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建立全民健康保險業務重要監理指標之研究

全程研究報告

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摘要

背景：臺灣全民健康保險實施近二十年來，未能建立健保監理架構，過往各項健保業務監理指標皆由各權責單位自行訂定，除完整性不足，其發展過程亦以協商居多。自 2013 年起，健保監理會與費協會兩會合一，該單位亦負責健保監理之最主要業務，因此在此時空背景下，以嚴謹的科學方法，發展健保監理架構與指標，實為刻不容緩之議。

目的：本研究之目的為二，第一，收集國外內醫療體系評核架構，並進行比較。第二，依據國內外之經驗，建立臺灣健保監理架構與指標。

方法：依據研究目的，本研究實施方法如下：1、透過文獻與網站搜尋，瞭解各國健康保險與醫療體系評核架構，並收集相關指標。2、參考國內外之經驗，以三階段方式建立臺灣健保監理架構與指標，分別為第一階段以概念圖示法收集國內各界對於監理架構的概念；第二階段則是透過修正型德菲法，運用重要性、可行性與能用性之標準，搭配 RAND Appropriateness Method 的方法（中位數、一致性、不一致性等）、選取指標當切割點，來選取各子構面下之指標；第三階段運用分析層級程序法與專家共識取得構面、子構面與各指標間之相對與絕對權重；本研究亦透過指標試算以去除無鑑別度的指標，並召開利害關係人會議，從次級資料與相關來源取得指標之試算結果，以對監理架構與指標進行檢討與修正。

結果：本研究透過文獻收集與整理，並經由研究團隊討論與彙整，產生台灣健保評估架構之雛型。經由專家會議豐富其內容後，再經由 58 位專家以概念圖示法，選出效果、效率、醫療品質（以上為醫療面）、以及財務與財源籌措（財務面）四項評估構面。在效果構面下，包含健康狀態與病人對照護結果的滿意程度兩項子構面。在效率構面下，包含宏觀效率與資源價值。在醫療品質構面下，包含安全與效能兩項子構面。在財源與財務籌措構面下，包含財務收支平衡、醫療保健支出水準與財源籌措/分配的公平性三項子構面。研究團隊並依子構面之結果，進行國內外指標搜尋與整理，共選出醫療面 76 支與財務面 23 支候選指標，再經修正型德菲法選取後（醫療部份問卷版第一回合 44 支、第二回合 28 支，財務部分第一回合 21 支、第二回合 12 支），本計畫共選出 26 支指標（醫療面 17 支及財務面 9 支）。其中 14 支醫療面指標與 7 支財務面指標，可以從健保資料庫與相關來源，得到試算的結果，並就閾值或觀測值之參考數值進行討論。在構面與子構面的相對與絕對權重之次序大致相同，但組成百分比之高低，在相對權重的差異較大。第一層子構面以效果之相對權重最高、醫療品質其次。

結論：透過概念圖示、修正型德菲法與分析層級程序法等系統化方法，來建立監理架構、發展監測指標與相對權重等，是為凝聚多種利害關係人共識的嚴謹與可行之作法。本研究結合多層次的專家意見交流互動，面對面或直接表達意見之交錯運用，完成監理架構

（構面與子構面）之選取，更參照國內外建立核心指標之經驗，應用於子構面下監理指標的發展；未來還需要考量資料來源以及後續的應用，例如國際比較、內部改善、外部課責、資訊公開、或是評鑑等；指標的應用上更應該納入使用者（例如付費者）之觀點，在實務之應用上能提供更有用之結果。後續研究可繼續邀集多元利害關係人，採用名目團體技巧、公民會議、利害關係人回饋或其他共識建立之作法，進行深入討論，搭配多元資療來源之資料佐證，定期審視與持續監控評估，讓評估架構之建立與後續之應用得以與國際上之做法與內涵接軌，產生實質之中長期成效。

關鍵字：健保監理架構、指標發展、概念圖示法、修正型德菲法、分析層級程序法

Abstract

Background The National health Insurance has been initiated for almost 20 years, but still did not develop a framework for monitor and evaluation. In the past, experience-based indicators were developed by different unit in charge of specific tasks. Facing organizational rearrangement by merge two committees into a new one, it is essential to provide sound supervision framework with specific monitoring indicators developed by method from rigorous and scientific basis.

Purpose There are two research purposes for this study. First, to understand the operation of health care system in different countries and their measuring indicators from references. Second, to develop a framework for monitor and evaluation the operation of health care insurance based on experience from domestic and developed countries.

Method The prototype of framework was developed by reach team from synthesizing available reference and literatures. Three stages of developing process were done. In the first stage, two expert meetings were held to know the scope and boundary of the study. One questionnaire was mailed to 58 experts and analyzed by concept mapping method. Key dimensions and sub-dimensions were chosen based on survey result for choosing dimension and sub-dimensions. In the second stage, modified Delphi Technique was conducted for developing monitoring indicators. Three inclusion criteria cover importance, feasibility and usability of indicators. The cut-off point was based on RAND Appropriateness Method. In the third stage, the relative weight of dimension, sub-dimension and different indicators was obtained from Analytical Hierarchy Process and expert consensus. We also provide empirical result of chosen indicators in the last stakeholder meeting and get comments from experts.

Result We propose a framework for monitor and evaluation the performance of the National Health Insurance. From survey and concept mapping, we choose four dimensions including effectiveness, efficiency, quality and financial fund raising. Two sub-dimensions were covered by effectiveness (health status, satisfaction), efficiency (macro efficiency, value of resources) and quality (safety, efficacy). Three sub-dimensions were covered by financial fund raising (financial balance of income and expenditures, level of health care expenditures, fair financing). We founded 76 indicators for the six sub-dimensions of medical part and 23 indicators for financial part. In Delphi questionnaire of medical part, 44 indicators and 28 indicators for the first round and second round respectively. In Delphi questionnaire of financial fund raising part, 21 indicators and 12 indicators for the first round and second round respectively. Finally, we chose 26 indicators out of nine sub-dimensions. 21 of them can have empirical data for further discussion about threshold or just for observation.

Statistical process control chart was applied to demonstrate results of indicator trend. Weight result can show consistent finding in AHP and expert consensus, but the difference was bigger from AHP. Effectiveness has higher weight than quality of care.

Conclusion It is feasible to apply systematic methods such as concept mapping, modified Delphi Technique as well as Analytical Hierarchy Process to develop a sound monitor and evaluation framework, developing monitoring core indicators and provide a platform for communication among different stakeholders. In this study, we combine face-to-face discussion and virtual meeting to collect opinions from experts with different backgrounds to develop dimension, sub-dimensions and indicator as well. It is important to consider data collection while developing indicators. In the future, application of framework and indicators might fit different purpose such as international comparison, internal improvement, public reporting, accountability or accreditation, etc.. Practical application to payer might be essential, too. We recommend that research might apply nominal group technique, civil meeting, stakeholder feedback or other methods of consensus building to review and update current results. It would be helpful to catch up with international trend and obtain middle-term to long-term impacts.

Key words: Monitor and evaluation framework for the National Health Insurance, indicator development, concept mapping, Modified Delphi Technique, Analytical Hierarchy Process