

## An Approach to the Flaws of the DRG System in Taiwan Regarding Trauma Care

**Introduction** Accidents remain the sixth highest cause of death in Taiwan in the past nine years, and its resulting trauma is the major cause of death for citizens aged 12-44. Thanks to the National Health Insurance System (NHI), however, the financial burdens of trauma care patients were eased.

In 2010, the NHI introduced a new payment mechanism, the Taiwan Diagnosis Related Groups (TW-DRGs) system. Phase 3 is expected to be carried out with 654 new groups, mainly trauma care-related, significantly affecting patients' rights to quality healthcare.

**Methods** We systematically reviewed journals and publications in electronic databases and organized the materials according to their highlighted relations between trauma care and the DRG.

**Findings** The following four issues are identified:

1. The lack of specificity in diagnosis classification for complex trauma cases.
2. An outdated injury severity scoring system, ISS.
3. Failure to tackle the poor patient referral system in Taiwan.
4. The lack of funds for the TW-DRGs and low coverage for multiple significant trauma cases.

**Proposed Solutions** To tackle these issues, the following policies are proposed:

Shao-Yung Lu<sup>1</sup>, I-Ling Chou<sup>1</sup>, Chih-Han Cheng<sup>1</sup>

<sup>1</sup> China Medical University

**Correspondence to:**

Shao-Yung Lu  
China Medical University,  
Taiwan

[u107001411@cmu.edu.tw](mailto:u107001411@cmu.edu.tw)

1. Addressing the lack of specificity: Reclassify MDC groups with the help of DRG specialists.
2. ISS outdated: Replacing ISS with ICISS and detailed electronic documentation.
3. Systematic flaws: Adjusting the registration system and patient referral system.
4. Lack of funds: Adjusting premiums of the NHI, separating hospital fees and doctor fees, setting up independent application systems for the severely traumatized, and systemic reforms of the potentially biased censor mechanisms.

**Conclusion** The current system has pros and cons. In between, we aim to seek a balance between managing medical costs and safeguarding traumatized patients' rights. By adopting a more detailed algorithm and an organized system, we hope to create a fairer environment of trauma care that benefits both doctors and patients.