臺灣地區醫療市場競爭程度對醫院自費醫療服務之影響

Impact of Competition on Self-Pay Hospital Services in Taiwan

中文摘要

我國自民國 84 年實施全民健康保險制度以來，醫療生態即有了巨大的轉變，90 年更因總額支付制度的實施，使得許多醫院紛紛以開發自費醫療服務，來增加健保外收入。但目前有關自費醫療服務市場的研究仍屬不足，因此本研究旨在檢視臺灣地區醫療市場之競爭程度對醫院自費醫療服務之影響。

本研究以醫療網計劃的 16 個醫療區（不包含外島地區）作爲各醫院的市場範圍，並以出院人次作爲賀芬達指標的計算單位，來呈現各醫療市場的競爭程度，再利用結構性問卷爲測量工具，針對臺灣地區 128 家地區教學層級以上醫院進行問卷調查（回收之有效問卷共 60 份，回收率爲 46.88%），並由行政院衛生署之相關統計資料取得研究所需變項，最後再以變異數分析、相關分析、複迴歸分析來探討市場競爭程度對醫院開發自費醫療服務的影響。

本研究發現：

1、在 83 年健康保險制度實施前，醫院權屬別、及醫院層級別對自費醫療服務項目數量有影響。

2、在 89 年健康保險制度實施後，市場競爭程度、及醫院層級別對自費醫療服務項目數量有影響。

3、在 91 年總額支付制度實施後，醫院層級別、及可支配所得對自費醫療服務項目數量有影響。

4、在 91 年，市場競爭程度、醫院權屬別、醫院層級別、是否爲連鎖體系醫院、人口密度、及可支配所得對自費醫療服務收入佔營運總收入百分比均沒有影響。

結果顯示，在不受經濟層面因素的影響下，市場競爭程度越高的醫療區，其醫院的自費醫療服務項目數量也會越多，證實了醫院會以提供自費醫療服務來因應醫療市場競爭之行爲，但如此一來卻可能造成醫療資源的浪費，因此，建議衛生政策制定者在政策制定的同時，也應思考政策對醫療市場之負面影響，以期更符合民眾之醫療需求。

英文摘要

After implementation of the National Health Insurance (NHI) in Taiwan in 1995, the medical environment was dramatically changed. Furthermore, the NHI of Taiwan adopted a global budget payment system for hospital reimbursement in 2001. This enforced many hospitals began to invest on new services, which are out of patients' own pockets, to increase their revenues in addition to the reimbursement from the NHI. This study examined the relationship between market competition and number of "out-of-pocket" services.

A questionnaire was sent to 128 hospitals, which were accredited as the level of district teaching hospitals or above, to collect data related to the "out-of-pocket" services. Finally, 60 valid questionnaire (a response rate of 46.88%) were obtained.

Additional data was drawn from the Hospital Survey from the Department of Health, the Executive Yuan. The definition of hospital market used in this study is the 63 sub-medical regions in Taiwan area. This study used the Herfindahl index to measure competitions among hospitals. Two-way ANOVA, Pearson correlation, and multiple regression were employed to analyze the relationship between competition and number of “out-of-pocket” services in hospital.

The study results are shown as follows：

1. Before the implementation of the NHI, hospital ownership and hospital accreditation levels had signigicant influence on number of “out-of-pocket” services provided by hospitals in 1994.
2. After the implementation of the NHI, market competition and hospital accreditation levels had signigicant influence on number of “out-of-pocket” services provided by hospitals in 2000.
3. After the implementation of the global budget payment system in 2002, hospital accreditation levels and household disposable income had signigicant influence on number of “out-of-pocket” services provided by hospitals.
4. In 2002, there was no significant correlation between market competition, hospital ownership, hospital accreditation levels, population density, household disposable income and the rate of hospital “out-of-pocket” servie income to total operating income.

The results showed that hospitals in higher competition environment tend to adopt more “out-of-pocket” services. However, this may cause waste of medical resources. Therefore, we suggest that policy-makers should pay more attention on possible side-effects of any health policy.