

Shifting from a provider-centered to a person-centered model of long-term care for older patients in Korea: a narrative review

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South Korea is experiencing a rapid demographic transition, with the proportion of older adults projected to exceed 20% by 2025. This unprecedented pace has intensified the demand for healthcare and social support, creating complex challenges in the management of multimorbidity, frailty, and functional dependency. Historically, Korea has relied on a rigid, provider-centered model, with healthcare financed through National Health Insurance and long-term care through long-term care insurance. Although these systems expanded service availability, they also entrenched fragmentation between long-term care hospitals and nursing homes. Recent reforms mark a paradigm shift toward person-centered, integrated care. The Community Care pilot programs (2019–2022) and the Integrated Community Care Support Act (2024) introduced coordinated models that link healthcare, housing, and social services under local government leadership. Evidence from domestic and international studies underscores the risks of prolonged institutionalization and highlights the benefits of integrated approaches, including reduced hospitalizations, improved functional independence, and higher satisfaction among older adults and their families. At the same time, experiences from Korea and Japan suggest that institutional care remains indispensable for individuals with high medical needs or at the end of life, emphasizing the need for balanced strategies. Successful implementation of the 2026 reforms will require redefining the role of institutions, expanding community-based alternatives, developing a professional care manager workforce, achieving interoperability of data systems, and undertaking financing reforms to align incentives. Beyond structural change, embedding a cultural ethos that values dignity, autonomy, and personhood will be essential. Korea's evolving model not only responds to urgent demographic challenges but also offers lessons for other aging societies.

Keywords: Aged; Long-term care; Community health services; Delivery of health care; Republic of Korea

Introduction

South Korea (hereinafter, Korea) is undergoing one of the most rapid and profound demographic transitions worldwide. In 2000, only 7% of the population was aged 65 years or older; by 2025, that figure is expected to exceed 20%, classifying the nation as a super-aged society [1]. This compressed aging trajectory, occurring far more quickly than the decades- or centuries-long processes observed in Western Europe, imposes immediate and substantial strain on policymakers, healthcare systems, and social structures, forcing rapid adaptation and reform [2]. The growing population of older adults is closely linked to an increased prevalence of chronic disease, multimorbidity, functional disability, and frailty, producing complex and overlapping needs that span healthcare and social support domains [3]. Korea's historical response to

these challenges has been characterized by a rigid, provider-centered dichotomy. Medical services are primarily financed and delivered through the national health insurance (NHI) system, while custodial and functional care is provided under the separate long-term care insurance (LTCI) system, introduced in 2008 [4]. This dual financing and delivery structure expanded access but entrenched systemic fragmentation, particularly between long-term care hospitals (LTCHs) covered by NHI and nursing homes (NHs) funded by LTCI [5]. Importantly, this provider-centered model conflicts with the well-documented preference of older adults to age in place, maintaining independence and social ties within familiar communities [6]. In recent years, policy initiatives such as the Community Care pilot programs (2019–2022) and the landmark Integrated Community Care Support Act (2024) reflect a decisive shift toward integrated, person-centered, com-

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munity-based care [1,7].

This review analyzes the evolution of Korea's long-term care (LTC) system through a historical and policy lens. It explores the roots of institutional fragmentation, examines recent policy moves toward integration, and synthesizes supporting evidence from domestic research and international experience.

Ethics statement

This is a literature-based study; therefore, neither approval by the institutional review board nor the obtainment of informed consent was required.

Historical evolution and institutional fragmentation

The development of Korea's LTC system reflects both the nation's compressed socioeconomic modernization and the strong influence of policy-driven financial incentives. Unlike the gradual, organic evolution observed in many Western countries, Korea's system was constructed rapidly within just a few decades, shaped by cultural shifts, specific reimbursement mechanisms in its insurance schemes, and deliberate policy decisions [4]. During the 1980s and 1990s, eldercare facilities expanded in an unregulated fashion, often established by religious or private organizations to address growing unmet needs. The pivotal change, however, was the meteoric rise of LTCHs [8]. Fueled by NHI's generous per diem reimbursement model—which guaranteed stable and predictable revenue regardless of patient acuity or service intensity—LTCHs proliferated at an extraordinary pace [9]. Originally envisioned as facilities for post-acute rehabilitation and complex medical management, they quickly became the default long-stay option for medically stable but functionally dependent older adults. This trend led to widespread overutilization and the medicalization of normal aging [8,9]. By the 2000s, Korea had reached one of the highest per capita supplies of LTCH beds among Organization for Economic Cooperation and Development (OECD) countries, marking it as a striking international outlier [10]. The introduction of the LTCI system in 2008 represented a landmark social policy reform, designed to provide universal coverage for functional dependency and to expand alternatives to institutionalization [11]. It significantly increased access to formal services, particularly NHs and basic home-based helper programs. Yet, in a critical design flaw, the system inadvertently reinforced the very fragmentation it was intended to resolve. By establishing a separate financing and administrative stream for social care (LTCI for NHs and home care) while NHI continued to fund medical care,

including LTCHs, the reform entrenched a rigid dual-track structure [5,12]. Unlike Japan, which embedded strong coordination mechanisms such as the care manager role, Korea's model lacked effective structures for integration [13]. The consequences quickly became evident: patients cycled between acute hospitals, LTCHs, and NHs, facing multiple handoffs and fragmented care planning; families were forced to navigate a confusing maze of eligibility criteria, benefit rules, and copayment requirements; and community-based services remained chronically underdeveloped and underfunded, starved of resources that flowed disproportionately to institutions [11,14].

Policy shifts toward integrated, person-centered care

By the early 2010s, there was a growing consensus among policymakers, academics, and civil society groups that the existing system was both financially unsustainable and ethically misaligned with the needs of an aging society. Policymakers, guided by critical reports from national research institutions such as the Korea Institute for Health and Social Affairs and recommendations from international bodies like the OECD and World Health Organization, began to acknowledge the urgency of developing models that could support aging in place [15,16]. The decisive turning point came in 2018 with the announcement of the "Community Care" initiative, introduced as part of the broader welfare reform agenda. This nationwide effort sought to build comprehensive local systems that would enable older adults and individuals with disabilities to remain in their own homes and communities while receiving integrated supports spanning healthcare, housing, and social services [7,17]. From 2019 to 2022, large-scale pilot programs were implemented in 16 strategically selected municipalities to test a range of coordinated approaches. These included integrated home-based medical and nursing services, housing-linked care models such as public rental housing with embedded care staff, and multidisciplinary teams tasked with coordinated care planning [18]. Early independent evaluations reported promising results, including significant reductions in unnecessary hospitalizations and emergency department visits, measurable improvements in functional independence, and higher satisfaction among both older adults and family caregivers [19,20]. Building on these outcomes, the Ministry of Health and Welfare's 3rd Basic Plan for Long-Term Care (2023) explicitly prioritized the expansion of community-based services, the technical integration of NHI and LTCI information systems for improved data sharing, and the strengthening of local government leadership and community workforce capacity [21]. The most signifi-

cant legislative milestone thus far was the passage of the Integrated Community Care Support Act in 2024, with full implementation scheduled for 2026 [22]. This Act establishes Korea's first comprehensive legal framework dedicated to community-based integrated care. Its core provisions mandate local governments to function as the primary coordinators and planners of care within their jurisdictions; introduce a certified and licensed care manager workforce responsible for conducting holistic needs assessments and developing individualized service plans; and create both physical and virtual integrated service platforms to connect users with providers. In addition, the Act pilots innovative outcome-based financing models designed to reward measurable improvements in quality of life and functional status, rather than the volume of services delivered [22,23]. This Act marks a decisive paradigm shift—from fragmented, provider-driven systems to coordinated, person-centered care—and draws explicit inspiration from successful international precedents, including Japan's Community-based Integrated Care System and Singapore's Agency for Integrated Care [24,25].

Evidence from domestic and global studies supporting integration

An expanding body of domestic and international research substantiates both the necessity and the anticipated benefits of Korea's policy shift toward integration. Recent studies provide critical and timely insights that directly inform the reform agenda. A consistent line of evidence highlights the risks associated with prolonged institutionalization. Multiple studies demonstrate that extended stays in LTC facilities are independently associated with accelerated functional decline, higher rates of depression, and a pervasive loss of autonomy, indicating that these settings—while ensuring basic safety and medical care—can inadvertently erode overall quality of life and personhood [26,27]. A Korean study further identified weakened social support as one of the strongest predictors of institutionalization [28]. At the same time, emerging evidence strongly supports the clinical and economic value of integrated, multidisciplinary approaches. Research on frailty management has shown that coordinated interventions—including nutritional support, tailored physical therapy, and cognitive engagement—can effectively slow progression among NH residents [29]. Yet the current siloed structures and staffing models of LTC facilities often impede the delivery of such holistic, person-centered care [30]. International experience underscores the benefits of integration: Japan's system, centrally organized around the care manager role, has achieved measurable success in reducing avoidable hospitalizations and supporting aging in place for millions of

older adults [31,32]. Similarly, evaluations of the UK's National Health Service Integrated Care Systems show that, despite implementation challenges, integrated models are linked with higher satisfaction among both patients and caregivers [33]. Taken together, this body of evidence provides strong justification for Korea's reforms. It not only warns against perpetuating a fragmented, institution-centered model but also points to a clear, evidence-based path toward community-based, person-centered integration.

Future outlook and strategic recommendations

The passage of the Integrated Community Care Support Act positions Korea at a pivotal moment in the evolution of its social welfare system. Successful implementation from 2026 onward will demand meticulous planning, substantial investment, and a concerted focus on several key strategic priorities. First, the roles and functions of existing institutions must be clearly redefined and streamlined within an integrated continuum of care. LTCHs should be rigorously repositioned as primarily post-acute and rehabilitative facilities, with active and mandated discharge planning aimed directly at community reintegration. In parallel, NHs should focus on delivering high-quality custodial care, specialized dementia services, and palliative or end-of-life care. A fundamental component of this restructuring is the complete overhaul of reimbursement systems for both sectors. Payment models must incentivize time-limited, goal-oriented care in LTCHs and reward NHs for quality outcomes—such as functional maintenance, dementia-friendly environments, and caregiver support—rather than relying on bed-occupancy-based payments [1,34].

Second, the national scaling of a robust ecosystem of community-based alternatives must proceed with urgency. This requires sustained public investment in diverse services, including home healthcare, visiting nursing, respite programs for family caregivers, and innovative housing-linked care models. Third, the development of a new care manager workforce is arguably the most critical human resource factor for the Act's success. These professionals must receive rigorous, standardized training in geriatrics, social work, case management, and inter-sectoral coordination. Adequate compensation, professional recognition, and manageable caseloads will be essential to ensure effectiveness. Lessons from Japan's and Taiwan's case manager models provide valuable guidance [32,35]. Because municipal governments will serve as lead coordinators but currently vary greatly in capacity, strong national-level support—including conditional funding, technical assistance, and workforce development programs—will be vital to

prevent regional inequities.

Fourth, digital and technological integration must be prioritized as a central enabler of reform. Achieving full interoperability between NHI and LTCI data systems is a prerequisite for seamless information sharing, coordinated care planning, and effective outcome monitoring across providers. Moreover, the use of big data analytics and artificial intelligence for risk prediction, population health management, and resource optimization presents tremendous potential, provided it is pursued with robust safeguards for privacy and ethical use [36-38]. Finally, comprehensive financing reforms are indispensable for ensuring the system's long-term fiscal sustainability. The current dual financing structure fragments incentives and is widely acknowledged as inefficient. Long-term strategies should include serious consideration of partial or full integration of NHI and LTCI budgets into a unified funding pool, enabling flexible allocation across the medical-social care spectrum [31,39]. Ultimately, beyond technical and structural reforms, embedding a cultural ethos that honors older adults as individuals with unique goals, preferences, and dignity is essential to realizing the vision of truly person-centered care.

Balanced perspectives on institutional and community care

Although Korea's reform agenda emphasizes community-based, person-centered integration, institutional care retains an indispensable role within the continuum. Evidence from Korea shows

divergence between older adults and their families regarding end-of-life preferences. One study found that 67.5% of care recipients preferred to die at home, whereas 59.6% of family caregivers favored hospitals, reflecting the caregiving burden and the sociocultural realities of declining fertility and shrinking family size [40-43]. These findings suggest that an exclusive focus on community-based care could unintentionally intensify pressures on families. Japan's policy trajectory underscores similar complexities. Although the Japanese government initially sought to eliminate LTC beds, it was compelled to revise this plan due to strong public demand for institutional options [44,45]. Such experiences highlight that effective integration requires a balanced approach—expanding community-based services while recognizing the continued necessity of LTC facilities for populations with high medical needs or those nearing the end of life.

The key developments and their impacts are summarized in [Table 1](#).

Conclusion

Korea's complex journey in developing its LTC system encapsulates the profound challenges presented by ultra-rapid demographic change. The country moved from a tradition of family-based care to a heavily institutionalized, provider-centered model in a remarkably short time. LTCHs initially addressed an urgent need for beds, and the introduction of the LTCI system in 2008 expanded access to services but, in a critical oversight, ce-

Table 1. Timeline of healthcare and long-term care policy evolution in Korea and its impact on older adults

Year/period	Policy/development	Key features	Impact on older adults
1980s–1990s	Growth of eldercare facilities	Unregulated expansion, mostly private/religious sector	Limited quality control, variable access; reliance on families remained high
Late 1990s–2000s	Rapid expansion of long-term care hospitals	Driven by per diem NHI reimbursements	Increased institutionalization, medicalization of aging, overutilization of beds
2008	Introduction of LTCI	Coverage for nursing homes, home helpers, functional dependency	Improved access, but created a dual-track system (NHI vs. LTCI) and reinforced fragmentation
2010s	Recognition of system fragmentation	Growing consensus on unsustainability, KIHASA/OECD/WHO reports	Older adults cycled between institutions, families faced navigation burden
2019–2022	Community Care Pilot Programs	Integration of healthcare, housing, and social services at the local level	Reduced hospitalizations, better functional independence, higher satisfaction
2023	3rd Basic Plan for Long-Term Care	Expansion of community-based services, integration of NHI and LTCI data	Improved coordination, stronger local government leadership
2024	Integrated Community Care Support Act	Legal framework for community-based integrated care, care manager role	Paradigm shift toward person-centered care
2026 (planned)	Implementation of Integrated Community Care Act	Nationwide rollout, financing reform, data interoperability, workforce development	Opportunity for a sustainable, balanced system; focus on dignity, autonomy, quality of life

NHI, national health insurance; LTCI, long-term care insurance; KIHASA, Korea Institute for Health and Social Affairs; OECD, Organization for Economic Co-operation and Development; WHO, World Health Organization.

mented the problematic divide between healthcare and social care financing, perpetuating the siloed nature of service delivery. The recent series of policy shifts—the Community Care initiative, the 3rd Basic Plan for Long-Term Care, and the landmark Integrated Community Care Support Act—mark a decisive and welcome turn toward integration and person-centeredness.

The implementation challenges are significant and multifaceted, involving overcoming entrenched institutional interests, addressing fiscal constraints, and resolving workforce shortages. At the same time, evidence from Korea and Japan highlights that institutional settings, including LTCHs and LTC facilities, remain essential for certain populations, particularly those with high medical complexity or at the end of life. Effective reform therefore requires a balanced approach: one that strengthens community-based services while recognizing the indispensable role of institutions within the continuum of care.

By thoughtfully learning from international models and heeding the growing domestic evidence, Korea can navigate this complex transition successfully. By clearly redefining institutional roles, massively expanding community capacity, empowering a new generation of care managers, integrating data systems, and implementing comprehensive financing reforms, Korea has the potential to build a sustainable, equitable, and effective LTC system. If implemented with vision and determination, Korea's integration efforts will not only benefit its own aging population but also provide invaluable lessons and a roadmap for other nations facing similar demographic destinies. The integration of healthcare and LTC is more than a mere administrative restructuring; it is a necessary societal evolution to ensure that longer lives are also healthier, more dignified, autonomous, and fulfilling.

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Authors' contribution

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Conflict of interest

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