EDITORIAL

https://doi.org/10.5125/jkaoms.2026.52.3.109
pISSN 2234-7550 · eISSN 2234-5930

Impending crisis in oral and maxillofacial surgery in Korea related to the government's structural transformation project for tertiary general hospitals

Tae-Geon Kwon, DDS, PhD
President of KAOMS
Department of Oral and Maxillofacial Surgery, School of Dentistry, Kyungpook National University, Daegu, Korea

I. The Government Project for Structural Transformation of Tertiary General Hospitals

The Korean healthcare system is undergoing one of the most extensive reforms in its history. To address long-standing inefficiencies in the healthcare delivery system, the Ministry of Health and Welfare (MOHW) has implemented the "Support Project for the Structural Transformation of Tertiary General Hospitals" (hereafter referred to as the Structural Transformation Project). The primary objective of this initiative is to restore the original role of tertiary hospitals by encouraging them to focus on severe, emergency, and rare diseases while reducing the treatment of relatively mild conditions that can be managed at primary or secondary healthcare institutions.

To achieve this goal, the Korean government committed approximately 3 trillion won over a three-year period beginning in 2024[1]. Recently, an additional 800 billion won was allocated for the second year of the project[2]. The government expects tertiary hospitals to increase the proportion of patients with severe diseases and strengthen their capacity to manage highly complex cases[3]. It also aims to establish a more efficient healthcare delivery structure by promoting a clearer division of roles among healthcare providers.

However, despite these positive intentions, concerns are emerging regarding the evaluation framework used to determine whether hospitals have successfully achieved the goals of the Structural Transformation Project. In particular, the project requires the proportion of "severe" inpatients to exceed 70% or to increase by more than 3% compared with the previous year[4]. Subsidies may be suspended if these standards are not met. Tertiary hospitals that fail to adapt to this reclassification may experience financial losses additional charges. As a result, hospitals may increasingly restrict the admission and surgery of patients classified as "mild" under current indicators. These concerns are particularly relevant to oral and maxillofacial surgery (OMS) and several other surgical specialties[5].

II. Limitations of the Korean Diagnosis-Related Groups (KDRG) System and Structural Discrepancies

The success of the Structural Transformation Project is largely determined by indicators based on the KDRG system. Hospitals are encouraged to increase the proportion of patients classified in the highest severity categories, and financial incentives are closely linked to these performance indicators.

The fundamental problem is that the current KDRG severity classification does not always reflect the actual clinical complexity of many surgical procedures. Major cancer surgery, organ transplantation, complex cardiovascular surgery, and neurosurgical procedures are generally classified as highly severe conditions, or Specialized Disease Group A (DRG-A). In contrast, many highly demanding oral and maxillofacial surgical procedures are categorized as general (DRG-B) or even simple diseases (DRG-C), despite requiring substantial surgical expertise and healthcare resources[6].

Tae-Geon Kwon
Department of Oral and Maxillofacial Surgery, School of Dentistry, Kyungpook National University, 2177 Dalgubeol-daero, Jung-gu, Daegu 41940, Korea
TEL: +82-53-600-7574
E-mail: kwondk@knu.ac.kr
ORCID: https://orcid.org/0000-0003-2799-0510

This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (http://creativecommons.org/licenses/by-nc/4.0/), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

© 2026 The Korean Association of Oral and Maxillofacial Surgeons.

Examples include maxillomandibular resection and reconstruction, management of multiple facial fractures, surgery for malignant soft-tissue tumors, complex revision procedures, and reconstructive surgery after severe facial trauma. These procedures frequently involve prolonged operating times, extensive blood loss, difficult airway management, multidisciplinary consultation, postoperative intensive monitoring, and substantial perioperative risk. Nevertheless, many of these cases are not classified as DRG-A within the current severity assessment framework.

This discrepancy illustrates a fundamental limitation of the current KDRG system. Disease severity cannot be fully captured by administrative classifications alone. Surgical complexity, anatomical risk, resource utilization, and perioperative management requirements must also be considered. Similar concerns have been raised by specialists in orthopedics, otolaryngology, ophthalmology, and rehabilitation medicine, suggesting that this issue extends beyond OMS alone[7,8].

III. A Paradoxical Threat to Essential Surgical Care

Ironically, a policy designed to strengthen essential healthcare services may inadvertently weaken some specialties that provide indispensable care[9].

The Korean population is aging rapidly, and the number of elderly patients requiring oral and maxillofacial surgical treatment continues to increase. Many of these patients have multiple chronic systemic diseases, including cardiovascular disease, diabetes, chronic kidney disease, respiratory disorders, and cognitive impairment. Their treatment frequently requires multidisciplinary management, sophisticated anesthesia support, and close postoperative monitoring.

These are precisely the patients who should receive treatment at tertiary hospitals. However, if hospitals focus excessively on patient severity indices, they may become reluctant to admit patients whose diagnoses are categorized as non-severe, despite the substantial clinical complexity involved in their care.

This situation creates a paradox. Patients who require tertiary-level expertise may face increasing barriers to treatment simply because existing classification systems fail to recognize the complexity of their conditions. Over time, departments that negatively affect institutional performance indicators may face reduced access to operating rooms and inpatient beds. The consequences could be profound. If clinical activity becomes financially disadvantageous under the current evaluation system, hospitals may gradually reduce investment in these departments. Recruitment and retention of highly qualified surgeons may become increasingly difficult, further accelerating workforce shortages. Ultimately, the sustainability of academic OMS programs and tertiary-level surgical services may be jeopardized.

IV. Unique Challenges Within the Dental Healthcare Delivery System

The potential impact of the Structural Transformation Project may be even greater in dentistry because the dental healthcare delivery system differs fundamentally from the medical healthcare delivery system.

In medicine, patients discharged from tertiary hospitals can often be transferred to secondary general hospitals that have operating rooms, inpatient wards, intensive care units, blood banks, and multidisciplinary consultation systems. Consequently, the government's strategy of strengthening referral pathways to secondary hospitals can function relatively effectively. In contrast, the dental healthcare system lacks a comparable secondary referral network. Most university dental hospitals and tertiary-level OMS departments provide services that cannot be readily replicated in local dental clinics or small dental hospitals. Facilities capable of managing prolonged general anesthesia, medically compromised patients, severe facial trauma, extensive oncologic surgery, or postoperative airway complications remain limited.

Therefore, transferring these patients outside tertiary hospitals is often impractical. Unlike many medical specialties, OMS cannot simply rely on a well-developed secondary care infrastructure to absorb patients excluded from tertiary institutions. This structural difference must be recognized when healthcare policies are developed and implemented.

V. Conclusion: Toward a More Balanced and Sustainable Policy

Recognizing these concerns, the MOHW recently acknowledged the possibility that patients requiring high-complexity dental treatment under general anesthesia could experience reduced access to care under the current structural transformation framework. The ministry has indicated its intention to develop a more appropriate severity classification system that reflects the unique characteristics of dental hospitals and OMS[10,11].

The core issue is that the current evaluation system fails to

accurately measure the severity and complexity of OMS care. Future revisions of the KDRG system should incorporate factors beyond disease diagnosis alone. Patient-related variables such as advanced age, multiple systemic diseases, disabilities, anesthesia-related risks, multidisciplinary treatment requirements, and expected resource utilization should be integrated into severity assessment.

A more comprehensive evaluation system would better reflect real-world clinical practice and reduce unintended incentives that discourage hospitals from treating medically complex OMS patients. Such modifications would also help preserve access to tertiary-level surgical care while maintaining the government's broader goal of improving the efficiency of the healthcare delivery system.

Funding

No funding to declare.

Conflict of Interest

No potential conflict of interest relevant to this article was reported.

References

1. Ministry of Health and Welfare (MOHW). Announcement of implementation plan for support project for structural transformation of tertiary general hospitals [Internet]. Sejong: MOHW [updated 2024 Sep 27]. Available from: https://www.mohw.go.kr/board.es?mid=a10503010100&bid=0027&act=view&list_no=1483224&nPage=1
2. Kwak S. Health ministry allots ₩800 bil. to tertiary hospital restructuring this year [Internet]. Seoul: Korea Biomedical Review [updated 2026 Jan 30]. Available from: https://www.koreabiomed.com/news/articleView.html?idxno=30490
3. Park D. Tertiary general hospitals 796.8 billion + α · general hospitals 160 billion · specialized hospitals 22.8 billion won: Ministry of Health and Welfare focuses on performance-based support by project… 'Differential payments' expected to bring mixed fortunes to medical institutions [Internet]. Seoul: Dailymedi [updated 2026 Apr 27]. Available from: https://dailymedi.com/news/news_view.php?wr_id=936000
4. Health Insurance Review & Assessment Service (HIRA). Notice of revision to guidelines for the support program for structural transformation of mergers in advanced tertiary institutions [Internet]. Wonju: HIRA [updated 2026 Feb 20]. Available from: https://www.hira.or.kr/bbsDummy.do?brdBltNo=11949&brdScnBltNo=4&pgmid=HIRAA020002000100&utm
5. Seo D. The discrepancy between 'Ideal and reality' in the structural transformation of tertiary hospitals: 'Side effects' including soaring labor costs from changes in staffing systems and loss of treatment opportunities due to fragmentary disease classification [Internet]. Seoul: Dailymedi [updated 2026 Jun 5]. Available from: https://dailymedi.com/news/news_view.php?wr_id=925279
6. Shim H. "You mean we can't go to a big hospital?"… Severely ill dental patients shocked, fallout from hospital system reform [Internet]. Seoul: Maeil Business Newspaper [updated 2024 Dec 26]. Available from: https://www.mk.co.kr/news/it/11203354
7. Kim JD. Reality of a gap in orthopedic surgeries during the structural transformation of tertiary hospitals [Internet]. Seoul: Yonhapnews [updated 2026 Mar 13]. Available from: https://www.yna.co.kr/view/AKR20260312159900530?utm
8. Lee JW. Rehabilitation, ENT, and orthopedics severity classification struggles over structural transformation of tertiary hospitals... calls for reorganization [Internet]. Seoul: The Medical News [updated 2013 Sep 2]. Available from: https://www.bosa.co.kr/news/articleView.html?idxno=3003282
9. Lee JW. Controversy over disease severity... Orthopedic treatment infrastructure shaken by structural reorganization of tertiary hospitals [Internet]. Seoul: The Medical News [updated 2026 May 21]. Available from: https://www.bosa.co.kr/news/articleView.html?idxno=3004698
10. Lee CJ. Orthopedics, rehabilitation, ophthalmology, and ENT: will eligible diseases for advanced hospital incentives be added? [Internet]. Seoul: NewsTheVoice Healthcare [updated 2025 Aug 22]. Available from: https://www.newsthevoice.com/news/articleView.html?idxno=43133
11. Ministry of Health and Welfare (MOHW). Regarding the reduction of dental hospital services in the support project for structural transformation of tertiary general hospitals [Internet]. Sejong: MOHW [updated 2024 Dec 26]. Available from: https://www.mohw.go.kr/board.es?mid=a10504000000&bid=0030&act=view&list_no=1484090&tag=&nPage=10

How to cite this article: Kwon TG. Impending crisis in oral and maxillofacial surgery in Korea related to the government's structural transformation project for tertiary general hospitals. J Korean Assoc Oral Maxillofac Surg 2026;52:109-111. https://doi.org/10.5125/jkaoms.2026.52.3.109