

A Study on the Health Policy Issues of Telemedicine Problem in Korean

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Abstract

Recently, the government tends to address the health policy as an economic logic. However, health policy must be priority to national health right than economic logic. Thus, in this paper analyzes the problems of telemedicine for telemedicine that are at issue in South Korea, based on this, and presents reasonable health policy directions for telemedicine. To amend the law and legislation the health policy and law, analyze the rationality, feasibility of law and sufficient review should be implemented. Comparing to the foreign which introduced telemedicine earlier, discussion on telemedicine in South Korea remains a long way to go and it is now beginning step. Therefore, it should not forget that the health policy of the government with crass insensitivity can bring great disaster. Above all, to the health care, the sufficient review and social consensus which can reduce the side-effects are priority.

▶ Keyword : Health Policy, Telemedicine, Telemedicine Problem, Telemedicine Policy

I . Introduction

Now is the time that the world is networked through the Internet and can communicate with anyone, anytime, anywhere. Also, we are living in the world that receiving the news all over the world easily. With the development of this cutting-edge science, our lives have become more convenient and enrich than in the past. Now we are living in state-of-the-art age that the space travel is possible sooner or later.

Recently, even healthcare field, the new technology combined with IT has been developed and put into practical use. From the era that patients and physicians who were facing face-to-face for treatment, to the new era that using the state-of-the-art equipment such as telephone, e-mail, mobile, video communication, etc. the remote medical age which can care without face-to-face may be activated. In fact, current law has been enacted to allow these telemedicine. However, the current

regulations allow the acceptable range of telemedicine only between physicians and health professionals. And because of the many constraints and restrictions, the telemedicine cannot be activated. Therefore, the government specifies the healthcare industry as a future growth engine of the country, and to activate them, the government had announced plans to expand telemedicine. October 29, 2013, the government tried to enforce expanding telemedicine by prior notice to amendments about the Medical Law. However, due to fierce opposition from civic groups and medical organizations, government has again presented amendments in December 10, 2013.

In order to settle and implement the policies or system smoothly, sufficient review, conversations and social consensus are essential elements. In particular, the health policy which directly connected with health of people it can be made by only with sufficient social consensus, validation and demonstration projects. Unilaterally implement policy of government can lead to greater side effects. Therefore, this paper try to explore the latest

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issue of telemedicine which issued in Korea, and present a valid health policy direction based on the issue of telemedicine.

II. Theoretical Background

1. The Definition of Telemedicine

There is no clear and unified concept defined yet for the the definition of telemedicine. World Medical Association(WMA) defined the telemedicine as "The medical care to determine the intervention for the disease, diagnosis and treatment from the remote data through the telecommunications system"[1]. Telemedicine is providing health care services in a situation where patients and health professionals are not in the same place. it is defined as 'These include the secure transmission of information, clinical data for monitoring and other types of data such as biological, physiological measurements, warning, images, audio, video, or prevention, diagnosis and treatment'. The World Health Organization (WHO) defines the telemedicine as 'In terms of clinical, in the medical activities treatment the patients and take advantage of the information and communication system' and distinguishes this with remote health (telehealth). In here, it is defined widely as that the remote health is utilize the Information and communication systems to health promotion and prevention activities[2]. Thus, when looking at the common of the telemedicine. First, the situation where the patients and physicians are not in the same place also, it is not face-to-face consultation. Second, it uses the information and communication technology. ICT includes Internet, telephone, smart phone, or other means to communicate with each other. In other words it doesn't mean that only communicate with image. Third, the medical care such as consultation, diagnosis, treatment, prescription by a physician is carried out. Fourth, the patient measure the various biological, physiological measurements for medical care by himself and send to a doctor, and the doctor can reference it. thanks to the development of electronic measuring devices such as various measuring instruments in compact, digital, transferable, and managed by individual D / B, it has been simplified to measured by himself, and as a chronic disease requiring lifelong management is became a major disease, the disease

management by individuals themselves are required[3]. The opinion of author about the definition of the telemedicine, the telemedicine is a new medical care by utilizing information and communication technologies and beyond the past fixed idea that patients and doctors care with face-to-face, it can be defined as the non-face-to-face care of new form even when doctors and patients detached and without face-to-face utilizing IT technology medical care is possible.

2. Telemedicine health policy status in Korea

Provisions relating to telemedicine in Korea is regulated in the Medical Law in Article 34, paragraph 1 'medical personnel'(who engaged in medical practice such as Doctor, Dentist, Acupuncturist only) despite Article 33, paragraph 1, 'They can do telemedicine which support the medical knowledge or skills to medical personnel located far away by utilizing information and communication technology such as computer or video communications, etc. In other words, the current regulations has very restrictive policy that the telemedicine can be used by only between medical personnel(Doctors, Dentists, Acupuncturist)[4]. In order to overcome this limited rule of law and activate telemedicine, the government heralded legislative amendments to the Medical Service October 29, 2013. The amendments expand the allowable range of the telemedicine which was only available to between medical personnel and medical personnel but it was expanded between medical personnel and patients. Also, it materializes its subjects, and it was limited to the telemedicine institutions to clinics. In the last July 29, 2009, the government has been prior notice to legislative amendment the Medical law, which including the information that allows telemedicine between doctor and patient to promote the development of health care and medical services industry. However, the opposition of the medical profession and the public opposition that the prior notice can bring the medical abuse and an increase in expenses. Thus, it had failed to parliament legislation [5].

The telemedicine which prior notice the legislation, regulated that continuous observation of the patient's health or disease, counseling, education, diagnose and prescribe and it is possible to allow all such as internet medical treatment, video medical treatment, electronic prescriptions, etc. For the First-visit to the hospital to see a doctor first-time, and in case of the clinics, it includes an island, and who are living in remote area, etc.

such as the far distance from the medical facilities, the elderly, disabled who are not able to move about freely. And the case of Second-visit, the chronically ill, mentally ill patients who has the hypertension, diabetes, etc. and receiving medical treatment over a substantial period of time. And the first medical examination patients who can use all hospital or clinics grade is the prisoners of correctional facilities, soldiers, etc. who are prescribed by the Health and Welfare Ordinance and restricted the use of medical facilities, in the case of Second-visit, who is in hospitalization and need to be constantly monitored for the disease condition after receiving a surgical treatment, or the home nursing patients, etc. it regulated as who require the continued treatment in a place other than the institutions[6]. But telemedicine health care policy implemented and by the government led collide strong rebound of medical organizations and NGO. Thus, it is still drifting conditions.

III. Health Policy Issues of Telemedicine Problem

1. Problems of Telemedicine in Korea

1.1 Health care and social issues

1.1.1 Problems of the health care delivery system

The reason for opposition from the KMA or medium-sized hospitals and physicians for the current medical law revision is due to the collapsing of the health care delivery system and ultimately afraid to worsening profitability. That is, currently if the patient visits the higher medical facilities without a referral from a primary medical facility, he cannot receive the insurance benefits. Thus, the health care delivery system can be maintained, but [7] When the telemedicine getting activate, the writing phenomenon to large hospitals will be deepened and decline of clinics and collapse of the health care delivery system are expected to be accelerated. However, recently about the telemedicine the Korean Medical Association has said to government that let's do pre-assessment through a pilot project first, prior to the introduction of a telemedicine[8].

1.1.2 The high cost problems such as telemedicine equipments

Telemedicine is possible only through the equipment on the basis of various kinds of IT communication technology. In particular, the telemedicine is just for the vulnerable groups of medical care, it means that these facilities should be set up and managed to remote place. Initial installation cost and maintenance and repair costs are expected to spend a lot of money. In the case of Japan, since the 1970s, they enforced telemedicine by introducing with a meaning in that it can mitigate the geographic particularities and doctor shortages in the provinces of the island, However, contrast to these high expectations, there are still struggling to spread activation due to equipment investment costs [9]. After all, if the initial equipment required for the telemedicine facility are borne by the government, it same like using the taxpayers' money thus, social consensus must be priority.

1.2 Health policy issues

1.2.1 The problem of health insurance fee and prescriptions

In order to reap the effectiveness of telemedicine, devise the health insurance fee must be preceded. However, the health insurance fee does not devised until now, and there is no evidence regulation that is the reality. The health insurance fee is operated by taxpayers. Because of this, the national consensus must be preceded. Also, if health insurance fee does not devised, any number of doctors will not perform telemedicine actively is clear. First, the Ministry of Health and Welfare arrange the health insurance fee and payment methods, doctor's fee payment method, prescription transfer method, etc. the detailed criterion should be made and health policies will be enforced.

The core of the telemedicine is to send a prescription remotely. In particular, among the patients of chronic illness, the telemedicine for the second-visit patients, remote consultation, diagnosis and prescription transfer is the most important requirement [10].

In general, most hospitals are currently using the Order Communication System(OCS) or Electronic Medical record(EMR). Thus, there is no problem but, due to compatibility problems with other hospital, the unified information delivery system is need. In addition, the way to download the prescription by using the smartphone, it need an Internet-based D/B for each hospitals and the

patients have to know the Internet addresses and connection type of hospital. So, it will be occurred the inconvenience and to elderly people who are not familiar with this system will feel it is really inconvenience. Also, for the telemedicine, the hospital or clinics must build the expensive equipment and high-tech information network. However, in case of the small clinic, it would be a considerable economic burden and an obstacle to vitalization of telemedicine.

1.2.2 Validity and reliability issues in telemedicine

The head of medical institutions, who want to telemedicine need to be equipped with the necessary facilities and equipment to telemedicine, after then, report to mayor of city or country office. Like this way, it has been strengthened requirements than current Medical law. However, if small clinics unable to buy expensive medical equipment for telemedicine or even if they purchased but the economic damage occurs, health policies for telemedicine activating is difficult to expect. In addition, medical equipment is directly related to the public health. So, it needed safety inspection and certification. Furthermore, the telemedicine which is carried out in a non face-to-face needs much more duty of doctor's care than face-to-face medical examination. Thus, sufficient demonstration projects and set the clear standards by government to prevent the occurrence of associated equipment or network errors, etc. and through the examination of professional organizations, the telemedicine activation is possible. So, to ensure that stability and effectiveness of telemedicine can be realized, the government must present a health policy direction [11].

Above all, in order to being activated the telemedicine, the sufficient safety inspections and authentication of expensive medical equipment is needed. Furthermore, as mentioned above, the telemedicine which is carried out in a non face-to-face needs much more duty of doctor's care than face-to-face medical examination. Thus, sufficient demonstration projects and set the clear standards by government to prevent the occurrence of associated equipment or network errors, etc. and through the examination of professional organizations, the telemedicine activation is possible. So, to ensure that stability and effectiveness of telemedicine can be realized, the government must present a health policy direction. And the government does not present a specific

standard of clear facilities standard and equipment to implement the current telemedicine is also big problem.

2. Telemedicine health policy challenges in Korea

2.1 The need for the introduction of telemedicine

Around the world, the interest in telemedicine is very high. Developed countries are intended to provide high quality health care for its citizens in remote island areas, and developing countries utilize the limited medical infrastructure more actively and efficiently. Like this way, it is being promoted with the aim of improving the quality of people's life. And these markets are expected to achieve explosive growth in 2020 by rapid advancement of information and communication technologies and aging trends. In the case of Korea, compare with developed countries, the aging population has occurred just in 20 years which had occurred over more than 50 years in developed countries, thus, seek solutions to these problems is urgent. Fortunately, the information and communications technology and infrastructure in Korea are already boasting the world's highest level. In this regard the government tries to select and develop the telemedicine as a new growth engine and this effort is underway in various angles. However, due to the lack of relevant institutions, it has become a major obstacle to the growth of these industries [12]. Already the development of various applications using telemedicine is ongoing, and in Korea, various remote medical technologies are developed and progress by focused on the Samsung Electronics and other large enterprises. In fact, telemedicine is health care system which has high utilization to chronic diseases or remote place people who inconvenient to use the hospitals.

2.2 Stand for the telemedicine policy enlargement

As the Ministry of Health and Welfare says the need for the telemedicine is to improve health care accessibility for a patient who living in remote place, military service and prison. Recently, however, it being recognized as part of the development plan of the Republic of Korea's economic growth and job creation, telemedicine is also being promoted as part of the development plan of the health care industry, thus, it need to pay attention. Actually, medical law amendment in

2008 which had allowed telemedicine it had discarded with sensitive issues such as the merger permission between hospitals, attract foreign patients, side business deregulation of hospital, etc. Since then, the issue of telemedicine is always being discussed as part of the privatization of health care or health care industrialization. Telemedicine has also been selected as a key challenge to 'Service Industry Advancement Plan' and etc. which is promoted under the government since 2008. In other words, the purpose of economic growth and job creation is serving as a strong basis for allowing telemedicine[13].

2.3 Opposite position for the telemedicine policy enlargement

After the announcement of the telemedicine amendment, the medical profession health and social organizations, etc. stood simultaneously opposite side to telemedicine policy enlargement clearly. In summary the voices of opposition groups, when introducing the telemedicine, the rush phenomenon of patients to large hospitals will be intensified and it will lead the bankruptcy of primary healthcare. After then, it may bring the weakening of health accessibility to public. And medical reliability of telemedicine, industrial economic benefits which was claimed by the government also did not verify. And many medical underdeveloped areas already have many public health centers and now quite relaxed conditions. Thus, medical accessibility is not vulnerable. Furthermore, at the patient's condition, it is hard to treat just by using the telemedicine such as monitor and non-face-to-face treatment than doctors and patients face-to-face and treat by visual inspection, percussion, stethoscope, etc. and finding responsibility for medical accidents or doctor's misdiagnosis is too hard. And the introduction of telemedicine can promote medical privatization and market liberalization, it can threat current public health policy and health care system in Korea.

IV. Conclusion

Lately, Park Geun-hye government considered that the telemedicine has high economic value as a new growth engine of the Korea and preceded the national tasks that future creative economy activation. So, they are pushing the legislation for telemedicine. However, healthcare sector is closely related to health of the people. If nation

promote the health policy as an economic point of view it can be a big disaster. Of course, telemedicine is being implemented in many countries, and there is an opinion that the telemedicine gives satisfaction to patients who has chronic diseases or improving the quality of patient's life. However, telemedicine goes the non-face-to-face. Thus, compare with the face-to-face medical examination, telemedicine gives superior results and economic medical cost is now hard to understand.

Health policy issue is directly connected with the public health. Thus, the enlargement enforcement of telemedicine and enforcement from the government can lead many side effects. That is, sufficient social consensus has to be first.

Finally, simply summarize the conclusions of the paper, prior to the implementation of telemedicine in Korea, if these problems such as prescriptions and health care fee issues, securing the stability of remote medical devices issues, risk of medical malpractice and legal and institutional complementary issues, patient privacy issues, verify the effectiveness problem of telemedicine pilot projects, etc. have to be solved. And if there is not enough social consideration and agreement on enlargement to telemedicine, enlargement enforcement policies of telemedicine likely to be premature and failed.

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