector participation. At the same time, India has strengthened the construction of its primary healthcare system and talent cultivation efforts, improving the quality and efficiency of primary healthcare services. These experiences and practices provide useful references for China in promoting the coverage of medical security and improving the capacity of primary healthcare services.

The Family Health Program in Brazil provides comprehensive health management and preventive healthcare services to residents through a combination of government led and community participation. This plan focuses on the construction of the primary healthcare system and the cultivation of talents, improving the quality and efficiency of primary healthcare services. At the same time, Brazil has strengthened the supervision and assessment of medical services, ensuring fairness and accessibility of medical services. These experiences and practices provide useful insights for China to promote the construction of primary healthcare system and improve the quality of medical services.

3.6 Future Prospects for the Reform of the Medical Insurance System

With the continuous development and progress of society, the medical insurance system will also constantly face new challenges and opportunities. Looking ahead, we need to continue deepening the reform of the medical insurance system and promote its sustained and healthy development.

(1) Strengthen top-level design and planning

In order to promote the sustainable and healthy development of the medical insurance system, we need to strengthen top-level design and planning. By formulating scientifically reasonable reform

plans and policy measures, clarify the goals and directions of the reform; At the same time, strengthen the connection and coordination between policies, and form a policy synergy to promote the deepening of reforms.

(2) Promote the coordinated development of medical insurance and medical services

In order to promote the coordinated development of medical insurance and medical services, we need to strengthen the linkage and interaction between the two. By establishing a sound medical service network and quality control system, we aim to improve the quality and efficiency of medical services; At the same time, strengthen the guidance and supervision of medical services by medical insurance, promote the rational allocation and efficient utilization of medical resources.

(3) Strengthen international cooperation and exchanges

In order to strengthen international cooperation and exchange, we need to actively participate in exchange and cooperation activities in the field of international medical insurance. By drawing on successful international experiences and practices, provide useful references and inspirations for the reform of China's medical insurance system; At the same time, we will strengthen cooperation and communication with international organizations to jointly promote the development of the global medical insurance industry.

(4) Pay attention to the medical security needs of special groups

In order to pay attention to the medical security needs of special groups, we need to adopt more targeted measures and strategies. By establishing a sound medical assistance system and charity assistance mechanism, we aim to provide more comprehensive and timely medical security services for special groups such as low-income groups, people with disabilities, and the elderly; At the same time, we will strengthen the health management and preventive healthcare work for these groups, improve their health literacy and self-care ability.

(5) Promote the innovative development of the medical insurance system

In order to promote the innovative development of the medical insurance system, we need to actively explore new reform paths and models. Promote innovation and development of the medical insurance system through the introduction of new technologies, methods, and concepts; At the same time, we will strengthen the research and resolution of new situations and problems that arise during the reform process, ensuring the smooth progress of the reform and achieving the expected results.

4 Case Analysis

With the acceleration of the aging process of China's population and the rise of the incidence rate of chronic non communicable diseases, the population of patients with chronic diseases is growing. However, under the traditional medical insurance service model, patients with chronic diseases often face difficulties in seeking medical treatment in different places and complicated reimbursement processes, which seriously affect the accessibility of their medical services. In response to this issue, the Yunnan Provincial Medical Security Bureau has actively explored and implemented the "province wide" reform for the recognition and filing of outpatient treatment for chronic diseases, providing more convenient and efficient medical security services for patients with chronic diseases(Jan, 2005).

4.1 Background of the Reform of "Provincial General Administration" for the Recognition and Filing of Outpatient Treatment for Chronic Diseases by Yunnan Provincial Medical Security Bureau

With the development of social economy and the intensification of population aging, the number of patients with chronic diseases continues to increase. These patients often require long-term treatment and management, and the demand for medical security services is increasing. However, under the traditional medical insurance service model, patients with chronic diseases face many inconveniences when seeking medical treatment in other places, such as cumbersome reimbursement processes and long waiting times, which seriously affect the accessibility of their medical services. In recent years, the country has attached great importance to the reform of the medical insurance system and the issue of medical security for patients with chronic diseases. The relevant policy documents clearly state the need to improve the basic medical insurance system, enhance the level of medical security, and especially strengthen medical security services for patients with chronic diseases. The Yunnan Provincial Medical Security Bureau actively responded to the national call and, based on the actual situation of the province, explored and implemented the reform of "province wide application" for the recognition and filing of outpatient special chronic disease treatment.

4.2 Reform Measures for the Recognition and Filing of Outpatient Treatment for Chronic Diseases by Yunnan Provincial Medical Security Bureau under the "Provincial General Service" Reform

(1) Unified disease types and treatment standards

In response to the difficulties in direct settlement of outpatient special and chronic diseases, application and filing materials and processes, and reimbursement benefits caused by the inconsistency of outpatient special and chronic diseases, the Yunnan Provincial Medical Security Bureau continues to improve the outpatient special and chronic disease guarantee mechanism. Starting from July 2020, insured patients with special and chronic diseases will be promptly included in the coverage, and the outpatient special and chronic diseases of former employees and urban and rural residents will be unified as Yunnan Province Basic Medical Insurance Outpatient Special and Chronic Diseases. At present, 24 special diseases and 23 chronic diseases are uniformly implemented throughout the province, achieving unified disease types, more fair and inclusive policies, and gradually narrowing the treatment gap.

(2) Simplify the filing process and materials

In order to better meet the outpatient medical needs of patients with chronic diseases, Yunnan Provincial Medical Security Bureau continuously updates and improves the list of disease types and standardizes service processes. Cancel all non essential confirmation documents and outpatient medication scope and dosage restrictions for chronic diseases in the past, and simplify them to filing based on the diagnosis certificate of qualified physicians in designated medical institutions. This measure greatly simplifies the registration process for patients with chronic diseases, reducing the time and cost of handling procedures.

(3) Realize "one-stop processing" and "provincial unified processing"

The Yunnan Provincial Medical Security Bureau, in accordance with the principles of unified standards, convenience and benefits for the people, and step-by-step promotion, has gradually realized the "one-stop processing" of special chronic disease application confirmation and filing from treatment, disease diagnosis, treatment recognition, and outpatient expense reimbursement in designated medical institutions, starting from designated medical institutions at or above the second level. At the same time, we will promote the confirmation and filing of outpatient special and chronic disease treatment through "provincial universal application". Insured patients only need to seek standardized treatment at designated medical institutions to achieve the confirmation and filing of special disease treatment within the province and enjoy it immediately.

(4) Establish the "Four Ones" working mechanism

To ensure the smooth implementation of the recognition and filing of outpatient treatment for chronic diseases, Yunnan Provincial Medical Security Bureau has established the "Four Ones" working mechanism of "one window acceptance, one-time notification, one-stop completion, and up to one visit". The implementation of this mechanism enables patients with chronic diseases to handle relevant procedures more conveniently and quickly, and enjoy medical security services.

3.3 Yunnan Provincial Medical Security Bureau Outpatient Special Chronic Disease Treatment Recognition and Filing "Provincial General Office" Reform Results

(1) Improved accessibility of medical services for patients with chronic diseases

By implementing the reform of "provincial wide application" for the recognition and filing of outpatient treatment for chronic diseases, the Yunnan Provincial Medical Security Bureau has significantly improved the accessibility of medical services for patients with chronic diseases. Patients with chronic diseases no longer need to travel between different regions for reimbursement procedures. They only need to seek standardized medical treatment at designated medical institutions to achieve immediate reimbursement and treatment recognition. This reform measure greatly reduces the economic burden and psychological pressure on patients with chronic diseases, and improves their quality of life.

(2) Promoted the rational allocation of medical resources

The implementation of the reform of "province wide application" for the recognition and filing of outpatient treatment for chronic diseases has promoted the rational allocation of medical resources. On the one hand, by unifying disease types and treatment standards, it avoids the waste of medical resources and redundant construction caused by policy differences between different regions; On the other hand, by simplifying the filing process and implementing "one-stop processing", the utilization efficiency and service quality of medical resources have been improved.

(3) Promoted the establishment and development of a hierarchical diagnosis and treatment system

The reform of "province wide application" for the recognition and filing of outpatient treatment for chronic diseases will also help promote the establishment and development of a hierarchical diagnosis and treatment system. By guiding patients with chronic diseases to seek medical treatment reasonably and choosing designated medical institutions, the pressure of medical treatment and

overcrowding in large hospitals have been reduced. At the same time, by improving the service capacity and level of primary healthcare institutions, more patients with chronic diseases can receive timely and effective treatment and management in these institutions.

3.4 Analysis of the Impact of the "Provincial General Service" Reform on the Accessibility of Medical Services for Outpatient Special Chronic Disease Treatment Recognition and Filing by Yunnan Provincial Medical Security Bureau

(1) Reduced the cost of medical treatment for patients with chronic diseases

The implementation of the "province wide" reform for the recognition and filing of outpatient treatment for chronic diseases has made it more convenient and efficient for patients with chronic diseases to handle reimbursement procedures and enjoy medical security services. This reform measure greatly reduces the medical and time costs for patients with chronic diseases, and improves their medical efficiency and satisfaction.

(2) Improved the convenience of medical treatment for patients with chronic diseases

By implementing "one-stop processing" and "provincial integration", Yunnan Provincial Medical Security Bureau provides more convenient and efficient medical security services for patients with chronic diseases. Patients with chronic diseases no longer need to travel between different regions for reimbursement procedures. They only need to seek standardized medical treatment at designated medical institutions to achieve immediate reimbursement and treatment recognition. This reform measure greatly improves the convenience and satisfaction of medical treatment for patients with chronic diseases.

(3) Promoted fairness and accessibility of medical services

The implementation of the "province wide" reform for the recognition and filing of outpatient treatment for chronic diseases has promoted the fairness and accessibility of medical services. By unifying disease types and treatment standards, simplifying filing processes, and achieving "one-stop processing", Yunnan Provincial Medical Security Bureau provides more fair and accessible medical security services for patients with chronic diseases. This reform measure will help narrow the gap in medical service levels between different regions and improve the overall quality and efficiency of medical services.

3.5 Experience and reference from the reform of "province wide application" for the recognition and filing of outpatient treatment for chronic diseases by Yunnan Provincial Medical Security Bureau

(1) Strengthen policy coordination and integration

In the process of implementing the reform of "province wide application" for the recognition and filing of outpatient treatment for chronic diseases, Yunnan Provincial Medical Security Bureau focuses on strengthening policy coordination and integration. By unifying disease types and treatment standards, simplifying the filing process, and achieving "one-stop processing", the waste of medical resources and redundant construction caused by policy differences between different

regions have been avoided. When implementing similar reforms in other regions, attention should also be paid to strengthening policy coordination and integration, ensuring effective linkage and coordinated promotion of various policy measures.

(2) Pay attention to information technology construction and application

The Yunnan Provincial Medical Security Bureau has fully utilized information technology and techniques in the process of implementing the "province wide" reform for the recognition and filing of outpatient treatment for chronic diseases. By establishing a unified medical insurance information platform and data sharing mechanism, real-time monitoring and dynamic management of medical information for patients with chronic diseases have been achieved. When implementing similar reforms in other regions, attention should also be paid to information technology construction and application, and the level of intelligence and convenience of medical security services should be improved.

(3) Strengthening both supervision and service

In the process of implementing the reform of "province wide application" for the recognition and filing of outpatient treatment for chronic diseases, Yunnan Provincial Medical Security Bureau not only focuses on strengthening supervision but also on improving service quality. By establishing a sound regulatory mechanism and service system, the effective implementation of various policy measures and the full protection of the rights and interests of patients with chronic diseases have been ensured. When implementing similar reforms in other regions, both supervision and services should be strengthened to ensure the smooth implementation of reform measures and the full protection of the rights and interests of patients with chronic diseases.

5 Conclusion and Prospect

The Yunnan Provincial Medical Security Bureau has significantly improved the accessibility of medical services for patients with chronic diseases through the implementation of the "province wide" reform for the recognition and filing of outpatient treatment for chronic diseases. This reform measure enables patients with chronic diseases to enjoy medical security services more conveniently through measures such as unifying disease types, simplifying processes, and achieving "one-stop processing". At the same time, the reform has also promoted the rational allocation of medical resources and the establishment and development of a hierarchical diagnosis and treatment system. Looking ahead to the future, with the continuous deepening of the medical insurance system reform and the continuous advancement of medical technology, we have reason to believe that the accessibility of medical services for patients with chronic diseases will be further improved. At the same time, we also look forward to more regions learning from the successful experience of Yunnan Provincial Medical Security Bureau, actively exploring medical security service models that are suitable for local conditions, and providing better and more efficient medical security services for patients with chronic diseases.

(1) Continue to deepen the reform of the medical insurance system

In order to further improve the accessibility of medical services, it is necessary to continue deepening the reform of the medical insurance system. Specifically, measures such as further improving the medical insurance financing mechanism, increasing financial subsidy standards, and

expanding medical insurance coverage can be taken. At the same time, it is necessary to strengthen the supervision and assessment of medical institutions to ensure the quality and safety of medical services.

(2) Promote the establishment and development of a hierarchical diagnosis and treatment system

The hierarchical diagnosis and treatment system is one of the important ways to improve the accessibility of medical services. Therefore, it is necessary to actively promote the establishment and development of a hierarchical diagnosis and treatment system. Specifically, measures such as strengthening the construction and capacity enhancement of grassroots medical institutions, and improving referral mechanisms can be taken. At the same time, it is necessary to strengthen the promotion and education of patients, improve their health awareness and self-management ability.

(3) Strengthen the informatization and intelligence construction of medical services

Informationization and intelligence are important means to improve the convenience and efficiency of medical services. Therefore, it is necessary to strengthen the informatization and intelligence construction of medical services. Specifically, the application of technologies such as electronic medical records and remote healthcare can be promoted; Strengthen measures such as security management and shared utilization of medical data. These measures not only help improve the accessibility and quality efficiency of medical services, but also promote innovation and development in the healthcare industry.

The reform of the medical insurance system has had a significant impact on the accessibility of medical services. The implementation of measures such as expanding coverage, adjusting payment ratios and benefits, and optimizing payment mechanisms has significantly improved the medical security level of the insured population, promoted the rational allocation of medical resources, and enhanced the quality and efficiency of medical services. In the future, we need to continue to deepen the reform of the medical insurance system, promote the establishment and development of a tiered diagnosis and treatment system, and strengthen the implementation of measures such as informationization and intelligent construction of medical services, in order to further improve the accessibility and quality efficiency of medical services.

References:

Akerlof, G. (1970). The Market for "Lemons": Quality Uncertainty and the Market Mechanism.

The Quarterly Journal of Economics, 84(3), 488-500.

Anderson, L. R., & Mellor, J. M. (2008). Predicting health behaviors with an experimental measure of risk preference. *Journal of Health Economics*, 27, 1260-1274.

Arrow, K. J. (1963). Uncertainty and the Welfare Economics of Medical Care. *The American Economic Review*, 53(5), 941-973.

- Ashraf, N., Karlan, D. S., & Yin, W. (2006). Tying Odysseus to the Mast: Evidence from a Commitment Savings Product in the Philippines. *The Quarterly Journal of Economics*, 121(2), 635-672.
- Ayanian, J. Z., Weissman, J. S., Schneider, E. C., Ginsburg, J. A., & Zaslavsky, A. M. (2000). Unmet health needs of uninsured adults in the United States. *Journal of the American Medical Association*, 284(16), 2061-2069.
- Baker, D. W., Shapiro, M. F., & Schur, C. L. (2000). Health insurance and access to care for symptomatic conditions. *Archives of Internal Medicine*, 160(7), 1269-1274.
- Baker, D. W., Sudano, J. J., Albert, J. M., Borawski, E. A., & Dor, A. (2001). Lack of health insurance and decline in overall health in late middle age. *New England Journal of Medicine*, 345(15), 1106-1112.
- Binswanger, H. P. (1978). Risk Attitudes of Rural Households in Semi-Arid Tropical India. *Economic and Political Weekly*, 13(25), 947-957.
- Cardon, J. H., & Hendel, I. (2001). Asymmetric Information in Health Insurance: Evidence from the National Medical Expenditure Survey. *Rand Journal of Economics*, 32(2), 408-427.
- Case, A., Lubotsky, D., & Paxson, C. (2002). Economic Status and the Health in Childhood: The Origins of the Gradient. *The American Economic Review*, 92(5), 1308-1334.
- Cawley, J., & Philipson, T. (1999). An Empirical Examination of Information Barriers to Trade in Insurance. *American Economic Review*, 89(4), 827-846.
- Chetty, R. (2006). A general formula for the optimal level of social insurance. *Journal of Public Economics*, 90(10-11), 1879-1901.

Chetty, R., & Looney, A. (2006). Income risk and the benefits of social insurance: evidence from Indonesia and the United States. *In Fiscal Policy and Management: East Asia Seminar on Economics 16* (pp. 1-30). MIT Press.

Jan, G. C. (2005). *The Rise and Fall of HMOs*. Madison: The University of Wisconsin Press.

Stuart, H. A., & Marc, A. R. (1988). Halfway Competitive Markets and Ineffective Regulation: The American Health Care System. *Journal of Health Politics, Policy and Law*, 13(2), 323-339.