

美國Medicare確保醫療品質計畫之發展

The Evolution of Quality Review Programs for Medicare

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摘要

全民健保的實施，至今已邁入第七個年度，民眾開始要求高品質的醫療服務，健保局也將提昇醫療品質作為今年的首要任務。本文主要的目的是介紹美國聯邦政府 Center for Medicare & Medicaid Service(CMS,即原來的 HCFA)用來確保 Medicare 受益人醫療品質計畫的發展過程，並思考可能適合台灣健康照護體系的醫療品質確保方案。美國從 1965 年開始實行 Medicare 及 Medicaid，在實施後的前幾年，Medicare 的醫療費用上漲了兩倍，Medicaid 的醫療費用更是上漲了四倍。1972 年依社會安全修正條款而正式成立了專業標準審查組織(Professional Standards Review Organizations, PSROs)，(PSROs)成立目的主要是為了控制 Medicare 的醫療費用，但它也被用於確保醫療機構所提供給 Medicare 受益人的醫療品質。由同儕審查組織(Peer Review Organization, PRO)取而代之，同儕審查組織(PRO)主要的審核重點為醫院對 Medicare 受益人醫療照護的適當性及需要性。CMS 於 1992 年時開始在同儕審查組織(PRO)中加入了健康照護品質改善計劃(HCQII)，它將同儕審查組織(PRO)的工作重點由以前著重在發現個案的臨床缺失，調整為以分析照護模式及照護結果來做為改善主流醫療照護的方法。而隨著同儕審查組織(PRO)的成立，不但保障了 Medicare 受益人所接受的醫療服務是合宜的、必需的及高水準的，同時也帶動了管理式醫療(managed care)開始致力於醫療品質的提昇。台灣實有必要成立專責醫療品質審核機構，以確保健保局的支出不浪費、醫院醫療行為適當性及讓民眾的權益不受影響。(慈濟護理雜誌 2002;

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Abstract

The implementation of National Health Insurance has already been in effect for seven years, and people have begun to demand high quality medical care. The Bureau of National Health Insurance also made quality assurance its first priority of the year. The purpose of this paper is to introduce the evolution of quality review programs, adopted by Center for Medicare & Medicaid (CMS), for Medicare beneficiaries. Meanwhile, the introduction of quality review programs evolution provides possible thoughts about applicable methods of quality assurance for Taiwan's health industry. The United States initiated Medicare and Medicaid programs in 1965; however,

medical expenditures for Medicare and Medicaid doubled and quadrupled the first few years after their inception. Professional standards review organizations (PSORs) were established in 1972 by amendment of the Social Security Act. The PSORs were established to contain medical expenditure and simultaneously ensure the quality of care provided beneficiaries. Afterward, the Peer Review Organizations (PROs) was established to replace PSORs. The PRO's major mission was reviewing the appropriateness and necessity of medical care provided beneficiaries. CMS also began the Health Care Quality Improvement Initiative (HCQII) program in 1992. The HCQII moved from concentrating on individual clinical errors to analyzing patterns of care and results. The PRO's implementation has ensured both the appropriateness and necessity of medical care provided Medicare beneficiaries. It has also motivated managed care to elevate the quality of care to remain competitive in the health industry. The author suggests developing a quality-monitoring organization organization such as PRO to assure quality medical care is provided to people in Taiwan. (Tzu Chi Nursing Journal 2002, 1(2):17-23)