

第五章

未來展望與結語

Chapter



Future Prospects and Conclusion

為深化提供國際級的偏鄉離島醫療及照顧，未來仍將強化的面向，包括預防及健康促進、急重症醫療在地化、遠距醫療及照護、長照服務等重要策略，期使偏鄉離島的國際級醫療照顧體系更加完善，達成WHO健康平等（Health Equity）的理念。

We will continue to develop and deepen health care reform in remote and offshore areas of Taiwan in order to achieve international quality. The focus of future includes prevention and health promotion, emergency and critical care, telemedicine, long-term care and other measures. These are important strategies for perfecting an international-quality health care system, such as that envisioned by the WHO health equity ideal.

深化八大政策達成醫療在地化

為持續深化偏鄉離島醫療照護八大政策，達成醫療在地化，將推動各項政策，使偏鄉離島地區醫院的緊急傷病服務品質更加提昇，急診專科及加護病房專責醫師人力更為充實，建立完善的緊急會診機制；並經由執行「醫學中心支援偏遠離島及醫療資源不足地區醫院緊急醫療照護服務獎勵計畫」，以提昇急重症醫療人力，增加當地民眾的就醫滿意度。

此外，將整合醫療人力與設備互通互補，扎根在地化醫療，持續充實醫療設備，提升醫療服務品質，規劃安寧共照計畫，提供民眾完善的安寧照顧，由此強化民眾對在地醫療服務水準的信賴。

Deepening the Eight Strategies to Achieve Localization

The continual promotion and implementation of the eight strategies will help achieve localization of health care in remote and offshore areas, improve the quality of health care there, foster more specialty physicians for emergency and critical care, and establish a better emergency consultation mechanism. "The Medical Center Support Project " for Areas Lacking Medical Resources to enrich the medical manpower in emergency and critical care and increase residents' satisfaction with medical care.

Some measures adopted to increase the residents' confidence in local health care include the integration of the medical manpower and equipment, support for training and retention of local talent, providing advanced medical equipment, improving the quality of medical services, and planning comprehensive hospice care for the people.

充實在地人才資源

為充實偏鄉地區醫事人力，使民眾享有的醫療照顧服務不中斷，持續培育醫事人才、獎勵並留任偏鄉醫事人力，為衛生福利部偏鄉離島醫療服務的重要政策，未來也將積極發展育才、留才的重要計畫與方案。

地方養成公費生

「原住民及離島地區醫事人員養成計畫」於2012至2016年，仍將繼續分年、分期培育地方養成公費生二百零六名；培育的公費生訓練期滿，將陸續分發返鄉服務，來充實當地醫事人力，不斷的提昇醫療照護量能。

護理人才培育

為充實偏鄉護理人力，衛生福利部正積極執行2012年五月十日公布的「護理改革近中程計畫」，以期改善護理執業環境。

有關偏鄉地區護理人才培育，由總統於2013年「總統與護理團體座談會」承諾推動「偏鄉護理200菁英計畫」，將於2015年開始招募，預計在2022年，有兩百名護理人員將全數投入偏鄉地區醫院服務。這項計畫將可適量培育偏鄉地區護理人才，以維持這些地區的護理人力。

此外，基於就學補助及就業保障，將吸引優秀學生投入護理職場，改善偏鄉地區護理人力缺乏問題，裨益均衡醫療資源，健全偏鄉地區照護體系，以維護偏鄉居民身心健康。

獎勵留任偏鄉醫事人力

為了獎勵並留任偏鄉醫事人力，不僅有「衛生福利部補助醫事人員至原

Training and Retaining Talent

Fostering medical talent and awarding grants as incentives for retention are important health policies of the MOHW to achieve sustainable and un-interrupted rural health care .

Program of Government Scholarships for Local Talent

Public scholarships for students of aboriginal heritage or local students from offshore islands will be continued. Stage 3 of the Government Scholarships for Local Talent Program began in 2012, and will train 206 local medical and para-medical students supported by public scholarships through 2016. The scholarship recipients have to return to their hometowns when they graduate; this will certainly strengthen the local medical personnel and upgrade local health care.

Cultivating More Nurses for Remote Areas

The MOHW's Nursing Reform Mid-term Plan was announced on May 10, 2012. The reform aims to improve the nursing practice environment and to cultivate more nurses for remote areas.

President Ma announced the "Nursing Elite 200 Plan in Remote Areas" in a presidential forum with nurses groups in 2013. The program will recruit nurses in 2015, and plans to have 200 nurses fully committed to serving at rural hospitals by 2022. The recruitment program will maintain the region's nursing workforce by training nursing students.

The academic grants and employment promises will act as an incentive to interest high performing students in joining the nursing profession to resolve the nursing shortage in rural areas, evenly distribute health care resources and protect the physical and mental health of residents in remote and offshore areas.

Reward for Retaining Medical Personnel in Remote Areas

In order to reward institutions for retaining medical personnel in rural areas, we have " the MOHW Awards Grants for Establishing Medical Facilities in Aboriginal Areas " and



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89 2014年五月六日缺醫村醫療資源改善計畫翠華村醫療中心揭牌。
Opening ceremony of Cuihua Village medical service center under the Mountainous Area Medical Improvement Project on May 6, 2014.

also the Project on guaranteeing healthcare budgets in areas lacking accessible health care resources, to provide additional diagnosis fees and reimbursement point value protection.

In 2012, a full survey of rural access to medical services was conducted in 216 villages in 30 mountainous regions. Some of these villages were selected for a pilot project testing a new measure to resolve medical shortages in remote villages and towns. Currently, Cuihua Village in Nantou County and Lafulan village in Taoyuan district, Kaohsiung City are the first two to begin participating in this pilot project. In the future there will be more individuals or medical groups to reside or open new clinics in rural areas lacking medical resources. The project includes monetary incentives to encourage medical personnel to participate, and welcomes overseas Taiwanese physicians with a certificate to practice medicine by serving in the pilot areas.

住民族地區開業要點」鼓勵人力留任，並有「全民健康保險醫療資源不足地區之醫療服務提升計畫」，提供診察費加成及點值保障的誘因。

針對山地鄉醫療資源不足問題，全面盤點三十個山地鄉、二百一十六個村里，擇定在醫缺偏遠鄉鎮，試辦山地鄉「缺醫村」醫療資源改善計畫的新措施；除了現有南投縣仁愛鄉翠華村、高雄市桃源區拉芙蘭里已實施外，未來將繼續鼓勵個人或群體醫療型態，常駐新開業或開診。此外，也鼓勵醫護人力進入缺醫村試辦地區服務，包括具有我國醫師證書的海外醫師。

強化預防及健康促進， 降低平均餘命差距

利用多元管道加強追蹤完成預防接種與疾病防治衛教

持續提昇山地鄉A型肝炎及結合型肺炎鏈球菌疫苗的接種完成率，強化偏鄉地區嬰幼兒的免疫保護力，降低感染風險。

以多元化方式推動山地鄉結核病防治衛教

提昇當地民眾對於結核病防治的正確認知，並持續提供居民胸部X光巡迴篩檢服務。同時維持跨部會溝通管道結合資源，共同推動結核病防治作為。

婦幼預防與保健

在婦幼服務方面，將持續辦理孕婦乙型鏈球菌篩檢、產前遺傳診斷檢驗、新生兒先天性代謝異常疾病篩檢、新生兒聽力篩檢、兒童牙齒塗氟保健服務及弱勢兒童臼齒窩溝封填等預防保健補助及服務。

為減輕育齡家庭經濟負擔，已規劃提高孕婦產前遺傳診斷檢驗費用補助，低收入戶、山地離島個案以補助八千五百元為上限。持續推動辦理原住民生育婦女健康保健指導及其子女健康照護指導、諮詢與轉介服務，提昇原住民婦女健康指導及諮詢服務達成率。

改善民眾不健康行為

呼應我國黃金十年吸菸率減半的施政目標，衛生福利部除了持續提供二代戒菸服務，比照健保補助戒菸藥品費用，並對於吸菸、飲酒及嚼檳榔等不健康行為高盛行率及肺癌、食道癌、口腔癌高發生率與死亡率之縣

Tracking the Completion of Vaccinations and Health Education

The use of multiple channels to track the completion of vaccinations and health education concerning disease prevention has continued to improve our hepatitis A and pneumococcal conjugate vaccine completion rates among residents in mountainous townships, boosting the immunity of infants and young children in the population and reducing their risk of infection.

Promoting TB Health Education & Increasing TB Awareness

A multi-pronged approach has been adopted to promote TB health education and increase TB awareness among residents in mountainous townships. Mobile chest X-ray screening services will continue to be offered to the residents in target areas. The MOHW will maintain inter-department communication channels to coordinate resources and promote the prevention and treatment of tuberculosis.

Strengthening Services for Children & Women

Another way to promote the health of people in remote areas is to strengthen services for children and women. Such services include the screening of perinatal group B streptococcal GBS disease, prenatal genetic diagnostic testing, screening for congenital metabolic disorders, newborn hearing screening, children's dental fluoride services and dental care for disadvantaged children including molar pit and fissure sealant, along with other preventive health service grants.

The ministry has increased subsidies for low-income households and residents of mountainous areas to a maximum of NTD 8,500 (USD 285) as a measure to alleviate the financial burden on childbearing families. The ministry plans to continue to promote aboriginal women's reproductive health care and provide guidance on children's health care as well as counseling and referral services, in order to reach more aboriginal women with health care guidance and counseling services.

市，持續補助辦理「縣市菸酒檳榔防制整合計畫」，並依縣市情況，分別擬定更加嚴格的吸菸率、嚼檳率、飲酒率具體目標，以降低偏鄉民眾罹患非傳染病的機率，並進而消弭健康不平等的現象。

慢性病防治

持續加強衛教宣導，提昇原住民對定期接受成人預防保健服務的認知；另於宣導納入新增擴大篩檢服務對象：嚼檳榔原住民自十八歲以上每兩年一次免費篩檢，以提高其利用率。

此外，將橫向聯結民間團體，針對前五大口腔癌發生率鄉鎮（其中逾四分之一為原住民鄉鎮），深入其中推動檳榔防制宣導及篩檢服務。

針對癌症醫療照護，透過「跨院際癌症醫療照護合作試辦計畫」的推動，協助尚無癌症診療品質認證通過醫院的縣市（苗栗、南投、臺東）醫院繼續提昇化、放療品質。澎湖縣的部分則要等到轄區醫院化、放療設備及人力充足後，進一步辦理上述「跨院際癌症醫療照護合作試辦計畫」，提昇民眾就近於該地接受化、放療服務的便利性。

Reducing Unhealthy Behaviors

To reduce unhealthy behaviors and meet the policy objective of a “Golden Decade” by halving the smoking rate, the MOHW will continue to provide the second-generation smoking cessation payment scheme and will subsidize the cost of quitting through National Health Insurance. In addition, the ministry will implement a subsidy scheme targeting cities and counties with high incident and mortality rates associated with lung cancer, esophageal cancer, oral cancer which are linked to habits such as smoking, drinking and chewing betel nut and other unhealthy behaviors. The Integrated Tobacco, Alcohol and Betel Nut Control Plan will continue, aiming to match the circumstances of cities where more stringent targets have been set to reduce the probability of suffering from non-communicable diseases and to eliminate health inequalities in these areas.

Noncommunicable Disease Prevention

The MOHW will continue to enhance health education efforts and raise awareness among aboriginal adults of the benefits of routine preventive health services as a part of chronic disease prevention policies. Promotion will include a new rule for expanded screening services printed in the advocacy leaflets: aborigines over age 18 with habit of betel nut chewing are entitled to free oral cancer screenings once every two years.

At the same time, the MOHW aims to join forces with non-governmental organizations to target the 50 towns with the highest oral cancer incidence (over 1/4 are aboriginal towns), in order to raise public awareness about betel nut control and screening services.

In addition, the promotion of the Inter-hospital Cancer Treatment and Care Alliance Pilot Plan will continue, assisting county hospitals that lack quality accreditation with cancer diagnosis and treatment (Miaoli, Nantou, Taitung) to enhance chemotherapy and radiotherapy quality. The hospitals in Penghu were without radiotherapy equipment and adequate medical personnel before joining the plan, which has received warm public acceptance by providing radiotherapy closer to home.

完善資通訊科技與服務整合

運用資通訊科技，更可完善偏鄉離島的遠距醫療與照護，包括：擴大實施偏鄉地區電子病歷互通範圍，提昇偏鄉居民就醫品質；透過無線網路技術升級與熱點增建，提高巡迴醫療的效益，更可發展相關的創新應用。



遠距醫療——藉由網路多點視訊連線。
Audio-visual telemedicine consultation through multiple internet line connections

Improving the Integration of ICT and Health Care

Information and communication technology will be helpful for improving the quality of telemedicine and health care in remote and offshore areas, including the implementation of electronic medical records in rural areas, and providing mobile health care through a wireless network technology with additional hot spots. Furthermore, the development of innovative applications are becoming possible through ICT.



遠距醫療——藉由網路多點視訊連線。
Audio-visual telemedicine consultation through multiple internet line connections

提昇偏鄉離島長照服務

長照服務亦為未來偏鄉離島醫療照護及福利服務發展的重要政策，包括積極發展原住民、山地離島及偏遠地區長照服務資源，提高原住民、山地離島及偏遠地區長照服務的可及性，促進社區型長照服務發展及創新型長照服務開發，培養及儲備當地專業人力，強化在地服務量能，落實在地人服務在地人，以達成「在地老化」的目的。

為使偏鄉地區民眾獲得完整的長照服務，建置新型態的全方位長期照護服務，衛生福利部將結合資通訊科技與雲端技術，發展照護雲，建置雲端化的長照資料庫（LTC data bank），藉以整合社政與衛政相關資訊，個人福利或服務歸人設計等，以提供全人的整合性服務，並有效降低系統建置成本。長照資訊系統預定於2016年完成，分為三個階段進行：2014年度建置雲端基礎架構與服務資訊平台、2015年度建立資料介接互通測試與驗證、2016年系統導入與服務應用，連結雲端化服務與應用。

Improving Rural Long-term Care Services

Promoting long-term care services is one of major policies for the development of health care and welfare in the remote and offshore areas, as for the nation as a whole. The development of long-term care resources, accessibility of services, community-based care, innovative long-term care services, fostering of local long-term care personnel, and localized service capabilities will be included in the project to achieve the goal of "ageing in place."

For the residents in rural areas to receive comprehensive long-term care services, the MOHW will employ communication technology and cloud technology to create cloud-based health care. Cloud-based health care includes a long-term care data bank that integrates health and social welfare related information to provide holistic services and to effectively lower set up costs. The long-term care information system is expected to be completed by 2016; in 2014, the infrastructure and service information platform will be established, in 2015 the data bridging and inter-connective testing and verification will be conducted, and the system should set up and ready for use by the end of 2016.

其他

婦兒科全面提昇

為維護兒童健康成長，獲得良好醫療服務，衛生福利部針對一般醫院及醫事人員，著手研擬提供兒科醫療服務者的各項獎勵方案，現行以建立我國兒科醫療指標資料庫、精進兒科醫療處置的能力、鼓勵兒科臨床醫學的研究等三大議題為規劃方向。

此外，針對民眾部分，則正在規劃建立國內兒童友善就醫地圖，以揭示友善及便利的就醫資訊管道，讓兒童照顧者能即時運用國內或所在地具有兒科特色醫療服務的資源，作為就醫選擇的參考。

自2011年起，陸續針對內科、外科、婦產科及兒科的診察費進行調整，包括調升點數及額外提供加成等；並於2013年調升五百餘項診療項目的支付點數，提高一百五十一項特訂診療項目的兒童加成率，新增住院診察費的兒童專科醫師加成等，期能透過支付標準調整，提高科別之間支付制度的合理性，緩解國內內、外、婦、兒及急診科「五大皆空」的問題。

南迴地區醫療

為強化臺東縣南迴地區緊急醫療，自2006年起，獎勵東基醫療財團法人臺東基督教醫院於大武鄉衛生所，辦理夜間及假日救護站，每年九百萬元，提供全天候緊急醫療服務。

衛生福利部於2013年特別爭取花東地區永續發展基金一億三千萬元，辦理「大武鄉衛生所暨南迴線緊急醫療照護品質提升計畫」，將臺東縣

Other

Upgrading Pediatrics, Obstetrics & Gynecology

To safeguard children's health and development with good quality of health care, the MOHW has drafted incentive programs on pediatric services for hospitals and medical personnel. Three issues are included: establishing Taiwan's databank of pediatric indicators for treatments, improving pediatric care capabilities, and encouraging pediatric clinical research. As for the people, the Taiwan child-friendly medical map is currently in the works and will serve as a friendly and convenient medical information channel, so that children's caregivers can get timely pediatric information as a reference for treatment purposes.

Since 2011, the Ministry began adjusting diagnosis fees for internal medicine, surgery, obstetrics and pediatrics, by including additional points and offering additional incentives. In 2013, the Ministry adjusted medical payment points on over 500 diagnostic items, and provided additional incentives for 150 specific pediatric diagnoses, pediatric inpatient examinations and more. Through these adjustments, the Ministry aims to further rationalize the payment system between divisions and also ease problems of internal medicine, surgery, obstetrics and gynecology, pediatrics and emergency physicians in Taiwan.

Medical Health Care in the Southern-link Areas

In order to strengthen the medical emergency capacity of Taitung County in the southern-link area, the Ministry began funding Dawu County's Taitung Christian Hospital implementation of night and holiday emergency stations and provides NTD 9 million (USD 300,000) each year to provide emergency medical care around-the-clock starting from 2006.

The Ministry of Health and Welfare has strived to obtain an NTD130 million (USD 4.3 million) sustainable development fund for the Hualien-Taitung area and has

大武鄉衛生所重擴建，並成立緊急醫療救護中心，更規劃復健、洗腎、牙科及預防保健等醫療服務空間，充實衛生所儀器設備，以提供在地民眾更優質及完備的醫療照護服務，提昇南迴地區服務量能及硬體醫療設施。

重度級急救責任醫院的普及

截至2013年底，全國共有一百九十四家急救責任醫院，其中，重度級急救責任醫院由二十七家增為三十一家，中度級急救責任醫院由七十六家增為八十四家。五年的努力之下，全國十三個縣市有重度級急救責任醫院，二十一個縣市有中度級急救責任醫院（除連江縣立醫院為一般級及具備急診、重大外傷中度級能力外），急重症醫療服務品質已有顯著提昇。

全國二十二個縣市，僅新竹縣、新竹市、苗栗縣、南投縣、嘉義市、臺東縣及三個離島尚無重度級急救責任醫院，為了促使重度級急救責任醫院更為普及，衛生福利部自2012年起，於醫學中心任務指標增列「提升醫療資源缺乏地區急重症照護品質」試辦基準；2013至2015年辦理「醫學中心支援離島及醫療資源不足地區醫院緊急醫療照護服務獎勵計畫」，希由醫學中心支援急重症相關專科醫師人力，提昇急重症醫療照護品質，協助醫院達到緊急醫療能力分級所需的能力。

前述計畫均已投入諸多人力，期能於三年內輔導轄內醫院發展重點科別，達重度級急救責任醫院的處理能力。

延攬國外五大科旅外醫師返鄉服務

為進一步充實各科醫師人力資源，改善偏遠地區醫療服務，衛生福利部已於2014年三月二十六日擴大辦理延攬旅外專科醫師返鄉服務試辦計

implemented the Dawu Township Health Center and Southern-link Emergency Medical Care Improvement Project. This has expanded the Dawu County health center by establishing an emergency center, as well as planning space for rehabilitation, dialysis, dental and preventive health care and other medical services. The project will also to upgrade the health center's equipment, in order to provide better and more comprehensive health care to the local residents and to enhance service capacity in the southern area by improving medical hardware facilities.

Accessibility of Advanced Emergency Responsibility Hospitals

By the end of 2013, there were 194 emergency responsibility hospitals, among which the number designated as Advanced Emergency Responsibility Hospitals increased from 27 to 31, with Intermediate Emergency Responsibility Hospitals increasing from 76 to 84. With the efforts of the past five years, there are now Advanced Emergency Responsibility Hospitals in 13 counties and Intermediate Emergency Responsibility Hospitals in 21 counties, with the exception of Lienchiang County, which passed the General Emergency Responsibility Hospital Assessment and achieved Intermediate Emergency Responsibility Hospital capabilities in emergency and trauma management. The quality of emergency and critical care have significantly improved in Taiwan.

Out of the country's 22 counties, only Hsinchu County, Hsinchu City, Miaoli County, Nantou County, Chiayi City, Taitung County and three offshore islands do not have Advanced Emergency Responsibility Hospitals. In order to increase accessibility of Advanced Emergency Responsibility Hospitals, the MOHW has established indicators for Enhancing the Quality of Emergency and Critical Care for Areas Lacking Medical Resources as a task for medical centers. From 2013 to 2015, "The Medical Center Support Project" for areas lacking medical resources has been implemented, in the expectation that the medical centers will assign specialty physicians in emergency and critical care to the rural hospitals in order to improve the quality of emergency medical care, as well as provide guidance on how to achieve emergency responsibility hospital capabilities.

Most of the manpower for the plans mentioned above has been devoted to hospitals in areas lacking medical resources, in the hope of helping these hospitals develop Advanced Emergency Responsibility Capabilities in specific divisions within three years.

畫，除內、外、婦、兒及急診醫學科五大科，並鼓勵家庭醫學科、骨科、神經外科、泌尿科、耳鼻喉科、眼科、皮膚科、神經科、精神科、復健科、麻醉科、放射診斷科、放射腫瘤科、解剖病理科、臨床病理科、核子醫學科、職業醫學科或整形外科之旅外醫師返鄉服務。

Recruiting Foreign Physicians to Return to Taiwan

To enrich medical manpower in all specialties for the purpose of improving the quality of health care in remote and offshore areas, the MOWH expanded a pilot plan to recruit foreign physicians to return to Taiwan on March 26, 2014. Physicians returning from overseas can serve in internal medicine, surgery, obstetrics and gynecology, pediatrics, emergency care, family medicine, orthopedics, neurosurgery, urology, ENT, ophthalmology, dermatology, neurology, psychiatry, rehabilitation, anesthesiology, diagnostic radiology, radiation oncology, anatomic pathology, clinical pathology, nuclear medicine, occupational medicine and orthopedics.

結語

國際級偏鄉離島醫療與照顧

我國行政區域劃分為二十二縣市，再劃分為三百六十八「鄉鎮區」。其中，有三十個山地原住民鄉、十八個離島鄉，共四十八鄉，分布在十五縣市。為使偏鄉離島居民都能獲得完善的醫療與照顧，秉持醫療不中斷原則，衛生福利部積極推動強化「在地醫療」，以保障偏鄉民眾獲得高品質且完整的醫療照護。

為了克服偏鄉離島醫療及照顧障礙，積極推動「偏鄉離島醫療照護八大政策」，包括：離島醫療在地化、本島偏遠地區醫療在地化、醫學中心支援、醫療資訊化，完成建置電子病歷、健保IDS計畫及巡迴醫療、健保及公務預算保障醫療資源不足地區、育才留人培育計畫及陸海空緊急醫療後送。由於多項措施已收具體成效，重大傷病轉送本島就醫人數顯著下降。

比較美、加、澳、日等國提供的偏鄉醫療照顧，我國對於偏鄉採行的醫療照顧措施，係初級照護以衛生所為主，並由責任醫院整合人力及資源、巡迴醫療、緊急醫療後送轉診、遠距通訊醫療等。其中，二十四小時視訊醫療諮詢及陸海空緊急醫療後送、健保IDS計畫及巡迴醫療的普及程度、醫學中心全面支援、四十八偏鄉電子病歷互通、離島地區心導管的檢查及治療等多項策略，衡諸國際毫不遜色，且可供各國參考，我國偏鄉離島醫療照顧已臻國際水準。

Conclusion

International Quality Rural Health Care

By upholding the principles of continuity of care and localization of services, we are improving access to health care for residents of remote areas, ensuring that they can obtain high quality and integrated health care.

To overcome the obstacles to providing health care in rural areas, the MOHW has established and promoted eight major strategies for remote and offshore areas. These include localizing offshore health care, localizing rural health care, providing support from medical centers, digitizing medical information and completing establishment of EMR, Implementing mobile health care and the National Health Insurance IDS, providing adequate funding for areas lacking accessible health care resources through NHI and other government agencies, establishing a talent training and retention program, and expanding the land, sea and air emergency medical transport. As concrete proof of outcomes of these policies, the number of patients receiving air transport for medical treatment in Taiwan has already declined significantly.

Compared to the rural health care provided by the United States, Canada, Australia and Japan, Taiwan's rural health care policies are based on primary care provided by local health centers supported by the integration of manpower, medical resources, emergency referral and telemedicine through emergency responsibility hospitals. Among these policies, the 24-hour telemedicine consultation, land, sea and air emergency medical transport, NHI's IDS plan and mobile health care wide-scale implementation, support from medical centers, digitization of EMR across 48 rural areas, and the cardiac catheterization in the offshore areas are all on par with international standards.

Through the execution of the "Eight Major Strategies" as well as cultivating local talent, preventive care and health promotion we aim to reduce the life expectancy gap between

urban and rural areas and perfect the integration of communication technology and health care services. The policies and measures promoted aim to create a comprehensive, international quality health care system and to achieve the ideal of health equity upheld by the WHO.

藉由已規劃執行的偏鄉離島八大政策，未來仍將深化八大政策達成醫療在地化、充實在地人才資源、強化預防及健康促進，降低平均餘命差距、完善資通科技與服務整合、以及提升偏遠離島長照服務，建構完成偏鄉離島的國際級醫療照顧體系，以提供民眾更優質及完善的醫療照護服務，期使達成WHO健康平等（Health Equity）的理念。

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Dr. Tzou-Yien Lin,
Deputy Minister,
Ministry of Health
and Welfare

林奏延政務次長



Ms. Su-Wen Teng,
Director-General,
Department of Nursing
and Health Care

護理及健康照護司
鄧素文司長



Mr. San-Kuei Huang,
Director-General,
National Health
Insurance Administration

中央健康保險署
黃三桂署長



Dr. Wui-Chiang Lee,
MD, PhD, Director-General,
Department of Medical
Affairs

醫事司
李偉強司長



Dr. Chin-Feng Lin,
MD, PhD, CEO, Hospital
and Social Welfare Organizations
Administration Commission

附屬醫療及社會
福利機構管理會
林慶豐執行長



Mr. Min-Huei Hsu,
Director-General,
Department of
Information Management

資訊處
許明暉處長



Mr. Tung-Kuang Chu,
Director-General,
Department of Social
Insurance

社會保險司
曲同光司長



Dr. Happy Kuy-Lok Tan,
MD, MPH, MHS Director-
General, Department of
Mental and Oral Health

心理及口腔健康司
陳快樂司長

編輯群

Editors



Ms. Mei-Chen Lee,
Director-General,
Department of Social
Assistance and Social Work
社會救助及社工司
李美珍司長



Dr. Shu-Ti Chiou,
Director-General, Health
Promotion Administration
國民健康署
邱淑媞署長



Dr. Feng-Yee Chang,
Former Director-General,
Centers for Disease Control
疾病管制署
張峰義前署長



Ms. Hui-Jiuan Chien,
Director-General,
Social and Family Affairs
Administration
社會及家庭署
簡慧娟署長



Ms. Sue-Shin Jeng,
Senior Specialist,
Department of Mental and
Oral Health
心理及口腔健康司
鄭淑心簡任技正



Dr. Tai-Hung Kuo,
Superintendent,
Penghu Hospital, MOHW
衛生福利部
澎湖醫院
郭泰宏院長



Dr. David Hung-Tsang Yen,
MD, PhD., Superintendent
of the Kinmen Hospital,
MOHW
衛生福利部
金門醫院
顏鴻章院長



Prof. Shin-Han Tsai,
Dean, College of Public
Health and Nutrition, TMU
(Air National Aeromedical
Approval Center, MOHW)
臺北醫學大學公共衛生
暨營養學院(衛生福利部
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疾病管制署
愛滋及結核病組
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