



The Roadmap for Better Healthcare in Taiwan

Tzou-Yien Lin, M.D.

The Minister of Health and Welfare, Taiwan

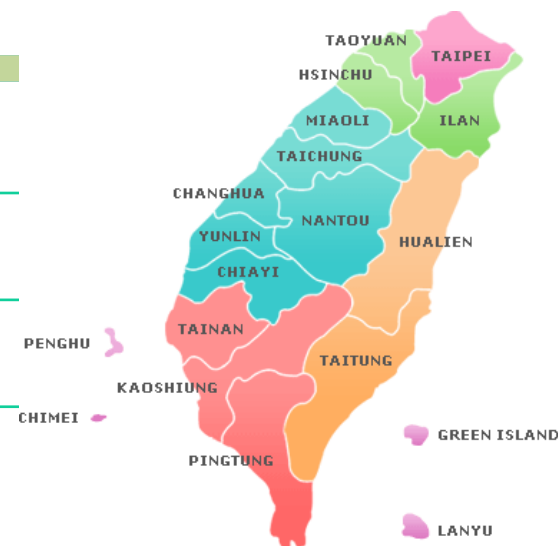
October 20, 2016

Taiwan at a glance



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Population	23 million
Land area	36,191 km²
Aging population (2016)	12.8%
GDP (2015)	US \$ 22,294 per capita US \$ 46,783 per capita (ppp)
NHE (2013)	US \$ 1,385 per capita
NHE to GDP (2014)	6.2%
Life expectancy (2015)	77 (M) / 83.6 (F)/80(Total)





Outline

Comprehensive Health Supportive System

Long-Term Care in Taiwan - Responding to An Aging Society

Healthcare Network

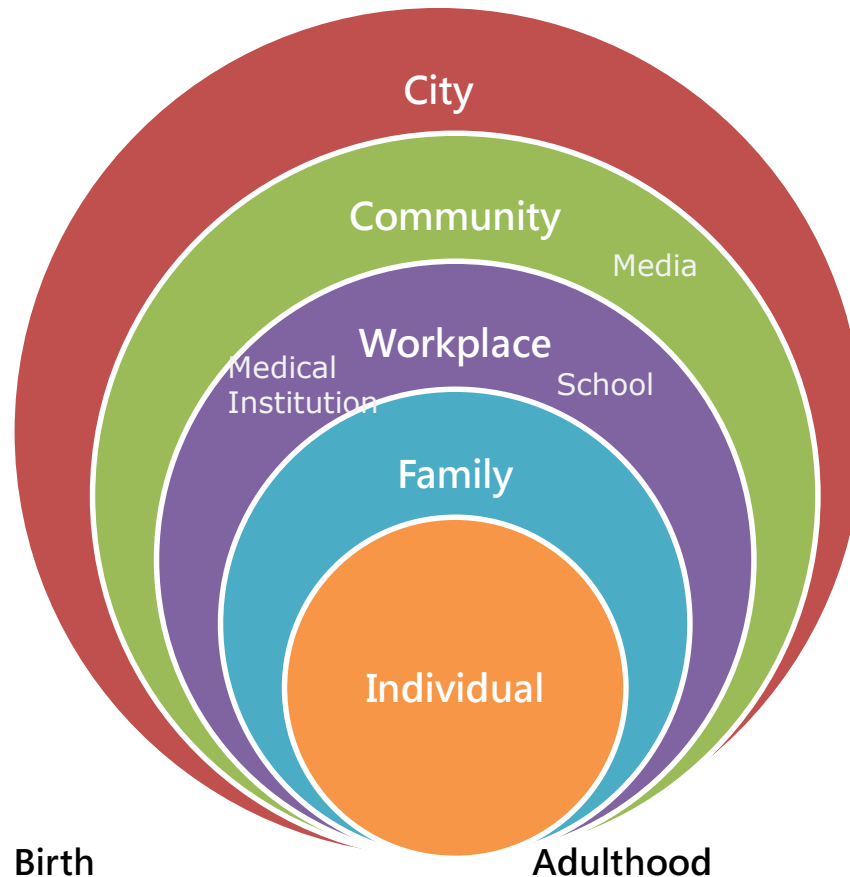
National Health Insurance in Taiwan

Conclusion

Building Comprehensive Supportive System



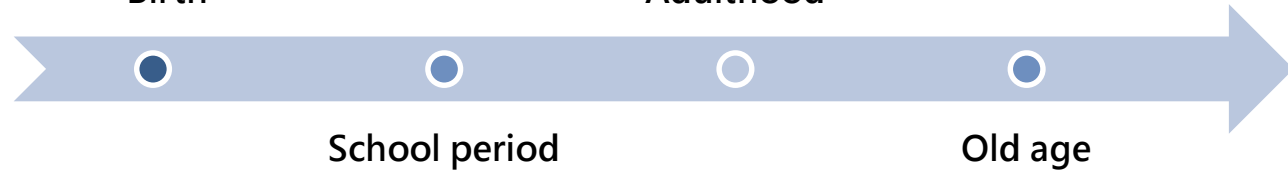
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- Public empowerment
- Cross-sectorial cooperation
- Health promotion

Let`s work together!
Private and public sectors cooperation

- Maternal & child health
- NCD prevention & Contagious disease control
- Health promotion



Universal Coverage of Evidence-Based Preventive Services Across Life-Span



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Monitoring of body height and body weight / Nutritional education
Encourage physical activities / Risk factor counseling

Smoking cessation treatment and counseling

☐ Antenatal care

☐ Breast-feeding counseling

☐ Newborn screening
☐ Well-baby clinic
☐ Preventive dental services
☐ Immunization (ex. HBV)

☐ Students' checkup

☐ HPV vaccination

☐ Palliative care

☐ Well-adult and elderly checkup
☐ Cancer screening (cervical cancer, breast cancer, colorectal cancer, oral cancer)

Components of Disease Management



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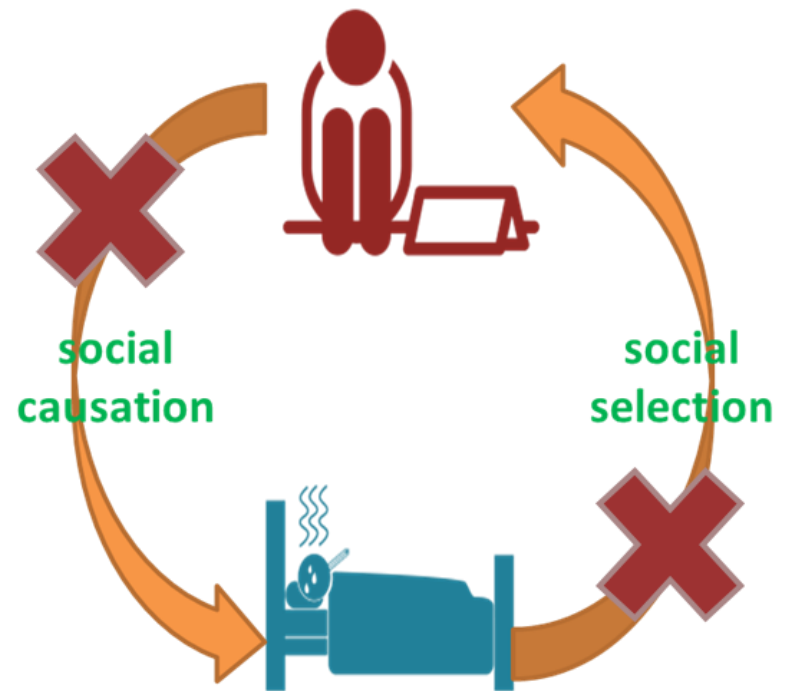
- **Evidence-based guidelines** for diagnosis, management and follow-up
- **Training and certification** for healthcare workers based on the competencies
- **Interdisciplinary team-based care**
- **Collaboration** between teams and organizations
- **Quality indicators and monitoring**
- **Delivery redesign to provide planned proactive care** according to the guidelines
- **Patient empowerment**

Eliminating inequities



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- Decrease disparity of life expectancy between most deprived areas and least deprived areas
- Equal access to medical care services whether in urban or remote areas
- Block the pathway of social selection or social causation



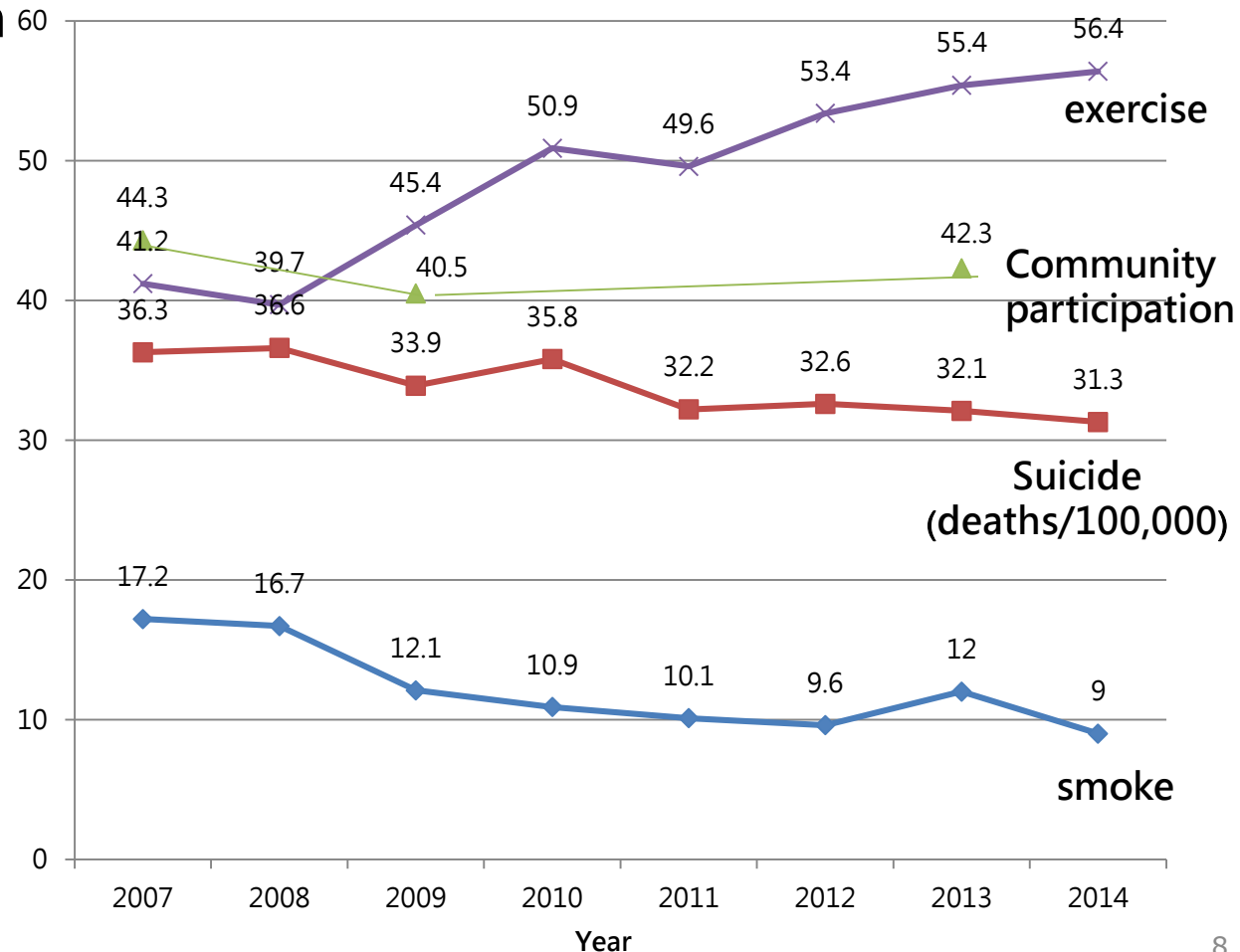
Active ageing

Integrating setting-based and community resources to promote senior's health



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The improvement of the elderly health promotion indicators



Priority topics in health issues

- Physical activity
- Smoking cessation
- Mental health promotion
- Social participation
- Falls prevention
- Nutrition
- Oral health
- Screening

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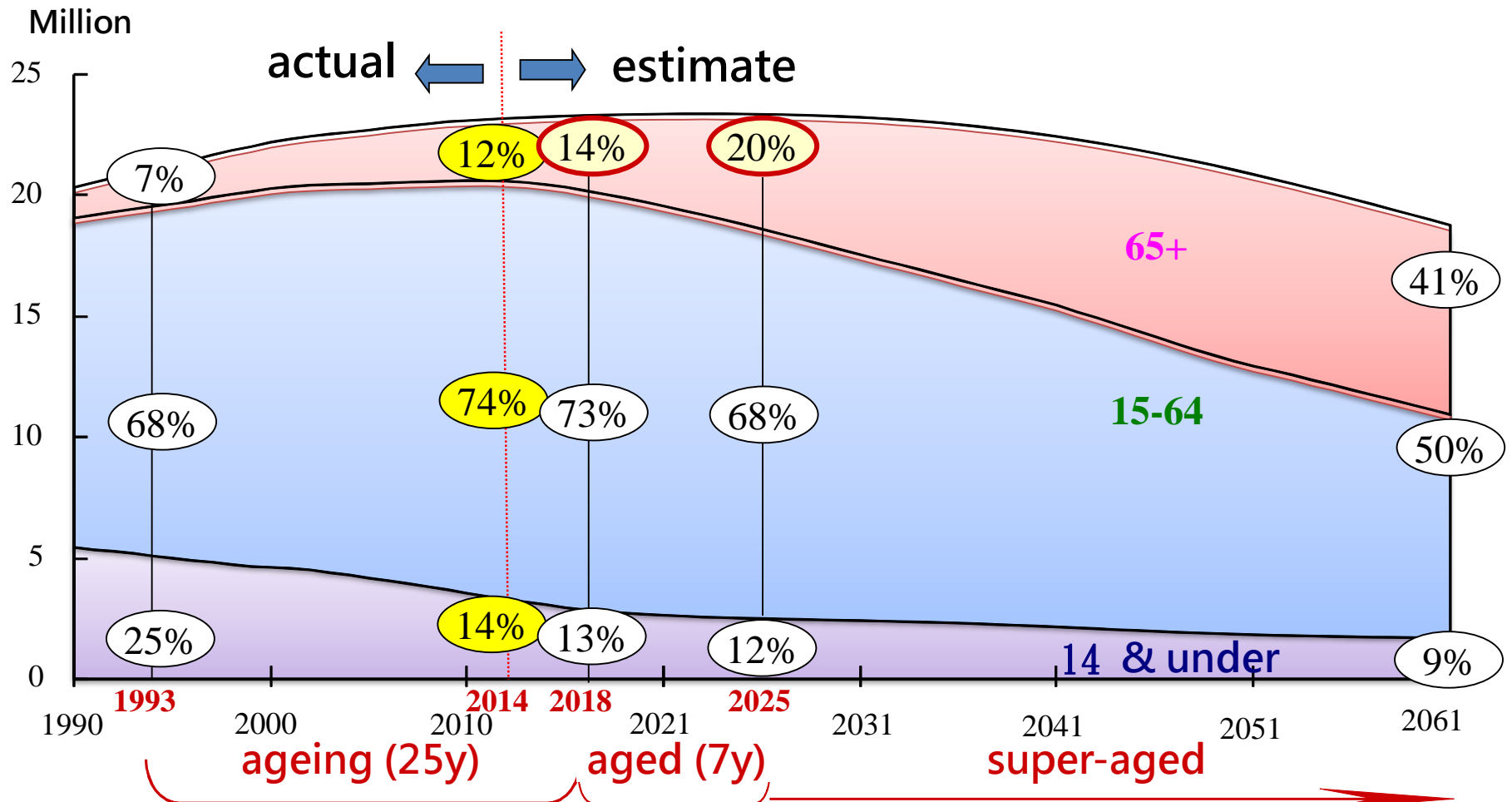
Conclusion

Less Birth and Aging Society



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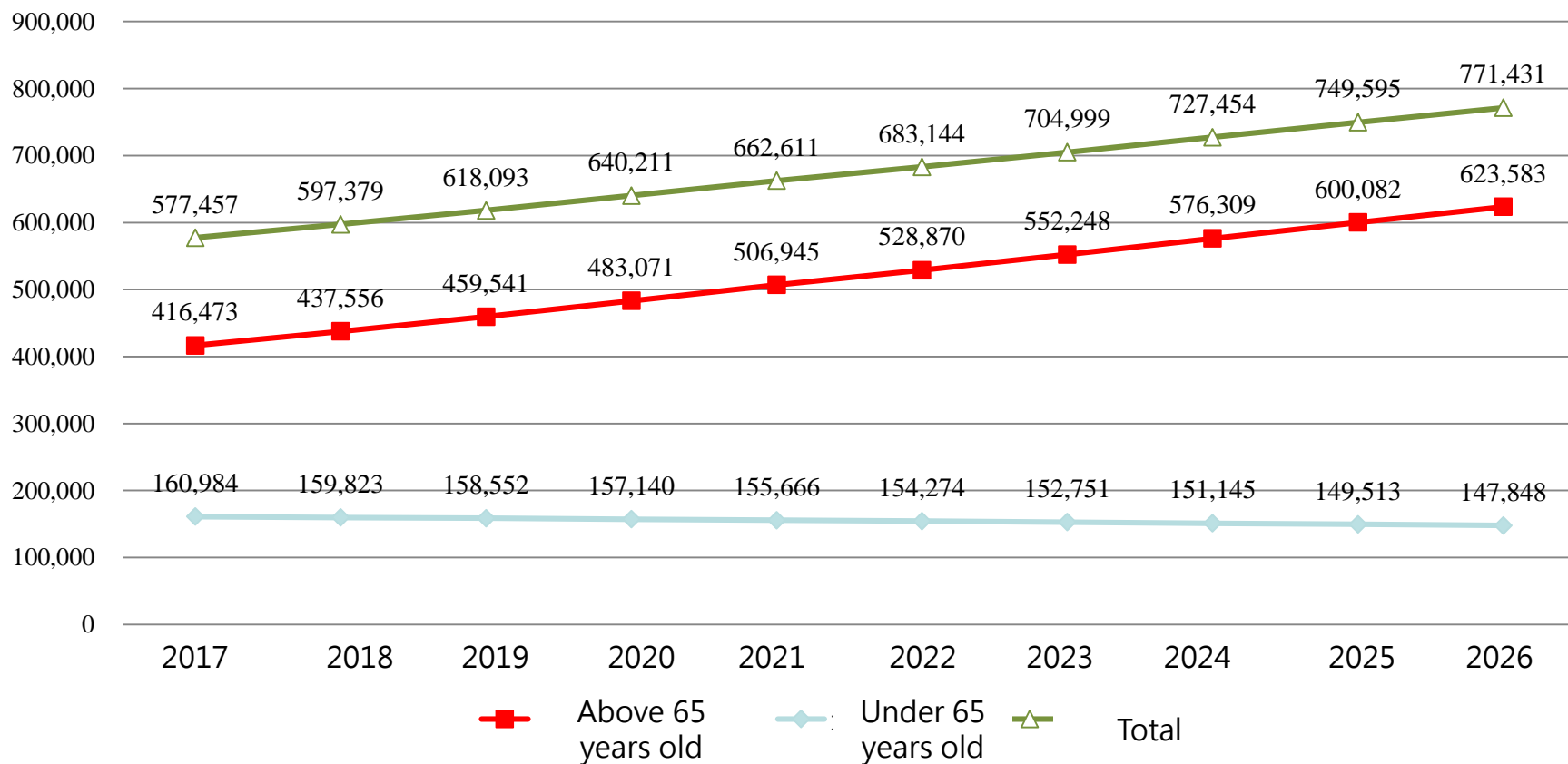
Population Projection in Taiwan



The Estimated Number of People Needs Long Term Care (2017-2026)



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註1:65歲以上失能率以12.7%代入。資料來源:行政院主計總處99年人口及住宅普查報告。

註2:65歲以下失能率以0.795%代入。資料來源:行政院主計總處99年人口及住宅普查報告。

The Development of Long Term Care



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1998

Strengthening
Elderly Nursing
Services
Program & 3
Year Elderly
Long-Term Care
Planning

2000-2003

Construction of
Long-Term Care
Pilot Planning

2002-2007

Care and
Welfare as well
as Industry
Development
Program

2008

10 Year Long
Term Care
Planning 1.0

2015

Long-
term
Care
Services
Act

2017

10 Year
Long
Term Care
Planning
2.0

The Objectives of Long Term Care Planning 2.0






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1. To establish a **high-quality, affordable, universal long-term care system**
2. To provide **diversified and continuous services** through family support, and home, community, and institutional care for the local aging population
3. **To optimize the front-end primary preventive functions** through linking preventive care with active aging while slowing down the disability process.
4. **To provide the back-end** with community-based multi-target support services and transition to home hospice services in order to reduce the family care-giving burden

Long-term Care Planning 1.0 V.S. 2.0



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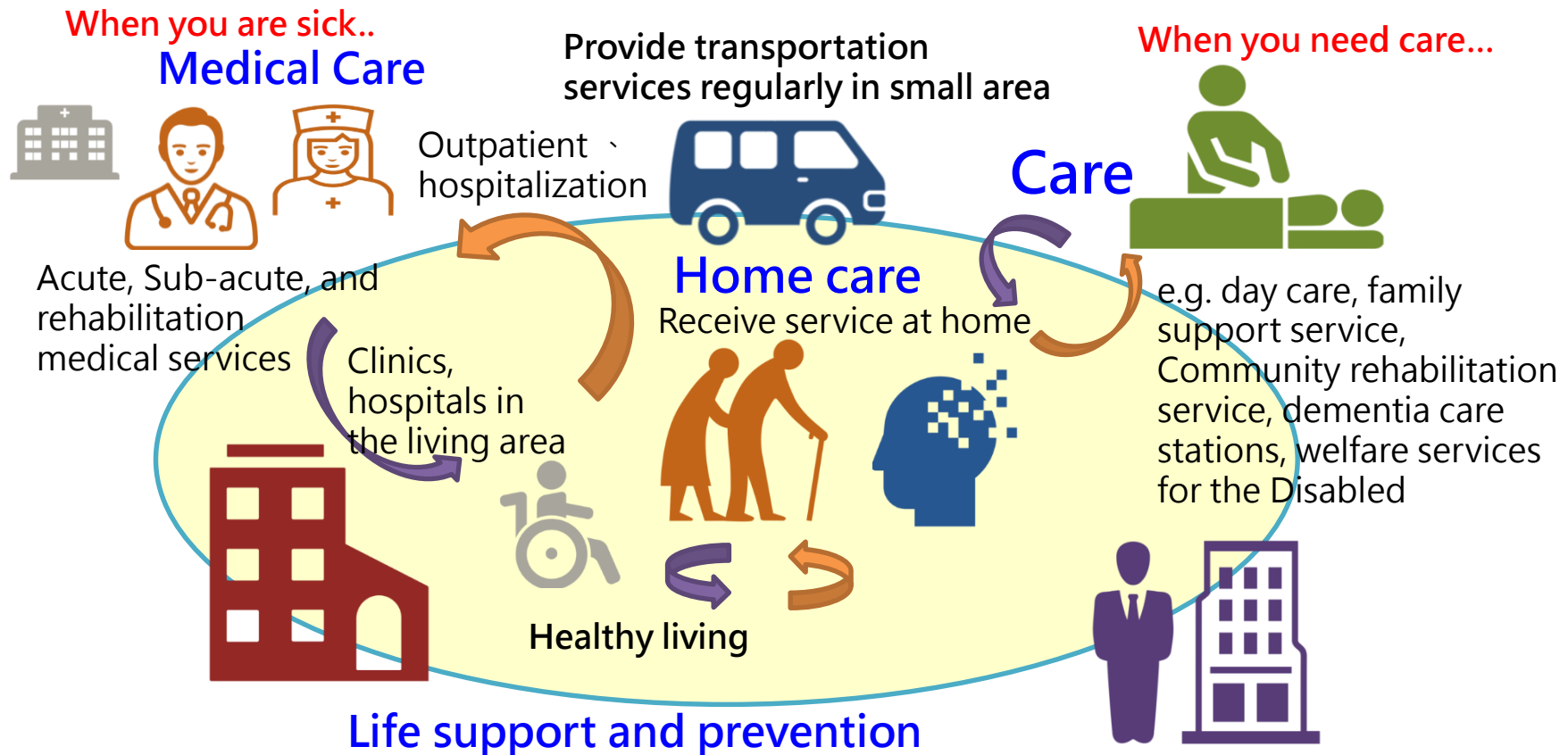
	1.0	2.0
Services targets	4	8 
Services items	8	17 
Financial resources	<ol style="list-style-type: none"> 1. Government general budget 2. Medical development fund 	<ol style="list-style-type: none"> 1. Government general budget 2. Social welfare fund 3. Long-term services development fund
Innovative service	-	The Holistic Community Care Model (ABC model) 

Providing a high-quality, affordable, universal long-term care system 

The Holistic Community Care Model



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Life support and prevention

Establish A-B-C model

- A- Integrated Community Service Center
- B- Multiple Service Center
- C- Long-term Care station

LTC management center

Assess the disabled needs

Providing friendly environments for elders



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Aging digital learning



Active aging learning



Elderly club activities



Long-term care services



Community-based care stations for local aging population



Elder-friendly buses (lower steps at curb)

Outline



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Challenges of Taiwan's Healthcare Systems



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- Healthcare disparity, lack of definitive care facilities.
- Aging population, low birth rate.
- Medical service focus on treatment, rather than disease prevention and health promotion.
- Oversupply of specialists, shortage of generalists.



- Hospitals have grown larger, small hospitals (< 100 beds) are shrinking.
- Increasing demand for continuous seamless care.
- Increasing chronic diseases: rising healthcare cost.
- Rural-Urban differential in healthcare personnel, difficult recruiting physicians to rural areas, barriers to healthcare.

Health Systems Integration



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Acute Care: National Health Insurance



Transitional Care (Sub-Acute Care , Post-Acute Care)

Improve independence and autonomy for discharge to home and community



Long-term Care: 4 Strategies

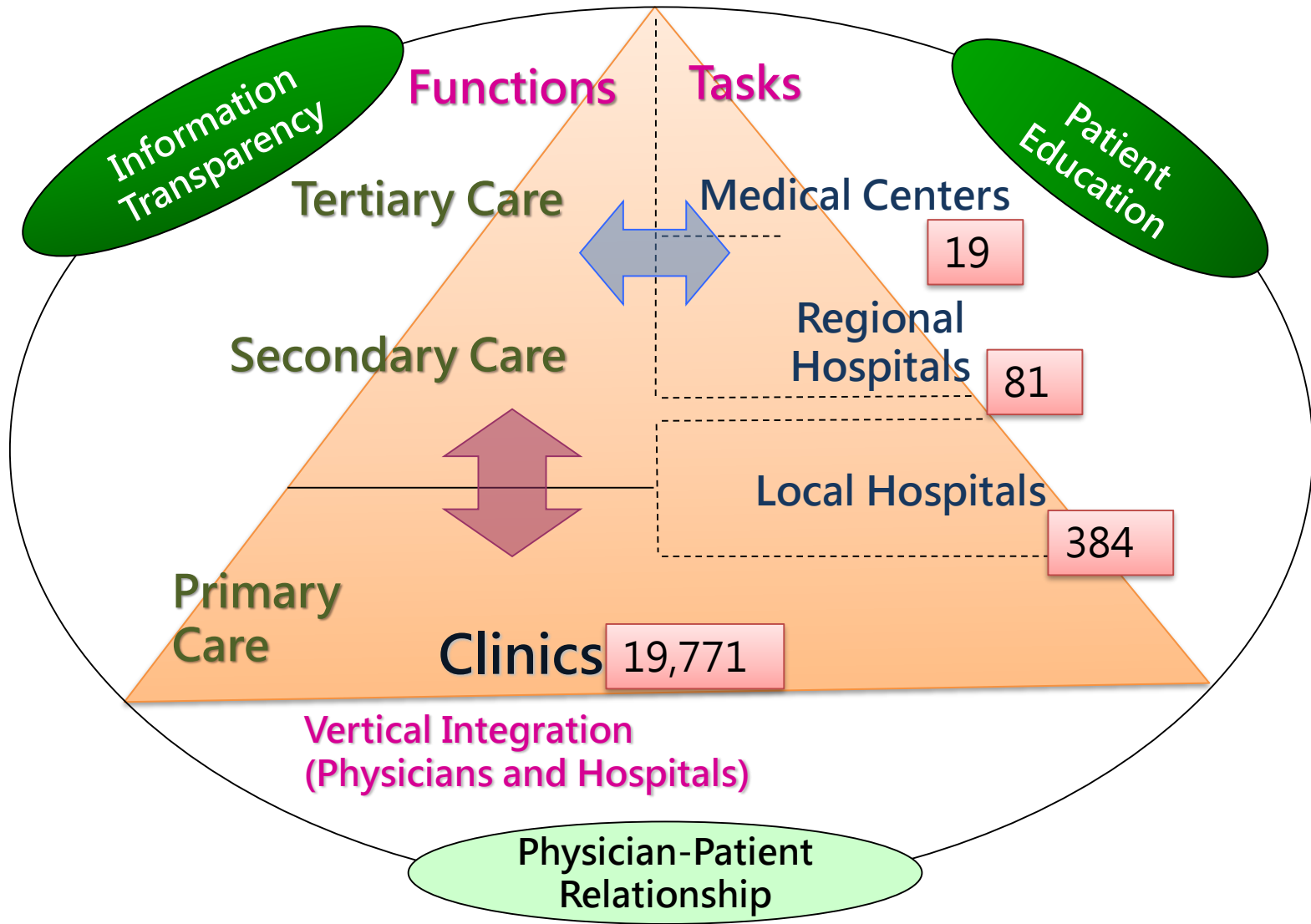
Long-term Care Network(Home Care, Community Care, Institutional Care)
Workforce Development: Care Providers and Others
Legislation and Preventative Care

**Establish
Seamlessly
Integrated
Health
Systems**

Structure of Healthcare System



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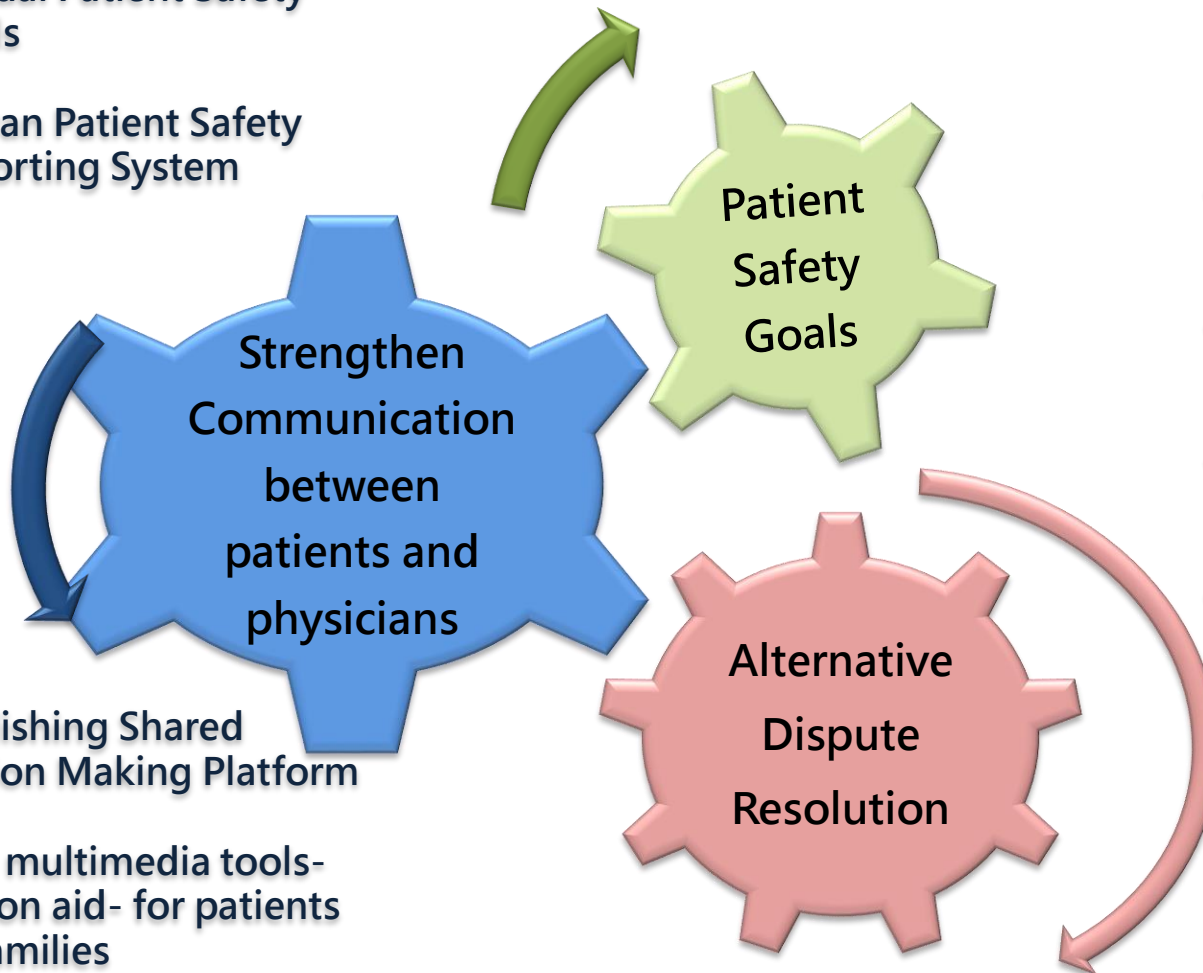


Patient Centered Care



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- Annual Patient Safety Goals
- Taiwan Patient Safety Reporting System



- Establishing Shared Decision Making Platform
- Using multimedia tools- decision aid- for patients and families

- Establishing care mechanisms for continuous quality improvement
- Analyzing underlying causes
- Local public dispute resolution mechanisms
- Compensation system for medical injury
- Obstetrical injury and patient safety reporting systems, National databases of health care accidents



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National Health Insurance (NHI) Characteristics



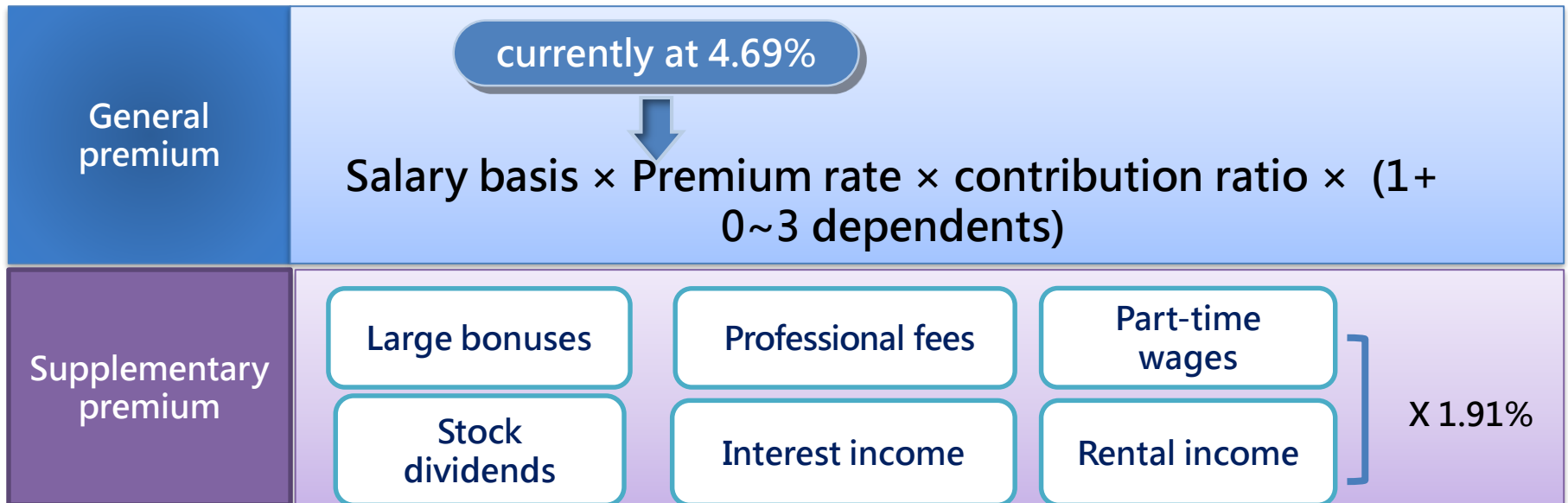
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Coverage	Compulsory enrollment for all citizens and legal residents (99.9% of the population is covered by the NHI)
Administration	Single-payer system run by the government
Financing	Premiums
Benefits	Uniform package, copayment required
Providers	<ul style="list-style-type: none">•Contract-based•93.02% of healthcare providers contracted with NHI
Payment	Plural payment programs under the global budget payment systems
Privileges	Premium subsidies and copayment waivers for the disadvantaged
Satisfaction	81%



NHI Financing

- Launched 2nd generation of NHI in Jan. 2013
 - + Supplementary Premium from “other income”



Trend of NHI Financial Status

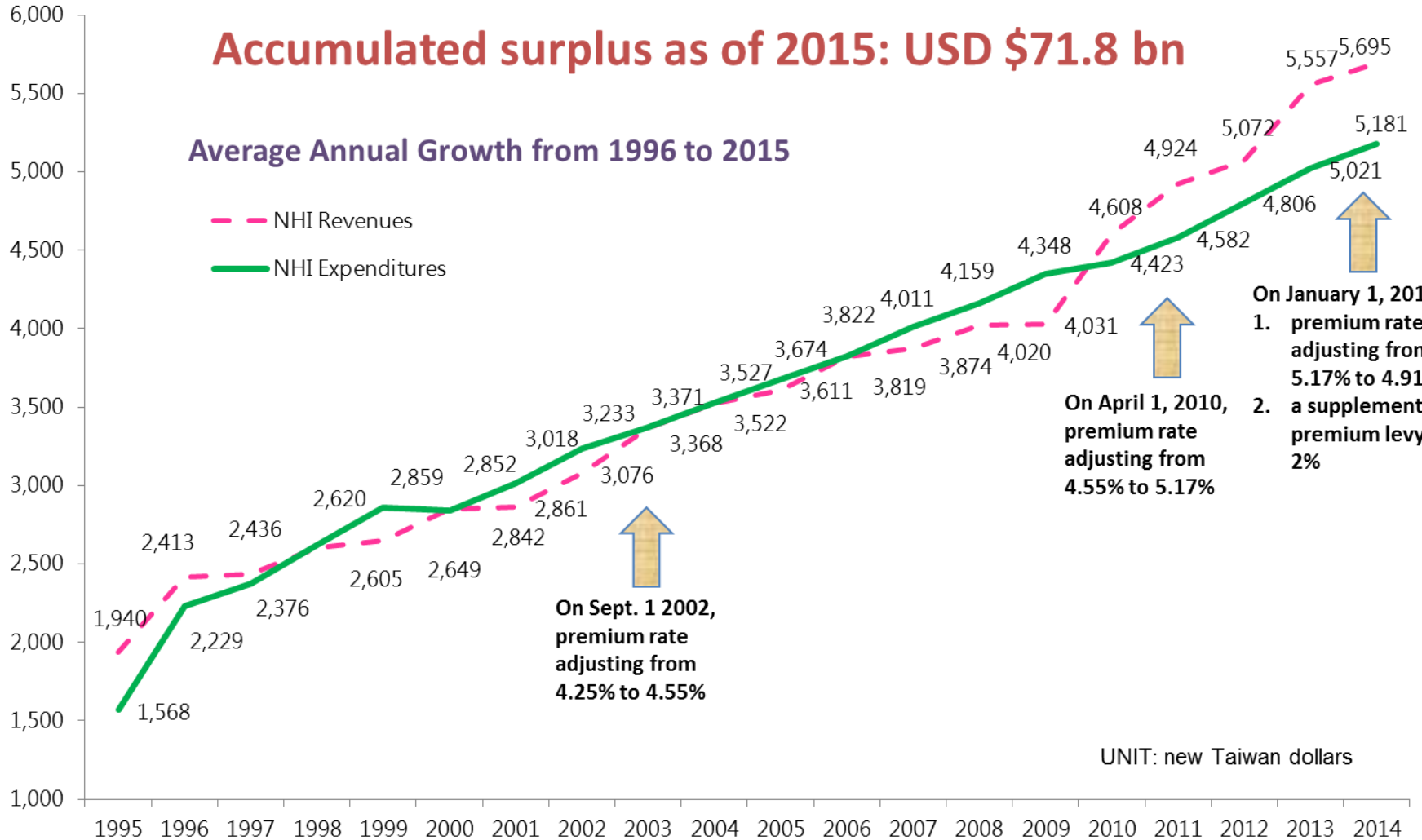


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Accumulated surplus as of 2015: USD \$71.8 bn

Average Annual Growth from 1996 to 2015

--- NHI Revenues
— NHI Expenditures



On April 1, 2010,
premium rate
adjusting from
4.55% to 5.17%

On January 1, 2013,
1. premium rate
adjusting from
5.17% to 4.91%
2. a supplementary
premium levy at
2%

On Sept. 1 2002,
premium rate
adjusting from
4.25% to 4.55%

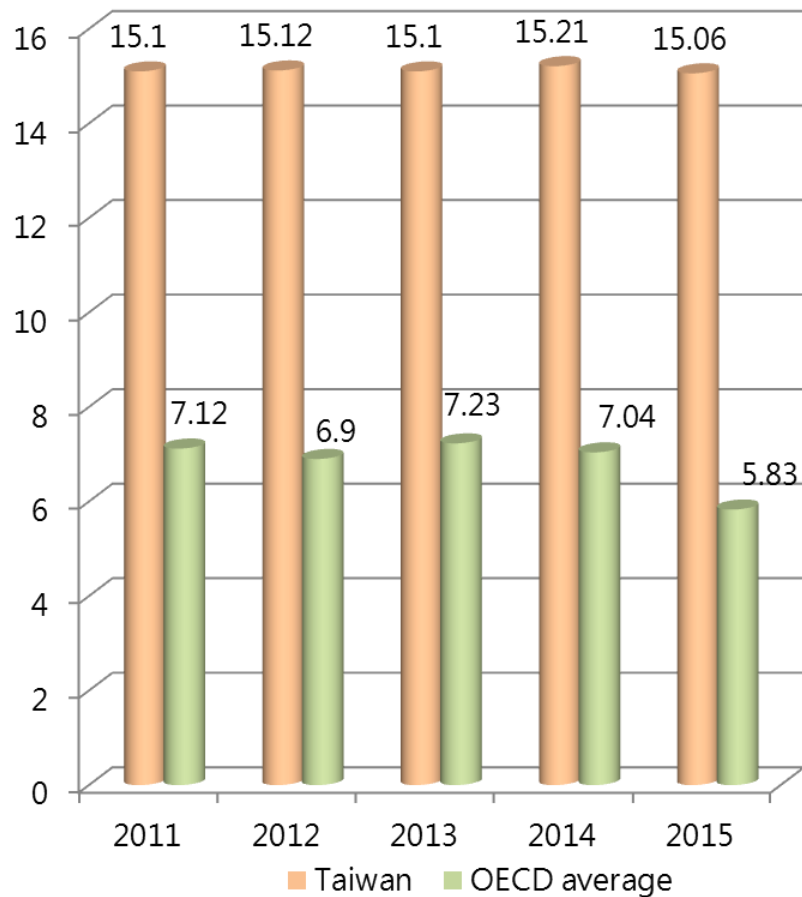
UNIT: new Taiwan dollars

NHI Medical Utilization

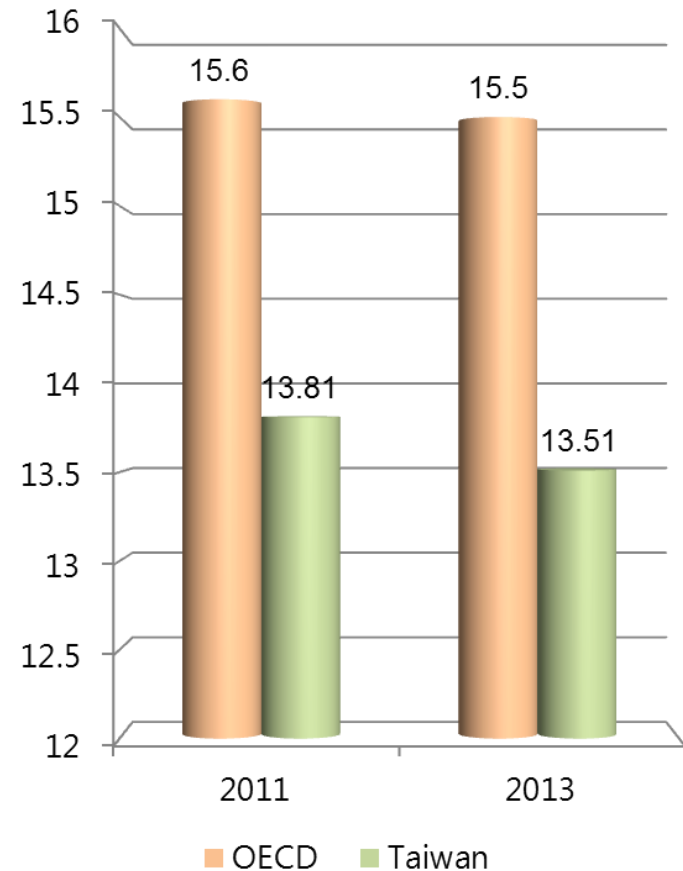


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Outpatient visits per person per year



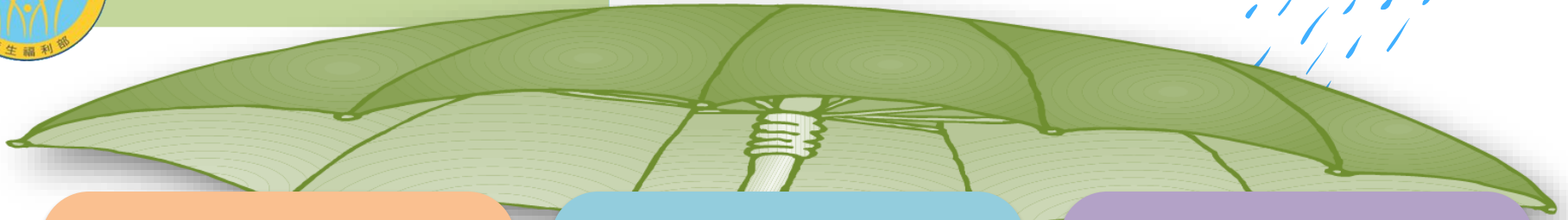
No. of hospital admissions per 100 persons



Assistance for the Disadvantaged



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Statutory premium subsidies

Low-income households

Disabled persons

The elderly

The temporarily unemployed

Financial assistance for the near poor

Interest-free Loans

Payment by installments

Referrals to charity organizations

Medical assistance for the disadvantaged

Guaranteed emergency services

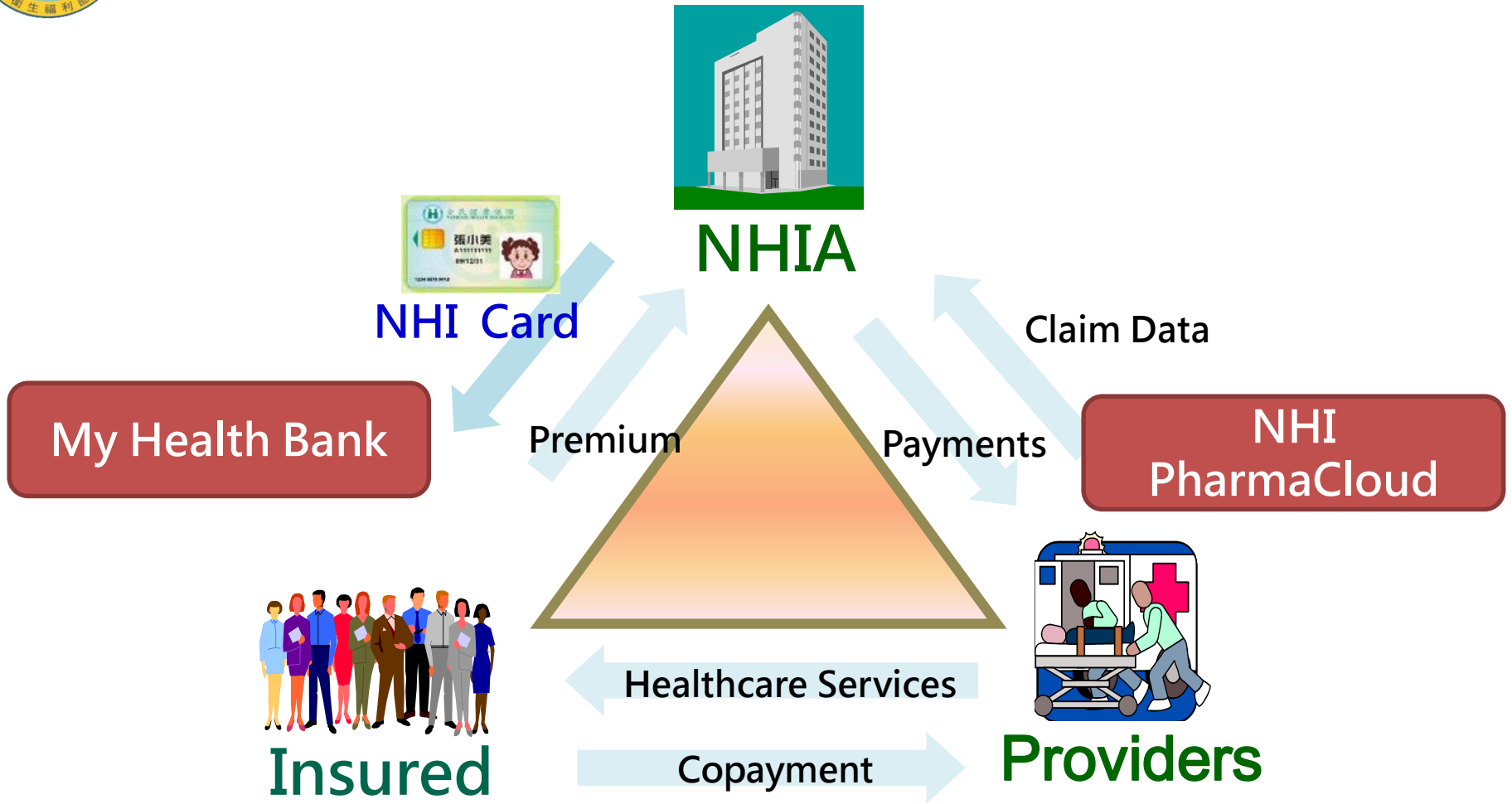
Copayment subsidies and exemptions

Healthcare Innovation

Minimizing Information Gap



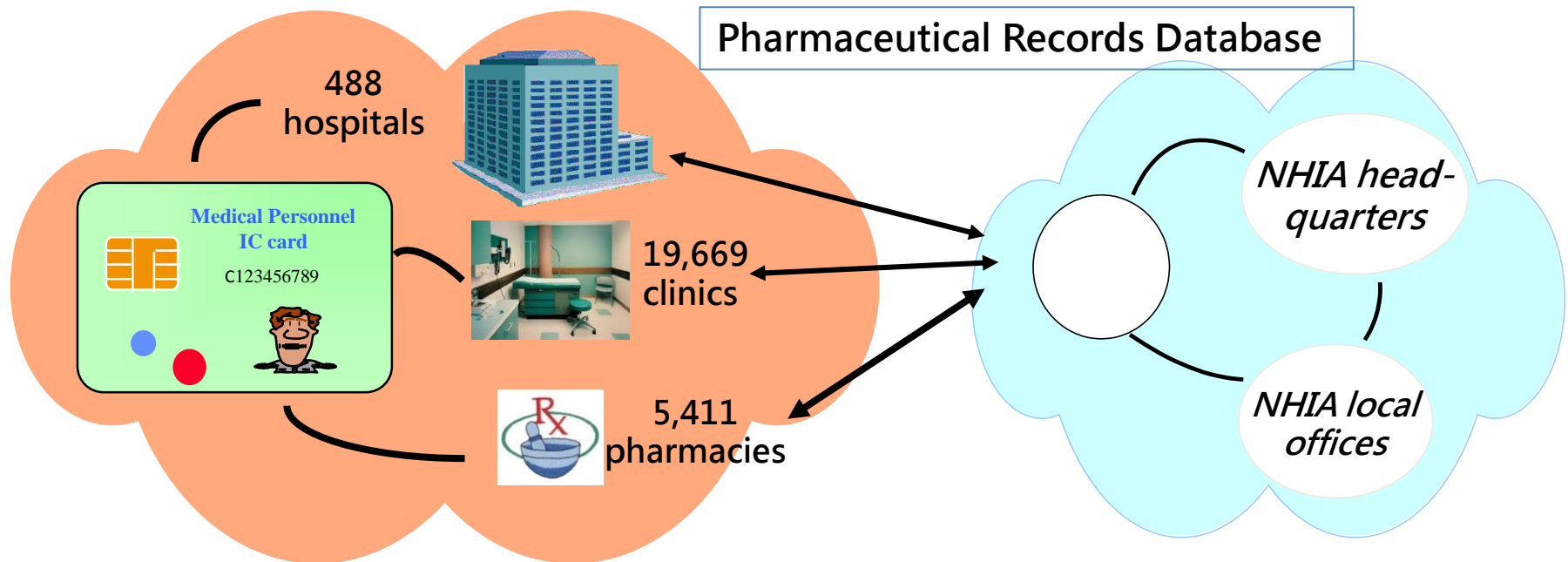
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NHI Pharmacloud



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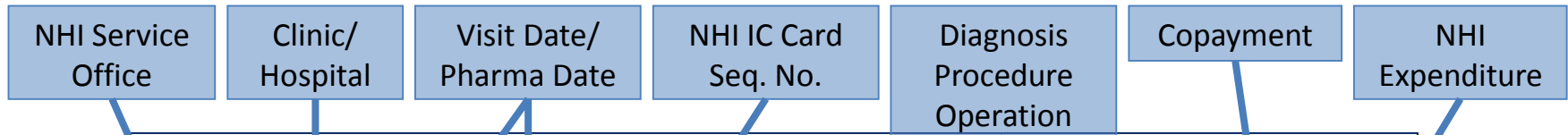


- Patient-centered medication information system established July 2013
- Allows authorized medical practitioners to view real-time medication records with patient's consent
- Clear decreasing trend on the rate of overlapping days
 - Diabetes: decreasing 0.41%
 - Hypnotics and sedatives: decreasing 0.95%

My Health Bank



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衛生福利部中央健康保險署 門診及交付機構資料-醫令明細表

身分證號：Z222***999
資料申請日期：103/07/02
資料起迄期間：103/05/01 ~ 103/05/31 (申報)

ID	Period	健保署服務單位	醫事機構醫編代碼	就醫日期	交付調劑、檢查或復健治療日期	健保卡就醫序號	疾病分類碼	疾病分類名稱	處置碼	處置名稱	部分負擔金額	健保支付點數	醫編總量
		東區	****診所	103/05/14		0022	7140	類風濕性關節炎			250	1,438	
			00110C	一般門診診察費－基層院所門診診察費 1・每位醫師每日門診量在三十人次以下部分 (3-1) 未開處方或處...									1
			05211C	門診藥事服務費－慢性病處方給藥28天以上(山地離島地區每人每日100件內)									1
			08005C	紅血球沈降速度測定									1
			12015C	C反應性蛋白試驗－免疫比濁法									1
			0181C	肌腱注射									1
			A047570100	"汎宇" 樂悠錠									56
			AC29575100	舒腦膠囊 10公絲 (服納利林)									28
			AC316761G0	"柏理"康速龍錠 5毫克 (培尼皮質醇)									56
			AC346701G0	"強生"葉酸膜衣錠 5公絲									24
			AC367491G0	舒肌痛膠囊(鋁箔膠箔)									56
			AC42899100	"健亞" 臍瘡膜衣錠 200公絲 (硫酸羥氣奎寧)									
			AC47371100	"強生" 易除痛膠囊200毫克									
			B022726100	滅殺除癌錠 2・5公絲									
		南區	**檢驗所	103/05/14		0022	7140	類風濕性關節炎					
			12015C	C反應性蛋白試驗－免疫比濁法									1

Detail Orders: Medicines Medical Devices

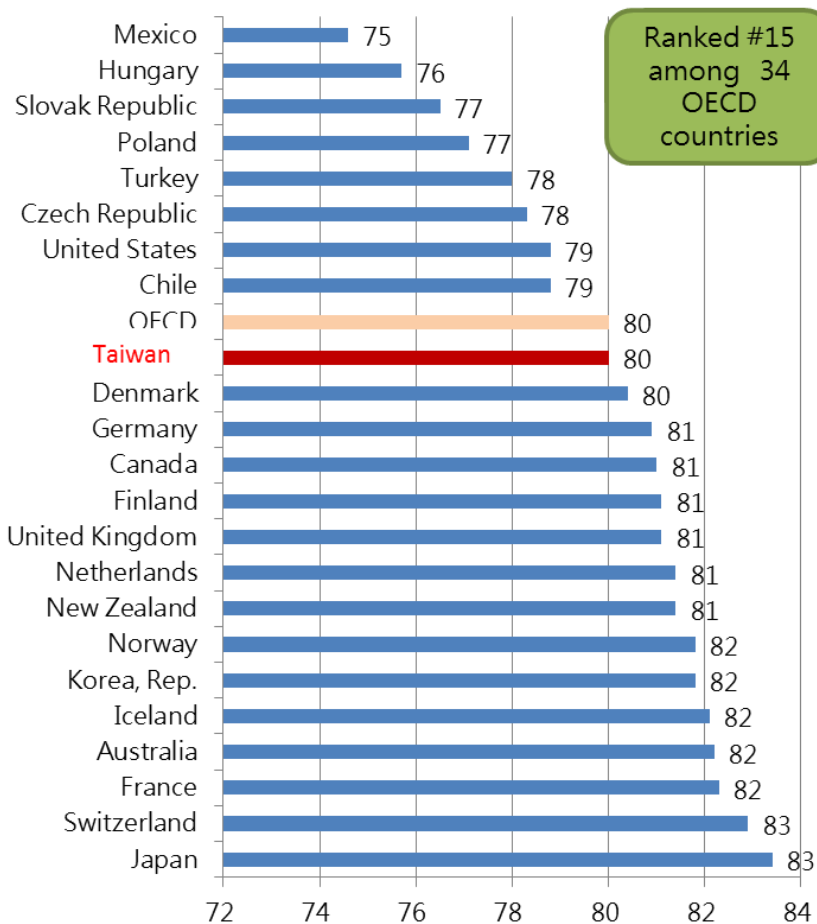
Order Quantity



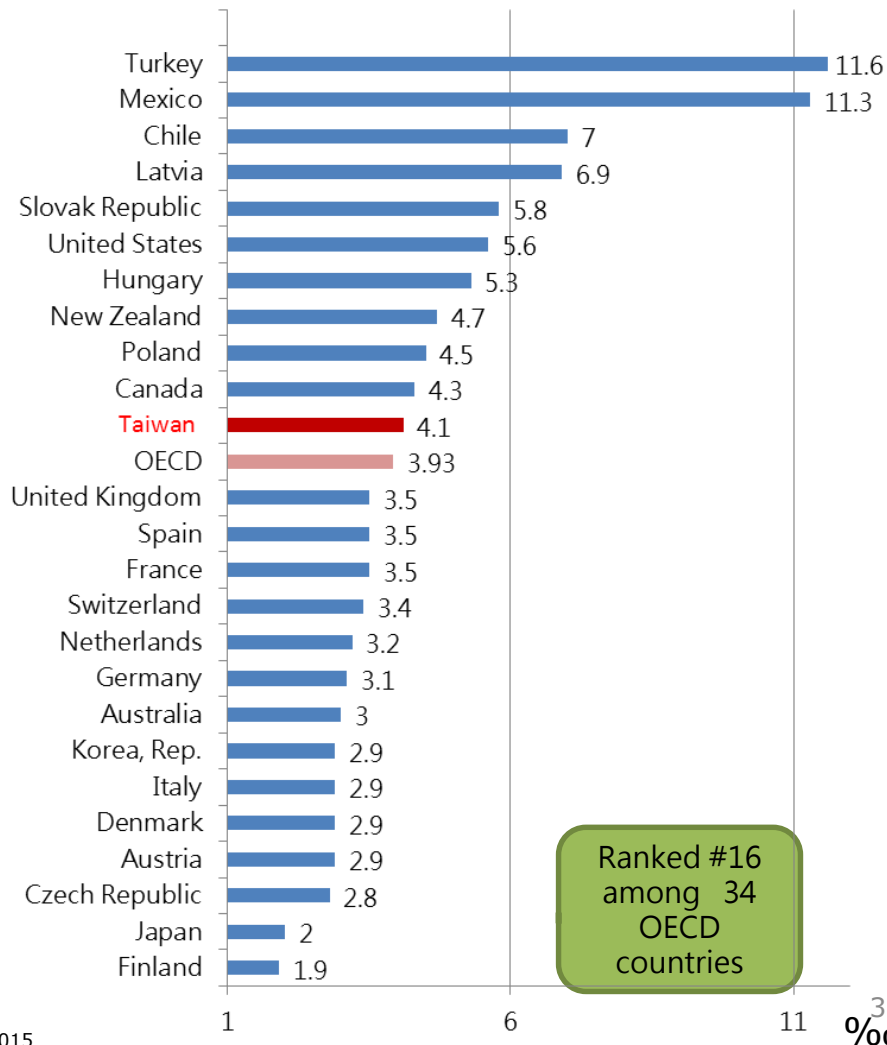


Health Outcomes we achieved Compared to OECD countries- population health

Life Expectancy(2015)



Infant Mortality Rate (2015)

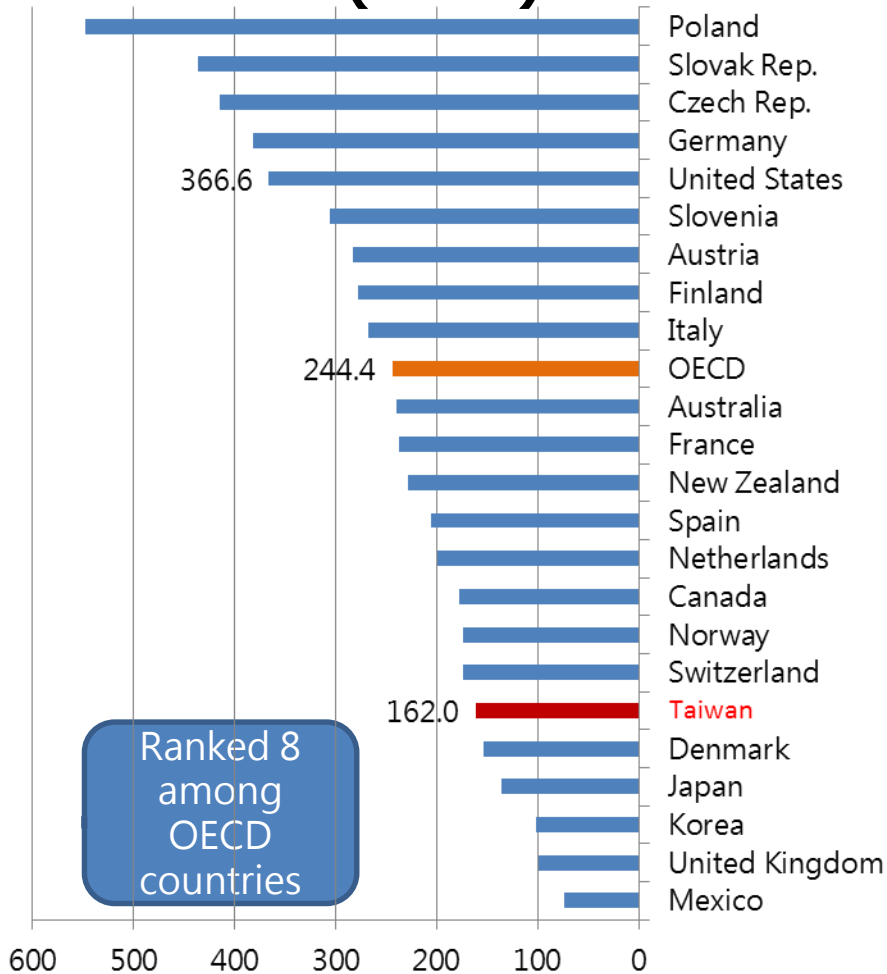


Health Outcomes we achieved Compared to OECD countries-medical care

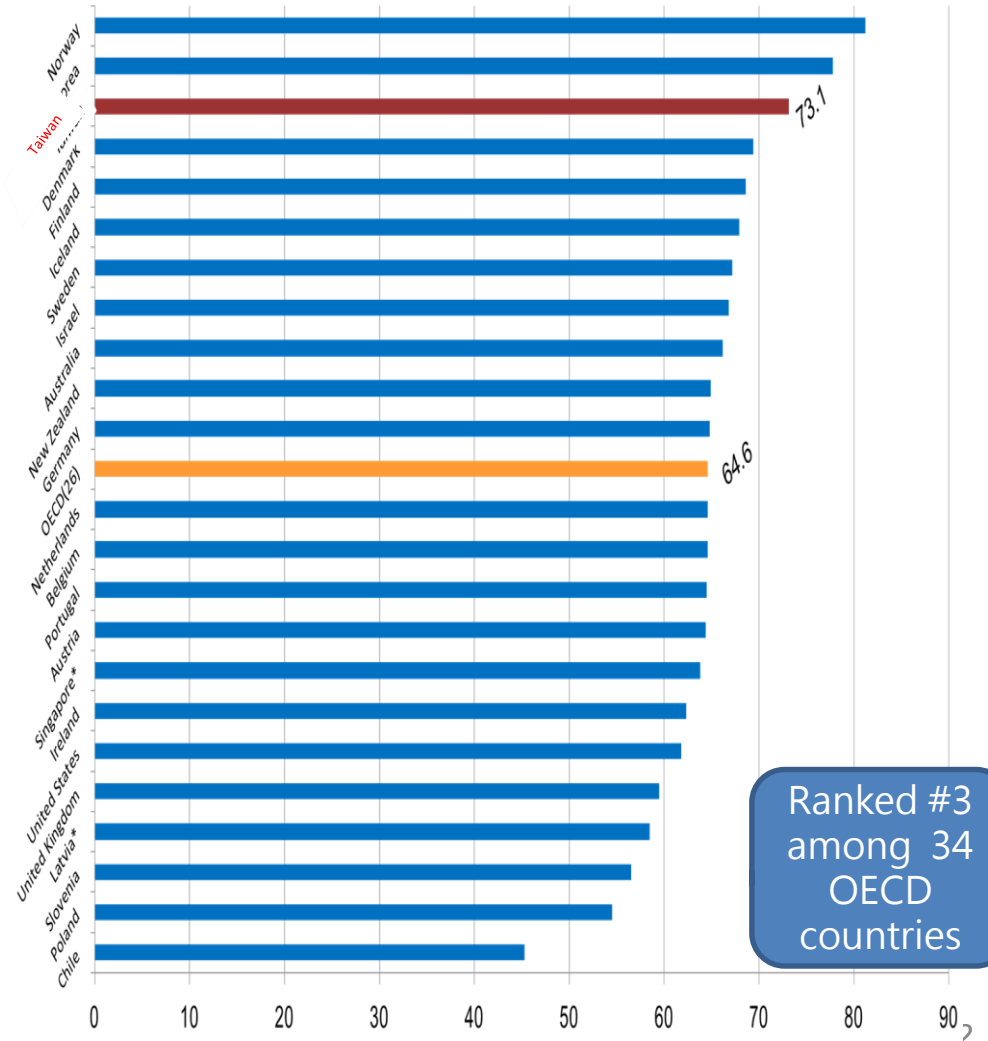


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Congestive heart failure hospital admission rate (2013)



Cervical cancer 5 year relative survival rate



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Goals and Core Values of Health 2025



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Promote health and well-being

- Industrial development
- Technological development and medical research
- International medicine
- International cooperation

Industry

- Social care and services
- Social insurance
- Target groups

Social Welfare

Health

Happiness

Equality

Sustainability

Health Promotion

- Supportive environments
- Healthy lifestyles
- Life long health

- Health care system
- Long-term care system
- Prevention of communicable diseases
- Food and drug administration

Medical Services



Thank you for your attention.

