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제 목	건강보험 청구자료를 이용한 우리나라 소아천식환자의 질병부담 추계 Estimating burden of illness of pediatric asthma in Korea using National Health Insurance claims data				
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분 야	의료관리 [질병의 사회적 부담]	발 표 자	강혜영 일반회원	발 표 형 식	구 연
<p>Objective: We conducted a burden-of-illness study of childhood asthma from insurer, patient, and societal perspective.</p> <p>Methods: Records of claims for healthcare services provided to treat asthma in 2003 were extracted from the National Health Insurance database. Children 1-to-14 years of age were included in the study if they had ≥ 2 medical claims with a primary, secondary, or tertiary diagnosis of asthma and prescribed anti-asthma medicines. The total asthma-related cost was the sum of the direct healthcare costs (outpatient visits, urgent emergency department (ED) visits, hospital admissions, and pharmaceuticals), transportation costs for visits to healthcare providers, and caregivers' opportunity costs for the time spent on hospital or outpatient visits.</p> <p>Results: A total of 319,714 were identified as asthmatic children, yielding a one-year asthma prevalence of 3.5%. An average of 7.82 outpatient visits, 0.02 ED visits, 0.01 admissions, and 0.05 inpatient days per child per year were recorded. Among the total costs for insured healthcare services used to treat asthma, outpatient care accounted for 52.6%, inpatient care for 2.1%, ED visits for 0.3%, and prescribed medicines for 45.0%. Per-capita costs increased with age. The biggest amount of medical costs was spent in clinics, followed by general hospitals, tertiary care hospitals, and hospitals to treat pediatric asthma. Total cost varied from 31,936million to 80,175 million Won depending on perspectives. From societal perspective, direct healthcare costs accounted for 84.6%, transportation costs for 8.5%, and time costs for 7.0% of the total cost of treating childhood asthma.</p> <p>Conclusion: Most of the societal economic burden of childhood asthma in Korea was attributable to direct healthcare expenditures, with outpatient visits and medications emerging as the largest component costs. Hospitalizations and ED visits represented a smaller fraction of the cost of childhood asthma in Korea than in other countries.</p> <p>Key words: Asthma, Claims data, Burden of illness, Pediatric asthma</p>					