

第 68 屆「世界衛生大會」(WHA) 衛生福利部部長專文

全民健保二十週年的新挑戰：財務永續、資訊科技及人口老化

台灣的醫療服務系統因提供國人方便且高品質的醫療照護服務，而獲得全球肯定。超過 99% 的國民納入健保，約 93% 的醫療院所與健保特約。基本保險費係依每月薪資按照保險費率計算，並由被保險人、雇主、政府分攤，對於弱勢族群的保險費及部分負擔則由政府補助或減免。簡言之，台灣民眾不致因醫療而造成財務負擔，是因為健保制度保障全民，以合理的價格提供可近性高及醫療品質佳的醫療照護服務，這些成就使得台灣全民健保獲得高達 80% 的民意支持度。

財務穩定

台灣健保的財源籌措並非一帆風順，就在健保開辦的第 4 年(1999 年)開始，健康保險局即面臨嚴峻的財務壓力，經歷多年財務赤字及銀行借貸後，深覺必須進行健保制度改革，健保局也配合中央組織改造，升格為健康保險署。在二代健保，增加了投資所得及非薪資收入課徵 2% 的補充保險費的新制後，終於轉虧為盈。

資訊科技的整合

台灣全民健保為單一保險人制度，可以有效地將最新的資訊科技統整於服務中，達到行政費用低，管理效率高。

健保 IC 卡

採用健保 IC 卡是健保資訊創新的一個重要項目，可以提供民眾多重智慧功能。健保卡是病患及醫療院所之間的重要連結，醫師可快速取得病患近期的就醫資訊，同時也可用作疫情爆發時追蹤病患之用，例如 2003 年爆發的 SARS 疫情，運用健保 IC 卡可使疑似個案被即時追蹤掌握，有助於疫情消弭。

自動化申報系統

醫院申報及支付系統均全面自動化，透過電腦自動審查醫療院所的申報資料增加效率，也使得台灣健保行政費用達到世界最低(僅占醫療費用的 1.07%)。此大型申報資料倉儲，業經國際資安認證，可供健保署進行趨勢研究及產出統計資料。

雲端藥歷

2013 年健保署雲端藥歷系統上線，此系統將病患用藥紀錄上傳至不對外開放的雲端系統，僅供醫事人員使用，可有效減低重複用藥或處方箋浮濫現象，同時避免藥物產生不當之交互作用，最終可降低用藥浪費及提升病患用藥安全。

健康存摺

另一項運用科技的創新措施是 2014 年實施的健康存摺，被保險人可以在 10 分鐘內查詢過去一整年的門診、住院、用藥、醫療費用等就醫紀錄，期能增加民眾自我健康照護的責任，並延緩使用醫療資源。

未來展望

現今低生育率及人口老化已成為全球趨勢，台灣也不例外。日漸縮小的年輕族群將因為人口老化而擔負更多的財務重擔，而目前累積的盈餘，也終將隨人口變遷而耗盡。

因此，在預估未來的健康照護需求時，我們需要考慮人口老化的因素，2014 年底台灣高齡人口占 11.95%，但估計至 2025 年會超過 20%，2060 年會超過 40%。因為我們的出生率低，而平均餘命卻延長，屆時台灣的老化速度將成為全球第一，而使日益減少的工作人口負擔起與日俱增的高齡人口的醫療費用，將會是台灣社會所面臨的新挑戰。因此，減緩人口老化速度、促進國人健康、維繫健保財務穩健、以及確保健保永續經營，將是台灣未來繼續努力的目標。

Building on 20 years of Success: Future challenges for Taiwan's NHI

Taiwan's National Health Insurance system is globally renowned for providing citizens with easy access to high-quality medical services. Over 99 percent of the population is enrolled in the single-payer NHI, while around 93 percent of the country's health care providers participate.

Basic premiums, which are shared among the insured, employer and government, are calculated on the basis of monthly salary and a set premium scale. Those qualifying as disadvantaged can have their premiums and copayments subsidized or waived if necessary. As the NHI has achieved universal coverage at an affordable cost, health care is not a financial burden for the public. These factors contribute to a system satisfaction rate of about 80 percent.

But this healthy state of affairs was not achieved overnight. Since its launch in 1995, the NHI has faced funding challenges. Although the system was in the black for the first four years, rising user demand led to budgetary shortfalls, spurring the ROC government to set about implementing systemwide fiscal and structural reforms.

By 2013, the second-generation NHI was in place and oversight of the system tasked to the newly formed NHI Administration under the Ministry of Health and Welfare. A

key component of this change was the levying of a 2 percent supplementary premium on capital gains and unearned income—a measure contributing to the NHI's newfound financial strength.

Another step contributing to the success of the NHI was the adoption of the latest information technologies. These initiatives streamlined procedures and improved services, paving the way toward greater organizational efficiency and reduced administrative costs.

The integrated circuit card is one of the most visible signs of IT innovation employed by the NHI. Issued to all system users, it functions as a link between patients and health care providers, enabling the latter to quickly and securely access the former's recent medical records. The smartcard is also an invaluable tool in managing the spread of highly communicable diseases such as SARS. It allows monitoring of the infected, as well as accurate modeling of the dynamics and control of such outbreaks. As time is of the essence when it comes to dealing with medical issues and prescribing the correct medicines in a cost-effective manner, the NHI established in 2013 PharmaCloud—a cloud-based database of patient pharmaceutical records accessible by health care providers. This undertaking has minimized the incidence of script duplication and over-prescription, as well as the risk of harmful drug interactions.

Buoyed by the cost and efficiency benefits of PharmaCloud, the NHI launched My Health Bank in 2014. The database allows users to access in less than 10 minutes their full medical data from the past year. These include records like hospital admissions, medical costs, outpatient visits and prescriptions. By easing access to personal records, it is hoped users will become more aware of their health and develop an appreciation of the need to lead healthier lifestyles.

Equally significant is the use of an automated system for processing hospital claims and reimbursements. This contributes to the NHI's administration costs of 1.07 percent of medical expenditures, the lowest in the world. The sizeable database of claims, which boasts leading-edge, internationally certified information security, also allows the NHIA to analyze trends and generate statistics.

Going forward, decreasing birth rates and rapidly aging populations are the order of the day. Taiwan is no exception to these global trends and its shrinking youth demographic will have to shoulder a greater financial burden. In estimating future

demand for health care, the factor of aging must be taken into account. In 2014, the senior population in Taiwan stood at 11.95 percent, and it is estimated it will exceed 20 percent in 2025 and 40 percent in 2060.

Because Taiwan has a low birth rate and extended life expectancy, it will soon have the fastest aging population in the world. This is to result in a shrinking income tax base, placing even greater pressure on NHI funding to meet outlays associated with caring for the rising number of elderly. Looking at ways of improving public health and slowing the rate of aging are two of the most important challenges facing the NHI in the 21st century and beyond.