

出國報告（出國類別：開會類）

（裝
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線）

參加 2011 年美國公共衛生學會(APHA)年會報告

服務機關：行政院中央健康保險局

姓名職稱：王組長怡人

派赴國家：美國

出國期間：100 年 10 月 27 日至 11 月 4 日

報告日期：101 年 1 月 30 日

目的：

美國公共衛生學會(American Public Health Association, 簡稱 APHA)在國際公共衛生學界素具聲望，其年會更是跨國專業盛事，各國學術及實務界每年均有多人參與口頭報告或張貼海報。

2011 年 APHA 年會於美國華盛頓國際會議中心舉行，行政院衛生署指派國民健康局規劃一場平行論壇，主題為 Promoting Health from Cradle to Grave: Case Studies of Taiwan's Reform and Comprehensive Approach to Care。由前衛生署署長楊志良擔任論壇規劃人，國民健康局局長邱淑媿擔任主持人，共安排五場口頭報告，並搭配海報展示，向國際公共衛生學界介紹我國健康照護制度之現況與改革。

會議內容：

該論壇經大會安排於 10 月 31 日上午舉行，本人負責第一場報告，主題為 Taiwan's National Health Insurance: The Experience and Reform of a Single-payer System。介紹我國全民健康保險制度之特色、成就、挑戰，以及未來改革之方向。報告摘要及投影片如附件。

五場口頭報告結束後，聽眾回應熱烈，特別是本人報告之全民健康保險制度部分，現場提出交流的問題包括企業界對該制度的態度、醫療服務成本控制的方法、採行疾病診斷關係群 (DRG) 作為支付基準

之原因與成效，以及與預防保健服務結合之模式等，本人逐一回答，楊前署長志良並說明我國當年規劃、推動全民健康之背景與過程。對於我國能掌握經濟起飛之時機實施全民健康保險，嗣有效控制醫療支出之成長，並持續檢討改進，2011年初已通過改革法案，即將擴大費基，同時加速推動多元支付制度，咸表欽佩與羨慕。

心得與建議：

平行論壇當時會場滿座，顯示國際公共衛生界對於台灣健康照護制度之興趣，其中又以全民健康及愛滋病防制之減害(Harm Reduction)計畫最受關注。會後有多人前來交換名片，回國後並有國際友人來函索取簡報資料以供該國研究參考，達到國際交流之目的。

使全民享有健康保險(Universal Coverage)現為世界許多國家致力推動卻不可得，美國即是最具代表性的國家。我國實施全民健保之經驗享譽國際，藉由單一支付制度(Single Payer)控制醫療支出於社會可承擔之範圍，更為許多先進國家稱羨。惜因保險人行政經費逐年遞減，使得國際交流機會受限，宜有專案計畫與經費，有系統地向國際行銷台灣保障健康人權的具體作為，以及兼顧管醫療品質與支出控管的成功經驗。另吸取其他國家健康制度改革經驗，適當融入即將推動之二代健保中，讓健康資源配置更有效率亦有其必要。

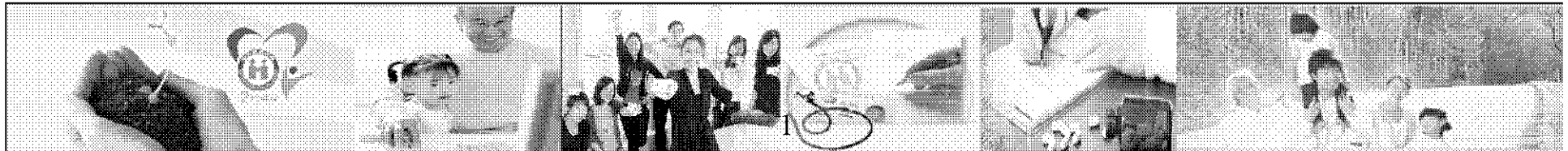
附件：

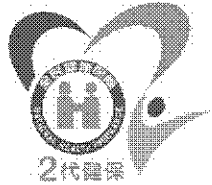
Abstract:

Taiwan's National Health Insurance (NHI) was founded on the idea of social solidarity. Over the past 16 years, Taiwan's NHI program has assured its people universal coverage, comprehensive benefits, and quality healthcare access that is equal and convenient for all. All this has been done while still keeping premiums low and health expenditures under control. Even during economic downturns, the NHI system facilitates seamless health protection to all people in Taiwan. While taking pride in its many achievements, Taiwan's Department of Health recognizes that the NHI can be further improved in terms of equity in financing efficiency and quality of care. To address these issues, an amendment to the NHI Act was passed in January 2011. This amendment includes a variety of measures to correct financial asymmetry and encourage transparency and accountability. In summary, the reform established that all sources of income are to be included in the supplementary premium calculation for those insured. This approach will also lead to a reasonable reduction of the existing premium rate. The committee determining the growth of the insurance's premium rate and the committee negotiating the growth rate of medical payment shall be integrated into "the NHI Supervisory Commission," which will be responsible for the review of significant insurance matters on an integrated basis, including premium rates, benefits scope, and others. Finally, the public will have access to information regarding meeting records on major NHI-related issues financial reports, and medical quality information.

Taiwan's National Health Insurance: The Experience and Reform of a Single-payer System

Yi-Ren Wang, MS, ML
Director, Planning Division
Bureau of National Health Insurance
October 31, 2011





Presenter Disclosures

Yi-Ren Wang

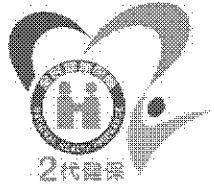
(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose



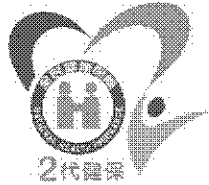
Outline

- ◆ **Characteristics of the NHI**
- ◆ **Major Achievements of the NHI**
- ◆ **Challenges**
- ◆ **Reform of the NHI**

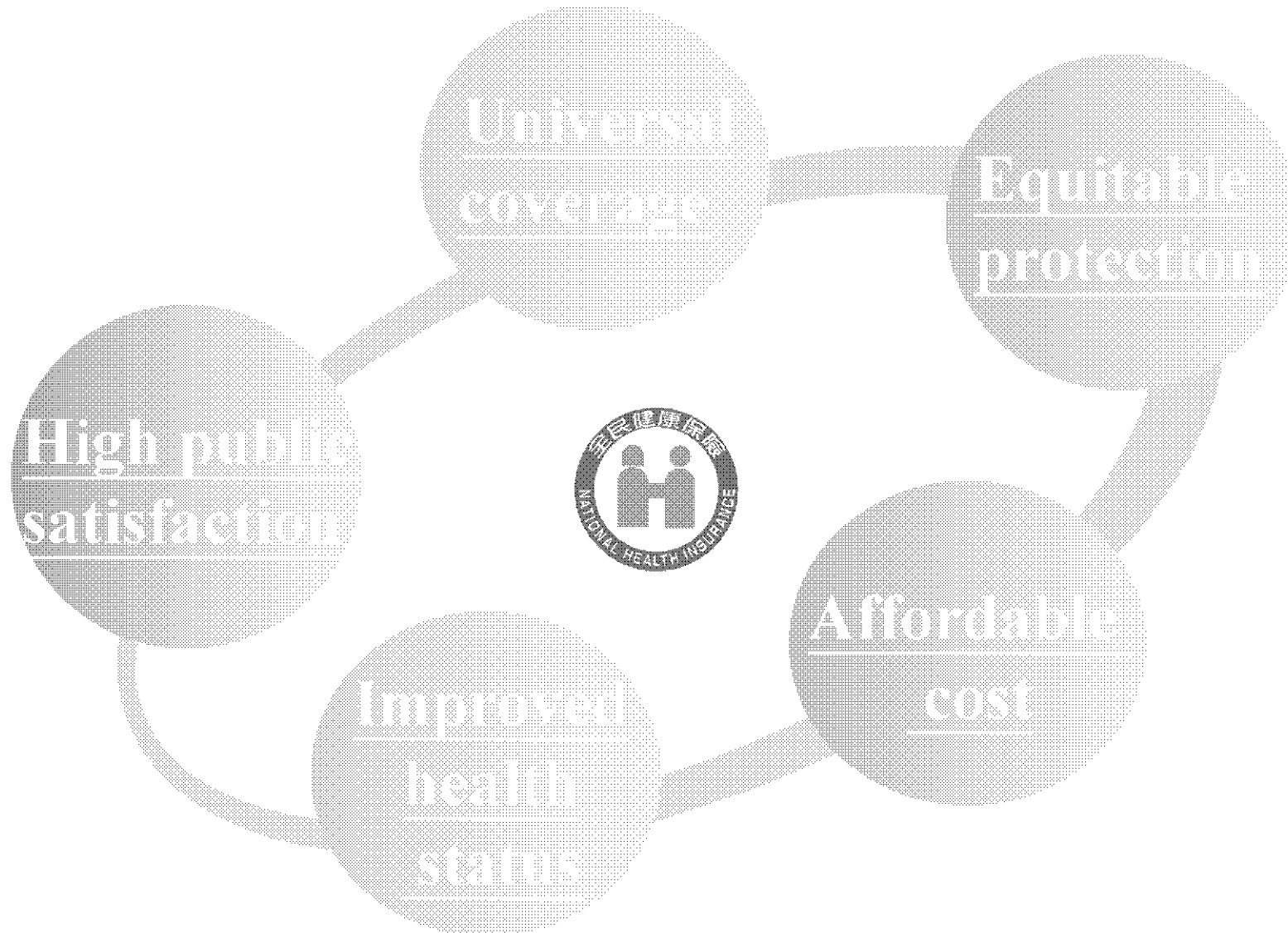


Features of Taiwan's NHI

Coverage	Enrollment is compulsory for all citizens and legal residents
Administration	Single-payer system run by the government
Financing	Payroll-based premium shared by the employee, employer and government
Benefits	Comprehensive package, co-payments required
Providers	92% of Taiwan health care providers work with NHI
Payment	Uniform fee schedule under global budget
Privileges	Premium & copayment subsidies for disadvantaged



Major Achievements of the NHI

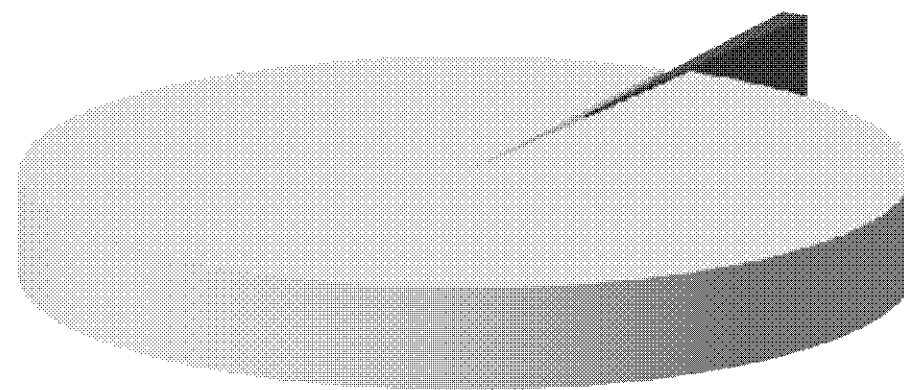




Universal Coverage

Population covered: 23.1 million (99.51%)

- **Mainly people staying abroad**
0.49%



99.51%

■ Insured

■ Uninsured

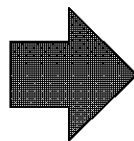


Equitable Protection

Premium Revenues & Benefits Received by Different Income Groups (1996~2009)

Premium Contribution
NT\$ 4550 Billion

Government	34.8%
Enterprise	27.7%
Households	37.5%
I (Lowest Income)	3.0%
II	5.9%
III	7.7%
IV	9.1%
V (Highest Income)	11.8%



Benefit Received*
NT\$ 4615 Billion

I (Lowest Income)	13.7%
II	17.9%
III	20.9%
IV	23.1%
V (Highest Income)	24.5%

Benefit / Premium Ratio

4.9 times

3.3 times

2.9 times

2.7 times

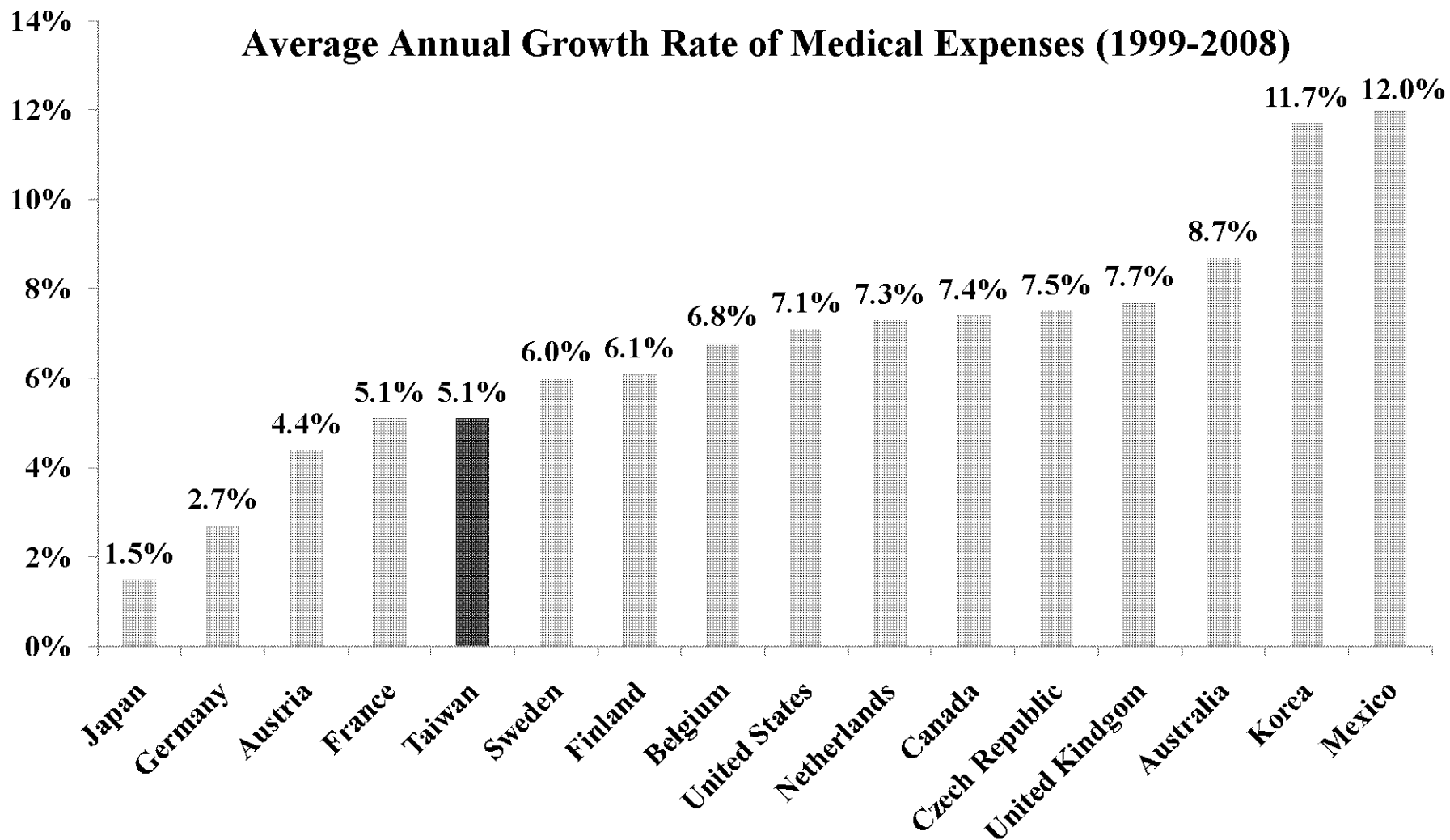
2.2 times

Average: 2.9 times

* There is a deficit of NT\$ 65 Billion (1.4%)

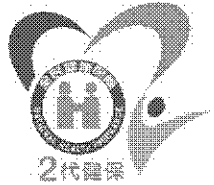


Affordable Cost



Source : OECD Health Data 2010, Department of Health

Note: Japan figure represents 1998-2007, Australia represents 1998-2007



Improved Health Status

10 Years Prior to NHI

Standard mortality rate has decreased by 12%

Average life expectancy at birth increased 1.0/1.9 (male/female) years

10 Years After NHI

Standard mortality rate has decreased by 18%

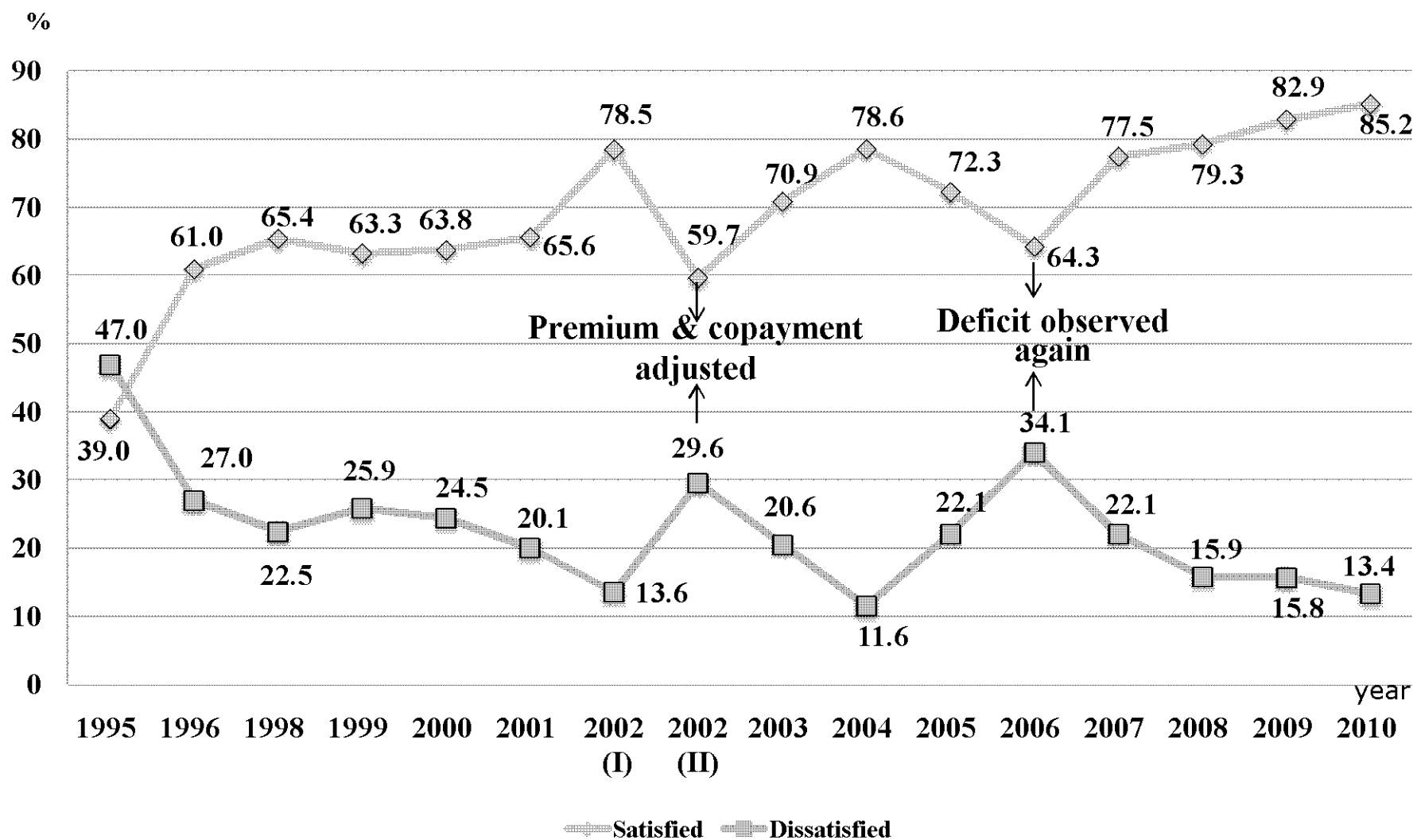
Average life expectancy at birth increased 1.9/2.1 (male/female) years

Source: Department of Health, Taiwan



High Public Satisfaction

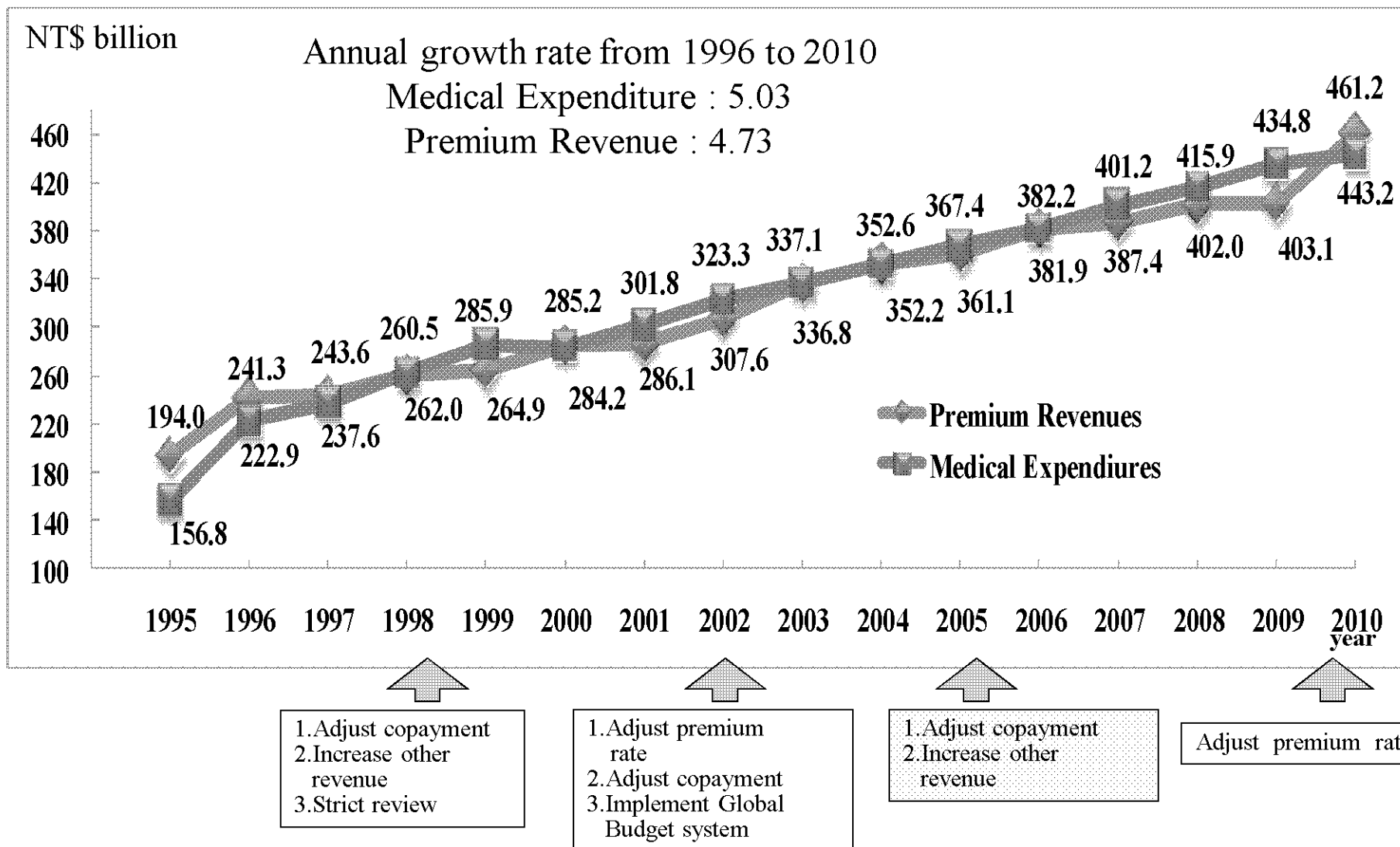
(1995-2010)





Challenge 1

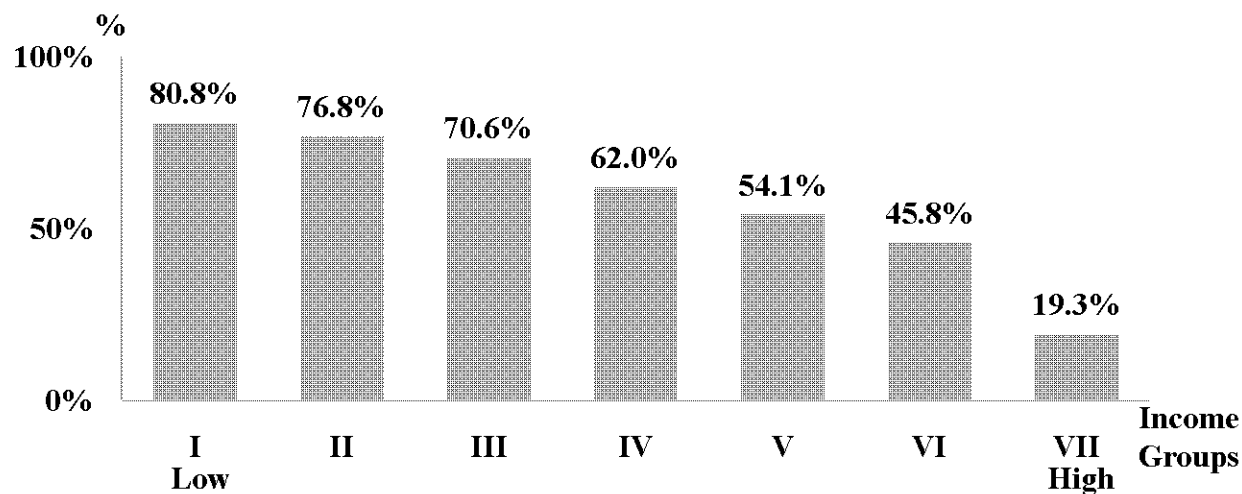
NHI Financial Status





Challenge 2

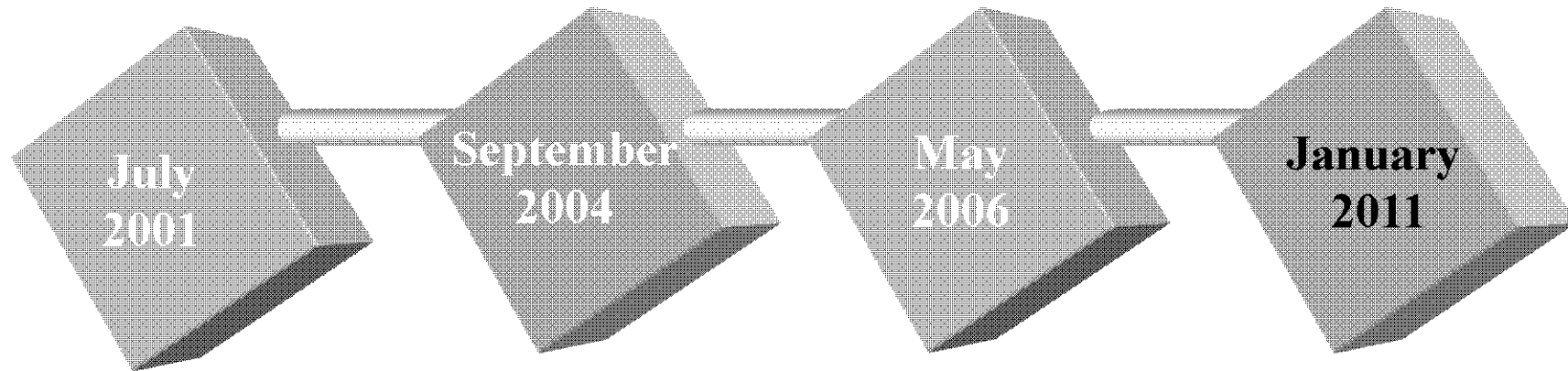
The Rates of Salary to Total Taxable Income



Source: Government Finance Annual Report for 2011, Ministry of Finance, Taiwan



Reform of the NHI



The 2nd Generation NHI Planning Task Force was formed under the Executive Yuan.

The Department of Health started to draft the NHI Act amendment.

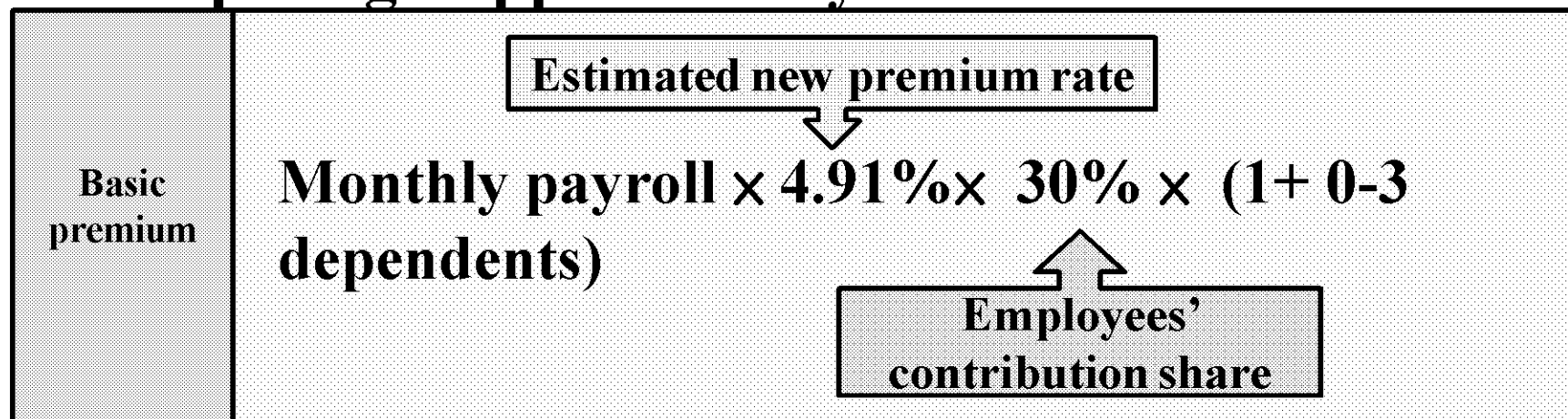
The NHI Act amendment proposal was submitted to the Congress for review.

The NHI Act amendment was passed by the Congress and promulgated by the President.

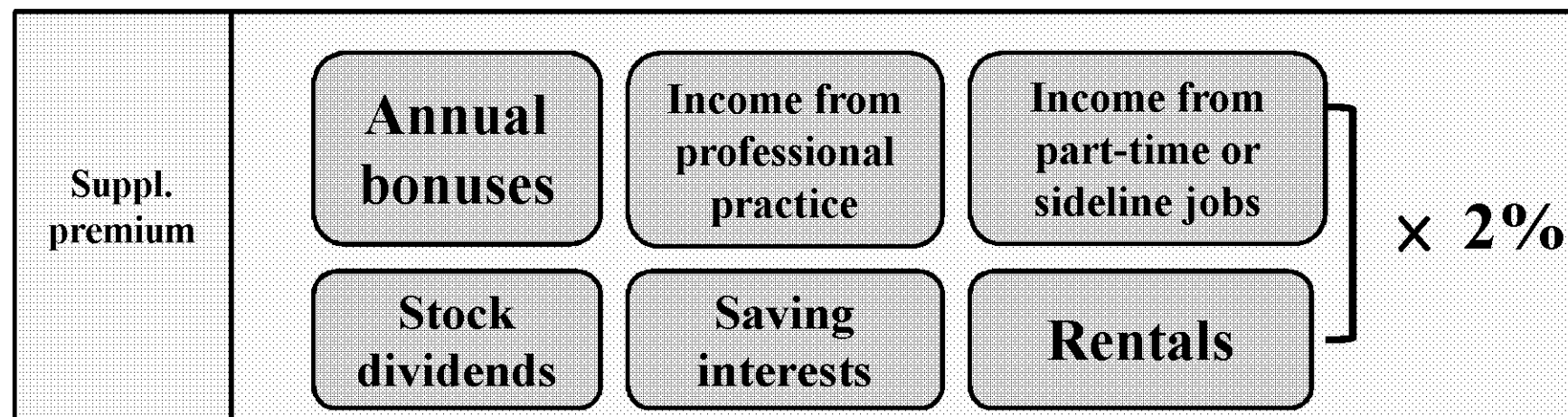


Financing Reform

Imposing Supplementary Premium to the Insured



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Benefit Reform

Adding HTA to Decision-Making Process

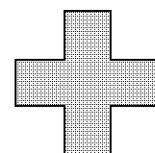
Health Technology Assessment

**Health
issues**

**Cost-
effectiveness**

**Medical
ethics**

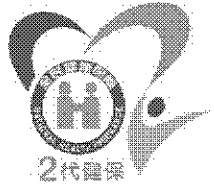
**Financial
impact on
insurance**



Public Consensus

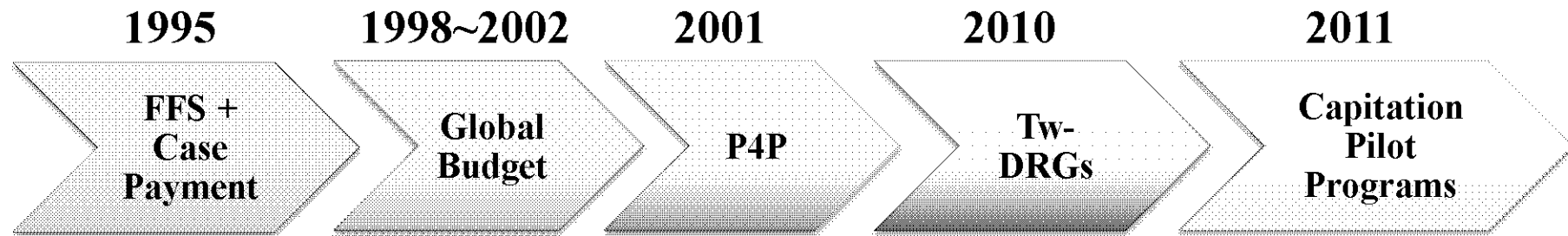


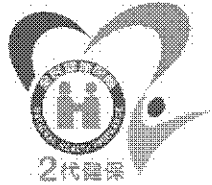
**Representatives of medical
providers
+
Insurer
+
Representatives of payers,
scholars and related agencies**



Payment Reform

Developing Diversified Payment Schemes





Final Words

- ◆ Adding capital gains into the premium base is a breakthrough for Taiwan's social insurance.
- ◆ Broadening the payment basis will allow further integration of medical services with preventive medicine, facilitating the greater goal of buying health rather than health care.
- ◆ Taiwan's National Health Insurance system will continue to reform and adapt to changing conditions.



Thank You
for your kind attention!

