What is the international strategy for improving quality of health care by using indicators? -Considerations from Japan’s Experience-

26 September 2014
Auditorium, Italian Ministry of Health

Toshiro Kumakawa, M.D., M.B.A., Ph.D.
Director, Department of Health and Welfare Services
National Institute of Public Health, Japan
Japanese characteristic on thinking about Healthcare Administration

- The culture of the rice growing under little field in the temperate zone is extremely high in homogeneity.
- Basic social infrastructure was built in the time of the long peace, in the Edo period from 1603-to 1868.
- The great disaster such as an earthquake, a typhoon or the tsunami happens frequently in Japan. Therefore the nation has a strong sense of impending crisis for the security.
Japanese characteristic on thinking about Hospital Administration

• Meiji government adopted a policy of Westernization of the health care system in 1868.

• Since the late 1800s, doctors began practicing their business privately, hospitals were positioned as a kind of clinic up until the enforcement of the National Medical Practice Act in 1942.

• The scale of facilities varies in a continuous manner — large hospitals, small and medium-size hospitals, clinics with beds, and clinics with no beds.
Japanese characteristic on thinking about Achieving UHC (1)

- In 1922, the Employees’ Health Insurance Law was established. The Law was modeled on Germany's Health Insurance Law. This Law was applied only to factory workers at the time of its enactment.

- In 1938, the Community-based Health Insurance Law aimed to cover the informal sector such as farmers. The insurers of the Community-based Health Insurance Law at that time were not municipalities, but associations whose establishment and participation by residents were decided on a voluntary basis.
In 1948, municipalities became the insurers of the Community-based Health Insurance in order to enhance the administrative foundation. In 1953, the government started subsidizing benefit payments.

In 1961, National Health Insurance Act was established.

- anyone who resides in a municipality is to take out National Health Insurance on a mandatory basis,
- and people who can be insured by employees’ insurance are exempted.
Japanese characteristic on thinking about Achieving UHC (3)

- Health care insurance system are separated, but doctors’ treatment fees are calculated under the same “medical service fees system”.
- 99 percent of the country’s health care facilities are authorized insurance medical institutions.
- Therefore, deciding the rate of a revised amount for the entire treatment fee can make it possible to control the whole sum of health care costs.
No systematic Quality Indicators

• Central government level
  – Patient surveys (conducted every 3 years),
  – Medical facilities investigation (conducted every 3 years),
  – etc.

• Public institution level
  – National Hospital Organization
  – Japan Council for Quality Health Care
  – Various specialized societies
  – etc.

• Private level
  – Japan Hospital Association
  – All Japan Hospital Association
  – Japan Association of Medical and Care Facilities
  – etc.
Evaluation of Japanese Healthcare System

• Evaluation criteria of health care system consist of three items:
  1. Quality of the healthcare services;
  2. Fairness in access;
  3. Low costs.

• So far the Japanese health care system has been highly praised internationally.
  – Quality of the healthcare services may be comparable to other advanced nations.
  – Fairness in access and Low costs are of excellence.
To think about near future ⋮ ⋮
Fiscal restructuring through comprehensive reform of social security and tax is an absolute necessity for Japan. Source: Ministry of Finance (2013) “Fiscal Condition of Japan” and “Comprehensive Reform of Social Security and Tax”

![Graphs showing General Account Tax Revenues and Total Expenditures, and Ratio of General Government Gross Debt to GDP.](Image)
Comparison of the elderly population ratio

Annual Changes in Mortality rate classified by Major causes of Death in Japan

- Pneumonia
- Gastroenteritis
- Tuberculosis
- Cerebro-vascular diseases
- Heart diseases
- Malignant neoplasm
- Unexpected accident

Mortality rate (per population of 1,000 thousand)
Population Trends in Japan

- Actual Population:
  - Aged Population (65 & over): 20.2%
  - Productive-Age Population (15-64): 66.1%
  - Child Population (0-14): 13.8%

- Projection:
  - 2005: 127.7 million
  - 2050: 89.33 million
  - 2105: 44.59 million

- Changes in Population Structure:
  - Male: 1950, 2005, 2055
  - Female: 1950, 2005, 2055

Information magazines about the quality of the hospital overflow in Japan.
## Differences of Quality Indicators between Government and Non-Government

<table>
<thead>
<tr>
<th>Governmental</th>
<th>Non-Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Mandatory (legal obligation)</td>
<td>- Voluntary</td>
</tr>
<tr>
<td>- Minimal requirement for medical care</td>
<td>- Improving quality of medical care</td>
</tr>
<tr>
<td>- With punitive clause</td>
<td>- No-penalty</td>
</tr>
<tr>
<td>- Responsibility for the nation</td>
<td>- Responsibility for the stakeholder</td>
</tr>
<tr>
<td>- Annual/ regularly</td>
<td>- Regularly/ non-regularly</td>
</tr>
</tbody>
</table>
Delivery System

- Most medical institutions in Japan consist of private-sector corporations.
- Publicly operated institutions, such as national and public hospitals and public medical facilities, like Red Cross Medical Center or Saiseikai, and so on, account for only 30 percent of all the beds for patients.

Toshiro Kumakawa, Dept of Health and Welfare Services, NIPH Japan
How to use new Digital Big Data

Fatality rates within 30 days after admission for AMI

Theoretical figure

Days in the hospital

Fatality rates within 30 days after admission for stroke

Theoretical figure

Days in the hospital