目標收入理論之驗證?醫師費基準調降對醫師行爲之影響

Testifying the Target-Income Hypothesis?The Effects of Adjusting Physician Fees on Physician Behavior

中文摘要

健保局爲了抑制醫療費用成長，全面實施總額支付制度，藉此控制醫療費用不合理的成長，同時將財務風險轉由醫療服務提供者承擔。醫療機構爲了因應醫院總額支付制度的實施，採取調降醫師費之計算基準以降低醫院之人事成本。

由於醫師是醫療服務提供者也是病人的代理人，要提供多少服務量除了病患的利益之外，醫師的決定也會受本身利益的影響

。在資訊不對等的情形之下，醫師爲了滿足自身利益，有可能會產生醫師誘發需求的問題。

在國外，探討醫師誘發需求(SID)之醫師行爲的研究有很多，但國內卻付之闕如，尤其是以目標收入理論來探討醫師行爲的研究更少，再加上國內的醫療支付制度爲單一保險人之支付制度與國外的環境不同，也因此引發了本研究的研究興趣，故本研究特別針對目標收入理論來探討醫師誘發需求之醫師行爲，以作爲醫院經營者定訂經營策略及未來醫療政策制定時的參考。因此本研究的主要目的如下：

1.以總額預算支付制度下的醫師行爲來測試目標收入理論。

2.研究結果可提供醫院管理者訂定有效經營策略之參考。

3.研究結果可做爲健保局改革支付制度之參考。

本研究選取一家已實施調降醫師費基準之區域醫院之 88 位專任主治醫師爲研究母群體。選取醫師費新基準實施月(2002.10)之前後三個月(2002 年 7 月、8 月、9 月及 2002 年 11 月、12 月、2003 年 1 月)之資料進行統計分析，因制度改變之初行爲改變較爲顯著，且 2002 年 6 月前爲 SARS 期間，故選取前後三個月之資料作分析。

在門診部份，結果顯示調整醫師費基準確實會誘發醫師創造更高更多的服務量及收入來達成他們的目標收入。

在住院部份，結果顯示除檢驗檢查費、檢驗檢查服務量、放射線費及放射線服務量外，調整醫師費基準確實會誘發醫師創造更高更多的服務量及收入來達成他們的目標收入。

英文摘要

In order to restrain the uprising of medical expenditure, the Central Health Bureau has implemented the Global Budget for a few years. The main aim of this system is to inhibit the unreasonable increase of medical expenses, and can also transfer the financial burden from the Bureau to the health care providers i.e. hospitals. Under this circumstance, health institutions has been carrying out a policy to decrease the payment to medical employees i.e. reduction of the base of physician fee.

Since physicians are health services providers and also they provide these services under the agreement of patients; besides consideration of patient''s

benefits, physicians'' decision making will also influence by their own privileges. Medical information is usually unbalance between patients and physicians; under this situation, the problem about physicians who will have the tendency to induce the demand of medical services may be existed.

Investigations about the topic of "Supply Induces Demand (SID)" are numerous in the other countries; however, this kind of study is rare at this geographic area. Furtherm ore, investigations about using the "Target Income" of physicians as a study subject to evaluate the practicing behavior of physicians are even rare. Under this background, we have the interest to evaluate this kind of phenomenon. This study focuses on the topic: "Target Income Theory" and using this as a tool to investigate the phenomenon of health care providers (i.e. physicians) induced demand of medical services and provide the results of this study to hospital managers in planning the strategy of hospital management; and as a reference for the construction of future health policy . There are three important points of this study: (1) Under the circumstance of global budget, evaluate the "Target Income Theory" with referring to the practicing behavior of physicians. (2) The results of this study can provide to the hospital managers as a reference in planning the strategy of hospital management. (3) This study may be used as a reference by the Central Health Bureau in reforming the payment system of medical services.

This study included 88 attending physicians from a single regional hospital which has decreased the base of physician fee . By using the new system of physician fee counting as a cutting point (October 2002); we selected July to September, 2002 and November, December 2002 and January, 2003 as two groups (the duration was 3 months for each group) to carry out statistical analysis. The reason for choosing these months as two groups for comparisons is due to the prominent practicing behavior change just after the implementation of a new system . And also before June 2002 was the SARS period.

In conclusions, from the observation of the outpatient section, the downward adjustment of the physician fee base will result in the induction of more medical services in order to attain "target income". As for the inpatient section, besides the amount of laboratory tests and technical charges, radiological examinations and their technical charges; adjustment of physician fee resulted in the phenomenon of physician-induced medical services in order to increase the volume of services for the maintenance of the "Target Income".