URN etd-0407109-183718-1515
Author TZU-HUI CHANG.
Author's Email Address No Public.
Statistics This thesis had been viewed 32 times. Download 16 times.
Department
Year 2004
Semester 2
Degree Master
Type of Document Master's Thesis
Language zh-TW.Big5 Chinese
Title Evidence-based research on medical expense saving by medical center doctors under the global budget payment system
Date of Defense 0000-00-00
Page Count 96
Keyword
global budget payment system
research on doctor-providing treatment
Rasch model

Abstract
The different indicators of the medical expense control classified by the global budget payment system are the base for randomly-reviewing medical charts: traditional diagnosis related groups (DRG), relative weights, and hospital stays. Relative weights are controversial, so fee base and case mix index (CMI) are unreasonable, impractical and unreliable.
The study used the June 2003 DRG program for inpatient medical chart mix editing service announced by the second-generation medical information service system of the Bureau of National Health Insurance to sort. Year 2002 inpatient insurance claim data of National Health Research Institutes. The categorization considered the doctors the center of the evaluation of each case and expense. Subsequently the selection by Rasch model which was created by Rasch in 1960 for observing, learning, and assisting to save the global budget payment was: (1) the doctors and hospitals magnificently managing annual fees; (2) the abnormal insurance claim cases as the base of checking
points; (3) the doctors and hospitals fabulously controlling the DRG fees.
The study separated the 12-month collection of 899,573 DRG of 17 medical centers of Year 2002 in Taiwan into 662,896 cases. The classification rate was 73.69%. In addition to DRG, doctors, relative weights, hospital stays, baby fees, and transaction fees established by Microsoft Access, the indicators were 22 items (insurance claim fees) of the total expense and the medical expense times 22 indicators of hospital stays. The total number of the indicators was 46. After more than 600,000 DRG data assorted, the mean of DRG and that of all the doctors-centered indicators were relegated into 111,058, as 495 DRG.. The standard deviation of each mean of each DRG which was divided into 5 points (from 1 to 5) was ± 0.3 and ±0.9. When the value was 0, no points were accumulated. Asides from the relative weights which increased as the increase of the points, the others had the increased points for the decrease in the points. The mean of all the doctors-centered indicators was 3,970 by rounding off, so the ranking of the doctors saving the medical expense was 3,970.
The evidence-based research was characterized:
1.The excellent management of the medical saving by 100 of 3970 doctors of 17 medical centers of Year 2002 was ranked, so doctors were the center of the medical
treatment quality, treatment service, or medical expense saving.
2.The more functional the hospitals were, the topper the ranking was.
3.The private medical centers had the topper ranking of medical expense saving and
rewarded doctors; the public medical centers, that of treatment.

4.The medical expense saving of Taipei district should be improved, and so should the functioning and medical treatment of major diagnostic categories (MDC) of southern
Taiwan.
Advisory Committee - advisor

Files etd-0407109-183718-1515-001.pdf

indicate access worldwide
Date of Submission 2005-07-26