

Healthcare Financing System in Taiwan



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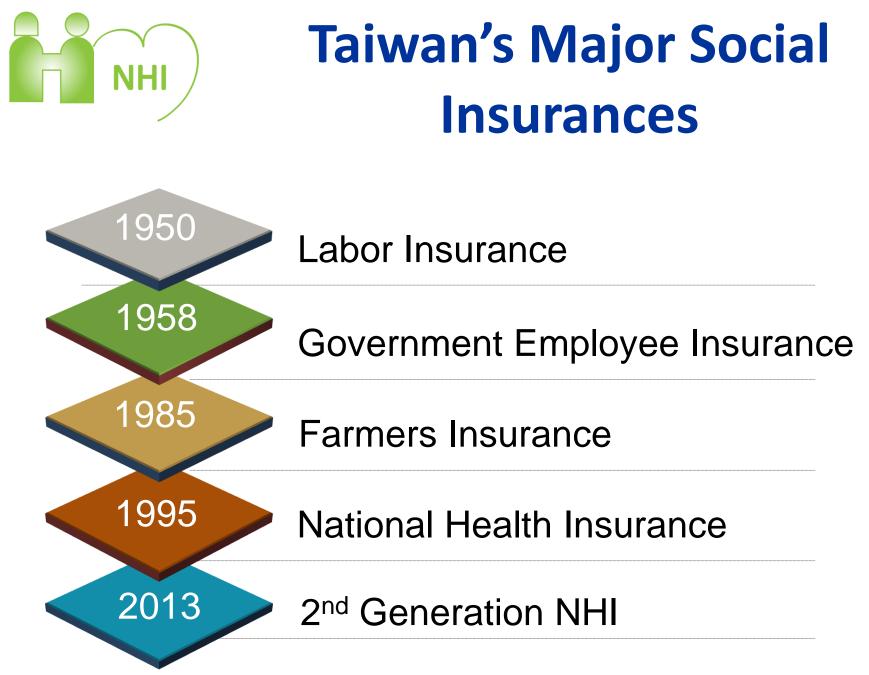
NHI in Taiwan NHI Financing and Reform Conclusion

- Key Takeaways
- Future Focus





Population	23.37 million	
Land area	36,193km²	
Ageing	11.53%(2013)	
GDP per capita (2012)	US\$ 20,423 (nominal) US\$ 38,357 (PPP, by IMF)	*
Crude birth rate Crude death rate	8.53 ‰ (2013) 6.68 ‰ (2013)	
Infant mortality Maternal mortality	3.67 ‰ 8.53 0/0000 (2012)	
NHE to GDP	6.62% (2012)	
Life expectancy	83.3 (F) / 76.7(M) (2013)	3





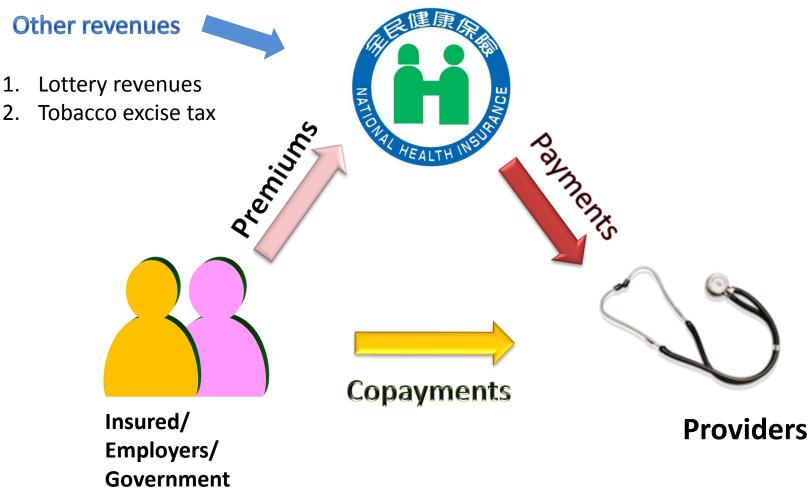
NHI Characteristics

Coverage	Compulsory enrollment for all citizens and legal residents (99.9% of the population is covered by the NHI)
Administration	Single-payer system run by the government
Financing	Premiums
Benefits	Uniform package, copayment required
Providers	 Contract-based 93.46% of healthcare providers contracted with NHI
Payment	Plural payment schemes under the global budget payment systems
Privileges	Premium subsidies and copayment waivers for the disadvantaged



Basic Framework of NHI

NHI Administration



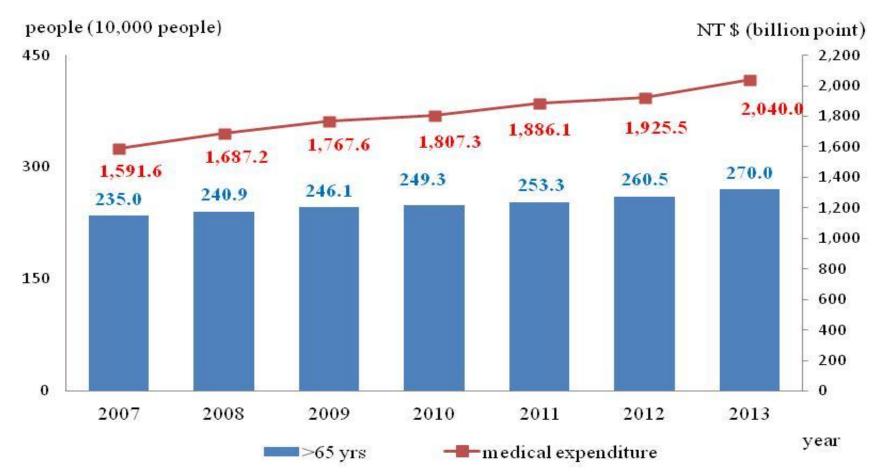


- Inpatient care
- Outpatient care
- Prescription drugs
- Dental services (orthodontics, prothodontics excluded)
- Traditional Chinese medicine
- Day care for the mentally ill
- Home nursing care



Aging Population

The elderly people represent 11.6% of population, who used 34.6% NHI medical expenditures in 2013.





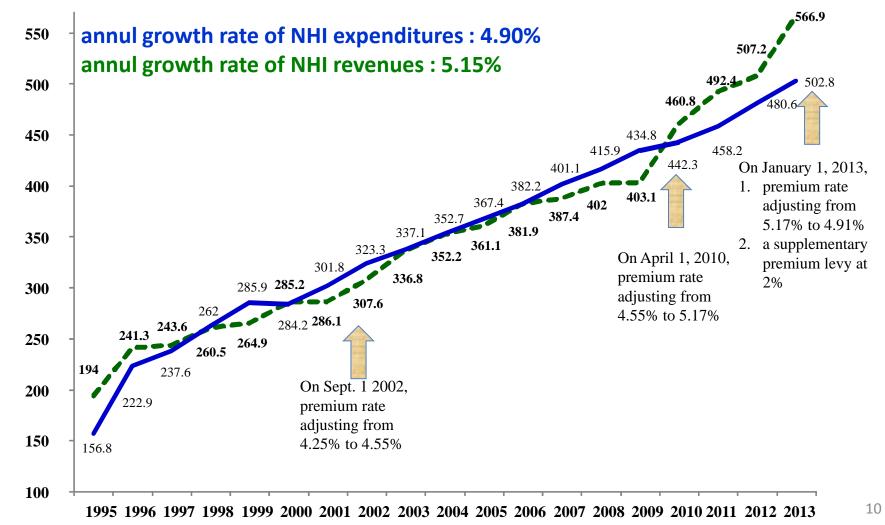
Patients with catastrophic diseases represent 3.94% of population, who used 27.58% of NHI medical expenditures.

Type of Users	Medical Expenses	Equivalency
Average	NT\$25,258	1.0
Per catastrophic disease	NT\$179,249	7.1
Per cancer patient	NT\$135,890	5.4
Per cirrhosis of live patient	NT\$138,864	5.5
Per dialysis patient	NT\$586,200	23.2
Per patient on respirator	NT\$726,860	28.8
Per hemophilia patient	NT\$3,305,733	130.9

Trend of NHI Financial Status

•Accumulated surplus as of 2013: NT\$85.1 bn

NT\$ billion



NHI Challenges of 1st Generation NHI

Lack of a check and balance mechanism linking revenue and expenditure

Insurance premium is based only on regular monthly payroll

Heightened demand of Public Participation

Further improvement needed in controlling expenditures

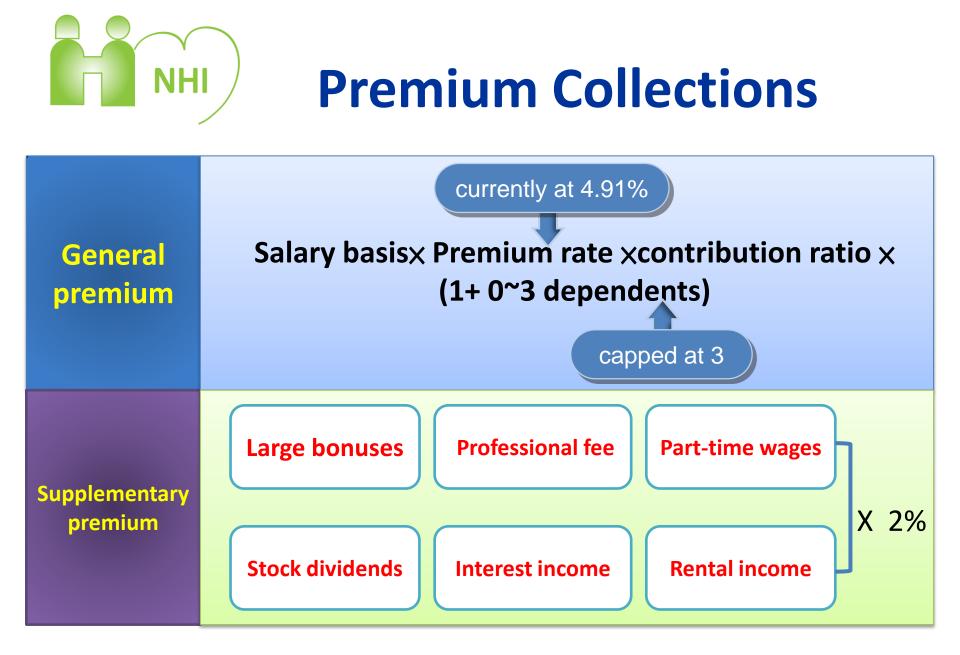
Highlights of 2nd Generation NHI

2nd Generation NHI took effect on Jan. 1st, 2013

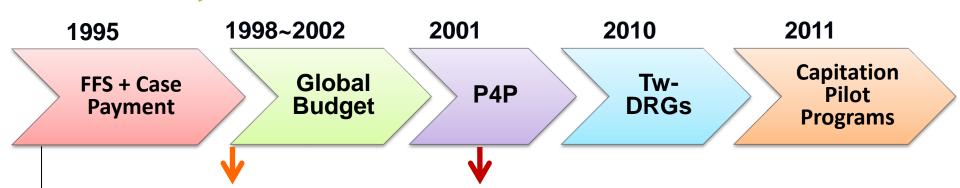
Disclosing Important Information Establishing a Linkage between Revenues and Expenditures

Imposing Supplementary Premiums

Promoting Diversified Payment Schemes



NHI Payment Reform



- Dental care (1998)
- Chinese Medicine (1999)
- Clinics (2001)

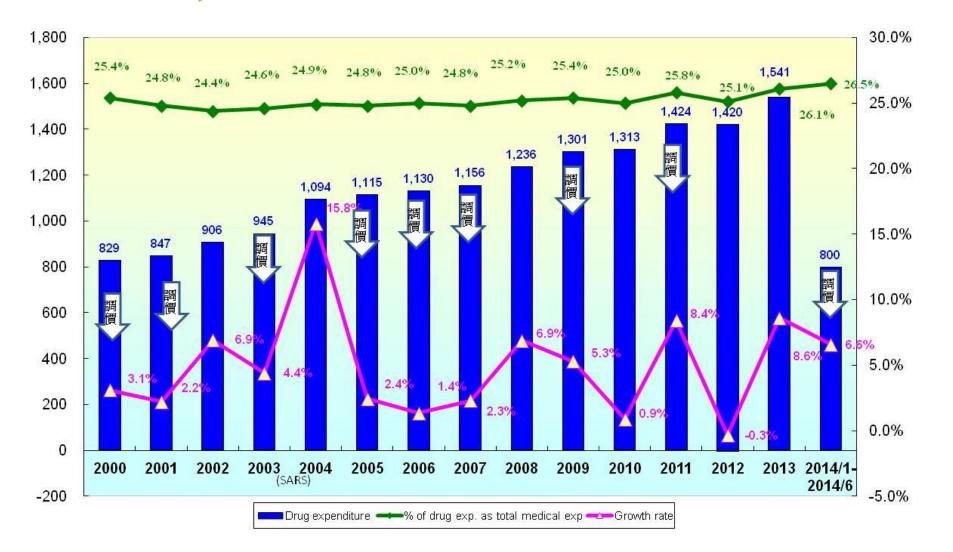
NHI

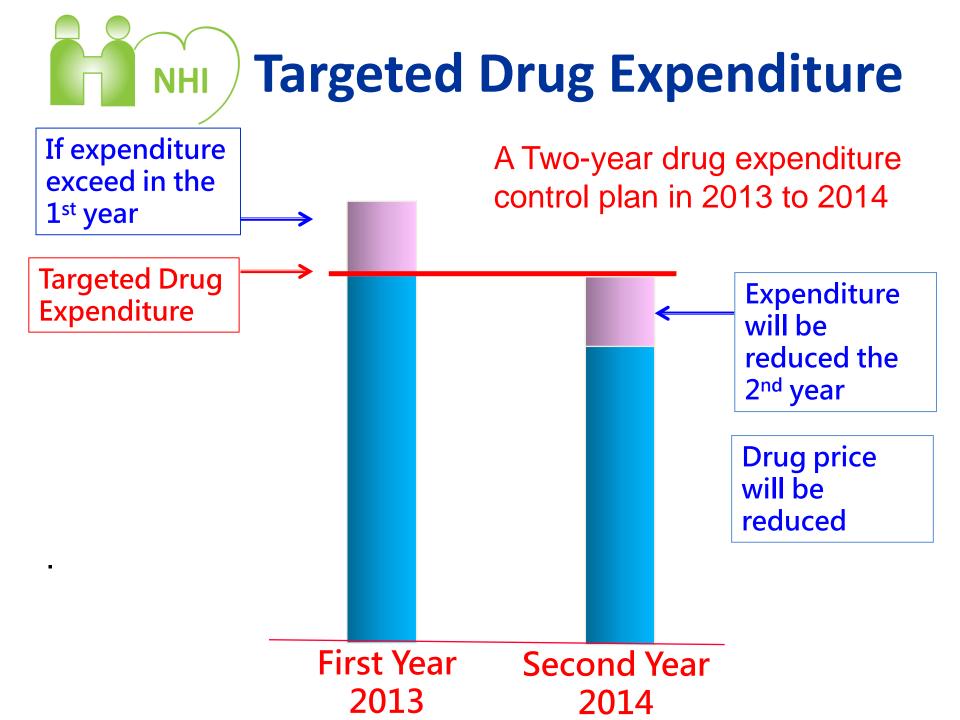
- Hospitals (2002)
- OPD Dialysis (2003)

- Diabetes, Asthma, Breast cancer(2001)
- Hypertension (2006)
- Schizophrenia, Hepatitis B carriers and Hepatitis C infectious (2010)
- Chronic Kidney Diseases (2011)

→ RBRVS(2004)

Trend for NHI Drugs Growing





Targeted Drug Expenditure -Comparison

Category	Old	New (on Trial)
Fix drug expenditure(annually)	No	Yes (adjusted annually)
Total drug amount and drug price control	Νο	Yes
People equity	Not affected	Not affected
Drug price adjustment cycle	Every two year	Every year

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Future Focus

E-Health Environment

Nationwide online Building up NHI PharmaCloud

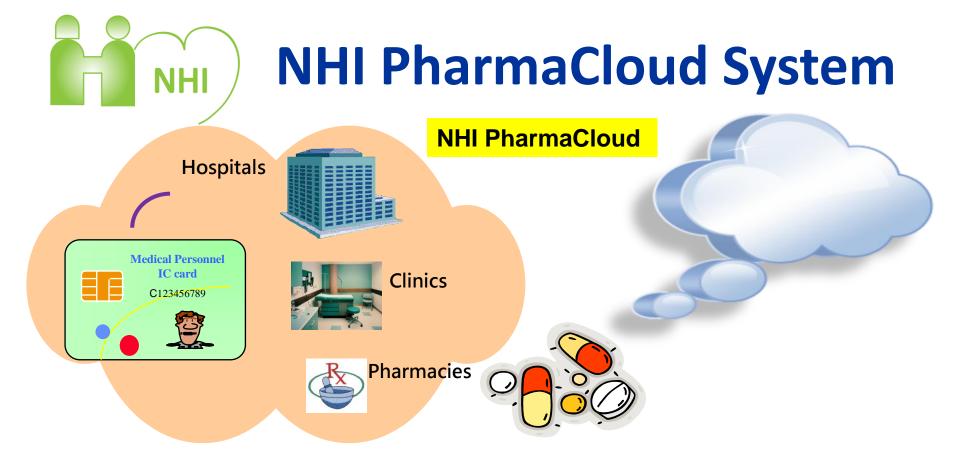




Long Term Care

Long term care insurance

Big data application



 Establishing a patient-centered NHI PharmaCloud System to record patients' drug utilization data of the last 3 months, and make available real-time searches for hospitals and physicians to avoid repeated drug dispensing and guarantee drug safety and quality.



Thank you for your kind attention!

