Cancer Care: Assuring Quality to Improve Survival

Country note: Korea

Korea has relatively good cancer outcomes: long survival and generally low mortality compared with other OECD countries. According to the latest data, the five-year relative survival estimate is 85.2% for breast cancer vs. OECD average of 84.2%, 76.8% for cervical cancer vs. average of 66.0% and 72.8% for colorectal cancer vs. average of 60.7%.

Korea has increased the capacity of delivering high quality cancer care through building designated regional cancer centers and private cancer centers across regions. But there are additional areas that Korea could improve as shown below.

Promote prevention and healthy lifestyle

Smoking rates are still high and 23.2% of adults smoke daily, above the OECD average of 20.9% in 2011, even though the country has implemented a number of anti-smoking policies such as smoking ban, advertisement and sales restriction, public awareness building and an increase in tobacco tax. Australia which has reduced the smoking rate to one of the lowest in the OECD at 15.1% in 2010, has introduced smoke-free legislation for all enclosed areas, restrictions on tobacco industry marketing including plain packaging and high tobacco tax. Korea also needs to implement more strict and comprehensive anti-smoking policies. Furthermore, comprehensive strategies with long-term vision and government support are needed to reduce other lifestyle risk factors for cancer and they need to involve all stakeholders such as industry, the entire population (including children and their parents), and health care providers in the society.

Promote adequate use of diagnostic equipment

The numbers of diagnostic equipment are high at 21.3 MRIs and 35.9 CTs per million population, above the OECD average of 13.3 and 23.6 in 2011, although they are still lower than in Japan with the
rates of 46.8 MRIs and 101.3 CTs. But the number of exams per 1 000 population is low at 18.2 for MRIs and 118.5 for CTs in the same year, suggesting underutilisation. Though the statistics on exams do not include services not covered by the National Health Insurance and it might be underestimated, the distribution and use of medical device need to be assessed across regions to identify and ensure appropriate resource allocation.

**Strengthen monitoring and feedback mechanisms**

Although quality monitoring and public reporting efforts are rapidly expanding within National Health Insurance system, monitoring efforts for cancer care need to be strengthened to reduce practice, quality and outcome variations across providers and regions within the country. There are some good examples in other countries: in the Netherlands, compliance with recommended care is reported regularly and a number of countries periodically evaluate waiting times between cancer diagnosis and treatment. Furthermore, England monitors the quality and outcomes of medical treatment from patient’s point of view through Patient-Reported Outcome Measures (PROMs). In these countries, measures are made available to the public to promote provider accountability and patient-centred care delivery. Moreover, Korea could strengthen the feedback mechanisms to promote best practices among providers. For instance, comparing with other countries, the share of mastectomy is high for the treatment given to breast cancer patients and such practice patterns and variations need to be assessed across providers within the country. The country could also undertake systematic reviews as done in the Netherlands and some health care organisations in the United States. In the latter, health systems like Intermountain Health and Kaiser Permanente have robust systems of assessment and feedback.


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