論病例計酬醫師績效模式之建立及其在臨床路徑變異控制之應用

Construction of the Physician Performance Model under Case Payment and its Application on Clinical Pathway Variance Control

中文摘要

全民健康保險陸續實施論病例計酬支付制度，促使醫院紛紛採用臨床路徑以加強醫療管理。然臨床路徑實施之變異勢所難免，發展臨床路徑變異管理並兼顧以病患為主(Patient Centered)實為重要課題。本研究以臨床路徑為基礎，而以預算為控制變異的目標，以建構論病例計酬最佳之醫師提成模式為法門。

為達成以預算為控制變異的目標，本研究特訂定最低、最適與最高三個醫療費用金額來規範臨床路徑之成效。最低醫療費用乃是基本所須；最低醫療費用至最適醫療費用之間金額，乃是增加病患滿意度的最佳利器；最適醫療費用乃是預算的目標；由最適醫療費用遞增至最高醫療費用之過程，對病患滿意度之邊際效用過低，對醫院及醫師而言已缺乏意義之耗損。

傳統衡量醫師績效的方式是以醫師實際執行醫療技術為計算基礎，並作為支付醫師提成金額之標準，故稱之為技術績效。論病例計酬支付制度實施後，經醫師努力執行個案管理，可使實際醫療費用低於支付定額，成就醫院額外收益之功不可沒。因此本研究提出最佳論病例計酬醫師績效模式，將額外收益之部分與醫師共享，稱為管理績效。技術績效需要醫院付出相對成本，而管理績效則純粹是收益。本研究利用技術和管理績效之多寡，來控制最低、最適和最高醫療費用之消長。透過技術與管理績效之交互作用，推導出最佳醫師提成模式，以產生臨床路徑變異指引，導引醫療人員在可容許變異下，控制醫療費用於最適範圍內。實施後超額之比率及平均與最高金額皆呈下降，最低金額則因投資區之驅使而上升且更接近最適醫療費用，同時平均利潤亦反虧為盈，營造醫院、醫師與病患三贏的醫療環境。

英文摘要

Since the introduction of the "case payment reimbursement system" under the National Health Insurance program in Taiwan, clinical pathways have been gradually employed by most Taiwan hospitals as a tool for cost controlling. However, the variance of clinical pathways appears frequently. It is thus a subject for study to develop an effective tool for patient-centered variance control of clinical pathways. This study aims to contruct the best physician performance rewarding (physician fee) model under the case payment reimbursement systems and establishes its application on clinical pathways variance control.

To achieve the purpose of budgetary control, we design the three figures, minimal

fee, optimal fee, and maximal fee, to monitor the effectiveness of clinical pathways. The minimal fee is essential to maintain the quality of health care, the optimal fee is the budget, and the maximal fee is a ceiling to prevent loss. Costs between the minimal fee and the optimal fee may be regarded as an investmnet in increasing patients' satisfaction with the medical care offered. On the contrary those between the optimal fee and the maximal fee are not significant expenditure to both hospital and physicians because the corresponding marginal utility of patients is too low. The traditional measurement of physician performance, as a standard of rewarding, is based on the services provided by the physicians. However, under the case payment system, the payment hospital received is a fixed amount per case. It follows that hence the hospital will suffer losses provided that the medical costs are larger than the outliers. We use the two terms, technique performance and management performance, to refer to the traditional physician performace and the efforts made by the physician at case managemnet, respectively. To achieve technique performance, it spends resources of the hospital. But management performance purely makes a profit. In our best physician performance rewarding model, the profits due to management performance are shared between the hospital and the physician.

In light of technique performance and management performance, we construct the best physician performance rewarding model to generate the variance control guidelines of clinical pathways to remind the physicians of controlling costs, within the tolerable variance of clinical pathways, among minimal fee, optimal fee, and maximal fee. The emprical evidence of our study shows that the intervention do provide incentives for the physician, as a budget holder, to be cost-conscious. In each DRG category, both maximal medical cost and occurrences of excesses of medical cost over outliers take drops. The minimal medical cost, due to the investment area, grows to approach the optimal fee. In the meanwhile, the average medical costs also indicate profits rather than losses. These reveal we are moving towards a hospital, physicians, and patients' all-win medical environment.