Path to Wellness; 
In the Context of Aging Society

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Prof. Dr. Jaewook CHOI,

The Chair of the International Relations Committee,  
Korean Medical Association  
President, The Korean Society of Global Health
What is “Wellness”? 
- “the active pursuit of activities, choices and lifestyles that lead to a state of holistic health”
Aging and Wellness

- Focus on healthcare service, Vulnerable group, aging population
- Wellness gets significant more and more in the context of aging society

Why?
- Sociological viewpoints
  - Solitary deaths and increasing elderly people living alone
  - Increasing the unemployed population
  - Issues about life-sustaining treatment and euthanasia
- Viewpoints from healthcare policy
  - Growing proportion of medical costs for elderly care
## Mid-to Long-Term Estimation of Medical Costs for Seniors Aged 65 or older

<table>
<thead>
<tr>
<th>Year</th>
<th>Estimated Spending (billion USD)</th>
<th>Proportion against GDP (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>17.4</td>
<td>1.42</td>
</tr>
<tr>
<td>2020</td>
<td>29.1</td>
<td>1.88</td>
</tr>
<tr>
<td>2025</td>
<td>48</td>
<td>2.50</td>
</tr>
<tr>
<td>2030</td>
<td>73.5</td>
<td>3.21</td>
</tr>
<tr>
<td>2035</td>
<td>104.8</td>
<td>3.95</td>
</tr>
<tr>
<td>2040</td>
<td>141.7</td>
<td>4.68</td>
</tr>
<tr>
<td>2050</td>
<td>225.1</td>
<td>5.84</td>
</tr>
<tr>
<td>2060</td>
<td>312.6</td>
<td>6.57</td>
</tr>
</tbody>
</table>

Data source: Health Insurance Research Center, National Health Insurance Corporation
International Aging Trend

[Estimated and projected global population by broad age group, 1950–2100, according to the medium-variant projection]

Persons aged 65 years or over make up the fastest-growing age group.

* excluding Australia and New Zealand

Source: UN, World Population Prospects 2019 highlights
International Aging Trend

Source: UN, World Population Prospects 2019 highlights
Aging Trend of South Korea

[Figure. Future population estimation for Rep. of Korea]

Data Source: Statistics Korea
## Comparison with Other Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Reaching year (estimated)</th>
<th>Transitioning time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7% (aging society)</td>
<td>14% (aged society)</td>
</tr>
<tr>
<td>France</td>
<td>1864</td>
<td>1979</td>
</tr>
<tr>
<td>Sweden</td>
<td>1887</td>
<td>1972</td>
</tr>
<tr>
<td>Australia</td>
<td>1939</td>
<td>2012</td>
</tr>
<tr>
<td>U.K.</td>
<td>1929</td>
<td>1976</td>
</tr>
<tr>
<td>German</td>
<td>1932</td>
<td>1972</td>
</tr>
<tr>
<td>South Korea</td>
<td>2000</td>
<td>2017</td>
</tr>
</tbody>
</table>

Source: National Institute of Population & Society Security Research, Japan
What should be improved in South Korea?

1. Establishing a effective NCD care system lead by doctors
2. Senior long-term care insurance and community care
3. Sustainable financing scheme for national health insurance
4. Building a safe treatment environment through ‘law-abiding treatment’
Establishing a NCD care system lead by doctors

- Effective operation of a chronic disease care system
  - implementing the “Pilot project for community primary care” and the “Pilot project for medical cost scheme for chronic disease care by community clinics”, in cooperation of the government and medical society
  - Strives to deliver effective and quality medical services by enhancing primary care and linking with local medical associations

- Establishing a division in charge of a chronic disease care system and the separate budget for it

- Developing policies to motivate and support patients
What is Senior long–term care insurance?
- Social insurance providing long–term care benefits to the elderly who cannot live alone for more than 6 months due to age or senile disease

Type of Benefit

1. Institutional Care Benefit
   - Senior nursing institutions (More than 10 persons)
   - Group home (Less than 9 persons)

2. Home Care Benefit
   - Home-visit benefit
     - Home-visit care/bath/nursing services
   - Day/Night care
   - Short-term care
   - Welfare instruments

3. Special Cash Benefit
   - Family care benefit
     - Those in a remote area. (¥150,000/month)
   - Exceptional care benefit, hospital nursing expenses
     - Not in place
## Senior Long-term Care Insurance – Beneficiaries and Finance

### [Status of Long-term Care Beneficiaries]

<table>
<thead>
<tr>
<th>Classification</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seniors (Over 65)</td>
<td>6,192,762</td>
<td>6,462,740</td>
<td>6,719,244</td>
<td>6,940,396</td>
<td>7,310,835</td>
</tr>
<tr>
<td>Applicant</td>
<td>685,852</td>
<td>736,879</td>
<td>789,024</td>
<td>848,829</td>
<td>923,543</td>
</tr>
<tr>
<td>People subject to decision (In and outside grades)</td>
<td>535,328</td>
<td>585,386</td>
<td>630,757</td>
<td>681,006</td>
<td>749,809</td>
</tr>
<tr>
<td>Approved people (Approval rate against decision)</td>
<td>378,493</td>
<td>424,572</td>
<td>467,752</td>
<td>519,850</td>
<td>585,287</td>
</tr>
<tr>
<td>Approval rate against elderly population</td>
<td>6.1%</td>
<td>6.6%</td>
<td>7.0%</td>
<td>7.5%</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

### [Status of Long-term Care Institutions]

<table>
<thead>
<tr>
<th>Classification</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>11,056</td>
<td>11,672</td>
<td>12,917</td>
<td>14,211</td>
<td>15,073</td>
</tr>
<tr>
<td>Institution</td>
<td>4,648</td>
<td>4,871</td>
<td>5,085</td>
<td>5,187</td>
<td>5,304</td>
</tr>
<tr>
<td>Total</td>
<td>15,704</td>
<td>16,543</td>
<td>18,002</td>
<td>19,398</td>
<td>20,380</td>
</tr>
</tbody>
</table>
Necessity of Community Care

- Why does South Korea need community care for elderly?
  - Existence of Blind spot in care system
  - Family care, heavy burdens for care-providers
  - Limit in meeting care-needs due to Insufficient home-visit service
  - Existing service’s inefficiency because of fragmented provision
  - Response to explosive financial spending (Unit: KR Won)
    - Senior care expenses in health insurance (ratio)
      : (2016) 25 trillion (38.7%) ⇨ (2025) 58 trillion (50.8%)
    - Senior care expenses in medical benefits (ratio)
      : (2016) 3.1 trillion (46.3%) ⇨ (2025) 5.7 trillion (51.5%)
    - Dementia care expenses (against GDP)
      : (2016) 13.6 trillion (0.83%) ⇨ (2030) 34.3 trillion (1.8%)
Direction for Community Care

- **Homecare service**
  - Community based Comprehensive Care
  - Town Clinic and Dr. provide a community care
  - Small group facility and Short-term facility
  - Day care facility
  - Home-visit Medical Care

- **Residence service**
  - Japanese style nursing and care center

- **Discussion on a facility between the institution and home care**
  - Ease anxiety of patients and guardians by forging a complex town between nursing hospitals and institutions
Proper Increase of Health Insurance Spending?

[Figure. Health spending as a share of GDP (%)]

Data source: OECD, Health Statistics 2019
# Building a Safe Treatment Environment through ‘Law-abiding Treatment’

(Unit: billion, USD)

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>30.4</td>
<td>33.5</td>
<td>36.1</td>
<td>33.8</td>
<td>41.9</td>
<td>44.6</td>
<td>46.4</td>
<td>49.7</td>
</tr>
<tr>
<td><strong>Insurance fee</strong></td>
<td>25.9</td>
<td>28.7</td>
<td>30.9</td>
<td>33.0</td>
<td>35.2</td>
<td>37.8</td>
<td>40.0</td>
<td>42.9</td>
</tr>
<tr>
<td><strong>Government support</strong></td>
<td>4.0</td>
<td>4.3</td>
<td>4.6</td>
<td>5.1</td>
<td>5.7</td>
<td>5.7</td>
<td>5.4</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Other income</strong></td>
<td>0.4</td>
<td>0.5</td>
<td>0.6</td>
<td>0.8</td>
<td>1.0</td>
<td>1.1</td>
<td>1.0</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Data Source: The Ministry of Health and Welfare (MOHW)
Increase Productivity vs Quality of Healthcare

- The annual consultation per capita in Korea (16.6 as of 2017) is more than two times of that of OECD member countries.
- The excessive workload puts safe treatment of people at risk, and they are concentrated to large and general hospitals because of public preference for them.
- Medical acts without a license or qualification like ‘ghost surgery’ emerge as a social issue.

Effort to implement ‘law–abiding treatment’

- Monitor weekly working hours of residents, fellows, professors and pay doctors at large/Univ. hospitals
Future Challenges for Wellness of Aging Society in Korea

- Sustainable and Manageable Management of Elderly Long-term Care Insurance
- Development of Community based Homecare Medicine for Elderly
- Initiative and Leadership of KMA, KoNIBP, NLSTC to deal with wellness and healthcare for Elderly
  - Well Dying, Dying with Dignity, Advanced Directives (Advanced Life-sustaining treatment Directives)
Thank you 😊!