Medical Aid Beneficiaries: Excessive Health Care Utilization Process Experience in Korea

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Abstract. The purpose of this study was to comprehensively identify the causes and features of medical use and efforts that are employed to solve health issues, through the understanding of excessive health care utilization processes experienced by medical aid beneficiaries –within the cultural context of Korea – in order to utilize the information as base data for case management intervention development, to further facilitate an appropriate health care utilization of medical aid beneficiaries. In-depth interviews and intervention monitoring of the ethnographic research method were applied, and data collection was carried out from June 2014 to January 2015. The sample size consisted of 15 people, and the method was conducted until reaching a state of saturation of data. Results were classified into two fields, six categories and twelve attributes; the two fields were “life striving to live” and “life striving for health”. After analysis of the data collection, it was concluded that it is necessary to introduce efficient medical aid case management through the development of a case management approach method, taking into consideration the individual features of excessive health care utilization by medical aid beneficiaries.

Keywords: Medical Aid, Medical Aid Beneficiaries, Excessive Health Care Utilization, Case Management, Ethnographic Research Method

1 Introduction

1.1 Need and purpose of Research

Medical aid beneficiaries are those who can receive medical aid as a recipient of the medical aid system. Most of the medical aid beneficiaries are in a low income bracket and have low education levels. Additionally, there is a high rate of elderly, most of whom are women. Another prominent characteristic is that medical usage is high in this population due to the high rate of disabled persons, patients with rare diseases that
are difficult to treat, and patients with severe or complex disease[1][2]. However, even when taking such situations into consideration, the rise in treatment costs is still relatively high [2], and despite the high usage of medical services, they lack understanding on treatment and management methods for their diseases, and the population does not have enough information on usage of medical services. Therefore, there are many cases in which members of this population will go to different hospitals simultaneously, for treatment of the same disease and/or issues, thus abusing prescribed drugs, resulting in worsened health conditions [3]. Accordingly, the government has introduced the medical aid case management project as part of its efforts to suppress indiscriminate medical shopping, and to remove the wasteful element caused by unnecessary usage of medical services [4].

Nursing intervention for medical aid beneficiaries should be developed through in-depth and systematic analysis of the subjects. However, the current case management does not take into consideration the individual features of the subjects or the causes for which medical service usage occurs, and instead applies a unilateral approach method for selected subjects, based on surface-level factors such as ‘days of receiving medical aid’; ‘the number of medical institutes used’, and ‘the number of days taking medicine’[4].

Accordingly, in this study, the ethnographic research method was used on excessive health care utilization beneficiaries, who are the target of medical aid case management, to identify the detailed experience of medical service utilization, and to identify the behavior, perception, and attitude of recipients during this course, in order to examine the health care utilization experience of medical aid beneficiaries.

2 Research Method

2.1 Research Design

This study was an explorative research that applies the ethnographic research method, which is a qualitative research method to identify the experiences of health care utilization by medical aid beneficiaries in the social cultural context of Korea.

2.2 Information Provider

Information providers were classified into the following: “metropolitan areas”, “small to medium-sized cities”, and “rural areas of medical aid beneficiaries”. No limitation was set on the number of people when starting the study, and interviews were conducted by adding subjects until reaching the saturation level for data; in the end, a total of 15 subjects were selected.
2.3 Data Collection

In-depth interviews and participation monitoring methods were applied, and semi-structured open questions were asked. The number of interviews per person differed respective to the information provider, but was between one and three times, and the duration of each interview ranged from one to two hours.

2.4 Data Analysis

For data analysis, the analysis method proposed by Spradley [5] was used conduct the data collection process through an ongoing process of repeating data collection and analysis simultaneously.

3 Research Results

The excessive health care utilization process experiences of medical aid beneficiaries were classified into two fields, six categories and twelve attributes. The two fields were 'life striving to live' and 'life striving for health', and the topics of each field were 'using health care as a beneficiary' and 'protecting my own health' respectively (Table 1).

Table 1. Excessive health care utilization process experience of medical aid beneficiaries

<table>
<thead>
<tr>
<th>Field</th>
<th>Topic</th>
<th>Category</th>
<th>Property</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life striving to live</td>
<td>Using health care as a beneficiary</td>
<td>Searching for help</td>
<td>Recommendation from friends and family</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Preference for large hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical center that is easy to use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Improved medical compliance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Use of preventive health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Easy use of health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Excessive health care utilization</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Satisfaction for using health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Withstanding stigmas and discrimination</td>
</tr>
<tr>
<td>Life striving for health</td>
<td>Protecting my own health</td>
<td>Self care</td>
<td>Improving lifestyle habits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trying everything available</td>
<td>Use of complementary and alternative medicine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>My own health care</td>
</tr>
</tbody>
</table>
4 Discussion

The experience of information providers revealed in the “Searching for help” category in the “Using health care as a beneficiary” topic, found that most were influenced by friends and family when selecting a medical center. The property of “Easy use of health care” in the “Frequent use of hospitals” category was found to have an increase of utilization of medical centers due to very inexpensive medical expenses. In addition, some stated that when using medical centers, they would be referred to a certain center, and if they subjectively made a judgment that they are not improving, they would move on to different medical centers, thus showing a glimpse of wasteful ‘medical shopping’. In the “Excessive health care utilization” property, the irrational attitude of medical centers or pharmacies, which are the medical service suppliers, and the inappropriate health care utilization behavior of beneficiaries, who are the receivers, can be seen. The experiences of information providers found in the “Self-care” category of the “Protecting my own health” topic showed that in addition to utilization of medical services, there was also effectiveness in using other methods to treat their disease, and properly care for their health.

In the “Trying everything available” category, it was found that instead of health care utilization, the use of alternative medical modalities was incorporated, such as acupuncture, moxa, cupping, and bee stings, which achieved healthy results; and that they were proactively taking care of their health using their own methods. In the case of self-health care methods using complementary and alternative medicine (CAM), experiences of collecting and eating medicinal herbs from the mountain were found in the study by Sohn [6] along with purchasing arthritis medicine made with herbal ingredients or receiving treatment with acupuncture, which was reported in the study by Lee [7].

5 Conclusions

The excessive health care utilization process experiences of medical aid beneficiaries were demonstrated in two stages. While there are cases in which they select inappropriate medical centers, or use wrong medical services due to the lack of knowledge and decision-making abilities during the course of utilizing medical services, they also showed assertive signs to take care of their health by improving their lifestyle and mobilizing various methods, rather than being completely dependent on the use of medical services.

References