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• 中文摘要	為控制醫療費用的成長，台灣已逐步實施總額支付制度，然此制度對醫療資源醫療配置有深遠影響。本研究從三個方向分析醫療服務提供者所受之直接影響：(1)從總額預算與結算角度，瞭解影響點值變化的重要因素並分析點值趨勢；(2)瞭解各總額部門之醫療利用趨勢，及分析不同醫院與科別醫療利用之特性，此外，本研究也探討價格、組合與數量因素對西醫特定診療項目點數成長之影響；(3)用模擬分析方法探討不同情境下點值與醫院收入之變化，以瞭解醫院之財務風險狀況。資料包括健保統計報表以及門住診申報資料。結果顯示總額支付制度能有效控制整體費用，但是不同總額部門在點值趨勢與醫療利用方面各有其特色。本研究發現數量差異為西醫特定診療點數成長最主要因素。模擬分析顯示，不同情境下各區點值與醫院收入有不同程度之變化，主要影響變數包括門住診預算比例分配、健保局實施之自主管理與卓越計畫等。更重要的是由於制度設計及醫院服務結構差異，同一區內之醫院存在不同的財務風險，其收入折扣或加成之變異可能很大。某些情境下，小醫院之財務風險甚至比大醫院高。可見現行總額支付制度產生之資源重分配效果除了存在各區之間，也發生於同一區域內不同之醫院。本研究建議總額支付制度應加以改進，降低負面誘因、增進公平的支付方式、保障醫療品質、發展同儕制約機制。最後，本計畫建議全民健保應該建立一套完善的點值與風險模擬監控資訊系統，作為輔助總額預算執行以及政策改進的評估工具。
• 英文摘要	To control the growth of health care expenditure, Taiwan's National Health Insurance (NHI) has phased in the global budget (GB) system. However, the system also has profound distributional effects on health care resources. The study aims to investigate how the health care providers were directly influenced from three perspectives. First, from budgeting and point value (unit price) calculation

process, key parameters that influence point values were identified, and the trend of point values was analyzed. Second, health care services patterns of each global budget sector, and different types of hospitals and medical specialties were examined. In addition, to account for the growth in total points of specific procedures of western medicine, they were decomposed into price, mix and volume variances. Third, point values and hospital revenues were simulated to evaluate financial risks of hospitals under different scenarios. Statistical reports and claim data from Bureau of NHI were employed for the analysis. Results showed that as the GB system was effective in control overall costs, different GB sectors had different patterns in point values and health service utilization. The key factor contributing to the growth in total points of special procedures was volume variances. Simulations demonstrated that regions ? H ? H point values and hospital revenue discounts varied to different extents under different scenarios. Key influencing variables included the allocation of outpatient and inpatient budgets, and individual hospital budget policies within the GB system implemented by Bureau of NHI. More importantly, due to policy design and different hospital service structures, even hospitals in the same region had encountered different levels of financial risks in terms of revenue discount or increase. In certain scenarios, smaller hospitals had greater financial risks than the larger ones. Therefore, the GB system has redistributive effects not only on different regions but also on hospitals within the same region. The study therefore recommends that the policy design needs to be improved to minimize adverse incentives, enhance fairness in payment, guarantee health care quality, and promote peer monitoring mechanisms among providers. Last by not the least, the study recommends that NHI should set up an information system to monitor and simulate point values to support the operation and the evaluation of the GB system.