探討西醫基層醫療萎縮的原因

Exploring the Factors Contributing to the Recession of the Primary Care

中文摘要

論文名稱：探討西醫基層醫療萎縮的原因
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自臺灣光復以來，雖歷經區域醫療網計劃的推動，但醫療資源及醫師人力在地理及功能分配上產生不均的現象依然存在，轉診和分級醫療制度亦無從落實，再加上大型醫院不斷地在擴建門診及引進昂貴之高科技醫療儀器，又因為保險給付的偏頗及民眾就醫行為的改變，凡此種種都導致基層開業醫療的日益萎縮。

本研究目的包括：

一、 解基層開業醫師對現況的看法
二、 討造成基層醫療萎縮之原因
三、 提出建議作為未來衛生主管機關擬定政策之參考。

本研究採郵寄問卷方式，郵寄出問卷共計 1,022 份，共計回收了 291 份問卷，經整理去除填答不清者，研究有效樣本數共計為 289 份，樣本回收率為 28.28%。藉由本研究樣本分析結果得知基層開業醫師對於基層醫療是否萎縮的認知，共計 92.1%以上的受訪者同意西醫基層醫療已存在萎縮的現象。

經分析受訪基層醫師之看法後發現：政策方面有十二個因素及環境方面三個因素，共計十五個因素與「西醫基層醫療是否萎縮」有顯著相關；且在進一步控制了醫師年齡、性別、專科醫師資格之有無、年所得及執業型態等醫師特質之變項後，由分析結果顯示：「醫師人力供過於求」及「健保的審查和支付制度獨厚醫院」變項與西醫基層醫療是否萎縮之看法達統計上顯著差異。

對衛生政策主管機關之建議：

一、 落實轉診制度
二、 建立轉檢網絡及其相關配套措施
三、 提高健保門診治療的給付項目
四、 積極推動參與聯合執業
五、 提倡家庭醫師制度

英文摘要

Title of Thesis: Exploring the Factors Contributing to the Recession of the Primary Care

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After the end of World War II, although Taiwan had gone through several cycles of regional healthcare network planning, the uneven distribution of healthcare resources and physician manpower in terms of geography and function still exists. The levels of care and the referral system have not been established either. In addition, factors such as major hospitals keep expanding their outpatient services and purchasing expensive high technology equipment, the change of patients' care seeking behavior and the unbalanced reimbursement scheme of health insurance all contribute to the recession of primary care practice.
This research's objectives include:
1. To understand the views of primary care physicians on current situations.
2. To investigate what causes the recession of primary care practice.
3. To come up with recommendations for the healthcare administration authorities in future policy makings.
This study is done by mail questionnaire survey. 1,022 questionnaires were sent out by mail. 291 responses were gathered. After excluding those with ambiguities, the valid sample includes 289 respondents. The response rate is 28.28%. According to the analyses, on the issue of whether there is a recession of primary care practice, more than 92.1% of the respondents agree that the phenomenon does exit.
After analyzing the views expressed by the respondents, we found 12 policy factors and 3 environmental factors, 15 in total, significantly correlate with the issue of whether there is a recession of primary care practice. After confounding physician factors such as physician age, gender, whether certified as a specialist, annual income and practice pattern were controlled, the results of our analyses indicate there are significant differences between the issue of whether there is a recession of primary care practice, and the variables of physician oversupply and the phenomenon that the National Health Insurance reimbursement scheme and peer review process favor hospitals.
Our recommendations to the government's healthcare policy makings:
1. Establish a referral system.
2. Establish an examination referral network and its related package.
3. Increase the NHI reimbursement for outpatient services.
4. Promote group practices.
5. Promote family physician.