

Primary care in Korea

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Heesuk Yun

Korea's Leading Think Tank



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1. What is Primary Care?

What is primary care? – Common notions

- Continuous, comprehensive, coordinated care
- first(primary) contact – a sequence of events
- the most important (primary) – significance
- the least complex (primary) – complexity
- services provided by clinics – providers
- gatekeeping, patients registrations – activities

- Opposing concept to “technology–driven, hospital–focused, uncoordinated, and fragmented ” system
- Defining Primary care: less about specifying actual services or models, more about position on what the aim of health system should be.
- Primary care is identifying and remedying problems to move the current system ‘off path,’ rather than transplanting specific models

Primary care agenda moving to the center

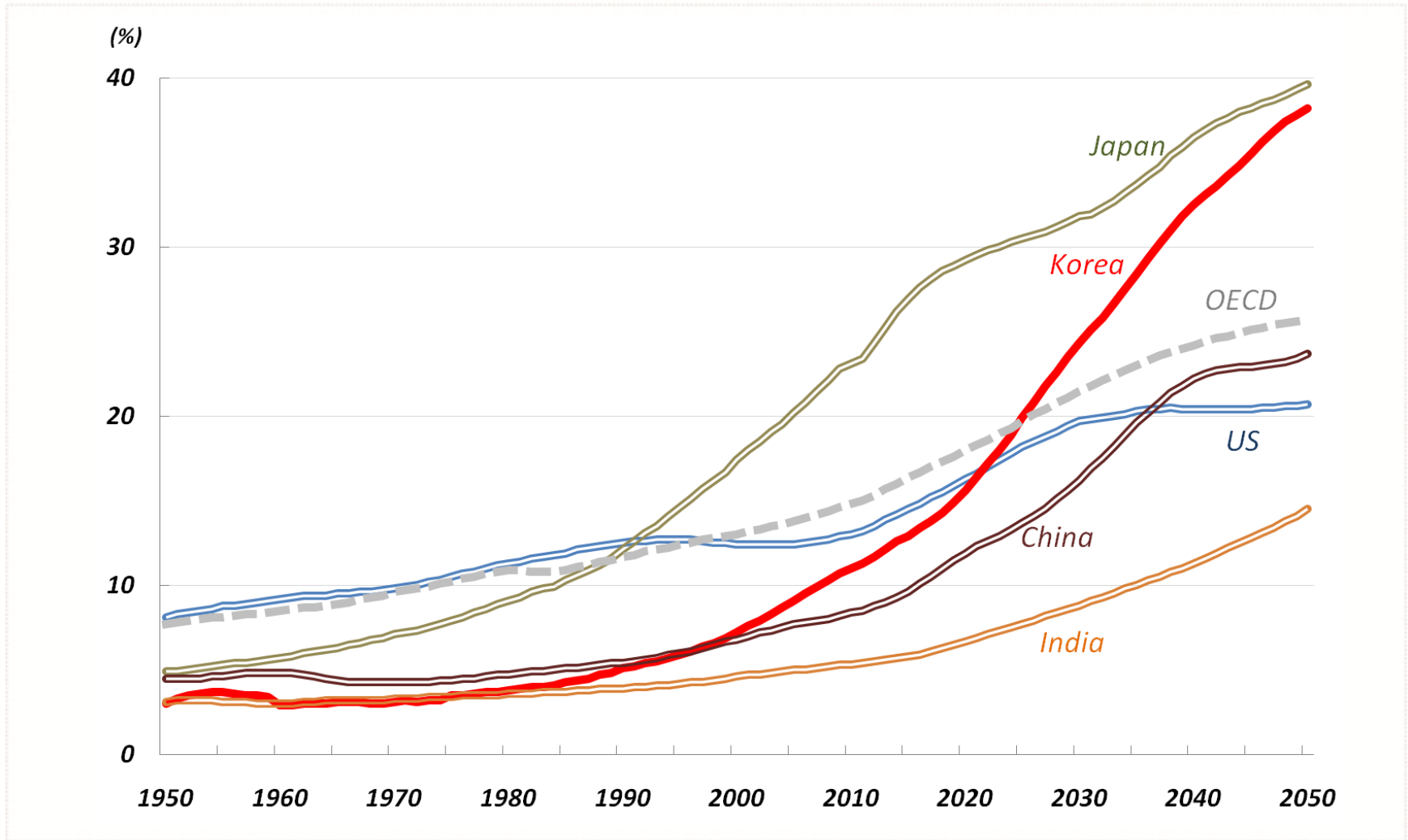
- The rising need for chronic disease management in an aging society
- Growing importance of medical service coordination to control health expenditure by avoiding overuse of unnecessary services.
- Growing need for social integration: need to mitigate the effect of income on health outcome by strengthening primary care, preventing the severe ailments and the need for expensive treatment.

2. Problems to tackle in Korean Health care system

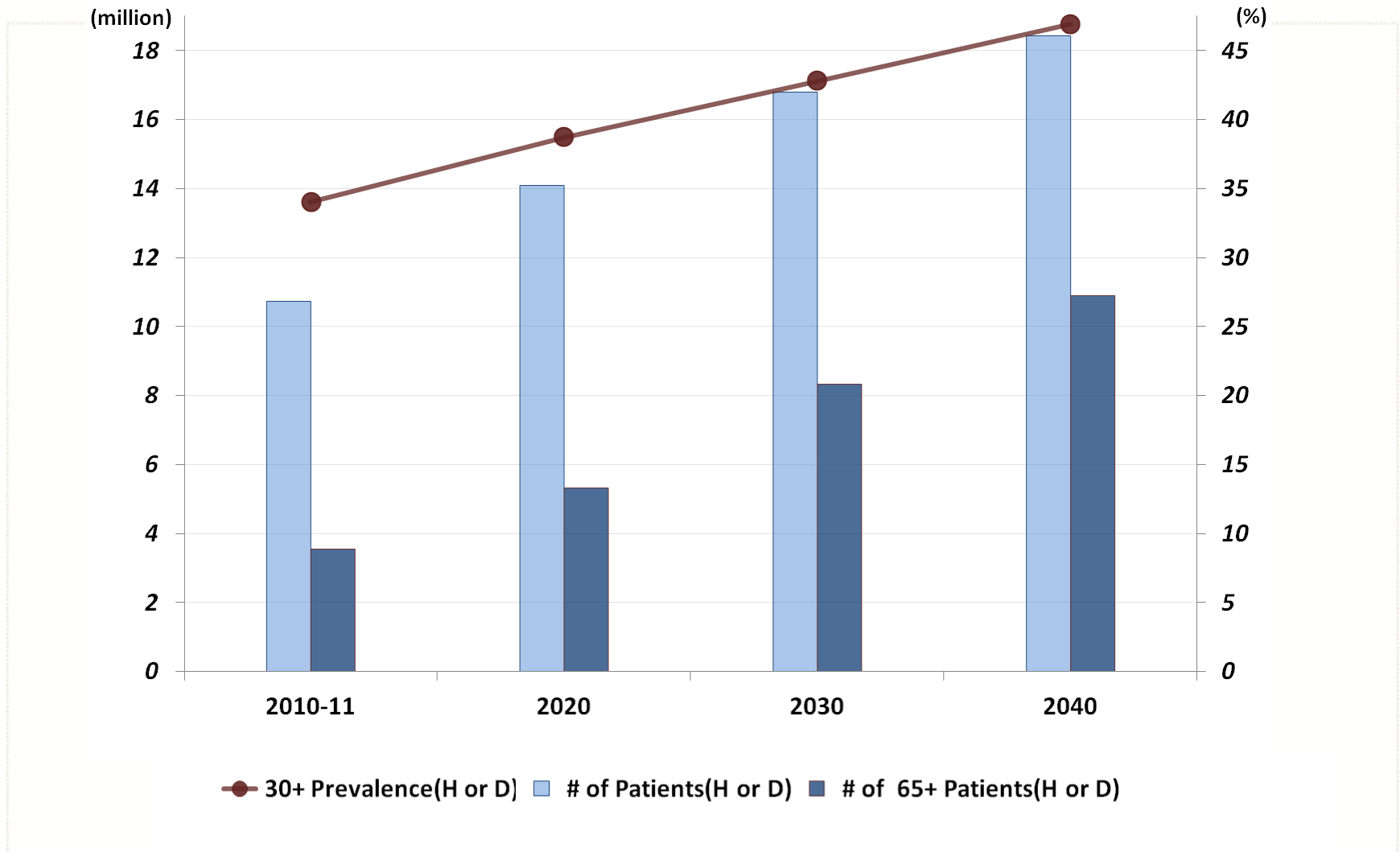
Lack of primary care functions resulting in resource allocation distortion

- Failure to guarantee necessary service and prepare for aging society.
 - Chronic disease management underdeveloped
- Failure to restrain overuse of less-needed services
 - High dependence on hospital, tests with expensive equipments, surgery, hi-tech treatment

Rapid Population Aging



Estimation of Hypertension/Diabetes prevalence



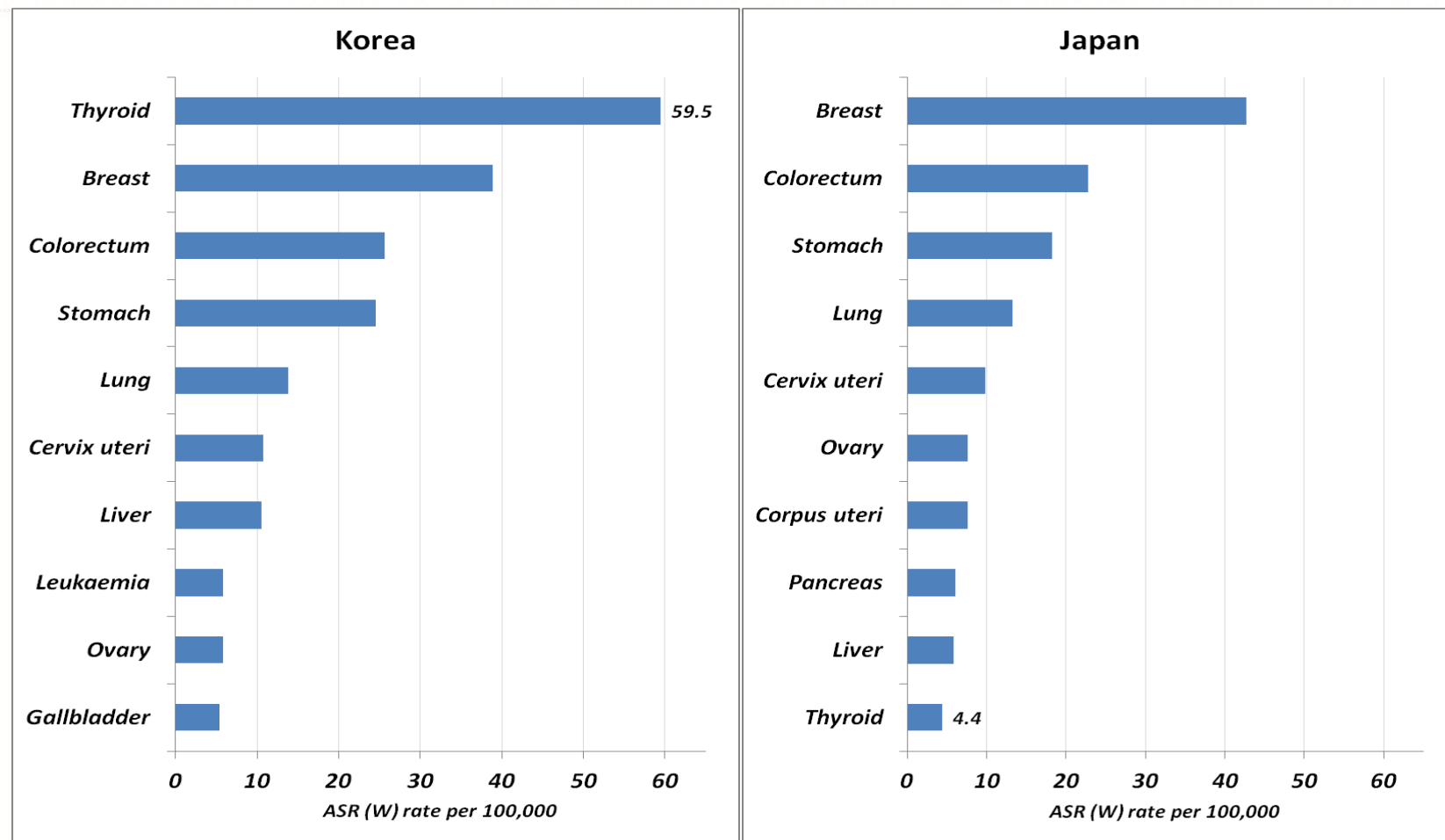
Prevalence and control of hypertension · diabetes

(단위: %)

	30+	
	Hypertension	Diabetes
Prevalence	29.8	10.3
Awareness	67.1	73.7
Treatment	61.6	64.3
Control	43.3	29.7

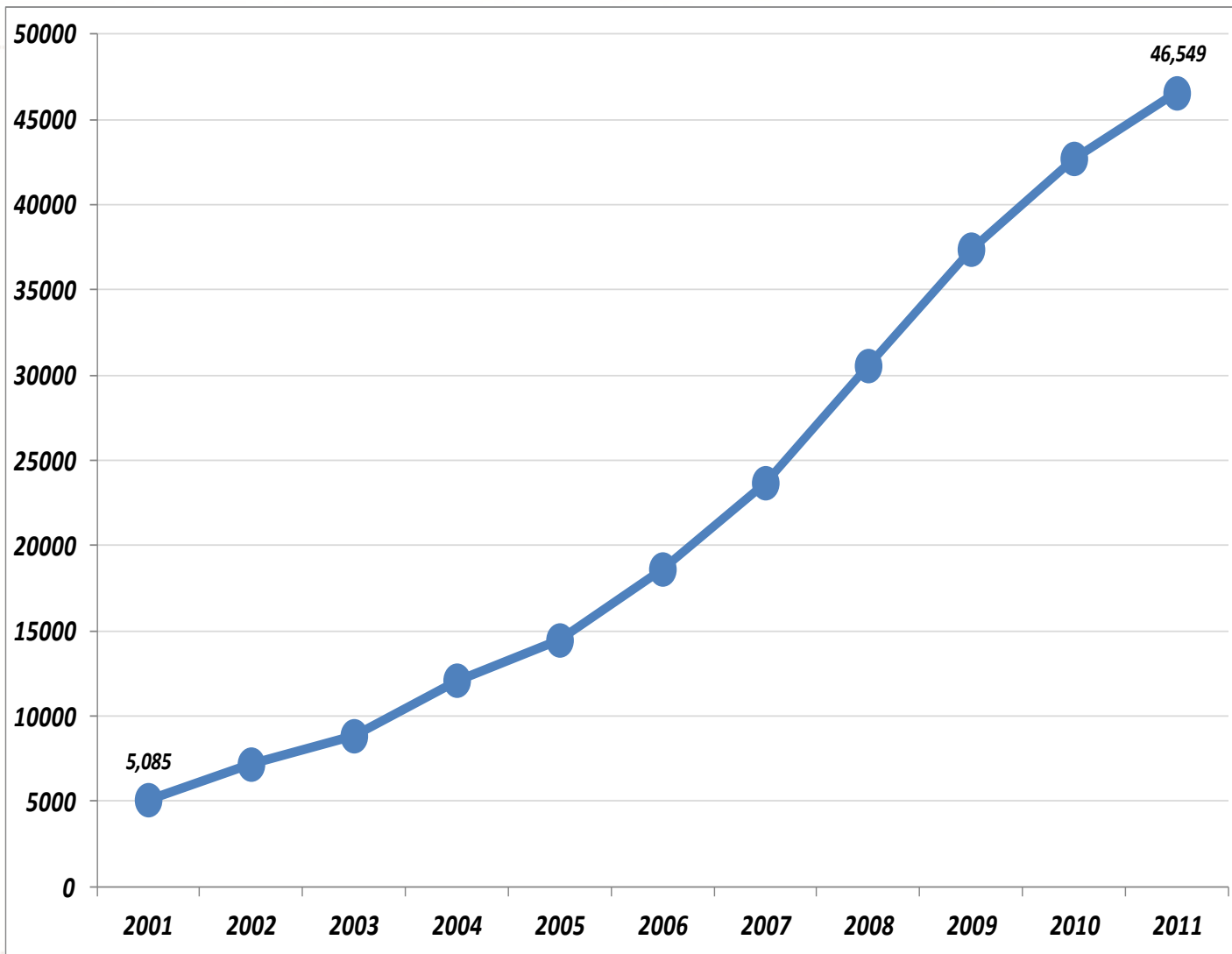
Source: KNHANES (2010~2011)

Incidence of Thyroid Cancer and 10 Most common cancers (women, 2008)



Data: <http://globocan.iarc.fr/>

Thyroid Cancer Hospital Admissions and Surgery



Source: Yearly Treatment Cost Statistical Indicators, HIRA

Korean primary care in numbers: dependence on hospital

	Rank	# of OECD countries w/data
Asthma hospital admission rate	3	28
COPD hospital admission rate	12	28
Diabetes hospital admission rate	3	24

Source: OECD, Health at a Glance, 2011.

3. Korean Healthcare System and Primary care

Korean health care system & primary care

- Introduction of an US type, specialist, high technology oriented system under US military administration after the Korean War.
- Intense competition among health providers
 - Public hospitals were devastated during the war, doctors opened their own clinics and expanded to hospitals thanks to rocketing real estate value
 - Providers at every level compete with each other for patients with little functional differentiation

Korean health care system & primary care

- The public accustomed to having free choice of provider and treatment method due to a lack of policy intervention to coordinate health care services.
- Confrontational relationship between state and physician from coercive health care policy to control health care spending
 - Vigorous opposition even to the health care policies without direct effect on the interests of doctors in fear of payment system change
- The lack of policy infrastructure to monitor market and formulate healthcare policy amid a sole focus on healthcare spending control

Recent efforts in primary care areas

- The medical delivery system(1989): Effort to control patient flows towards large-scale hospitals
 - The public unwilling to accept having its choices restricted
 - Providers feared of losing out they did not issue the referrals their patients wanted
- Chronic disease management system(2012): Due to the fierce organized opposition from medical profession, original contents for managing patients are left out, leaving only the financial incentives

4. How to strengthen primary care

How to strengthen primary care

- Need to recognize that primary care reform is a political economic question: inevitability of clashing interests of stakeholders
- Need to strike a balance between directedness and responsiveness: avoid using coercive measures making the public feel their choice is restricted
- Importance of popular support when active resistance from the interest groups comes into play
- Importance of knowledge base predicated on clear goals to change public awareness on the advantages of reforms

Strategy to strengthen primary care

- Set national objective of controlling hypertension and diabetes and prepare long-term/mid-term plans
- Let primary care models be chosen by the public rather than determining a specific models.
- A mix of top-down and bottom-up approach
 - Public sector need to implement pilot efforts such as integrating prevention, counseling and education, interdisciplinary cooperation, devising standard service protocols using the health center network
 - Create the environment for new bottom-up models by private sector by relaxation of regulations and financial support
- Expand a knowledge base on the need for reforms for the public to accept it: gather/disseminate evidence and develop policy tools

Thank you!