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# 評估健保制度中肺結核的 論質計酬專案\*

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「論質計酬制」是世界各國正逐漸推行的健保給付制度。本文針對台灣健 保制度中的結核病「論質計酬專案」進行制度評量,也就是估計並檢定醫療院 所加入此計畫後,結核病的完治率(處置效果)是否顯著提高。實證作法上, 我們採用非參數的最近鄰域配對法來估計平均處置效果。實證結果發現,「論質 計酬專案 | 對結核病的完治率的確產生顯著效果,醫療院所加入此計畫可使整 體完治率提高約13%。但若考慮不同的層級,我們發現此計畫對診所與地區際 院的效果較爲顯著(診所的完治率可提高約46%,地區醫院完治率提高約 10%),但是對層級較高的區域醫院與醫學中心則無顯著效果。若考慮不同的權 屬,我們發現在診所和地區醫院中,私立院所的處體效果都大於公立者,但財 團法人醫院不管在那一層級處置效果皆不顯著。我們亦發現若未滴當控制各種 變因,將會大幅高估此計畫的處置效果。

關鍵字:平均處置效果、配對估計、論質計酬制、制度評量、肺結核、 完治率

# Evaluating a Quality Incentive Program for TB Treatment in Taiwan\*

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#### ABSTRACT

Pay-for-quality is a new reimbursement scheme around the world. In this paper, we evaluate the pay-for-quality program of the National Health Insurance in Taiwan. We estimate the average treatment effect (ATE) of this program on the success rate of tuberculosis treatment. In particular, the nonparametric nearest neighbor matching estimator is employed. We find the treatment success rate is improved up to 13% on average for the hospitals that participate in the program. Conditional on the hospital level, this program is most effective in clinics and local hospitals. The ATEs are 46% and 10%, respectively. For regional hospitals and medical centers, the estimated ATEs are insignificant. Conditional on the hospital ownership, private hospitals have higher ATEs than public hospitals at the level of clinic and local hospital. The ATE of non-profit proprietary hospitals is insignificant at all levels. Moreover, we show that the ATE of this program would be largely inflated if relevant confounders are not controlled properly.

Key Words: average treatment effect, matching estimator, pay-for-quality, program evaluation, tuberculosis, treatment success rate