

Study of Hospital-Based Managed Care for tuberculosis in Taiwan

Abstract

Objective: Since Bureau of National Health Insurance (BNHI) implemented a demonstration program of increasing TB medical reimbursement, also called quality payment program in 2001, the tuberculosis case manager was established in Taiwan hospital and health centers. The purpose of this study was to investigate the characters, work and load of TB managers after its implementation.

Methods: The TB case managers in hospitals contracted with BNHI in 2005 participated in this study. The structured questionnaires were used to interview them by telephone or personal. The descriptive statistics were applied to analyze the perceptions and difficulties they faced in the current TB control and prevention program. Static analysis was conducted to analyze the associated factors with their satisfaction and difference among stratified hospitals and health centers.

Results:

The baseline characteristics revealed more full-time and licensed TB case manager worked in hospital such as medical center rather than local clinics and health centers. 55.8% visited hospital set up the committee of tuberculosis consultation, whereas only 10% staff had participated the meeting held by public health office. Almost every visited hospital put perception education into practice including patient and his or her family. For the patient admitted in hospital, the education was carried out by ward staff (55.3%) or case manager (35.1%). However, the case manager in community health center did not bring it into practice. There were 11.3% case manager made a refer note when patient was discharged. The optimal number of case management might be less than 100 per year. They also wish it spend more time to interact with patient in state of dealing

Conclusions and suggestions: Hospital-based models case management of TB has developed in Taiwan during the past several years in state of community-based models case management. Overall speaking, it implicated TB case manager will play the role of communication channel between the aspect of public health and medical specialist. Based on the results of this study, the following suggestions were offered to improve the current program.

1. Encourage the employment of full-time and licensed case manager.
2. In order to enhance the interaction between patients and case manager, the software of registration should be improved.
3. To inspect the content of meeting for tuberculosis committee in hospital and the bureau of public health intensively.
4. Reinforce the cooperation between hospitals and community.
5. Unifying the model of case management and document.

Keywords: community-based models case management, hospital-based models case management, tuberculosis case manager