

출장복명서

「16차 한국과 세계경제」 학술대회
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☐ 출장목적

- 한국경제연구학회와 베트남 사회과학원에서 공동으로 개최하는 16차 국제학술대회에 참석하여 「The Future Prospects of Demand and Supply of Health Workforce in Korea」에 대한 발표

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☐ 주요일정 및 학회 발표내용

- 6월 28일(수) : 서울 출발 → 베트남 도착
- 6월 29일(목) : 학술대회 참석 및 발표
- 6월 30일(금) : 학술대회 참석
- 7월 1일(토) : 현지 견학
- 7월 2일(일) : 베트남 출발 → 서울도착

☐ 발표내용

<The Future Prospects of Demand and Supply of Health Workforce in Korea>

The health workforce has a dynamically changing nature and the regular documentation of the regional distribution of health manpower is a persistent policy concern. The aim of the

present study is to project the supply and demand of health workforce based on various scenarios.

For supply-side projection, the research employed databases from a handful of bureaus: The Ministry for Health, Welfare and Family Affairs, The Health Insurance Review and Assessment Service, The Ministry of Education, Science and Technology, 14 Korean health workforce associations and The National Health Personnel Licensing Examination Board. The collected databases included the annual numbers of health workforce enrollees, graduates, applicants and successful examinees in the state examination, registered licensees and practicing health workforce. For the demand-side projection, the Health Insurance Review and Assessment Service allowed its internal data on medical utilization rates. The National Statistical Office provided future population estimates and mortality rates.

To project health workforce supply, it was assumed that no change will occur in the current personnel training system until 2030. As supply projection methods, the method of in-and-out moves and demographic method were used. The method of in-and-out moves projects changes in the health workforce in terms of inflow and outflow on the basis of renewal process of workforce. The demographic method used in this research reflects demographic changes in the each workforce population. This demography-based method projects future health workforce supplies by using demographic information about each workforce. The method looks at the number of persons in each workforce supply in a given base year, and their age-structure. It also takes into account workforce increases and declines in years between a base year and a target year. Then, the method produces supply estimates by age, and sums up the numbers, providing a total number of each workforce for future supply. The method that is used to estimate demand depends on the availability of data. This research used the requirement model devised by the Bureau of Health Profession (BHPr) of the U.S. Health Resources and Services Administration (HRSA), because it was possible to get access to objective data provided by each health workforce. The BHPr requirement model was invented based on a variety of influential factors,

including changes in the population size and structure and changes in the range of health care coverage.

In conclusion, the outlooks for supplies and demands of the medical workforce show that productivity estimate of each health workforce and workday scenarios determine health workforce supplies to be a shortfall or excess. After all, the government's goals for the health care sector and the government and the people's ability to pay for medical costs will determine the selection of an appropriate scenario. In future decades, there are various factors that may exert influence on supply and demand of the nation's medical workforce such as amendment in the medical delivery system, the expansion of health insurance and payment and reimbursement system (eg., the introduction of RBRVS and/or the extension of DRG system), further the extended collaborative medical practice area of western and oriental medicine, the opening of the medical market to overseas markets, and the reunification of North and South Korea. If some amendments are made in the medical delivery system, medical utilization rates will become different according to the medical institutions and regions, and which will affect the overall utilization rates, leading to changes in supply and demand. Furthermore, the scheme of the supply and demand of the medical services will fluctuate immensely depending on the institutional change such as the specialization of roles and functions among various medical institutions, the activation of specialty hospital system, attending hospital and the home-visiting nurse service system, and the expansion of roles and functions of the public health services. All these points will be considered in the next research.