

## 건강보험 보장성 강화대책 이후의 척추치료 접근법

### 지 규 열

참튼튼병원 척추건강연구소

#### 포퓰리즘

[Populism, 인기(영합)주의,인민주의, 대중주의, 민중주의]

- 정치 지도자들이 정치적 편이나 기회주의적 생각으로 포퓰리즘을 활용하면서, 실제로는 **비민주적 행태와 독재 권력을 공고히** 한다고 비판한다. 즉, 권력과 대중의 **정치적 지지를 얻기** 위하여 **비현실적인 정책을 내세울 뿐이며**, 국가와 국민이 아니라 **특정 집단의 정치적 목적을 위한 수단으로 악용될 수 있다**는 점을 지적한다.
- 표퓰리즘 : 포퓰리즘 + 표

#### 오바마 케어와 문재인 케어의 차이

	오바마 케어	문재인 케어
대상군의 차이	2010년 3월 승인된 의료보험 시스템 개혁 법안, 2014년까지 건강보험 가입을 의무화 <b>의료보험에 가입하지 못한 무 보험자를 대상</b>	이미 전국민이 건강보험에 가입한 상태
재원의 차이	<b>시급성이 있다.</b> 정부예산, 보조금, 세금공제 등을 고용자와 가입자에게 제공 (재원을 다양화)	시급성이 없다. 국가 단일 공보험의 보장성 강화를 목표, 현재 적립된 건강보험료라는 취약한 재원을 이용
절차의 차이	<b>2010년 의회를 통과</b> 오바마 대통령은 스스로 오바마 케어에 대하여 NEJM에 게재할 (다방면으로 노력)	아직도 국회의결과정이 없었다. 어느 날 갑자기 멋진 발표 (2017년 8월 9일)

#### 내용

- 건강보험 보장성 강화대책의 개요
  - 표퓰리즘 정책들
- 우리나라 의료전달 체계의 문제점
- 한국, 일본, 대만의 건강보험제도 비교
- 건강보험 보장성 강화대책의 문제점과 해결책

#### 국민의료비

- 국민의료비  
경제개발협력기구(OECD)에 의한 국민의료비에 대한 정의를 보면 "일정 기간 중 국민이 건강의 회복, 유지 및 증진을 위하여 국내에서 보건의료분야의 서비스 및 재화를 구입하는데, 지출한 직접비용과 미래의 의료서비스 공급능력 확대를 위한 투자 지출의 합계"라고 정의
- 국민의료비 포함항목
  - ① 보건의료비(Health care expenditure; cost of health care)
  - ② 국민의료비 지출(National Health Expenditure)

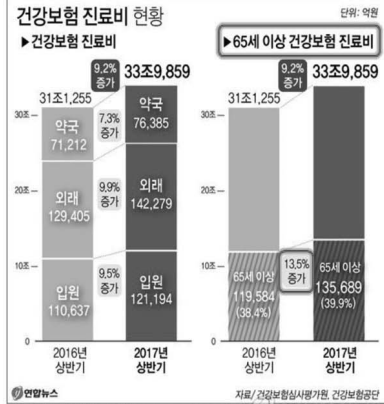
**2025년에는 419조까지 상승 할 수도...다양한 정책수단 도입 필요**

건강보험공단의 건강보험정책연구원(서남규, 황연희, 김태욱, 안수지, 백승현, 이동현)이 발표한 '국민의료비 증장기 전망'

**국민의료비 증장기 전망**

- 2012년 국민의료비는 101조 2000억원으로 국민총생산(GDP) 대비 7.7%
- 2019년 국민의료비는 2012년의 2배 규모인 **217조 5000억원**.
- 2025년 4배 이상의 **419조 2000억원**으로 증가할 것이라고 예측했다.  
"현재의 국민의료비 지출 추이가 증장기까지 그대로 이어진다면 우리나라의 국민의료비는 국가 및 가계가 감당하기 어려울 정도의 심각한 수준이 될 가능성이 높다"고 지적했다.  
실제 2010년 기준 우리나라의 국민의료비 대비 본인부담지출은 32.1%로 본인부담수준이 가장 높은 멕시코(49%), 그리스(38.4%), 칠레(33.3%)에 이어 **4번째**를 기록하였으며 OECD 평균인 20.1%에 비해 높은 수준이다.
- 참고 : 2015년 376조원 / 2016년 386조 7천억 / 2017년 400조 7천억원

**2017년 상반기 건강보험 진료비 34조, 9.2%증가**



**★ 장기 재정 전망**

	최고치	적자	고갈
건강보험	2016년	2022년	2025년
국민연금	2019년	2044년	2060년
사학연금		2027년	2042년
노인장기요양보험		2024년	2028년

**보도자료**  
8월 9일 행사 종료(별도 문자 공지) 후 보도

배 포 일	2017. 8. 9. / (총 18배)	담당부서	보험정책·급여·약제·평가과 의료지원정책과
과 장	정성욱, 김성림, 이세란, 권순현	진 화	044-202-2710 044-202-2730 044-202-2750 044-202-2770 044-202-2450
담당자	김영화(간호·간병), 신혜경(재난적의료비), 유정민(민간보험관계), 조하진(예비급여/신정특례), 황호형(상관생식력진단노외의예), 홍승령(신포괄/아동전료비), 이동우(치매/난임/소아재활), 구성지(치과/본인부담상한제), 변후나(장애인의료비), 구미정·송영진(약제), 장태영(신의료기술)		044-202-2703 044-202-2705 044-202-2706 044-202-2745 044-202-2744 044-202-2744 044-202-2732 044-202-2733 044-202-2734 044-202-2731 044-202-2752/2758 044-202-2451

**모든 의학적 비급여 미용성형 등 제외, 건강보험이 보장한다!**

- '병원비 걱정 없는 든든 나라' 위한 '건강보험 보장성 강화대책' 발표(8.9)
- 비용·효과성 부족한 비급여는 본인부담 차등 적용하는 '예비급여'로 관리
- 저소득층 본인부담 상한액 인하, '재난적 의료비 지원 사업' 제도화
- 비급여 부담 64% 감소, 저소득층 고액 의료비 부담 환자 86% 감소



우리가 낙관했던 모든 것들이 흔들리고 있다

불안 시대

생존을 위한 통찰과 해법

Zero-Sum Future: Anxiety

성질급한 한국사람

知彼知己 百戰不殆

### Basics of Building Rapport

Be positive

Be professional

Be polite

Be honest

Be specific

Rapport

#### ❖ CASE #4, C-NP (HCD, C6/7 Rt.)

- M/47
- Rt Shoulder pain and Arm radiating pain
- Onset: 3 months ago
- Dyspnea: "숨이 안 쉬어 지고 답답해"
- Cyanosis -> Immediate Intubation
- EKG: Sinus tachycardia
- PaO2: 98%

#### ❖ CASE#4, C-NP (HCD, C6/7 Rt.)

- M/47
- Rt Shoulder pain and Arm radiating pain
- Onset: 3 months ago

Spine  
CERVICAL SPINE

### Prevertebral Vascular and Esophageal Consideration During Percutaneous Cervical Disc Procedures

Jae Kyun Jeon, MD,\* Chang Hyun Oh, MD,\* Daeyoung Chung, MD,† Junho Lee, MD,\* Seung Hyun Choi, MD,\* Eunhwa Choi, MD,‡ and Gyu Yeul Ji, MD§

OBJECT: The percutaneous anterior approach has been used for minimally invasive interventions of cervical disc diseases. Although the percutaneous anterior approach is frequently performed, reports of obstructing anatomical structures and procedural risks are limited. To identify vascular anatomy and esophageal deviations that may interfere with a percutaneous anterior approach in cervical spine surgery.

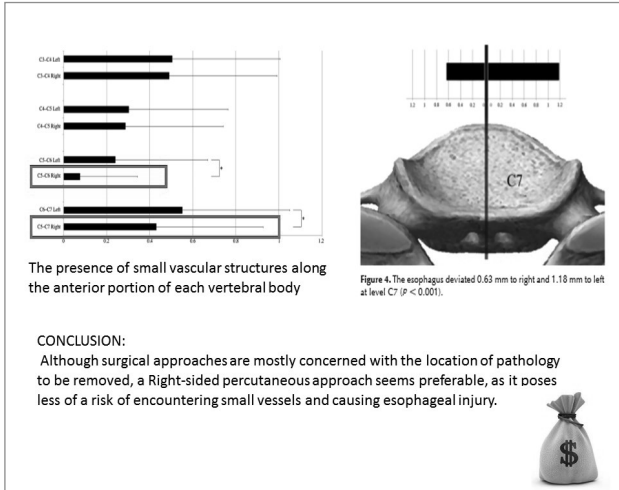
A case of postoperative hematoma after minimal invasive treatment

METHODS: Cervical MRI scans taken from December 2012 to April 2013 (511 patients). Each axial T2 weighted MR image from the disc levels of C3/4 to C6/7 (total 3066 images) was reviewed to check for the presence of small vessels along the trajectories of percutaneous cervical procedures on the left and right sides. Esophageal deviation was also measured at C6/7.

RESULTS: Small vessels in the anterior neck were present, respectively, in 50.5% (trajectory on the left side) and in 49.1% (trajectory on the right side) at disc level C3/4, in 30.3% and 28.8% at C4/5, in 24.1% and 7.6% at C5/6, and in 55.2% and 43.1% at C6/7. Small vessels were less frequently observed on the right side at lower cervical levels (C5/6, C6/7). Differences in esophageal deviation were also observed, with less deviation to the right side (0.63 ± 0.35 cm) than the left (1.18 ± 0.52 cm).

The presence of small vascular structures in the anterior portion of each vertebral body at levels C3/4 to C6/7 (A), as well as esophageal deviation at level C7 of the vertebral body (B), were measured (A)

Disc Level	Left/Right	Presence of Small Vessel (%)	P
C3-C4	Left	50.5	0.661
	Right	49.1	
C4-C5	Left	30.3	0.583
	Right	28.8	
C5-C6	Left	24.1	<0.001
	Right	7.6	
C6-C7	Left	55.2	<0.001
	Right	43.1	



**CLINICAL ARTICLE**  
Korean J Spine 12(2): 45-54, 2015

Preliminary Experiences of the Combined Midline-Splitting French Door Laminoplasty with Polyether Ether Ketone (PEEK) Plate for Cervical Spondylosis and OPLL

Chang Hyun Oh<sup>1\*</sup>, Gyu Yeul Ji<sup>2\*</sup>, Junseok W. Hur<sup>3</sup>, Won-Seok Choi<sup>3</sup>, Dong Ah Shin<sup>1</sup>, Jang-Bo Lee<sup>3</sup>

<sup>1</sup>Department of Neurosurgery, Guro Tumor Hospital, Seoul.  
<sup>2</sup>Department of Neurosurgery, Yonsei University College of Medicine, Seoul.  
<sup>3</sup>Department of Neurosurgery, Anam Hospital, Korea University College of Medicine, Seoul, Korea

**OBJECT:**  
The purpose of this study is to evaluate the safety and efficacy of cervical midline-splitting French-door laminoplasty with PEEK plate. The authors prospectively analyze the result of application of cervical laminoplasty miniplate (MAXPACER®) without bone graft to the patients with multilevel cervical stenosis.

Medical illustration of a cervical laminoplasty:  
(A) Open-door laminoplasty, (B) French-door laminoplasty with an HA block, (C) French-door laminoplasty with MAXPACER®

Photograph of the cervical expansive laminoplasty device (MAXPACER®) and its application

**METHODS:** From June 2012 and December 2012.

15 patients (13 males and 2 females, M.age 50 ys) with multilevel cervical stenosis (OPLL & CSM) were underwent combined surgery of midline-splitting French-door laminoplasty with and without PEEK plate (MAXPACER®) by single neurosurgeon in single Univ. Hosp.

15 patients were followed-up for at least 12 months, and a retrospective review of clinical, radiological and surgical data was conducted.

Category	Subjects	Cases
Sex	Male	13
	Female	2
Dignosis	OPLL	5
	CSM (typ. ACDF)	9 (1)
Laminoplasty	CS + OPLL	1
	Laminoplasty C5 with MAXPACER® subtotal laminectomy C5-7	1
	Laminoplasty C2-5 with MAXPACER®	1
	Laminoplasty C1-6 with MAXPACER®	0
	Laminoplasty C1-6 with MAXPACER®	4
	Laminoplasty C5-7 with MAXPACER®	1
Levels	1 level with MAXPACER®	6
	2 levels with MAXPACER®	0
	3 levels with MAXPACER®	1
	Average levels with MAXPACER®	1.67
Cervical Level	MAXPACER® in C1	1
	MAXPACER® in C2	5
	MAXPACER® in C3	2
	MAXPACER® in C4	2
	MAXPACER® in C5	11
	Total	25

**RESULTS:**

**Anterior-Posterior Diameter in Pre and Post-laminoplasty**

**Open angles in Pre and Post-laminoplasty**

**Cobb Angle**

**3D Section**

Oben's Score: Good 40%

No significant intraoperative complications. Screw displacement in 2 cases. Instability and kyphosis did not observed in any cases during 12 Ms. F/U.

The change of clinical parameters (VAS, NDI, JOA, SF-12, and Odom's S) before and after cervical laminoplasty with MAXPACER®

**CONCLUSION:**  
Despite the small cohort and short follow-up duration, the present study demonstrated that combined cervical expansive laminoplasty using MAXPACER® with French-door laminoplasty is an effective treatment for multi-level cervical stenosis.

**Randomized Trial**  
Pain Physician 2016; 19:39-47

**Randomized Controlled Study of Percutaneous Epidural Neuroplasty Using Racz Catheter and Epidural Steroid Injection in Cervical Disc Disease**

Gyu Yeul Ji, MD<sup>1</sup>, Chang Hyun Oh, MD, PhD<sup>2</sup>, Keun Su Won, MD, PhD<sup>1</sup>, In Bo Han, MD, PhD<sup>1</sup>, Yoon Ha, MD, PhD<sup>1</sup>, Dong Ah Shin, MD, PhD<sup>1</sup>, and Keung Nyun Kim, MD, PhD<sup>1</sup>

<sup>1</sup>Department of Neurosurgery, Spine and Spinal Cord Research Institute, Yonsei University College of Medicine, Seoul, Korea.  
<sup>2</sup>Department of Neurosurgery, Guro Tumor Hospital, Seoul, Korea.  
<sup>3</sup>Department of Neurosurgery, CHA University, Bundang CHA Medical Center, Sungnam, Korea

**Methods:**  
80 with neck pain from single level cervical disease with and without radiculopathy were included in this study. Patients were randomly assigned into 2 groups: C-PEN Vs C-ESI. Clinical outcomes were assessed according to Neck Disability Index (NDI) score and Visual Analog Scale (VAS) score for arm pain until 12 months after treatment.

**Results**

(A) Neck Disability Index (NDI) score before and after treatment at 2, 4, 6, and 12 months.

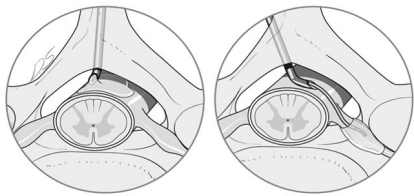
(B) Visual Analog Scale (VAS) score for arm pain before and after treatment at 2, 4, 6, and 12 months.

Symptom Relieve Duration (Weeks): C-PEN group (23 Wks) vs C-ESI group (20 Wks).

Fig. 3. The duration of symptom relief (intermittent pain without limitations in daily activities) was longer in the cervical PEN group compared to the cervical ESI group. \*\* P < 0.001.

Fig. 2. (A) Comparison of NDI score between cervical PEN and ESI checked before the procedure and at 2, 4, 6, and 12 months after treatment. \* A statistical difference (P < 0.05) was observed only at 6 months after treatment. (B) Comparison of VAS (arms) score between cervical PEN and ESI checked before the procedure until 12 months after treatment. \* A statistical difference (P < 0.05) was observed for all follow-up periods.

Ji et al, randomized trial, Pain Physician, 2016

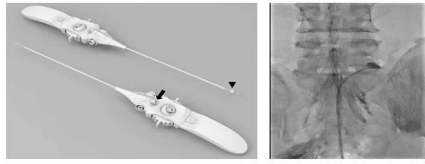


• Conclusions:  
**C-PEN** was superior to C-ESI in terms of better NDI recovery (at 6 Ms) and greater reduction in VAS score (until 12 Ms) in treating single level Cervical DH.  
**Better outcomes with C-PEN** may have been achieved via a more localized selective block in the epidural space closer to the dorsal root ganglion and ventral aspect of the nerve root.

Pain Medicine 2016, 17, 476-487  
 doi:10.1007/s12265-016-9718-8

**SPINE SECTION**

Original Research Articles  
**Effectiveness and Factors Associated with Epidural Decompression and Adhesiolysis Using a Balloon-Inflatable Catheter in Chronic Lumbar Spinal Stenosis: 1-Year Follow-Up**




Pain Physician 2016; 19:229-242 • ISSN 1533-3159

Randomized Trial

**MILD® is an Effective Treatment for Lumbar Spinal Stenosis with Neurogenic Claudication: MIDAS ENCORE Randomized Controlled Trial**

Ramsin M. Beryamin, MD<sup>1</sup>, and Peter S. Staats, MD<sup>2</sup>, for the MIDAS ENCORE Investigators<sup>3\*</sup>

MILD® Procedure



Ramsin M. Beryamin et al, Pain Physician 2016

ISSN 2466-0167  
 Asian J Pain 2016;2(1):6-9

CLINICAL ARTICLE

**AJP**

Utility of an Epidural Pressure Checker in the Administration of Trans-Laminar Epidural Blocks

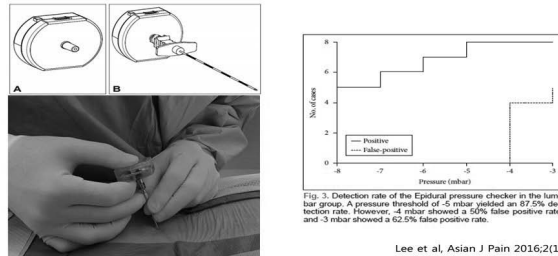


Fig. 3. Detection rate of the Epidural pressure checker in the lumbar group. A pressure threshold of -5 mbar yielded an 87.5% detection rate. However, -4 mbar showed a 50% false positive rate and -3 mbar showed a 62.5% false positive rate.

Lee et al, Asian J Pain 2016;2(1):6-9



**문재인 케어**

13만 의사들, 문 케어 정면 도전장...28일 청와대와 규탄대회 "영백한 위험"

가시안 2017.11.29 02:13:39

"포플리움 '문 케어' 국민탈세 나라재정 거덜내고 파탄"죽자 멸자 보장성 70% 강화에 30초 아닌 50초, 100초 투입 주계도 한방 의료가기 하용 공무원, 국회의원 "국민건강 공적"...최선봉서 용정할 것"

'12월10일 13만 의사들, 집회시위로 청와대까지 진출' 선언