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• 計畫英文名稱	The Impact of Outpatient Payment Changes on Western Medicine Clinics under a Global Budget System		
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• 中文關鍵字	支付制度; 醫師行爲; 診所收入; 診察費; 門診人次		
• 英文關鍵字	Payment system; Physician behavior; Clinic revenues; Diagnosis fees; Outpatient visits		
• 中文摘要	本研究的目的在於探討 2002 年 1 月之後，支付標準改變對西醫基層診所之影響。標準改變的主要內容如下：首先，支付除了 30 人次以內之診察費調高之外，超過 50 人次之診察費均調降。此外，對慢性病長期處方也增加診察費項目，使醫師可獲得更高診察費。另外門診日劑藥費也予以調降。總之，此次支付標準改變使醫師有較大的誘因減少門診量但增加每人次服務之內涵。方法：本研究採用 2000 年 1 月到 2003 年 2 月診所每月申報資料來進行分析，樣本數爲 308,941。主要統計方法爲複迴歸分析。結論：迴歸分析結果顯示在 2002 年 1 月之後每診所之總申報案件與點值均減少，但是每件申報點值增加；一般案件報案件與點值以及其佔所有案件百分比均減少。因此本研究證實此支付標準改變的確改變診所醫師診療行爲。		
• 英文摘要	the objective of this study was to examine the impact of a major change of the fee-schedule for clinics of western medicine in January 2002. The main contents of the payment changes are as follows. First, the diagnosis fees were increased for those clinics with outpatient visits within 30 per physician per day, the rates for visits greater than 50 were reduced. Besides, more payment items were created so that clinics are compensated with higher diagnosis fees for prescribing long-term prescriptions for patients with chronic diseases. Further, the per diem prescription rates for outpatient general claims were decreased. Overall, these payment changes have given clinicians more incentives to decrease outpatient volume, and to increase service intensity per visits. Method: this study used clinic monthly claim data from January, 2000 to February, 2003 for the analysis. The total sample size was 308,941. The major		

statistical method of this study was multiple regression analysis. Result: regression results showed that after January 2002 the total number of cases and total fees per clinic have decreased, while the average fee per case has increased. The number of cases and total fees of general claims dropped, and the proportion of the general claims also decreased. Therefore, this result confirmed that this change in payment did change the practice patterns of clinicians.