

specialties, and to provide appropriate unequal care to the unequal needy.

The supply side, including the availability of providers and health utilization induced by providers, may play an important role in the level of people's access. From the viewpoint of medical manpower, the largest growth in specialties in 1997 was in Rehabilitation, followed by Family Medicine, Pediatrics, Ophthalmology, ENT, and Dermatology,¹¹ while the number of OB/GYN specialists has decreased gradually since launching the National Health Insurance Program.¹² Although 1 study showed that there is no statistical association between the NHI payment schedule and medical manpower structure among all specialties, the influences of financial incentives, workload, social expectations, and personal factors, however, cannot be overlooked in determining the vicissitudes of medical specialties.¹²

The concomitant growth in health expenditures attributed to the implementation of the National Health Insurance Program also has compelled the government to phase-in various cost containment measures such as higher co-payments for high-frequency outpatient visit users, amendment of the fee schedule and case payment, a volume-adjusted reimbursement mechanism, and an intensive professional utilization review of medical claims to avoid unnecessary medical waste and to curb the escalating trend in health expenditures.

THE CHALLENGE OF ACCESS TO HEALTH CARE

The next change in Taiwan's health care reform which may deeply influence access could be the incoming phased-in global budget system. The essence of the global budget system is to invite medical providers to co-share the financial responsibility and to increase their mechanism for autonomy in managed care. Once the expenditure cap (or expenditure target) has been set, much of the attention will be centered upon the medical quality and people's access. First of all, people's access to nearby providers could change due to the closure of some medical facilities resulting

from geographical competition, and to some extent, distorted reimbursement policies. The degree of impacts may depend on the forms and means of strategic alliances among medical providers. Second, people's utilization rates may slightly decrease depending on 2 crucial factors: the substitution effect of the emerging self-paying (i.e., complete out-of-pocket payment) clinics and the complementary effects of a referral system to avoid long waits as experienced in Canada.

If we apply Andersen's⁶ model to predict possible factors influencing health services utilization, we find the need factors such as perceived health status and evaluated severity of illness still continue to be the dominant predictors. Among the enabling factors, the time spent waiting to be seen by doctors will play a more important role than before, and it is correlated with changes between ambulatory care visits (including outpatient visits and hospital admissions) and emergency room visits. In addition, access to high-tech devices might be significantly influenced by the profitability of medical investments. Although we have no benchmark for determining what levels of health services utilization indicate sufficient (or insufficient) access to health care for an entire population, we may turn to the utilization impacts of those who need health care but are unable to obtain it or afford it. Till then, the government should plan health care delivery system policies which emphasize public provision of necessary services not provided in the private sector.

CONCLUSIONS

The vicissitudes among access, cost, and quality constitute the discussion of the health care delivery system. The implementation of the National Health Insurance Program has improved the access but increased costs. Therefore, the current discussion of the issue of access to health care in Taiwan is not focused on improving access to health insurance coverage, enabling the purchase of health insurance by the uninsured to be subsidized like in the US. The Taiwan government is currently confronting several issues that other industrialized countries have addressed in vari-