



KOREAN MEDICAL ASSOCIATION<sup>\*1</sup>

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### **Conflict over Introduction of Tele-medicine and Effort to Restore the Health Care System**

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In October 2013, the Republic of Korea government announced its policy to introduce overall tele-medicine between patients and physicians. The government is trying to push forward the plan despite the opposition and concern of the medical and public community.

Tele-medicine between physicians is already allowed in Korea and tele-medicine between patients and physicians for people with lower accessibility to physicians is being carried out through trial project. Tele-medicine that the government is currently pursuing is overall implementation of tele-medicine between patients and physicians.

This is the promotion of tele-medicine as a substitute to face-to-face consultation rather than as a supportive measure. This will damage the fundamental aspect of medical care of face-to-face interaction. Moreover, Korea has high accessibility to physicians and overall promotion of tele-medicine is not necessary.

Tele-medicine will bring tremendous changes in demands on medical personnel. Regional medical institutions are expected to take the biggest hit with the implementation of tele-medicine where distinctions between larger hospitals and primary clinics are not clear. Overall promotion of tele-medicine will be eventually led to unlimited competition between hospitals and clinics and between medical institutions in the Capital area and regions.

The most concerning aspect of Korean Medical Association (KMA) is that patient safety, effectiveness, legal liability issues were not properly assessed or examined during the preparation process. Despite the strong opposition of the

KMA, the government pushed forward with the tele-medicine policy. KMA inevitably took collective action in order to protect public health and the national health system as well as to restore order to the health care system.

On March 10, 2014, as the last resort, there was a one-day suspension of medical service. Even though essential medical staff in emergency rooms and ICUs were excluded, about 60% of clinics and 7,000 interns and residents participated. The action was an expression of not only opposition against the government's plans to introduce tele-medicine but also the physicians' wishes to promote primary care institutions, to improve the national health insurance program, to reform wrong health systems and to improve medical regulations that infringe upon the physician's professional autonomy.

The government and Korean Medical Association entered into talks in order to find a solution and agreed to the step-by-step implementation of 38 policy initiatives including improvement of national health insurance programs including re-discussion of tele-medicine and conducting pilot projects, and improvement of various systems and regulations for activate primary care.

Despite the agreement, difference of opinion still exists between the government and KMA and the discussion with the government on tele-medicine has been stopped. But the government still insists on pushing forward the tele-medicine policy without proper assessment of examination on patient safety, clinical efficacy, and consideration for legal liability.

KMA believes that patient safety, efficacy and legal liabilities related with tele-medicine can never be compromised so KMA plans to strongly resist the government's unilateral approach to tele-medicine policy during the legislative process at the National Assembly.

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\*1 This article is base on a presentation made as the Report of Activities by each NMA at the 29th CMAAO General Assembly and 50th Council Meeting, Manila, the Philippines, on September 24-26, 2014.

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Aside from the tele-medicine issue, KMA plans to call on the government to continuously implement the initiatives for promotion of primary care, improvement of health insurance and regulatory reform agreed upon through the Korean Medical Association-government talks.

### Establishment of KMA Policy

Currently, KMA is in the process of establishing the KMA Policy in order to systematically organize and declare KMA's position regarding various issues related with medical care and medical science.

KMA plans to develop the KMA POLICY as a system that can be referenced at any time with regards to medical policies and medical issues that the public and KMA members are interested in.

Through the establishment of the KMA POLICY, KMA aims to enhance the consistency of KMA's policy towards medical issues, quickly respond to various policies, to achieve efficient

operation. We expected that the KMA POLICY will enhance our reliability as a professional organization.

### Community Activities

#### Medical Assistance in the Philippines

KMA dispatched an emergency medical assistance team to the Samar and Leyte Islands of the Philippines damaged by Typhoon Haiyan, and provided care to over 1,000 patients including 6 surgeries during a total of 11 days.

#### Publishing "The Good Doctors"

KMA published a fun and easy-to-understand book for the public in order to spread correct medical information. This is to strengthen health communication with the public. "The Good Doctors" was written by a total of 76 doctors practicing in various fields, leveraging their knowledge of the latest domestic and international medical research and rich clinical experience.



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### Introduction of Tele-medicine

Government's Policy Announcement (Oct. 2013)

- The government announced its plan to introduce overall tele-medicine between patients and physicians
- The government is trying to push forward the plan despite concerns and opposition of the medical and public community

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### Introduction of Tele-medicine

Problems of the Government's way of Tele-medicine

- Another example of the government's unilateral approach to health care policy
- Tele-medicine between physicians is already allowed in Korea and tele-medicine between patients and physicians for people with lower accessibility to physicians is being carried out through trial project.

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### Introduction of Tele-medicine

Problems of the Government's way of Tele-medicine

- The tele-medicine that the government is currently pursuing is overall implementation of tele-medicine between patients and physicians.
- This is promotion of tele-medicine as a substitute to face-to-face consultation rather than as a supportive measure.

Damaging the fundamental aspect of medical care of face-to-face interaction

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### Introduction of Tele-medicine

Problems of the Government's way of Tele-medicine

- Korea has high accessibility to physicians and overall promotion of tele-medicine is not necessary.
- Tele-medicine will bring tremendous changes in demands on medical personnel.

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### Introduction of Tele-medicine

Problems of the Government's way of Tele-medicine

- Regional medical institutions are expected to take the biggest hit with the implementation of tele-medicine where distinctions between larger hospitals and primary clinics are not clear.
- Overall promotion of tele-medicine will be led to unlimited competition between hospitals and clinics and between medical institutions in the Capital area and regions.

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### Introduction of Tele-medicine

The most concerning aspect of KMA

**Patient Safety,**  
**Effectiveness,**  
**Legal liability issues**

were not properly assessed or examined during the preparation process

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### Introduction of Tele-medicine

#### Measures taken by KMA

**March 2014**  
Government pushed forward with the tele-medicine policy

**Collective Action by KMA as the last resort  
(One-day suspension of medical service)**

Protect public health and the national health system



Restore order to the health system

The government and KMA find a solution and agreed to the step-by-step implementation of 38 policy initiatives

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### Introduction of Tele-medicine



one-day suspension of medical service.

- about 60% of clinics and 7,000 interns and residents participated.
- essential medical staff in emergency rooms and ICUs were excluded

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### Introduction of Tele-medicine

#### The Current Situation

- Difference of opinion still exists between the government and KMA.
- Discussion between the government and KMA on tele-medicine has been stopped.
- The government still insists on pushing forward the tele-medicine policy without proper assessment or examination on patient safety, efficacy, and consideration for legal liability.

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### Introduction of Tele-medicine

#### KMA Stance

**Issues of patient safety, efficacy and legal liabilities related with tele-medicine can never be compromised**

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### Introduction of Tele-medicine

#### KMA Plans

- Strongly resist the government's unilateral approach tele-medicine policy during the legislative process at the National Assembly
- Call on the government to continuously implement the initiatives for promotion of primary care, improvement of health insurance and regulatory reform

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### Introduction of Tele-medicine

#### 2 Establishment of KMA Policy

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## 2. Establishment of KMA Policy

**KMA Policy**

Medical issues    Physician ethics    Regulations    Affairs

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## 2. Establishment of KMA Policy

**KMA Policy**

- enhance the consistency of KMA's policy towards medical issues
- quick respond to various policies
- achieve efficient operation by stipulating KMA's policies including the decision making process in writing
- provide correct health and medical information to the public

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## 3 Community Activities

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## 3. Community Activities

### 1) Medical Assistance in the Philippines

- KMA dispatched an emergency medical assistance team the Philippines damaged by Typhoon Haiyan

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## 3. Community Activities

### 2) Publishing "Good Doctors"

- KMA published book for the public in order to spread correct medical information
- "The Good Doctors" was written by a total of 76 doctors practicing in various fields
- Leveraging their knowledge of the latest domestic and international medical research and rich clinical experience

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# Thank you.

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