全民健康保險實施十年以來對台灣醫療市場的影響

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摘要

自 1995 年台灣實施全民健康保險以來,至今已經十年了。自從健保實施後,全國民眾的健康是否有被提升,大方向的應從十大死因、平均餘命、新生兒死亡率等健康指標中看出。事實上,並無很明顯的證據證明健保實施前後民眾的健康被提升了。但從一項世界健康排名,台灣為全世界最健康的第二個國家,僅次於瑞士(The Economist Intelligence Unit 2000)。健保的實施對於整個醫療市場帶來極大的變化,尤其是供給及需求。健保也利用不同的給付方式,試著控制二者的增加,例如:論病例計酬制及部份負擔方式。在2005 年,健保將剖腹產及自然產給付相同的金額給醫院,想藉此試著降低國人的剖腹產率。利用簡單的經濟評估方式,這項政策並無法達到 break even point,然而此政策的目的並非在於節省成本,而是在於導正國人不正常的高剖腹產率。全民健保已達到了某些身為一個社會保險所應該追求的效率,效力及公平,但並非完全的達到,故它仍有可努力的地方。

關鍵字:全民健康保險,健康結果,醫療服務市場,經濟評估

Title: Affects of National Health Insurance on the Health Market in Taiwan

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Abstract

Since 1995 the National Health Insurance (NHI) was launched in . Whether the citizens' health has been increased can be seen from their health outcomes such as the top ten prevalent deaths, the life expectancy at birth, and the infant mortality rate. In fact, there were not clear evidence shows that their health has been increased. However, is the second healthiest country in the world from a worldwide health ranking by The Economist Intelligence Unit (2000). After the implementation of NHI, it has changed the health service market enormously. NHI has used many payment systems to control the increasing demand and supply such as case payment and co-payment. In 2005, NHI reimburses the same payment in caesarean section (C/S) and normal spontaneous delivery (NSD). It tries to decrease the high C/S rate in . By using the simply economic evaluation-Break Even Analysis, this policy cannot reach the break even point. However, the purpose of this policy is not to save the cost, but to save the medical recourse. A social health service system it is needed to consider effectiveness, efficiency and equity. It is not doubt that NHI has achieved some, but not all.

Key words: National Health Insurance, health outcomes, health service market, economic evaluation