

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

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# 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.

## Japanese characteristic on thinking about Achieving UHC (2)

- 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.

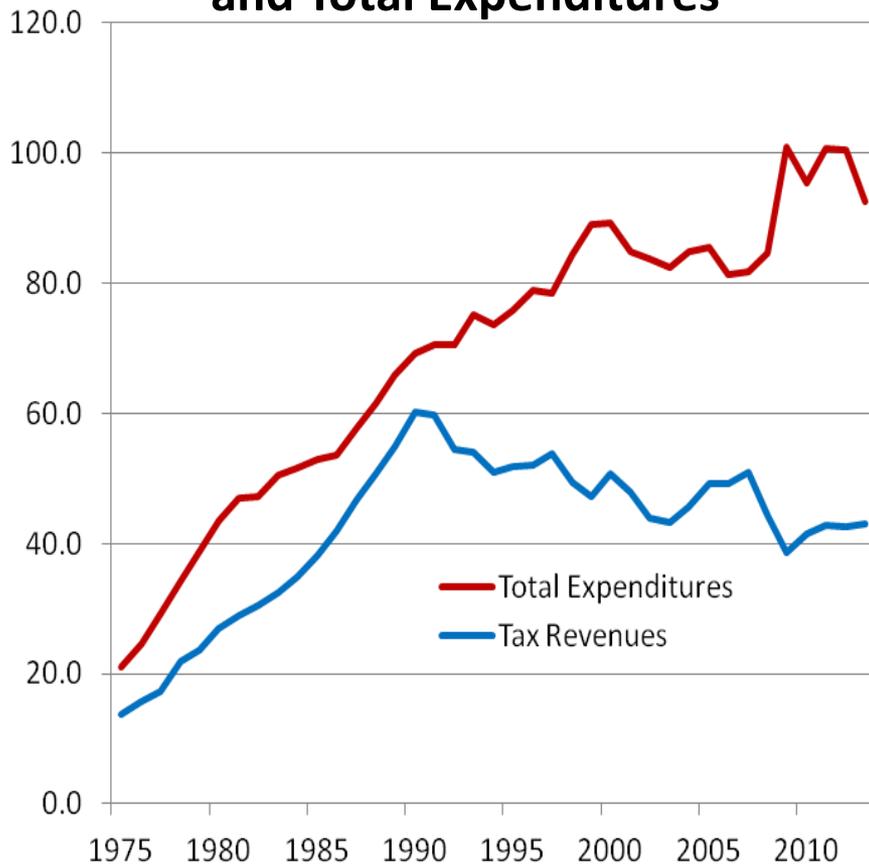
# Evaluation of Japanese Healthcare System

- 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.

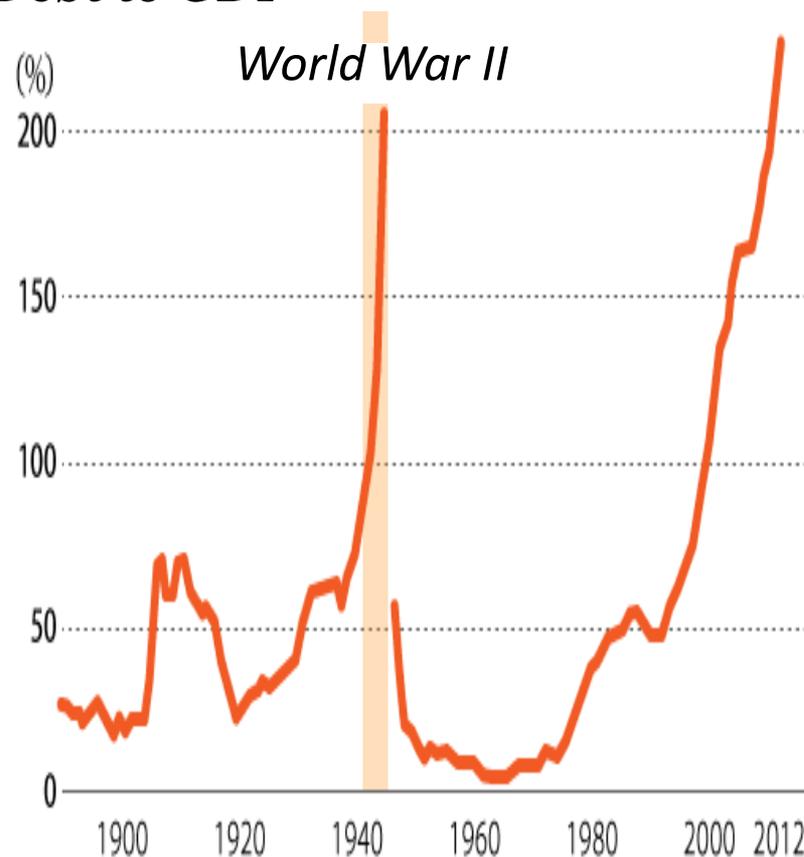
To think about near future . . .

# Fiscal restructuring through comprehensive reform of social security and tax is an absolute necessity for Japan

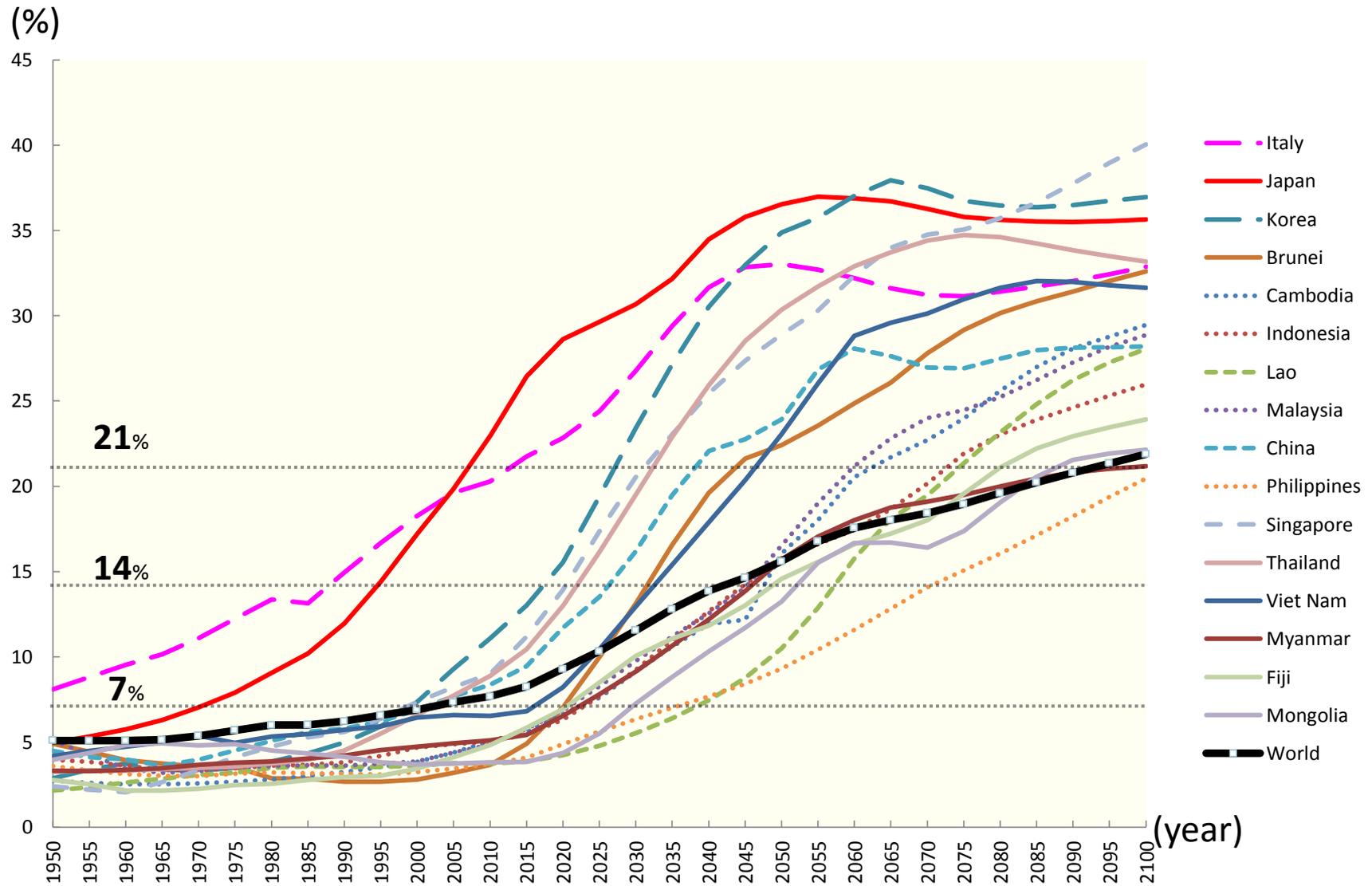
## General Account Tax Revenues and Total Expenditures



## Ratio of General Government Gross Debt to GDP

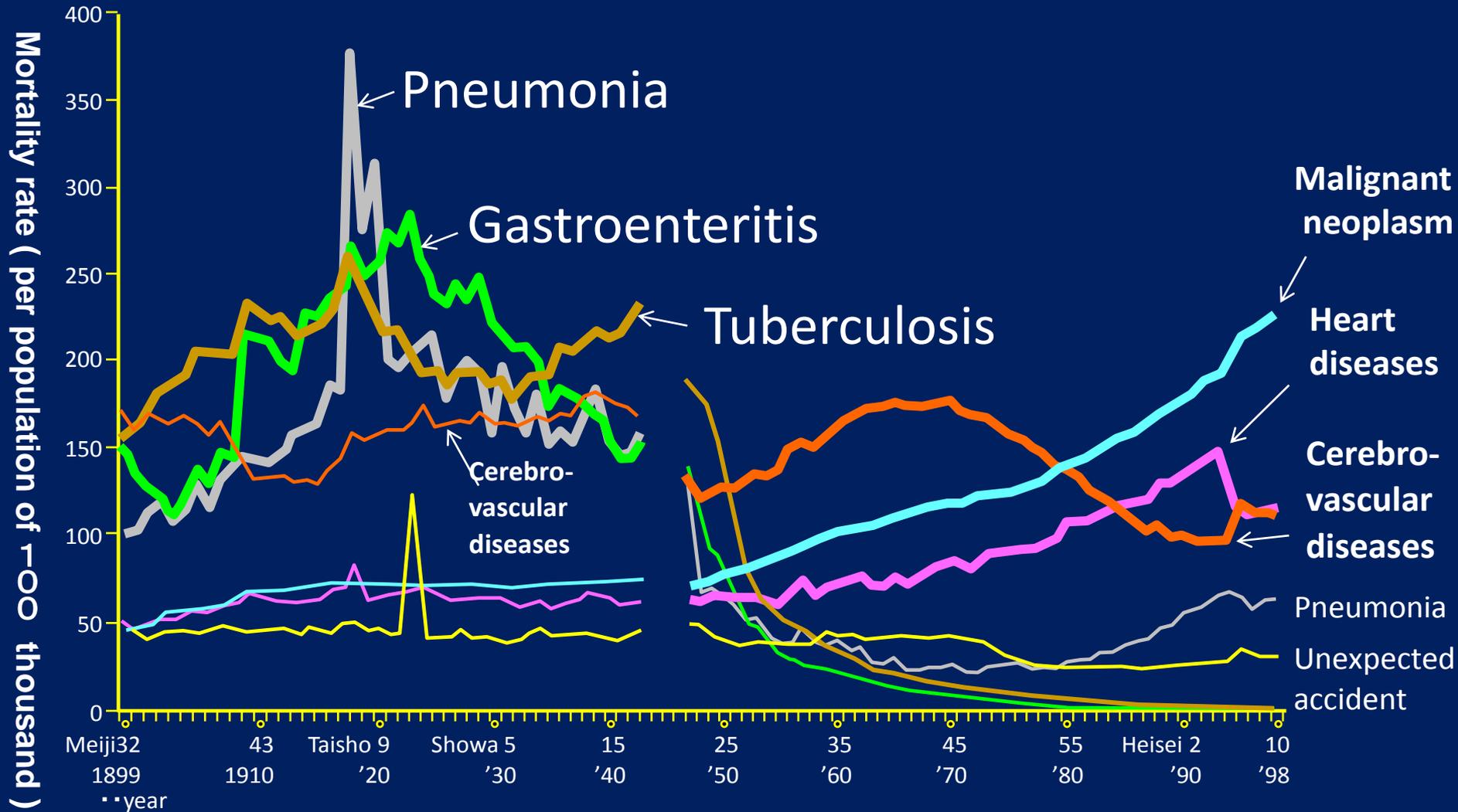


# Comparison of the elderly population ratio

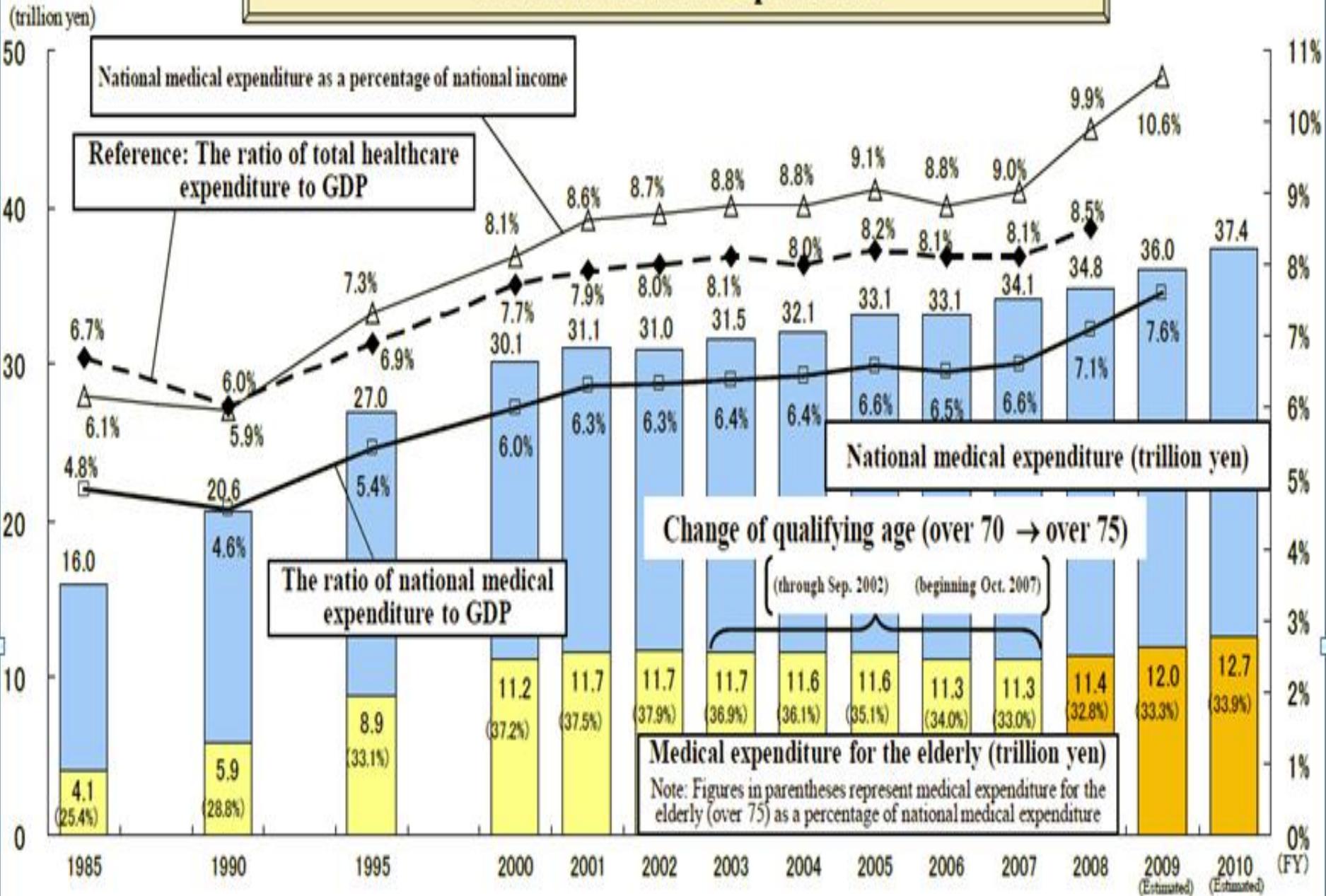


Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat; World Population Prospects : The 2012 Revision, <http://esa.un.org/unpd/wpp/index.htm>

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

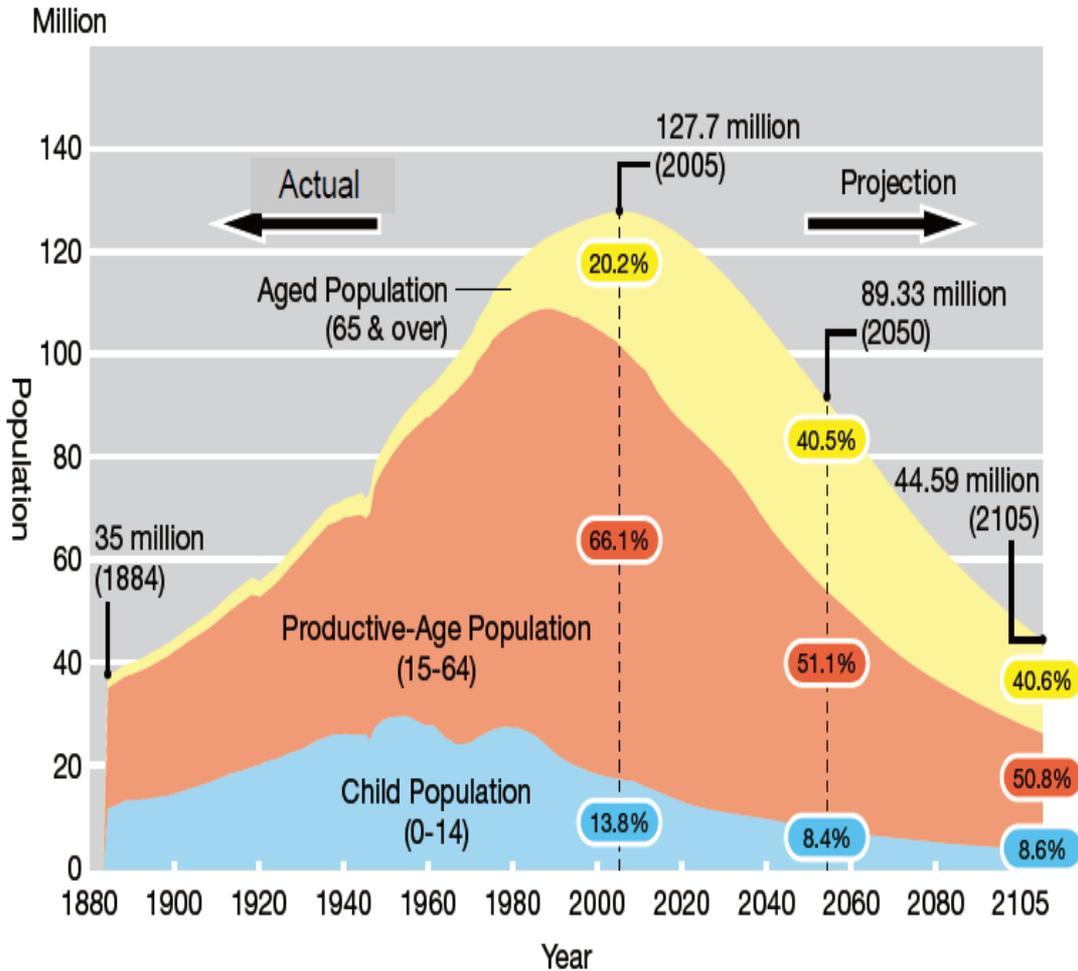


# Trends in Medical Expenditure

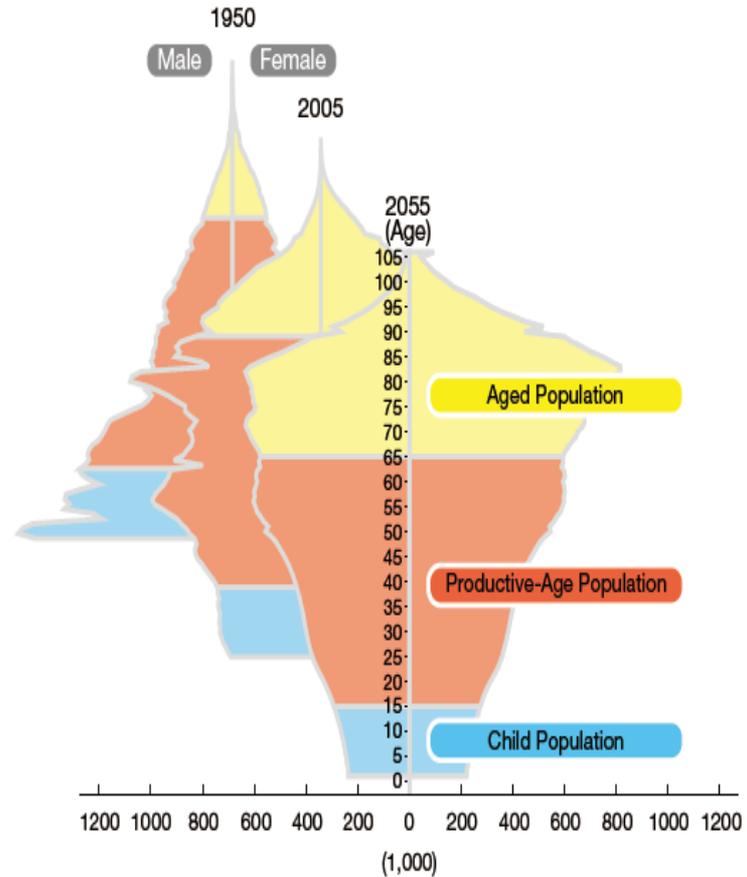


# Population

Population Trends in Japan



Changes in Population Structure



# Information magazines about the quality of the hospital overflow in Japan.



# Differences of Quality Indicators between Government and Non-Government

Governmental	Non-Government
<ul style="list-style-type: none"><li>■ Mandatory (legal obligation)</li><li>■ Minimal requirement for medical care</li><li>■ With punitive clause</li><li>■ Responsibility for the nation</li><li>■ Annual/ regularly</li></ul>	<ul style="list-style-type: none"><li>■ Voluntary</li><li>■ Improving quality of medical care</li><li>■ No-penalty</li><li>■ Responsibility for the stakeholder</li><li>■ Regularly/ non-regularly</li></ul>

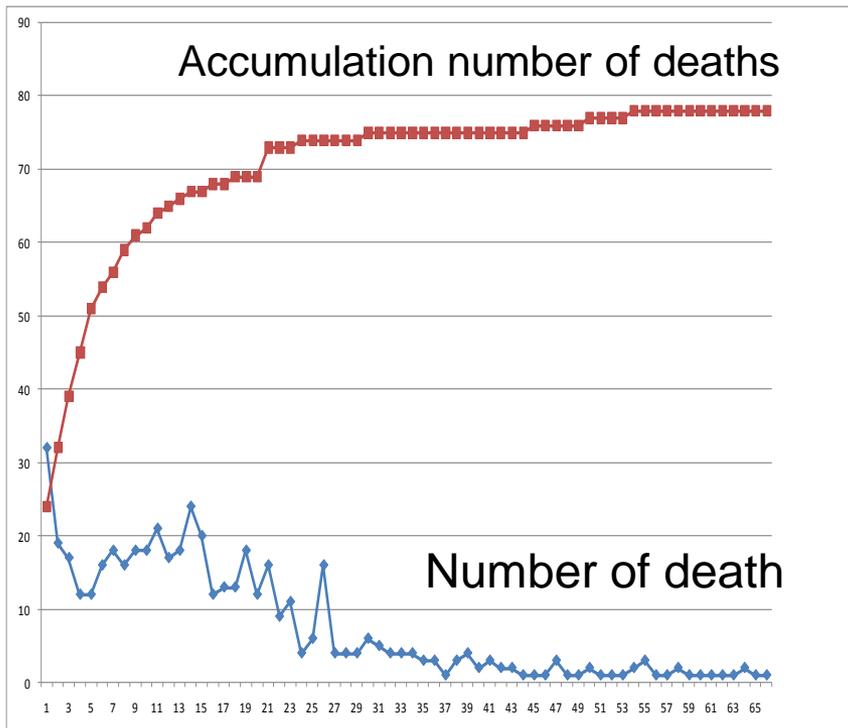
# Delivery System

- 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.

# How to use new Digital Big Data

Fatality rates within 30 days  
after admission for AMI

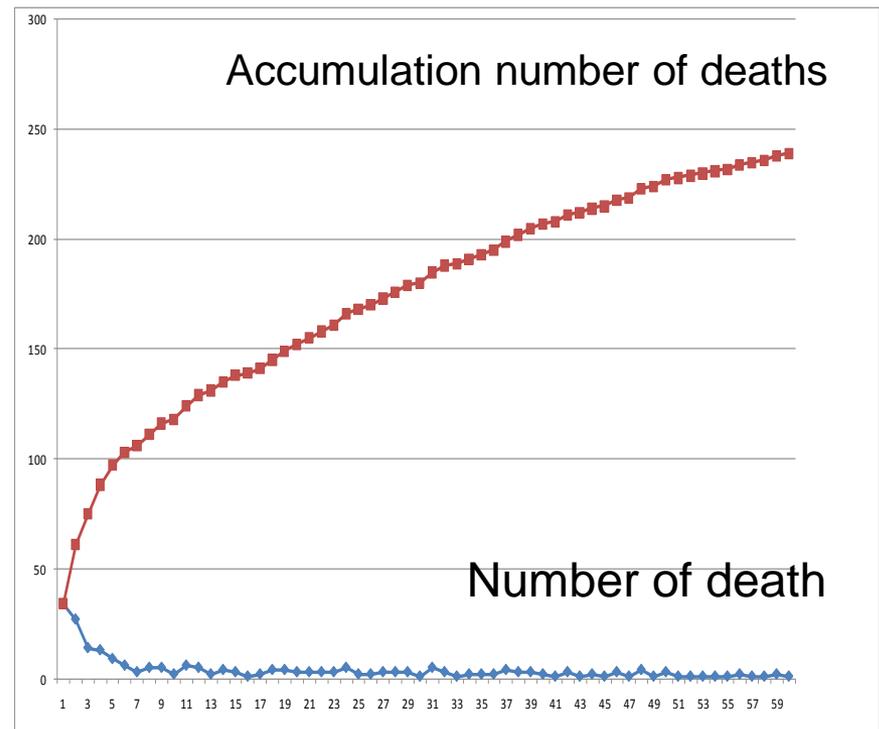
Theoretical figure



Days in the hospital

Fatality rates within 30 days  
after admission for stroke

Theoretical figure



Days in the hospital