

Japan's Elderly Medical Care Crisis and Comprehensive Community Care Solution - Summary

Here in Japan we are reminded daily that this is a super-aging society. Dr. Gaku Suzuki gave us a chance to step back and gain a better understanding of the present situation and future direction of elderly medical care. His presentation covered four basic points. Please look at the PowerPoint file to view the slides referenced below.

Dr. Suzuki began with an examination of the social conditions related to medical treatment and nursing care. First, he presented some background with several statistics of Japan's super-low birthrate and aging society (slides 5-10). Second, he gave a detailed explanation of the present fiscal resources problem (12-19).

The second section was an explanation of the government's response to these pressures - the rapid integrated austerity reform of medical and nursing care (21-26). This covered cost-containment, revising the medical fee system to enhance home medical care, and the promotion of collaboration within the medical profession.

In the third section, Dr. Suzuki presented the present national system for comprehensive community care, which is now 'the central pillar of medical nursing care integration reform' (28-36). One priority is to lower the rate of solitary deaths, when someone dies alone in their home, which has shown an alarming increase since the implementation of this system in 2015.

The last section showed what Dr. Suzuki's group has done to establish a community based care system (38-57) in Kiyota Ward. A clear vision of the work of home doctors is the starting point. Clearly described are the group's four facilities: 1) rehabilitation (day care) center, 2) group home for those with dementia, 3) home for the elderly, and 4) in-home long-term care support office.

There were some questions during and after the presentation. Here are some of his added comments.

#2 Rapid integrated reform

The way to evaluate the levels 1 - 5 is very complex. For example, levels 4 and 5 are immobile. One participant mentioned a level 3 who uses a walker and has slight dementia.

#3 Comprehensive Community Care System

“Do not expect much public support and prepare well for the end of life.”

“Weak caregiving ability - old people caring for the old, the elderly living alone.”

The Swedish government pays home care-givers, so it's the same for immigrants and Swedes. Also private and public sector salaries are the same.

After:

There are two types of group homes in Sweden: 1) for patients with dementia, or 2) those with a physical illness.

Only a few private clinics in Japan have a community based care system like Dr. Suzuki's.

To establish a new care facility like Dr. Suzuki's requires at least 30 patients.

To run Dr. Suzuki's facility, they always have to be offering some sort of medical care, to collect fees through the health insurance system.