

Healthcare Reform in Taiwan



Introduction to Taiwan Healthcare Reform Foundation (THRF)

July, 2013

Outline



- ❏ Background
- ❏ Mission and Vision
- ❏ Guiding Principles
- ❏ Organizational Structure
- ❏ Key Activities
- ❏ Future Directions

About THRF's



- **Established in : Oct. 2001**
- **Location : Taipei (the capital of Taiwan)**
- **Founding funds : 10 million NTD (£ 205,000)**
- **Full-time staff : 5**
- **Website : <http://www.thrf.org.tw>**



Mission and Vision

- Mission

Promoting a healthcare environment that places **quality and justice** as its ultimate values.

- Vision

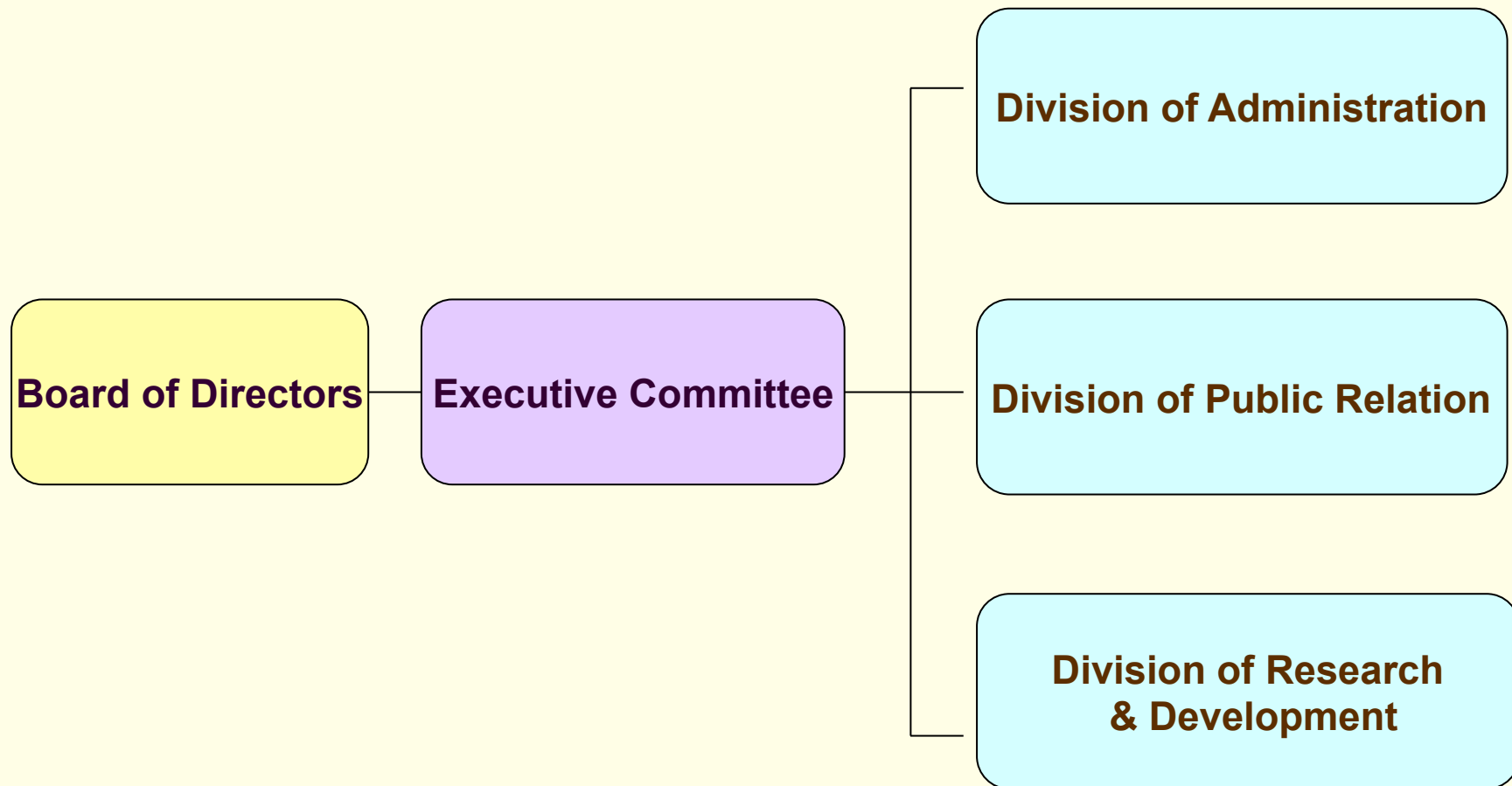
Advocating a **patient-centered** approach to healthcare reform.

Guiding Principles



- Improving **healthcare quality and patient's rights** in Taiwan
- Holding **medical professionals and health care systems** accountable
- Raising **healthcare issues** in Taiwan through advocacies, public education, and publications

Organizational Structure



Executive Committee



Ly-Yun Chang, Ph.D.

Founding Chairman

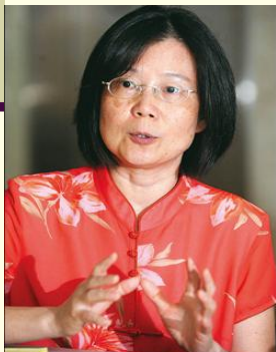
Professor and Research Fellow
Institute of Sociology
Academia Sinica



Joanna S.C. Liu, Ph.D.

Executive Director

Associate Professor
Department of Social Work
National Taiwan University



Mei-Chun Liu, Ph.D.

Chairman

Professor
Institute for Labour Research
National Chengchi University



Phoebe Chen, Ph.D.

Deputy Executive Director

Staff



■ Division of Research & Development

Hsien-Kua Chu Chief	Managing and organizing strategies of all events
Ya-Ting Chang Project Specialist	Labour regulation regime/ Patient safety/ Quality related issues
Yun-Ting Lee Project Specialist	Health care workforce/ Hospital accreditation/ Medical expense

■ Division of Public Relation

Szu-Chia Chen **Project Specialist, PR** Public relation/Marketing/Fund-raising

■ Division of Administration

Chao-Yen Chen **Specialist** Administration/Accounting /Human resource

Other services provided by THRF: Medical disputes consulting service & Public education series



THR'S KEY ACTIVITES AND CURRENT PROJECTS

2001-2013



Introduction to “Medical Disputes Consulting Service”



Number of calls (2001-2012.12): 4300

■ Key issues

1. Patients and families have no idea what to do when confronting a medical dispute
2. Information asymmetry exists between patients and healthcare providers
3. Lack of accessible and reliable communication channels
4. Hospitals tend to hide mistakes from public disclosure

■ Service Content

1. A consulting service line is running for medical disputes and other queries
2. An online grievance forum is launched
3. A brochure is published to provide information to patients who are dealing with medical disputes

2003-2005



“Surgical Consent Form“ key improvement

病歷號碼(Chart No.): ↓
病人(Patient's Name) _____, 性別(Gender) _____, (Date of Birth) _____ 年 _____ 月
日生, 因患(Diagnosis) _____ 需實施(Surgery Type) _____ 手術, ↓
經貴院(Physician's Signature) _____ 醫師 (由醫師親自簽名) 詳細說明下列事
項, 並已充分瞭解, 同意由貴院施行該項手術: ↓
一、需實施手術之原因。 ↓
二、手術成功率或可能發生之併發症及危險。 ↓
貴院實施手術時, 應善盡醫療上必要之注意, 手術中或麻醉恢復 ↓
期間, 若發生緊急情況, 同意接受貴院必要之緊急處理。 ↓
↓
此致 ↓
_____ 醫院 (診所) (Name of the Hospital) ↓
立同意書人(Patient's Signature): _____ 簽章 ↓
身分證統一編號(ID): ↓
住址(Address): ↓
電話(Telephone): ↓
與病人之關係: ↓
↓
中 華 民 國 _____ 年 _____ 月 _____ 日 (Date) ↓

Old Version

■ Key issues

1. Surgery procedure
2. Benefits and risks
3. Alternative treatments
4. Recovery after surgery

■ Missing but important

1. Physician's statement
2. Extra copy to be retained by the patients

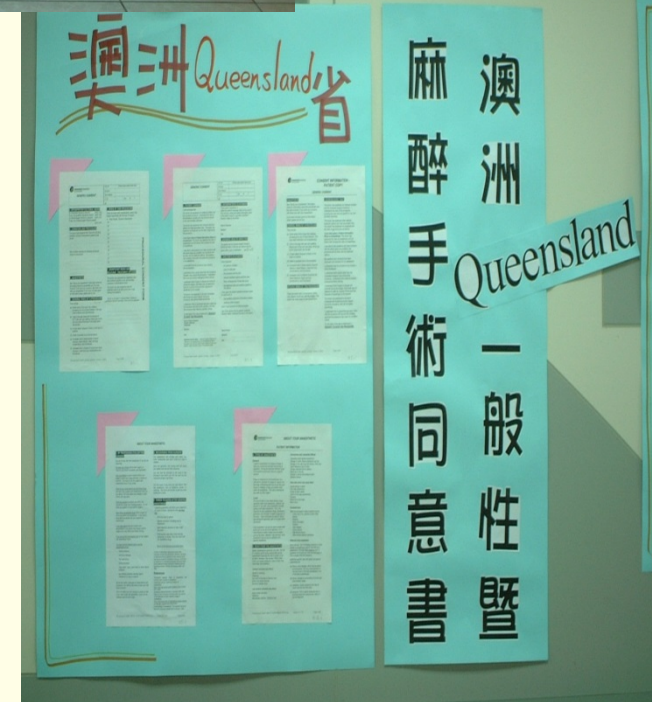
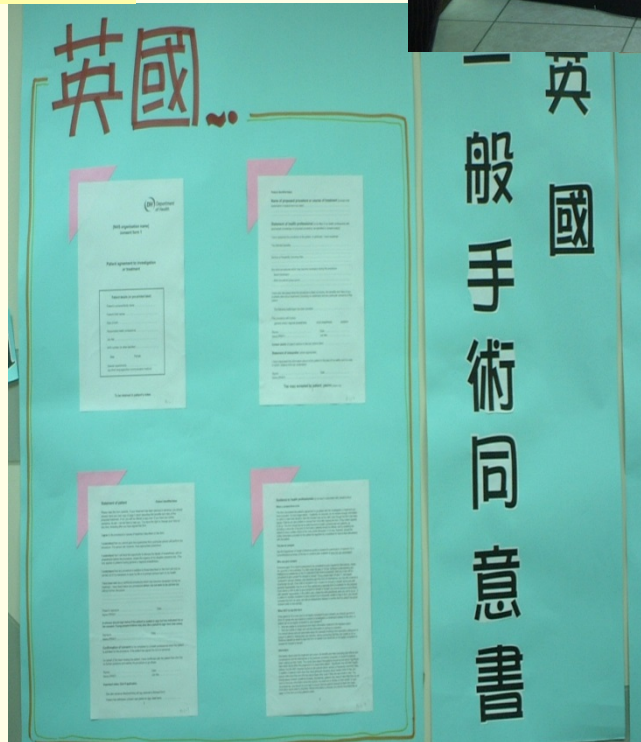
**Adopted by
DOH in Aug. 2003**

**Press conference:
Patients need a
new version of
surgical consent
form with more
information on it!**



UK

Australia



2004-2006



Advocate “Patients’ right to access their own medical records “

Key barriers

- Make an appointment
- Queue up again in the hospital
- Have Doctor’s permission

TRUTH beyond barriers...

- Hospitals (or clinics) consider medical records as their properties and refuse to provide them to patients.



DOH echoed and announced that “medical institutions who refuse to provide necessary info to patients as required is against medical law”

2006-2008



“Medical receipt” Reform

三甲總醫院醫療費用收據 Tri-Service General Hospital Receipt 門字 95 0800

收據序號 Receipt No: [REDACTED] 就診日期 Date of Visit: [REDACTED]

姓名 Name: [REDACTED] 就醫序號 Visit No: 0030

病歷號碼 Chari No: [REDACTED] 科別 Dept: 骨科

序號 Series No: 0053 印表日期 Printed Date: 2006/6/23

項目Item	金額Amount	項目Item	金額Amount	項目Item	金額Amount
01	213	10		19	
02		11		20	
03		12		21	100
04		13	449	22	
05	7100	14	56	23	
06		15		24	
07		16		25	440
08		17			
09		18			

合計總費用 Total: 8658

保險負擔金額: Amount paid by insurance: 8086

醫院優待金額: Discount by hospital: 0

病患應繳金額: Patient's payable amount: 572

前次已收金額: 0

此次欠費金額 Amount due: 0

實收金額 Amount received: 572

Insufficient Details

- Mixture of insurance /self payment
- Treatments received and other medical service performed are not clearly listed



Patient's payable amount \$572

New Version of receipt

A lucky draw event



財團法人國泰綜合醫院 醫療費用收據
Cathay General Hospital Receipt

日期 97 年 07 月 1 日 門診 住院 繳現 預繳 記帳
 Date Year Month Day Outpatient Inpatient Cash Deposit Credit

科別 AG100 病歷號碼: 看診日期: 上午 下午 初診
 Dept. Chart no. Visit Date AM PM First Visit

床號: 姓名 先生 診室 036 號 9 號
 Bed no. Name Mr. Room No. No.

項目	健保費用	自費	項目	健保費用	自費
01掛號費		150	12麻醉費		
02診察費	213		13特殊材料費		
03病房費			14藥費	63	0
04膳食費			15藥事服務費	45	
05檢查費			16注射技術費		
06放射線診療費			17嬰兒室費		
07治療處置費	920		18救護車費		
08手術費			19證明書費		
09復健治療費			20健康檢查費		
10血液血漿費			21電話費		
11血液透析費			22健康諮詢費		
費用合計 Total:				1241	150
健保門診(基本藥品 高級診 復健)				-0	+0
部份負擔 門診(檢驗、檢查)					
Copayment 住院(30天以內 30天以上)					
其他補助或減免(補助: 減免50)					-50
健保負擔金額:(健保費用 - 部份負擔)				1241	
本次繳費總額 Balance Due					*****100
身份機構 Contract	繳費說明	新台幣*	佰*	拾*	萬*
500	現 金	100			
571	發 帳 卡				
	支 票				
	預繳款抵繳				

處理期間 Period 09:49A2407 097/07/11 處理序號 Sequence 009700858670 0097071100549
 就醫序號 IC 0044 收款員 Collector 322892
 部份給付: 0

3467



2007. DOH announced a new version of receipt

2002-2010



“National Health Insurance (NHI) “Reform



To amend current NHI Act, in August 2010, THRF urged legislators to pass second-generation health plan as soon as possible.

Key Issues

- Improve information transparency
- Enhance citizen participation
- Make changes to the payment system (“Pay for performance” instead of “Fee for service”)
- Establish a more effective medical insurance fraud detection and prevention system
- Satisfy the health care needs of the poor people

2011-2013

“Sweat-shop Hospital – labor rights of physicians and Nurses”



■ Key Issues

1. Medical manpower shortage
2. Hospital management overriding medical profession
3. Medical malpractice blaming individual physicians

■ Direction of Reform

1. "Hospital Accreditation standard" should be strengthened
2. Medical specialists be **safeguarded by Labor Standards Act**

2012-

“Medical Disputes Act”



■ Key Issues

1. It's hard to apply for medical records
2. There is no channel for the medical grievances
3. No medical consultation offered and no one can help with the examination of medical records



Other Related Activities...



A Journey of Thousand Miles Begins with One Single Step



A philosophy of 5% achievement