

# Innovative Payments and Digital Enhancement

## Payment Reform for New Drugs and Technologies

### Raising NHI Payment Efficiency via Health Technology Assessment

Given the rapid advances in medical technologies, new drugs and medical devices are constantly emerging. In 2023, some 240 billion NHI points and 38.6 billion points were spent on drugs and special medical materials, respectively. In light of NHI's limited resources, it is crucial to have a robust assessment tool to determine the clinical and economic benefits of including new medical technologies in NHI coverage.

To better manage NHI payment and align with international standards, the NHIA introduced health technology assessment (HTA), a key component of health technology management (HTM) in 2008. HTA evaluates new drugs from various aspects, including human health, medical ethics, cost-effectiveness, and financial impact. It assists in the decision-making process on the inclusion of new drugs for NHI coverage. Under the cyclical management approach adopted in 2020, horizon scanning (HS) is used to understand the clinical usage and demand of new drugs before their inclusion in NHI-covered. Real-world data is collected, and health technology reassessment (HTR) is conducted for NHI coverage items to reassess their clinical efficacy, cost-effectiveness, safety, and financial impact. Through this cyclical management approach, from pre-coverage

assessment to post-coverage evaluation of cost-effectiveness, the efficient and rational allocation of NHI resources is achieved, enhancing the effectiveness of NHI coverage.

### NHI Coverage Policy for NGS Testing

The advancement of molecular medicine has led to more precise and individualized treatments for cancer. NHI covers multiple biomarker tests such as EGFR, ALL-RAS, ALK and PD-L1 for targeted therapy and immuno-oncology. Next Generation Sequencing (NGS), is an innovative deep sequencing method that enables rapid examination of genetic mutation in large quantities, increasing examination efficiency.

Commissioned by the Center for Drug Evaluation, NHIA conducted Health Technology Assessment (HTA) in 2021 and 2022. A research report was conducted on the payment situation of NGS overseas and its effect on the financial aspect of health insurance, and opinions and consensus were reached among different types of professionals. Also, the Regulations Governing the Application or Use of Specific Medical Techniques, Examinations, or Medical Devices went into effect in 2024, and NGS is also be covered by the NHI by 2024. Preferential payments are given for cancers treated with medications that have evidence-based effects. The payment schemes are as follows: payment for testing BRCA panel, small panel of under 100 genes, and large panel of over 100 genes. As a result of examination, data from clinical trials and declarations will be combined to evaluate the accuracy of genetic examination and



## 實施暫時性支付制度

為滿足病人用藥需求，健保署致力加速新藥納入給付，包含優化核價流程與管控、精進新藥預算預估模式、建立多元風險分攤模式及強化廠商與審查專家溝通等，並於2023年6月實施暫時性支付制度。

針對衛生福利部食品藥物管理署加速核准上市，屬臨床迫切需求（unmet medical need）但臨床療效及財務具高度不確定性之新藥，以暫時性支付制度收載，並搭配風險分擔模式及建置登錄系統，期間蒐集我國臨床試驗數據、真實世界實證資料，評估其療效及成本效益，以利健保再評估是否持續給付或停止給付，運作機制與英國癌藥基金（Cancer Drugs Fund, CDF）相似。2023年已有4項新藥及2項擴增給付以暫時性支付收載，包含肺癌、膽管癌、神經母細胞瘤、白血病、NTRK基因融合腫瘤及最新細胞治療產品CAR-T。

推動暫時性支付制度後，可加速引進新藥，提升病人使用具治療潛力之新藥可近性，並可降低病人醫療成本支出，有效照顧經濟弱勢病友。

## 成立國家級健康政策及醫療科技評估中心

健康政策與醫療科技評估中心（Center for Health Policy and Technology Assessment, CHPTA）於2024年1月1日正式運作，協助健保進行新醫療技術、藥品及醫材給付審查，提供藥物經濟學評估及政策評估、人才培訓外，扮演與國際HTA組織間資訊交流及經驗分享之

重要角色，加速新藥收載，並擷取國際HTA組織發展經驗，奠定我國醫療科技評估之發展基礎。未來朝向設立行政法人為目標。

## 推動平行審查新措施

自2024年1月1日起，健保署推動平行送審新措施，廠商申請新藥查驗登記時，符合特定條件者，得同時向健保署申請建議給付，縮短等待許可證審查及健保核准給付時間，預估藥品於取得許可證後6個月內公告生效。截至2024年3月，共有3項藥品申請，1項已正式受理。

## 擴大新藥預算

2024年已於健保總額預算編列相關預算，包括新增新藥預算、藥品給付範圍改變預算及暫時性支付專款預算，共計60.49億元，為2023年的兩倍，未來將持續爭取預算。



effectiveness of targeted therapy, allowing those at high risk to receive precision medication and alleviating financial burdens. Since May 1, 2024, 19 types of cancer have been covered by the NHI.

## Implementing the Conditional Listing System

To meet patient needs, the NHIA strives to speed up the inclusion of new drugs, including optimizing the procedure, supervising the budget for new drugs, establishing a model of risk diversification, and strengthening communication between pharmaceutical companies and review experts. The “Conditional Listing” (provisional payment) system took effect in June 2023.

The conditional listing system includes drugs of unmet medical need, but with uncertainty regarding clinical trial results and financing, that have been approved by the FDA, MOHW. Clinical trial data and real-world evidence are collected alongside the model for risk diversification and establishing a log-in system to assess efficacy and cost-effectiveness to facilitate the determination of whether drugs will be covered by the NHI; it is similar to the method used by the Cancer Drugs Fund, CDF, in the UK. The conditional listing system includes four new drugs and two new indications (lung cancer, cholangiocarcinoma, neuroblastoma, leukemia, tumor with NTRK gene fusion, and CAR-T).

The conditional listing system allows the introduction of new drugs, making them accessible to patients, reducing medical expenses and helping those with financial difficulties.

## Setting up the Center for Health Policy and Technology Assessment

The Center for Health Policy and Technology Assessment started operation on January 1, 2024. In addition to assisting in new medical technology, medication and review for payment of medical materials in the NHI, offering assessments for medicine economics and policies, personal training, CHPTA has an important role in communicating with international NHA organizations and sharing experiences. CHPTA also uses the experiences of international HTA organizations as a basis for health policy and technology assessments. The goal is to set up an incorporated administrative agency.

## Launch Parallel Review Methods

On January 1, 2024, the NHIA launched the parallel submission review system. When a company submits a drug licensing request, a request for NHI payment can be made at the same time, reducing waiting time between permit review and payment approval. Following receipt of the license, the drug should go into effect within six months. Three types of drug licensing have been submitted and one has been approved as of March 2024.

## Expand the Budget for New Drugs

The new drug budget was allocated in global budget. In 2024, a total of NT\$6.049 billion is allocated for new drugs, change in payment for medications and provisional listing, which is double the amount allocated for 2023. Continuing efforts will be made to request more funds in the future.



## 規劃百億癌症新藥基金

規劃成立癌症新藥暫時性支付專款，逐年透過暫時性支付機制及專款的使用，縮短癌症新藥給付時程，讓癌友及早取得突破性的新藥，並降低癌友的經濟負擔。即刻改善癌症病友等藥的時間，現階段先以健保專款支應，後續再視財源及醫療需求情況，滾動檢討，逐步擴大至百億元規模。

## 國際合作與醫療科技評估人才培訓

健保署、醫藥品查驗中心和英國國家健康暨照護卓越研究院（National Institute for Health and Care Excellence, NICE）於2023年5月18日共同簽署醫療科技評估合作協定，未來將就醫療科技評估趨勢、真實世界資料應用、創新藥品基金和癌藥基金財務運作等面向，深化雙方資訊交流及人員訓練，以提升健保新藥給付評估及財務管理機制。

健保署於2023年9月13日舉辦第1屆「臺英醫療科技評估合作協議工作坊」，邀請英國NICE學者來臺，聚焦於基因治療及細胞治療等新興科技之真實世界資料收集機制與臨床療效評估方式。透過雙方資訊交流及經驗分享，有效掌握新藥療效證據及效益，加速新藥收載決策，並擷取英國NICE發展經驗，奠定我國籌劃中之行政法人醫療科技評估專責機構之發展基礎。

未來健保署與CHPTA將透過研學合作，借鏡國外標竿機構審查給付運用經驗，建構教、訓、用三合一機制，建立一套完善國內醫療科技評估人才來源及培訓制度，強化我國醫療科技評估管理實力。

## 醫療資訊上雲端 調閱分享無弗屆

### 健保醫療資訊雲端查詢系統

全民健保累積20多年的健保申報資料，隨著大數據（Big Data）分析技術提升，健保署在資安確保下，開始逐步彙整各域資料，透過雲端運算技術提供醫師臨床專業判斷或將健保資料回饋給民眾。2013年7月健保署建置完成以病人為中心的「健保雲端藥歷系統」，提供特約醫事服務機構於診療需要時，可即時查詢病人過去6個月的用藥紀錄，作為醫師處方開立或藥事人員用藥諮詢參考，以提升民眾就醫品質，減少不必要之醫療資源重複使用。特約醫事服務機構整合健保雲端藥歷資訊及院內用藥管理系統，紛紛建置院內專屬之用藥管理機制，強化用藥安全環境。





## Plan for the Funds of Cancer Drugs

The NHIA plan to establish a cancer drug fund. Through a provisional payment mechanism and designated funds, the goal is to shorten the reimbursement process for new cancer drugs with potentiality, allowing cancer patients to access breakthrough medications earlier and reducing their financial burden. Immediate improvements will be made to reduce the waiting time for drugs. Subsequently, the scale of the fund will be reviewed and expanded to NT\$100 billion based on available financial resources and medical needs.

## International Cooperation and Medical Technology Assessment Personnel Training

The NHIA, Center for Drug Evaluation and the United Kingdom's National Institute for Health and Care Excellence (NICE) signed a partnership agreement on May 18, 2023. They will work collaboratively in terms of trends of medical technology, application of real-world data, funds for innovative drugs and financial operation of cancer drugs funds. By exchanging information and training personnel, the payment of NHI new drugs and the mechanism for financial management will be improved.

The first Taiwan-UK workshop was held on September 13, 2023, inviting academics from NICE to Taiwan to focus on emerging technologies such as gene therapy and cellular therapy, and real-world data collection mechanisms and clinical efficacy evaluation. The inclusion of new drugs can thus be expedited with clinical efficacy. NHIA is able to learn from the experiences of NICE and lay down the foundation for Taiwan's health technology assessment.

The NHIA will work in cooperation with CHPTA and establish a mechanism based on payment review in other countries, constructing a three-in-one Human Resource system of education, training and employment, to enhance our health technology appraised and management capabilities.

## NHI MediCloud System for Sharing Information Anytime, Anywhere

### The “NHI MediCloud System”

The NHIA has accumulated over 20 years of health insurance reimbursement claim data, with big data technology improvement, the NHIA began to gradually compile data from various fields, and to use cloud technology to provide doctors necessary data for clinical judgments under secure environment. In July 2013, the NHIA established the patient-centered “NHI PharmaCloud System,” allowing contracted medical institutions to immediately access patients' medication records of the previous six months for diagnostic or treatment purposes. Such information can be of great value to doctors in making out prescriptions or to pharmacists in providing medication counseling to patients, thereby enhancing healthcare quality and reducing the redundant consumption of medical resources. By integrating information from the NHI PharmaCloud System with in-hospital information systems, contracted medical institutions gradually established their own dedicated in-hospital medication management mechanisms, thereby enhancing medication safety.

Based on the NHI PharmaCloud System, since 2015, the NHIA has developed the expanded “NHI MediCloud System” after



基於前述推動基礎，健保署參考使用者回饋意見及臨床實務需求，自2015年起擴大發展「健保醫療資訊雲端查詢系統」，增建中醫用藥紀錄、檢查檢驗紀錄、檢查檢驗結果（含醫療影像、國民健康署成人預防保健及四癌篩檢結果）、手術明細紀錄、牙科處置及手術紀錄、過敏藥物紀錄、特定管制藥品用藥紀錄、特定凝血因子用藥紀錄、復健醫療紀錄、出院病歷摘要及疾病管制署預防接種紀錄等共12類主題式資料。

2018年起雲端系統陸續發展跨院重複用藥/檢查檢驗、西藥交互作用及過敏藥、中西藥交互作用、高風險腎臟病病人非類固醇抗炎口服藥用藥等多項主動提示功能，提醒醫師於處方時留意病人藥品使用情形，節省醫師於診間需閱讀大量資訊時間，提升醫療效率及品質，保障病人安全。為提供使用者更友善之使用介面與客製化、視覺化功能，健保署將推出健保醫療資訊雲端查詢系統2.0，除優化介面及擴充客製化功能外，並擴增醫事人員使用權限，深入基層實務運用，有助於醫師、藥師及特定醫事人員臨床處置專業判斷，提供病人更好的照護品質。

### 基層診所健保雲端 HIS

因應國際數位轉型，為提升醫療院所系統因應醫療政策變動敏捷度，本署規劃優先推動轉換基層醫療院所現行使用之本地端系統，階段式移轉至雲端服務，醫療模式透過雲端傳遞服務及資料交換，更利於醫療資料整合，進而提高醫療院所系統韌性。

健保署強化健保數位基礎建設的資安韌性和效能，鼓勵基層診所升級雲端系統並導入接軌國際的醫療資料交換標準（FHIR），提升資訊效能與安全。

### 雲端加值 精進健保快易通 App | 健康存摺運用

為避免不必要的檢驗檢查，健保署自2015年起，鼓勵醫療院所上傳病患各項檢驗檢查結果。2018年1月起，鼓勵醫療院所上傳CT、MRI、超音波、胃鏡、大腸鏡及X光檢查之醫療檢查影像，其他的院所即可透過健保醫療資訊雲端查詢系統調閱影像及報告內容。對民眾而言，至同層級醫院尋找第二醫療意見或在居家附近基層院所接受後續照護，只要由雲端調閱資料，就可看到檢驗檢查報告，節省等待醫院作業流程與金錢花費，也降低重複檢查的潛在健康風險。藉此落實分級醫療「社區好醫院，厝邊好醫師」的理念，提升病患就醫品質及方便性，也減少醫學中心壅塞的問題。

另外，健保署個人化雲端服務的「健康存摺」系統提供已註冊健保卡的民眾免插卡即可登入系統查詢的服務，運用視覺化資訊圖表，讓民眾快速瞭解個人最近的就醫紀錄、檢驗檢查結果及預防保健資料，直接掌握本身的健康狀況，進行自我健康管理。民眾也可以下載個人健康存摺資料加值運用或利用行動裝置登入「全民健保行動快易通 | 健康存摺App」之「健康存摺」，隨時查詢個人就醫資料，或於就醫時提供醫師參考，縮短醫病間醫療資訊的不對等，提升醫療安全與效益。

referring to users' feedback and clinical needs. The "NHI MediCloud System" incorporates 12 types of thematic data, including medication records, traditional Chinese medicine use records, examination and test records and results (including medical care imaging as well as adult preventive care and screening for four cancers conducted by the Health Promotion Administration, MOHW), surgical records, dental treatment and surgical records, drug allergy records, records on use of specific controlled drugs, records on use of drugs for specific coagulation factors, rehabilitation records, hospital discharge summaries, and Taiwan Centers for Disease Control's vaccination records.

Since 2018, NHIA has gradually developed active reminders for duplicated orders, drug-drug interaction, drug allergies, and nonsteroidal anti-inflammatory drugs usage for high-risk kidney disease patients. With the technology, the NHI MediCloud System could remind the doctors to pay attention to drug prescriptions in a more active way for improving the quality and efficiency of healthcare services and ensuring the safety of patients. To offer more customized, visualized interface for users, the NHIA will launch the 2<sup>nd</sup>-generation NHI MediCloud system. In addition to optimize interfaces and expanding customized functions, more medical staff will be authorized to utilize the 2<sup>nd</sup>-generation NHI MediCloud system, therefore helping doctors, pharmacists and specific medical professionals to make clinical decisions and provide patients with better care quality.

### **HIS in Community Hospitals**

In response to international digital transformation, the NHIA plans to transform

the current local system used by community hospitals to a cloud-based system. Using Cloud technologies, hospitals will be able to integrate medical information, improving system resilience.

By enhancing the resilience and efficacy of digital health insurance infrastructure, promoting the Cloud system at community levels, and aligning with FHIR, the NHIA increases the safety and efficacy of digital health information.

### **Value-Added Cloud Services: Application of My Health Bank**

The NHIA has encouraged hospitals and clinics to upload patients' testing and examination results since 2015 to avoid unnecessary tests, examinations, and medications. Beginning January 2018, after patients have undergone CT, MRI, ultrasound, gastroscopy, colonoscopy, and x-ray examinations at a large hospital, other primary care hospitals and clinics can use the NHI MediCloud System to view patient images and reports. As a result, when people wish to obtain a second opinion from a hospital at the same level, or receive follow-up care at a primary care hospital or clinic near their home, medical personnel need only obtain their data from the cloud, and can then view the patients' testing and examination reports. This saves patients' money and time spent waiting for hospital procedures, and also lessens the potential health risk of multiple examinations; this also realizes the hierarchical healthcare ideal of "a good hospital in the community, a good doctor nearby," boosts the quality and convenience of healthcare, and eases congestion at medical centers.

Furthermore, the NHIA's individualized cloud service—My Health Bank—enables people who have registered their NHI cards to log into



健康存摺自2014年截至2023年12月31日止，健康存摺使用人數約1,143萬人，使用人次已達3億8,324萬人次。約9成使用者認同透過健康存摺可了解個人就醫情形，有助於掌握自我健康情形，顯示健康存摺對於促進民眾自我健康照護有正向幫助。

隨著行動裝置的普及化，民眾運用行動裝置紀錄個人生理量測數據（包括血壓、血糖、心率等）已成趨勢潮流，2023年健康存摺連結Google Fit及Apple Health 將行動裝置紀錄個人生理量測數據載入健康存摺，讓民眾可以透過單一健康管理工具（健康存摺）查閱個人就醫及量測數值，便利管理個人健康；另健康存

摺提供公費癌症篩檢結果異常主動推播功能，提醒癌症篩檢結果異常個案回診接受後續診療服務，積極主動照顧民眾健康。

為弭平健康不平等，本署積極推動「全民健保行動快易通 | 健康存摺App」健康數位無障礙服務，自2023年起與身障團體進行App無障礙需求訪談，經改善功能、使用者介面及操作流程，完成無障礙功能開發，於2023年12月20日正式改版上線，新增友善就醫查詢專區、導覽列視覺化、精進報讀功能及外開視窗提醒，保障身心障礙者與其他人在平等基礎利用資訊及通信。



the system and make queries. With easy-to-understand charts and tables, My Health Bank allows users to quickly view and understand their recent healthcare records, testing and examination results, and preventive care data, helping them monitor health status and perform health management. People can also download My Health Bank data for other applications or use a mobile device to log into the app and access their personal healthcare data for the reference of physicians during visits. This goes a long way toward improving the information asymmetry between doctors and patients and enhancing medical care safety and effectiveness.

My Health Bank's user base has increased steadily since its introduction in 2014. As of December 31, 2023, it had approximately 11.43 million users, and used more than 383.24 million times. Roughly 90% of users agree that My Health Bank can help them understand their healthcare situation and monitor their state of health. It is fair to say that My Health Bank effectively promotes better health self-management by the public.

With the popularity of mobile devices, their use in recording vital signs such as blood pressure, blood sugar and heart rate has become a trend. My Health Bank has connected with Google Fit and Apple Health to record vital signs to My Health Bank App. With a single health management tool (My Health Bank), people can search for personal medical records and vital signs to manage personal health. Moreover, My Health Bank App alerts users to abnormalities in cancer screenings so they can seek further medical attention if necessary.

To reduce inequality in health, the NHIA is actively promoting the "My Health Bank App" to cater to the needs of physically challenged individuals. Discussions on the needs of physically challenged individuals began in 2023, followed by improvements in function, user interface, and operating procedure. The updated version was launched on December 20, 2023. Physically and mentally challenged individuals can access information using the version, which features a visualized navigation bar, advanced reader function and a reminder of the external window.





## 健保卡資料上傳 2.0 加入就醫識別碼 精進醫療資訊串接

為提升民眾就醫便利性，自2004年1月1日起，健保IC卡全面正式上線，整合原有的健保紙卡、兒童健康手冊、孕婦健康手冊和重大傷病證明卡4種卡冊的就醫紀錄，並將原本卡冊上明示之登記事項，以隱性及代碼方式，登記於晶片內，除具便利性，同時保障就醫隱私。

為提高健保卡就醫資料之正確性及完整性，減少紙本處方箋重複調劑、重複檢查的情形，健保署2023年9月1日實施「就醫識別碼（健保卡資料上傳格式2.0）」（以下簡稱健保卡2.0），藉由民眾就醫當下，產生一組就醫時之人、時、地特定編碼即就醫識別碼，作為各項就醫資料的唯一鍵值，以串聯就醫後各項檢查/驗結果、醫療影像、出院病歷摘要、醫療費用申報、醫療資訊雲端查詢系統及健康存摺系統等資料，並進一步推動電子處方箋，藉由就醫資訊的整合，即時管理監控異常就醫紀錄。亦訂定「健保卡資料上傳格式2.0改版獎勵」提供院所改版誘因。實施初期採申請制逐步推動，上線後因應各界使用後之回饋意見，持續精進系統功能，期使健保卡2.0運作順利。截至2023年12月31日止，於2萬8,258家特約院所中，已有2萬3,997家院所完成健保卡2.0改版作業，改版率達85%。



## 多重機制縱深防禦確保資訊安全

健保卡不僅確保民眾個人隱私，也代表臺灣醫療網路的資訊平台聯繫更加順暢，健保卡在安全管理上也多次獲得國際肯定。為保障資訊安全，健保卡採取多重防偽處理，晶片採多重相互驗證機制，以確保資料安全。

在網路系統上，則採用健保資訊網封閉性專屬網路，設有多道防火牆，可降低駭客入侵系統或盜取資料之風險；健保卡紀錄均以代碼登載及亂碼傳輸，有效保障個人隱私。

為強化健保卡和健保資料的安全管理機制，健保署自2003年8月即成立「資通安全小組」，負責相關工作及推動認證，另外，健保署為落實資訊安全工作，全面推動資訊安全管理系統（ISMS）建置作業，讓資訊安全確實向下扎根。對外網路採單一入口並建構縱深防禦機制，布建各式偵測及防禦機制（如SOC、防火牆、郵件過濾、入侵偵測、應用系統防火牆、防毒防駭軟體、進階持續性威脅攻擊防禦措施），以進行全年無休之網路及電子郵件安全監控作業，於資料庫內可資識別個人資料之欄位加密方式儲存，以確保健保署整體資通安全。



## NHI Card 2.0: Identification Code for Medical Treatment and Connection of Information in Precision Medicine

Smart NHI cards were formally introduced on January 1, 2004 to make people's access to medical care more convenient. These IC cards integrate the medical records and information originally contained in paper NHI cards, children's health booklets, maternal health booklets, and catastrophic illness certificates; the information originally recorded has been recorded on the NHI cards' chips in encrypted and encoded form. Apart from offering greater convenience, the IC cards also better protect medical privacy.

To increase the accuracy and integrity of medical records in the NHI card, reduce the possibilities of repeat prescription and examination, the NHIA implemented the identification code for medical treatment (2.0 version of the NHI card). As a person seeks medical treatment, information regarding the person, time, and place will generate an identification code for medical treatment. The code serves as reference for a range of examination records, medical imaging, discharge medical record summary, declaration of medical expenses, MediCloud, My Health Bank App and digital prescription. The abnormalities can be monitored immediately with the integration of medical records. Incentives for upgrading the NHI Card to 2.0 version were also set to encourage hospitals to upgrade the card. In the initial stage, gradual promotion was via the application system, with subsequent advancement based on later feedback on the version to ensure the smooth operation of the NHI 2.0. As of December 31, 2023, among 28,258 contracted medical institutions,

23,997 institutions have upgraded their version to the NHI card 2.0. There is an 85% upgrade rate.

## Multiple Mechanisms for Ensuring Information Security

NHI cards can not only protect personal privacy but also facilitate the smooth flow of information in Taiwan's medical information system. NHI card security safeguards have earned international recognition on numerous occasions. To maintain information security, NHI cards employ multiple security measures, and the card chip uses several mutual authentication mechanisms to ensure data security.

NHI information is transmitted through the NHIA's closed VPN system, with multiple firewalls to reduce the risk of hackers breaking into the system or stealing data. In addition, to protect personal privacy, NHI card records are entered in encoded form and transmitted after encryption.

To further strengthen NHI card and health insurance data security, the NHIA established an information security task force in August 2003 to be responsible for relevant tasks and promote certification. In addition, the NHIA has established an information security management system (ISMS). The NHIA's information security measures also include the establishment of a single network entry point, in depth defense mechanisms, and various detection and defense mechanisms (such as SOC, firewalls, email filters, intrusion detection, application system firewalls, anti-virus/anti-spyware software, and advanced continuous threat and attack prevention measures). There is constant network and e-mail security monitoring, and personal information fields in databases are stored in encrypted form, ensuring the NHIA's overall information security.







## 照顧弱勢 守護偏鄉

Care for the Disadvantaged and  
Watch over Isolated Areas

# 06

Chapter



## 照顧弱勢 守護偏鄉

### 對經濟弱勢民眾的補助措施

全民健保採強制納保，社會上難免有一部分繳不起保險費的低收入戶及經濟邊緣人口，如何貫徹全民納保政策，有賴多項協助措施，以確保社會安全網的穩固，更彰顯自助互助的精神。為了照顧癌症、洗腎、血友病、精神病等重大傷病患者，以及經濟困難弱勢民眾的就

醫權益，健保署提出多項協助繳納保險費的措施。另外，對於罕見疾病、重症患者及偏遠地區民眾，亦提供醫療及經濟上的協助。現行的協助措施包括保險費補助、紓困貸款及分期繳納等，執行成果請見表6-1。

表6-1 繳納健保費之協助措施成效

Table 6-1 Results of Premium Payment Assistance Measures

項目 Item	對象 Assistance recipients	年度 Year	人（件）數 No. of persons /cases	金額 Amount
保費補助 Premium subsidies	政府對特定弱勢者補助健保費，包括低收入戶、中低收入戶、無職業榮民、失業勞工及眷屬、身心障礙者、未滿20歲及55歲以上之無職業原住民 The government provides premium subsidies for members of underprivileged groups, including low-income households, medium-low income households, unemployed veterans, unemployed workers and their dependents, the physically and mentally disabled, and unemployed indigenous citizens who are under the age of 20 or over the age of 55.	2022	365.3萬人 3.653 million persons	322.7億元 NT\$32.27 billion
		2023	394.5萬人 3.945 million persons	344.6億元 NT\$34.46 billion
紓困貸款 Relief fund loans	符合衛生福利部所訂經濟困難資格者 Persons meeting economic hardship requirements set by the MOHW	2022	1,525件 1,525 cases	1.41億元 NT\$141 million
		2023	1,598件 1,598 cases	1.52億元 NT\$152 million
分期繳納 Installment payment plans	欠繳保險費無力一次償還者 Persons who are unable to immediately repay owed premiums	2022	7.2萬件 72,000 cases	21.94億元 NT\$2.194 billion
		2023	7.2萬件 72,000 cases	22.20億元 NT\$2.22 billion
愛心轉介 Referral to charities	無力繳納健保費者 Persons who are unable to pay premiums	2022	4,734件 4,734 cases	3,632萬元 NT\$36.32 million
		2023	5,963件 5,963 cases	5,107萬元 NT\$51.07 million

資料時間：2022年1月1日至2023年12月31日。

Data period: January 1, 2022 to December 31, 2023

## Care for the Disadvantaged and Watch over Isolated Areas

### Subsidies for the Economically Disadvantaged

NHI enrollment is mandatory, however, some low-income households and people on the margins of society cannot afford to pay their premiums. To fully implement the government's blanket enrollment policy, the NHIA has taken a number of assistance measures to strengthen the social welfare net and realize the spirit of mutual help. In addition, the NHIA has also introduced premium payment assistance measures to help care for patients suffering from cancer, hemophilia, or severe mental illness or receiving dialysis, as well as underprivileged persons in need of medical attention against economic difficulties. Medical and economic assistance is also offered to persons with rare or critical illnesses and those living in isolated areas. Such assistance measures include premium subsidies, relief loans, and installment payment plans. Refer to Table 6-1 for the results of implementation.

### Premium Subsidies for Underprivileged Groups

Governments at different levels provide premium subsidies to various underprivileged groups, including low-income households, medium-low income households, unemployed veterans, unemployed workers and their dependents, the physically and mentally disabled, and unemployed indigenous citizens who are under the age of 20 or over the age of 55. A total of NT\$32.27 billion in such subsidies

was provided to 3.653 million people in 2022, followed by a total outlay of NT\$34.46 billion that benefitted 3.945 million people in 2023.

### Relief Fund Loans

To protect people's right to healthcare, the NHIA provides interest-free loans to members of the public in economic difficulties so that they can pay their premiums and cover unpaid copayments. A total of NT\$141 million went toward such loans granted to 1,525 cases in 2022, and NT\$152 million was lent to 1,598 cases in 2023.

### Installment Payment

For people not eligible for relief loans, the NHIA offers installment payment plans to persons who owe premiums totaling more than NT\$2,000 but, due to economic hardship, cannot repay this debt in one go. Installment payment plans for a total of NT\$2.194 billion were provided about 72,000 cases during 2022, followed by NT\$2.22 billion in nearly 72,000 cases in 2023.

### Referral to Charitable Groups for Premium Subsidies

For persons who are unable to pay their premiums, the NHIA also provides referral to charitable groups, companies, and individuals for premium subsidies. Such referrals were made in 4,734 cases involving total subsidies of NT\$36.32 million in 2022, and NT\$51.07 million in 5,963 cases in 2023.



## 弱勢群體保費補助

各級政府對特定弱勢者補助健保費，包括低收入戶、中低收入戶、無職業榮民、失業勞工及眷屬、身心障礙者、未滿20歲及55歲以上之無職業原住民，2022年全年補助人數約365.3萬人，補助金額約322.7億元。2023年全年補助人數約394.5萬人，補助金額約344.6億元。

## 紓困貸款

提供經濟困難的民眾，無息申貸健保費用及應自行負擔而尚未繳納之醫療費用，以保障就醫權益。2022年全年共核貸1,525件，金額1.41億元。2023年全年共核貸1,598件，金額1.52億元。



## 分期繳納

對於不符合紓困貸款資格，但積欠健保費達2,000元以上，因經濟困難無法一次繳清者，2022年全年辦理分期繳納共7.2萬件，合計21.94億元。2023年全年辦理分期繳納共7.2萬件，合計22.2億元。

## 轉介公益團體補助保險費

對於無力繳納健保費者，健保署提供轉介公益團體、企業及個人愛心捐款，以補助其健保費。2022年全年轉介成功個案計4,734件，補助金額共3,632萬餘元。2023年全年轉介成功個案計5,963件，補助金額共5,107萬餘元。

## 保障弱勢民眾就醫權益

為落實醫療平權之普世價值，健保署2016年6月7日起實施「健保欠費與就醫權脫鉤（全面解卡）案」，推動健保全面解卡，給予國人就醫權益的公平性保障，民眾只要辦理投保手續，均可安心就醫。健保全面解卡象徵著醫療人權更上一層樓，受惠對象絕非過去欠費遭鎖卡者，而是藉著廢除鎖卡制度，才能夠真正去除弱勢民眾心中恐懼欠費而無法就醫的枷鎖，更加落實政府照顧弱勢，保障全民就醫權益之宗旨。

全民健保對弱勢民眾積極提供各種保障措施，建構完整的健保經濟困難民眾保護傘，排除民眾參加健保之經濟障礙，使經濟困難民眾隨時享有妥適之醫療照護，協助其辦理投保、健保費紓困、轉介、分期繳納等。



## Protecting the Right to Healthcare of the Underprivileged

The NHIA proactively upholds the universal value of equal access to healthcare. The “decoupling of the right to healthcare from unpaid NHI premiums and fees” policy has launched on June 7, 2016. As long as individuals have completed their subscription procedures, they can enjoy access to NHI-covered healthcare. The unblocking of all NHI cards represented a significant milestone in safeguarding the right to healthcare, ensuring that beneficiaries will not have their cards blocked due to unpaid premiums or fees. The abolition of the card blocking system has alleviated the concerns of individuals who previously feared being denied essential health care due to outstanding payments. This further demonstrates the government’s commitment to caring for the underprivileged and protecting the healthcare rights of citizens.

The NHIA implements multiple measures to support underprivileged individuals, establishing a healthcare safety net for citizens experiencing economic hardships. By eliminating barriers to NHI coverage, the NHIA ensures that individuals in financial difficulties can access necessary medical care whenever needed. Furthermore, the NHIA provides assistance to these individuals by offering support in NHI enrollment, premium relief, referrals to aid programs, and flexible installment payment plans.

## Seeking for Public Welfare Lottery Feedback Funds to Help the Disadvantaged

To ensure healthcare access for underprivileged groups and safeguard their right to healthcare, the NHIA implements various assistance measures, including installment payment plans, relief loans, and referrals to charitable programs. Since 2008, the NHIA has also utilized contributions from the Public Welfare Lottery to alleviate the medical financial burdens of eligible underprivileged individuals. Proactively identifying qualified persons, the NHIA notifies them about available assistance for paying NHI premiums and fees. As of the end of December 2023, a cumulative NT\$5.041 billion in subsidies had been disbursed to support 263,559 individuals (Table 6-2).

## Easing Copayment Burden on Specific Patients

Persons who have received a disability certificate need only pay a clinic-level outpatient copayment when seeking care at any level of hospital or clinic. This copayment is lower than that paid by the general public. For patients with conditions such as cancer, chronic mental illness, dialysis needs, rare diseases, or congenital disorders who possess a major illness/injury certificate, there is no requirement for copayment when they are seeking medical care specifically related to these conditions. To safeguard the rights of patients with rare diseases, the NHI covers the costs of all medications necessary for the treatment of rare disorders, as designated by the MOHW, through a fund for a specified purpose. This initiative has substantially alleviated the financial burden on individuals with rare diseases.



## 爭取公益彩券回饋金協助弱勢族群

為落實照顧弱勢族群，保障其就醫權益，健保署除既有分期繳納、紓困貸款及愛心專戶等協助措施外，自2008年起爭取公益彩券回饋金協助弱勢族群減輕就醫負擔，主動篩選並發函通知符合資格的民眾，協助其繳納健保相關欠費等。迄2023年12月底，累計補助金額已達50.41億元，累計補助人數達26萬3,559人（表6-2）。

## 減輕特定病患就醫部分負擔費用

對於領有「身心障礙證明」者，門診就醫時不論醫院層級，門診基本部分負擔和藥品部分負擔費用均按診所層級，較一般民眾為低。

對於包括癌症、慢性精神病、洗腎、罕見疾病及先天性疾病等領有重大傷病證明的病患，免除該項疾病就醫的部分負擔費用。另為保障罕見疾病患者權益，凡屬於衛生福利部公告的罕見疾病必用藥品，健保均以「專款專用」方式給付，實質減輕其就醫經濟負擔。

## 對疾病弱勢族群照護

### 身心障礙者

健保署自2002年起施行「牙醫門診總額特殊醫療服務計畫」，以醫療服務加成支付方式服務，鼓勵醫師提供先天性唇顎裂患者及特定身心障礙者牙醫醫療服務。

至2006年起放寬可由各縣市牙醫師公會或牙醫團體組成醫療團，定期至身心障礙福利機構服務、支援未設牙科之精神科醫院或特殊教育學校提供牙醫特殊巡迴醫療服務。2011年7月1日起，更進一步針對特定身心障礙類別且符合居家照護條件者，提供到宅服務。2013年1月1日起，新增提供入住身心障礙機構之長期臥床者牙醫服務。2014年1月1日起增加政府立案收容發展遲緩兒童機構者機構服務。2015年1月1日起進一步提供衛生福利部所屬老人福利機構內，長期臥床者牙醫診療服務。2016年1月1日新增提供重度以上重要器官失去功能者牙醫服務。2020年1月1日起新增出院準備個

表6-2 最近2年公益彩券回饋金補助成果表

Table 6-2 Public Welfare Lottery Contributions During the Last Two Years

年度 Year	計畫名稱 Program	人數 Persons	金額 (新臺幣) Amount (NT\$)
2022	協助中度以上身心障礙者及貧戶家庭脫離健保欠費困境計畫 Plan to Help Underprivileged Youths and Low-income Households Obtain Relief from Unpaid NHI Premiums and Fees	5,543	1.75億元 NT\$175 million
2023	協助中度以上身心障礙者及貧戶家庭脫離健保欠費困境計畫 Plan to Help Persons with Moderate or More Severe Physical or Mental Disabilities and Low-income Households Obtain relief from Unpaid NHI Premiums and Fees	7,662	2.14億元 NT\$214 million
2008/1~2023/12 Total		263,559	50.41億元 NT\$5.041 billion

註：資料時間截至2023年12月底。 Note: The data period ends in December 2023.



## Caring for the Medically Vulnerable

### Persons with disabilities

Initiated in 2002, the NHIA's "Dental Outpatient Global Budget Special Medical Service Plan" provides services under a medical service markup payment system. Dentists are encouraged to serve patients with congenital cleft lip and palate and other specific disabilities.

In 2006, the NHIA expanded to allow local dentist associations or groups to establish dental teams catering specifically to institutions providing care for individuals with disabilities. These dental teams are authorized to offer regular services, including mobile health dental care, to psychiatric hospitals without dental

departments and special education schools for individuals with special needs. Since July 1, 2011, dentists from these teams have provided in-home dental services to individuals with designated disabilities who meet the criteria for home health care. On January 1, 2013, the dental teams expanded their services to include bedridden patients at institutions dedicated to the care of individuals with disabilities. From January 1, 2014, these teams began providing dental care at government-registered institutions catering to children with developmental delays. The scope of their services was further extended to include bedridden individuals at elderly care facilities under the MOHW from January 1, 2015. Further services to persons suffering from severe loss of major organ functions on January 1, 2016, as of January 1, 2020, dental care has been made available to individuals preparing for hospital discharge and general nursing homes selected by the MOHW's Department of Nursing and Health Care. Furthermore, dental services have been extended to individuals with moderate functional disabilities caused by brain and spine injuries since January 1, 2021.

### Persons with catastrophic illnesses and injuries

The NHIA currently recognizes 30 types of catastrophic illnesses and injuries, including cancer, chronic mental illness, conditions requiring dialysis, and congenital disorders. These illnesses often incur substantial medical expenses that pose financial challenges. To alleviate the burden on the insured, the NHIA has implemented a policy of waiving copayments for the treatment of these catastrophic illnesses and injuries for all those who possess a major illness/injury certificate.



案及經衛生福利部護理及健康照護司擇定之一般護理之家牙醫服務。2021年1月1日起新增腦傷及脊髓損傷之中度肢體障礙者牙醫服務。

## 重大傷病患者

現行健保署公告的重大傷病範圍有30類，包括癌症、慢性精神病、洗腎及先天性疾病等，這些疾病醫療花費極高，凡領有重大傷病證明的保險對象，因重大傷病就醫便可免除該項疾病就醫之部分負擔費用。

截至2023年12月底，重大傷病證明有效領證數約有104萬餘張（人數為97萬2千餘人，約占總保險對象的4.1%），而2023年全年重大傷病醫療費用約2,524億餘元（占全年

總醫療支出的27.9%），健保藥品費用中，每年約有840億元（約3.4成）用於重大傷病，顯示重大傷病的醫療費用支出比重高，全民健保的確為他們提供實質的協助。

## 罕病患者

罕見疾病屬重大傷病範圍項目，就醫時可免除部分負擔，截至2023年12月衛生福利部公告的罕見疾病種類有244項，截至2023年12月底止，重大傷病罕見疾病項目領證數共1萬6,434張。經統計2023年罕見疾病之藥品費用約為80.6億元。

為照顧罕見疾病患者，凡經過列為罕見疾病患者治療藥品，皆加速收載於「全民健康保險藥物給付項目及支付標準」列入給付，使罕見疾病患者受到應有的照顧，減輕醫療照護的負擔。

## 多重慢性病患者

多重慢性病患乃是我國醫療照護系統中最重要資源使用者，隨著我國人口結構的逐年老化，多重慢性病的盛行率逐年升高，其醫療照護課題也將愈趨重要。為使多重慢性病的民眾可以獲得整合性照護服務，避免重複不當用藥或處置等，影響病人安全，健保署自2009年12月1日起，推動「醫院以病人為中心之整合照護計畫」，提升醫療照護品質。

本計畫執行多年，每年收案照護對象平均就醫次數較上年同期呈現減少，施行成效良好。2023年12月參與照護，提供整合服務之醫院共135家。





As of the end of December 2023, more than 1.04 million valid major illness/injury certificates had been issued (to more than 972,000 persons, who accounted for roughly 4.1% of all insureds). Total medical expenditures for catastrophic illnesses and injuries exceeded NT\$252.4 billion in 2023 (accounting for 27.9% of all NHI medical expenditures for the year). Of the annual expenses for NHI-covered drugs, about NT\$84 billion (nearly 34%) is spent on those meant for catastrophic illnesses and injuries each year. It is clear that catastrophic illnesses and injuries account for a very large share of medical expenses, and NHI consequently is a godsend for patients with these conditions.

### **Persons with rare diseases**

Since rare diseases are considered catastrophic illnesses and injuries, copayments are waived when patients seek treatment. As of December 2023, the MOHW had recognized 244 rare diseases, and 16,434 major illness/injury certificates had been issued for rare diseases accordingly. NHI's drug expenditures for rare diseases totaled NT\$8.6 billion in 2023.

To care for patients with rare diseases, payments for all drugs needed in the treatment of these diseases are quickly added to the "National Health Insurance Drug Dispensing and Fee Schedule." This has ensured that persons with rare diseases receive the care they need while easing their healthcare burden.

### **Persons with Multiple Chronic Conditions**

Individuals with multiple chronic conditions represent the highest utilization of healthcare resources in Taiwan's healthcare system. With

the country's aging population, the prevalence of multiple chronic conditions is steadily rising, making the care of these individuals an issue of concern. To ensure that people with multiple chronic conditions receive comprehensive and coordinated care services, while also minimizing the risks associated with repeat or incorrect medications or treatments, the NHIA introduced the "Patient-Centered Hospital Integrated Care Program" across local hospitals on December 1, 2009.

Since its implementation, the program has demonstrated effectiveness, as evidenced by a steady decline in the average number of medical visits among program participants over the years. As of December 2023, a total of 135 hospitals participated in the program.

### **Providing care in medically underserved isolated areas**

According to Article 43 of the National Health Insurance Act and Article 60 of its enforcement rules, persons seeking outpatient, emergency, and home care services in areas officially recognized as lacking in medical resources receive a 20% discount on copayments. In addition, the NHIA has also implemented the following programs to enhance healthcare services in mountain areas, on offshore islands, and in other medically underserved areas:

#### **NHI Integrated Delivery System for mountain areas and offshore islands**

Due to their geographical challenges and limited transportation options, mountain areas and offshore islands often face difficulties in accessing to healthcare services. In response, the NHIA has proactively sought cooperation with



## 對山地離島、偏鄉及醫療資源缺乏地區族群的照護

依據健保法第43條暨施行細則第60條，經公告之醫療資源缺乏地區就醫之門診、急診與居家照護服務，減免20%部分負擔，除此之外，健保署亦實施下列計畫以提升山地離島地區或醫療資源缺乏地區之醫療服務：

### 全民健康保險山地離島地區醫療給付效益提昇計畫

山地離島地區因地理環境及交通不便，醫療資源普遍不足；因此健保署規劃由有能力、有意願之醫療院所以較充足的醫療人力送至山地離島地區，自1999年11月起，陸續在山地離島地區實施「全民健康保險山地離島地區醫療給付效益提昇計畫（Integrated Delivery System, IDS計畫）」，鼓勵大型醫院至該地區提供專科診療、急診、夜診等定點或巡迴醫療服務。

目前全國公告之山地離島鄉計有50鄉，共26家特約院所承作30項計畫，其中，自2022年起花蓮縣秀林鄉由IDS計畫轉型為「山地鄉全人整合照護執行方案（簡稱山地鄉全人方案）」。IDS計畫及山地鄉全人方案服務山地離島鄉民眾服務民眾達48萬餘人，當地民眾對計畫平均滿意度為94%。

### 醫療資源不足地區改善方案

2024年投入9.22億元，持續辦理醫療資源不足地區改善方案，以「在地服務」的精神鼓勵中、西、牙醫醫師至醫療資源不足地區執業，或是以巡迴方式提供醫療服務。2023年共

有613家特約院所至醫療資源不足地區巡迴，服務民眾達72.4萬餘人次。

### 醫療資源不足地區之醫療服務提升計畫

為加強提供離島地區、山地鄉及健保醫療資源不足地區民眾的在地醫療服務及社區預防保健，增進就醫可近性，2012年起實施「全民健康保險醫療資源不足地區之醫療服務提升計畫」，以專款預算、點值保障方式，鼓勵位於上述區域或鄰近區域的醫院，提供24小時急診服務，及內科、外科、婦產科及小兒科門診及住院醫療服務，強化民眾就醫在地化，2023年計有94家醫院參與。

### 全民健保遠距醫療給付計畫

由在地醫師與遠距醫師以視訊方式，共同診察病人、給予診療建議，由在地醫師開立醫囑，提供民眾迫切需要的專科門診遠距會診（限眼科、耳鼻喉科、皮膚科、心臟內科、胃腸科、神經內科、胸腔科）或急診遠距會診（不限科別），提升偏鄉地區專科門診可近性。2023年專科門診遠距會診服務人次計7,992人次，急診遠距會診服務人次計858人次。



hospitals and clinics that have the necessary resources to dispatch medical personnel to these underserved areas. In November 1999, the NHIA launched the Integrated Delivery System (IDS) program for mountain areas and offshore islands. This program encourages large hospitals to offer specialized medical services, emergency care, and evening clinics either at fixed locations or through mobile healthcare services, ensuring that residents in these areas receive the necessary healthcare support.

Currently, there are 50 mountain or outlying townships in Taiwan, where a total of 26 contracted hospitals and clinics are undertaking 30 projects. In 2022, the IDS program transformed into Holistic Health Care Program in Xiulin Township, Hualien County. The IDS program and the execution plan have altogether served over 480,000 people. The average rate of satisfaction with the IDS program comes in at 94%.

### Improvement Project for Regions Deficient in Medical Resources

The NHIA allocated NT\$922 million for the 2024 Improvement Project for Regions Deficient in Medical Resources. Dentists and Traditional Chinese medicine (TCM) and Western medicine physicians are encouraged to demonstrate their commitment to serving local communities by starting practices in areas that lack sufficient medical resources or providing mobile healthcare services. In 2023, a total of 613 contracted hospitals and clinics conducted mobile healthcare services, benefiting over 724,000 individuals in medically underserved areas.

### Medical Service Improvement Program for Medically Underserved Areas

To enhance access to medical services and community preventive care for individuals residing in medically underserved areas such as offshore islands and mountain regions, the NHIA launched the “Medical Service Improvement Program for Medically Underserved Areas” in 2012. This program utilizes dedicated funding and a guaranteed point value delivery approach to encourage hospitals located in underserved areas or nearby regions to provide round-the-clock emergency care services, as well as outpatient and inpatient services in internal medicine, surgery, gynecology/obstetrics, and pediatrics. In 2023, a total of 94 hospitals participated in this program.

### Medicare Telemedicine Benefit Plan

Local physicians and remote physicians jointly examine patients and give diagnosis and treatment suggestions via video consultation for certain specialties (limited to ophthalmology, otolaryngology, dermatology, cardiology, gastroenterology, neurology, chest cavity) or emergency teleconsultation, to improve the accessibility of specialized outpatient clinics in rural areas.

In 2023, there were 7,992 person-times remote specialists consultation services, and 858 person-times remote emergency consultation services.









## 民眾滿意 國際肯定

Public Satisfaction and  
International Recognition

# 07

Chapter





## 民眾滿意 國際肯定

### 健保經驗 蜚聲國際

全民健康覆蓋（Universal Health Coverage）為聯合國永續發展目標的重要項目之一，其宗旨是為了保障每個人都能獲得基本的醫療照護服務，而我國自1995年開辦健保至今，即是為了讓全體國民均享有平等就醫的權利，提供民眾高可近性且低負擔的就醫環境。根據CEOWORLD雜誌（世界著名商業雜誌）在2023年針對世界110個國家的「健康照護指標」評比中，臺灣名列世界第一，2024年全球資料庫網站Numbeo公布的健康照護指標（Health Care Index）評比，臺灣連續第六年排名第一，展現我國醫療衛生軟實力。

近年因癌症治療方式日新月異，明顯衝擊健保有限資源。為加速取得先進癌症藥品，並兼顧健保永續發展，本署石崇良署長、國民健康署吳昭軍署長及財團法人醫藥品查驗中心（CDE）林時宜執行長等人，於76屆世界衛生大會（WHA）會前赴英國，拜訪英國國家健康暨照護卓越研究院（National Institute for Health and Care Excellence, NICE）及英國國民健康服務署（National Health Service, NHS）官員，就創新藥品基金（Innovative Medicines Fund, IMF）及癌藥基金（Cancer Drugs Fund, CDF）運作模式、醫療科技評估（HTA）、多元財務管控機制等議題進行交流，並與英國NICE於2023年5月18日共同簽署合作協定，未來將深化雙方資訊交流及人員訓練，以提升健保新藥給付評估及財務管理機制。

在國際組織方面，亞太經濟合作會議（APEC）為我國參與之重要國際組織之一，衛生議題亦是我國積極參與之領域，為強化與APEC經濟體之交流網絡及分享我國數位醫療應用實例，本署2023年9月12日舉行「APEC數位醫療應用公私協力工作坊」（APEC Workshop on Public-Private Collaboration in Supporting of Containing Measures During and Beyond Pandemic），由泰國、馬來西亞、新加坡、加拿大、韓國、菲律賓、日本、印尼、紐西蘭等APEC經濟體代表分享實務經驗，攜手亞太區域夥伴強化數位健康資料应用能力，及探討建構韌性健康照護體系的最佳方案，藉此更進一步促進我國與亞太區域外合作交流契機，深化國際聯繫網絡。

敏捷韌性是健康照護體系永續發展的關鍵，其成功則需要仰賴資訊基礎架構、資訊安全及數位健康運用、數位醫療資料生態系統，為推動健保資訊系統升級並與國際標準接軌，並驅動國內各醫療體系加速數位轉型，進而提升醫療品質與效率，健保署和美國醫療資訊暨管理系統協會（Healthcare Information and Management Systems Society, HIMSS）於2023年11月13日共同簽署合作備忘錄，未來將深化雙方資訊交流及人員訓練，以加強我國醫療體系資訊管理系統、強化資訊安全韌性，並接軌國際醫療資訊標準，加速醫療體系成功數位轉型。

## Public Satisfaction and International Recognition

### Internationally Acclaimed NHI Achievements

A key component of the UN's sustainable development goals, universal health coverage aims to ensure that each individual has access to basic medical care. NHI was initiated in 1995 with the aim of allowing all citizens equal right to medical care and providing an accessible, low-cost medical environment. According to the 2023 Health Care Index of internationally renowned CEOWORLD magazine, Taiwan has the best healthcare system out of 110 countries. In addition, the Health Care Index of Numbeo, a leading global website, ranked Taiwan first for six consecutive years in 2024, further attesting to the soft power of Taiwan's healthcare system.

In recent years, cancer treatment has advanced rapidly, putting pressure on the limited NHI resources. Prior to the 76<sup>th</sup> World Health Assembly, Shih Chung-liang, director general of NHIA, Chao-Chun Wu, director of Health Promotion Administration, and Shyr-Yi Lin, executive director of The Center for Drug Evaluation, visited the National Institute for Health and Care Excellence (NICE) in the UK and NHS officials to facilitate rapid access to advanced cancer medication and paying attention to NHI sustainability. Information was exchanged on the Innovative Medicines Fund, Cancer Drugs Fund, health technology assessment, and multiple financial management mechanisms. An agreement of collaboration was also signed with NICE on May 18, 2023. Personnel training will be reinforced, as well as assessment of NHI payment for new drugs and finance management mechanisms.

The Asia-Pacific Economic Cooperation (APEC) forum is a leading international organization in which Taiwan is a member and health is a key area for its involvement. On September 12, 2023, NHIA organized the APEC Workshop on Public-Private Collaboration in Supporting of Containing Measures During and Beyond Pandemic to strengthen the APEC economic network. Delegates from Thailand, Malaysia, Singapore, Canada, Korea, the Philippines, Japan, Indonesia, and New Zealand shared their practical experiences. Through this sharing, the application of digital health information were strengthened and solutions for a resilient health care system were explored in the Asia-Pacific region, enabling Taiwan to enhance international collaboration.

Agility and resilience are key to the sustainable development of healthcare, with success built on information infrastructure, information safety, application of digital health, ecosystem of digital health medical information. To promote upgrading of the NHI information system, align with international standards, and speed up digital transformation of Taiwan's healthcare systems to further improve medical quality and efficiency. On November 13, 2023, the Healthcare Information and Management Systems Society (HIMSS) and NHIA signed an agreement to deepen personnel training, exchange information, strengthen domestic medical system information management and cybersecurity resilience, align with international medical standards, and advance digital transformation.



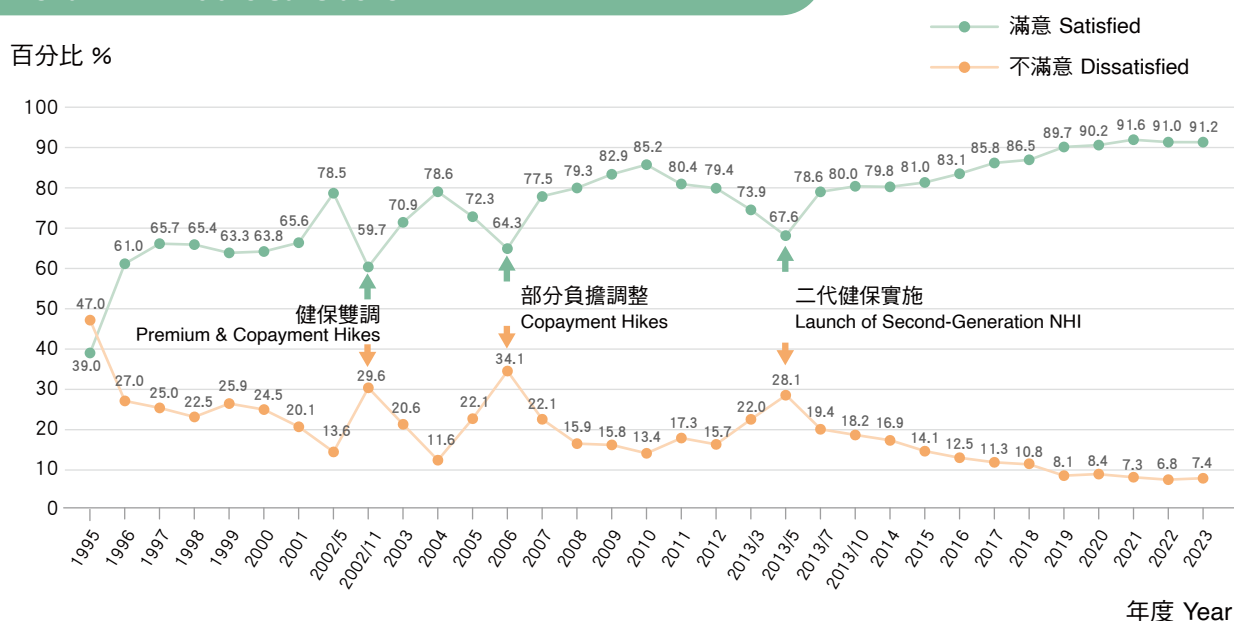
## 全民健保 民眾滿意

全民健保實施曾面臨諸多困難，從一開始的滿意度不到4成，到目前持續成長至8成以上，顯見民眾十分肯定。其中曾因2002年度保險費率及部分負擔調整，以及2005年度開始進行多元微調，導致民眾對全民健保的滿意度稍有下降，但隨後即快速回升至7成以上。2013年1月起二代健保實施，針對所得收入高者加收補充保險費，滿意度曾一度下滑後隨即回穩至8成左右，自2020年起民眾對健保的滿意度連續四年超過9成（圖7-1），我國因有全民健保，對經濟弱勢民眾的健康照護更能提供完善的醫療保障。

## 充分發揮 互助功能

全民健保的核心價值在於透過社會互助，以「社會保險」的形式，來分擔保險對象罹病時的財務風險。重大傷病人口占全體保險對象人數的4.1%，醫療費用卻高達健保總醫療支出的27.9%。其中，癌症、洗腎及血友病等重大傷病之平均醫療費用是一般人的5.6倍到77.5倍不等，顯示健保充分發揮了社會保險互助的功能，使重大傷病患者不致因病而貧（表7-1）。

圖7-1 全民健保滿意度趨勢圖  
Chart 7-1 Public Satisfaction with NHI



註：1.2002年，保險費率及部分負擔調整。

2.2005年，投保金額上限、軍公教人員投保金額及菸品健康捐金額等調整。

3.2013年，二代健保實施。

Notes:1. The premium rate and copayments were increased in 2002.

2. The upper limit of payroll brackets, payroll brackets for military, civil service, and teaching personnel, and the amount of tobacco health and welfare surcharges were adjusted in 2005.

3. Second-Generation NHI was implemented in 2013.

## High Satisfaction with NHI

NHI has endured quite a few difficulties over the years. However, NHI has come to enjoy a high level of public satisfaction, with an over 80% approval rate in comparison with a low of less than 40% in the early days. Indeed, public satisfaction with NHI sustained a slight decrease due to increases in the premium rate and copayments in 2002 and some further finetuning of the system in 2005; but a rebound to over 70% soon followed. Likewise, another decrease following Second-Generation NHI's imposition of supplementary premiums on high-income households in January 2013 was soon followed by a recovery to around 80%. For three straight years (2020-2022), public satisfaction with NHI stayed above 90% (Chart 7-1). Thanks to NHI, Taiwan is able to provide comprehensive medical protection to even the economically underprivileged.

## Maximizing the Power of Mutual Assistance

NHI's core value lies in drawing from a social insurance mechanism in which the financial risk of illness is dispersed among the insured through mutual assistance. For instance, although persons with catastrophic illnesses and injuries account for only 4.1% of all patients, they also account for as much as 27.9% of all NHI medical outlay. In particular, such catastrophic illnesses as cancer, conditions requiring dialysis, and hemophilia incur medical expenses 5.6-77.5 times average spending. This clearly attests to NHI's playing the crucial role of mutual assistance in social insurance, ensuring that patients with major illnesses are not driven into poverty (Table 7-1).

表7-1 健保醫療資源利用情形  
Table 7-1 Utilization of NHI Medical Resources

類別 Category	醫療費用（點） Medical expenses (points)	平均值倍數 Multiple of average
全國每人平均 Nationwide average	37,984	1.0
每一重大傷病患者 Each catastrophic illness patient	241,915	6.4
每一癌症患者 Each cancer patient	212,908	5.6
每一罕病患者 Each rare disease patient	767,618	20.2
每一洗腎患者 Each dialysis patient	643,632	16.9
每一呼吸器患者 Each ventilator patient	798,138	21.0
每一血友病患者 Each hemophilia patient	2,941,896	77.5

註：以2023年重大傷病年度統計資料為例。

Note: Based on 2023 statistics for catastrophic illnesses and injuries.





# 跨步精進 展望未來

Progress and Prospects

A person is captured in mid-air, jumping joyfully on a grassy hill. The person's arms are raised in a 'V' shape, and their legs are bent in a playful manner. The background features rolling hills and mountains under a bright, hazy sky. The overall color palette is warm, with golden and reddish tones. The image is partially framed by a large, stylized red shape that curves around the top and right sides of the page.

# 08

Chapter



## 跨步精進 展望未來

我國全民健保落實WHO Universal Health Coverage之重要社會制度，走過從前、邁向未來，在人口高齡化及醫療資源有限情形下，為健保永續發展，將以「體系、財務、科技、法治、社會溝通」五大面向，以發展全人照護、力推數位醫療，推動各項革新措施，並規劃遠景藍圖：

### 以人為本 建構全人全程照護體系

健保署推動人本健康，賦能民眾健康管理，逐步將家醫計畫與論質計酬等方案整合，以糖尿病、初期慢性腎臟病為首要目標，期藉由家醫醫療群進行慢性病個案健康管理，多重

慢性病門診整合，協助處理安排病人轉診及追蹤治療結果，以提升慢性病人照護品質。透過提升服務涵蓋率、數位化追蹤管理、支付制度調整、精進醫療品質等四大面向，打造大家醫計畫，以家庭醫師為平台，向前延伸居家醫療整合照護計畫、代謝症候群防治計畫等政策，透過健康存摺獲得個人化的整合性照護，提供相關衛教，提升民眾自我照護的能力，落實初期照護精神。向後銜接病人出院後持續性照護，推動出院準備服務、急性後期照護，銜接居家安寧及長照服務，解決高齡化社會引發的醫療需求問題，持續以民眾健康為導向，落實全人、全家、全社區的整合照護。



## Progress and Prospects



NHI is an important social system for implementing the WHO's Universal Health Coverage. As we reflect on the past and move towards the future, with the challenges posed by an aging population and limited healthcare resources, NHI sustainability efforts will be made on five key fronts: system enhancement, financial stability, technological advancements, legal governance, and social communication. Developing holistic care, promoting digital healthcare, and undertaking various reforms will be our blueprint for the future:

### Creating a People-Centred Continuous Holistic Care System

The NHIA promotes people-centered healthcare and empowers individuals to manage their health. By gradually integrating the NHI family physician plan and pay-for-performance and orienting toward diabetes and early chronic kidney diseases, the aim is that family doctors

can manage each patient's case and give a referral and keep track of patients' development with the integration of multiple chronic disease clinics. By expanding service coverage, digitizing tracking and management, adjusting the payment system, and enhancing healthcare quality, the Family Physician Plan uses family physicians as the platform to undertake home health care integration and metabolic syndrome prevention and treatment among other programs. My Health Bank acts as the foundation for delivering personalized integrated home care and health education and enhancing people's self-care capability to implement the spirit of initial care. Emphasis is placed on offering continuous care for patients after hospital discharge. High on the list are discharge preparation services and post-acute care for seamless integration with home hospice and long-term care services. As society ages, a people-centered approach will prove crucial to providing continuous, holistic and whole family healthcare to the entire population.





## 健保數位升級 推動醫療轉型

健保署自2024年起推動「健保醫療平權數位升級計畫」，透過「民眾健康賦能」、「雲端系統效率精進」、「打破圍牆的醫療照護」及「資料生態系」四大策略，以健保雲端服務推動醫療平權，賦權民眾健康管理與資料自主觀念與能力。也配合「通訊診察治療辦法」修正，持續擴大遠距醫療服務，並積極推動虛擬健保卡、電子處方箋、全民健康保險相關計畫等措施，以提升民眾就醫可近性、可負擔性及公平性。

另外，透過全民健保行動快易通|健康存摺App介接行動支付，完善智慧化就醫模式，利用健康存摺SDK（Software Development Kit）開放結合產業，在民眾的授權使用下，體驗更完整的數位照護；並於2024年3月12日公告修訂「健康存摺系統軟體開發套件使用管理要點」，精進個資及資安管理。

## 完備資料治理機制 健保永續發展

配合2022年憲法法庭對健保資料應用與個人資料保護法相關疑義之111年憲判字第13號判決，衛生福利部刻正制定專法予以規範，健保署對於健保法所定原始特定蒐集目的外之利用，將依循該專法於保護個人隱私及符合資安規範下，加值健保資料之應用價值，以強化支援決策及增進學術研究量能。

健保署以民眾為中心，為發展醫療研究，精進全民健康照護，未來持續完善健保資料目的外利用之管理機制及法制規範，在保障個人資料隱私權益前提下，提升資訊安全及創造資料運用價值，並導入創新科技，透過客服中心、全球資訊網、FB、LINE@、IG等服務管道，提升為民服務品質，強化與各部會、醫界及民眾溝通，透過多元管道宣導珍惜醫療資源，促進醫療服務效率，使健保效益極大化，共創健保永續發展。



## Promoting NHI Digitization and Healthcare Transformation

The NHIA launched the NHI Digitalization and Health Equity Program in 2024. This program leverages the cloud system to promote health equity, empowering individuals to access their health information and manage their own health. It employs four key strategies to achieve this: individual health empowerment, advancing the MediCloud system, overcoming health boundaries, and establishing an information ecosystem. The revision of the *Rules for Medical Diagnosis and Treatment by Telecommunications* makes telemedicine more expanded, and NHI virtual cards, electronic prescriptions and plans related to NHI make medical resources more accessible, affordable, and equitable.

In addition, the “My Health Bank App” also doubles as an interface for mobile payments to help promote a truly intelligent mode of seeking medical attention. A software development kit (SDK) is also now available to further expand My Health Bank’s applications. With the authorization of citizens, these initiatives will provide them with more complete digital care. Moreover, on March 12, 2024, the revised Use Directions for My Health Bank Software Development Kit were announced, improving personal information and information security management.

## Refining Data Governance Mechanisms for NHI Sustainability

In line with the 2022 verdict regarding doubts over application of the NHI data and Personal Data Protection Act in Taiwan Constitutional Court Judgment 111-Hsien-Pan-13, the MOHW is enacting relevant laws. In terms of the Health Insurance Act, the NHIA will follow relevant laws to protect individual’s privacy and comply with information security policies, thus enhancing the application of NHI data, strengthening the foundation for making decisions and improving academic research capacity.

Always placing people first, the NHIA will continue to improve the mechanisms and legal regulations for managing NHI data, protect personal information and enhance information security, and create value from data utilization. Innovative technologies will be introduced to enhance the quality of services through such channels as its customer service center and website, Facebook, Line@ and IG. The NHIA will also strengthen communication with various government agencies, the medical community, and the general public to promote awareness of the importance of treasuring healthcare resources, enhance efficiency in healthcare services, and maximize NHI benefits, ensuring NHI’s sustainable development.





# 全民健康保險年報

National Health Insurance Annual Report  
2024-2025

出版機關 衛生福利部中央健康保險署  
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設計印刷 暉昕創意設計有限公司  
電話 (02)2553-6152  
地址 103045臺北市大同區民權西路108號8樓  
出版年月 2024年11月  
定價 新臺幣200元  
展售處 臺北國家書店松江門市  
地址：104472臺北市中山區松江路209號1樓  
電話：(02)2518-0207  
五南文化廣場  
地址：403018臺中市西區臺灣大道二段 85 號  
電話：(04)2226-0330  
ISBN 978-626-7461-44-0  
GPN 2011300008

## 國家圖書館出版品預行編目(CIP)資料

全民健康保險年報. 2024-2025 = National Health Insurance annual report 2024-2025 / 衛生福利部中央健康保險署編. -- 臺北市：衛生福利部中央健康保險署, 2024.11

面：公分  
中英對照  
ISBN 978-626-7461-44-0 (平裝)

1.CST: 全民健康保險

412.56

113012921

本書內容未經衛生福利部中央健康保險署許可或取得書面同意，不得部分或全部使用。  
網址：<https://www.nhi.gov.tw> 免付費電話：0800-030-598

## 2024-2025 National Health Insurance Annual Report

**Publishing Organization:** National Health Insurance Administration, Ministry of Health and Welfare

### Publisher:

**Editor:** National Health Insurance Administration, Ministry of Health and Welfare

**Address:** No.140, Sec. 3, Xinyi Rd., Da'an Dist., Taipei City 106211, Taiwan (R.O.C.)

**Website:** <https://www.nhi.gov.tw>

**Tel:** 886-2-2706-5866

**Visual Design:** Wish Creative Design co., LTD.

**Tel:** 886-2-2553-6152

**Address:** 8F., No.108, Minquan W. Rd., Datong Dist., Taipei City 103045, Taiwan (R.O.C.)

**Date of Publication:** November 2024

**Price:** NT\$200

**Available at the following bookstores:**

### Government Publications Bookstore

**Address:** 1F., No.209, Songjiang Rd., Zhongshan Dist., Taipei City 104472, Taiwan (R.O.C.)

Tel: 886-2-2518-0207

### Wu Nan Bookstore

**Address:** No.85, Sec. 2, Taiwan Blvd., West Dist., Taichung City 403018, Taiwan (R.O.C.)

Tel: 886-4-2226-0330

**ISBN:** 978-626-7461-44-0

**GPN:** 2011300008

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<https://www.nhi.gov.tw>

Toll-free number: 0800-030-598









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健保署官網



電子書



ISBN 978-626-7461-44-0

9 786267 461440

GPN:2011300008  
定價 (Price): NT\$200