

計畫編號：DOH96-HD-1002

行政院衛生署九十六年度委託研究計畫

全民健保醫療品質資訊公開之社會效益評估

研究報告

執行機構：國立政治大學

計畫主持人：傅立葉

共同主持人：林國明、陳敦源、黃東益、鄧宗業、劉宜君

執行期間：96年12月5日至97年12月31日

*本研究報告僅供參考，不代表本署意見，依合約之規定：如對
媒體發布研究成果應事先徵求本署同意

摘要

衛生署任務編組的「全民健康保險醫療品質委員會」業於 2008 年 4 月 25 日正式建置完成及公開「全民健保醫療品質資訊公開網」，公佈「糖尿病照護」、「人工膝關節置換手術」與「子宮肌瘤切除手術」三類疾病/手術之醫療品質指標資訊，為我國醫療品質資訊公開開啟了新頁，具有非常重要的歷史意義。本研究即在對此一創新的政策行動進行探討，研究目的包括：(一) 從學術的角度，分析並評估全民健保醫療品質委員會的運作和決策過程；(二) 分別從專業醫療服務提供者和一般民眾與病友的角度，對此一資訊公開政策的效益進行評估；(三) 將研究結果整理並提出具體建議，作為未來政府在醫療品質資訊公開運作之參考。

本研究同時運用質化與量化研究方法，資料蒐集方式包括檔案分析、深度訪談、次級資料統計分析、網路問卷與焦點團體座談。本研究發現這項政策行動具備 Fung and others (2007)提出的適合資訊公開政策問題的若干特質，對於成功的資訊公開政策應具備的十項因素，也有若干程度的落實（總計 17 項指標中，8 項指標完全落實，5 項指標委員會雖有討論但未落實，4 項指標則未見討論亦未落實）。全民健保醫療品質委員會作為一種公眾諮詢機構，其組成在「代表性」方面有很大的侷限。醫療品質資訊公開雖然在立意上是「民眾取向」的，但對醫療品質指標的選擇，以及委員會的目標和議程，主要仍由醫療專家主導。這些品質指標公佈後，從健保局的統計並未看出監測指標值的立即變化。醫療服務提供者對這項資訊公開的行動反應不一，對於衛生署定期公佈這些指標是否能提升醫療品質的看法保留，且有些醫師擔心會造成造假等負面影響。至於病友和民眾則基本上對這項政策行動持肯定的態度，但對網站設計和資訊內容提出許多批評

和意見。本研究最後根據研究發現提出十點政策建議供政府參考。

關鍵詞：醫療品質委員會；醫療品質指標；資訊公開；決策模式；社會效益評估

Abstract

The Committee on Medical Quality Information of NHI formed by the Ministry of Health began to disclose through the internet the performance of medical institutions on indicators of medical treatment for three diseases on April 25th, 2008. This research project is to study this innovative government action through three research endeavors: to analyze the decision-making process and the operation of the committee from a theoretical perspective; to study the impacts of the disclosure of the medical quality information on both the medical service providers as well as the patients and the general public; and to come up with policy recommendations based on the findings of the study.

This study applies both quantitative and qualitative research methods, including document analysis, in-depth interviews, secondary-data analysis, questionnaires and focus groups. It is found that this government action suits certain characteristics for information disclosure proposed by Fung and others (2007). It also fulfilled the ten elements proposed by the scholars for a successful information disclosure policy to different degrees (among the total of 17 indicators, 8 was fully implemented, 5 was discussed by the committed members but not implemented, and 4 was neither discussed nor implemented). Although the committee is constituted of members from different social groups, their representativeness is seriously deficient. And although this committee's action was meant to be patient-centered, the decision-making process was actually dominated by the medical experts. Since the information of these medical quality indicators was disclosed, no significant change of performance

was found so far according to the statistics of the Bureau of the National Health Insurance, probably because of too short period of time observed. In our interviews, medical service providers responded to this information disclosure differently. Some of them disagree that this information disclosure will help enhance the quality of medical services and worry that it may cause some negative side effects such as fraud. As for the patients and the general public, most of them are very positive and welcome the disclosure of the medical quality information. But at the same time they provide a lot of criticism and improvement suggestions in terms of the design of the website and the contents of the information. At the end of this study, the researchers proposed ten policy recommendations based on the findings of the study.

Keywords : Committee of the Quality of Medical Care under the National Health Insurance;medical-quality indicators;the disclosure of medical-quality information;decision-making model;social impact; policy evaluation