

Abstract

Objective: In order to increase the TB cure rate, Bureau of National Health Insurance (BNHI) implemented a demonstration program of increasing TB medical reimbursement, also called quality payment program, since November 2001. The quality program was formally implemented since January 1st 2004. The purpose of this study was to investigate the influences of this quality program on TB control and prevention after its implementation.

Methods: The TB specialists in hospitals contracting with BNHI, case managers, public health nurses, and new TB patients in 2004 participated in this study. The structured questionnaires were mailed to TB specialists, case managers, and public health nurses; the TB patients were randomly sampled by stratification for telephone interview. A total of 361, 175, 1561, and 600 were collected from TB specialists, case managers, public health nurses, and TB patients. The descriptive statistics were applied to analyze the perceptions of and difficulties they faced in the current TB control and prevention program. With respect to TB patients, the multiple regression analysis was conducted to analyze the associated factors with their satisfaction and logistic regression analysis was also conducted to analyze the factors affecting TB patients' successful treatment.

Results: After the implementation of TB control and prevention program, 52% of the TB specialists, 51% of the case managers, and 47% of the public health nurses were satisfied with the program. Most of the TB specialists, case managers, and public health nurses thought the quality payment program would facilitate the case trace and management and promote the quality of healthcare. However, the most torment physicians faced in the TB control and prevention was the insufficiency of patients' perceptions in TB (55.12%); the most torment case managers faced was the unknown situation of patients' medication in other hospitals (65.14%); the most torment public health nurses faced was patients' insufficient cooperation in treatment (56.37%). It was found that, after the implementation, TB patients' interruption of treatment, the influences on life quality, perceptions of TB, and satisfaction with treatment significantly improved. The associated factors affecting TB patients' satisfaction were the perceptions of TB medication, of sequela because of incomplete treatment, of treatment time, physicians' disease explanation, and the convenience of medical services and consulting. The factors affecting TB patients' cure were marital status, changes of hospitals, side-effects of medications, treatment interruptions, and perceptions of TB treatment period.

Conclusions and suggestions: Overall speaking, the praise of physicians' and case managers' perceptions of the TB control and prevention program were higher than that of the public health nurses. This program was effective but some improvements were needed. Based on the results of this study, the following suggestions were offered to physicians, case managers, and public healthcare nurses: 1) Keep to reinforce patients' perceptions of TB; 2) Reinforce patients' medical compliance. The following suggestions were offered to hospitals: 1) The increase in reimbursement should be given to TB specialists or hospitals for TB control and prevention; 2) Update information of TB patients' treatment regularly in hospitals; 3) Encourage the contact between case managers and public health nurses. The suggestions for the office of public health were 1) Make physicians accessible to hospital-changed patients' medication in other hospitals; 2) Promote patients to bring TB medical records with them; 3) Update TB patients' contact information regularly; 4) Schedule regular meeting for public health nurses and case managers to discuss TB cases; 5) Reinforce the cooperation of hospitals for TB control and prevention; 6) Increase reimbursement for the cost of second-line TB medicine.

Keywords: Tuberculosis, Quality payment, TB control and prevention, Satisfaction