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Medical Utilization and Personal Out-of-pocket medical expenditure according to the Subtype of Medical Social Security in End Stage Renal Disease

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Objectives : Patients with End Stage Renal (ESRD) have received Renal Replacement Therapy (RRT) which comprised dialysis (hemodialysis and peritoneal dialysis) and kidney transplantation. ESRD is not only severe disease, but also has absolutely high medical expenditure. However, there was few study of personal out-of-pocket medical expenditure in ESRD patients according to the subtype of medical social security. The purpose of this study was to compare the NHI with Medical Aid for medical utilization and trend of personal out-of-pocket medical expenditure over 6 years in ESRD according to subtype of medical socal security by using 6 years Korea Health Panel data.

Methods : The subjects were a total of 314 diagnosed ESRD (Diagnosis code of Korea Health Panel or Korea classification disease_6 among 111,869 of Korea Health Panel data for 6 years from 2008 to 2013.
Chi-square, t-test, and ANCOVA were conducted to identify utilization frequency of emergency-room visit, admission, out-patient department (OPD) visit , and to evaluate total expenditure and personal out-of-pocket medical expenditure per year by NHI and Medical Aid for trend over 6 years, using panel analysis.

Results : The subjects were a total of 314 ESRD patients who comprised NHI 75.5% and Medical Aid 24.5%. Their mean age of NHI was 62.7 years and Medical Aid was 56.0 years. Male consisted only 41..8% in NHI , but 64.9% in Medical Aid.
Their was no significant difference of medical utilization frequency including emergency-room visit, admission, OPD visit frequency between NHI and Medical Aid ($P > 0.05$) in ESRD subjects. Meanwhile, personal out-of-pocket medical expenditure in emergency-room visit, admission and OPD, according to NHI was 2.8 times to 4.5 times higher than those of the Medical Aid ($P < 0.0001$).
The trend to the personal out-of-pocket medical expenditure to the total medical expenditure showed that NHI used more medical expenditure than that of Medical Aid for each year ($P < 0.0001$) (figure 1) (figure 2).

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Conclusions : In ESRD subjects, there was no difference of the medical utilization frequency between NHI and the Medical Aid. Meanwhile, both annual personal out-of-pocket medical expenditure in emergency-room visit, admission and OPD, and total medical expenditure according to NHI was 2.8 times to 4.5 times higher than those of the Medical Aid.. Therefore, it needs to consider the policy to reduce the personal out-of-pocket medical expenditure for ESRD patients not to be able to reduce the providing medical amount.

Keywords : ESRD, National Health Insurance, Medical Aid, Medical utilization, out-of-pocket, medical expenditure