

## Health care justice: Lessons from Taiwan

Dr. Claudia Chaufan, MD, PhD  
University of California San Francisco  
Physicians for a National Health Program

---

---

---

---

---

---

---

---

### Outline

- Why Taiwan (the personal & the professional/political)
- How did they do it?
- How can we get from here (ACA) to there?

---

---

---

---

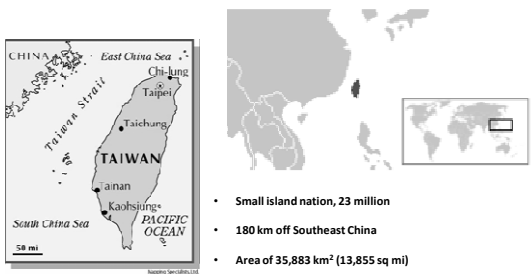
---

---

---

---

### Taiwan: The new kid in town



- Small island nation, 23 million
- 180 km off Southeast China
- Area of 35,883 km<sup>2</sup> (13,855 sq mi)
- GDP ~ 60% of US (USD 28,000 vs. 46,000).
- Most Han Chinese, yet culturally and religiously diverse

---

---

---

---

---

---

---

---

### Urban centers and nature



---

---

---

---

---

---

---

---

### Worship and food



---

---

---

---

---

---

---

---

### History of repression and resistance



---

---

---

---

---

---

---

---

### Why Taiwan (the personal)

- Invited as Visiting Scholar in Spring 2012, to teach @ International Master's Program (and do research to my heart's content)
- Fascinated with health care system, wanted to learn more about it
- Interviewed academics, policy makers, government officials, health providers, patients
- Received services (self & hubby)



---

---

---

---

---

---

---

---

### Why Taiwan (the professional/political)

- Since independence from China (1949) to 1995: over ten separate insurance schemes covering 57% of population
- 43% uninsured (U.S. 16%)
- Costs were increasing (sound familiar...?)

---

---

---

---

---

---

---

---

### Why Taiwan (contd.)

- **COVERAGE:** Since 1995, ~100% coverage for all medically necessary services
- **COSTS:** Cost to nation, 6.25% GDP / Costs to individuals: ~ 5% of nominal wage (up to three individuals per family)
- **FREEDOM OF CHOICE:** Fully free choice of providers, no gatekeepers, no waiting lines
- **COMPETITION:** providers compete for patients, as they carry NHI dollars
- **EMR:** 100% computerized medical records, full interoperability, Smart Card allows patients to carry around medical history/medications
- **ADMINISTRATIVE OVERHEAD FOR SYSTEM:** around 1.5%

---

---

---

---

---

---

---

---

### Why Taiwan (contd.)

- **ADMINISTRATIVE OVERHEAD FOR DOCS:** docs take notes in EMR, connected directly with NHI (~ 4 hrs per month per doctor/1 billing person per 500 residents in nursing home)(US: 31 billion annually)
- **FRAUD AND ABUSE:** easy to detect through public centralized administration
- **SATISFACTION RATE:** 75%
- **MEDICAL BANKRUPTICES:** 0 (USA: ~ 900,000/year affecting ~2,4 million people)
- **DEATHS FOR LACK OF HEALTH INSURANCE:** 0 (USA: ~1,000 individuals per 1,000,000 uninsured)

---

---

---

---

---

---

---

---

### Health and other achievements

- Deaths from amenable causes declined, especially among those who had poor or no coverage prior to NHI (old and young, esp. low and middle income).
- Utilization rates increased, especially among the uninsured, even as costs stabilized (greater equitable access to care)
- Infant preventive care and inpatient care increased
- Disparities in mortality for all causes decreased (greater health equity)
- Easy to test payment methods (e.g. P4P did not work with diabetes care, did work with breast cancer); lots of opportunities for health services research

---

---

---

---

---

---

---

---

### How did they do it: Needs & Goals

- Need to provide access to health care and to control escalating costs
- Goal and commitment to solidarity and equity
- Attracted to choice, freedom, personal responsibility, and competition

---

---

---

---

---

---

---

---

### How did they do it: Strategies

- Planning (1986-1993): experts, studied other countries
- Concluded that the best were Germany, Canada and US Medicare features, rejected US 'mixed' model of financing, heavily reliant on commercial insurance
- Chose comprehensive single payer (full public financing, controlled prices, combination of fee for service for individual providers and global budgets for different sectors)
- Finally, a product described as "a car that has been domestically designed and produced, but with many components imported from over ten other countries".

---

---

---

---

---

---

---

---

### Yes, but...how did they get there?

- Social background of strong popular discontent with increasing uninsurance and costs of care
- Political background of election time, opposition (DPP) supported single payer
- Incumbent (KMT) made it part of its platform and won elections
- In sum: **popular pressure made it not politically feasible not to implement single payer**

---

---

---

---

---

---

---

---

### Selected quotes

- *Services are very good and prices very affordable. You can see a doctor very quickly (international student)*
- *I am grateful for living in Taiwan (Taiwanese student)*
- *In the US you have Medicaid for the poor. That's wrong, because they tell you 'we'll give you health care but only if you spend down' (physician and professor of health policy)*

---

---

---

---

---

---

---

---

### Selected quotes

- *Health security is critical to economic development...medical bankruptcies? No...none (current hospital director and internist)*
- *Physicians fought for higher reimbursements, but not against the concept of social insurance...we did not allow commercial insurers....they are murderers (laughs) (former head of BNHI, current professor of medicine).*
- *The system is a miracle. It provides a lot with very little money. Patients love it. Doctors do not like it. They have to work very hard (ENT specialist, makes 4 to 5 times income of university professor, never had student debt)*

---

---

---

---

---

---

---

---

What are the lessons from Taiwan?  
How can we get from here (ACA)  
to there  
(health care justice,  
a universal right to health care for  
everybody living in the United States)?

---

---

---

---

---

---

---

---

Expanded and Improved  
Medicare for All, building upon the  
history, experience and structure  
of the Medicare that we have

---

---

---

---

---

---

---

---

## But...what if the Democrats lose..?

**Table 2a. Top 20 Senate recipients of health industry campaign contributions, 2000-2008.**

Senator	Committee Leadership?	Total	Health Insurance	Health Professionals	Health Institutions	Pharma & Medical Products
Arlen Specter (D-PA)	No	\$7,238,512	\$1,208,716	\$2,291,666	\$1,435,790	\$2,302,340
Bianche Lincoln (D-AR)	Yes	\$6,289,814	\$1,191,138	\$2,277,908	\$1,281,152	\$1,529,616
Joe Lieberman (I-CT)	No	\$5,990,188	\$1,836,908	\$1,968,770	\$777,550	\$1,367,060
Chris C. Hatch (R-UT)	Yes	\$4,489,660	\$1,601,814	\$1,143,400	\$886,400	\$1,058,446
Sherrod Brown (D-OH)	Yes	\$4,015,340	\$211,228	\$1,842,188	\$853,027	\$118,000
Frank Lautenberg (R-GA)	No	\$4,442,891	\$1,283,036	\$1,015,419	\$681,400	\$663,046
Richard Burr (R-NC)	Yes	\$4,216,022	\$821,802	\$1,267,664	\$391,282	\$1,205,174
Chris Dodd (D-CT)	Yes	\$3,339,208	\$2,607,708	\$515,500	\$212,230	\$3,043,630
Ben Cardin (D-MD)	No	\$3,142,805	\$309,175	\$1,633,070	\$359,530	\$309,030
Max Baucus (D-MT)	Yes	\$2,634,224	\$699,284	\$1,999,941	\$405,291	\$368,082
Jim Bunning (R-KY)	Yes	\$2,489,660	\$92,442	\$1,011,858	\$291,780	\$3,232,900
Mitch McConnell (R-KY)	Yes	\$2,442,465	\$64,277	\$958,857	\$427,230	\$1,411,055
Jim DeMint (R-SC)	No	\$2,347,704	\$582,806	\$1,386,848	\$272,150	\$105,900
Lindsay Graham (R-SC)	No	\$2,287,153	\$493,427	\$1,090,909	\$332,773	\$170,044
Robert Menendez (D-NJ)	Yes	\$2,232,169	\$529,950	\$738,269	\$280,300	\$723,550
Mark Udall (D-CO)	No	\$2,177,912	\$378,482	\$1,044,755	\$299,375	\$545,300
David Vitter (R-LA)	No	\$1,982,757	\$284,430	\$1,344,825	\$188,702	\$114,800
Anthony Weiner (D-GA)	Yes	\$1,945,699	\$479,280	\$601,611	\$150,400	\$604,796
Tom Harkin (D-IA)	Yes	\$1,827,848	\$162,690	\$924,694	\$281,075	\$499,589
Roger Wicker (R-MS)	No	\$1,766,044	\$451,803	\$803,009	\$236,140	\$275,092

*It doesn't matter!*

---

---

---

---

---

---

---

---

---

---

---

---

## It will take more than a village!

- New Deal (1930s)
- Great Society (1960s)
- Occupy Everything (2010s)...?




---

---

---

---

---

---

---

---

---

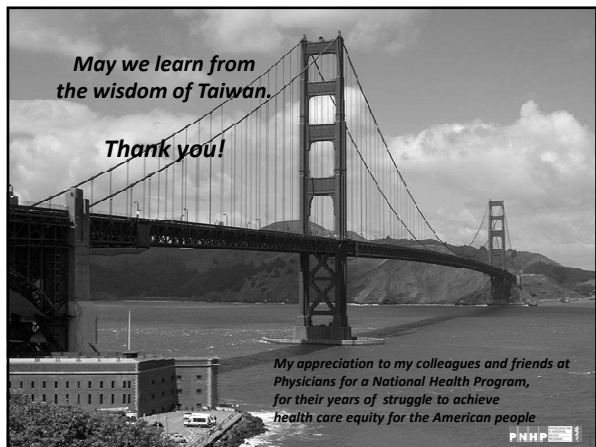
---

---

---

*May we learn from the wisdom of Taiwan.*

*Thank you!*



*My appreciation to my colleagues and friends at Physicians for a National Health Program, for their years of struggle to achieve health care equity for the American people*

---

---

---

---

---

---

---

---

---

---

---

---