高位頸髓損傷病患健保住院醫療資源耗用探討

Inpatients Medical Resources Utilization of High Level Cervical Spinal Cord Injury Patients under National Health Insurance

中文摘要

因資源有限，慾望無窮，中央健康保險局在財務上的虧損逐年增加，故要如何有效的運用醫療資源，是很迫切需要探討的課題。在重大傷病中，高位頸髓損傷因耗用極大的資源，因此，本研究的目的是希望藉由瞭解該類病患之住院日數、醫療費用及診療處置行爲耗用情形，並比較不同醫院屬性及病人特質在該類病患醫療資源耗用之差異性，且探討其醫療資源耗用之影響因素，以做爲臨床及衛生主管機關在進行醫療資源分配時之參考。

本研究爲一回溯性次級資料之研究，資料取自八十七至八十九年度中央健保局住院費用全年申報資料系統抽樣檔。以住院醫療費用清單明細檔中主(次)診斷碼或手術(處置)碼中 ICD-9CM 登錄爲 952.00、952.01、952.02、952.03 之病患爲研究樣本，共計 184 筆。

本研究結果顯示，高位頸髓損傷病患住院醫療資源耗用分佈：(一)平均住院日數 11 + 13 天，醫療費用 57,224 + 91,932 元，醫令類別 64 + 66 項，醫令數量 549 + 1040 次。(二)住院日數、醫療費用及醫令類別、醫令數量皆以醫學中心高於其它層級醫院，公立醫院高於其它權屬醫院，男性高於女性。(三)住院日數及醫令數量以台北地區高於其它地區，醫療費用、醫令類別則以東區高於其它地區。(四)住院日數、醫療費用及醫令類別皆以 70 歲以上的年齡群居冠，但在醫令數量則以 60~69 歲年齡層最高。

醫療資源耗用在不同醫院屬性及病人特質之差異：(一)住院日數、醫療費用在不同醫院屬性及病人特質皆呈現統計上顯著差異($p<0.05$)。(二)醫令類別、醫令數量在醫院權屬別、地區別及病人年齡上皆呈現統計上顯著差異($p<0.05$)。而醫令數量在醫院層級別亦有統計上顯著差異($p<0.05$)
。(三)診療項目醫令結構，分佈極廣泛沒有一致標準，分屬 1668 項不同類別，使用人次百分比達 1%以上僅有千分之六，在醫院層級別及權屬別有統計上顯著差異($p<0.05$)。

醫療資源耗用的影響因素：(一)住院日數及醫療費用皆呈現受醫院層級別、病人年齡及性別影響。(二)醫令類別及醫令數量則呈現受病人年齡影響。

據此，本研究建議在臨床照護方面應加強不同醫院及醫師間醫療資訊的交流，達成整體醫療水準的提昇，使醫療資源獲得合理的應用，提昇照護品質。在未來的研究可進一步建立該類病患的臨床路徑，制定此類病患的基本診療項目及選擇性診療項目，以確保病患應有的醫療照護品質及避免醫療資源的浪費；同時可探討病患在復健恢復期間之所有醫療資源耗用，以了解此類病患一生的醫療資源耗用情形。

關鍵字：高位頸髓損傷、全民健保、醫療資源耗用

英文摘要

The National Health Insurance Program in Taiwan, which has been in effect since 1995, is faced with the problem of increasing costs every year. High level cervical spinal cord injury, one of the catastrophic illnesses as defined by the Bureau of National Health Insurance (BNHI), consumed a large amount of medical resources. Appropriate control of inpatient costs in the specific illness is mandatory. Through careful analysis of the influential factors, the author wishes to propose some suggestions for policymakers, based on a detailed look at and comparison of the medical resource utilization of high level cervical spinal cord injury patients under the National Health Insurance. This retrospective study used secondary data based on randomized the National Health Insurance files of annual inpatient expenses information system during the period from 1998 till 2000. 184 patients that fell under the diagnostic code or operation code 952.00, 952.01, 952.02, and 952.03 of ICD-9-CM were enrolled for study. This study has several major findings as described below. (1) The length of stay and inpatient costs were statistically significant among different hospital levels and patient demographics. (2) The items and total amount of the medical orders were statistically significant among different hospital ownership, hospital regional levels, and patient ages; the former was also significant among different hospital accreditation levels. (3) The length of stay and inpatient costs were influenced by the hospital accreditation level, patient ages and patient gender. (4) The items and total amount of the medical orders were influenced by patient age. Based on the results described above, fulfillment of patient need for appropriate medical care, and prevention of overuse of medical resources, the author has two suggestions: (1) Strengthen the communication between different hospitals and doctors so the clinical pathways of the High Level Cervical Spinal Cord Injury can be established, and (2) establish the basic and selective diagnostics and therapeutic items of the specific illness.

Keywords: High Level Cervical Spinal Cord Injury, National Health Insurance, Medical Resources Utilization.