

國家健保制度之醫院經營思維

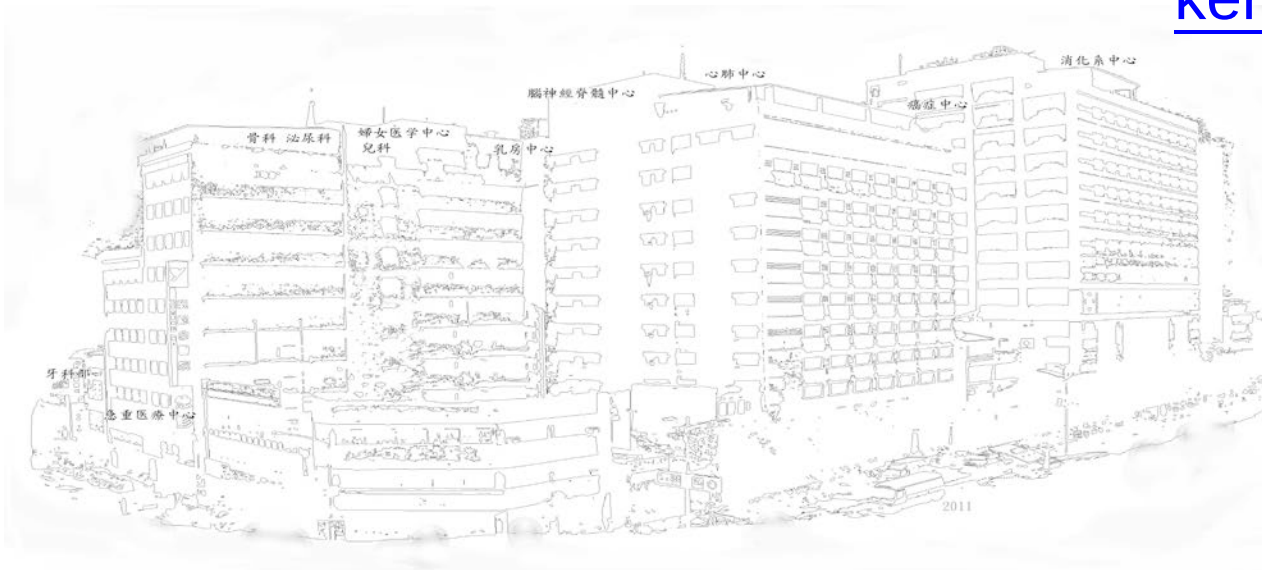
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Nov. 11. 2012



大綱

- 醫療人員今天的道場及天職
- 聰明人跟著國家健保政策走,
成功的人教國家怎麼走.
- 小醫院感言與結語

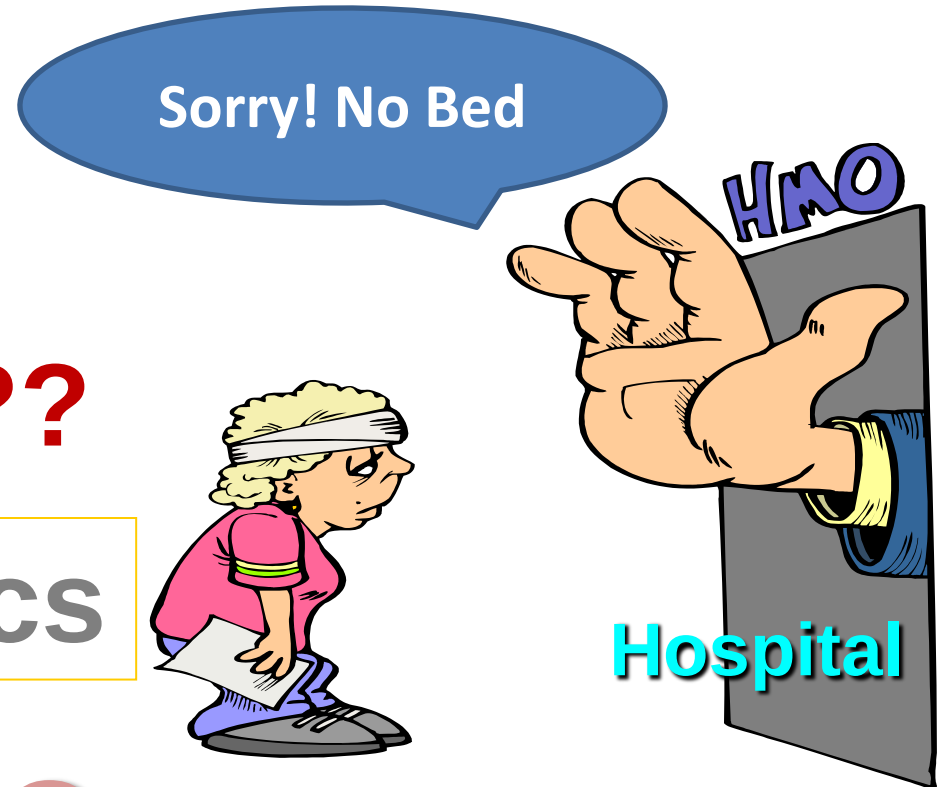
Three Sectors of Health Care Accountability

- Physicians and physician organizations:
- Hospitals:
- Insurers:

台灣健保險雖美 ??

Conflict on Ethics

誰在說慌話?



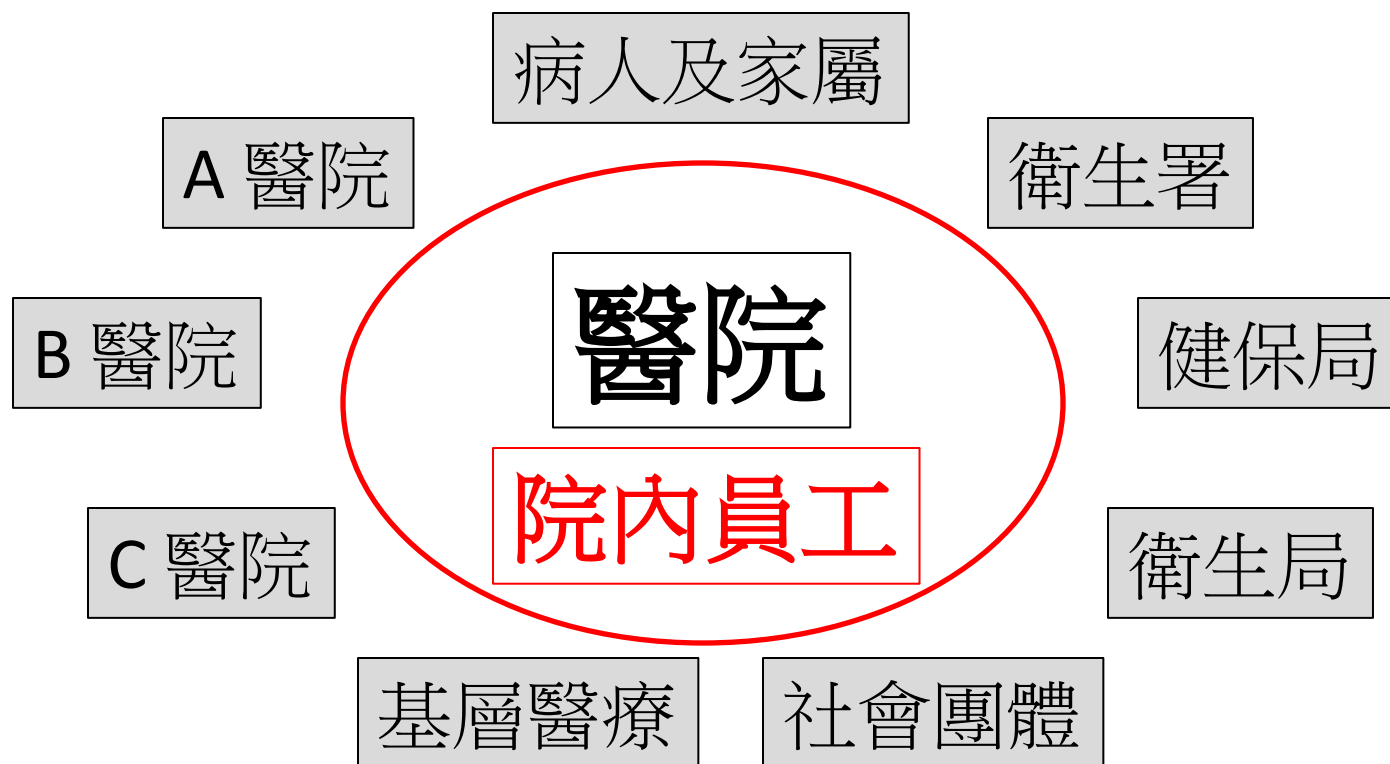
台灣醫療產業特質

- 醫療產業是**實証科學**.
- 醫療產業是師徒制有**學派色彩**,**領導者高度如不夠則難以服眾**.
- 醫療產業是**微利**而且被認為是**常態是應該的**.
- 醫療產業是**生命相關不能Reset**的醫療行為.
- 醫療產業是品牌難建易損,**愛恨瞬變如翻書**.
- 醜人有救,病人無醫.
- 醫療產業現況是**飽受各行專家之評鑑,查核,訪視及院內外無限上崗的高度要求的痛苦大集合**.

(來源: 部份取至北醫大李祖德董事長)

團隊戰：抗壓管理

- 當責文化；培養有解決問題能力的主管
- 管理不等於打考績而是提升員工各種能力



Can hospitals "game the system" by avoiding high-risk patients?

Chang DC, Anderson JE, Yu PT, Cajas LC, Rogers SO Jr, Talamini MA.

Department of Surgery, University of California San Diego, San Diego, CA.

6 Complex op
3168 Hosp
2235,298 P'ts

Abstract

BACKGROUND: It has been suggested that implementation of quality-improvement benchmarking programs can lead to risk-avoidance behaviors in some physicians and hospitals in an attempt to improve their rankings, potentially denying patients needed treatment. We hypothesize that avoidance of high-risk patients will not change risk-adjusted rankings.

STUDY DESIGN: We conducted a simulation analysis of 6 complex operations in the Nationwide Inpatient Sample, including abdominal aortic aneurysm repair, aortic valve replacement, coronary artery bypass grafting, percutaneous coronary intervention, esophagectomy, and pancreatic resection. Primary outcomes included in-hospital mortality. Hospitals were ranked into quintiles based on observed-to-expected (O/E) mortality ratios, with their expected mortalities calculated based on models generated from the previous 3 years. Half of the hospitals were then randomly selected to undergo risk avoidance by avoiding 25% of patients with higher than median risk (ie, Charlson, Elixhauser, age, minority, or uninsured status). Their new O/E ratios and hospital-rank categories were compared with their original values.

施更多,得更多

RESULTS: A total of 2,235,298 patients were analyzed, with an overall observed mortality rate of 1.9%. Median change in O/E ratios across all simulations was zero, and O/E ratios did not change in 97.5% to 99.3% of the hospitals, depending on the risk definitions. Additionally, 70.5% to 98.0% of hospital rankings remained unchanged, 1.3% to 13.1% of hospital rankings improved, and 0.7% to 14.3% of hospital rankings worsened after risk avoidance.

CONCLUSIONS: Risk-adjusted rankings of hospitals likely cannot be changed by simply avoiding high-risk patients. In the minority of scenarios in which risk-adjusted rankings changed, they were as likely to improve as worsen after risk avoidance.

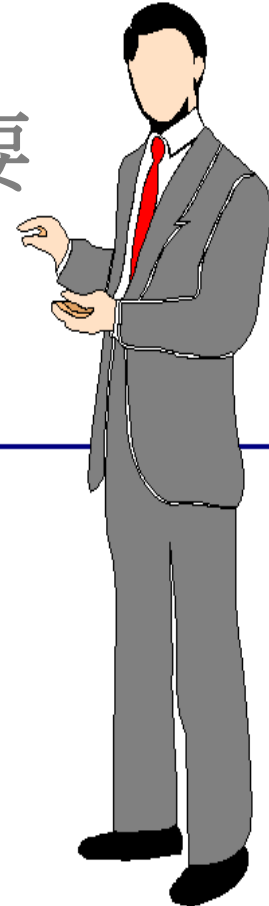
病人權利 Check-list

1. 公平性及持續性醫療: 高貴藥材及福保
2. 病人最有利之醫療行為: 非選擇題式
3. 完整地提供病人相關資料以利病家做決定
4. 尊重病人尋求其它醫師意見: 希望再回本院治療
5. 尊重病人提出不同診療方法
6. 病情保護及守密
7. 支援及協助病人在法規上(保險,社福, 法院..)應有的權力: **嚴守法律及堅持**

世界醫師會(WMA)Lisbon宣言

Strategies For Accountability

專業是要
教育訓練



Professionalism: (專業)

Although professionalism has major limitations as the sole means of assuring accountability for quality, accountability could lose much force if professionalism were to disappear.

大綱

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Game Theory 賽局理論; 互動決策理論

- 不合作賽局理論: 1994 John Nash, Nobel Prize
 - 一代健保浮動點值給付制度
 - 癌症用藥分擔
 - 二代健保補充保費
- 合作賽局理論: 2012.
 - PGY配對
 - 醫院與醫師
 - IDS; A醫院 vs B醫院



Photo: © Linda A.
Cicero/Stanford

Alvin E. Roth



Photo: © UC Irvine

Lloyd S. Shapley

高成效團隊戰:績效管理:

Step-1 設定績效目標

- SMART: specific, measurable, agree, realistic, and timed
- Assist and encourage to reach the goal

Step-2 績效溝通及改善

- 共識難度: 總額及各種健保規定
- 需求之人力及物力:
- 具體數字及差異性管理:

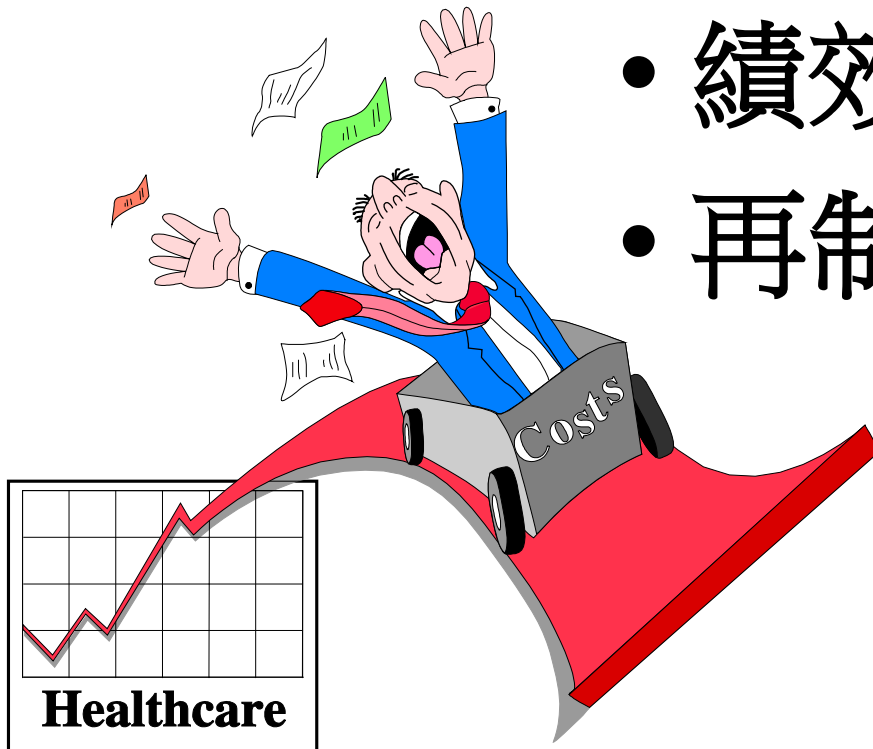
YGH 癌症篩檢目標數

2011	完成數/目標數	完成數/ (院內+院外)	2012目標數 (國健局規定)
子宮頸癌, 抹片	1782/2236 79.7%	1782/3008 59.2%	3153
乳癌, 乳房攝影	2916/3916 74.4%	2916/7392 39.4%	4059
大腸癌, 糞便潛血	3502/3638 96.3%	3502/6225 56.3%	5512
口腔癌	2874/2022	2874/3579	2924

獎勵補助金額: 0

Step-3 獎懲及規劃訓練發展

- 績效低落問題:
- 績效優異及轉化:
- 再制定績效發展計劃



2012目標: **PGY教學品質提升**

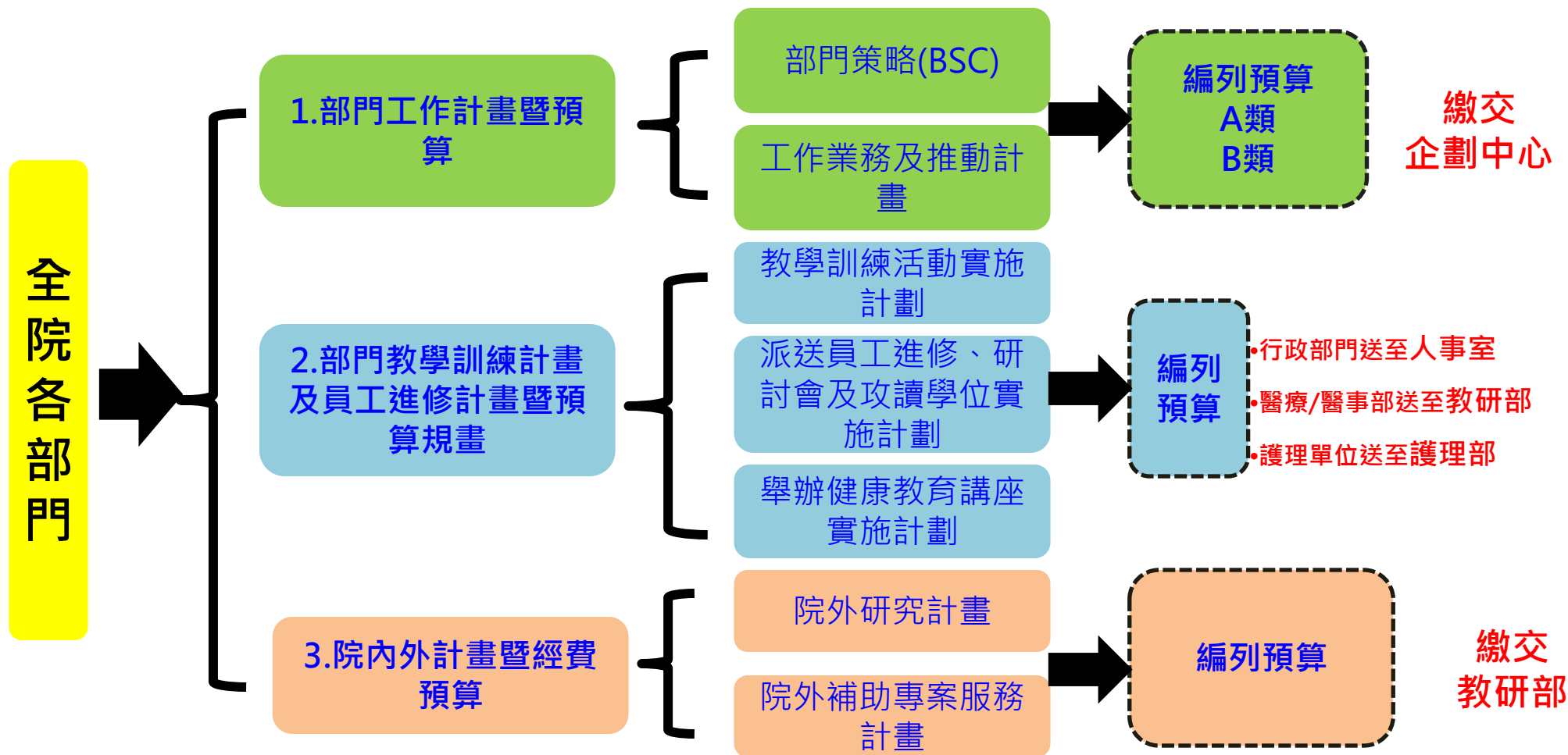
	內部經營	品質指標
策略目標	•提升對本院教學氛圍及完成國家制定指標	•署定教學指定核心指標
制勝因素	•教師熱忱及教學津貼 •學員素質及學習態度	
行動計劃	•明定科室年度教學規劃 •公佈教學津貼標準 •補助及鼓勵學員院外學會參加或發表 •定期檢討會及年度改善計劃	•教學規劃執行力 •院教學津貼及教補計劃季/月結算 •學員滿意度及建議 •2013報名人數及選配人數
內控制度 (制定中)	•制定查核點 •陪訓內控人員	•查核點完成率(2013中)

高成效團隊戰

- 讓員工有**10%**的自由度發揮, 創造**110%**的工作表現
- 目標就是承諾, 沒有藉口
- 了解台灣現況, 重新調整經營策略
- 建立大目標, 拆解成小組及小動作

醫院短中長期教學訓練目標編列預算(2012)

TTQS (Taiwan TrainQuali System) 台灣訓練品質系統實施



預算初審小組→預算審查會議

勞保基金的困境

Oct.2012

減少勞保世代衝擊

要讓30歲年輕人領到80歲 勞委會提多種收支配套
「繳多領少」吃較差但長久 吃貴的過幾年就沒錢了

要吃50年陽春麵還是10年牛肉麵？

勞工退休後 可領的錢



富人自費吃
牛肉麵

一般人吃
陽春麵加
魯蛋

健保的困境：解決思維

- 富人自費吃牛肉麵

- 一般人吃陽春麵加魯蛋

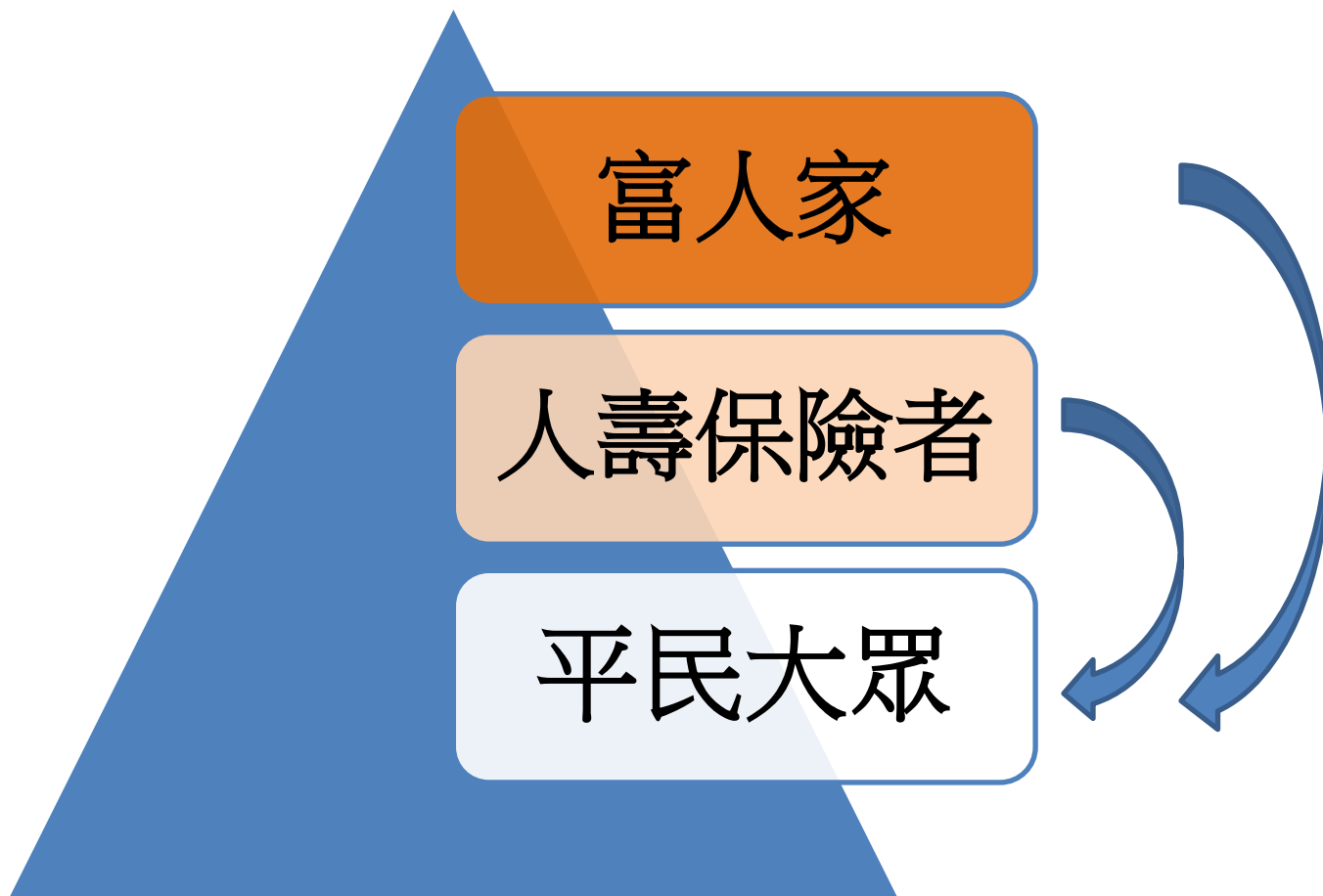
案例：勞工與公務人員均工作30年退休，退休時月薪53340元

基數	退休後可領(元)	月領	所得替代率
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Ker 2012

從勞保基金的困境看健保

...如何陽春麵加魯蛋



台灣健保之醫療產業：

叛逆性思維

- 原則：

- 心中無公平性健保,且承認這個殘忍的事實
- 濟貧為出發點

- 策略：

- 國家健保醫療體系讓富人家感到不方便而喜歡有頭有臉的高階病房或機構,搭配其身份.
- 富人沒有使用的部份充分給一般或弱勢者
- Giver, Buyer, Provider各取所須而滿足

大綱

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- 聰明人跟著國家政策走，
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TWENTY-FIRST CENTURY SURGERY:



*Have we entered
uncharted waters?*

by
Lawrence Rosenberg, MD, PhD, FACS, FRCSC,
and
Thomas Schlich, MD, Dr. habil.



“It was possible for a surgeon who finished training in the late 1970s to have a 20-year or 25-year career with very little alteration of their technical armamentarium, but that will never happen again.”

老方法不再奏效

日本醫療崩壞三部曲

- 醫療事故糾紛暴增
- 醫護人員不足病房關床或停科
- 醫療人球大量產生而醫療 市場大亂

台灣醫療崩盤?!

- 醜人有救,病人無醫
- 心臟按摩比腳底按摩還便宜,氣管插管比通水管便宜
- 婦產科醫師平均年齡53歲,一般全平均44歲
- 手術取下之標本報告是良性時,以前病人:"謝天謝地",現在:"告死你"
- 以刑逼民,醫療人員只有"閃"
→ 結果如警察"依法辦案",法官"依法判刑",
...醫師"依法轉診",

年輕的醫師,護理師.....的夢

- 喜歡急診的刺激,
- 喜歡跟小孩玩,
- 喜歡看到新生命的生產,
- 喜歡動刀的挑戰...
- 是不少的,但是.....
我們沒有提供優質環境讓年青者
留下來.....

日本媒體資訊: 仇醫→支持醫界



醫療界的迷失

- 無效醫療?
- 疾病醫界看法不一致; 是Art or Science?
- 醫師是人?還是機器?
- 藥劑的神效?
- 舊知識的存廢?
- 被”評鑑”的快感.???





衛生署要品質

健保局要節省

病人要病安

員工要加薪



是陷阱嗎?
還是大餐!?

現代醫院院長是要佩**安全帶**



院長

台灣健保之醫療產業： 小醫院院長的思維

- 原則：

- 心中0%無健保
- 精緻化專科化
- 國際化
- 薄冰化

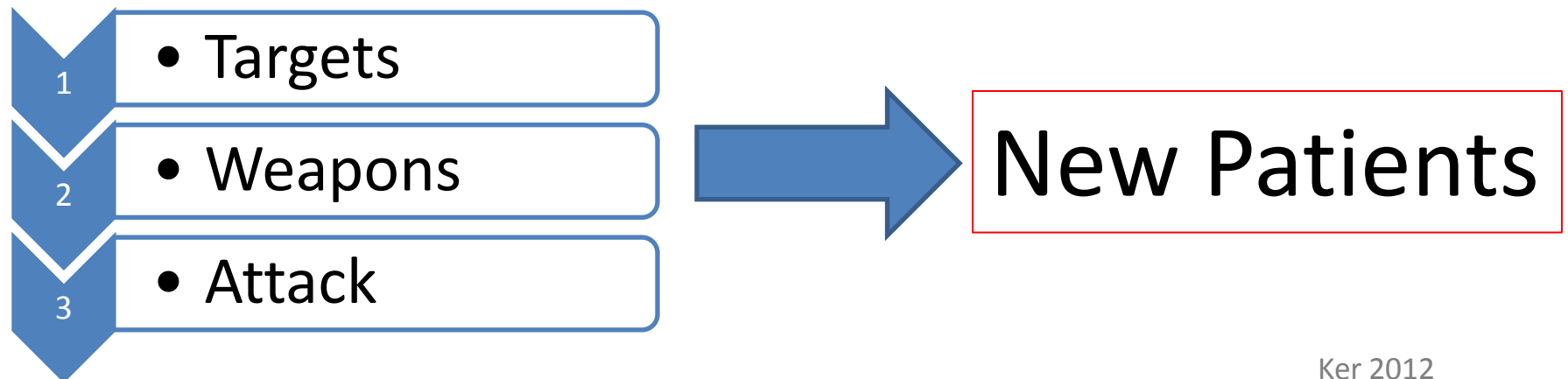
- 策略：

- 醫療體系建立：專科化體系，小或大
- HMO：準備未來走向



我永遠需要新客戶

- You figure out who to sell to--your targets
- You create good sales weapons which will influence those people.
- Tour plan and then execute your attack--You get into action



醫院成長 不卡住

要突破，先找出問題卡在哪裡；
解決問題，讓它變成優勢武器，
不景氣反而方便攻城掠地！

The Sticking Point Solution

9 Ways to Move Your Business from Stagnation to
Stunning Growth in Tough Economic Times

謙卑野心家

看他們如何改造公司、撼動產業、挑戰自我



改造公司

如何讓員工產生更多能量和創意，並實現他們的構想？

撼動產業

如何從動盪的時代脫穎而出，與客戶保持更緊密的關係？

挑戰自我

如何擺脫老舊的領導思維，善用集體的智慧？

Boy, be ambitious!

William Smith Clark



William S. Clark c. 1876

Practically Radical

Not-So-Crazy Ways to Transform Your Company,
Shake Up Your Industry, and Challenge Yourself

大師輕鬆讀 no.443, 2012