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• 中文摘要

本研究的宗旨在根據水平的公平(Horizontal equity)---意指相等的需要者應給予相等的治療(Equal treatment for equal need),分兩方面檢視台灣醫療保健提供制度是否達到公平分配的目標。第一、檢視台灣目前的醫療資源分配情形(現狀)是否已達到公平(理想狀況)的目標?或者說,不公平的程度有多大?第二、檢視台灣實施全民健保後,在"醫療服務的使用的公平"上,是否較以前進步了?或者說,不公平的程度減少了嗎? 本研究將使用衛生署全民健保小組規劃進行的「民國八十一年台灣地區國民醫療保健支出調查」與「民國八十五年台灣地區全民健康保險滿意度調查」資料中,年齡 15 歲至 64 歲的成人做爲分析的對象。定義自覺身體狀況---很好、好、普通、不太好、很不好---中回答健康狀況不太好與不好的人爲對具有醫療需要(Need)的人;以中醫、西醫門診次數與住院次數來代表醫療資源的使用量,也就是得到多少醫療照顧或治療;以個人所在家戶之每月家庭收入級距代表該個人的所得水準。 本研究採用集中係數法(Concentration coefficient method)估算出不公平程度的大小與比較全民健康保險實施前後不公平程度的之變遷。本研究的結果顯示,無論是全民健保實施前或實施後,15-64 歲成人之醫療服務使用頻率的分配,皆存在有偏袒富人的水平不公性。然而,西醫醫療服務使用之公平性指標在全民健保之實施後有所改進;西醫門診使用之不公平的程度由 1992 年之 0.102 略減爲 1996 年之 0.097,住院次數之不公平的程度由 1992 年之 0.086 減爲 1996 年之 0.072,其減少幅度分別爲 4.13%與 15.77%。然而,中醫門診使用次數之不公平程度由 1992 年之 0.049 反而增加爲 1996 年之 0.069,其增加幅度高達 40.53%。由此可知全民健保實施後有助於減輕西醫醫療資源分配較集中於富人之情形,但卻使中醫醫療資源更集中於富人。

- 英文摘要

The objective of this research is of twofold. First, to examine the extent to which Taiwan's health care delivery system allocates health care according to need; and second, whether the implementation of NHI has reduced the inequity. In this research, equity is taken to mean that persons in equal need of health care should be treated the same, irrespective of their ability to pay. Data from both National Medical Care Expenditure Survey in 1991 and Satisfaction Survey of the National Health Insurance in 1996, is employed to answer questions raised about equity concerns. 'Ability to pay' is proxied by household income; 'need' is proxied by self-reported health status; and 'treatment' is measured by utilization of the western outpatient services, Chinese outpatient services and inpatient services, respectively. Concentration Coefficient Method is employed to investigate the degree of income-related inequity and changes of the extent of inequity. It involves ranking individuals by income and then comparing the cumulative proportion of health care utilization and of morbidity across income groups. Results indicate there is apparently some inequity favoring the rich regarding utilization of outpatient services and inpatient services before and after the introduction of the National Health Insurance program. However, for western medical services, the degree of inequity gets smaller. The horizontal inequity indices decrease from 0.102 in 1992 to 0.097 in 1996 for western physician visits, and from 0.086 in 1992 to 0.072 in 1996 for hospital admissions. Conversely, the degree of inequity deteriorates for Chinese practitioner visits. The inequity index increases from 0.049 in 1992 to 0.069 in 1996.