Executive Summary

Although South Korea has a universal health system, it is known to be effective and affordable, and the current system also sustains, as South Korea increasingly faces long term problems of aging population and chronic diseases. In order to address this concern, a certain degree of primary health care system must be adopted to ensure sustainability within its system. However, due to socio-economic and political factors, we can conclude that introducing primary health care component in South Korea's health system would be very unlikely.

Primary Health Care

Primary health care, a term coined through the Alma Ata declaration in 1978, refers to healthcare that aims to achieve “better health for all.” Primary care is a “key process in the health system. However due to socio-economic and political factors, we have concluded that introducing primary health care component in South Korea’s health system would be very unlikely.

South Korea’s Health Care System

Known to be efficient and widely covered health system in the world, South Korea’s health care system is provided on private or public sectors as 94%. Most of the hospitals are privately owned and 30 of the 42 hospitals are run by private universities. Such reliance on private and acute care is against the global trend, which emphasizes public hospitals are privately owned and 30 of the 42 hospitals are run by private universities. South Korea’s current acute public health system will not be sustainable. Development of primary health care system is in need as such a system will help eradicate unnecessary spending and ensure the sustainability of the NHI system.

Research Methodology

The research consists of both primary source and secondary source. The majority of interviews were conducted in Seoul, and some interviews were conducted in Baltimore through videoconferencing. The list below outlines both primary source and secondary source that were employed for this project.

Primary Source Interviews:

• National Assembly members of Health and Welfare Committee
• Officials from Ministry of Health and Welfare
• Professors from Seoul National University College of Medicine
• Professor from Graduate School of Public Health, Seoul National University
• Statistics from South Korea National Bureau of Statistics

Secondary Source:

• WHO Health in Transition Reports
• South Korea National Bureau of Statistics
• Other Secondary Scholarly Articles

Is Implementation of Primary Care System Possible in South Korea?

South Korea’s Unique System

Universal health care coverage with 66% of the health care providers are private. Patients themselves can choose their medical providers, giving them access to medical care. The number of specialized care physician (91.1%) significantly exceeds that of primary care physician (8.9%).

Comparison with South Korea’s Economic System

Because the health care system in South Korea was introduced as a response to rapidly growing population, the Korean development model is closely tied to its economic development. Thus, this comparative analysis of South Korea’s public health system and economic development is crucial to understand the prospects of South Korea to implement the primary health care system defined previously. We will layout some of the similarities and differences between the two developments and will analyze how the economic development strategy is impeding the implementation of primary health care system.

Centralization

• Closing top 30 mega-conglomerates control 80-per-cent of all South Korean GDP in 2012
• Coordination within tertiary hospital: “Secondary and tertiary institutions are the main providers of health care irrespective of the present line is a primary care line, and the line between the secondary and tertiary is a very short period of time.

Quality/Sustainability of Economic and Public Health System Structures

• South Korea’s high economic growth and lack of sustainability
• IMF crisis-critically exposed South Korea’s institutional weaknesses and croyn economic crisis. This revealed that South Korea’s economic development model could not be sustainable without permanent institutional reform.

Structural inefficiencies: South Korea’s high economic growth

• 14 medical visits per year
• 14 medical visits per year
• 14 medical visits per year
• 14 medical visits per year
• 14 medical visits per year
• 14 medical visits per year

Quality and Sustainability of Problems of South Korea

• Public health care expenditure is 4% of GDP
• South Korea’s 4.2 minutes. Compare to US 26 minutes

Impact on systemic inefficiency

• South Korea’s health system is known for its access to care. Because of its easy access, there is a firm belief that South Korea’s health system has a culture of over-investment, which is one of the main reasons for South Korea’s high health care expenditure.

Conclusion

As at its current state, South Korea’s health care system would not be sustainable or effective due to many factors such as aging population, increasing in health care cost, chronic illnesses, and system related. The development of primary health care system seems to be a logical solution to fight against the problem. However, due to the current political movement to commercialize and promote of public goods. Currently, it seems like commodification has an upper hand.