

e-health

e-health

2001 6

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2

가

, ()

가

가

2001 7

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3.	4
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나.	e-health	61
5.	e-health	66
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	86
	97

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, e-health
 .
 e-health .
 e-health e-health
 e-health
 2001 5 21 6 5
 e-health (, , ,)
 162
 e-health , e-health
 , e-health ,
 .
 , e-health 78.4%가 e-health
 e-health
 가 42.6% 가
 , ,
 ,
 , e-health
 , .

가 , e-health 10 8.0 가 , e-health 10 3.99 e-health e-health 가 가 가 가

, e-health

가 e-health

e-health

e-health

: e-health, ,

I

1.

(resource-based
economy) (Knowledge-based digital society)

21

(Martha,

2000). 가

, 2000).

(

가 on-line

가

(, 2000).

71%

가 가

e-

(PricewaterhouseCoopers, 2000).

, , , ,

e-business

가

가

가

(, 2001).

e-health

가 1999

(, 2000).

e-health

(2001),

(2000),

(2000),

(2000),

(2000),

(2000),

Klein et al.(1995),

Waller(1997), Rob(2000)

가

(2000),

(2000),

(2000)

가

e-health

가

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, ,
,

(2001-01-29).

e-health

e-health 가 .

e-health

e-health

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e-health

e-health .

2.

e-health

e-health

e-health

. e-health

e-health

. e-health

e-health

. e-health

e-health

가

. e-health

가

3.

e-health :

, ,

e-health

e-health

: e-health

,

e-health

, , ,

4가

II.

1. e-health

가. e-health

e- (e-business, e-biz) 가
가 가 PwC
가
,
가 가
.
, , ,
가
e-healthcare()
가 i-healthcare() (, 2000).

가 가가 가
가
(, 2000).

e-health (communication), (IT) (collaboration), (commerce)

(Ann, 2000).

First Consulting Group

e-health

, , , , ,

,

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e-health

, ,

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e-health

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. e-health

e-health

, , ,

, Infra

,

.

,

가

가

가

가

,

가

.

가

가 . WTO/GAT

가 (, 2000).

Infra (personal computer)

가

가가

2000 7 7 65

3

36.2%

(personal computer)

1995

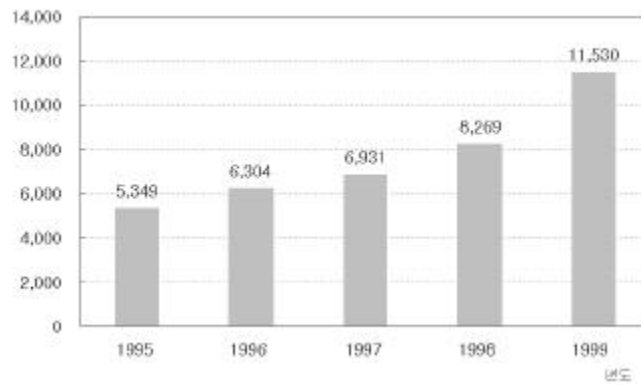
1999

가

(

, 2001).

PC 보급수(천대)



1995-1997

. 1998-1999

1. PC (: , 2001 3)

computer industry Almanac 1995

4400 2005 7 6600

33.0% 가 . 1995

1000 7.79 가 2005

117.95 . 2000

1 3 4

33% 15

가 78% . 15 ,

, , , , , .

Cable Modem, ADSL

가 . 2000 7

ID 11,837,298 25.0%

. ID 7-65 30.0%

, PC 67.2% (

, 2001).

가

. 가 1995 350

1998 2,230 가

36%가 . ,

.(Cyber Dialogue, 1998)

6가 ,

가

가

(e-health)

. e-health business model

e-health()

가

가

가

e-health

가

e-health

. 2000

McKinsey

2가

(specific division)

(contents),

(commerce),

(connectivity)

community

, 가 ,

가

off line 가 .

가 , license ,
가 .

(customer information portal)

(physician/ healthcare professional
service), (health plan/ hospital service) .

() () (B2B), (B2C),

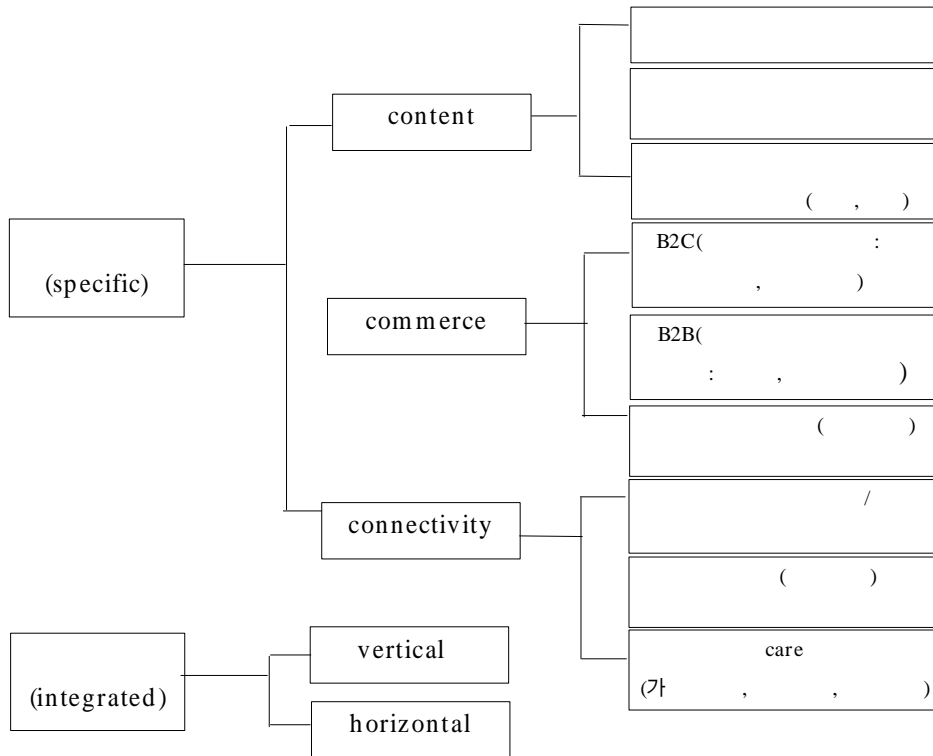
(HMO
) , (management
service) ,

On-line service, 3가 .

(integrated division) ,

(vertical)

(horizontal)



2. e-health business framework, McKinsey report, 2000

(2000) e- e-Solution,
 e-Commerce, Information Education 3 가 . e-Solution

(EMR), (PACS),
 (OCS)

, , ,
(enterprise
resource planning: ERP), 가

가
(supply chain management: SCM),
가

(customer relationship management: CRM)

e-
, , B2B ,
B2C .
on-line , (telemedicine),

.
(2000) e- e-health
가 4C contents,
community, commerce, care . Contents

Commerce

. Community

Care

가

2. e-health

가.

e-health

,

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1980

.

(, 1996).

Porter (1980)

(5 force model)

.

5 가

5 가

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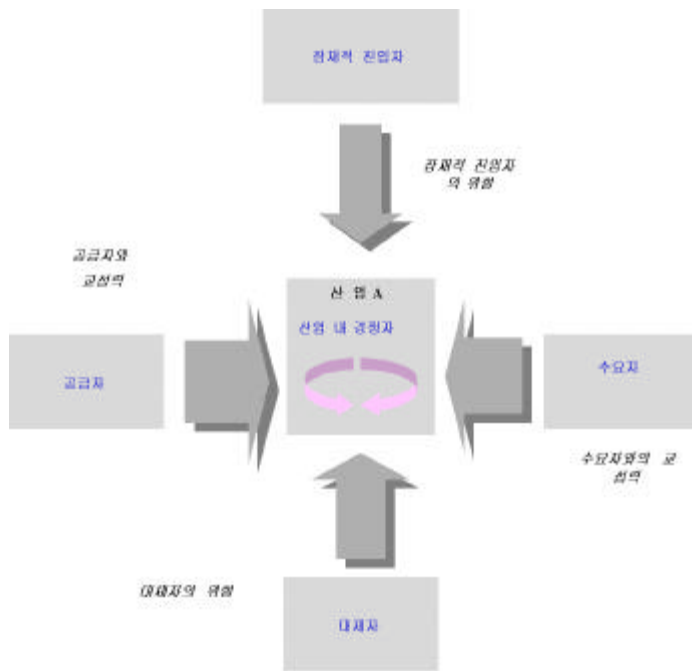
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가 ,
, , , ,
, , , ,
. 가 가
가 가 가
. 가 가
, , , ,
, 가 , 가 , ,
. , , ,
, , , ,
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3. Porter ' s Five Forces Model (Porter, 1980)

. e-health

5가 가
 (, 1990). 5가
 (Kim , 1990)
 , Porter e-health 4

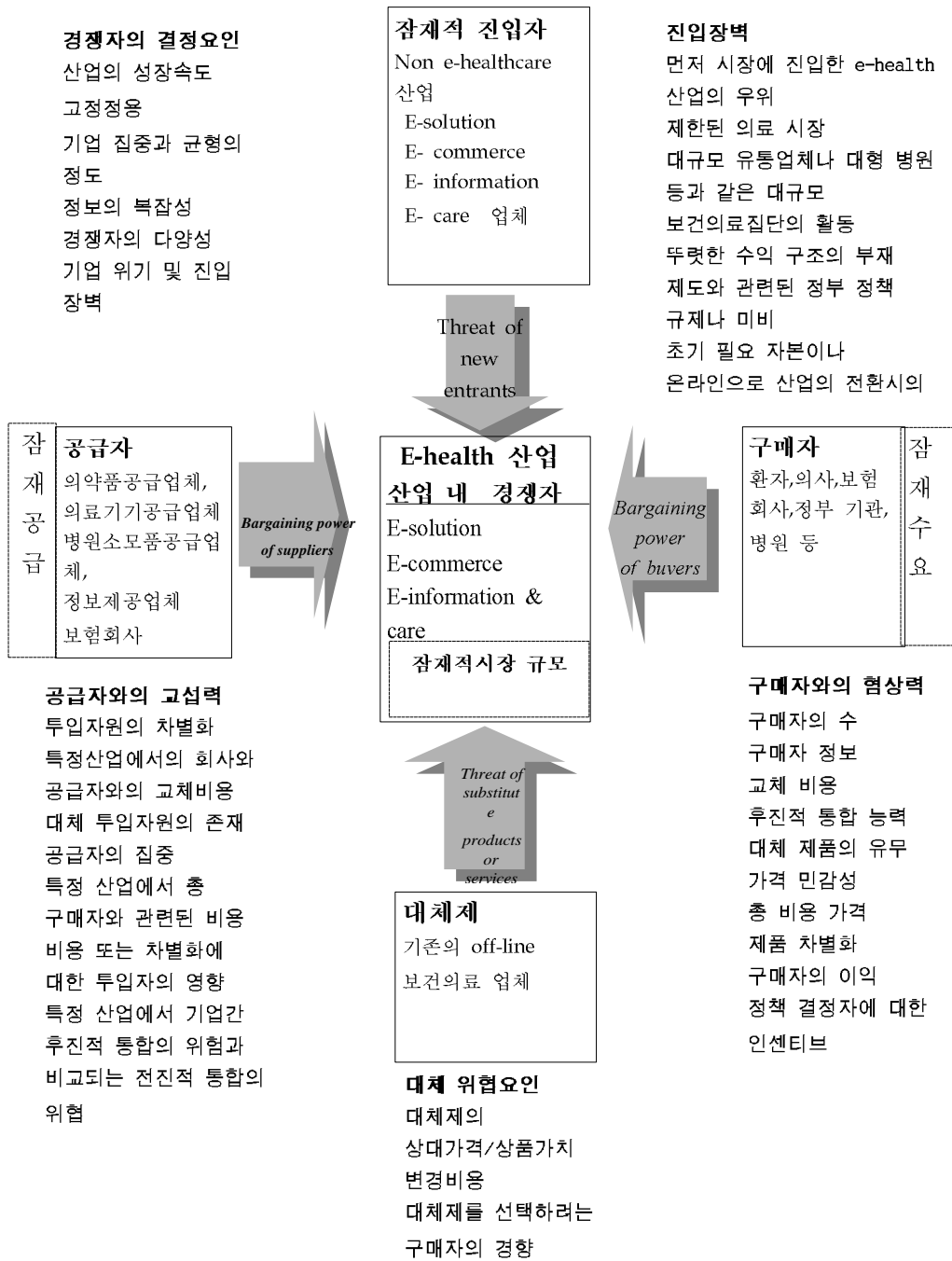


그림 4. e-health 산업 시장에 대한 포터의 적용모델

e-education (, 2000) e-solution, e-commerce, information and information and education e-health 4C Contents, Commerce, Community, Care (, 2000) Care . e-health (e-solution), (e-Commerce) , , B2B , B2C 가 . (e-information and care) . e-health , , , . e-health . 1999 B2C 4 4 B2B 60 64 2004 B2C 118.7% 220 B2B 125.3% 3,480 3,700 (Forrester Research, 2000).

가 1999 10 747 2000 9 8,000 (21,

2000. 9. 27), 1 10 .

가 .

,
가 .

(, 2000).

B2C 31.4%가 B2B

13.1%가 .

가

(, 2000).

가 .

가 1995 350 1998

2,230 가 36%가

(Cyber Dialogue, 1999). ,

가 가

. e-health

e-health , ,

, ,

, .

Porter 가 ,
가 ,
가 , 가
(, 2000).
e-health
.
가
(, 2001). (driving
forces) 가 가
.

3. e-health

e-health

가 1999

e-health

(

, 2000).

e-health

,

(2001),

(2000),

(2000),

(2000),

(2000),

(2000),

Klein et al.(1995),

Waller(1997), Rob(2000)

가

(2000),

(2000),

(2000)

. ,

가

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(

, 2000)

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(. 2001-01-29).

가

(, 1998).

가

가

e-health

(Rob, 2000).

e-health

e-health e-solution, e-commerce,

e-information & care

e-health

(e-solution)

(e-Commerce)

(e-information and care)

가

(, 2000)

가

(Davis , 1996).

가

가

(, 2000).

가.

1)

, (, ,
,) ,

3 가

2001

‘
(21 30) 30 ‘

1

가

가

, . 18 ‘

가

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가

(. 2001.5.25).

(1)

1)

, 가 가
(, 2001).

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가 .

(hard disk)

(CD-ROM)

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가

1) 21 ,

18

가 (, 1999).

가 (, 1997).

(2) (,)
(,)

20 (,)

가

(3)

가

A4

2

가

가

EDI

가

가

가

15 1

2

2

1

가

5

(, 2001)

2)

(1)

1999 4 11

가

- , ,

- 가

- 가

1998 12 25

2).

2000 5 31

3) 2001 4 1

(2)

43 1 1

. 1 (b)

4).

2)

90).

3)

4) Indiana Code. Civil Law and Procedure. IC 34-43-1.

123149

5).

123149.5 (a)

2290.5

(a)

가

가

6).

333-505-0050 13

가

가

7). 15

10

, , ,

. 20

(registered record administrator)

(accredited record

technician)

가

, .

R432-100-33

()

. 3

5) California Health and Safety Code. Sec. 123149.
 6) California Health and Safety Code. Sec. 123149.5.
 7) Oregon Administrative Rules 333-505-0050.

, , ,
가 ,
, (a) , ,

8). 2

, , ,
, 가 ,
, ,

1)

(, 1999).

8) Utah Administrative Rules R432-100-33. Medical Records.

(, 2000; , 2000).

2)

1996

(CEN)

(transmission)

health level seven(HL7)

가

. HL7

1994 ANSI()

가

(, 2001).

HL7

. DICOM 3.0

(, 2000).

1)

, ,

가 , ,

, , 가

(Hodge,

1999; , 1999; 2000).

(

, 1999).

2)

123149 (g)

. (b)

, (i)

(, 2000).

333-505-0050 13

가

가

9). (Department of Health and Human Service)가 ,

HIPAA(Health Insurance Portability and Accountability Act) HIPAA AS(Administrative Simplification,)

/ (, 2000).

1)

가

41

9) Oregon Administrative Rules 333-505-0050.

9 가

.

.

(, 2001; , 2001).

.

가

.

(, 2000).

2)

(FDA)

12

, 2000).

(

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가 ,

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1)

,
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.10)

가가

, (, 2001;
, 2001).

가

(, 1997; , 1998).

e-mail

, 가

2)

11)

10) 18 1 : ,
가 ,

11) 3 ,

가 가 가
,12)
, 1995 40 50
, ,
. 1970 1996
14
TV
가 (, 2001).

12) Montana Code. Sec. 37-3-301.

III.

1.

2001 5 21 6 5 e-health
(, ,) 300

(e-solution), e-health (e-commerce),
(e-information and care)

5 21 5 30 200 e-health
78 가 6 1
5 84 가
162 가 .

2.

Michael Porter

1. e-health

가

e-health	
	(, , ,)
	:
	, :
	/
e-health	
	가
e-health	
	가

3.

가.

1) e-health

2) e-health

3) e-health

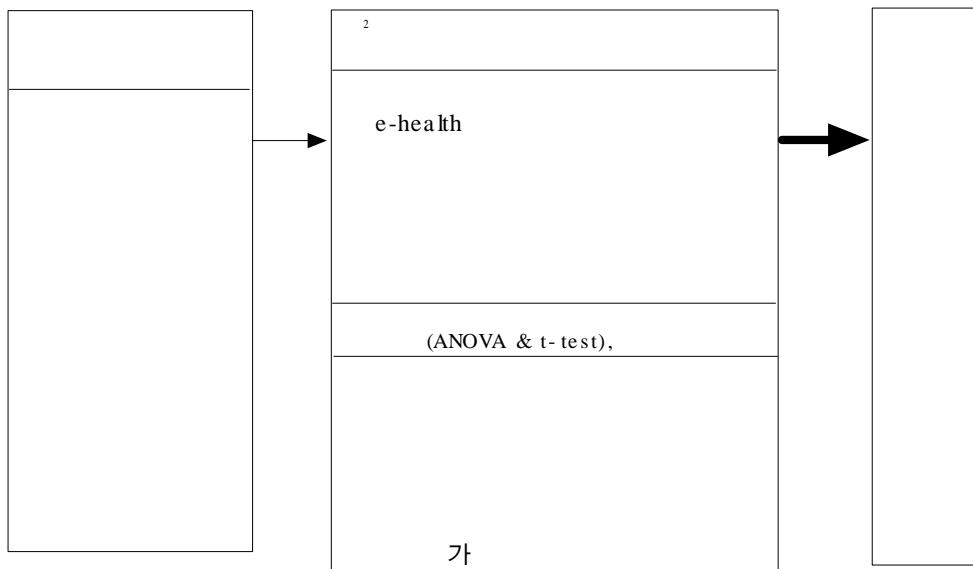
4) e-health

5) e-health

.

/ / / / / /

4.



5.

5.

SPSS(Statistical package for social science)

- 1) , , , , ,
(frequency)
- 2) 가
- 3) e-health , e-health ,
²
e-health , e-health
가 t-test (ANOVA)

1.

e-health 162 100 (61.7%),
 62 (38.3%) 가 20-30 133 (83.6%)
 45 (27.8%), 69
 (42.6%) 70%
 68 (42.0%) 가
 47 (29.0%), 32 (19.8%), 15 (9.3%)
 가 (95.6%)
 112 (69.1%) 37 (22.8%)
 (1.2%)
 67.08
 1 3 63 (40.4%) 3
 가 93 (59.6%) 78.7%
 122 3
 2

2.

		()	(%)	
(n=159)	20	- 30	59	37.1
	30	-40	74	46.5
	40		26	16.4
		100	61.7	
		62	38.3	
		48	29.6	
		69	42.6	
		45	27.8	
		47	29.0	
*		15	9.3	
		32	19.8	
		68	42.0	
		43	95.6	
		1	2.2	
**		1	2.2	
		0	0	
		0	0	
		112	72.3	
		2	1.3	
		2	1.3	
		2	1.3	
		37	23.9	
		3	59.6	
(n=156)	3	63	40.4	
		3	21.3	
(n=155)	3	122	78.7	

*

**

2. e-health

가. e-health

e-health Likert 4
 가 113
 69.8% 14
 78.4%가 e-health
 21.0%가
 0.6% (3).

3. e-health

e-health	()	(%)
	14	8.6
	113	69.8
	34	21.0
	1	0.6
	162	100

e-health

2_

e-health

e-health

가 .(4)

4. e-health

		(: ,%)			
		A	B		2
20	- 30	44(74.6)	15(25.4)	59(100.0)	
30	-40	60(81.1)	14(18.9)	74(100.0)	0.912
40		21(80.8)	5(19.2)	26(100.0)	
		125 (78.6)	34(21.4)	159(100.0)	
		83(83.0)	17(17.0)	100(100.0)	
		44(71.0)	18(29.0)	62(100.0)	3.271
		127(78.4)	35(21.6)	162(100.0)	
		89(77.4)	26(22.6)	115(100.0)	
		38(80.9)	9(19.1)	47(100.0)	0.236
		127(78.4)	35(21.6)	162(100.0)	
		38 (80.9)	9(19.1)	47(100.0)	
		13(86.7)	2(13.3)	15(100.0)	
		24(75.0)	8(25.0)	32(100.0)	1.140
		52(76.5)	16(23.5)	68(100.0)	
		127(78.4)	35(21.6)	162(100.0)	
3		72(77.4)	21(22.6)	93(100.0)	
3		50(79.4)	13(20.6)	63(100.0)	0.083
		122(78.2)	34(21.8)	156(100.0)	
3		23(69.7)	10(30.3)	33(100.0)	
3		98(80.3)	24(19.7)	122(100.0)	1.714
		121(78.1)	34(21.9)	155(100.0)	
A:			. B:		

. e-health

e-health

가

42.6% 가

. e-health 24.1%

(11.7%),

(11.7%),

(6.2%),

e-health

(1.2%), (2.5%) (5).

5. e-health

e-health	()	(%)
	69	42.6
	39	24.1
	19	11.7
	19	11.7
	10	6.2
e-health	2	1.2
	4	2.5
	162	100

e-health

3 가

3가 .

e-health 20,30

e-health

(41.4%/ 50.0%) 가

40 ,

(40.0%) 가 .

e-health .

(48.0%) 가

(41.7%) 가

e-health

(45.1%) 가

(51.1%) 가 . e-health

(p<0.05) (

6).

e-health

(52.5%) (57.1%), (47.8%)

가

e-health (51.6%) 가
 . e-health (p<0.05) (6).
 e-health
 3 3
 e-health
 3 가
 e-health ,
 3
 e-health
 (6).

6.

e-health

(: ,%)

						2
20	- 30	11(19.0)	23(39.7)	24(41.4)	58(100.0)	
30	- 40	13(18.1)	23(31.9)	36(50.0)	72(100.0)	3.121
40		7(28.0)	10(40.0)	8(32.0)	25(100.0)	
		31(20.0)	56(36.1)	68(43.9)	155(100.0)	
		18(18.4)	33(33.7)	47(48.0)	98(100.0)	
		13(21.7)	25(41.7)	22(36.7)	60(100.0)	1.941
		31(19.6)	58(36.7)	69(43.7)	158	
		27(23.9)	35(31.0)	51(45.1)	113(100.0)	
		4(8.9)	23(51.1)	18(40.0)	45(100.0)	7.443*
		31(19.6)	58(36.7)	69(43.7)	158(100.0)	
		4(8.7)	18(39.1)	24(52.2)	46(100.0)	
		0(0.0)	5(35.7)	9(64.2)	14(100.0)	
		16(51.6)	10(32.3)	5(16.1)	31(100.0)	28.069*
		10(14.9)	25(37.3)	32(47.8)	67(100.0)	
		30(19.0)	58(36.7)	70(44.3)	158(100.0)	
3		18(20.2)	38(42.7)	33(37.1)	89(100.0)	
3		12(19.0)	16(25.4)	35(55.6)	63(100.0)	5.948
		30(19.7)	54(35.5)	68(44.7)	152(100.0)	
3		9(28.1)	11(34.4)	12(37.5)	32(100.0)	
3		21(17.6)	43(36.1)	55(46.2)	119(100.0)	1.847
		30(19.9)	54(35.8)	67(44.4)	151(100.0)	

*p<0.05

:
:
:

3. **e-health**

가. e-health

e-health

17 e- health ,

,

' ' 10 , ' ' 1

.

,

e-health

8.00 ± 1.21 가

9.04 ± 1.30

가

가 6.98 ± 1.63 (7).

7. e-health

	± ()
e-health	8.00 ± 1.21
	8.47 ± 1.47
	8.41 ± 1.64
	9.04 ± 1.30
	6.98 ± 1.63
	8.13 ± 1.53

1) e-health

e-health

8.59 ± 1.21

e-health

8.58 ± 1.58

가

8.27 ± 1.80

8.40 ± 1.84

8.51 ± 1.73

8.31 ± 1.82

9.06 ± 1.30 가

9.02 ± 1.46

(8).

8. e-health

	±	()
	8.58 ± 1.58	
(,)	8.27 ± 1.80	
	8.40 ± 1.84	
	8.51 ± 1.73	
	8.31 ± 1.82	
:	9.06 ± 1.30	
:	9.02 ± 1.46	

2) e-health

e-health

6.98 ± 1.63

e-health

가

7.37 ± 2.31

가

6.40 ± 2.59

(9).

9. e-health

	± ()
가	7.05 ± 2.53
	7.37 ± 2.31
	6.93 ± 2.23
	7.20 ± 2.10
	6.40 ± 2.59

3) e-health

e-health

8.13 ± 2.55

(10).

e-health

가

8.79 ± 1.78

가

7.55 ± 2.16

10. e-health

	± ()
	8.24 ± 2.02
	8.79 ± 1.78
가	7.71 ± 2.36
	7.55 ± 2.16
	8.33 ± 1.92

. e-health

e-health

가 t-test

(ANOVA)

1)

e-health

(ANOVA) 20 (M=8.24), 30

(M=7.88), 40 (M=7.75)

(p<0.05) (11). e-health

- 0.184 가

(p<0.05).

11. e-health

	F	p- value	
e-health	2.596	0.078	2
	2.705	0.070	2
	3.712	0.027*	2
	4.713	0.020*	2
	0.241	0.787	2
	2.103	0.126	2

*p<0.05

2)

e-health

t-test

e-health

(12).

12. e-health

	T	p- value	
e-health	- 1.265	0.208	158
	-0.222	0.824	160
	-0.921	0.359	160
	-0.913	0.363	160
	- 1.243	0.216	158
	- 1.086	0.279	158

3)

e-health
(ANOVA) e-health

(13).

13. e-health

	F	p-value	
e-health	0.632	0.533	2
	1.874	0.157	2
	0.336	0.715	2
	2.280	0.106	2
	0.745	0.476	2
	0.239	0.788	2

4)

e-health
(ANOVA) e-health

가 (14).

14. e-health

	F	p-value	
e-health	4.907	0.003*	3
	1.746	0.160	3
	1.865	0.138	3
	2.428	0.067	3
	2.440	0.067	3
	6.923	0.000*	3

*p<0.05

(Post hoc test)

(multiple comparison)

Duncan

(M=7.57) (M=7.66) (M=8.25) (M=8.34) 가
 e-health
 (15).

15. e-health

					F	p-value
±	8.25 ± 1.05	8.34 ± 1.03	7.66 ± 1.24	7.57 ± 1.29	4.907	0.003*
DMR grouping	A	A	B	B		

*p<0.05

5)

e-health

-0.232

($p < 0.01$).

6)

e-health

t-test

e-health

(16,17).

16.		e-health		
		T	p-value	
e-health		-0.861	0.391	150
		-0.769	0.443	153
		-1.448	0.664	151
		0.585	0.559	153
		-0.436	0.664	151
		-1.093	0.276	151
17.		e-health		
		T	p-value	
e-health		-0.265	0.791	151
		-0.031	0.975	154
		-0.053	0.957	154
		0.366	0.715	154
		0.186	0.852	152
		-1.219	0.225	152

4. e-health

가. e-health

가 e-health

10 , ' ' 1 .

e-health

가 3.99 ± 1.65 . 가

4.60 ± 2.13 가

3.63 ± 1.90 (18).

18. e-health

	\pm ()
e-health	3.99 ± 1.65
	4.60 ± 2.13
	4.46 ± 2.20
	4.34 ± 2.37
	3.75 ± 1.78
	3.63 ± 1.90

1) e-health

e-health

4.49 ± 2.04 . e-health

4.71 ± 2.23 가

,

4.28 ± 2.51 가 (19).

19. e-health

	±	()
	4.71 ± 2.23	
(,)	4.41 ± 2.27	
	4.69 ± 2.40	
	4.37 ± 2.30	
	4.55 ± 2.26	
:	4.42 ± 2.47	
:	4.28 ± 2.51	/

2) e-health

e-health

3.75 ± 1.78 가

3.84 ± 1.94

가

3.70 ± 2.19

(20).

20. e-health

	\pm	()
가	3.71 ± 2.21	
	3.80 ± 2.24	
	3.70 ± 2.19	
	3.84 ± 1.94	
	3.71 ± 1.98	

3) e-health

e-health

3.63 ± 1.90

.

가

3.81 ± 2.05

가

가

3.28 ± 2.08

(21).

21. e-health

	±	()
	3.81	± 2.05
	3.72	± 2.25
가	3.28	± 2.08
	3.68	± 2.05
	3.73	± 2.20

e-health

e-health

(ANOVA)

1)

e-health

(ANOVA)

(M=4.10), 30 (M=3.97), 40 (M=3.59) 20

(22).

- 0.198

가 .(p<0.05)

22. e-health

	F	p-value	
e-health	0.804	0.449	2
	2.430	0.091	2
	0.906	0.406	2
	0.202	0.818	2
	0.947	0.390	2
	0.214	0.807	2

2)

e-health

t-test

e-health

(23).

23. e-health

	T	p-value	
e-health	-0.308	0.758	152
	-0.456	0.649	158
	-0.776	0.439	158
	-0.037	0.971	156
	-0.111	0.912	156
	-0.084	0.933	156

3)

e-health
(ANOVA) e-health

(24).

24. e-health

	F	p-value	
e-health	1.406	0.248	2
	0.923	0.399	2
	1.114	0.331	2
	0.584	0.559	2
	0.632	0.533	2
	0.503	0.606	2

4)

e-health
(ANOVA) (p= 0.044)
(p=0.031)

(25).

(multiple comparison) (Post hoc test)
Duncan

e-health
(M=3.55) (M=5.18)
(26).

25. e-health

	F	p-value	
e-health	1.569	0.199	3
	2.368	0.073	3
	1.832	0.144	3
	3.041	0.031*	3
	0.247	0.864	3
	1.002	0.394	3

*p<0.05

26. e-health

					F	p-value
±	3.55 ± 1.36	4.18 ± 1.63	4.63 ± 2.18	5.18 ± 2.31	2.755	0.044*
DMR grouping	A	A,B	A,B	B		

*p<0.05

5)

e-health

-0.120

(p=0.148).

6)

e-health

t-test

e-health

(27).

3

(4.05 ± 1.69) 3

(3.38 ± 1.83)

(p<0.05)

3

(3.95 ± 1.89) 3

(3.26 ± 1.88)

(p<0.05)(28).

27.

e-health

	T	p-value	
e-health	0.330	0.742	145
	0.587	0.558	151
	0.480	0.632	151
	0.026	0.979	149
	0.526	0.600	149
	-0.800	0.425	149

28.

e-health

	T	p-value	
e-health	1.892	0.060	146
	-0.395	0.693	152
	1.360	0.176	152
	0.441	0.660	150
	2.289	0.023*	150
	2.186	0.030*	150

*p<0.05

5.

e-health

e-health

가 53.5% 가

4.5% 가 (29).

e-health

2_

2가

e-health

, 가

(30).

29. e-health

	()	(%)
	32	20.3
	84	53.5
	21	13.4
	7	4.5
	9	5.7
	4	2.5
	157	100

30.

e-health

(: ,%)

					2
20	-30	42(84.0)	8(16.0)	50(100.0)	1.150
30	-40	55(76.4)	17(23.6)	72(100.0)	
40		16(76.2)	5(23.8)	21(100.0)	
		113(79.0)	30(21.0)	143(100.0)	
		70(77.8)	20(82.1)	90(100.0)	0.403
		46(22.2)	10(17.9)	66(100.0)	
		116(79.5)	30(20.5)	156(100.0)	
		88(84.6)	16(15.4)	116(100.0)	5.904*
		28(66.7)	14(33.3)	30(100.0)	
		116(79.5)	30(20.5)	146(100.0)	
		28(66.7)	14(33.3)	42(100.0)	9.757*
		12(85.7)	2(14.3)	24(100.0)	
		28(96.6)	1(3.4)	29(100.0)	
		48(78.7)	13(21.3)	61(100.0)	
		116(79.5)	30(20.5)	146(100.0)	
3		71(82.6)	15(17.4)	86(100.0)	1.318
3		41(74.5)	14(25.5)	55(100.0)	
		112(79.4)	29(20.6)	141(100.0)	
3		25(86.2)	4(13.8)	29(100.0)	0.881
3		87(78.4)	24(21.6)	111(100.0)	
		112(80.0)	28(20.0)	140(100.0)	

*p<0.05

20, 30

40

e-health

가

가

가

e-health

가

e-health

e-health

10

가

8.0

가

가

9.04 ± 1.30

21

(information economy)

가

가

(, 2000)

가

e-health

(Department of Health and Human Service)가

Insurance Portability and Accountability Act) HIPAA(Health
AS(Administrative Simplification,) HIPAA

가

가

가

가

가

e-health

가 가 가 e-health e-health e-health 가 e-health 가 e-health e-health 10 가 3.99 e-health 8.0 e-health e-health 가 가 e-health

(Rob, 2000).

e-health

가

가

(21 30)

(

, 2001/ 05/ 25)

가

가

가

가

e-health

53.5%

가 20.3%

가

e-health

가

(Davis & Howden, 1996)

e-health

가

e-health

(Flaherty, 1998; Sheehan and McMillan, 1999)

가

() 가

(Dillman, 2000)

가

가

.(Sheehan, 2001)¹³⁾

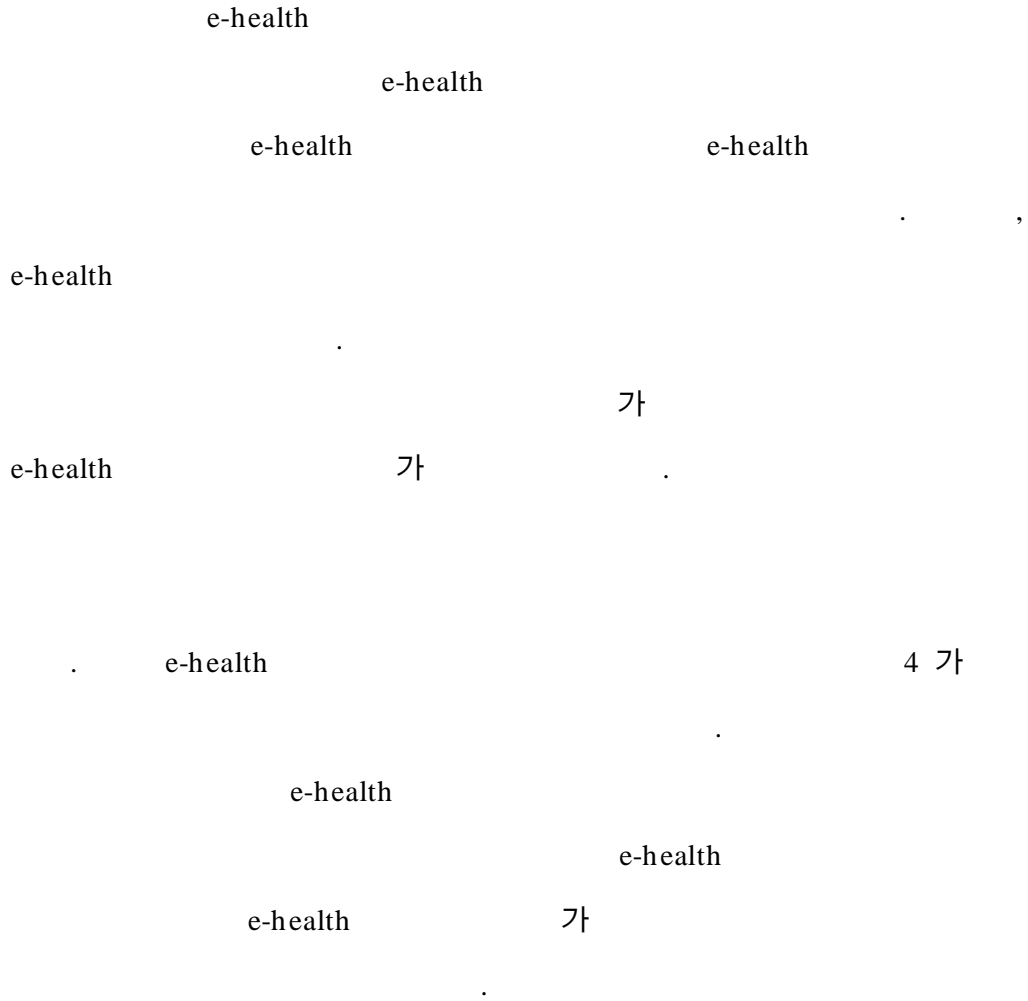
13) Kim Sheehan
2000

24.0%

(1986)

61.5%

Watt(1999) 가 (, , ,)



VI

e-health e-health
 e-health (, , ,)
 162

e-health , e-health ,
²- e-health 가
 t-test (ANOVA) .

61.7%, 20-30 83.6%,
 42.6%, 42.0%, 1 3
 59.6%, 3 78.7%
 67.8 .

e-health
 78.4%가 e-health . ,
 , , , ,

, e-health

가

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e-health

,

가

e-health

, e-health

가

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가

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가 .

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e-business . 16

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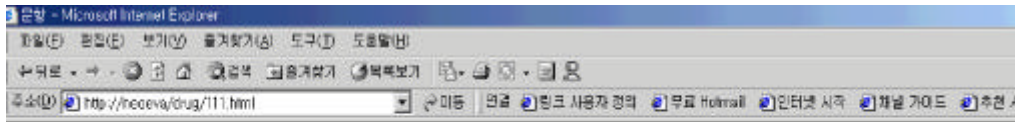
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1. 인터넷 기반 전자보건의료 부문의 시장에 대한 질문입니다.

문1. 현재 인터넷 기반 전자 보건 의료산업의 시장상황은 어떠한 상황이라고 생각하십니까?

- 매우 성숙되어 있다. 성숙되어 있는 편이다. 활성화되어 있는 편이다. 매우 활성화되어 있다.

문2. 귀하는 인터넷 기반 전자 보건의료 산업의 시장 진입을 방해하는 가장 큰 요인은 무엇이라고 생각하십니까?

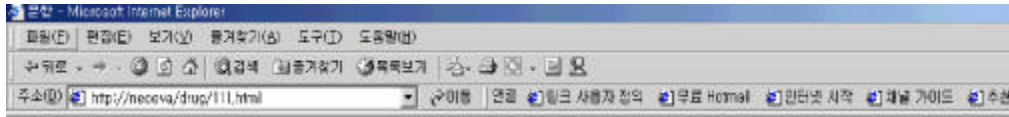
- 현재 시장에 진입한 전자보건의료산업의 우위
 제한된 의료 시장
 대규모 유통업체나 대형 병원 등과 같은 대규모 보건의료집단의 활동
 뚜렷한 수익 구조의 부재
 정부 정책 규제로 인한 제약이나 제한 제도 대비
 초기 필수 자본이나 온라인으로 산업의 경쟁사의 낮은 문턱
 기타

II. 인터넷 기반 전자 보건의료 부문의 정책이슈에 대한 질문입니다.

문 3. 귀하께서 생각하시기에 인터넷 기반 전자 보건의료 부문의 발전을 위해 요구되는 정책들 중 **필요성 정도**를 평가해 주십시오

3-1. 전자보건의료 분야 산업의 **기술적역 부분**과 관련된 정책의 권한 질문입니다.

문항	정책	필요 필요하지 않다					매우 필요하다				
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
전자서명 기록의 법적 효력부여문제		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
전자 기록의 정보 통신망을 이용한 전자서명 기록 (전자기록, 전자서명 필름, 음성정보, 동화상정보 포함)의 유효성 및 전송 안정성의 증대		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
전자 처방전허용		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
기술정보 표준화	상호 호환이 결여된 인터넷 관련기술 및	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	병원 표준화 관련 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
개인정보 보안	의료종사자의 의료정보의 표준화 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	보안과 전자서명 규정: 행정 절차와 정보 보안 및 접근 제어 관한 규정 전자서명 절차, 암호화에 관한 규정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	개인적인 정보의 프라이버시 규정: 공개데이터 무방한 개인정보 보호와 공개/비공개에 따른 개인정보 관리 방안 제정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

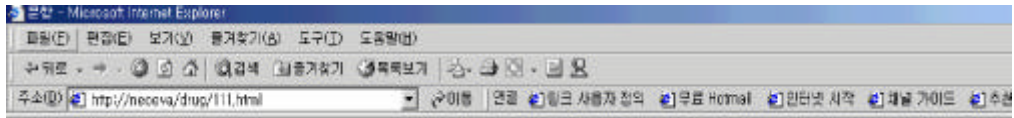


3-2. 전자보건의료 분야 산업의 **상거래**와 관련된 영역에 관한 질문입니다.

분항	항목	별로 중요하지 않다								매우 중요하다	
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
의료	의사계발권 없이 판매 가능한 일반의약품의 온라인 판매 허용	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	소매자를 위한	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	의약품 판매 허용제도	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
전자	병원 의료 시대를 통한	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	의약품의 거래에 대한 규제 방안	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
상거래	의료기기나 의료 장비에 관한	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	인터넷 판매에 관한 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	간접비용 사용의	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	인터넷 판매에 관한 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

3-3. 전자보건의료 분야 산업의 **정보보호 및 온라인 상담, 진료**와 관련된 정책에 관한 질문입니다.

분항	항목	별로 중요하지 않다								매우 중요하다	
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
정책의료	원격의료의 허용 및 범위 지정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	원격의료 행태 의료인의 자격과 책임 분담	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
인터넷 의료성공	원격의료의 의료수가 적용	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	인터넷 의료상업 행위의 허용 범위 제한	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	협상에 제공되는 건강 정보에 대한 신뢰성 인정 위한 제도 마련	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



문4. 귀하께서 생각하시기에 현재 정부에서 언급하고 있는 전자 보건의료 분야의 중점에 대한 **진행도**를 평가해 주십시오.

4-1. 전자보건의료 분야 산업의 **기술적의 부분**과 관련된 정책에 관한 질문입니다.

문항	항목	거의 진행되고 있지 않다					최우 잘 진행되고 있다				
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
전자 의료 기록	전자의료 기록의 법적 효력부여문제	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	정보 통신망을 이용한 전자의료 기록 (급사기백, 방사선 영상, 음성정보, 동화상정보 포함)의 설립 및 전송 인정의 문제	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	전자 처방전허용	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
기술정보 표준화	상호 호환이 결여된 인터넷 환연기술 및 병용 표준화 관련 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	의료용어들의 의료정보의 표준화 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
개인정보 보안	보안과 전자서명 규정: 행정 절차와 정보 보안 및 접근 통제 관한 규정 전자서명 절차, 암호화에 관한 규정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	개인화된 정보의 프라이버시 규정: 공개적/비공개적 무제한 개인정보 범위와 공개/비공개에 따른 개인정보 관리 방안 지정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4-2. 전자보건의료 분야 산업의 **소프트웨어**와 관련된 정책에 관한 질문입니다.

문항	항목	거의 진행되고 있지 않다					최우 잘 진행되고 있다				
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
의료기기	의사형숙련 요미 관해가능한 일반의료용의 온라인 관리 허용	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	소배자를 위한 의료용 액체 허용제도	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
전자상거래	해외 의료 서비스를 통한 의료용의 거래에 대한 규제 방안	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	의료기기나 응용 관해에 관한 인터넷 판매에 관한 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	건강정보시스템의 인터넷 판매에 관한 정책	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

4-3. 전자보건의료 분야 산업의 **정보자료 및 온라인 상담**과 관련된 정책에 관한 질문입니다.

문항	항목	거의 진행되고 있지 않다					최우 잘 진행되고 있다				
		①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩
원격의료	원격의료의 허용 및 범위 지정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	원격의료 행위 의료인의 자격과 책임 설정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
원격의료망	원격의료의 의료수가 적용	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
인터넷 의료상담	인터넷 의료상담 행위의 허용 범위 지정	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	웹상에 제공되는 건강 정보에 대한 신뢰성 인정 위한 제도 마련	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



문5. 인터넷 기반 전자 의료정보의 장부 장해 결정을 있어 부장적 영향을 미치는 가장 큰 요인은 무엇이라고 생각하십니까?

- 의료정보화 인프라 구축 미비
- 보건 의료협업망간의 이해관계 문제
- 정부 부처의 보수적 성향
- 개인의 건강 정보 노출 회피하려는 성향
- 정책 결정자의 정치적 이해관계
- 기타

III. 일반사항

다음은 통계분석에 기초가 되는 설문 응답자의 일반사항에 대한 질문입니다.

얼거린 보기 중 해당 사항 하나만을 선택하여 주시기 바랍니다.

문6. 귀하의 태어난 해는?

년

문7. 귀하의 성별은?

[여기를 클릭해 주세요]

문8. 귀하의 교육정도?

[여기를 클릭해 주세요]

문9. 귀하의 직업은 무엇입니까?

의료기관 부문

[여기를 클릭해 주세요]

비의료기관 부문

[여기를 클릭해 주세요]

문10. 의료기관에 근무하시는 분만 답변해 주십시오. 귀하가 하고 계시는 근무지의 성하는 무엇입니까?

[여기를 클릭해 주세요]

문11. 귀하의 현 직종 근무 경력은 얼마나 되십니까?

년 개월

문12. 귀하의 근무지역은 어디입니까?

[여기를 클릭해 주세요]

문13. 귀하의 인터넷 이용시간은 일주일 동안 평균적으로 총 몇 시간입니까?

[여기를 클릭해 주세요]

문14. 귀하가 인터넷을 사용한 기간은 얼마나 되었습니까?

[여기를 클릭해 주세요]



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(e-healthcare)

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e-mail : key924@hotmail.com

voice mail : 031-260-9484 / 016-335-9073

Fax mail : 031-260-9489

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ABSTRACT

A Study on the General Understanding of e-health Policy Issues

Eun Yang Kim

Dept. of International Health

The Graduate School of

Health Science & Management

Yonsei University

(Directed by Professor WooJin Chung, Ph. D.)

The internet and information technology is penetrating into almost every part of our lives. Internet-based healthcare, so called e-health sector, is expected to having significant influence on the medical and healthcare environment. However, the technical restriction, thick regulations, and unsettled policies prevents e-healthcare system from activation as expected.

The purpose of this study is to analyze the regulation and policy issues in e-health sector and to find what the proper role of government in the regulation of e-health.

For this study, a survey was performed for people involved in e-health sectors using self-made questionnaire via web and paper. The results of survey were collected over the period of 2 weeks, from May 21st to June 5th,

2001. The demographics, understanding of market status for e-health, entry barriers, degrees of needs and progresses in e-health policy, negative factors on making decision of policy were analyzed by percentage, relations between characteristics and those of e-health.

The findings of this study are as follows.

1. Among all the respondents, 78.4% of them perceived that the market status of e-health was stagnant, and they pointed out that the regulatory constraints and lack of policies were major factors on the entry barrier in e-health(42.6%). The other reasons of major factors on the entry barrier in e-health were vague e-business model, limited medical market, cost disadvantages beyond those of scale as big hospitals and distribution companies, high cost of switching into the e-health, advantages of preoccupation the e-health market. Each occupational group showed a different view on the major factors of the entry barrier in e-health. Policy factors in medical institution, research institution, healthcare industry show a tendency to increase.

2. As a result of the degrees of needs of policy in e-health, the need of e-health policy is high(M=8.0/ 10.0), especially security and privacy of individual information on technical sectors. The younger respondents, people working in medical or research institution, and healthcare industry tend to recognize more the needs of policy in e-health.

3. As a result of the degrees of progresses in e-health policy, the progresses recognition of e-health policy was low(M=3.99/ 10.0). However they recognized

that the e-health policy was progressing relatively well in technical sector such as electronic medical record. Government group had the tendency to recognize policy progress well in e-health compared to other occupational groups.

4. More than half of the respondents thought that the conflict of interests parties in healthcare group(e.g. doctors and pharmacist, etc.)was the major negative factor on decision making in policy.

In conclusion, most of the people who are involved in e-health perceived that the market status of e-health was stagnant, the regulatory constraints and lack of policies were major factors on the barriers of entry in e-health. The needs of policy in e-health was very highly expected, but the progress in e-health policy have been slow in pace. The conflict of interests parties in healthcare group acted as a negative factor on the progress of e-health policy making. Policy making for e-health remains locked in a frame-work that does not properly fit to the realities of current Information Technology and the challenge for the emerging e-health era.

For the development of e-health, the government should make sufficient efforts to have proper policy to keep up with Information Technology and challenges in medical market. Moreover, the medical fields should support current trends in e-health.

key words: e-health, policy, understanding