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E-health and the Informed Patient
OECD Forum 2004
May 13, 2004

The National Health Insurance (NHI) of Taiwan covers 23 million people with annual outlay of some 9 billion Euros. Operated under a single public run organization – Bureau of National Health Insurance (BNHI), the program, which started on Mar. 1st, 1995, has achieved its original goal of universal coverage, equitable access to quality health care and at affordable cost. One key factor to the success of the program is the adoption of information system from its inception. The Taiwanese health care system as its present form is regarded as efficient, good value for money, and equitable. Spending only 6% of our GDP on health care, the program covers wide ranges of services including hospital and ambulatory services, prescription drugs, laboratory tests, dental services and traditional Chinese medicine. In the next 10 minutes I'll share with you some experiences we've had to highlight the coming trend of today's topic "e-health and the informed patient".

First of all, I'd like to share one example, which may shed some light on the emergence of the informed and e-ready patient. In 1997, when "The HARRT therapy for HIV/AIDS patients is first available, it is immediately covered under our National Health Insurance program. During the very first year of that treatment program, doctors started to report incidents of challenges from the patients obtaining information from the Internet. The challenges included treatment regimen, availability of new drugs, side effects and so on. The medical professionals in Taiwan have never faced such challenges before. This unprecedented incident, in my opinion, heralds in a new era of the informed and e-ready patient. As one ancient Chinese saying puts it: "if one is inflicted with an illness for an extended period of time, he/she will become a good doctor for that disease." So when patients are equipped with whatever information available from the Internet, he/she is set to pose greater challenge for the physician. In the long run, this trend will translate into quality improvement and efficiency gains for the system. As we all know, the best way to improve quality and efficiency of the system is competition through informed consumer. In this respect, health literacy, digital divide, the readiness of health care providers and health care system, and the information infrastructure as a whole will be major challenges for policy makers.

Another example I'd like to share with you is our Health Smart Card Program. Starting Jan 1st, 2004, every citizen and foreigner who is eligible for the National Health Insurance program has received this smart card. The technology is from Germany, the same company which prints the Euro. It is now used only as a health ID; however, it has the potential of storing some medical information in it. At this moment we are still debating what information is suitable to put in the smart card to facilitate data exchange among health care providers and access to patients. However, the successful implementation of this Smart Card program, a 3-year, 1.1 billion Euros investment has already achieved its first goal of connecting all health care providers under one network. According to one study, this initial phase, i.e., without medical information in the card, has already achieved savings of three times the initial investment.

The impediment to the implementation of any e-health program is mostly from the fear of infringement to privacy and security issues. We are no exception. Some patient advocacy groups have protested against the inclusion of any medical information in the Smart Card program. Our success in the Smart Card Program is only another testimony to the importance of social consensus, which is critical if we want to achieve the original goal of sharing health records electronically.

My final point is the wisdom of building "coral islands". Corals starts with the first bug doing not contemplating, i.e. there are nothing really difficult if you only begin. Unfortunately, we've witnessed too often, high profile failures and slow delivery of the projects in the past, which may prevent us from making important decisions for the future. It is interesting to note that in places where health care delivery system are still developing as most Asian economies are, their chances of building e-health delivery system could be higher than countries with mature health care systems. The newly built hospitals in Taiwan are now paperless and equipped with the state of the art PACs system. My understanding is Korea perhaps has the highest penetration rate for hospital PACs system in the world.

In summary, I believe the informed and e-ready is already there and the number is growing rapidly. There is no time to contemplate on one strategy after another without delivering the real output – the promised National Health Information Infrastructure or whatever name under which the modern e-health system could be based upon. What we need now is action, the real action that can deliver what's been envisioned for the society as a whole. Last but not least, social consensus on privacy and security is critical.

Thank you for your attention

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