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Research on the Comparison of Telemedicine Policies between China and South Korea

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Abstract

In recent years, the impact of telemedicine technology on the medical industry has become an essential issue of common concern in the industry and academia. This paper makes a diachronic review, classification research, and comparative analysis of the telemedicine service also the related literature of the telemedicine industry policy research in China and South Korea. Based on this, the study puts forward the prospect of future research, which provides an essential basis for further research on the influence mechanism of telemedicine service quality on patient satisfaction and recommendation intention.

Keywords: Telemedicine Service; Industrial Policy; China and South Korea

1 INTRODUCTION

Telemedicine refers to the fact that even if the patient does not go to the hospital, doctors and other medical personnel will use IT technology to provide patients with medical services anytime and anywhere in a non-face-to-face manner, such as disease prevention and diagnosis, prescriptions, and post-event management. Telemedicine is manifested as telemedicine, telediagnosis, treatment, telehealth, telehealth management, this fitness, U-health, etc. Even governments that want to allow telemedicine use telemedicine and telediagnosis on their own. However, there are conceptual differences between telediagnosis and telemedicine. Countries also use different concepts according to other fields of scholars, foreign institutions, and different terminology. Therefore, to correctly understand telemedicine, it is necessary to conceptually define various terms and establish the relationship between them (Pradhan, 2004) [1].

As such, scholars and countries have different views on the definition of telemedicine. Various countries have formulated other industrial policies for the development of the telemedicine industry.

2 DEFINITION OF TELEMEDICINE SERVICE

2.1 Telemedicine Service

Although the definition of telemedicine varies slightly from country to country, telemedicine is usually defined as 'the provision of medical care, diagnosis, treatment, and medicine. It is defined as 'to provide medical care, such as information transfer, advice, etc.,' or a medical institution that exchanges the medical condition of a patient to provide or support medical treatment by using a two-way communication means in a remote place where a doctor and a patient are far apart. It is also defined as 'exchanging video or voice between a patient and two health care institutions[2] (Teladoc, 2019).

According to the definition of the European Executive Committee, using information and communication technology, wherever the personal medical data between patients or patients is, we should use telematics systems and information technology to contact and help remote professional doctors quickly and communicate health care and medical services to small doctors[3] (OECD, 2019).

The World Medical Association described telemedicine as a medical behavior in the "Statement of the World

Society on the Responsibilities, Obligations and Moral Guidance of Telemedicine Implementation," It determines and recommends disease intervention, diagnosis, and treatment based on clinical data records and other information transmitted from remote locations through telecommunications and information technology.

In the case of the US government, CMS (the Centers for Medicare and Medicaid Services) defines telemedicine to improve patients' health, using electronic communications to exchange health care information from one place to another. The Australia-New Zealand National Telemedicine Plan defines telemedicine as that telemedicine, including telediagnosis and treatment, uses remote communication and information technology to disseminate telemedicine information and services[4] (Najima & Isao, 2018).

Also, regarding telemedicine, in Canada's Telehealth forum, telemedicine is defined as the delivery of medical services and medical information using information and communication technology at a distance or the ground level. It is defined as 'all medical practices provided to remote areas using information and communication technology. The European Union (EU) defines telemedicine as "the rapid access to and help of specialists in remote locations through the use of telecommunication systems and information technology, wherever patient or patient-to-patient health information is ubiquitous" [5] (Teladoc, 2019).

Although the definition of telemedicine varies according to countries, institutions, and scholars, it can be divided into three main components. First, as we saw in the word 'remote,' it refers to medical care performed remotely rather than physically face-to-face between a doctor and a patient. The second is medical care that medical consumers and medical providers can overcome the limitations of physical distances by using information and communication technologies such as interactive video, computers, and wireless smartphones. Third, it refers to the provision of medical information or medical services to medical consumers through consultation, advice, diagnosis, treatment, prescriptions, and other medical behaviors of medical providers. In summary, telemedicine can be defined as providing medical services through mutual communication using information and communication technology in different geographic locations rather than at a distance or in the same space (Statista, 2019).

2.2 Characteristics of Telemedicine Service

Telemedicine services have different characteristics from general services, and these are as follows.

First, telemedicine service products are intangible. Services are essentially intangible. The HDTV made by Samsung Electronics can be touched by the hand and blown by the eye. This is also simple to explain because the consumer can drive it directly. But telemedicine services cannot. Telemedicine patients do not have any knowledge of the medical services they can receive, their condition, and the doctor's procedure until they start medical treatment. To reduce this uncertainty, speakers try to find service quality indicators. For example, to evaluate the quality of telemedicine services, the size, facilities, equipment, and names of telemedicine institutions are taken as criteria.

Second, it is inseparable. Tangible products are pre-produced and displayed in stores before being sold or consumed. However, in the case of services, consumption and production coincide, and in the case of telemedicine services, production and consumption always co-occur. In other words, benefits are produced and consumed by medical personnel treating and nursing patients. Because of the simultaneity of production and consumption, it becomes essential how the telemedicine service is provided. What telemedicine providers do with their patients can influence the patient's decision to revisit the hospital. In other words, if a doctor or nurse is kind of rude, the risk of losing a patient increases. Therefore, satisfaction with product type is greatly affected by the way the product is received. Still, customer satisfaction with telemedicine service depends on the characteristics of the provider and delivery method. Therefore, service providers must effectively interact with customers to create value that meets customer expectations when services are provided. Telemedicine services also have firm order-to-order productivity, so there is no inventory in the commercial sense, so the market cannot be expanded according to the expansion of the distribution system. In other words, there is a limit to the number of patients that a doctor or nurse can handle in a telemedicine institution.

Third, no inventory. Telemedicine service products should not be overstocked. If medical institutions have more patients than expected, they can't treat all patients. Time and space are limited, and patients' waiting is also tiny.

Using the reservation system provides more things for patients who come in their spare time, but this compensation policy is also very different from ensuring inventory in advance.

Fourth, immediate reactivity. Treatment should be quick. Timely response to patients' requirements is another important feature of the medical service industry. If the treatment is delayed, the patient's satisfaction will decline, and the hospital's trust will certainly fall [6](Caffery et al., 2016).

3 TELEMEDICINE POLICY IN CHINA

3.1 Chinese Telemedicine Background

The improvement of the overall economic level of China's health care and medical system has promoted the development of medical technology and the rapid growth of the health care industry and brought about changes in healthy life span and improved quality of life. However, there are still problems in China's health care system, which are the contradiction between the increase in medical demand and supply, the imbalance of medical resources, the low quality of medical services, and the difficulty of accessibility. To solve these problems, we hope to change the way of approaching health through new technology-telemedicine. With the substantial growth of China's mobile users in recent years, the telemedicine service market has shown rapid growth. The service users of telemedicine should include patients, doctors, medical institutions, pharmaceutical companies, insurance companies, administrative institutions, etc. Still, it can be roughly divided into B2B types between medical institutions and medical institutions, and B2C between medical institutions and patients type. In addition, the scope of telemedicine services includes remote diagnosis and treatment, remote diagnosis, remote monitoring, remote education, and remote surgery [7](Wang Yajie, Xu Wei, Du Wenwen, Li Yun, Lu Nana, 2020).

For the past 30 years, under the leadership of the government, China has implemented a strong “one household, one child” family planning policy to effectively control the growth of the entire population. On the other hand, the population is aging rapidly, leading to an increase in the number of chronic diseases, and the elderly population and the number of chronic diseases are steadily increasing. However, as shown in Table 1, despite the rapid economic development and growth in medical supply, health care resources are still low compared to the OECD average, it is quite insufficient to meet the increased demand (Cho Eun-gyo, 2018).

TABLE 1 COMPARISON OF CHINA, KOREA, US, AND OECD HEALTH AND MEDICAL INDICATORS

Item	China	Korea	US	OECD Average
Total health expenditure as a percentage of GDP (%)	5.0	8.1	16.9	8.8
Number of doctors (per thousand population)	2.0	2.3	2.6	3.5
Number of nurses (per thousand population)	2.7	6.9	11.7	8.8
Number of beds (population 1,000)	4.3	12.3	2.8	4.7

Source: OECD(2019), Health at a Glance 2019: OECD Indicators, OECD Publishing

The Chinese government has pursued various medical reforms to solve the problems of the health care system, but there are still unsolved problems. Therefore, it is intended to improve the health care system through the introduction of telemedicine, a new method that has not existed before.

3.2 Main Policies of Telemedicine in China

3.2.1 Legal Support

For a long time, China has been planning to promote the introduction of telemedicine to improve medical services in the health care system. The government’s basic principles of telemedicine are determined by the National Health Commission, and the province’s specific matters are implemented by the provincial health departments.

In 2014, the National Health and Family Planning Commission issued the "Opinions on Promoting Telemedicine Services in Medical Institutions" (2014). According to the opinions, the use of telemedicine services between doctors and patients is permitted, and the content of telemedicine services is specified to make remote consultation, remote monitoring, and electronic prescription issuance possible, and efforts are made to improve telemedicine service

procedures and provide efficient services.

After that, in the second meeting in 2015, the government policy of "Internet + "officially declared telemedicine as a new development direction in China's health care field[8] (Wang Lei, Zhao Guoguang, 2016). In the “Guidance Opinion on Promotion and Regulation of Health and Medical Big Data Application Development” published by the State Council’s General Affairs Office in June 2016, the goal of the government is to achieve significant results in data convergence in medical, pharmaceutical, medical insurance, and other medical fields by establishing a step-by-step approach and sharing medical information data between departments and regions (State Council Affairs Office, 2016).

In addition, in April 2018, the Office of Public Administration under the State Council issued an opinion on promoting the development of the Internet + medical health a policy was prepared[9] (Guo Xiaolin. Du Xiaochun, 2018). The main contents are *the Internet treatment management method (enforcement), the Internet hospital management method (enforcement), Remote medical service management standard (enforcement), etc. (National Health Commission, 2018).*

To continuously improve the level of medical services and improve medical conditions, in 2019, the National Health and Family Planning Commission and the State Administration of Traditional Chinese Medicine jointly issued the "2019 Action Plan for Improving Medical Services (2019)", mainly by improving the telemedicine service system. Expand the scope of telemedicine services and set up telemedicine centers in tertiary hospitals as bases in the region to assist in surrounding primary medical institutions.

3.2.2 Financial Support

At present, China's telemedicine is not covered by basic medical insurance, and the expansion of telemedicine still has limitations. However, if telemedicine can enjoy basic medical insurance in the future, the imbalance of medical resources can be solved by encouraging the general public to use telemedicine services.

The development of telemedicine can effectively improve the utilization of medical and health resources and protect people's right to health. This is in line with the principles of basic medical insurance and emphasizes the efficiency of medical and health care. When doctors in rural and poor areas with weak medical care are unable to diagnose and treat difficult cases, they can apply for telemedicine to tertiary hospitals to solve the problem. Telemedicine has obvious advantages over traditional methods. It can transfer patients to high-level hospitals without space movement, saving time. Doctors who accept medical commissions can provide suggestions and consultations through the Internet without having to travel to the area from their hospitals. In addition, the use of telemedicine to help doctors in poor areas reduces the possibility of transferring patients to higher-level hospitals and prevents patients from being overcrowded to large hospitals in the city center.

To realize telemedicine, it is necessary to first establish a counseling center in charge of telemedicine in general tertiary hospitals and to establish a more comprehensive cooperative network than now by additionally installing basic medical institutions in rural areas or poor areas nationwide. Currently, for telemedicine, not only hospitals in large cities such as Beijing, Shanghai and Guangzhou are actively setting up counseling centers, but also Taipei Medical University has begun to provide telemedicine services to inland areas in need. In addition, the Chinese government completed the installation of basic medical institutions nationwide through medical reform, laying the foundation for receiving telemedicine services[10] (Yang Yichi, Zhang Xuehui, 2017).

Although there are very few cases where telemedicine is covered by basic medical insurance, we would like to look at a relatively well-known case. First, in Changshan County of Quzhou City, Zhejiang Province, and the Arasan Region of Inner Mongolia, telemedicine costs were applied to medical insurance under the new rural cooperative medical system. Patients paid 30% of the cost of receiving telemedicine at Arasan Hospital, and the remaining 70% was compensated according to the insurance coverage ratio of inpatients. In January 2014, the Qingdao Municipal Government designated 11 pilot hospitals and included telemedicine costs in the scope of medical insurance. It was reported that 80% of them could be compensated. It is evaluated that the use of such telemedicine services can effectively reduce the cost of basic medical insurance [11] (Qingdao Morning Post, 2014). In other regions,

telemedicine services were actively promoted to be included in basic medical insurance. On January 10, 2014, the Shenyang People's Congress proposed that telemedicine should be included in medical insurance [12] (Shenyang Daily, 2014).

4 TELEMEDICINE POLICY IN KOREA

4.1 Korean Telemedicine Background

Telemedicine in South Korea was introduced in the 1960s to improve the accessibility and efficiency of medical services in areas with weak medical preferences, such as villages without medical care, island areas, and training centers [13] (Lee Won-jae, 1996). In 1988, Seoul National University Hospital and Yeoncheon Health Center promoted the "Remote Imaging Diagnosis Demonstration Project" for the first time. From October 1990 to September 1991, under the cooperation system of the government, local government, and private medical care, it cooperated with three university hospitals (Seoul National University Hospital, Chuncheon Hallim University Hospital, Kyungpook National University Hospital) and three health care hospitals (Yeoncheon, Hwacheon, Uljin) 's telemedicine diagnostic imaging devices (due to over-the-air exchange of telephone networks and initial demonstrations) Project) was discontinued. In March 1994, the third general hospital (Kyeongbuk National University Hospital, Chonnam National University Hospital) and the health care center (Uljin, Gurye) conducted a year of remote medical imaging diagnosis and remote Inquiry but failed to activate due to technical, legal, and environmental deficiencies (Liu Shiyuan, 2006). From 1999 to 2001, venture capital companies invested in telemedicine demonstration projects, but they failed due to unsatisfactory expectations. (Jin Insuk, 2000).

Currently, the telemedicine demonstration business and service using telemedicine devices are continuously advancing, but due to many problems in technology, law, system, economy, environment, etc., it is still in a very inadequate state so far. The Korean Medical Doctor Association stated: "Before the law is amended, the demonstration project should be implemented jointly with the Medical Association, and after discussing the safety, effectiveness, and economics of telemedicine, the allowable scope of medical treatment, medical device approval, and Medical information protection measures, etc., but the government has already implemented demonstration projects after amending the law." According to the doctor’s association, the telemedicine license will lead to the collapse of the medical communication system. It is feared that the decline of primary medical institutions and local small and medium-sized hospitals will accelerate the closure of operations (Korean Medical Doctor Association, 2014).

In fact, in the form of telemedicine, Korea started a demonstration project of remote imaging diagnosis between hospitals and health centers in 1988. From 1990 to 2020, in order to introduce telemedicine, various types of research or demonstration projects were operated, but it has not been expanded nationwide or promoted as a formal enterprise. The reasons for such obstacles to development are that compared with the technical limitations of telemedicine, the current relevant laws have not been revised for nearly 20 years since 2002, and they have not been developed due to opposition from the medical community.

4.2 Korea's Major Telemedicine Policies

The model Korea started telemedicine for the first time in the government-level telemedicine in 1990 using the public switched telephone network (PSTN) between university hospitals and public health centers. Telemedicine using telemedicine was introduced. In the 2000s, the government allowed telemedicine among medical personnel through the revision of the Medical Law, and the government-led pilot project of public medical services began. On March 30, 2002, the Act on Telemedicine was newly established in the Medical Act, and regulations on facilities and equipment were added in 2003, and a vision for ubiquitous (a system that can process information without time and place restrictions) was presented. As a result, interest in telemedicine expanded (Ministry of Health and Welfare 2004; Liu Shiyuan, 2006). Since then, opinions and conflicts for and against telemedicine have continued, and amendments were proposed on July 29, 2009, and October 29, 2013, but were not enacted. Since then, it has been criticized for expanding the profits of large hospitals and conglomerates. On December 10, 2013, the revised bill was revised and announced again and passed the National Assembly on March 25, 2014. This suggests that the era of full-scale development of

telemedicine services has arrived as telemedicine between doctors and patients is permitted [14](Ministry of Health and Welfare, 2014). According to the specific amendments, it is prohibited to operate as a medical institution that only performs telemedicine, and periodic face-to-face treatment for the same patient and prescriptions must be conducted. Remote diagnosis and prescription can be made for mild diseases. The elderly and the disabled are restricted to receive face-to-face treatment from a doctor who knows their health well, and patients who have undergone surgery and discharged are limited to those who need continuous management, such as checking the operation status of medical devices attached to the body and observing pressure sores (Bai Qingxi, Zhang Yanhua 2014; Ministry of Health and Welfare, 2014). After that, the government was concerned about medical privatization in the case of telemedicine, so the relevant legislative bill expired, and the amendment was discarded (Jin Miner, Li Jingyan, 2018).

5 Comparison of Telemedicine Policies in China and Korea

For a long time, telemedicine has been regarded as a new model to solve various problems in the health care system. The recent development of ICT technology has shown the possibility of telemedicine expansion. In particular, with the spread of the new coronavirus, the demand for non-face-to-face medical services has increased, and it has now become an indispensable choice. According to the telemedicine framework proposed in the study of Jin Jinsuk and Wu Soo-hyun [15] (2018), the current telemedicine in China and South Korea are compared and analyzed.

Telemedicine in China and South Korea has significant deviations in legal aid. China allows telemedicine from the central level. After multiple stages, only necessary basic principles are stipulated, and the restrictions on telemedicine are relaxed. The provincial health administrative departments will formulate specific guidelines to encourage the activation of telemedicine. In particular, allowing medical personnel to conduct telemedicine and allowing medical personnel-patients to conduct telemedicine has a significant difference in position compared with South Korea. On the contrary, South Korea stipulates telemedicine between medical personnel (only medical doctors, dentists, and Korean physicians) in Article 34, Item 1 of the Medical Law, and does not allow telemedicine between doctors and patients. Relevant laws apply to telemedicine facilities and equipment in Article 29 of the Enforcement Rules of the same law, Article 18 of the same law for the formulation and delivery of electronic prescriptions, and Article 23 of the same law for electronic weapons records.

In terms of financial support, China and South Korea have failed to apply for health insurance, and relevant stakeholders are discussing it. However, considering that health insurance can protect the people's right to health and improve the efficiency of health care and medical treatment, it is highly likely to expand in parallel with legal, regulatory mitigation measures. In particular, through the province's incentive policies for telemedicine, China has determined the medical remuneration of telemedicine as a model business and clarified the insurance application standards. Therefore, the possibility of applying for insurance will be shown more quickly in the future.

There are also differences in the standards for providing telemedicine. Although South Korea still provides services mainly through remote consultation, China not only provides remote consultation but also directly provides patients with a variety of services such as remote diagnosis and treatment, remote consultation, remote prescription, drug sales, and distribution, and it can be confirmed that the scope of services is wider. This difference is expected to have a certain impact on Korea's overall telemedicine service system in the future, and there is an urgent need to ease legal restrictions and change policies as soon as possible. The providers of telemedicine are China and South Korea. Both China and South Korea allow medical personnel with a license under the existing medical law to provide medical services. In telemedicine, as long as the responsibility is for medical negligence, it is equivalent to diagnosis and treatment, and only part of the responsibility is borne by the local doctor. China stipulates that telemedicine must file an objection applies to the health management department of the local jurisdiction. The government department under the jurisdiction of South Korea is under the responsibility of the Health and Medical Policy Division of the Ministry of Health and Welfare.

Therefore, the biggest difference between China and South Korea's telemedicine is that South Korea has not yet allowed medical staff and patients to conduct telemedicine directly. Because of this fundamental difference, the scope of telemedicine services in the two countries are also different, and remote diagnosis and treatment, remote prescriptions, and medical drug sales have not been popularized. With the full legal and institutional support of the

government, China has continued to develop its policies, but South Korea has been opposed by the health care and medical community and has stayed in place.

TABLE 2-1 COMPARISON OF MAIN TELEMEDICINE POLICIES BETWEEN CHINA AND SOUTH KOREA (1)

Distinguish		Content	China	South Korea
Legal support	Laws and regulations	Telemedicine law	-2014 "Opinions of the National Health and Family Planning Commission on Promoting Telemedicine Services in Medical Institutions " -2016 "Guiding Opinions on Promoting and Regulating the Development of Big Data Application in Health Care " -2018 "Opinions on promoting the development of "Internet + medical health" -2019" In 2019, we will further implement the key work plan of the action plan to further improve medical services"	-Article 34 of the Medical Law (Telemedicine) -Article 29 of "Medical Law Implementation Regulations" (Telemedicine Facilities and Equipment) -Article 18 of the "Medical Law" (Electronic Prescription Writing and Teaching Department) -Article 23 of the Medical Law (Electronic Obligation Record)
	Jurisdiction	Telemedicine Specialized Department	-National Health Commission	-Department of Health Policy, Ministry of Health and Human Services
Financial support	Insurance	Is telemedicine medical insurance applicable?	-Basic medical insurance is being discussed	-Insurance beauty, under discussion
	Quantity	Whether and level of telemedicine	-The number of telemedicine laws has not been calculated -Pilot cases: Alashan District, Inner Mongolia, Cangshan County, Quanzhou City, Zhejiang Province, Qingdao City Demonstration Hospital (pilot hospital), etc.	-The number of telemedicine laws between medical staff has not yet been determined -Calculation of the number of telemedicine pilot projects between doctors and patients

TABLE 2-2 COMPARISON OF MAIN TELEMEDICINE POLICIES BETWEEN CHINA AND SOUTH KOREA (2)

Distinguish		Content	China	South Korea
Provide standards	Preferential range	Telemedicine object	-Senior hospital-primary medical institution: Telemedicine center-Henan case, -Doctor (hospital)-Doctor (hospital): remote consultation, remote training, remote consultation, etc. -Beijing telemedicine + nursing homes (nursing homes) elderly care-related cases, doctor-patient Internet hospitals (Pingan Doctor, Ali Health, Good Doctor), etc.	-Telemedicine between medical staff: medical staff -Telemedicine between doctors and medical staff: patients with chronic diseases, mental patients, the elderly and the disabled, residents of remote areas with books and medical care, and discharge after surgery -People in need of management, patients in special areas such as the military, prisons, and victims of domestic violence and sexual violence
		Telemedicine discount	-Telemedicine, teleconsulting, teleprescribing allowed, over-the-counter remote formulations, sales of drugs and prescription drugs, -Allow delivery	-Telemedicine between medical staff -Remote access nursing, telemedicine, remote consultation, etc.

	Provider standards	Telemedicine provider	-Licensed doctor	-Practicing physicians, dentists, Chinese physicians
		Provider eligibility criteria	-Telemedicine (Internet hospital) facility space requires approval -"Internet Hospital Management Measures (Trial)" -"Administrative Measures for Internet Diagnosis and Treatment (Trial)"	-Medical staff license-only telemedicine does not require a license
		Provider responsibility	- 'Doctor Licensing Law,' 'Medical Institution Management Regulations,' and medical accident handling law are applicable, such as 'Medical Institution Management Regulations' and Nursing Regulations and other laws are applicable. -In the case of medical disputes, the implementation of face-to-face medical diagnosis and treatment, regional health issues objections to the health management department	-Same responsibility as face-to-face diagnosis and treatment -In some exceptional cases, the local doctor is responsible

6 CONCLUSIONS AND POLICY RECOMMENDATIONS

The national conditions and telemedicine policies of China and South Korea are quite different, but the popularization of electronic medical records, the digitization of national medical data, and the perfect family doctor system are the prerequisites for the development of telemedicine. We can glimpse the feasible direction to promote the development of telemedicine from the practice trajectory of China and South Korea. First of all, the state should make a general plan for the development of telemedicine and determine the priority of development. For example, promoting the unification of standards for telemedicine includes the unification of charging standards, industry supervision, and other standards, as well as the unification of electronic information system standards that telemedicine relies on. Secondly, the talent construction of family doctors, nursing staff, and training teams should be put on the agenda to better respond to the growing telemedicine demand under the aging trend that China and South Korea are facing together.

In the context of the COVID-19 outbreak, telemedicine has greatly helped the control of the epidemic. With the support of a series of favorable policies, telemedicine in China and South Korea has indeed made breakthrough progress. However, only long-term planning and the accelerated formulation of more supporting regulations can better protect the future development of telemedicine and avoid deadlock or confusion.

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