

Experiences of Patient Involvement in Evaluation of Social Services by CDE/HTA in Taiwan

Case of small-scale community-based day centers (CBDCs) for people with physical and mental disabilities

Grace Li-Ying Huang, PhD

Division of Health Technology Assessment, Center For Drug Evaluation, Taiwan

lyhuang277@cde.org.tw

2018/06



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Center for Drug Evaluation, Taiwan

Disclaimer

- This presentation was not officially cleared, and the views offered here do not necessarily represent the official positions at MOHW, including NHIA.

Outlines

- **The Health Care System in Taiwan**
- **Patient Involvement in Evaluation of Social Services**
 - **Definition of users & providers**
 - **Objectives**
 - **Approach to explore benefits to users and families**
 - **Results**

About Taiwan

- Population
 - **23.4 million**
 - Aging society (12.5% of population was 65+)
 - Expected life years at birth: 77.01 years for male and 83.62 years for female
- **2017 GDP per capita nominal :
US\$ 24,030**
 - PPP (purchasing power parity):
US\$ 49,900



Health Care in Taiwan

- **Total expenditure on health (TEH) – 6.9% of GDP**
- **Public expenditure on health - 60% of TEH**
- **National Health Insurance (NHI)**
 - Instituted 1995
 - Mandatory, single-payer social health insurance
 - Comprehensive
 - Low premium & low co-payment
 - US\$ 20 billion budget per year



History of CDE/HTA

- Taiwan started conducting health technology assessments (HTAs) since 2007 to support the National Health Insurance Administration (NHIA)'s reimbursement policies regarding new drugs by considering the health and well-being of all citizens, medical ethics, and cost-effectiveness within the financial framework of the NHI program.

Patient Involvement in Evaluation of Social Services



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Background

- In Taiwan, **small-scale community-based day centers (CBDCs)** have been established since 2011 to organize scheduled works and provide opportunities for occupational engagement to those with physical or mental disabilities, those who are partially independent, and who are unemployed.
- CBDCs are small-scale, work-oriented centers providing care and recreation facilities for people aged >15 years with chronic psychiatric disorders or physical disabilities who have not been placed in social welfare institutions or psychiatric rehabilitation institutions at the same time (**users**).
- During 2011–2016, the number of centers increased from 22 to 143 with expenses increasing from NTD 36.04 to 113.46 million, exhibiting an expansion of demand for this service. **Providers** include a mix of professionals and non-professionals (social workers, nurses, skilled caregivers)

Objectives

Due to the expansion and lack of evaluation of the centers, the CDE undertook to:

1. Explore benefits from the user and family perspectives
2. Explore the current organization of services

Approach to explore benefits to users and families

- User and family questionnaires covering
 - QoL of caregivers
 - Satisfaction of users of workshops
 - Resocialization of users
 - Accessibility & safety
- Distributed to 1,681 users and families

Approach to explore organization of services

- Visit of 31 centers and total 72 times visit
(Some of centers we visit more than 2 times)
 - Interview of 35 persons in charge of centers
 - As an observer: 37 times

What worked well?

- A total of 1,681 questionnaires (for 123 centers); for the 1,185 copies, the questionnaire's response rate was 70.49% (High response rate)
- Results pre-post visit:
 - a. QoL of caregivers: compare with previous situation, significant improved (85% improved)
 - b. Satisfaction of users: more than 95%
 - c. Resocialization data : more than 95% improved
 - d. Request for proximity of access and for safe Transportation: within 20 to 30 mins.

What was challenging?

- Variability of situations for centers (human resources and skills variable)
- Lack of financial stability
- Lack of guidance and standard evaluation process of the centers
- Security issues regarding transport of users - no transportation facility

Recommendation made based on the assessment

- Increase the number of centers (proximity access) and security (transportation system)
- Increase task-specific training
- Explore more job-opportunities for attendees
- Clarify eligibility of attendees and needs
- Set clear goals and approaches
- Develop a comprehensive managing plan (recruit talent, promote access to services, financial stability)

Policy Outcome

- This report considered that the setting of small scale workshop is definitely a correct policy planning direction.
- Based on the HTA report, the government has extended the workforce and enhanced the human resource management to augment CBDC supervision.

Acknowledgments

- The authors thank the Ministry of Health and Welfare (MOHW) for financial support.
- No potential conflicts of interest relevant to this article are reported.
- IRB approved number:16-091-B1

Thank you for your attention!



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