全民健保論病例計酬制實施對醫療資源耗用情形之影響評估-以鼻中膈鼻道成形術爲例

The Impacts of Case Payment System on Medical Utilization-A Case Study of Septomeatoplasty

中文摘要

爲應付醫療費用不斷上漲的問題，保險人常改變支付制度來控制醫療資源的支出，實施論病例計酬支付制度的實施是其中一種方式。鼻中膈鼻道成形術（Septomeatoplastry，SMP）於民國 88 年 3 月納入論病例計酬支付制度，本研究係以此手術案例爲樣本，探討論病例計酬支付制度的實施，對鼻中膈鼻道成形術手術實施前後手術結果、病患滿意度、醫療資源耗用情形及醫療費用的影響。
收集研究對象爲民國 87 年 7 月至民國 88 年 10 月間在中部某醫學中心耳鼻喉部住院接受鼻中膈鼻道成形術之手術病患，共計蒐集 314 筆資料，其中論病例計酬支付制度實施前共 129 位，實施後共 185 位。研究探討鼻中膈鼻道成形術樣本之手術結果、病患滿意度、醫療資源耗用情形及醫療費用在論病例計酬支付制度的實施前後的變化。以 t-test 及卡方檢定（Chi-square test）做統計分析。
論病例計酬支付制度實施前後，手術成功率、術後併發症發生比例及病患滿意度均未達統計上的顯著差異，顯示支付制度改變對手術的預後並無顯著地影響。醫療資源的耗用情形在用藥部分，趨向以口服藥品取代注射用藥，而住院天數平均縮短 0.27 天，達統計上的顯著差異(P<0.001)，且總醫療費用顯著地減少 12.07%。
論病歷計酬制度實施，確能小幅度增進鼻中膈鼻道成形術手術費用的控制，其反應於總醫療費用上顯著地降低。而醫療資源耗用增減的變化，顯示支付制度確能改變醫師的開立檢驗項目及用藥行爲。然從手術後的併發症、手術成功率、病患滿意度的資料來探討醫療品質，均無足夠證據可以推論論病歷計酬制度可增進醫療品質。

英文摘要

The implimentation of case payment system aimed to contain the continuously inflating healthcare expenditure in Taiwan. Objectives of this study were to investigate the impacts of case payment system on the practice of septomeatoplasty. A total of 314 patients underwent septomeatoplasty at the Department of Otolaryngology in a medical center during the period of July, 1998 and October, 1999 were enrolled. Surgical outcomes, complications, patient satisfaction, medical resource utilization, and healthcare costs were compared between groups of patients who were operated before (129 patients) and after (185 patients) the implication of septomeatoplasty case payment system on March 1999. Analyses were conducted

using t-test and Chi-square test.

The success rate, complication rate, patient's satisfaction were significant difference between two groups ($p>0.05$). We found the provider behaviors were significantly modified including: many intravenous medications were replaced by oral prescription, and the average hospitalization days were shortened by 0.27day ($p<0.001$). The total up-front admission cost was reduced by 12.07％.

The implication of case payment system proved to be effective to enhance the efficiency on the practice of SMP, resulting in small magnitude of cost reduction. However, there is no evidence to show that this new payment system can improve quality of care for patients who underwent SMP.