The impact of research on the policy-making process of health care reform in Korea[1)]

Lee, Jae-yong
(Director, Food Safety Policy Division, Korea Food and Drug Administration)

Social research can be used as basic data for the formulation of policy and for estimating the impact of anticipated policy. This paper explains to what extent research has been made an impact on the policy-making process and supporting or legitimating the existing policy in Korea?

For this purpose, this paper begins by understanding policy style of Korea. According to Richardson's policy style, the policy style of Korea might be activist style – the role of the Korean government is rather active and the government in the policy process is willing to impose policy change in the face of opposition from organized interest groups.

The empiricist, engineering and enlightenment models are widely used to explain the relationship between research and policy-making; Why has the research in the health policy process been underused? Some problems of the relationship between research and policy process – the under-use of research on health policy – are discussed on the basis of the enlightenment model. First, there is an explanation that highlights organizational gap; that is, difference in the way in which research and policy are organized. This explanation seems to be valid from two points of view; Korea is a very rapidly changing society and government is still active in its approach to problem solving. The second kind of explanation sees the gap between researchers and policy-makers in cultural rather than organizational terms. Another explanation is discovered both in the aim of research and in the cultural context of the relationship doctor and patient in Korea.

In this paper, three explanations for the under-utilization of research are concerned with the organizational and cultural gap between the researcher and the policy-maker, and two further explanations are concerned with both the nature of research itself and the cultural context of the relationship doctor and patient in Korea. The change of policy style to the reactive approach to the problem solving and consensus relationship with related interested groups may result in the increased use of evidence-based research that provides knowledge that can be utilized by policy-makers.

Introduction

Social research can be used as basic data for the formulation of policy and for estimating the impact of anticipated policy. Therefore, research is likely to be used

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indirectly in policy process. However, there used to be a dominant tradition in Britain that the use of research necessary improves policy-making and that an increase in its use is always desirable(Finch, 1986)[2]. In spite of many possibilities for the increased use of surveys for policy purposes, increased use may also mean increased misuse of surveys for policy purposes(Dillman, 1978)[3], especially in respective of the use of research in changing, delaying or rationalizing the existing policy. The paper explains to what extent research has been made an impact on the policy-making process and supporting or legitimating the existing policy in Korea? The main concerns of this paper are to explore the impact of research on the policy-making and the use of research in policy-making process by reviewing the relationship between research and policy, and to argue that the use of research can improve quality of policy. The paper begins by outlining the policy style of Korea and describes changes in the policy style of Korea. And then it reviews the relationship between research and policy to explore the extent to which the research that is designed to affect policy process may actually be used in policy-making. In exploring this issue, the paper explains why research is underused in policy process. The paper then goes on to find out the evidence that research made an impact on the policy process of health care reform in Korea and the research was used to change, support and legitimate the health care reform.

Health care reform

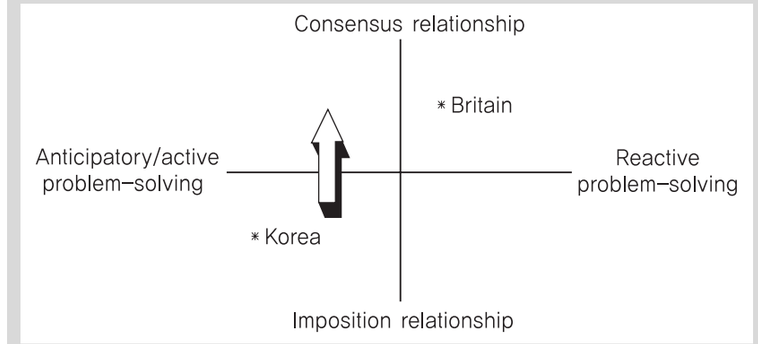
In the paper, health care reform means the health policy that separates the role of doctors' prescribing and pharmacists' dispensing to reduce antibiotic consumption. Before July 1, 2000, the roles of the doctors and pharmacists were not very clearly divided in Korea. Doctors were allowed to dispense medication to outpatients, whereas pharmacists were free to write prescription and consumers were able to purchase medicines without doctors' prescription except for certain types of medicines. Consequently, overuse and misuse of drugs by consumers and excessive dispensing of drugs by doctors and pharmacists had become a serious problem. To resolve these problems, the government(Ministry of Health and Welfare, MOHW) launched the health reform that separates the role of prescribing and dispensing as of July 1, 2000.

Policy-making process in Korea

The main objective of this paper is to provide empirical evidence on how research is used in deciding whether the health policy should be changed or nationalized. For this purpose, the paper begins by explaining policy style of Korea. Richardson(1982)[4] defines policy style as the interaction between the government's characteristic approach to problem-solving and the characteristic relationship between government and other actors in the policy process. The government's approach to problem-solving is characterized in terms of government taking either an anticipatory/active attitude toward societal problems, or taking an essentially reactive approach to problem-solving. The second factor is whether a government is concerned to reach a consensus with organized groups, or it more inclined towards imposing decision notwithstanding opposition from groups.

Britain is best characterized as emphasizing consensus and a desire to avoid the imposition of solutions on sections of society. In that there is no particular priority accorded to anticipatory solutions the British style is also reactive(Richardson, 1982)[5]. On the other hand, if Richardson's policy style is applied to the policy process of Korea, although there are more than one policy style in Korea, activist style(Richardson, 1982)[6],

It can be diagrammed thus:



2) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p.138.
3) Dillman D.A. (1978). Mail and Telephone surveys. New York: John Wiley, p.295.
4) Richardson J. (1982). Policy Style in Western Europe, London: George Allen & Unwin, p.12~14.
5) Richardson J. (1982). Policy Style in Western Europe, London: George Allen & Unwin, p.81.
6) Richardson J. (1982). Policy Style in Western Europe, London: George Allen & Unwin, p.20.

the bottom left-hand segment, is relatively common - the role of the Korean government is rather active and the government in the policy process is willing to impose policy change in the face of opposition from organized interest groups. In spite of the several changes of government, there has been no fundamental change in policy style. However, the policy style of Korea is changing gradually in the affirmative direction of considering agreement of related interest groups. Nowadays, a government's relationship to the interest groups in the society is being one of the most important factors in the policy-making and implementing process. Whereas the approach to the problem-solving remains relatively unchanged, that is, government is still active rather than reactive in its approach to problem-solving. In conclusion, it appears that there is a shift of policy style, that is, policy style of Korea seems to be located in the top left-hand segment which is emphasizing a consensus relationship between government and other groups and an active approach to problem-solving.

Health policy formulation is embedded in the general policy environment. Some countries have a long tradition of consensus building, while in other countries health reforms were formulated and introduced in a centralized way(Orosz, 1994)[7]. Also in Korea, most health policies have been introduced by central government. It has been the commonest way to reach policy-making. An agreement through negotiation between government and interest groups is a rare way. However, the health reform was formulated not by central government but through a consensus with policy target groups Korea Medical Association(KMA), Korea Pharmacist Association, Korea Hospital Association and citizens' campaign groups. According to this agreement, the national assembly of Korea revised the related laws and government made preparations for the implementation of this health reform. Actually, health reform was reached outside the Korean government. Although there was an agreement among related interest groups, resistance and noncompliance -national wide doctors' strikes- of vested interest group(KMA) in the policy implementation process was the biggest obstacle of soft-landing of health reform. And Korean government(MOHW) paid no sufficient attention to preconditions for the successful introduction of health reform. MOHW did not provide honest information to the public about the difficulties, finance burden, the necessity of health reform on the basis of evidence-based medicine in the policy-making process.

7) Orosz E. (1994). The impact of social science research on health policy. Social Science & Medicine, Volume 39, Issue 9, p.1290.

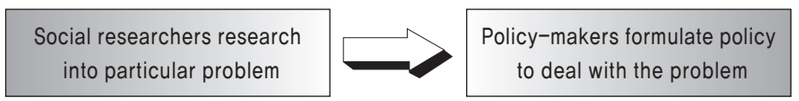
The relationship between research and policy

The empiricist, engineering and enlightenment models are widely used to explain the relationship between research and policy-making. In the empiricist model, the task of social research is to provide as precise, reliable and generalisable factual information as possible about the state of society at a particular time. This information, when fed into the policy-making process, will enable policy-makers to reach the best decisions on the basis of the information available(Bulmer, 1982)[8]. Such a view of the relationship between research and policy can be represented thus:

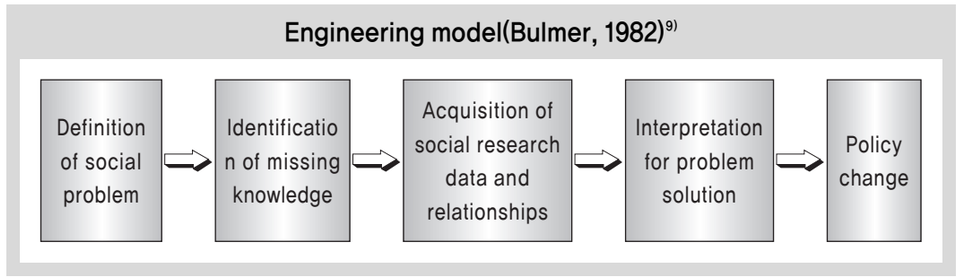
The engineering model draws a sharp line between basic research and applied research. In engineering model, the impact of research on the policy-making is direct and specific(Hammersley, 1995)[9]. The engineering model is linear one. A problem exists; information or understanding is lacking either to generate a solution to problem or to select among alternative solutions; research provides the missing knowledge; and a solution is researched(Bulmer, 1982)[10].

On the other hand, the enlightenment model does not involve a fundamental division between basic and applied research. The enlightenment model focuses on developing various types of knowledge that can be utilized by policy-makers(Bulmer, 1982)[11]. It sees

Empiricist model(Bulmer, 1982)[7]



8) Bulmer M. (1982). The Use of Social Research: social investigation in the public policy-making, London: George Allen & Unwin, p.31.
9) Hammersley M. (1995). The Politics of Social Research. London: SAGE, p.119.
10) Bulmer M. (1982). The Use of Social Research: social investigation in the public policy-making, London: George Allen & Unwin, p.42.
11) Bulmer M. (1982). The Use of Social Research: social investigation in the public policy-making, London: George Allen & Unwin, p.47~48.



research as providing a theoretical basis for the social interventions which transform social life, therefore the impact of research on the policy-making is less direct but potentially pervasive (Hammersley, 1995)[12].

Why has the research in the health policy process been underused?

In this section of the paper, some problems of the relationship between research and policy process are discussed on the basis of the enlightenment model. That is, social research is most likely to make an impact on policy process in an indirect way(Finch, 1986)[13]. And it is explained why the research in the health policy process has been underused.

First, there is an explanation that highlights organizational gap; that is, difference in the way in which research and policy are organized. One obvious example is the different timescale between research and policy-making(Finch, 1986)[14]. Merton(quoted in Bulmer, 1982)[15] describes the single greatest obstacle to the use of social science is time, 'the discordant pacing of empirical social inquiry and of decision-making'. Orosz(1994)[16] explains the timing of research and policy-making differs.

12) Hammersley M. (1995). The Politics of Social Research. London: SAGE, p.119~143.
13) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p148.
14) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p138.
15) Bulmer M. (1982). The Use of Social Research: social investigation in the public policy-making, London: George Allen & Unwin, p.111.
16) Orosz E. (1994). The impact of social science research on health policy, Social Science & Medicine, Volume 39, Issue 9, November, p.1288.

"Policy makers need to respond quickly, decisions have to be taken within a brief timescale. Consequently government wants research results quickly and in a brief form. However, research studies may take several years to complete. Research results are presented in the form of detailed analysis in language which is often unintelligible to bureaucrats."

This explanation seems to be valid from two points of view; Korea is a very rapidly changing society and government is still active in its approach to problem-solving. Korean government makes a quick decision to cope with the rapidly changing circumstances, to catch up with developed countries and to meet the needs of the public and the politicians. There is no waiting for research results before coming to a policy-making.

Finch(1983)[17] demonstrates that another organizational gap concerns the relative status of the researcher and the policy-maker. In central government policy, researchers are likely to be relatively low-status in relation to those whom they wish to influence. Donnison (quoted in Finch, 1986)[18] finds out an evidence that it is through the personal connections between an LSE-based group of academics and the labor party at a high level that social scientists have influenced the course of social policy in Britain. And personal relationship between researchers and policy-makers is very important factor to affect the use of research in policy process, especially in Korean society that human relationship is given priority to work.

The second kind of explanation for the under-use of research sees the gap between researchers and policy-makes in cultural rather than organizational terms. Policy-makers and social scientists live in different worlds conceptually as well as spatially, and cannot communicate with each other very easily. Researchers are oriented to valuing research for it's own sake and to judging research products for their utility. By contrast, policy-makers see the research almost entirely in instrumental terms; that is, in terms of its usefulness (Finch, 1983)[19]. There are several communication problems between researchers and policy-makers in the policy process. At the very onset of the policy

17) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p.140.
18) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press.
19) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p.141.

process-problem identification, there are often discrepancies between issues identified by researchers and issues identified by health policy-makers as problems; research proposals are often ignored(Orosz, 1944)[20]. And at the stage of policy-making, policy-makers want to receive quick solutions for their problems to cope with political interests, mass media's criticism, demand of policy target groups and other factors. However, the time scale of research is much longer than that of policy-making, as already indicated. So there is a possibility for the under-utilization of research. On the other hand, policy-makers may want to delay policy-making. And sometimes, policy-makers make a decision without clear problem identification or being based on rational analysis of policy problem. In these cases, they make efforts to find out research results that rationalized their policy-making. As far as these cases concerned, Finch(1983)[21] indicates that policy-makers want to use research not because of its great intellectual contribution, but because it legitimates something which they were going to do anyway. Communication problems arise in the course of policy implementation and evaluation. Evaluations may be regarded by policy-makers as embarrassing if they point to a need for significant change. Policy-makers tend to ignore or be hostile to negative research results(Orosz, 1944)[22]. The reason is that negative research results in the course of policy implementation and evaluation are seen as policy failure to policy-makers.

Another explanation about under-use of research on health policy is discovered both in the aim of research and in the cultural context of the relationship between doctor and patient in Korea. One task of research might be to contribute to efforts to make consumer voices stronger. This would be helped if the public were organized to speak up for their own needs and priorities(Orosz, 1994)[23]. However, research on the use of antibiotics did not provide the public with information on the basis of evidence-based medicine about the unnecessary consumption and sometimes harmful effects of antibiotic prescription for the common cold in Korea. In addition, the public's support and understanding about health reform are very low. And also the public, health care consumers, who have consumer ignorance, are always weak when they are sick or need medical help because they have no choice but to be dependent on the doctors' prescription. Pederson(quoted in Orosz, 1994)[22] explains this situation as follows.

"Few people want to discuss medication and health care options when they are healthy; and once they are sick, consumers may find it difficult to argue effectively for their own interests. Instead, because they need a drug or service, consumers become highly dependent on their health care providers."

The evidence about research use in rationalizing the existing policy

Here is evidence that policy-makers used research that rationalizes their existing policy. According to the government survey, the amount of antibiotics per each prescription was reduced by 23.3 percent. The average amount of antibiotics found in each prescription was 0.69 during November 2001, as decreased by 23.3 percent from 0.90 in May 2000. And the number of prescriptions for outpatients as issued by physicians, clinics and general hospitals decreased substantially. Of 100 outpatients, only an average of 42.73 patients were issued prescriptions with antibiotics during the third quarter of 2001, showing a decrease of 12.81 percent from 49.01 in the previous quarter[24]. However, measurement was not carried out on the same month, for example, May 2000 vs November 2001 and the data of May 2000 were not proper. Because they were reflected over-prescribed antibiotics by patients' demand who are concerning with making it harder to get medicine than before health reform. For these reason, it is still not to conclude that reduction in antibiotic consumption is attributed to the health intervention.

The evidence about the under-use of research that did not evaluate the true worth of health reform

There is another evidence that research that doesn't evaluate the crucial element of

20) Orosz E. (1994). The impact of social science research on health policy, Social Science & Medicine, Volume 39, Issue 9, p.1288.
21) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p.142.
22) Orosz E. (1994) The impact of social science research on health policy, Social Science & Medicine, Volume 39, Issue 9, p.1289.
23) Orosz E. (1994). The impact of social science research on health policy, Social Science & Medicine, Volume 39, Issue 9, p.1291.
24) http://www.mohw.go.kr/english/index.html/ accessed 21 November 2002.

health policy is unused. It was the survey sponsored by Korea Medical Association(KMA) that was conducted by Gallup Korea who polled 1,291 citizens aged between 20 and 64 on 28 June 2001, timed with the first anniversary of the new healthcare system[25]. According to the survey, about four out of five Koreans hold a negative view of the new healthcare system, about three out of four Koreans also think that the government made a mistake in introducing the system. Those who expressed discontent with the new healthcare system were most likely to cite inconvenience as the major reason for their dissatisfaction, followed by added financial burden. The new health care system has made it harder for Koreans to get medicine than before, as it keeps patients from getting drugs from pharmacies without having doctors' prescriptions. However those who appraised the new system positively were most likely to cite reduction in the abuse and misuse of medicine as the main reason for their approval.

These research results are closely related with intrinsic problems of policy evaluation. Benefits of health policy are less easy to quantify than costs; costs mean policy problems in the present while benefits may take a long time to emerge and therefore can have less impact in the present(Orosz, 1994)[26]. Especially, in case of regulatory policy, the resistance of policy target group can produce unexpected results. When the opposition of policy target group will be conspired with political interests, with taking financial burden or inconvenience into consideration, it can be hastily concluded that the policy has no effect and policy target group insists the policy is unsuccessful before the health policy is working properly.

Although the policy evaluation has these intrinsic problems, the true worth of health policy including health promotion is measured not in how much people like it, but rather in its impact on the community – the improvement of the quality of life for the public (Valente, 2002)[27].

Conclusion

The increased use of research for policy purposes may also mean increased misuse of research for policy purposes(Dillman, 1978)[28]. Another obvious example where increased use of research should not necessarily be welcomed is the use of research as a delaying tactic, where government does not want to take any decision (Merton, quoted in Finch, 1986)[29].

In this paper, three explanations for the under-utilization of research are concerned with the organizational and cultural gap between the researcher and the policy-maker, and two further explanations are concerned with both the nature of research itself and the cultural context of the relationship between doctor and patient in Korea. Besides these explanations, social research is increasingly dominated by the government and its agencies, while social researchers may enjoy access to documents that are routinely collected by the government and its agencies(May, 2001)[30]. It may results from the government's control of official information and research funds. And also Korea government has had more power, resources and information than private sector. As other developing countries, the government has exercised an exclusive power of policy-making, resources allocation with a small number of experts of policy research institutes, for example, Korea Development Institute(KDI). In addition to, in applying Richardson's policy style of Korea, the role of the government is rather active and the government in the policy process is willing to impose policy change in the face of opposition from organized interest groups. Taking these factors into consideration, there is a possibility for the government to use research results at will, for example, to support, legitimate or change an existing policy e.g. health reform. Therefore, the impact of research on policy-making is likely to run to an extreme. If the research rationalizes an existing policy or the intention of government to change an existing policy, the impact of research on policy is direct and powerful. However, if research stands in opposition to an existing policy, the results of research is likely to be ignored or hostile by policy-makers.

In spite of these negative uses of research, the importance of the exact research (evaluation) of health care interventions cannot be over-emphasized, as its results can inform and improve resource allocation decisions in all parts of the health care system[31]. The true evaluation of health reform should be measured not in how much

25) http://news.naver.com/news accessed 27 November 2002.
26) Orosz E. (1994). The impact of social science research on health policy, Social Science & Medicine, Volume 39, Issue 9, p.1289.
27) Valente T.W. Evaluating health Promotion Programs, New York: Oxford University Press 2002 p.viii.
28) Dillman D.A. (1978). Mail and Telephone surveys. New York: John Wiley, p.295.
29) Finch J. (1986). Research and Policy: The Use of qualitative methods in Social and Educational Research, Lewes, The Falmer Press, p.138.
30) May T. (2001). Social Research: Issues, methods and process, Buckingham: Open University Press, p.71~85.

people like it, but rather in the improvement of the quality of life for the public. The more complex societies, the more difficult for the Korea government to adopt an active approach to problem-solving in the policy process, though policy-makers learn to manage problems in the face of increased complexity in policy process. The more central government seeks to intervene in the economy, the less powerful it will become, because it will have to rely on an ever-increasing number of bodies and individuals to do what it wants (Richardson, 1982)[32]. As it mentioned above, the policy style of Korea is changing gradually in the direction of emphasizing consensus with related interest groups. Whereas the approach to problem solving remains relatively unchanged, the government is still active rather than reactive. However, the Korean societies are getting more and more complex and thus, the government cannot help but adopt reactive approach to problem-solving. That is, the government's approach to problem-solving takes a reactive attitude toward societal problems. In the reactive approach, the relationship between research and policy is linear one. A problem exists; information is lacking either to generate a solution to problem or to select among alternative solutions; research provides the missing knowledge; and a solution is researched (Bulmer, 1982)[33]. Therefore, the change of policy style to the reactive approach to the problem-solving may result in the increased use of research that provides knowledge that can be utilized by policy-makers. 보건복지

31) Maynard A, McDaid D, Evaluating health interventions: exploiting the potential, Health Policy, http://www.sciencedirect.com/science?ob=ArticleURL&_aset=A-WA-A-YWC-MsSAYVA-UUW-AUBEDUWEYU-WECUVBVUZ-YWC-U&_rdoc=23&_fmt=full&_udi=B6V8X-45XTTXN-8&_coverDate=10%2F25%2F2002&_cdi=5882&_orig=search&_st=13&_sort=d&_acct=C000024058&_version=1&_urlVersion=0&_userid=494590&md5=6a7feee4457ca3e3946b200634617d55 accessed 10 December 2002.

32) Richardson J. (1982). Policy Style in Western Europe, London: George Allen & Unwin, p.80.

33) Bulmer M. (1982). The Use of Social Research: social investigation in the public policy-making, London: George Allen & Unwin, p.42.