

# Dentist ' s Resource Consumes The Study of Using The Reasonable Control - A Study At The Middle of Taiwan Area

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## ABSTRACT

This study mainly discussed the Management Model of Dental Resource Consumption, the purpose of which was to establish a fair and just manner of peer review, allowing the patients to acquire full and proper dental medical care, so as to ensure the appropriate application of dental medical resources and stabilize the dental point value. Due to the phenomenon that the quarterly or annual consumption per dentist in the Central District is higher than that in other districts, as well as the lower dental point value, in the cost control, it is found that the benefit claims usually have an indication of balloon effect, leading to an ineffective control. This study adopted the method of quarterly claims data analysis on households of doctors, as well as the pattern of batch processing and peer comparison, screened out the doctors requiring counselling. Through counselling by correspondence or interview, under the self-control of doctors, the medical points of quarterly claims by doctors and consumption value per person are anticipated to decline by more than 3%. Totally 350 dentists were screened out, and 76 of them had an interview counselling. On the whole, in the comparison between 1999 and 1998, the average consumption value per person declined by 3.53% and the average number of patients seeking for medical service declined by 1.23%; in the comparison between 99Q3 and 98Q3, the quarterly medical points of doctors (-4.84%), the consumption per person (-4.41%) and the average number of patients seeking for medical service (-1.41%) all dropped; the point value remained stable (fifth). This study proposed 3 suggestions in total. The dental total payment system has been implemented for more than 13 years, so the rationality of total distribution mode should be inspected and reviewed. Quarterly type or rolling type (several months) should be taken as analysis and examination methods as far as possible to calculate the counseling indicators, so as to avoid the limits and blind spots produced in the current analysis and written review. Besides, on-site examination should be strengthened and implemented, so as to guarantee and improve the quality of people ' s medical treatment

Keywords : total payment system、 point value、 resource consumption、 integrated medical care

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## REFERENCES

、中文部分 呂文峰、李博志(1992), 加拿大健康保險之支付制度研究, 行政院衛生署委託研究計劃。李玉春(1998), 牙醫總額支付制度簡介。牙醫界, 17, 46-49。李玉春(2001), 全民健保醫院合理門診量政策之影響, 國家政策論壇, 1(3), 135-137。李玉春, 「健康保險支付制度」, 71-107, 於:楊志良編, 健康保險, 巨流出版社, 台北市, 台灣, 1993。林芸芸、江東亮(1993), 健康保險介入對醫師醫療行為的影響研究, 行政院經建會委託研究。馬可容(2001), 誘發需求理論之驗證-以牙醫師為例, 國立臺灣大學醫療機構管理研究所碩士論文。連子慧(1994), 醫院醫師薪資制度等因素對疾病處置之影響-以勞保六種疾病住院病人為例, 國立臺灣大學公共衛生學研究所碩士論文。陳孝平(1998), 影響全民健康保險醫療費用因素之探討, 行政院衛生署中央健保局87年度委託研究計劃, 4-1~19。陳秀熙(2000), 牙醫門診總額預算實施前後費用結構及服務量之改變。全民健保醫療費用協定委員會委託計劃。郭信智、楊志良(1994), 醫師目標收入理論之試證, 中華公共衛生雜誌, 13(2), 149-155。陳時中(1995), 提昇醫療品質與落實全民健保-牙醫師公會應扮演的角色。中華牙誌, 142: 2。黃偉堯(2002), 台灣牙醫人力地理之分布。台大衛生政策與管理研究所博士論文2。陳耀東(1994), 全民健保不同支付制度對醫師執業行為之影響及比較, 國立臺灣大學經濟研究所碩士論文。曾七賢(2002), 牙醫師因應總額支付制度之調適策略探討-以南區健保局之特約診所牙醫師為例。台南成功大學醫管所碩士論文。植草益著(1984), 邱榮輝譯, 產業組織論, 臺北市臺灣經濟研究所。楊全斌(1997), 醫療費用的抑制與總額預算制。牙醫界, 16, 67-73。楊哲銘, 林文君, 鍾季樺, 周佳穎(2001), 牙科總額支付制度對台北市牙醫師醫療行為之影響探討。醫護科技學刊, 3, 255-266。廖翊舒(2000), 牙科總額制度對醫療價量之影響。國立陽明大學醫務管理研

究所碩士論文。蔡慧青(1995),醫師診療量與遞減式醫師報酬制度,國立陽明大學醫務管理研究所碩士論文。盧瑞芬、謝啟瑞(2000),醫療經濟學,台北:學富文化事業有限公司,182-185。龐一鳴(1998)實施牙醫總額預算與現制之比較。牙醫界,17,50-51。蕭秀如(1999),牙科總額預算支付制度試辦計劃效果之初探-以中央健康保險局台北分局轄區範圍內之牙科醫療院所為,國立陽明大學醫務管理研究所碩士論文。陳時中(2006),從牙醫總額支付制度的發展談協商與管理的理念,臺灣牙醫界。陳麗春(2007),從新制度主義觀點探討全民健保總額支付制度,成功大學政治經濟學研究所專班碩士論文。王宜芳、蔡文正(2008),總額制度實施對醫療市場及就醫科別生態之影響初探,行政院衛生署委託研究計畫。林惠英(2004),全民健保總額支付制度下專業自主事務委託契約之研究,國立成功大學法律學研究所碩士論文。宋承恩(1993),醫療市場之管制與競爭「全民健康保險」與醫療費用之抑制,國立台灣大學法律學研究所碩士論文。趙金芳(1993),我國全民健康保險制度醫療費用影響因素之研究,國立政治大學保險研究所碩士論文。朱世民(2002),全民健康保險之醫療費用成長模型建構,國立政治大學風險管理與保險學系碩士論文。黃莉瑩(2007),作業基礎成本制度於醫療機構之應用-以公立聯合門診為例,東吳大學會計學系碩士論文。李進益(2005),我國全民健保財務平衡機制之研究,中原大學會計學系研究所碩士論文。葉君宇(2003),總額支付制度下同儕制約不當運用對牙醫師行為模式影響之探討,高雄醫學大學口腔衛生科學研究所碩士論文。行政院衛生署中央健康保險局全球資訊網。社團法人中華民國牙醫師公會全國聯合會網站。

二、英文部分 Armour BS, Pitts MM, Maclean R, Cangialose C, Kishel M, Imai H, Etchason J.(2001). The effect of explicit financial incentives on physician behavior. *Archives of Internal Medicine*,161, 1261-1266. Bernstein J.(1998).Policy implications of physician income homeostasis. *Journal of Health Care Finance*, 24,80-86. Clancy, C.M., Hillner B.E.(1991). Physicians as gatekeepers - the impact of financial incentives. *Archives of Internal Medicine*. 149, 9, pp.917-920 Evans, Robert G.(1997). Supplier-Induced Demand: Some Empirical Evidence and Implications, in Mark Perlman, Ed., *The Economics of Health and Medical Care*, London: Macmillan. Folland S, Goodman AC, Stano M.(2001).Imperfect information: supplier-induced demand and small area variations. In: *The Economics of Health and Health Care*. New York Macmillan Publishing Company,70, 204-226. Grytten J, Sorensen RJ. (2000).Competition and dental services. *Health Economics*. 9, 447-461. Grytten J, Holst D, Grytten L.(1992). Supply decisions among dentists working within fixed-fee system of dental care provision. *Journal of Public Health Dentistry* , 52, 204-209. Hay, Joel, W., Michael J., Leahy,(1982).Physician-Induced Demand: An Empirical Analysis of the Consumer Information Gap., *Journal of Health Economics*, 1 , 231-244. Hickson, G.B., Altmeier, W.A., Perrin, J.M.(1987). "Physician Reimbursement by Salary or Fee-for-Service: Effect on Physician Practice Behavior in a Randomized Prospective Study" , *Pediatrics*, 80(3), 344-355. Hillman AL, Pauly MV, Kerstein JJ.(1989). How do financial incentives affect physicians' clinical decisions and the financial performance of Health Maintenance Organizations. *The New England Journal of Medicine*, 321, 86-92. Hurley J, Lomas J, Goldsmith LJ. (1997).Physician responses to global physician expenditure budgets in Canada: a common property perspective. *The Milbank Quarterly* , 75, 343-364. Kinder K.(2001). Assessing the impact of payment method and practice setting on German physicians' practice patterns. *Journal of Ambulatory Care Management* ,24,11-18. McGuire TG, Pauly MV.(1991). Physician response to fee changes with multiple payers. *Journal of Health Economics*, 10, 385-411. McKay NL, Dorner FH. (1999).Physician response to a change in Medicaid fees. *Health Services Management Research* , 12, 69-78. Mitchell JB, Cromwell J.(1983). Physician behavior under the Medicare assignment option. *Health Care Financing Review* , 4, 59-78. Murray JP, Greenfield S, Kaplan S, Yano EM.(1992). Ambulatory testing for capitation and fee-for-service patients in the same practice setting: relationship to outcomes. *Medical Care*, 30: 252-261. Nguyen NX, Derrick FW.(1997). Physician behavioral response to a Medicare price reduction. *Health Service Research*. 32, 283-298. Nguyen NX. (1996).Physician volume response to price controls. *Health Policy*. 35. 189-204. Paul, D. and Honeycutt, E.(1995).An Analysis of The Hospital-Patient Marketing Relationship in The Health Care Industry. *Journal of Hospital Marketing*, Vol. 10, No.1, 35-49. Rice, T.H.(1983).The Impact of Changing Medicare Reimbursement Rates on Physician Induced Demand., *Medical Care*, 21(8), 803-815. Rizzo, John A; Blumenthal, David(1994/1995) Physician income targets: New evidence on an old controversy. *Inquiry - Blue Cross and Blue Shield Association; Chicago;Winter*. Rossiter LF, Wilensky GR.(1983). A reexamination of the use of physician services: the role of physician-induced demand. *Inquiry*. 20,162-172. Terris, M.(1991). Global Budgeting and the Control of Hospital Costs. *Journal of Public Health Policy*., pp.61-71. Woodward, R.S. and Warren-Boulton, J.M.(1984). " Considering the effects of financial incentive and professional ethics on ' appropriate ' medical care " *Journal of Health Economics*, Vol.3. pp.223-37. Yip, W. (1998). Physician Response to medicare fee reduction : Changes in the volume of coronary artery bypass graft (CABG) surgeries in the Medicare and Private section.*Journal of Health Economics*, 17(6), 657-699. Yip, W., & Eggleston, K. (2001). Provider payment reform in China:the case of hospital reimbursement in Hainan province. *Health Economic*, 10(4), 325-339.