

Herng-Ching Lin,^a PhD
Chu-Chieh Chen,^b MHA
Nai-Wen Kuo,^a PhD
Yi-Ping Chang,^a BBA

^a Graduate Institute of Health Care
Administration, Taipei Medical
University

^b Graduate Institute of Health Care
Administration, National Taipei
College of Nursing

Key Words

Patient dumping
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A Review of the Literature on Patient Dumping

ABSTRACT

Although plenty of studies have documented the increasing frequency of patient dumping in the US, little research has been performed to explore these issues in Taiwan. The purposes of this article were to explore the potential subjects of patient dumping, factors contributing to patient dumping, and impacts of patient dumping on patient health and on costs of receiving hospitals by means of reviewing the literature on the US experience. This article may help increase the recognition by health professionals of the issue of patient dumping, and also help policy makers understand the dynamics of patient dumping.

The US literature has documented that potential subjects of patient dumping are black, Hispanic, indigent, unemployed, uninsured, Medicare and Medicaid beneficiaries, AIDS patients, cancer patients, psychiatric patients, and patients with more-serious or complex diagnoses. The literature review reveals that researchers have classified factors contributing to patient dumping into hospital ownership, hospital competition, implementation of the prospective payment system, and the high penetration of managed care. Studies have also found that patient dumping has a significant impact on the financial situation of receiving hospitals as well as on patient health.

The research concerning the issue of patient dumping is still in its nascent stage in Taiwan. A possible reason contributing to the scarcity of related research is the lack of a widely accepted definition of patient dumping. However, although some limitations restrict the research possibilities in relation to patient dumping, policy makers and health professionals have to recognize that patient dumping is a serious problem which can jeopardize patient health and impair the financial integrity of receiving hospitals. Therefore, applicable statutes must be established and enacted in Taiwan to prevent hospitals from transferring patients simply for monetary reasons. (N. Taipei J. Med. 2002;4:145-150)

The National Health Insurance (NHI) Program was officially launched on March 1, 1995 in Taiwan. This program is characterized by its mandatory enrollment, being a government-run insurer, with a sin-

gle-payer insurance system and comprehensive benefits coverage. Notably, the NHI has extended the enrollment rate from 54% to over 95% of the entire population since the end of the inaugurate year (BNHI,

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Correspondence: Dr. Nai-Wen Kuo, Department of Health Care Administration, Taipei Medical University, 250 Wu-Hsing Street, Taipei 11031, Taiwan, R.O.C.

Tel: 886-2-2736-1661 ext. 3610; E-mail: henry11111@tmu.edu.tw