

HEALTH CARE

Aiming for high-quality and sustainable health and medical services



An ambulance
(Photo courtesy of AFLO)

Introduction

Systematized medical care in Japan dates from the introduction of Chinese medicine in the 6th century. This medical tradition produced many noted Japanese physicians and continued up to the Meiji Restoration (1868). At that time Western medicine was promoted as a national policy, and this led to the development of Japan's modern medical system. Rapid economic growth in the postwar period brought a marked improvement in Japan's standard of living, and, at the same time, remarkable progress was made in all aspects of public health.

Today the medical system in Japan is at the world's highest level in many respects, such as average life expectancies and the death rates of infants and small children. At the same time, the system is faced with a number of challenges, including the small number of medical professionals (doctors, nurses, etc.) per bed and the long length of the average hospital stay. In the 21st century, the medical system will have to cope with changes in the disease structure, changes that include the growing prevalence of psychiatric disorders such as depression, the appearance of new infectious diseases like SARS, and, most of all, the greater number of cases of geriatric disease that will result from the rising average age of the population.

Senior care

"Home helpers" have an increasingly important role to play in enabling the elderly to live independently, helping to reduce the cost to society of institutional care. (Photo courtesy of AFLO)



Medical Services

Various factors, such as improvements in the environment, advances in medical technology, and the upgrading of medical facilities during the past 40 to 50 years, account for a drastic change in the nature of the population's illnesses. Tuberculosis, the leading cause of death in 1950 at 146.2 deaths per 100,000 people, has now fallen to less than 2 deaths per 100,000 people.

Cerebrovascular diseases (stroke), the leading cause of death in the 1960–1970 period, decreased in the latter half of the 1970s. Since the 1980s, the leading cause of death has been cancer, which has been claiming an increasing number of victims every year. Surveys conducted by the Ministry of Health, Labour, and Welfare in 2007 reveal that cancer was the cause of 30.4% of all mortalities, followed by heart disease at 15.8%, cerebrovascular disease at 11.5%, and pneumonia at 9.9%. National medical expenditures came to ¥33.13 trillion in fiscal 2006, or ¥259,300 per capita, and were equivalent to 8.9% of national income.

The Japanese Health Insurance System

A Health Insurance Law amendment which went into effect in 1961 entitles all Japanese citizens and resident aliens to coverage under one of six health insurance plans. Chief among them are employees' health insurance, which covers most private-sector employees, and National Health Insurance, which covers the self-employed, the unemployed, retired persons, and other ineligible for employee health insurance. Other plans provide coverage for seamen, national public-service employees, local public-service employees, and private-school teachers and employees. Under Japan's medical insurance plans, members aged 3 to 74 are required to pay 30% of their medical expenses, with those under 3 paying 20% and those over 74, 10% or 20%. The insurance carrier then remunerates the doctor, hospital, clinic, or

other medical care provider directly for the remainder on a fee-for-service basis as determined by the Ministry of Health, Labour and Welfare.

This universal medical care insurance system gives all citizens access to adequate medical care, thus contributing greatly to their peace of mind and to the overall level of health in society.

Health and Medical Services for the Elderly

The percentage of Japan's population aged 65 or over was 7% in 1970. Just 24 years later, in 1994, it was more than 14%. As of October 2008, Japan had 28.22 million elderly people. Today one in every five people is 65 years or older, and in 2050 the ratio will likely be one in three. In 2006, medical expenditures of this group totaled 17.1 trillion yen, or 51.7% of the total, and per capita spending amounted to ¥644,000, as compared to ¥158,000 for those under 65.

Through advances in medical treatment technology, the best medical care available can be given, yet at the same time this can lengthen the period of care. In addition, with the progressing trend toward nuclear families and women entering the work force, caring for the elderly at home has become difficult for some households. Concomitantly, there is a shortage of facilities such as nursing homes to care for the aged. This has led to the aged, who primarily require more nursing care than medical treatment, being cared for at hospitals for long periods of time rather than at nursing care facilities, thus accelerating the increase in medical expenditures for the elderly.

In an attempt to improve the quality of elderly care, provide additional funding, and eliminate efficiencies that have resulted from the intermixing of medical treatment and long-term care functions, the government implemented a long-term care insurance system in 2000. This system collects obligatory

insurance contributions from a broad sector of the population (all persons aged 40 or older) and provides such services as home visits by home helpers, visits to care centers, and long-term stays in nursing homes for older persons suffering from senile dementia or confined to bed for health reasons. In each individual case, the need for such services has to be certified by city, town, and village offices in charge of administering the nursing care insurance system. Insurance contributions from persons aged 65 and over (“Type 1 insured persons”) are collected by the local administrations in the form of deductions from these persons’ pensions, while contributions from “Type 2 insured persons” between the ages of 40 and 64 are collected together with health insurance contributions as a lump sum. Beneficiaries of the system must be at least 40 years old and must pay, in addition to the regular insurance contributions, 10% of the cost of services received. Japan’s nursing care insurance system is financed by: the national government (25%), prefectural and local governments (12.5% each), and insurance contributions (50%).

A 2005 revision to the Long-Term Care Insurance Law added an emphasis on prevention aimed at helping those with relatively mild problems to maintain and improve their conditions, and thereby avoid deteriorating to the point where extensive care is necessary. This preventive care management is handled by community-based comprehensive support centers.

Health and Medical Care Reforms

Japan’s medical care system is at a major turning point. In order to create a health and medical care system that is sustainable over the long term, the government continues to study and implement wide-ranging reform measures. As of 2009, the medical expenses of the elderly account for about one third of the total at a time when overall health care expenditures are skyrocketing. The costs for people 75 years of age or older on average are about five times higher than those of



adults under 65. Faced with this situation, the government introduced a Health Care System for the Very Old in April 2008, a new scheme designed specifically for the older segment of the elderly population that features a thorough administration of their medical benefits. A number of revisions were later made to the system, including a change in its name to Long Life Health Care System in response to opposition by older adults to the designation “very old.”

Although the recent focus for medical system reforms has been on funding issues, it should not be forgotten that reform efforts are also being made in order to improve the quality of health care.