肆、附錄

一、 參加研討會之照片

拍攝於瑞士蘇黎士大學

與 Prof. Dr. Thomas D. Szucs 合影

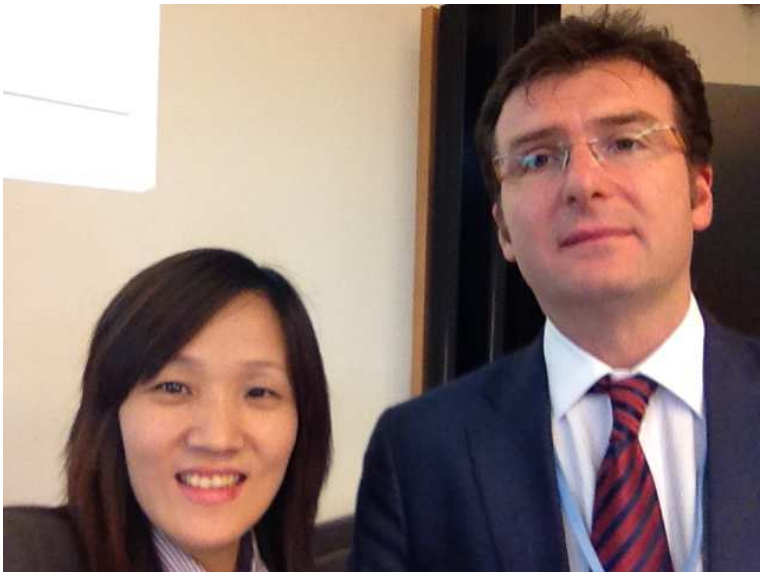
與漢堡大學 Mathias Kifmann 教授合影

與同組分組討論之學者合影

報告我國之健保財務制度改革

Dirk Göpffarth 博士詢問健保財源問題

分組討論簡報



與主持人合影

參與 Mental Health (Second Plenary) 大會演講

二、 研討會發表之簡報

附件 1

National Health Insurance Finance Reform in Taiwan

Shu-Hua Chen

Department of Health, the Executive Yuan, Taiwan

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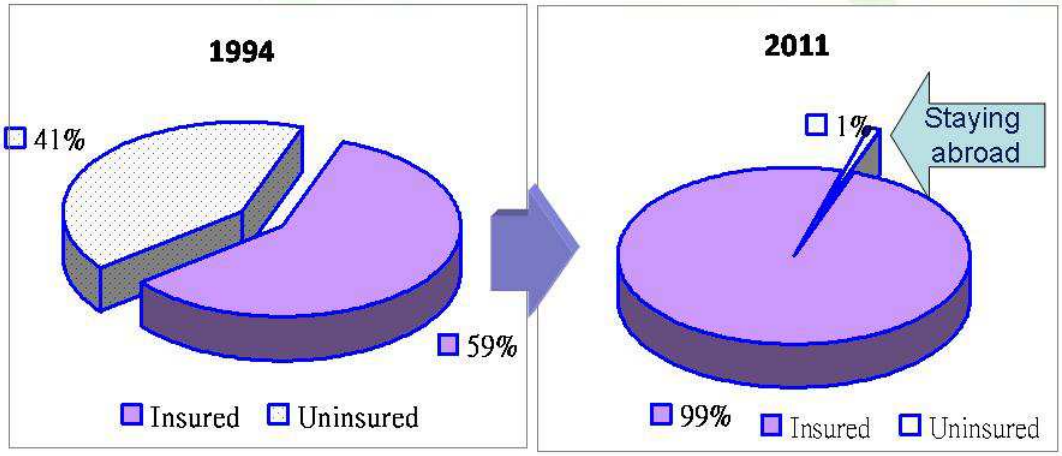
Outline

- ◆Current Status of NHI
- ◆NHI Finance Reform
- ◆Conclusion

2

Current Status of NHI 1

-Universal Enrollment



Population Covered：10.9 million (59%) **Population Covered：23.2 million (99%)**

Data source：Bureau of NHI, Taiwan

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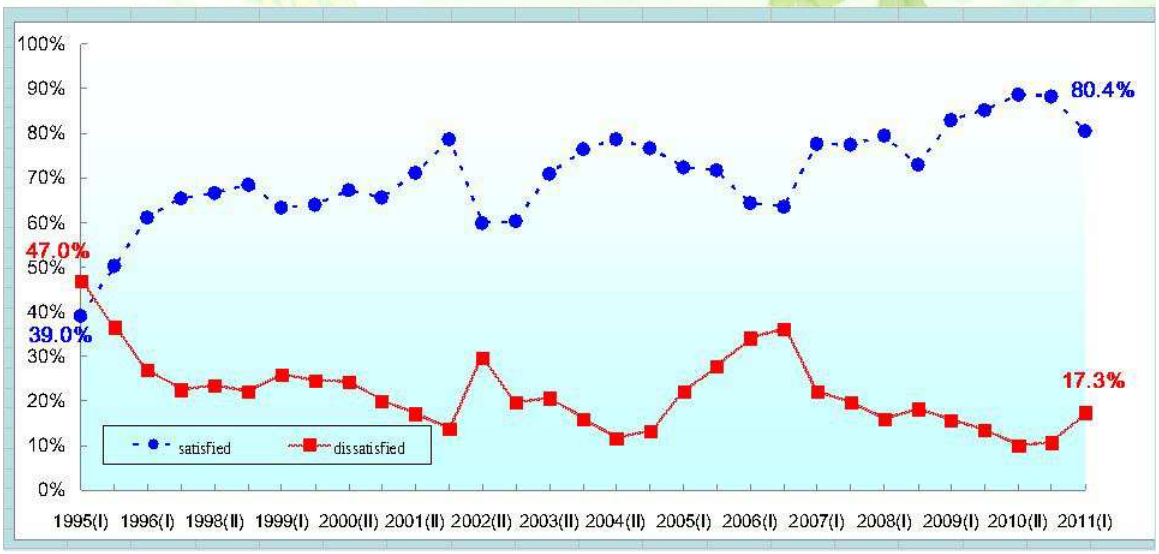
Current Status of NHI 2

-Public Satisfaction Rate



Data source：Bureau of NHI, Taiwan

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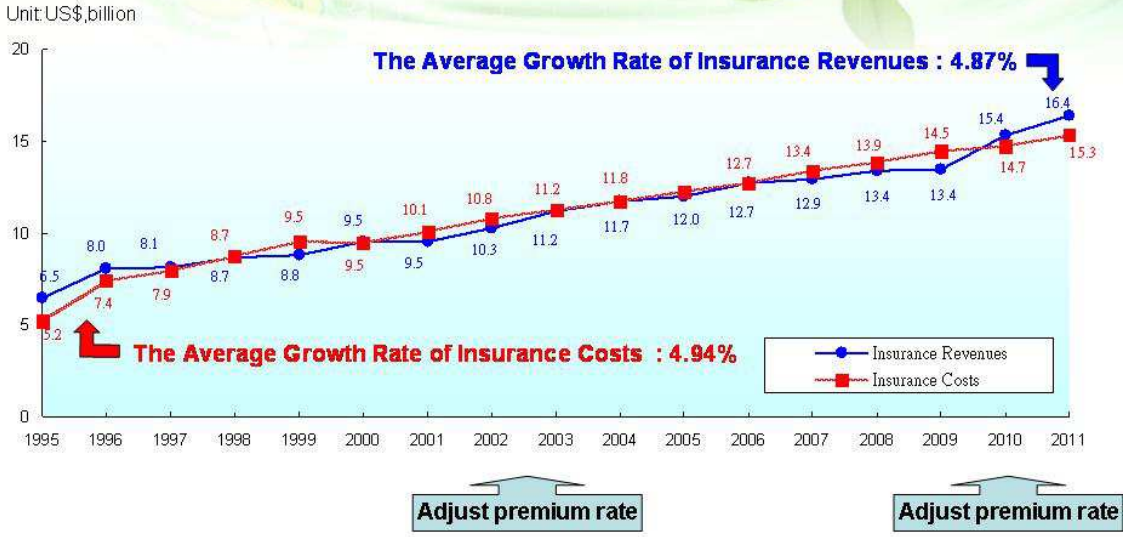
Current Status of NHI 3

-Financial Status



Note：The average growth rate is from 1996 to 2011.
Data source：Bureau of NHI, Taiwan

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NHI Finance Reform 1

1. Establishing the Linkage of Revenue and Expenditure
2. Increasing the Annual Premium Contribution of the Government
3. Expanding the Basis of Premium Calculation and Improving the Fairness of the NHI System

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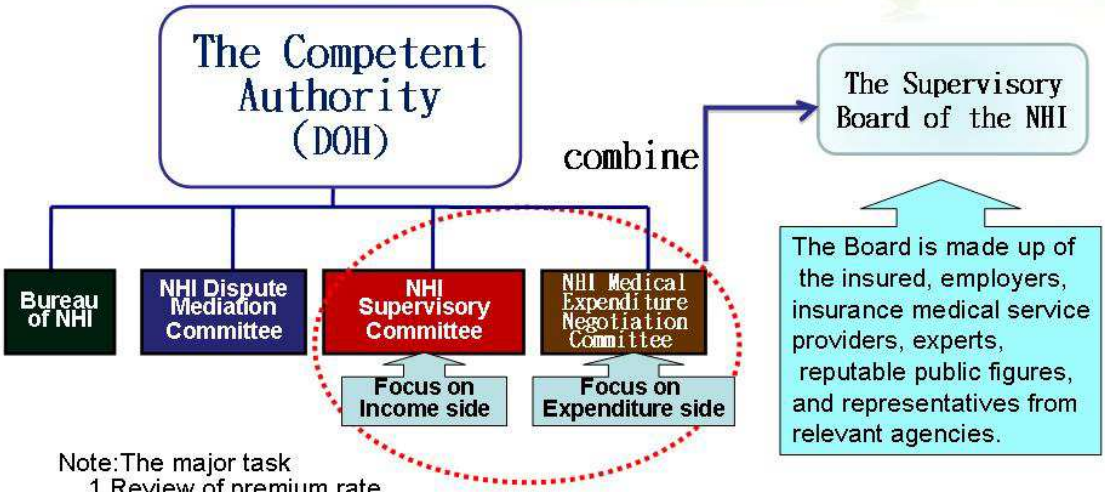
NHI Finance Reform2
-Establishing the Linkage of Revenue and Expenditure



Note:The major task
1.Review of premium rate.
2.Review of the scope of benefits.
3.Coordination of drafting and allocation of medical benefit payments.

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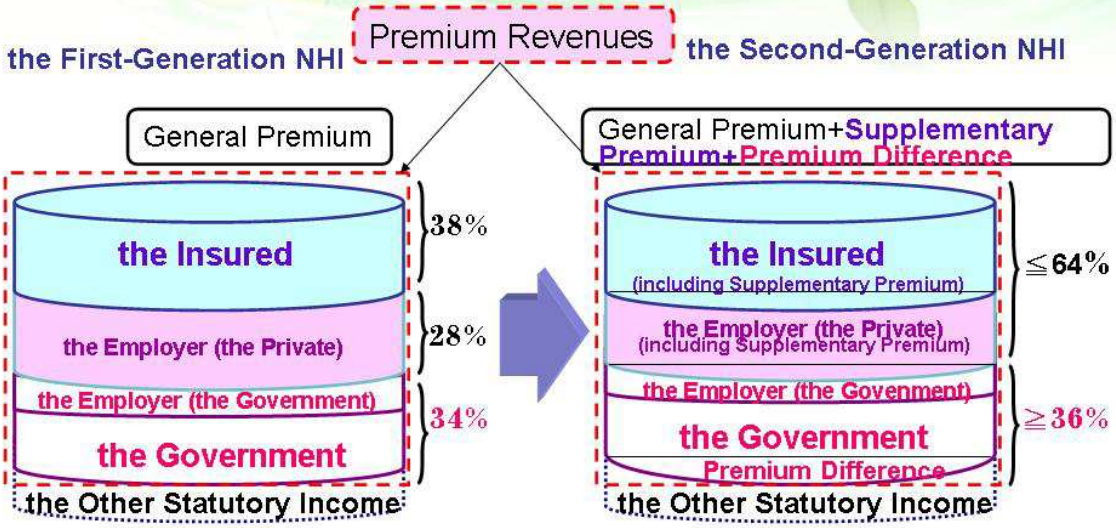
NHI Finance Reform3
-Increasing the Annual Premium Contribution of the Government



Note: Premium Revenue=the Annual Insurance Budget - the Other Statutory Income

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NHI Finance Reform4

-Increasing the Annual Premium Contribution of the Government

the First-Generation NHI	the Second-Generation NHI
General premium: ◆ As an employer:Insured payroll-related amount of the insured × Premium rate × Contribution rate × (1 + Average number of dependents) ◆ As a government: • Categories 1, 2, and 3：Insured payroll-related amount of the insured x Premium rate x Contribution rate x (1 + Average number of dependents) • Categories 4, 5, and 6： Average premium x Contribution rate x (1 + Number of dependents) ◆ The contribution rate is about 34%.	◆ Premium = **General premium**＋Premium difference ◆ Premium difference =(Annual insurance budget – Statutory income) × 36% - (**general premium**) ◆ The contribution rate is no less than 36%.

Note:
1. The first-generation premium rate is 5.17% and the second-generation premium rate may be reduced.
2. The average number of dependents is 0.7 and the maximum number of dependents is 3.
3. The cumulative financial shortages before the second-generation NHI will be filled in the budget in installments year-by-year.

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NHI Finance Reform5

-Expanding the Basis of Premium Calculation and Improving the Fairness of the NHI System

-For the Employer (The Private)

the First-Generation NHI	the Second-Generation NHI
General premium: ◆ Insured payroll-related amount of the insured × Premium rate × Contribution rate × (1 + Average number of dependents)	◆ Premium= **General premium**＋Supplementary premium ◆ Supplementary premium =(Total payroll expense by the employer - Total insured payroll-related amount for the employees) × Supplementary premium rate (2%)

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NHI Finance Reform6

–Expanding the Basis of Premium Calculation and Improving the Fairness of the NHI System

– For the Insured

the First-Generation NHI	the Second-Generation NHI
General premium: ◆ Categories 1, 2, and 3 : Insured payroll-related amount x Premium rate x Contribution rate x (1+ Number of dependents). ◆ Categories 4, 5, and 6 : Average premium x Contribution rate x (1 + Number of dependents)	◆ Premium= **General premium** + Supplementary premium ◆ Supplementary premium= Supplementary rate × 2% high bonuses; part-time income; income from professional practice; stock dividends; interest income; rental income

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Conclusion

1. The implementation of the second-generation NHI is planned on Jan.1, 2013.
2. The supplementary premium rate is 2% in the first year and will be adjusted in accordance with the growth rate of the insurance premium rate afterwards.
3. The premium rate(5.17%) may be reduced.
4. The premium contribution for the insured and the employers are more equitable than before.
5. The government's premium contribution is increased.
6. The decision of revenue and expenditure is linked.
7. The NHI finance system will be sound and sustainable.

~The End~

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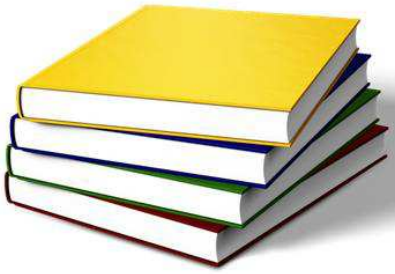
附件 2

Use of the Anticholinergics Oxybutynin, Tolterodine and Solifenacin in Taiwan: A Nationwide Study, 2001–2007

- NHI Dispute Mediation Committee, Department of Health, Executive Yuan, Taipei, Taiwan (Specialist)



Yu-Fen Chen

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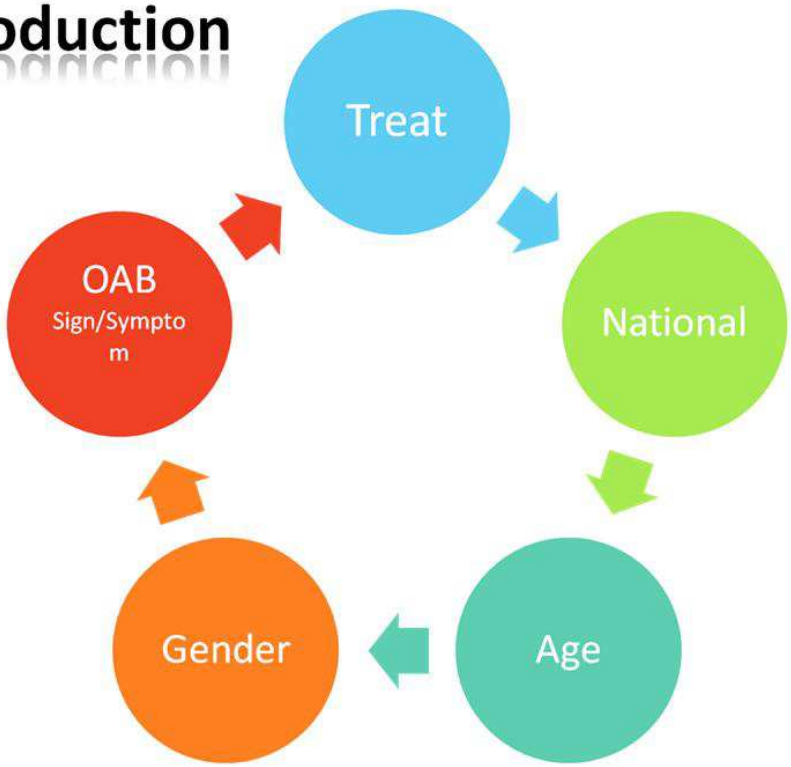
Outline

1. Introduction
2. Methods
3. Results
4. Discussions
5. Conclusions

2

Introduction



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- **Objective:** This study examines and describes the use of anticholinergic agents in Taiwan over the period 2001 - 2007.

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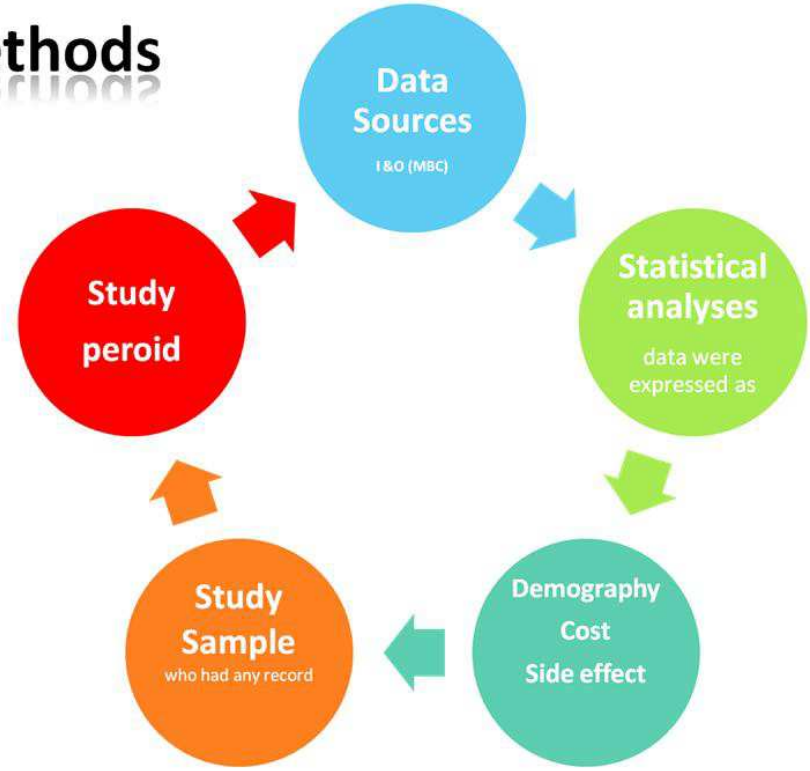
Methods



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Results-characteristics

Table 1: Characteristics of patients, hospitals and physicians associated with antichlinergic drugs use in Taiwan during the period, 2001-2007 (n= 39308) (A total of 39,308 patient)

Variable	Total Pt. No.	(%)	Tolterodine or Solifenacin No. (%)		Oxybutynin No. (%)		P value
Type of Anticholinergic	39308		31491	(80.1)	(19.9)	7817	
Patient Characteristics							
Age (year) .							<.0001
<45	16661	(42.39)	2386	(30.52)	(45.33)	14275	
45~75	18142	(46.15)	4187	(53.56)	(44.31)	13955	
>75	4505	(11.46)	1244	(15.92)	(10.36)	3261	
Patient gender							<.0001
Male	12709	(32.33)	2804	(35.87)	(31.45)	9905	
Female	26599	(67.67)	5013	(64.13)	(68.55)	21586	
Diagnosis							0.8989
Cystitis	8142	(20.71)	638	(8.16)	(23.83)	7504	
Urethritis	6029	(15.34)	362	(4.63)	(18.00)	5667	
Frequency	2590	(6.59)	1030	(13.18)	(4.950	1560	
Incontinence	2170	(5.52)	1011	(12.93)	(3.68)	1159	
BPH	1890	(4.81)	701	(8.97)	(3.77)	1189	
others	18487	(47.03)	4075	(52.13)	(45.77)	14412	
Time interval of each prescription							<.0001
(days) 8.5 days							
<=7	30229	(76.90)	4243	(54.62)	(82.82)	25986	
>7~<=28	7819	(19.89)	3116	(40.11)	(14.47)	4540	
>28~<=56	1196	(3.04)	390	(5.02)	(2.57)	806	
>56~<=84	50	(0.13)	14	(0.18)	(0.11)	36	
>84	14	(0.04)	5	(0.07)	(0.03)	9	

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Table 1: Characteristics of patients, hospitals and physicians associated with antichlinergic drugs use in Taiwan during the period, 2001-2007 (n= 39308)

Variable	Total Pt. No.	(%)	Tolterodine or Solifenacin No.	(%)	Oxybutynin No.	(%)	P value
Hospital characteristics							
Owonership							<.0001
Public	25897	(65.88)	5574	(71.31)	(64.54)	20323	
Private for-profit	431	(1.10)	44	(0.56)	(1.22)	387	
Private not-for-profit	12980	(33.02)	2199	(28.13)	(34.24)	10781	
Geographic location							<.0001
Northern	14352	(36.51)	3855	(49.32)	(33.33)	10497	
Central	11841	(30.12)	1550	(19.83)	(32.67)	10291	
Southern	12200	(31.04)	2113	(27.03)	(32.03)	10087	
Eastern	915	(2.33)	299	(3.82)	(1.96)	616	
Hospital level							<.0001
Medical center	6783	(17.26)	2892	(37.00)	(12.36)	3891	
Regional hospital	8825	(22.45)	2590	(33.13)	(19.80)	6235	
District hospital	8413	(21.40)	1657	(21.20)	(21.45)	6756	
Private clinic	15287	(38.89)	678	(8.67)	(46.39)	14609	
Teaching status							<.0001
Yes	17709	(45.05)	1820	(23.28)	62.81)	19779	
No	21599	(54.95)	5997	(76.72)	37.19)	11712	

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Table 1: Characteristics of patients, hospitals and physicians associated with antichlinergic drugs use in Taiwan during the period, 2001-2007 (n= 39308)

Variable	Total Pt. No.	(%)	Tolterodine or Solifenacin No.	(%)	Oxybuty nin No.	(%)	P value
Physicians' Characteristics							
Age (year)							<.0001
<=40	16661	(42.39)	3166	(40.50)	(32.57)	10256	
>40-<=50	18142	(46.15)	3059	(39.13)	(43.41)	13670	
>50	4505	(11.46)	1592	(20.37)	(24.02)	7565	
Gender							<.0001
Male	16294	(41.45)	5262	(67.31)	(56.80)	17886	
Female	23014	(58.55)	2555	(32.69)	(43.20)	13605	
Physicians specialty							<.0001
Gyn specialty	11345	(28.86)	2160	27.63%	29.17%	9185	
Urology specialty	14797	(37.65)	4135	52.90%	33.86%	10662	
Medical specialty	3047	(7.75)	350	4.48%	8.56%	2697	
Others specialty	10119	(25.74)	1172	14.99%	28.41%	8947	

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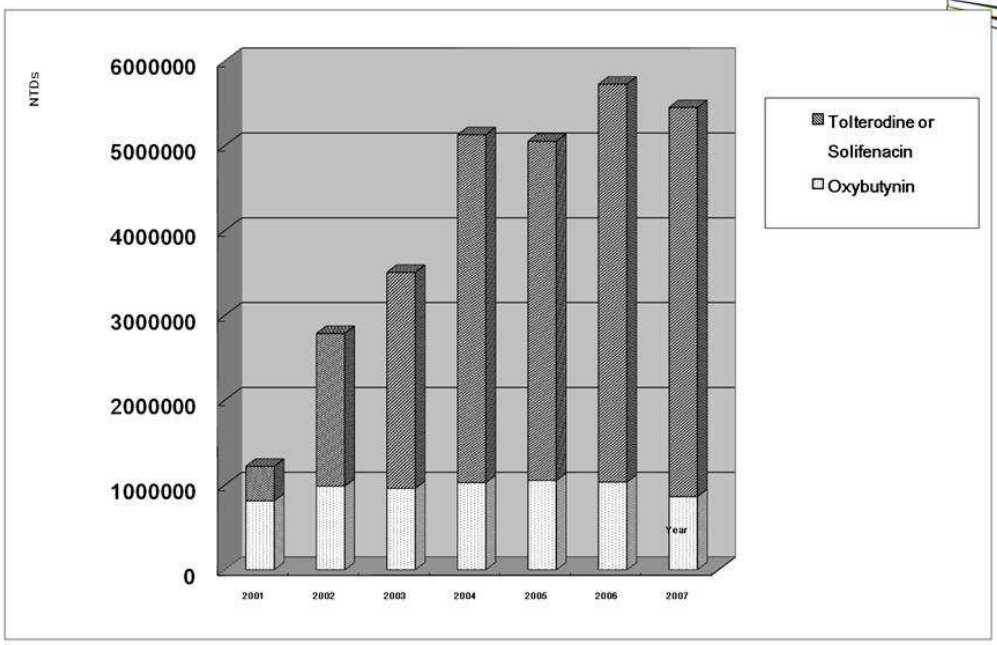

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Results-Total cost

- Prominent increasing trends.
- 84.2% for tolterodine and solifenacin.
- 5.5 milliion NTD/Per drug (2007).
- 46.15% for 45-75 years.
- Level of hospital (Medical center).
- 52.1% to 63% Urologist.

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Results- side effect

- 0.77% for oxybutynin group and 0.60% for tolterodine or solifenacin group.
- The odds ratio for tolterodine and solifenacin to oxybutynin was 0.782 (p=0.062; C.I.=0.58-1.05) with borderline significance.(the risk of acute urinary retention).

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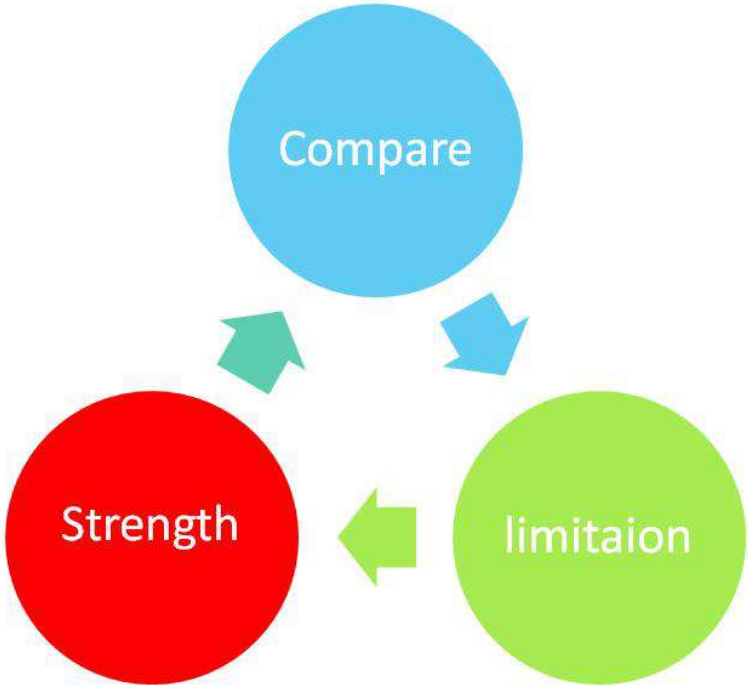
Discussions



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limitations

- NHIRD was secondary data.
  - Clinical condition.
- Disease severity.
- Several anticholinergic drugs available worldwide for the treatment of OAB symptoms.(flavoxate,propiverin trospium,imipramine)
- Other drugs confounding.

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Conclusions

- This nationwide study provide important information that there was a increasing cost of anticholinergics prescription in a relatively stable population during the study period.

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Thanks for your attention

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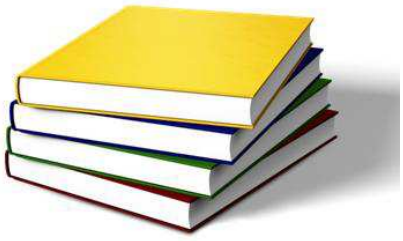

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