Japan’s Elderly Medical Care Crisis and Comprehensive Community Care Solution

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Today's Topics

1. Social conditions related to medical treatment and nursing care
   1. Rapid progress of super-low birthrate and aging society
   2. Fiscal resource problem

2. Rapid integrated reform (austerity) of medical and nursing care

3. Comprehensive community care system

4. Our group’s effort to provide family care
Reference Materials

• Community-based integrated care and cooperation of local health services

Ryu Niki: Dean of Nihon Fukushi University, Keiso Shobo

Somewhat anxious about the social security system

• 2016 Health Policy Conference Report

Yoshikazu Kenjoh, Professor, Keio University, Japan Medical Association
1. Social conditions related to medical treatment and nursing care
1-1. Rapid progress of super-low birthrate and aging society
Current state of super-low birthrate and the growing number of elderly people: Population transition Japan

Chart 1-1-2: Trends in population and aging rate for 3 primary age classifications

<table>
<thead>
<tr>
<th>Age: &lt;15</th>
<th>Age: 15 - 64</th>
<th>Age: 65 and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual</td>
<td>Future</td>
<td>Actual</td>
</tr>
<tr>
<td>Age: &lt;15</td>
<td>Age: 15 - 64</td>
<td>Age: 65 and up</td>
</tr>
</tbody>
</table>
Decline of population of those in the productive age range

Keyword is 2025

Chart 2-1-1: Changes in the population pyramid

Source: National Social Security and Population Research Institute "Japan's estimated future population (Estimated in December 2006) Medium Estimate"
Ratio of workforce population supporting elderly people

Chart 1-1-4: Changes in the ratio of workforce population to the elderly

<table>
<thead>
<tr>
<th>Year</th>
<th>Age 20-64 supports 65-</th>
<th>Age 20-69 supports 70-</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>18.3</td>
<td>1.9</td>
</tr>
<tr>
<td>1955</td>
<td>17.3</td>
<td>1.8</td>
</tr>
<tr>
<td>1960</td>
<td>16.6</td>
<td>1.7</td>
</tr>
<tr>
<td>1965</td>
<td>16.2</td>
<td>1.6</td>
</tr>
<tr>
<td>1970</td>
<td>15.1</td>
<td>1.4</td>
</tr>
<tr>
<td>1975</td>
<td>13.2</td>
<td>1.2</td>
</tr>
<tr>
<td>1980</td>
<td>11.2</td>
<td>1.1</td>
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<tr>
<td>1985</td>
<td>9.4</td>
<td>1.0</td>
</tr>
<tr>
<td>1990</td>
<td>8.3</td>
<td>1.0</td>
</tr>
<tr>
<td>1995</td>
<td>7.2</td>
<td>1.0</td>
</tr>
<tr>
<td>2000</td>
<td>5.8</td>
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<tr>
<td>2005</td>
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<td>1.0</td>
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<tr>
<td>2010</td>
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<tr>
<td>2015</td>
<td>2.7</td>
<td>1.0</td>
</tr>
<tr>
<td>2020</td>
<td>2.5</td>
<td>1.0</td>
</tr>
<tr>
<td>2025</td>
<td>2.4</td>
<td>1.0</td>
</tr>
<tr>
<td>2030</td>
<td>2.3</td>
<td>1.0</td>
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<td>2045</td>
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<tr>
<td>2050</td>
<td>1.6</td>
<td>1.0</td>
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<tr>
<td>2055</td>
<td>1.2</td>
<td>1.0</td>
</tr>
<tr>
<td>2060</td>
<td>1.2</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Age 20-64 supports 65- | Age 20-69 supports 70-
Japan becoming a "car shoulder type" society

The aging society will rapidly advance in the future whereby "One young person will be needed to support one elderly person."

- **1965** “Carriage”
  - 1 person over 65 needs 9.1 (20-64)
- **2012** “Calvary Battle”
  - 1 person over 65 needs 2.4 (20-64)
- **2050** estimated
  - 1 person over 65 needs 1.2 (20-64)

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**Social Security Reform**
- Effort to increase support

**Child rearing Support**

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**Graphical Representation**

- **1965**
  - 623 (6.3%)
  - 5,650 (56.9%)
  - 3,648 (36.8%)

- **2012**
  - 3,083 (24.2%)
  - 7,415 (58.2%)
  - 2,252 (17.7%)

- **2050**
  - 3,768 (38.8%)
  - 4,643 (47.8%)
  - 1,297 (13.4%)

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**1 year's birth number (rate)**

- **1965** 182万人 (2.14)
- **2012** 102万人 (1.37)
- **2050** 56万人 (1.35)
• Super low birthrate and rapid ageing of Japan

• Managing benefits-burdens of social security difficult
  • What can we do with tapering tax revenues, a stagnant economy and increasing social security?

• Number of working household members is decreasing, so cannot expect sufficient family caregiving ability

• More and more elderly people live alone, and old people are providing care for their elderly spouses. Also, older children are taking care of parents.

• Production age group decrease is remarkable, so the number of workers in the medical/welfare industry decreases, so scramble for resources.
1-2. Fiscal Resource Problems
Consideration of Welfare and Burden

High Welfare

Low Welfare

Area of Realistic Expectation

Low Burden

High Burden
Japan’s Outstanding Debt

From fiscal 1990 to 2014, outstanding debt increased by about 600 trillion yen.

=15 years of general tax revenue, budget amount for FY2005 fiscal tax revenue was 55 trillion yen

Outstanding public bonds at the end of FY2010 is about 807 trillion yen

Approximately 6.38 million/person 4-person family = 25.5 million yen

Average annual disposable income of working households 5.11 million yen (average household size 3.42)

Reconstruction Debt Balance

Special Public Debt Balance

Article 4 Outstanding Govt. Bonds
Ratio of outstanding debt to GDP is same level as it was at the end of WW II!

Change in ratio of government debt to nominal GDP since 1890

- 1894 Sino Japan War
- 1904 Russo Japan War
- 1918 End WW1
- 1918 Manchur. Incident
- 1923 Great Kanto Quake
- 1927 Fn Depress
- 1945 End of World War II
  GNP Data could not be calculated
- 1964 Tokyo Olympic Games
- 1971 Nixon Shock
- 1973 First Oil Crisis
- 1977 Raised Consump. Tax
- 1989 Intro Consump. Tax
- 1997 Raised Consump. Tax
- 2013
Declining tax revenues and increasing expenditures

- Heisei 2 (1990) tax revenue peaked
- Mouth of the crocodile begins to open wide from 1992

General Expenditure Acct.


Article 4 Bonds

Special Bonds
Toward securing fiscal sustainability (outstanding debt / measures to lower GDP)

Measures against “Molecules”

1. Equilibrium of fiscal balance
   - Suppress expenditures and expand revenues

2. Securing sustainability of social security - (Secure financial resources, fulfill necessary expenditures + prioritize and improve efficiency)
   - Promotion of "social security integration reform"
   - (Measures against "denominator")

3. Securing growth while population continues to decline
   - Improve productivity through promotion of growth strategy (= "Japan revitalization strategy")
Balance of income and expenditure: Restrain expenditures and expand revenue

Trends in general expenditure and social security related expenses

- General expenditures
- Social security related expenses
- Ratio of social security related expenses to general expenditures
Cost of medical care and social security

- Consumption tax is like a cleanup batter
- Increase social insurance premiums which are still far lower than those in Europe
- Strengthen progressive income tax
- Effective corporate tax rate reduction should be discontinued. 1% reduction is equivalent to 470 billion yen. Abe admin plan reduces it from 35% to 29%. This is a loss of 3 trillion yen.
Ensure possibility of sustainable social security: prioritizing, improve efficiency

2. Rapid integrated reform (austerity) of medical care and nursing care
Abe Administration  Policy on Economic and Fiscal Management and Reform 2015
Numerical targets for social security cost-containment

• Reduce the national treasury burden by 1.9 trillion yen (380 billion yen a year) over 5 years from 2015. Reduction scale of 6.5 trillion yen for combined national and regional treasury.
Outline of the revision of the medical fee system (2014)

- Moving toward 2025, rebuild of the medical care provision system and construction of the comprehensive community care system.

- Work on differentiation, reinforcement and collaboration of medical institution functions, including inpatient/outpatient medical care and primarily the enhancement of home medical care.
Promotion of medical care at home over inpatient medical care

Medical Fees revised 2014
High acute phase - Acute

Inpatients encouraged to return home

Regional care bed/recovery period

Revised 2014

Introduce Discharge Ratios
7 to 1 household discharge
Patients discharged 75% up

Residential System
Sp. facility Group Home

Home reversion ratio
Rehabilitation periods

Revised 2014

Intro home return rate
Region inclusive care
ward 1: 70% or more

Restrict medical care that calculates
reinforcement at home recovery
function (exclude rehabilitation
period)

Home return rate (long-term ins
Aged home improvement - 50%
Other than above - 30%
When return home calculate
home care support function add

Evaluation of addition on home return rate
Recreation:
Over 50% rating at home return

Long-term care

Geriatrics

Outpatient - visiting service

Revised 2014
Differentiation of outpatient medical services, promotion of collaboration

**Differentiation and cooperation of outpatient medical treatment**

- Humanitarian and ongoing medical treatment
- Introduction
- Reverse Introduction
- Professional Medical Care
- Base Hospitals
- Reduce outpatient burden
- Serve Special Outpatients
- Shrink outpatient base
- Long-term care insurance service

**Evaluation by region**

- Easy access to small hospital/clinic
- Have multiple chronic diseases
  - Get in touch whenever needed
- System can issue instructions
- Appropriate intro to specialist and long-term care facilities
- Meds and health management
Enactment of medical and nursing care act

- Increased burden and reduced benefits
- Increase the self-burden ratio of those with annual income over 2.8 million yen from 10% to 20%.
- Nursing care insurance doesn’t cover facility or home-visit low level nursing care for those certified as "need support."
- People waiting for admission to special nursing homes is about 520,000, so new residents limited to care Level 3 and up.
- Review of division of roles for medical institutions is primary to reducing costs. Long-term care for elderly mostly at home.
- Reduction of hospitals providing care for “acute phase” only while enriching collaboration with home care services.
3. Comprehensive Community Care System
Comprehensive Community Care System

- It is a system that provides comprehensive support for medical care, nursing care, nursing care prevention, housing and the ability for elderly people to live their daily life independently in the area where they are accustomed to living.

- It is important to build a comprehensive community care system to support all those living in the community of elderly people, including those with dementia, as this number is expected to increase dramatically.

- This is a national policy that has become the central pillar of medical and nursing care integration reform.
The image which illustrates the Comprehensive Community Care System

Home Medical Care with family doctors, nurses, etc.

Dementia group home rehabilitation centers

Acute Care Hospitals
Outpatient Home
Regional inclusive care system
Assumed as 1 junior high school district with a population of around 10,000
Regional Comp Support Center
Care Manager
Coordinate Consultation Services

Elderly Club * Long-term care prevention * Life support
24 hour on call service
Scheduled home visit care

Medical
Care
Housing
Support
Care Prevention
Home visit Nurse care

Acute phase hospital

Nurse care

Home visit

Care
What is meant by “individual family choice and attitude?” By choosing to continue life at home, you must keep in mind that “not everyone dies at home while being watched by their family.” Therefore, your attitude and the family’s choice are required. So, the government is warning us, “do not expect much public support and prepare well for your end of life.”
Background of Comprehensive Community Care System 1
Advent of a multi-death society

Weak caregiving ability, old people caring for the old, elderly living alone

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths (millions)</th>
<th>Mortality Rate (thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1947</td>
<td>1.14m</td>
<td>10.3 rate (2015)</td>
</tr>
<tr>
<td>2003</td>
<td>1.01m</td>
<td>8.0 rate</td>
</tr>
<tr>
<td>2015</td>
<td>1.29m</td>
<td>10.3 rate (2015)</td>
</tr>
<tr>
<td>2039</td>
<td>1.67m</td>
<td>17.7 rate (2060)</td>
</tr>
<tr>
<td>1979</td>
<td>0.67m</td>
<td>Lowest Mortality Rate = 6.0</td>
</tr>
</tbody>
</table>

Estimated 14.8 rate (2035)
Background of comprehensive community care system 2
Advent of dementia society - 1 in 180 has dementia

Weak caregiving ability, old people caring for the old, elderly living alone
40% of the factors leading to the rise in the rate of home mortality in urban areas is attributed to those who die alone.

Demographics from Ministry of Health, Labor and Welfare - “Population Dynamics Statistics”
1. “Long-term care facility” is the sum of “nursing-home health care facility” + “nursing home”
2. “Medical institution” is the sum of “hospital” and “clinic”
3. Until 1990 the mortality rate at nursing homes is included at “home” or “other”
Reality of the comprehensive community care system

- Comprehensive community care system is a network
- Primary target is the urban areas
- Focus shifts from “medical treatment to cure” to that of “medical treatment to cure and support”
- Suppress entry rates and use of hospitals by those who are close to end of life by extending in-home life
- Not aimed at increasing death rate at home. Primary place of death remains in hospital. Proportion gradually decreases being replaced by facilities with health and welfare services for the elderly
- Prevent social problem due to increase in solitary death
Appendix 1: The comprehensive community care system never reduces medical and nursing care costs.

- No proof that cost of community and home care is higher than facility care at least for patients and those who require long-term care.

- Edberg, Sweden criticized that “home care is cheap and elderly home is expensive” as a myth. “For the elderly in latter stage, home care by home help showed that it cost 30% more than for nursing homes with private rooms.”

- The total cost calculation is missing in the statement that home care costs are low.
4. Our group’s effort to provide family care
Our principles

• **Love and Care**
  We will contribute to the happiness of the local community (Kiyota) by providing medical and nursing care with affection.
Regarding home doctors

“They have to be doctors with whom you can consult on everything, be familiar with the latest medical information, able to introduce specialists, specialized medical institutions, and also have to be doctors with the comprehensive ability to be responsible for general medical care, health and welfare.”
We are a clinic where regional comprehensive medical treatment is authorized.

Certification requirement excerpt

- We conduct health counseling.
- We provide long-term care insurance system consultation. We are a nursing care business. Participate in nursing care training.
- We prepare statements as a home doctor for certification of long-term nursing care.
- We are a home healthcare support clinic (strengthening function).
- After-hours treatment is available.
View of arteriosclerosis with carotid echo
Colonoscopy

Flat early-stage cancer
Home visit rehabilitation (day care) center
Community care for dementia patients (Group Home)
What kind of residence?

- In nursing care for people with dementia it is known that domestic homes are less confusing than large facilities and tend to keep residents calm.

**Group Home Features**

- It is a house where dementia is assisted so that the residents can have an independent daily life according to their remaining abilities, facilitated by an exchange between the home environment and people in the neighborhood.

- Bathing, drainage, nursing care such as meals, and other care in the daily life and function training are carried out together.

- In some cases, it may be the last place for them to live.
Residence with health and welfare services for the elderly
Medical Care Support Housing - Utsukushigaoka
Project Purpose and Characteristics

• When the necessity of medical care needs to be high, we would like to provide housing in an environment close to their home and help them to live like the person they once were.

• We offer places that feel like home to those who do not wish to spend their end of life in hospitals or hospices.

• The ideal is to be able to live to the end at home, while the reality is that home nursing capability is declining. We want to provide support for those circumstances.

• We want to practice the nursing care business which includes the ideal elderly living environment and housing environment described in the textbooks.
In-Home Long-Term Care Support Office (Care Manager)
Care manager and comprehensive community support system manager coordinate medical and nursing care.

If you require consultation about medical and nursing care service, contact the care manager or ward office of your community support system.
Our group’s positioning in the comprehensive community care system

- Home Medical Care with family doctors, nurses, etc.
- Dementia group home rehabilitation centers

Regional inclusive care system Assumed as 1 junior high school district with a population of around 10,000

- Acute phase hospital
- Medical
- Care Manager
- Outpatient Home
- Home visit Nurse care
- 24 hour on call service Scheduled home visit care
- Elderly Club * Long-term care prevention * Life support

Coordinate Consultation Services

Regional Comp Support Center

Medicare

Caretaking

Housing

Support
In this Aging Era, smooth cooperation from medical to nursing care, and nursing to medical care is necessary.
Thank you for your attention.