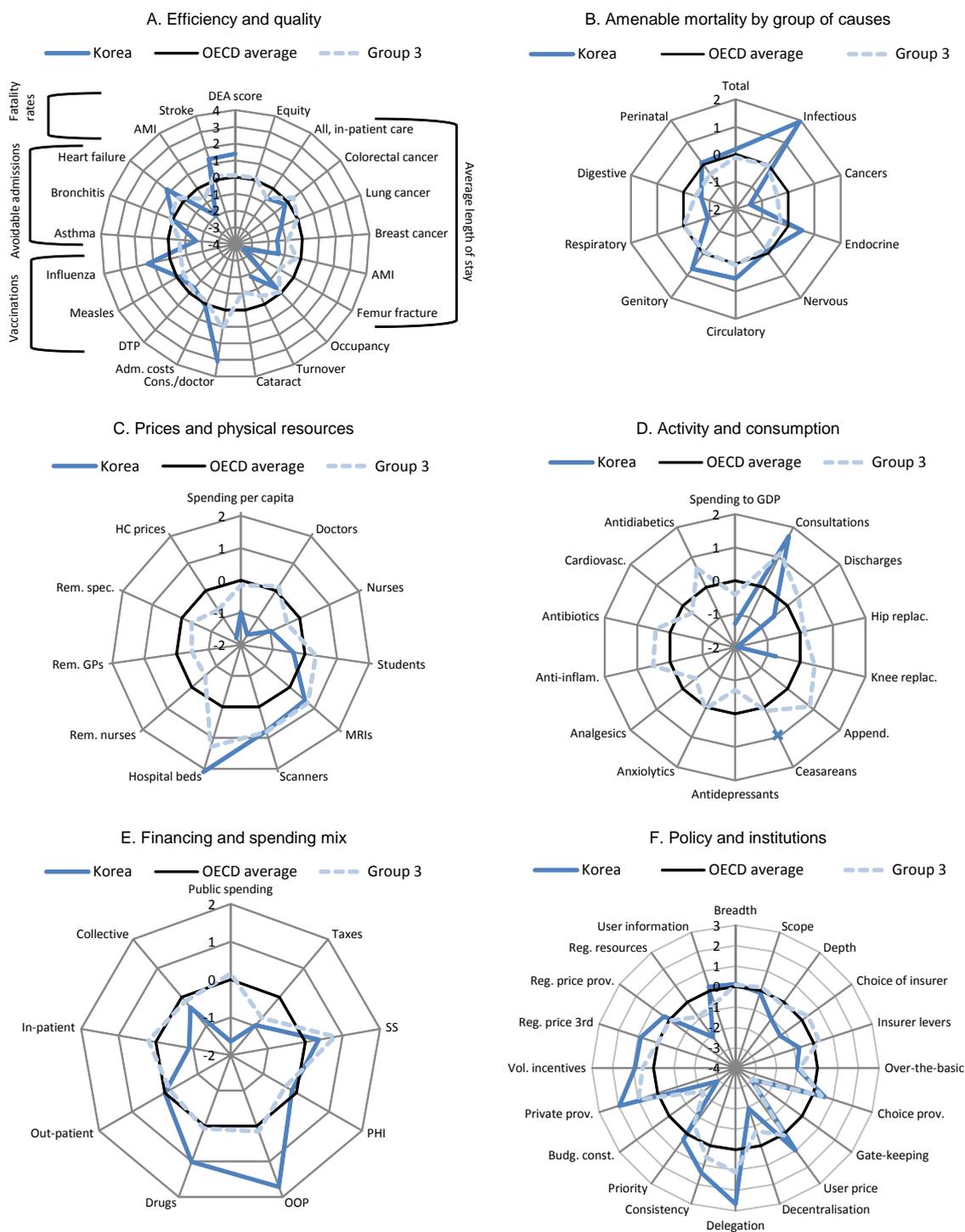


Korea: health care indicators

Group 3: Austria, Czech Republic, Greece, Japan, Korea, Luxembourg



Note: Country groups have been determined by a cluster analysis performed on policy and institutional indicators. In all panels except Panel A, data points outside the average circle indicate that the level of the variable for the group or the country under scrutiny is higher than for the average OECD country (e.g. Australia has more scanners than the average OECD country). In Panel A, data points outside the average circle indicate that the group or the country under scrutiny performs better than the OECD average (e.g. administrative costs as a share of total health care spending are lower in Australia than on average in the OECD area). In all panels except Panel F, data represent the deviation from the OECD average and are expressed in number of standard deviations. In Panel F, data shown are simple deviations from the OECD average.

Source: OECD Health Data 2009; OECD Survey on Health Systems Characteristics 2008-2009; OECD estimates based on Nolte and Mc Kee (2008).

KOREA

GROUP 3: Public basic insurance coverage with little private insurance beyond the basic coverage. Extensive private provision of care, with wide patient choice among providers and fairly large incentives to produce high volumes of services. No gate-keeping and soft budget constraint. Limited information on quality and prices to stimulate competition.

Efficiency and quality	Prices and physical resources	Activity and consumption	Financing and spending mix	Policies and institutions	Weaknesses and policy inconsistencies emerging from the set of indicators
High DEA score, with about average amenable mortality rate	Lower health care spending <i>per capita</i> and as a share of GDP		Lower public funded share; higher out-of-pocket payments	Lower depth of coverage	Assess the impact of the rather low scope and depth of the basic insurance package on equity in access to health care services
Rather low output/acute care efficiency	More acute care beds and high-tech equipment <i>per capita</i> than the OECD average	Fewer hospital discharges <i>per capita</i>	Lower in-patient share	No gate-keeping and higher price signals on users	
Rather high quality of out-patient and preventive care and very high number of consultations per doctor	Less doctors, nurses and medical students <i>per capita</i>	More doctor consultations <i>per capita</i>	Higher drug share	More private provision and provider incentives to raise volume coupled with strict regulation on provider prices. Lower regulation of resources	Consider introducing gate-keeping and/or a reform of the payment system for GPs (e.g. combining an element of capitation with the existing fee-for-services) to reduce the number of doctors' consultations
				Less decentralisation, higher consistency, delegation and priority setting; softer budget constraint	