



Integrated Community Care in Korea: Implementation and Challenges

Soong-nang Jang

Red Cross College of Nursing, Chung-Ang University, Seoul, Korea

Integrated community care aims to ensure that all individuals requiring care—particularly older adults and people with disabilities—can remain in their communities through coordinated provision of health, social, and housing services. In Korea, the Ministry of Health and Welfare (MOHW) announced the Basic Plan for Community Care in November 2018 and launched a 4-year pilot program in 16 local governments beginning in April 2019.¹⁾ Even following political transitions in 2022 and 2025, integrated community care has remained a high-priority national agenda item. In July 2023, MOHW introduced the “Medical–Care Integrated Support Pilot Program for Older Adults,” selecting 12 local governments through open competition.²⁾ With the enactment of the Act on the Integrated Support for Community Care, Including Health, and Care Services (hereafter, the “Integrated Care Support Act”) in March 2024,³⁾ nationwide implementation across all municipalities is scheduled. As of August 2025, 57% of Korea’s 229 municipalities are participating in pilot projects.

Achievements and Emerging Limitations

The pilot projects have had a notable influence on the Korean health and social care landscape. By exposing the limitations of hospital- and institution-centered care, they created momentum for building home- and community-based health and social service delivery systems. Integrated care has since become a central MOHW agenda, driving initiatives in elder care, primary health care, home visiting services, and visiting nursing. According to the 2024 pilot project evaluation report,⁴⁾ 92.8% of users expressed satisfaction with the service, and many participants reported that maintaining their daily lives became easier. Although no significant improvements were observed in activities of daily living or instrumental activities of daily living, reductions in caregiver burden and improvements in quality of life and trust in community were noted. Furthermore, a comparative analysis of pre- and post-participation data revealed a 53% decrease in hospitalization rates and a 1.3% reduction in the utilization of emergency room services.

Nevertheless, over the past seven years, the pilots have revealed substantial limitations. Expansion of long-term care insurance infrastructure has been limited, participation of health care institutions insufficient, and effective governance across central and local governments underdeveloped. Municipalities with low fiscal independence and workforce shortages have struggled to design models suitable to local contexts.⁵⁾ Furthermore, transforming the historically fragmented ecosystem of health and social services into a cohesive system requires long-term investment.⁶⁾ At the micro-level of service delivery, mechanisms for ensuring continuity of care—such as single-entry point registration, case management and service coordination, unified assessment tools, community-based self-sufficient medical institutions, networks with public-private providers, multidisciplinary team support, and workforce development⁷⁾—have not been fully realized.

Target Population

The Medical–Care Integrated Support Pilot Program for Older Adults prioritized adults aged 75 and older who are on the threshold of admission to long-term care hospitals. Municipalities may extend eligibility as needed. According to the Integrated Care Support Act, beneficiaries include older adults and persons with disabilities whose daily living is impaired by frailty, chronic illness, or injury and who require complex support. By April 2024, a total of 10,961 participants had participated in 12 pilot project areas. Among them, 8,336 (76.1%) had established an integrated support plan, and 6,866 (62.6%) were linked to one or more services.⁴⁾ Although persons with disabilities were initially excluded in the pilot program, since late 2025 older adults with disabilities have been incorporated. However, this inclusion has been framed more as a pragmatic extension rather than a meaningful redefinition of eligibility. Restricting integrated community care to specific age groups or disability categories (e.g., those aged 75 and over, or older people with disabilities) risks undermining its equity. For example, people under 74 or middle-aged people with disabilities, despite

their complex care needs, are left out of the program. Integrated community care programs should expand eligibility to all citizens with complex care needs, such as frail older adults, persons with disabilities, and individuals with mental health conditions, etc.

Health and Medical Services

To address the medical needs of long-term care beneficiaries at home, MOHW piloted Home-Based Medical Centers. Physicians and nurses provided home visits—physicians at least once per month, nurses twice per month—while social workers identified unmet needs and linked social services.⁸⁾ For non-beneficiaries, primary care physicians participated in a pilot reimbursement scheme for home visits. Additional programs supported hospital discharge planning, and transitional care. Yet participation by private medical institutions remained limited, and patient transfers to other hospitals often replaced community discharge. Standardized protocols for post-discharge coordination are urgently needed. Jincheon-gun in North Chungcheong Province successfully developed and implemented a discharge linkage management program, enabling patients to continue receiving care at home following hospital discharge. Infrastructure for Home-Based Medical Centers must be expanded equitably across regions, coupled with quality assurance mechanisms. Beyond physician-centered models, diversification with multidisciplinary approach is necessary to include home visiting nursing, rehabilitation, oral health, and nutrition management. Strengthening visiting nursing is particularly essential for home-based chronic care and end-of-life support. Bucheon-si in Gyeonggi Province demonstrated a notable model of multidisciplinary home-visit health management through effective collaboration between local primary care clinics and the public health center.⁴⁾

Long-Term Care, Social Care, and Housing Support

Long-term care services in Korea are available for individuals aged 65 and older—or those with dementia, stroke, or other geriatric conditions—who are unable to independently perform daily activities for at least 6 months. Home-based services include personal care, bathing, nursing, day care, and respite care.⁹⁾ Prior to long-term care eligibility, short-term emergency support is available through welfare centers, self-support centers, social enterprises, and community senior service providers. However, long-term care services by formal caregivers are limited to fixed durations (typically 3–4 hours a day), creating gaps in meeting diverse care demands. Better coordination is needed between national long-term care insurance services and supplementary programs provided by

municipalities. Local governments should be empowered to develop comprehensive service and financing plans.

Housing-related supports—such as home modifications, care-assisted housing, and transitional accommodation following hospital discharge—have been introduced but remain underdeveloped. Expansion of housing infrastructure is critical to ensuring safe care environments. The care-specialized senior welfare housing established in Cheongyang-gun, South Chungcheong Province,⁴⁾ has been evaluated as presenting a novel welfare model by integrating community-based integrated care services within residential spaces.

Governance

Successful implementation of integrated community care requires effective collaboration among central government, metropolitan and municipal governments, community welfare centers (as integrated support hubs), and the National Health Insurance Service. Central government is tasked with providing legal and institutional frameworks, while local governments must design and operate locally tailored models. Nevertheless, disparities in fiscal resources and workforce availability across regions pose challenges. National and local governments must work together to mitigate these gaps. Overcoming the historically centralized and fragmented structure of Korea's health and welfare systems is crucial. Empowering local governments with genuine decision-making authority will be a decisive factor for success. The experience of Seo-gu in Gwangju offers significant lessons in governance for other local governments.⁴⁾ A dedicated organizational unit, the Bureau of Integrated Care, was established at the higher administrative level to coordinate integrated support, while collaboration with local medical institutions was strengthened. Furthermore, by utilizing ICT technologies and big data, the district implemented real-time monitoring of care recipients' health status, thereby enhancing the quality of services.

Conclusion

Integrated community care is a system of reorganizing and delivering housing, health, long-term care, and daily living support services in a comprehensive manner within the community, enabling people in need of care to continue living in familiar settings. This paper reviews the trajectory of Korea's community care policy since its introduction in 2018, highlights achievements, and discusses challenges that must be addressed for sustainable implementation. As a geriatrician, it is imperative to engage actively in the development and nationwide dissemination of integrated care policies. In particular, the following three points merit special em-

phases. First, the central and local governments are expected to play a proactive role in expanding primary health care services and reinforcing the health care delivery system. Second, care is ultimately delivered by people. Therefore, the importance of cultivating adequately trained professionals in fields such as geriatrics and gerontological nursing, ensuring fair employment conditions for care workers, and securing their professional stability is underscored. Lastly, strong communication, collaboration, and information-sharing across health, social services, central and local government, community resources, and citizens are essential. Only through such integration can nation move toward the realization of a true care society.

ACKNOWLEDGMENTS

CONFLICT OF INTEREST

The author claims no conflicts of interest.

FUNDING

None.

REFERENCES

1. Ministry of Health and Welfare. Full-scale implementation of community care, providing social services centered on the home and community [Internet]. Sejong, Korea: Ministry of Health and Welfare; 2018 [cited 2025 Sep 14]. Available from: <https://www.mohw.go.kr/board.es?mid=a10501010100&bid=0003>.
2. Ministry of Health and Welfare. Promoting nationwide expansion of the integrated medical and care support project [Internet]. Sejong, Korea: Ministry of Health and Welfare; 2025 [cited 2025 Sep 14]. Available from: https://www.mohw.go.kr/board.es?mid=a10503000000&bid=0027&list_no=1487208&act=view&.
3. Korean Law Information Center. Act on the Integrated Support for Community Care, Including Health, and Care Services (Act No. 20415. Enacted March 26, 2024) [Internet]. Sejong, Korea: Korean Law Information Center; 2025 [cited 2025 Sep 14]. Available from: <https://www.law.go.kr/lsInfoP.do?lsiSeq=261447&viewCls=lsRvsDocInfoR#>.
4. Kim CO, Jang S, Nam IS, Seo DM, Shin DS, Yoo WS, et al. Innovative model of community integrated care through strengthening health and medical care services. *J Korean Long Term Care* 2022 10:87-129.
5. World Health Organization. Integrated care for older people (ICOPE) implementation framework: guidance for systems and services. Geneva, Switzerland: World Health Organization; 2019.
6. Jeon YH, Jang SN, Nam IS, Kim CO, Hyun DW, Lim SJ et al. A study on restructuring the existing system to institutionalize community-integrated care. Sejong, Korea: Incheon National University & Ministry of Health and Welfare; 2021.
7. Ministry of Health and Welfare. Launch of the Integrated Community Care Pilot Program [Internet]. Sejong, Korea: Ministry of Health and Welfare; 2024 [cited 2025 Sep 14]. Available from: <http://www.mohw.go.kr/press-release>.
8. Yoo AJ, Choi JW, Bang HJ, Kwon JH, Park HK, Lee HJ, et al. Monitoring and effectiveness evaluation of the pilot program for integrated medical and care support for older adults. Wonju, Korea: National Health Insurance Service; 2024.
9. Ga H. The Korean long-term care system: 2024 update. *Ann Geriatr Med Res* 2024;28:235-7.

Corresponding Author: Soong-nang Jang, PhD
 Red Cross College of Nursing, Chung-Ang University, 84 Heukseok-ro
 Dongjak-gu, Seoul 06974, Korea
 E-mail: sjang@cau.ac.kr
 ORCID: <https://orcid.org/0000-0003-2621-945X>

Received: September 14, 2025; Revised: September 18, 2025;

Accepted: September 18, 2025
