

Benefits Coverage and Financial Protection in the Korean NHI

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한국 국민건강보험(NHI)의 급여 보장과 재정적 보호

건강보장 40주년 국제심포지엄
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보건부문 수석자문역
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➤ **OUTLINE of Presentation**

1. Benefits Coverage and Financial Protection
2. Service Coverage
3. Cost Sharing for Patients
4. Process for Priority Setting
5. Policy Directions to Improve Financial Protection



▶ 발표 개요

1. 급여 보장과 재정적 보호
2. 서비스 보장
3. 환자의 비용 부담
4. 우선순위 설정 프로세스
5. 재정적 보호 강화를 위한 정책 방향



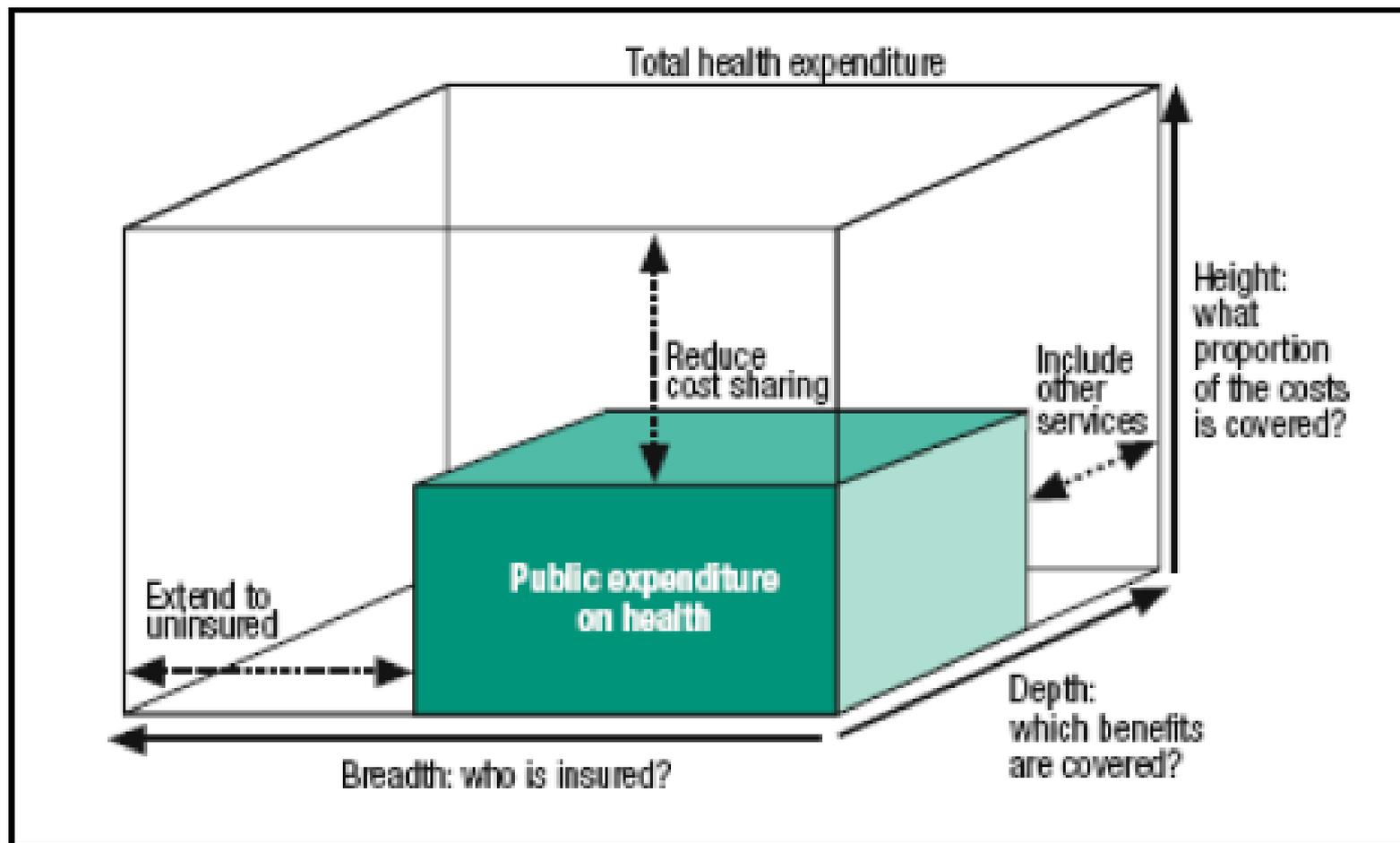
I. Benefits Coverage and Financial Protection



1. 급여 보장과 재정적 보호

Financial Protection (WHO)

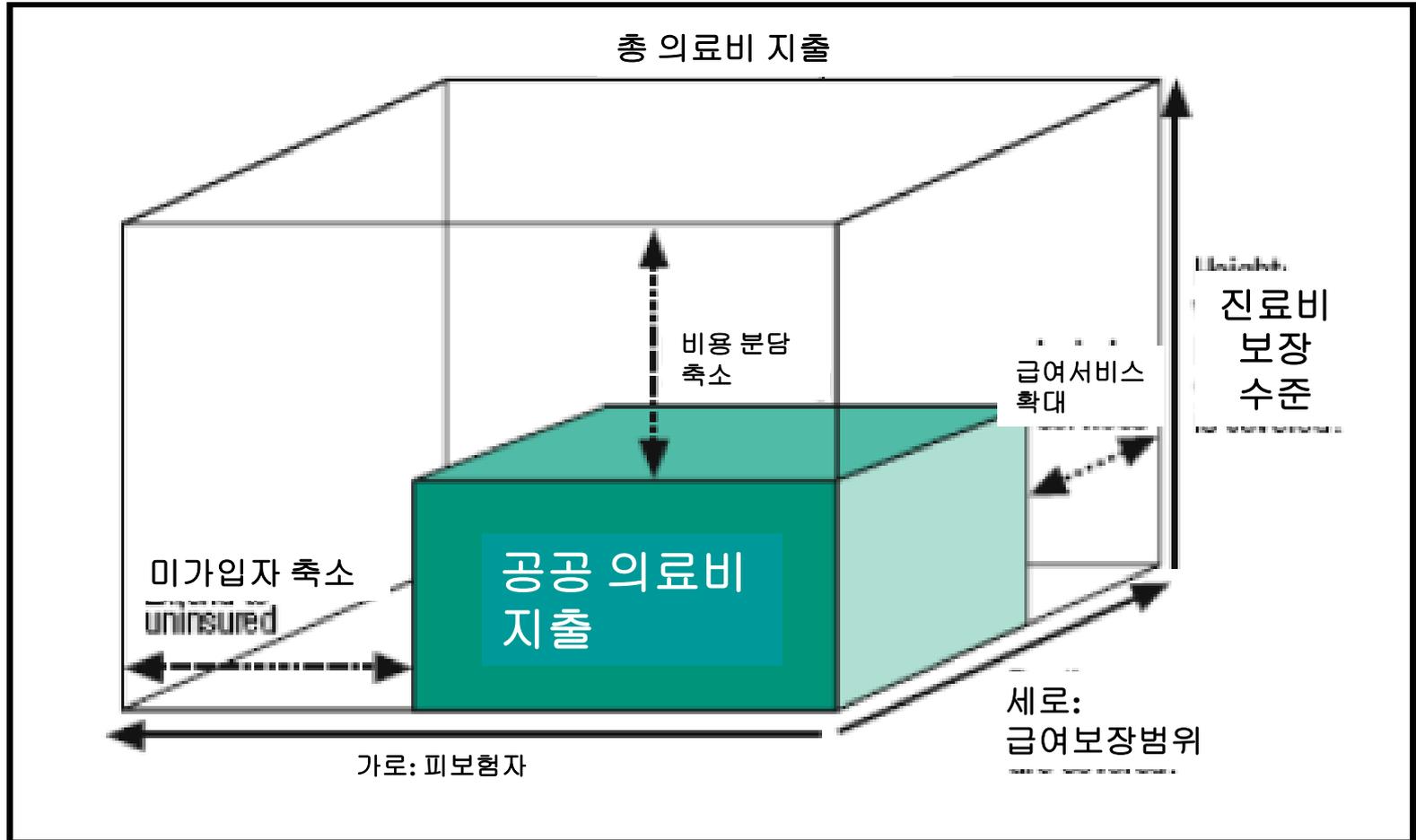
Figure 1: Three ways of moving towards UC



Source: WHR 2008

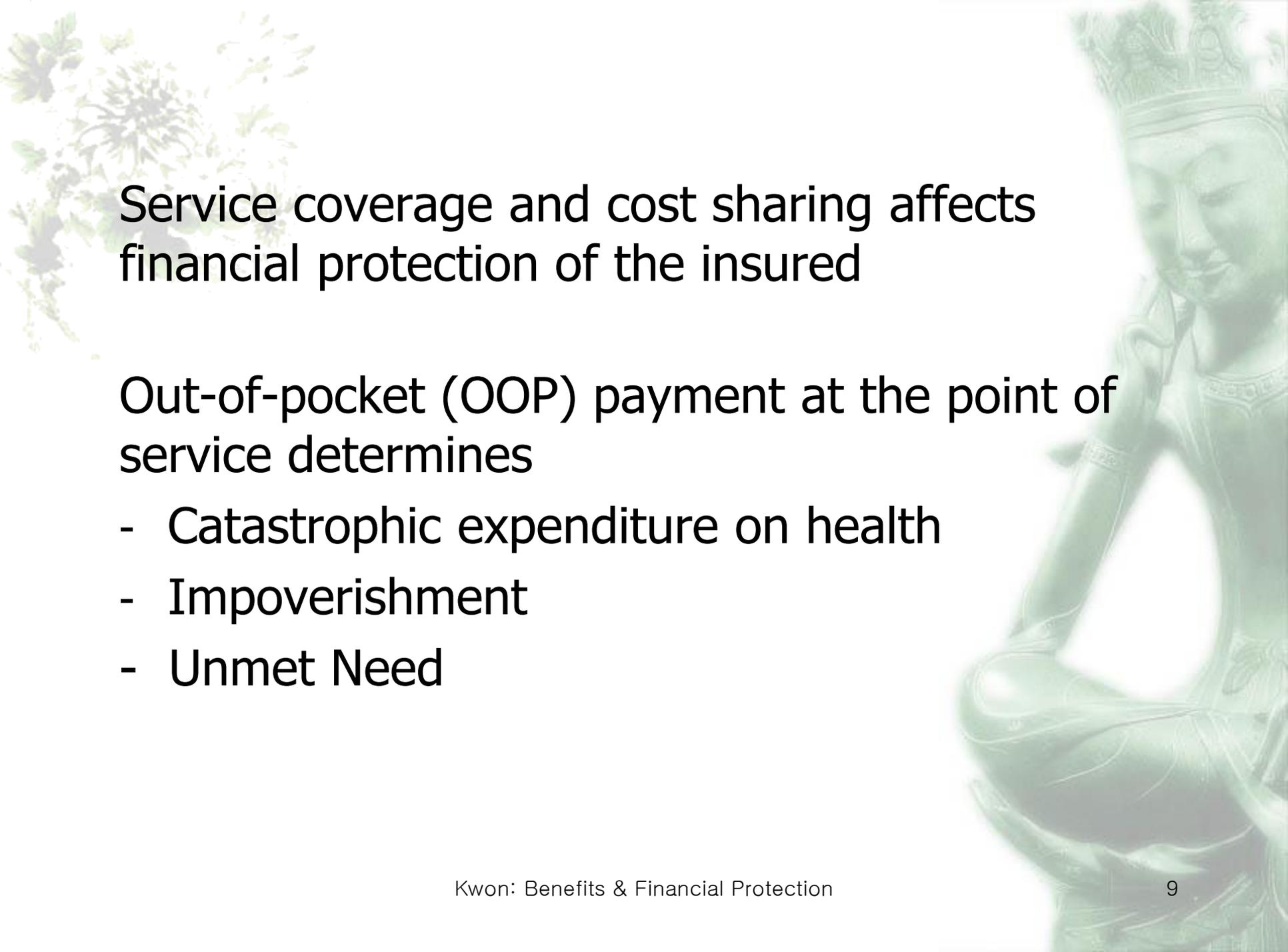
재정적 보호 (WHO)

그림 1: UC로 이행하는 3가지 방법



출처 : WHR 2008

권순만: 급여 & 재정적 보호



Service coverage and cost sharing affects financial protection of the insured

Out-of-pocket (OOP) payment at the point of service determines

- Catastrophic expenditure on health
- Impoverishment
- Unmet Need

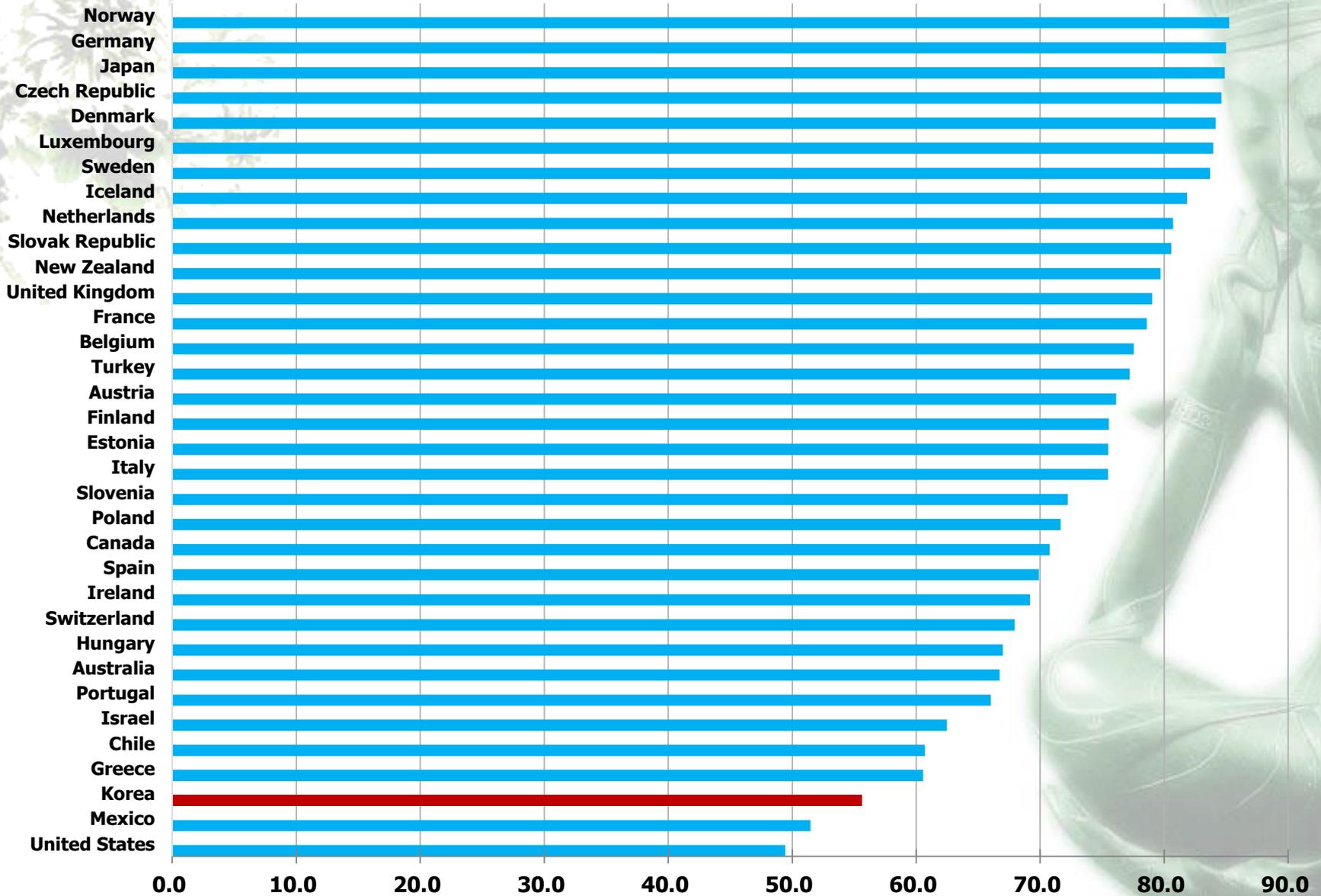


서비스 보장 범위 및 본인부담은 피보험자의
재정적 보호에 영향을 미침

서비스 이용 시점의 본인부담(OOP) 지출로 인한
결과:

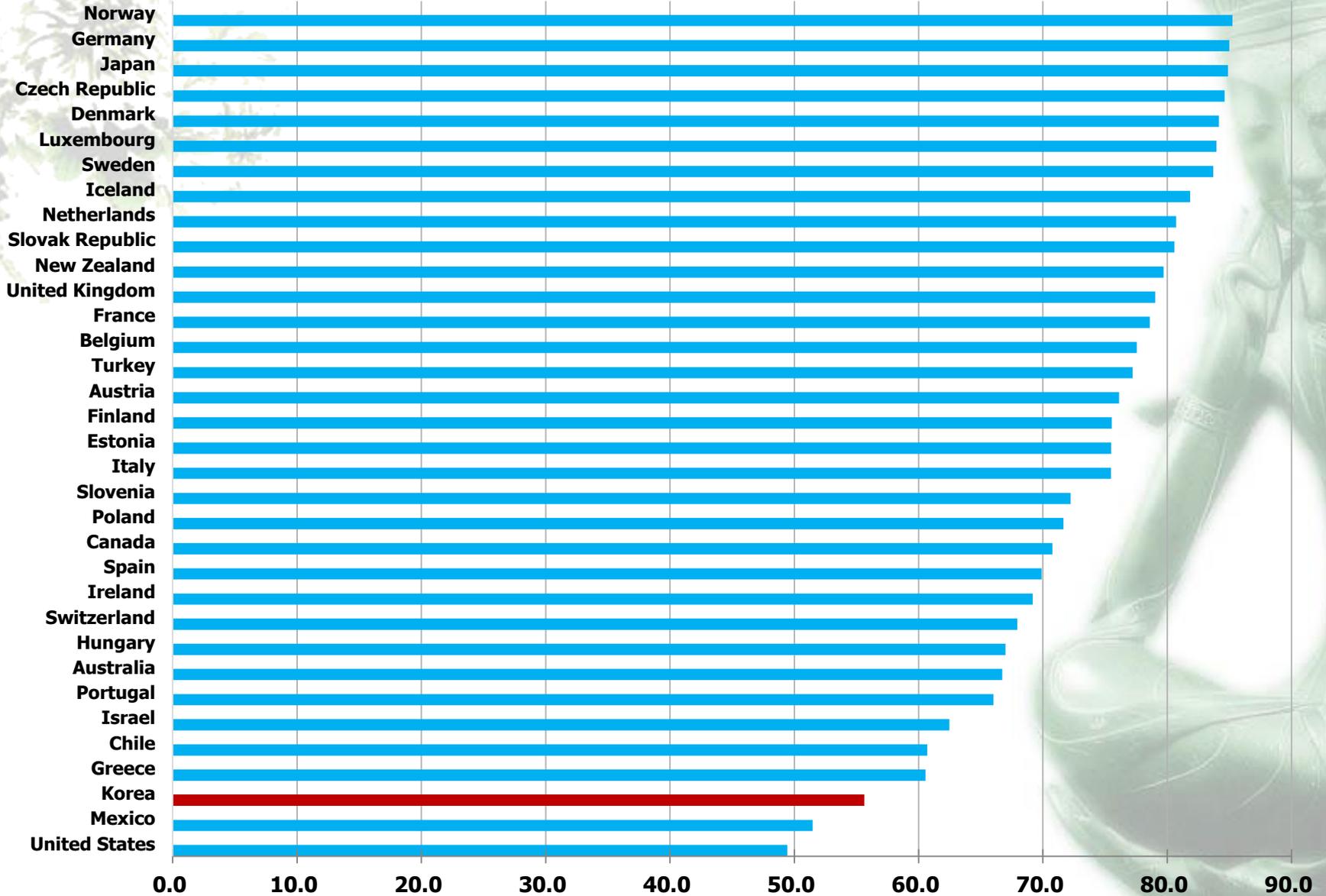
- 재난적 의료비 지출
- 빈곤화
- 미충족 의료

% Public in Total Health Expenditure, 2015



Source: OECD Health Data 2016 Kwon: Benefits & Financial Protection

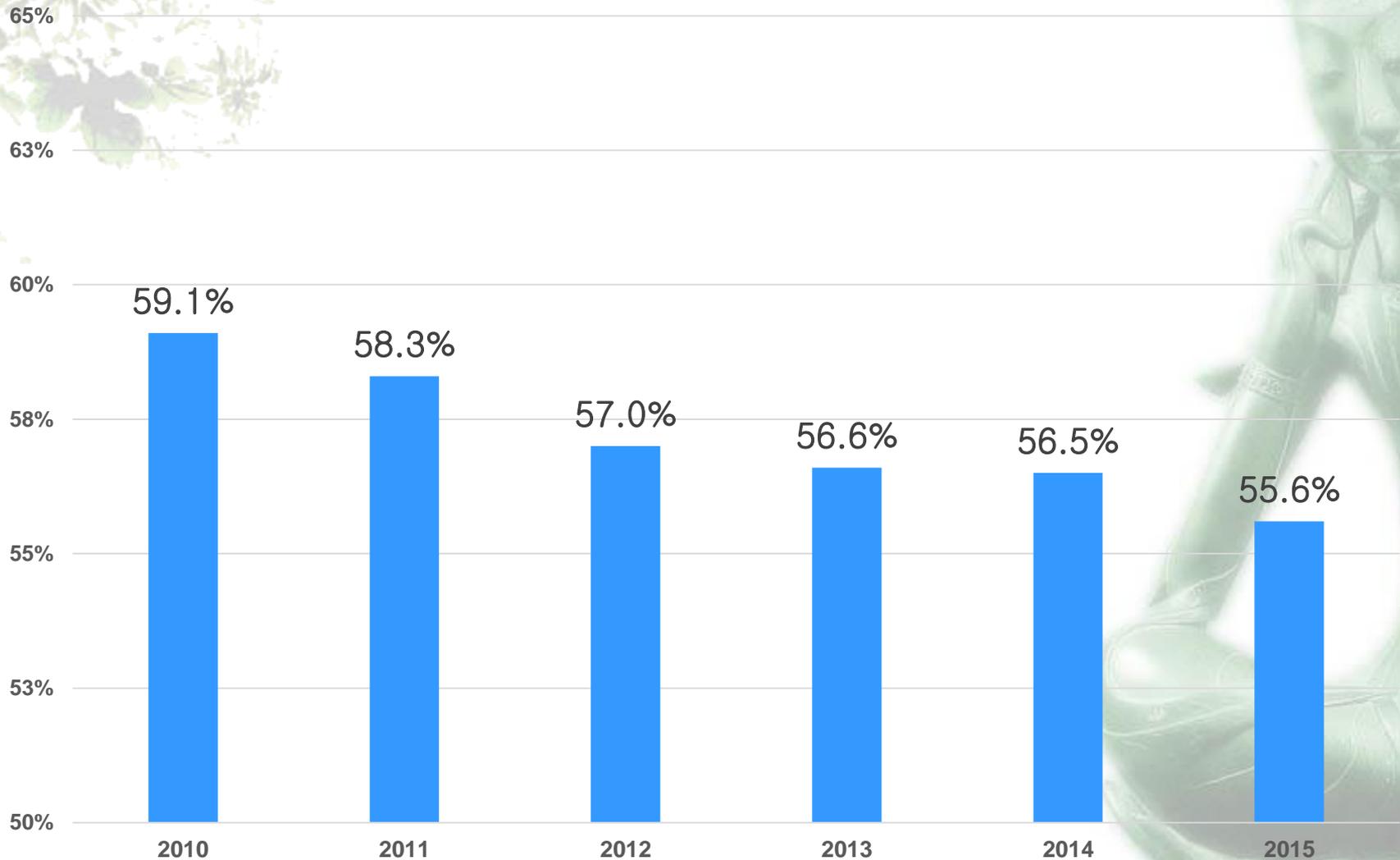
총 의료비 중 공공부문 지출 비중 (%), 2015



출처: OECD 보건 데이터 2016

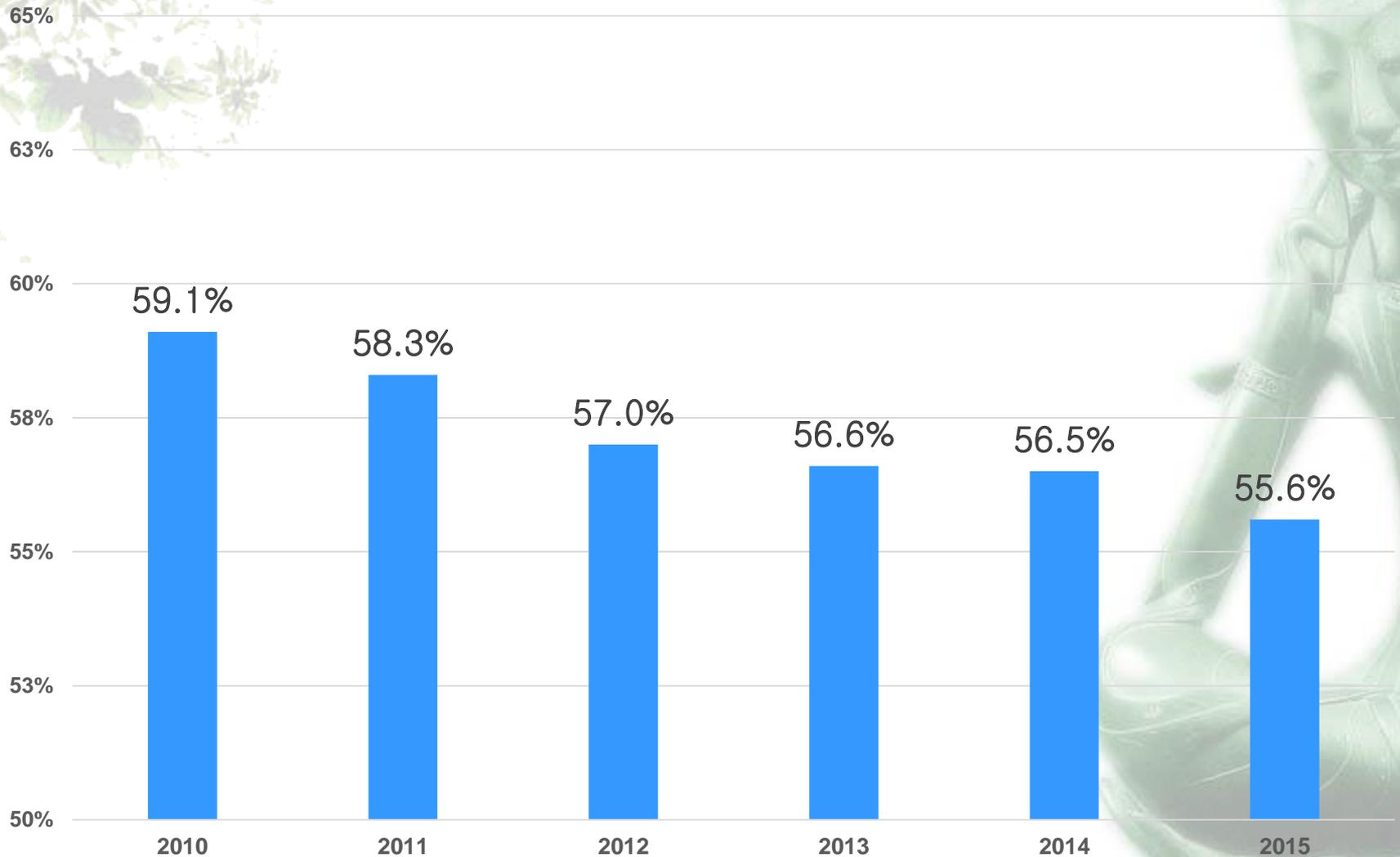
권순만: 급여 & 재정적 보호

% Public in Total Health Expenditure, Korea

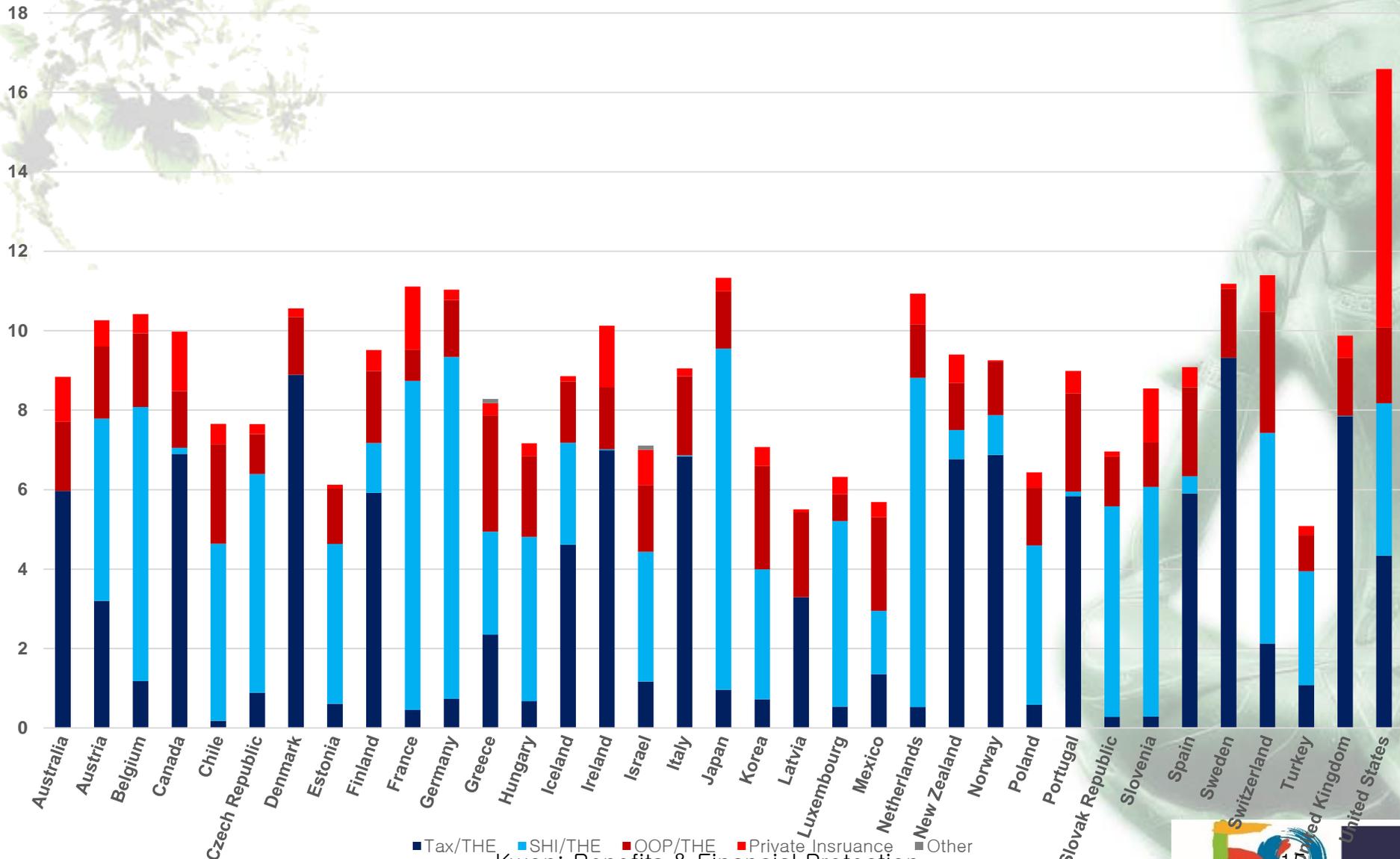


Source: OECD Health Data 2016 Kwon: Benefits & Financial Protection

총 의료비 중 공공부문 지출 비중(%), 한국



Health Expenditure as % of GDP, 2014

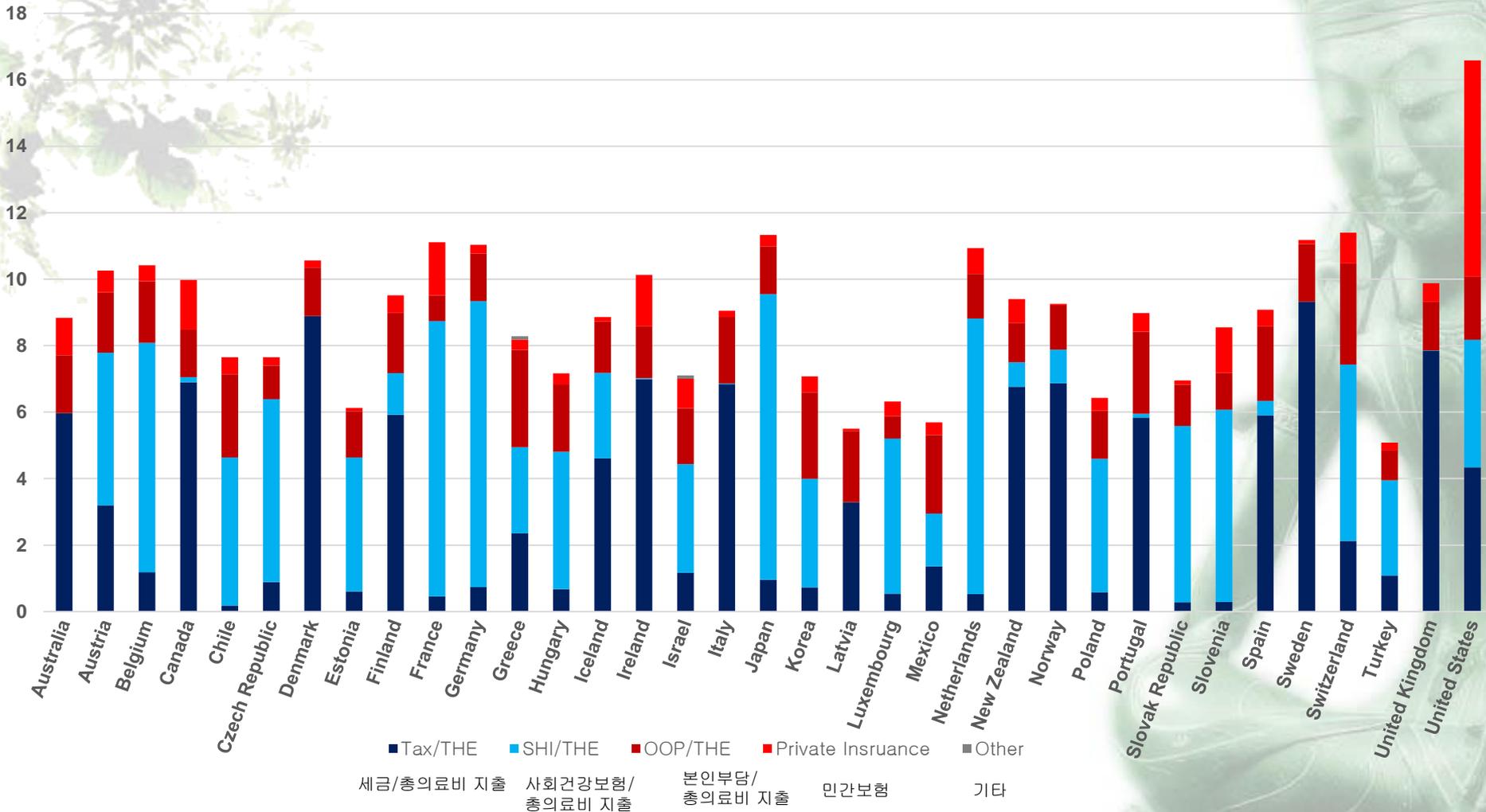


Source: OECD Health Statistics (2016)
 Kwon: Benefits & Financial Protection

* 2014 data for all countries except australia, new zealand, japan (2013) and israel (2012)



GDP 대비 의료비 지출 %, 2014



권순만: 급여 & 재정적 보호

출처: OECD 보건 통계 (2016)

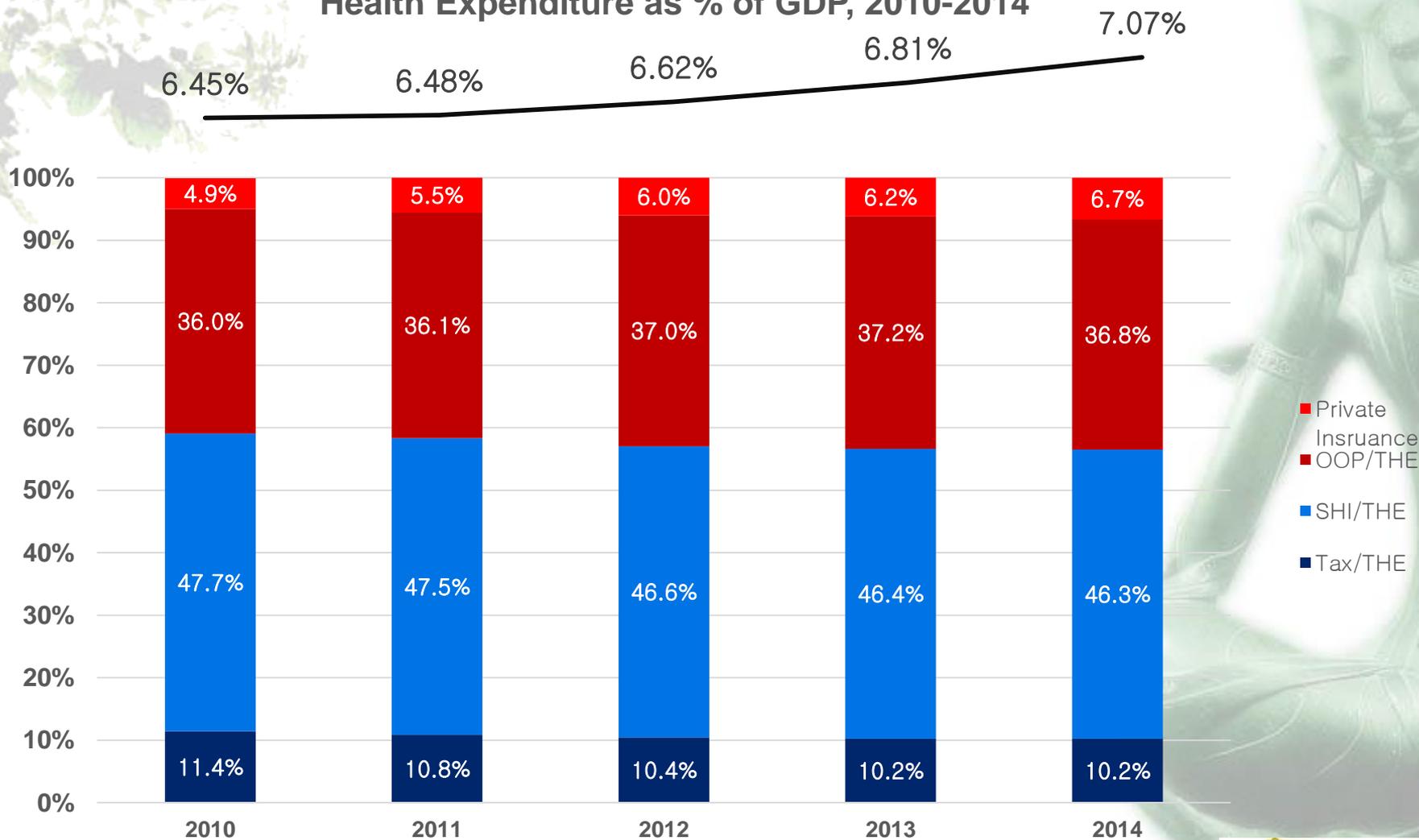
* 2014년 모든 국가 데이터. 단, 오스트리아, 뉴질랜드, 일본(2013), 이스라엘(2012)



ADB

Health Expenditure as % of GDP, Korea

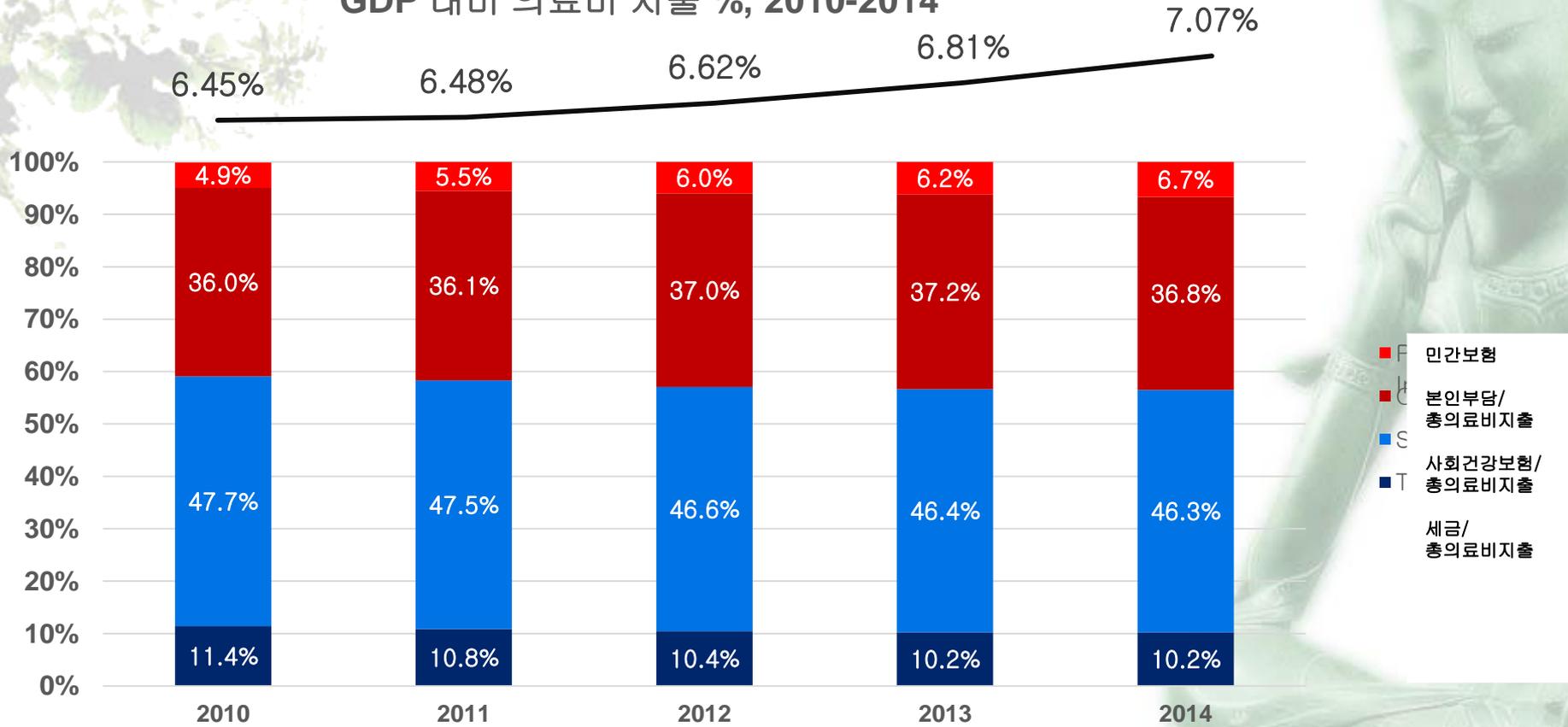
Health Expenditure as % of GDP, 2010-2014



Source: OECD Health Statistics (2016)

GDP 대비 의료비 지출 (%), 한국

GDP 대비 의료비 지출 %, 2010-2014



출처: OECD 보건 통계 (2016)

Potential Tradeoff

Potential tradeoff among population coverage, benefit coverage, and financial protection

Generous benefits coverage

- high contribution can be a barrier to the extension of population coverage
- negative effects on financial sustainability

Limited benefits coverage

- fails to provide financial protection
- may help extend the population coverage

한정된 자원과 의사 결정

의료보장 인구, 급여 보장 및 재정적 보호 사이의 균형

관대한 급여 보장

- 고액 보험료는 의료보장 인구 확대의 장벽이 될 수 있다.
- 재정의 지속가능성에 부정적 영향

제한적인 급여 보장

- 재정적 보호 제공 실패
- 의료보장 인구 확대에 도움

II. Service Coverage

1. Target Services

E.g., Fee-for-service in Korea

Decision criteria for benefits coverage?: clinical effectiveness, financial burden on patients, impact on budget, cost effectiveness, etc.

Facing rapid dissemination of high-cost medicines and technology, positive listing tends to be used

II. 급여보장서비스

1. 대상 서비스

예, 한국의 행위별수가(Fee-for-service)

급여보장 결정 기준 : 임상 유용성, 환자의 재정적 부담, 예산에 미치는 영향, 비용 효과성 등

고비용 의약품과 급속한 기술 확산에 따라 선별등재제도(positive listing)가 종종 사용됨

Benefits package and Positive listing for Medicines in Korea

- 1) Economic Evaluation for Benefits Decision
positive listing based on cost effectiveness
-> HIRA (Health Insurance Review and Assessment) reviews the data submitted by pharmaceutical manufacturers
- 2) Negotiated Pricing of Originator Medicines
price negotiation between NHIS (National Health Insurance Service) and pharmaceutical manufacturers with *price-volume* consideration

한국의 의약품 급여보장과 선별등재제도

- 1) 급여 결정에 경제적 평가적용, 비용효과성에 기반한 선별등재제도
 - > HIRA (건강보험심사평가원)이 제약회사가 제출한 자료를 심사
- 2) 신약의 가격협상
 - 예상청구액 및 사용량을 고려한 NHIS (국민건강보험공단)과 제약회사의 *가격 협상*

II. Service Coverage (continued)

2. Target priority diseases

- Analysis of the burden of diseases (BOD)
- Increasing burden of chronic diseases
E.g., Cancer coverage in Korea

3. Target population groups: efficiency, equity

- The elderly, vulnerable population, children
- Politics of priority setting

II. 급여보장서비스 (계속)

2. 대상질환 확대

- 질병부담(BOD) 분석
- 만성질환의 질병 부담 증가
예, 한국의 암 보장

3. 대상 인구집단: 효율성, 형평성

- 고령인구, 취약인구, 아동
- 우선순위 설정의 정치학



III. Cost Sharing for Patients

1. Design of Patient Cost Sharing

Level of cost sharing: efficiency of health care utilization, equity, and financial protection

Lower or no cost sharing

- Services with low problems of moral hazard
e.g., essential medicines, emergency care
- Target population with high return on investment:
e.g., children
- Vulnerable population or those with big financial burden:
poor, patients of catastrophic illness or chronic conditions

III. 환자 비용 부담

1. 환자 비용 부담 설계

비용 부담 수준: 보건의료 이용 효율성, 형평성, 재정적 보호

본인부담금 면제 혹은 경감

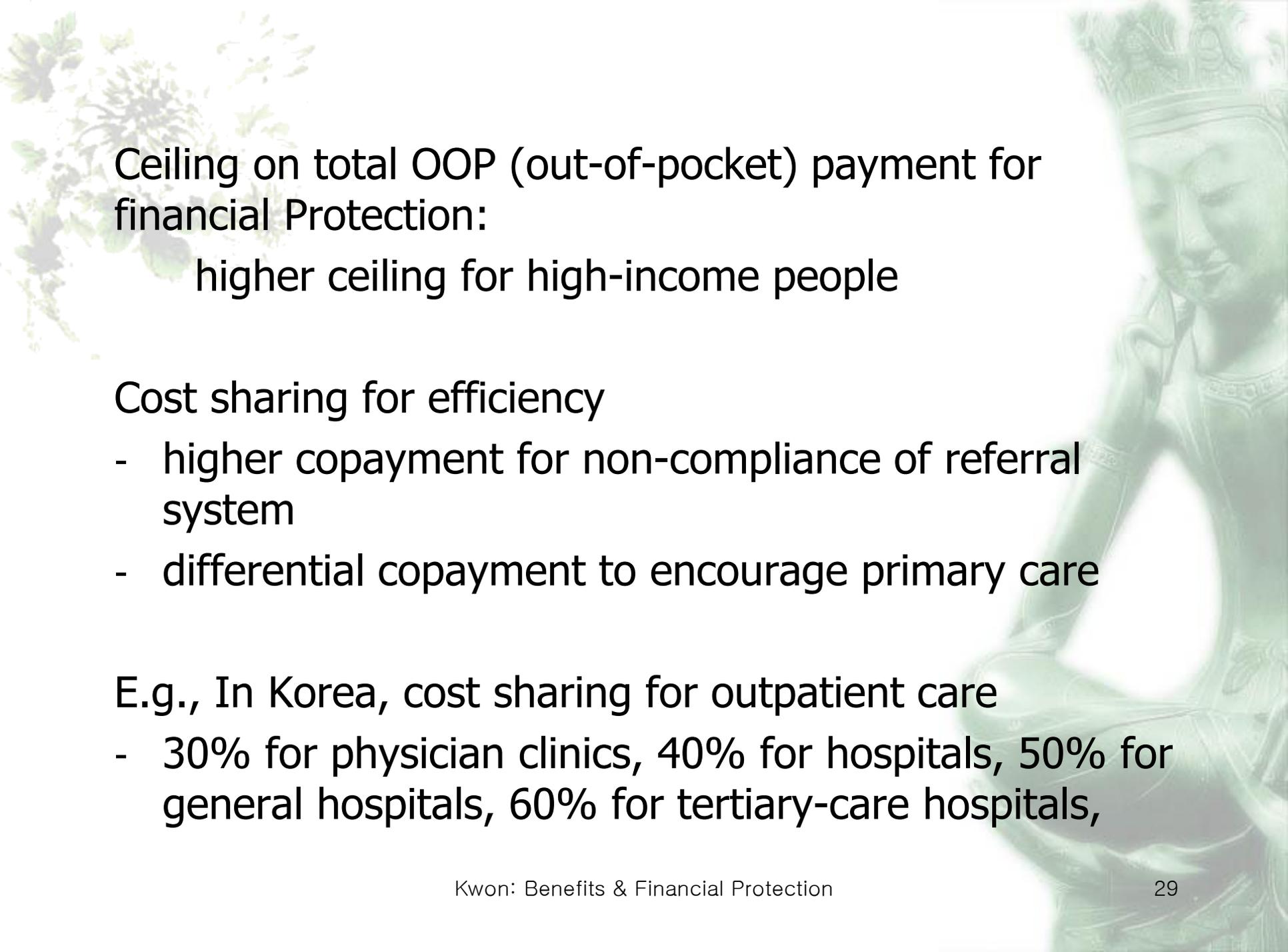
- 도덕적 해이 문제가 적은 서비스

(예, 필수 의약품, 응급 치료)

- 투자수익이 높은 대상 인구:

(예, 아동)

- 취약인구 또는 재정적 부담이 큰 인구: 빈곤층, 치명적 질병이나 만성질환 환자



Ceiling on total OOP (out-of-pocket) payment for financial Protection:

higher ceiling for high-income people

Cost sharing for efficiency

- higher copayment for non-compliance of referral system
- differential copayment to encourage primary care

E.g., In Korea, cost sharing for outpatient care

- 30% for physician clinics, 40% for hospitals, 50% for general hospitals, 60% for tertiary-care hospitals,

재정적 보호를 위한 본인부담상한제 상한액:

고소득층의 경우 더 높은 상한 본인부담 상한액 설정

효율성을 위한 비용 부담

- 의뢰서없이 상급요양기관 이용시 더 높은 본인부담
- 일차 진료 장려를 위한 차등 본인부담

예, 한국의 외래의료서비스 본인부담률

- 의원: 30 %, 병원: 40 %, 종합 병원: 50 %, 3 차 진료 병원 60 %

2. Financial Protection Mechanisms, Korea

Exemptions of copayment:

the poor (Medical Aid program)

Discounted copayment:

elderly, children under 6, patients with chronic conditions (e.g., 10% for renal dialysis)

5% OOP pay for catastrophic conditions:

e.g., cancer, cardio cerebrovascular patients

-> Policy change increased the equity in health care utilization (Kim and Kwon, 2014; 2015)

Ceiling on out-of-pocket payment for covered services:

7 ceilings depending on income

2. 재정적 보호 메커니즘, 한국

본인부담 면제: 빈곤층 (의료급여프로그램)

본인부담 경감:

고령, 6세 미만 아동, 만성질환 환자
(예, 신장투석의 경우 10%)

산정특례대상 질병은 OOP 5% :

예, 암, 심뇌혈관 환자

-> 정책 변화로 보건의료 이용의 형평성이 향상됨
(Kim and Kwon, 2014; 2015)

법정 본인부담금에 대한 본인부담 상한제:

소득 수준에 따라 7구간으로 구분

3. OOP Payment and Provider Behavior

Out-of-pocket payment is about 35% of total health expenditure, greater than the co-insurance rate (20%) for inpatient care in Korea

Full payment for un-insured (un-covered) services is high

(Predominantly private) providers have strong incentive to increase the provision of un-covered services

- Fee-for-service payment system
- Limited price regulation of un-covered services
- Rapid adoption of new medical technology and medicines
- > Importance of provider payment system and regulation of the (private) provider behavior

3. 본인부담과 공급자 행태

본인부담률은 총 의료비의 약 35 %이며, 한국의 입원 서비스에 대한 법정 본인부담률(20 %)보다 높음

비급여 서비스에 대한 전액 본인부담금이 많음

(주로 민간) 공급자는 비급여의료 서비스 제공의 강한 동기가 있을 수 있음

- 행위별수가 시스템
- 비급여 서비스에 대한 제한적 가격 규제
- 새로운 의료기술과 의약품의 빠른 도입
- > 공급자 지불 보상제도와 (민간) 공급자 행태 규제의 중요성

Coverage of NHI in Korea

Year	2010	2011	2012	2013	2014	2015
% NHIS pay/NHI exp <% Pub/THE>	63.6 <59.1>	63.0 <58.3>	62.5 <57.0>	62.0 <56.6>	63.2 <56.5>	63.4 <55.6>
Co-pay for insured service	20.6	20.0	20.3	20.0	19.7	20.1
OOP pay for uninsured services *	15.8	17.0	17.2	18.0	17.1	16.5

* For private wards, some specialist charges, some tests, sonogram, MTI, etc.

Sources: National Health Insurance Service (NHIS), [Medical expenses of patients covered by National Health Insurance in 2015], 2016

한국의 국민건강보험(NHI) 보장

연도	2010	2011	2012	2013	2014	2015
% NHIS 부담 /NHI 지출 <% 공공/ 총 의료비지출>	63.6 <59.1>	63.0 <58.3>	62.5 <57.0>	62.0 <56.6>	63.2 <56.5>	63.4 <55.6>
급여서비스 본인부담	20.6	20.0	20.3	20.0	19.7	20.1
비급여 서비스의 본인부담*	15.8	17.0	17.2	18.0	17.1	16.5

* 민간 병동의 경우 일부 전문의 비용, 검사, 초음파 검사, MTI 등에 비용을 청구

출처: 국민건강보험공단(NHIS), [2015년 국민건강보험 환자 의료비]. 2016

IV. Policy Process for Priority Setting

1. Decision on Benefits in a TRANSPARENT way

Technical committee (experts), Technology Assessment

- collect, verify and interpret evidences on the cost and clinical effectiveness of various services
- E.g., Technical committees in HIRA in Korea

Value judgment, consensus building

- Limits of cost-effectiveness for ethical or equity issues
- Benefits decision is essentially a priority setting
- Should reflect value/preference and willingness to pay of society -> Tripartite Committee or Citizen Council

IV. 우선순위 설정을 위한 정책 프로세스

1. “투명한” 방식의 급여 관련 결정

기술위원회(전문가), 기술평가

- 다양한 서비스의 비용 및 임상효과에 대한 증거를 수집, 검증 및 해석 (예, 한국 HIRA 기술위원회)

가치 판단, 공감대 형성

- 윤리 또는 형평성 문제에 대한 비용 효과성의 한계
- 급여 결정이 본질적으로 우선순위 설정
- 사회적 지불의 가치/선호도 및 지불 의사를 반영해야 함
- > 3자위원회 또는 시민위원회

Health Insurance Policy Deliberation Committee in Korea

Major decisions on premium contribution, pricing (medical care, pharmaceuticals), benefit packages, etc.

25 members, Vice Minister of HW as the chair

- 8 from payer representatives: labor unions, employer associations, civic groups, etc.
- 8 from provide rassociations: physician, hospital, dentist, pharmacist, etc.
- 8 from the public interests: MoHW (Ministry of Health and Welfare), MoSF (Ministry of Strategy and Finance), NHIS (National Health Insurance Service), HIRA (Health Insurance Review and Assessment), and 4 independent experts

한국 건강보험정책심의위원회

보험료 부담률, 가격 책정 (의료, 의약품), 급여 패키지 등에 관한 주요 결정

위원 25인, 위원장은 보건복지부 차관

- 건강보험의 가입자를 대표하는 위원 8인: 노조, 경영자협회, 시민단체 등
- 의약계를 대표하는 위원 8인: 의사, 병원, 치과의사, 약사 등
- 공익을 대표하는 위원 8인: MoHW(보건복지부), MoSF(기획재정부), NHIS(국민건강보험공단), HIRA(건강보험심사평가원), 외부전문가 4인

2. Priority setting and Participation

Decisions on benefits package need consistent and transparent process for priority setting, in addition to evidence on cost effectiveness provided by experts

- Priority Setting inherently involves value judgement
- Single optimal solution to take into account all contexts and contingencies may not exist, nor sustainable
- > May need adequate and fair process for decision making (procedural justice)

Deliberation (among the participants/lay citizens)

- Leads to consensus building and information exchange

2. 우선순위 설정과 참여

급여 패키지에 대한 결정은 우선순위 설정을 위해 일관되고 투명한 프로세스와 전문가가 제공한 비용효과성에 관한 근거가 필요

- 우선순위 설정은 본질적으로 가치판단을 포함
- 모든 맥락과 우발상황을 고려한 단 하나의 최선의 해결책은 존재하지 않으며 지속 가능하지도 않음
- > 의사 결정을 위한 적절하고 공정한 절차가 필요할 수 있음
(절차적 정의)

심의 (참여자/일반시민)

- 공감대 형성 및 정보 교환으로 이어짐

Criteria for Priority Setting for Benefits

- Severity (death, disability)
- Equity, Social solidarity
- Economic burden of patients, Number of patients
- Effectiveness, Cost effectiveness
- Budget impact, financial sustainability
- Individual responsibility

Definition of each criterion?

Relative importance of each criterion?

Who decides?

Changing value?

급여 우선순위 설정 기준

- 중증도 (사망, 장애)
- 형평성, 사회적 연대
- 환자의 경제적 부담, 환자수
- 효과성, 비용효과성
- 예산 영향, 재정적 지속가능성
- 개인의 책임

각 기준의 정의는 ?

각 기준의 상대적 중요도는 ?

누가 결정할 것인가?

가치 변화?



Accountability for Reasonableness (A4R)

(Daniels, et al., 2008) for deliberative fair process

A4R defines practical conditions to seek reasonableness when a society makes a decision in a limited resource setting

- a. **Relevance:** decisions need to have fair reasons expressed by fair minded people
- b. **Publicity:** relevant content related to the decision should be open to the public at all times
- c. **Revisability:** the ability to make revisions based on the change in conditions or important information that was omitted during the initial decision-making
- d. **Enforcement:** laws or institutional structure should enforce the aforementioned conditions

공정한 심의 프로세스를 위한 합리성에 대한 책무(A4R) (Daniels, et al., 2008)

A4R은 사회가 제한된 자원 환경에서 결정을 내릴 때 합리성을 추구할 실질적인 조건을 정의

- a. 관련성 : 의사결정은 공정한 생각을 가진 사람들이 제시한 타당한 이유가 있어야 한다.
- b. 공표 : 결정과 관련된 연관 콘텐츠는 항상 대중에게 공개 되어야 한다.
- c. 수정가능성 : 최초 의사결정 중 누락된 조건이나 중요한 정보의 변경에 따라 수정할 수 있는 능력
- d. 강화 : 법률 또는 제도적 구조가 전술한 조건들을 이행해야 한다.

Experience of Korea (Kwon, et al., 2015)

NHIS Citizen Participation Committee

For 2 days in September 2012, 30 people were randomly selected out of 2,650 applicants

- Exclude those with expertise or financial interest
- Experts and professional associations related to the service items provided the most updated information to the committee

Deliberations on 45 medical service items for benefits coverage

- 23 service items were agreed to be covered by more than 50% of the members at the end of the meeting

Members rated *financial risk protection* and *disease severity* as the top two priority values for benefits coverage, followed by *cost-effectiveness*

한국의 경험 (Kwon, et al., 2015)

국민건강보험공단(NHIS) 국민참여위원회

2012년 9월 2일간 2,650명의 지원자 중 30명을 무작위로 선발

- 전문지식이나 재정적 이해관계자 제외
- 서비스 항목과 관련된 전문가와 전문 협회가 최신 정보를 위원회에 제공

급여 보장을 위한 45개 의료 서비스 항목에 대한 심의

- 회의 종료 시 23개 서비스 항목에 대한 보장에 위원의 50% 이상이 동의

위원들은 *재정적 위험 보호* 및 *질병 중증도*를 급여 보장을 위한 2가지 최우선 가치로 평가. 그 다음은 *비용효과성*에 우선순위 부여

Lessons from Korea: How to Institutionalize Citizen Participation in Priority Setting for Benefits Decisions

Sufficient time for deliberation

Works better for value judgement than for selecting individual service items to be included in the benefit package

Role of experts to provide information before deliberation

Need publicity: public disclosure of committee decisions

Willingness of policy makers and insurance agency to accept the recommendations of the citizen committee

한국의 교훈 : 급여 결정을 위한 우선순위 설정에 국민참여를 제도화하는 방법

심의를 위한 충분한 시간

급여 패키지에 포함될 개별 서비스 항목 선택보다 가치 판단에 더 효과적

심의 전 정보를 제공하는 역할 수행

홍보 필요 :위원회 결정 대중에 공개

정책입안자와 건강보험기관이 국민위원회의 권고를 받아들일 것이라는 의지



V. Policy Directions to Improve Financial Protection

1. Reduce the Provision of (cost-ineffective) Uninsured Services

Regulate the provision of un-insured services at the same episode of care (when insured services are provided)

Expand case-based payment:
control the incentive to provide uninsured services

V. 재정적 보호 강화를 위한 정책 방향

1. (비효율적 비용) 비급여 서비스 축소

동일 치료에 비급여 서비스 제공을 규제 (보험 서비스가 제공되는 경우)

포괄수가제(case-based payment) 확대:
비급여 서비스를 제공하게 되는 유인을 통제

V. Policy Directions to Improve Financial Protection (continued)

2. Expand the Benefits Coverage and Improve Financial Protection

Reduce the ceiling on accumulated OOP pay for the poor

Expand the service coverage with differentiated cost sharing:

Lower cost sharing for cost-effective services to improve financial sustainability

V. 재정적 보호 강화를 위한 정책 방향 (계속)

2. 급여 보장 확대와 재정적 보호 개선

빈곤층의 누계 본인부담금 상한을 축소

비용 부담 차등화로 서비스 보장 확대 :

비용 효과적인 서비스에 대한 비용 부담을 줄여 재정적 지속 가능성 향상

V. Policy Directions to Improve Financial Protection (continued)

3. Institutionalize Transparent Decision Process for Benefits Coverage

Social consensus and transparent process of priority setting and benefits coverage:

- Criteria of decisions and priority setting
- Which services to cover
- Which level of cost sharing?

V. 재정적 보호 강화를 위한 정책 방향 (계속)

3. 급여 보장을 위한 투명한 의사결정 프로세스의 제도화

급여 보장을 위한 사회적 공감대와 투명한 우선순위 선정 프로세스:

- 의사결정 및 우선순위 설정 기준
- 보장할 서비스
- 진료비 보장수준

Thirty years of national health insurance in South Korea: lessons for achieving universal health care coverage

Soonman Kwon*

Accepted 21 June 2008

South Korea introduced mandatory social health insurance for industrial workers in large corporations in 1977, and extended it incrementally to the self-employed until it covered the entire population in 1989. Thirty years of national health insurance in Korea can provide valuable lessons on key issues in health care financing policy which now face many low- and middle-income countries aiming to achieve universal health care coverage, such as: tax versus social health insurance; population and benefit coverage; single scheme versus multiple schemes; purchasing and provider payment method; and the role of politics and political commitment. National health insurance in Korea has been successful in mobilizing resources for health care, rapidly extending population coverage, effectively pooling public and private resources to purchase health care for the entire population, and containing health care expenditure. However, there are also challenges posed by the dominance of private providers paid by fee-for-service, the rapid aging of the population, and the public-private mix related to private health insurance.

Keywords Health care financing, health insurance, universal coverage, Korea

한국의 국민건강보험 30년 : 보편적 의료 보장 달성을 위한 교훈

한국은 1977년 대기업을 근로자를 위해 의무적인 사회건강보험을 도입하였고 자영업자로 점차 확대해 1989년 모든 인구가 보장을 받게 되었다. 한국의 국민건강보험 30년은 보편적 보건의료 보장을 실현하려는 저소득 및 중진국 국가의 보건의료 재정마련을 위한 정책 핵심 이슈에 대해 가치 있는 교훈을 제공해 준다. 세금과 사회건강보험, 보장인구 및 급여보장, 단일제도와 복수제도, 구매 및 제공자 납입 방식, 정치의 역할과 정치적 약속이 그러하다. 한국의 국민건강보험은 그간 성공적으로 보건의료를 위한 자원을 마련하고 보장인구를 빠르게 확대하였으며 전체 인구의 의료서비스 구매에 필요한 공공 및 민간 자원을 효과적으로 동원하고 의료비 지출을 억제해왔다. 그러나 행위별수가를 받는 민간 제공자의 우세, 인구의 급속한 고령화, 민간 건강보험 관련 공공-민간의 혼재 등으로 야기된 도전과제도 있다.

키워드 : 건강보험 재정, 건강보험, 보편적 보장, 한국



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Impact of the policy of expanding benefit coverage for cancer patients on catastrophic health expenditure across different income groups in South Korea



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ABSTRACT

To increase financial protection for catastrophic illness, South Korean government expanded the National Health Insurance (NHI) benefit coverage for cancer patients in September 2005. This paper investigated whether the policy has reduced inequality in catastrophic payments, defined as annual out-of-pocket (OOP) health payments exceeding 10% annual income, across different income groups. This study used the NHI claims data from 2002 to 2004 and 2006 to 2010. Triple difference estimator was employed to compare cancer patients as a treatment group with those with liver and cardio-cerebrovascular diseases as control groups and the low-income with the high-income groups. While catastrophic payments decreased in cancer patients compared with those of two diseases, they appeared to decrease more in the high-income than the low-income group. Considering that increased health care utilization and poor economic capacity may lead to a smaller reduction in catastrophic payments for the low-income than the high-income patients, the government needs to consider additional policy measures to increase financial protection for the poor.

Kwon; Benefits & Financial Protection



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한국의 암환자 급여보장 확대 정책이 다양한 소득계층의 재난적 의료비 지출에 미치는 영향



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Kwon; Benefits & Financial Protection

Research Article

Participation of the Lay Public in Decision-Making for Benefit Coverage of National Health Insurance in South Korea

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Making the Citizen Committee for Participation Work More Effectively

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Abstract—Although South Korea successfully established national health insurance (NHI) in 1977, and has maintained universal coverage since 1989, it has long been criticized for insufficient benefit coverage. Korea has been under public pressure to increase its NHI benefit coverage, while also facing controversies over the appropriateness of items that were newly added to the benefit package. Pressured by the controversies and difficulties regarding national policy decisions on the benefits package, the Korea National Health Insurance Services eventually decided to establish a lay citizen's council, named the Citizen Committee for Participation, to help incorporate social value judgments in benefit

Research Article

한국 일반대중의 국민건강보험 급여 보장 관련 의사 결정에의 참여

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Kwon: Benefits & Financial Protection



THANKS !



감사합니다 !