2024 CMAAO General Assembly Manila, Philippines

Taiwan Medical Association Country Report



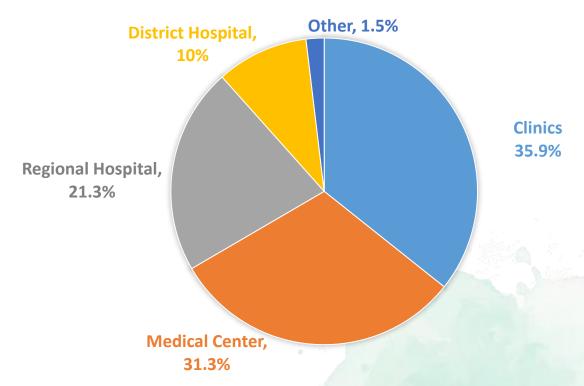


Dr. Brian CHANG

Secretary General, Taiwan Medical Association 24 August 2024

Distribution of Practitioners by Categories of Healthcare Facilities, 2023

- Number of practicing physicians: 55,806
- Physician population ratio: 1:431



Important Activities

- 1. Legislation on "Medical Accident Prevention and Dispute Resolution Act" has been completed, establishing a mechanism for handling medical disputes and promoting harmonious doctor-patient relationships.(1)
 - In 2021, in order to solve long-standing issues such as the adversarial doctor-patient relationship, the loss of high-risk medical specialties, and defensive medicine resulting from medical dispute litigation, the Ministry of Health and Welfare proposed a draft law on medical accident prevention and dispute resolution.
 - ➤ On June 11, 2022, the President of Taiwan promulgated the "Medical Accident Prevention and Dispute Resolution Act", and on August 1, 2023, the Ministry of Health and Welfare announced nine subsidiary laws.
 - > On January 1, 2024, the "Medical Accident Prevention and Dispute Resolution Act", as well as the related subsidiary laws, officially came into effect

1. Legislation on "Medical Accident Prevention and Dispute Resolution Act" has been completed, establishing a mechanism for handling medical disputes and promoting harmonious doctor-patient relationships.(2)

Key provisions of the "Medical Accident Prevention and Dispute Resolution Act" include:

IMMEDIATE CARE:

Medical institutions should form a medical accident care team. Hospitals and clinics with fewer than 99 beds can hire professionals or entrust professional organizations to provide this service.

DISPUTE MEDIATION:

Local health authorities establish medical dispute mediation committees, and all civil and criminal medical lawsuits must go through mediation by these committees.

ACCIDENT PREVENTION:

Hospitals should establish internal patient safety management systems to create a blame-free culture, patient safety reporting, and risk management mechanisms.

Important Activities

2. Involvement in the implementation and legislation in telehealth.(1)

- ➤ Since the Ministry of Health and Welfare of Taiwan announced the revised "Regulations on Telehealth Diagnosis and Treatment," the TMA has held multiple internal meetings. We uphold three key principles:
 - Telehealth diagnosis and treatment should be an exception rather than the norm, with face-to-face consultations as the foundation of doctor-patient relationships. Remote medical care should not be considered equal to in-person medical care.
 - Telehealth diagnosis and treatment should be limited to special circumstances where local services are not available, in line with the concept of tiered and community-based medical care.
 - To protect patient rights, the initiation of telehealth should be driven by patients when there is a need based on their medical condition.

2. Involvement in the implementation and legislation in telehealth.(2)

- The revised "Regulations on Telehealth Diagnosis and Treatment" came into effect on July 1, 2024, with the following key amendments:
 - Five additional special circumstances have been added, including "patients in chronic disease care programs," "end-of-life care," "care in correctional facilities," "care for individuals with limited mobility," and "care during disasters, infectious diseases, or other major incidents."
 - Physicians are allowed to provide medical services through telecommunication means under certain conditions, including the ability to issue prescriptions, thereby offering more comprehensive medical care.
 - Additional medical services that physicians can provide through telecommunication means have been included, such as medical consultations, consultations with specialists, psychiatric counseling, as well as issuing referrals for medical tests and examinations.
 - Guidelines are established for situations where physicians determine that providing medical services via telecommunication is not suitable. In such cases, they have the discretion to abstain and may suggest alternative appropriate ways for the patient to seek medical care to ensure patient safety.
 - Strengthening the regulations on information and communication technology or equipment for telemedical care, including information security measures.

Important Activities

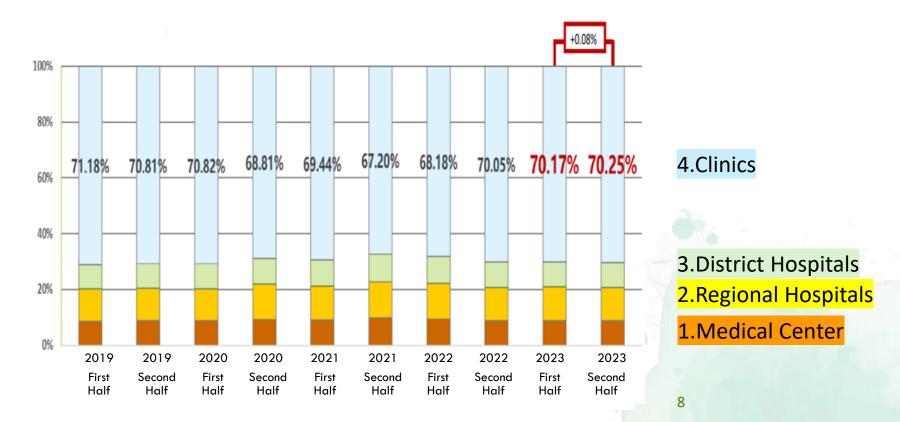
3. The TMA regularly organizes continuing education courses to improve healthcare quality, including the following:

- The TMA regularly organizes continuing education courses to improve healthcare quality, including the following:
 - Metabolic Syndrome Prevention and Treatment Program
 - Symposium on Cloud-based Health Information Systems (HIS) Policies
 - Education and Training for Healthcare Professionals on Dengue Fever, Chikungunya Fever, and Enteroviruses
 - Suicide Prevention Training for Frontline Personnel
 - Seminar on Sports Anti-Doping Prevention and Treatment
 - Education and Training Course on Family Medicine 2.0 and Diabetes Kidney Disease (DKD) in Medical Groups.

National Health Insurance

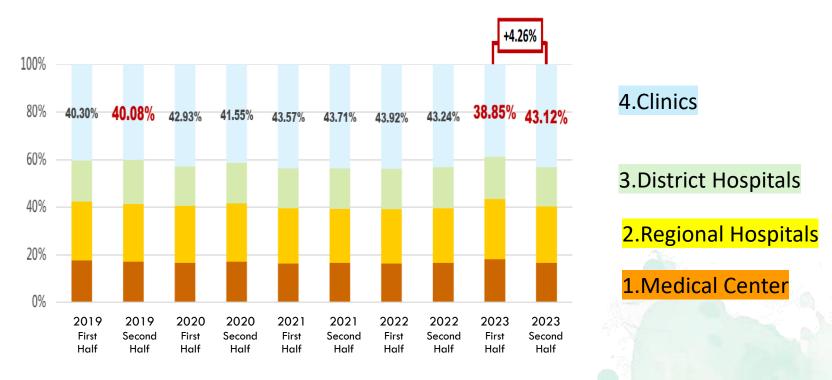
1. Hierarchy of Health Care System: the balance between hospital care and primary care.(1)

- > The proportion of visits to primary care clinics is gradually recovering.
 - In the second half of 2023, the proportion of cases at primary care clinics increased by 0.08% compared to the first half of 2023, gradually returning to pre-pandemic levels.



1. Hierarchy of Health Care System: the balance between hospital care and primary care.(2)

■ The proportion of chronic patients visiting primary care clinics in the second half of 2023 increased by 4.26% compared to the first half of 2023, exceeding the proportion during the same period before the pandemic.



1. Hierarchy of Health Care System: the balance between hospital care and primary care.(3)

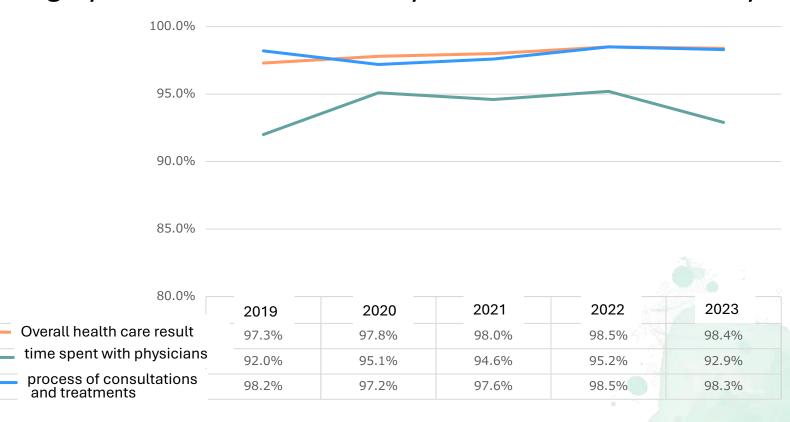
- > Referral satisfaction at primary care clinics exceeds 80%.
 - The referral rate for chronic patients has been increasing year by year, reaching 37.09% in 2023. Most of the diseases referred to primary care clinics include diabetes and hypertension.

Referral satisfaction for chronic patients at primary	care clinics
Diabetes	82.95%
Hypertensive diseases	75.77%
Esophageal, gastric, and duodenal diseases	89.17%
Acute renal failure and chronic kidney diseases	39.94%
Thyroid diseases	59.96%

According to a survey on medical quality and accessibility, 82.1% of the public who had referral experiences affirmed the referral services.

2. According to annual surveys on the medical quality and accessibility of primary care, public satisfaction remains high.

> Satisfaction with overall medical outcomes and the process of seeing and treating by doctors has consistently exceeded 97% over the years.



3. Measures taken by Medical Institutions in Compliance with Epidemic Prevention Policies in 2023

- Although the COVID-19 epidemic has been downgraded since May 1, 2023, it has not ended. Instead, due to the flu-like nature, many people continue to test positive, and there are also patients with long-COVID requiring care.
- Clinics continue to hold the frontline positions, assisting in COVID-19 vaccination efforts. They promptly prescribe antiviral medications and administer them to those in need, ensuring timely treatment for the public.

Clinics in Year 2023

COVID-19 Vaccination

prescribe antiviral medications

Number of clinics	Vaccination case (Vaccination rate)	Number of clinics	Number of physicians prescribe PAXLOVID	Number of PAXLOVID prescription
2,478	2,351,184 (10.04%)	3,341	5,747	300,179

Governmental Programs

- 1. Implementing "Primary care services review" project commissioned by the NHIA.
- 2. Implementing "Promoting international exchange and collaboration on health" project supported by MoHW.

Implementation of group insurance for members

Starting from July 1, 2023, the TMA has entrusted insurance company to handle the "Group Insurance for Members.

- For members under the age of 99, the claim amount for each deceased member is as follows: life insurance death benefit of NT\$ 250k, an additional NT\$ 250k for accidental death, NT\$ 250k for life insurance with additional coverage for 2-11 level disability, and NT\$10k for major burn or scald insurance.
- For members under the age of 105, there is a claim amount of NT\$ 250k for accidental death, NT\$ 250k for disability at the 2-11 level, and NT\$ 10k for major burn or scald insurance.

Publication

Taiwan Medical Journal



 Statistics on Practicing Physicians and Healthcare Facilities in Taiwan 2023





The TMA Convened International Symposium on the Global Health Security and Medical Care System on 10th December 2023 in Taipei, Taiwan

WMA President Dr. Lujain Alqodmani and WMA Chairperson of Council Dr. Jung Yul Park were invited to deliver speeches, while WMA Secretary General Dr. Otmar Kloiber were invited to chair

the session.









Meet with the President, Minister of Foreign Affairs, visit NTU Hospital, and dinner banquet at Grand Hotel





Participation in International Conferences and Events(1)

2023 WMA General Assembly 4-7th October 2023, Kigali, Rwanda







Participation in International Conferences and Events(2)

WMA Declaration of Helsinki regional meeting in Tokyo Japan 30th October to 1st November December 2024.



Participation in International Conferences and Events(3)

WMA Council Session in Seoul Korea from 18th to 20th April 2024







International Exchanges(1)

A formal letter was sent to WMA and KMA to support physicians in Korea on 6th March 2024.

The TMA urges the protection of the working environment for physicians and to engage in a peaceful and constructive dialogue between the KMA and the Korean Government.



The Taiwan Medical Association stands in solidarity with the World Medical Association in supporting the Korean Medical Association

Recent international news has reported that the Korean government unilaterally decided to expand the medical school admissions without proper communication and consultation with experts. This has led to nearly 9,000 Korean doctors being forced to take part in collective action to defend their rights. The Taiwan Medical Association deeply regrets this situation.

The Taiwan Medical Association stands with the World Medical Association, firmly express our solidarity with the World Medical Association. The WMA's Statement on the Ethical Implications of Collective Action by Physicians states that doctors, like any other professionals, reserve the right to advocate for improvements to choose alternative employment if working conditions become untenable. The Korean government should take responsibility, ensure reasonable working conditions, and develop strategic medical education plans. Attempts by the government to prevent doctors from resigning through forceful means are a violation of human rights.

The Taiwan Medical Association firmly agrees with the World Medical Association on this matter and calls upon the Korean government to engage in peaceful and constructive dialogue with the Korean medical community, to demonstrate their determination to uphold the quality of healthcare for the Korean people.

Sincerely,

Ching-Ming Chou

President
Taiwan Medical Association

International Exchanges(2)

Consejo General de Colegios Médicos de España and Taiwan Medical Association signed Cooperation Framework Agreement.

6th May 2024



International Exchanges(3)

National Health Insurance Service, Korea visited the TMA.

11th July 2024





Donation of USD 10,000 to WMA JDN Travel Fund







THANK YOU