

# Community-based Integrated Care System in Japan



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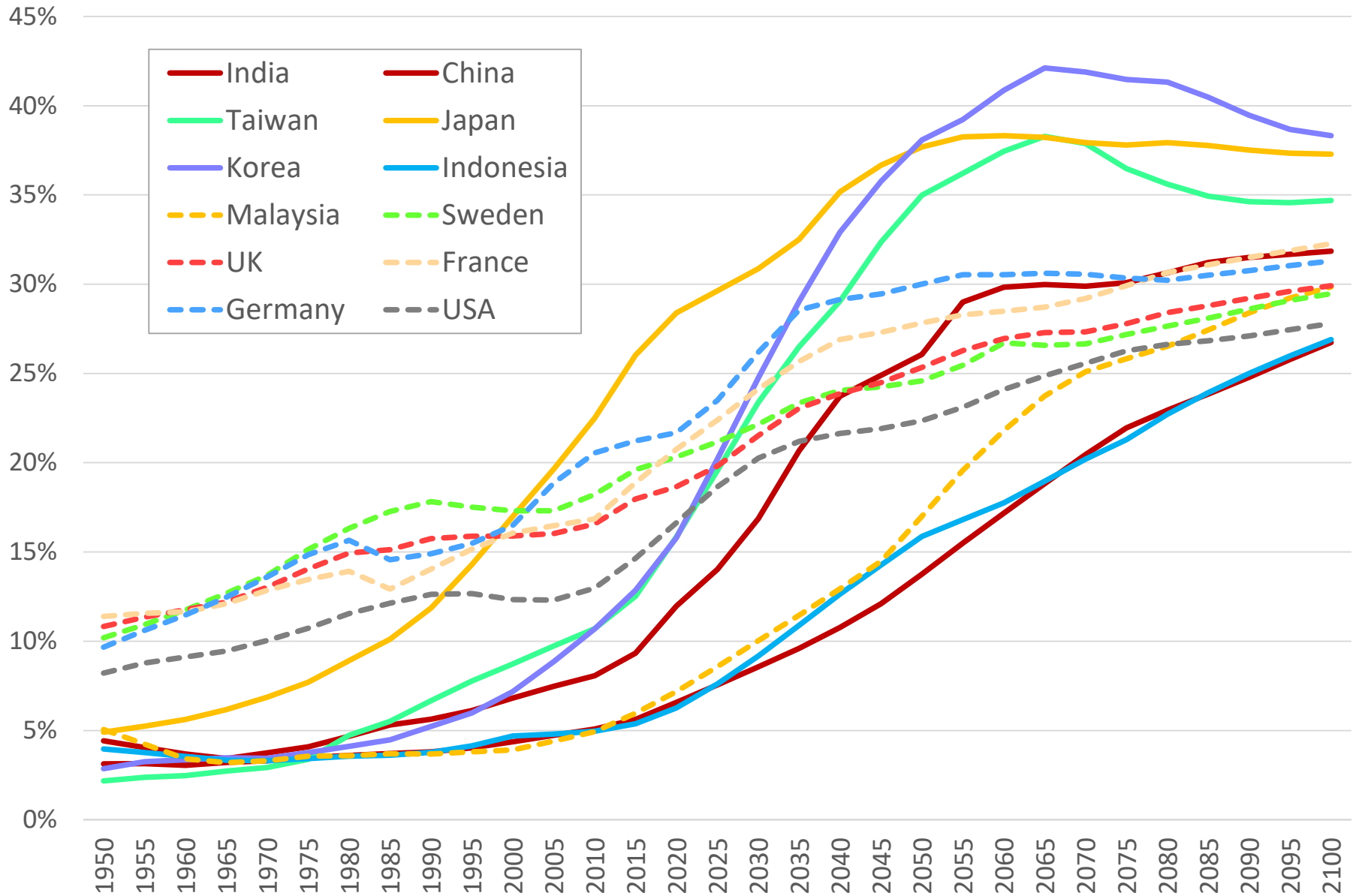
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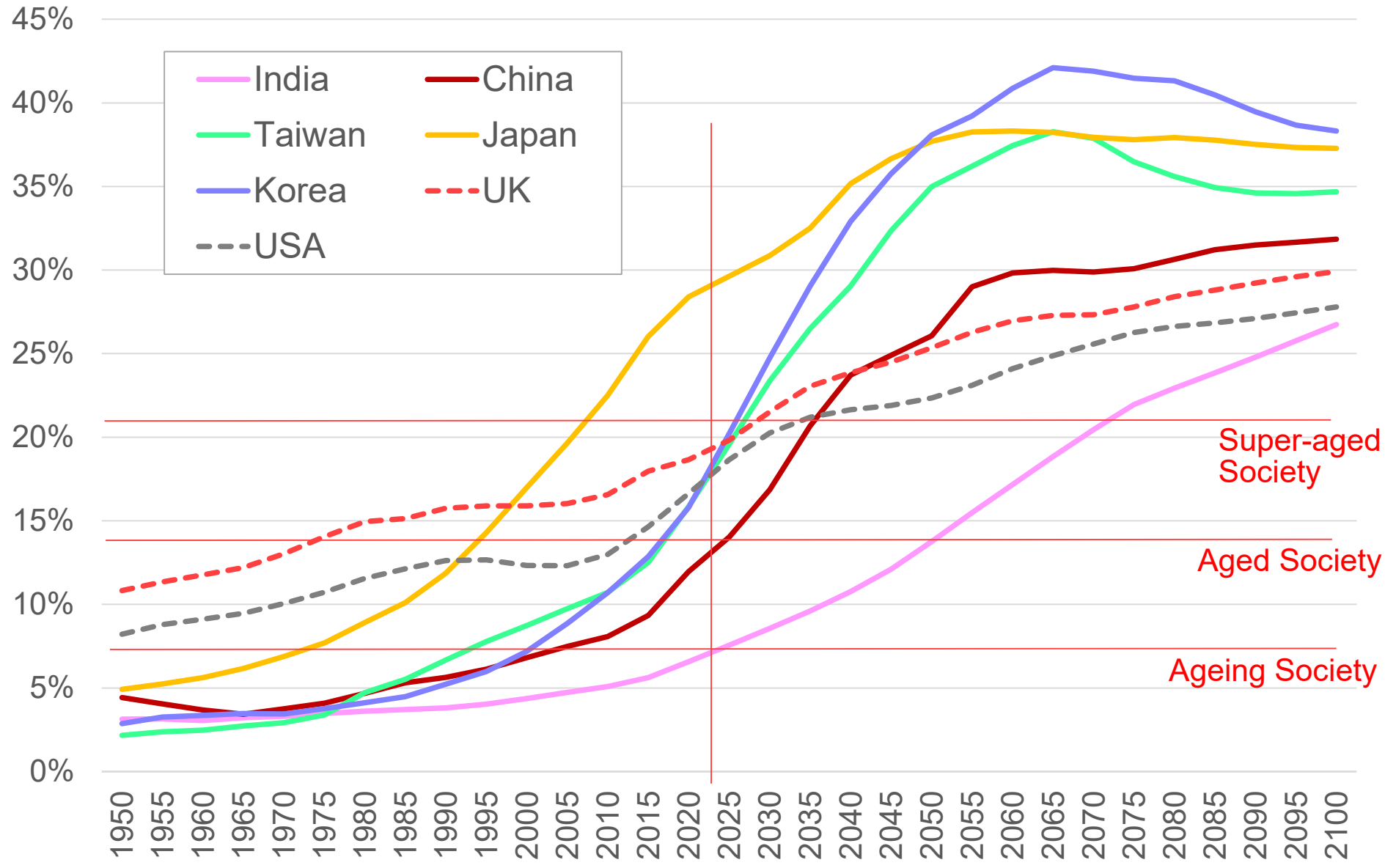
Int'l Research Center for Medical Education

Graduate School of Medicine, The University of Tokyo

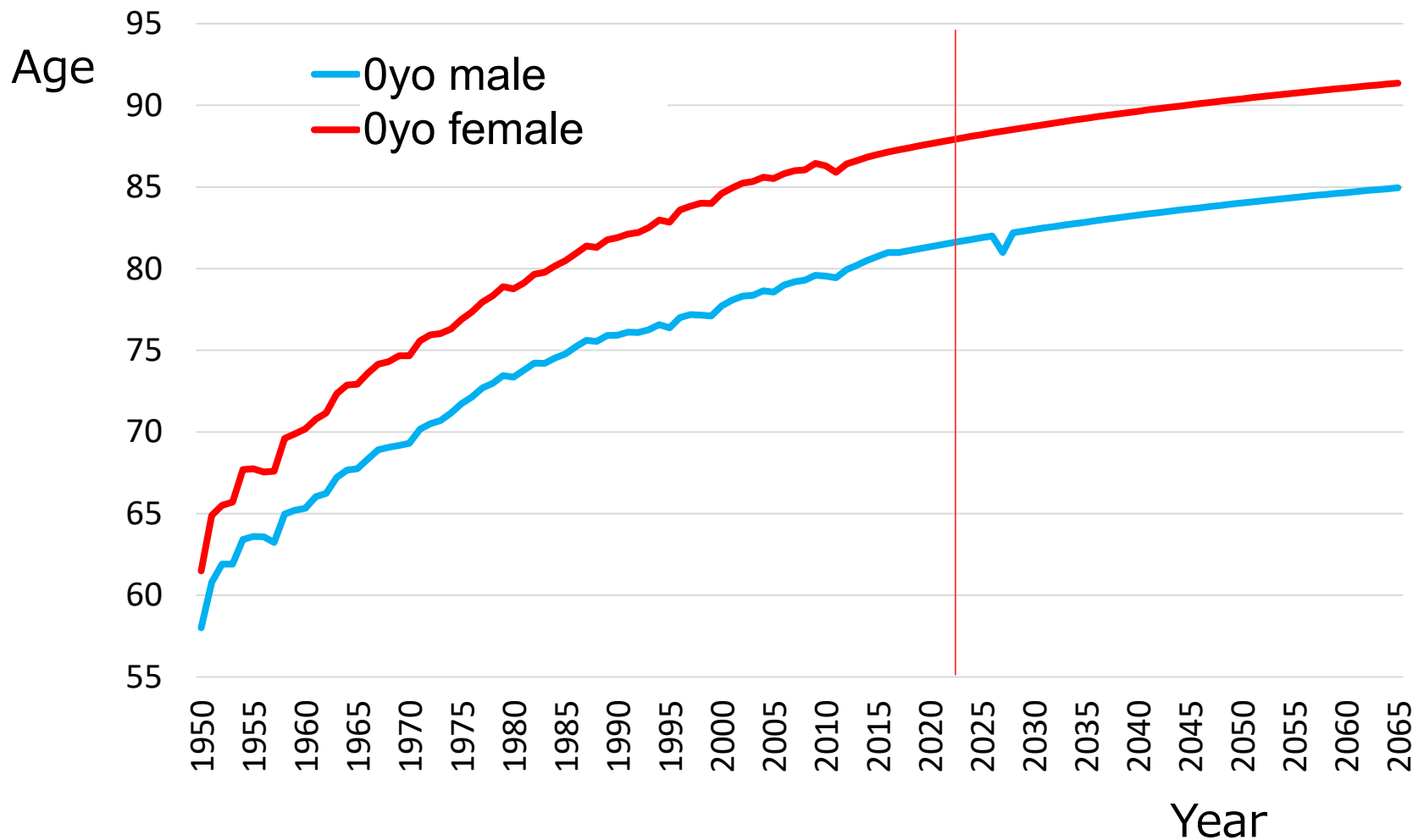
# % Population Over 65 in Trend



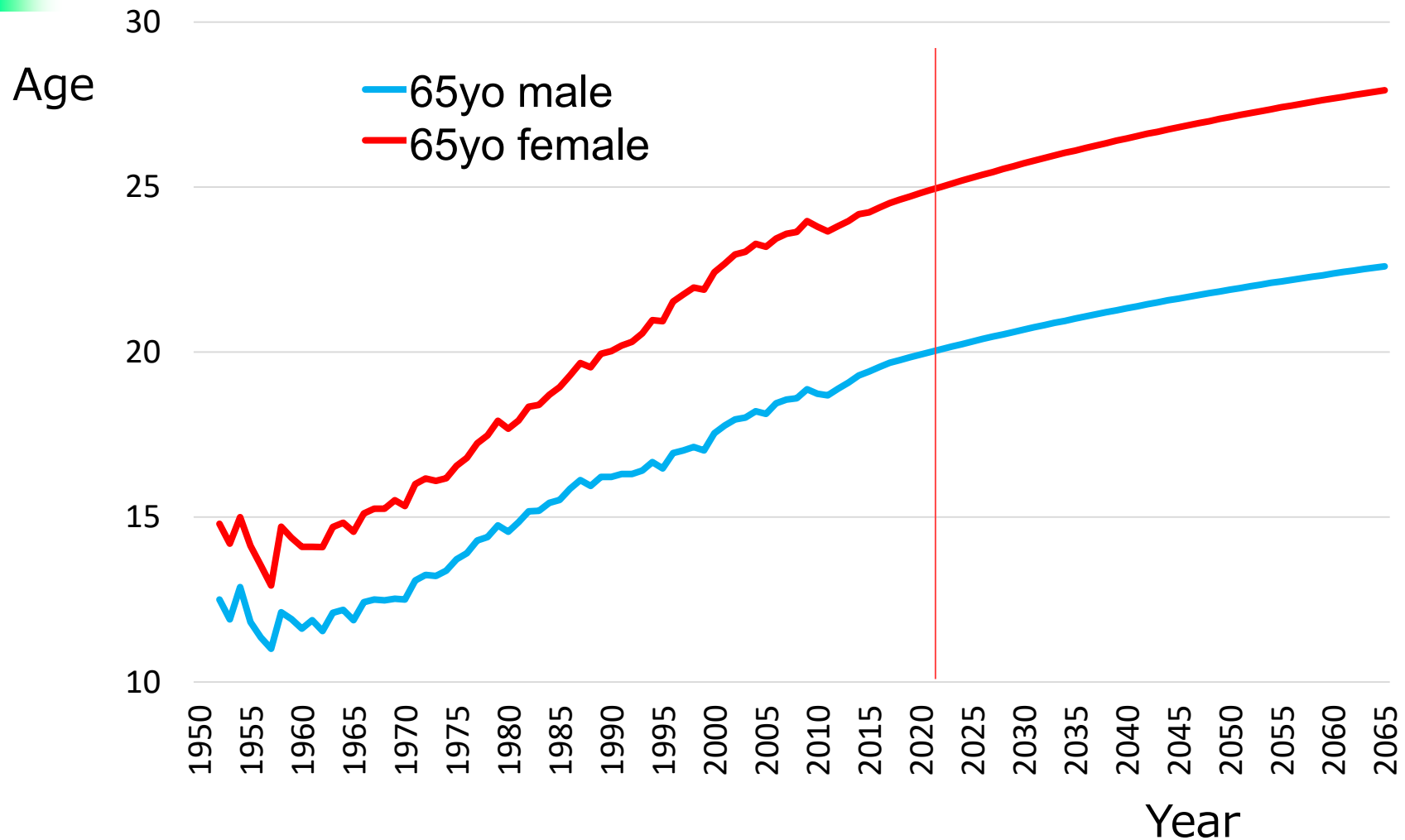
# % Population Over 65 in Trend



# Life Expectancy and Prediction in Japan



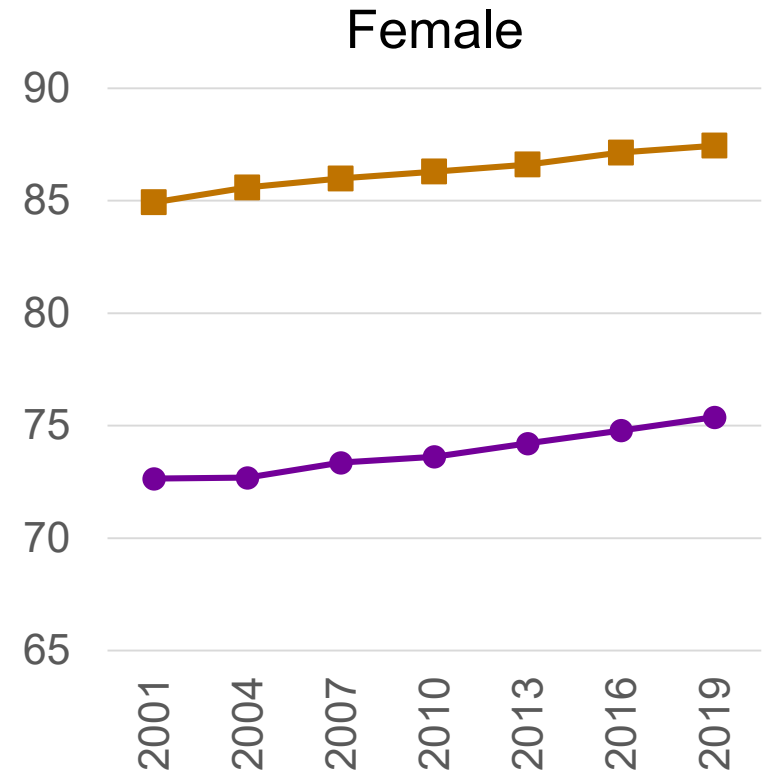
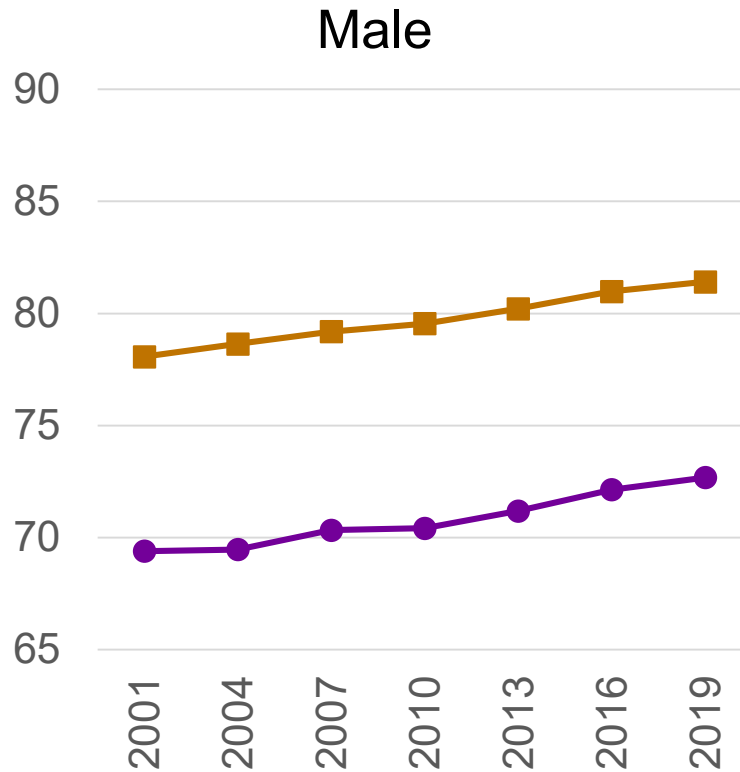
# Life Expectancy at 65 yo and Prediction in Japan



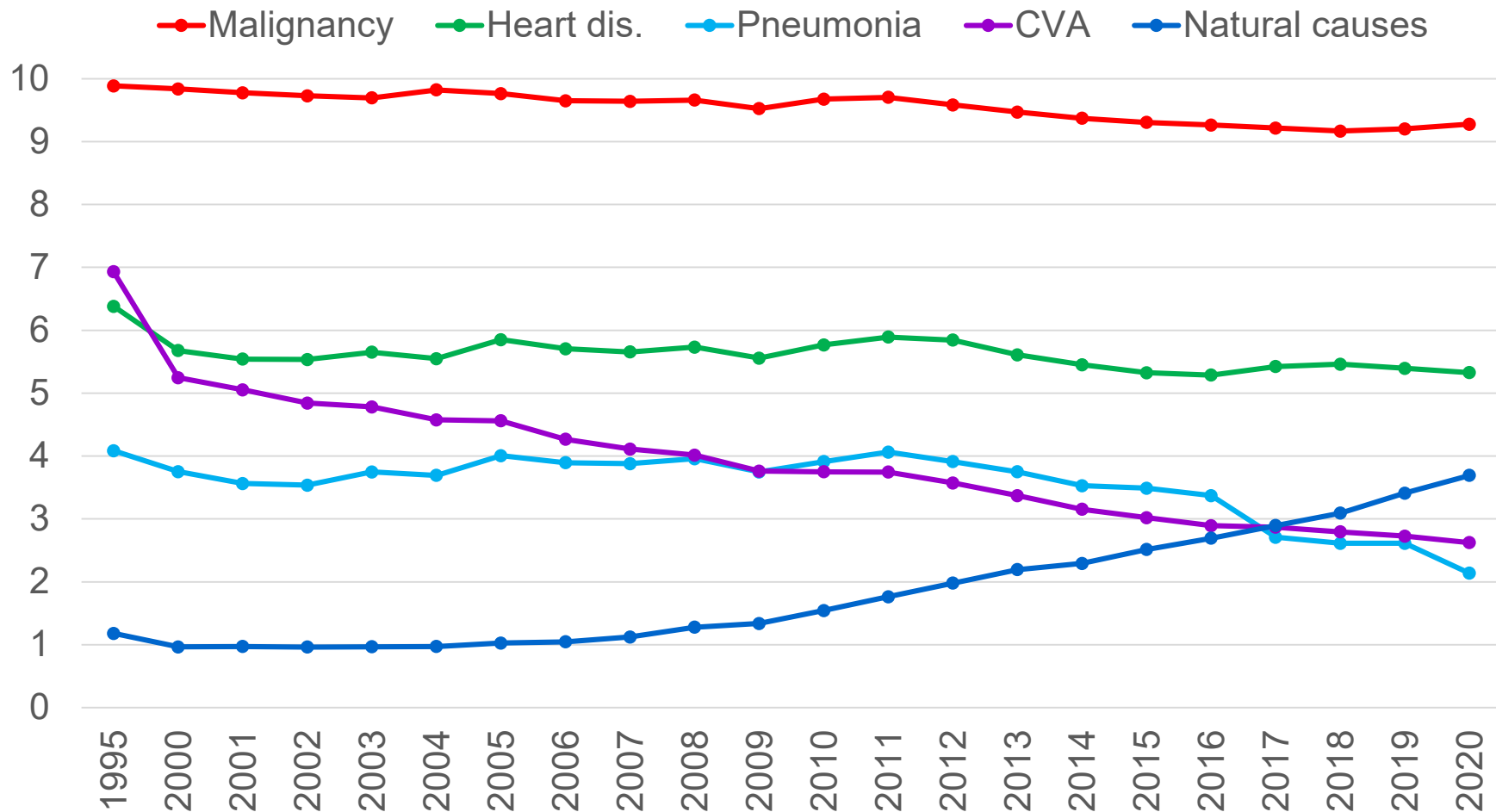


# Trend of Healthy Life Expectancy in Japan

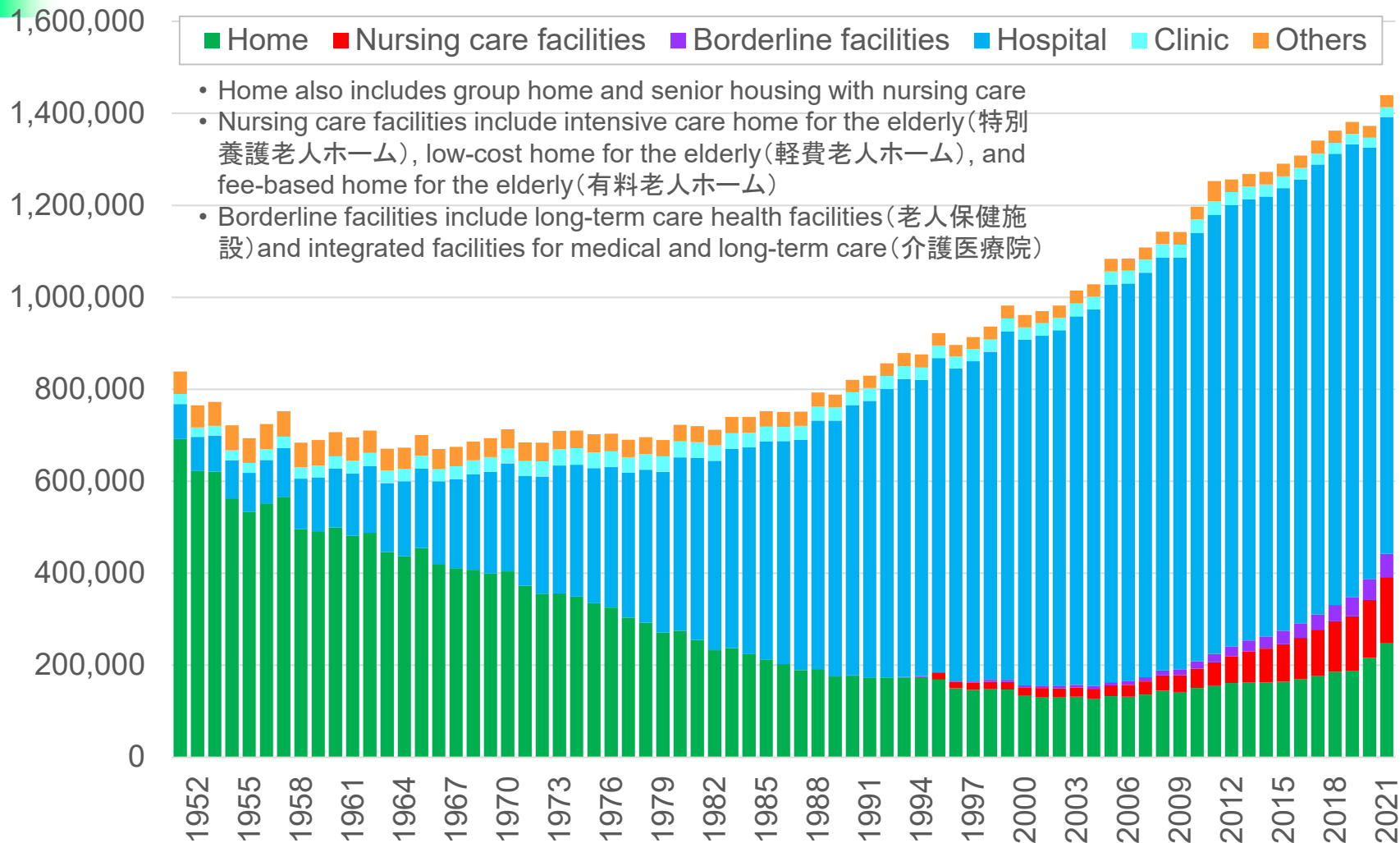
■ Life Expectancy    ● Healthy Life Expectancy



# Reasons of Death for $10^3$ Senior People

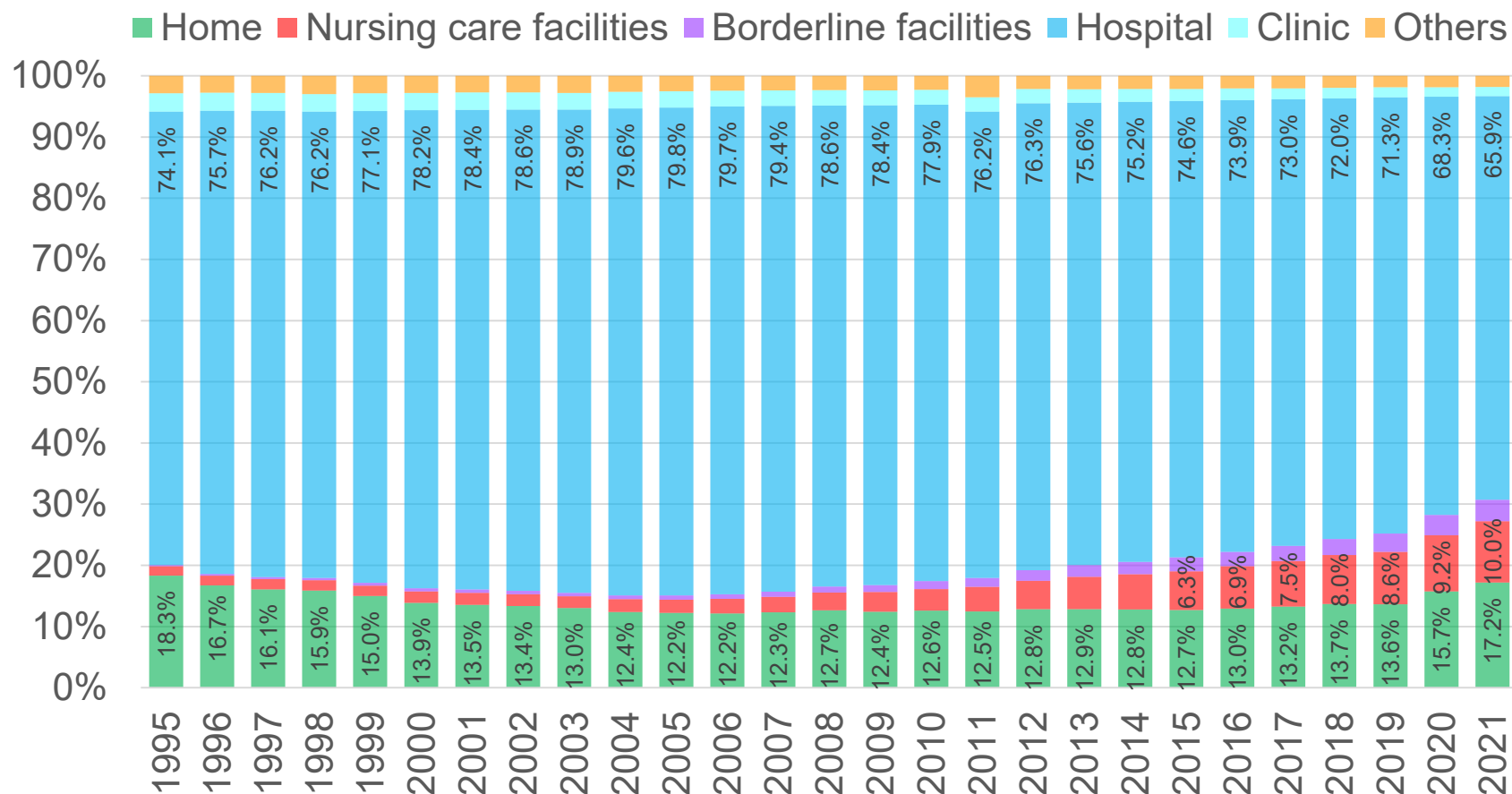


# Trend of Numbers and Sites of Deaths in Japan



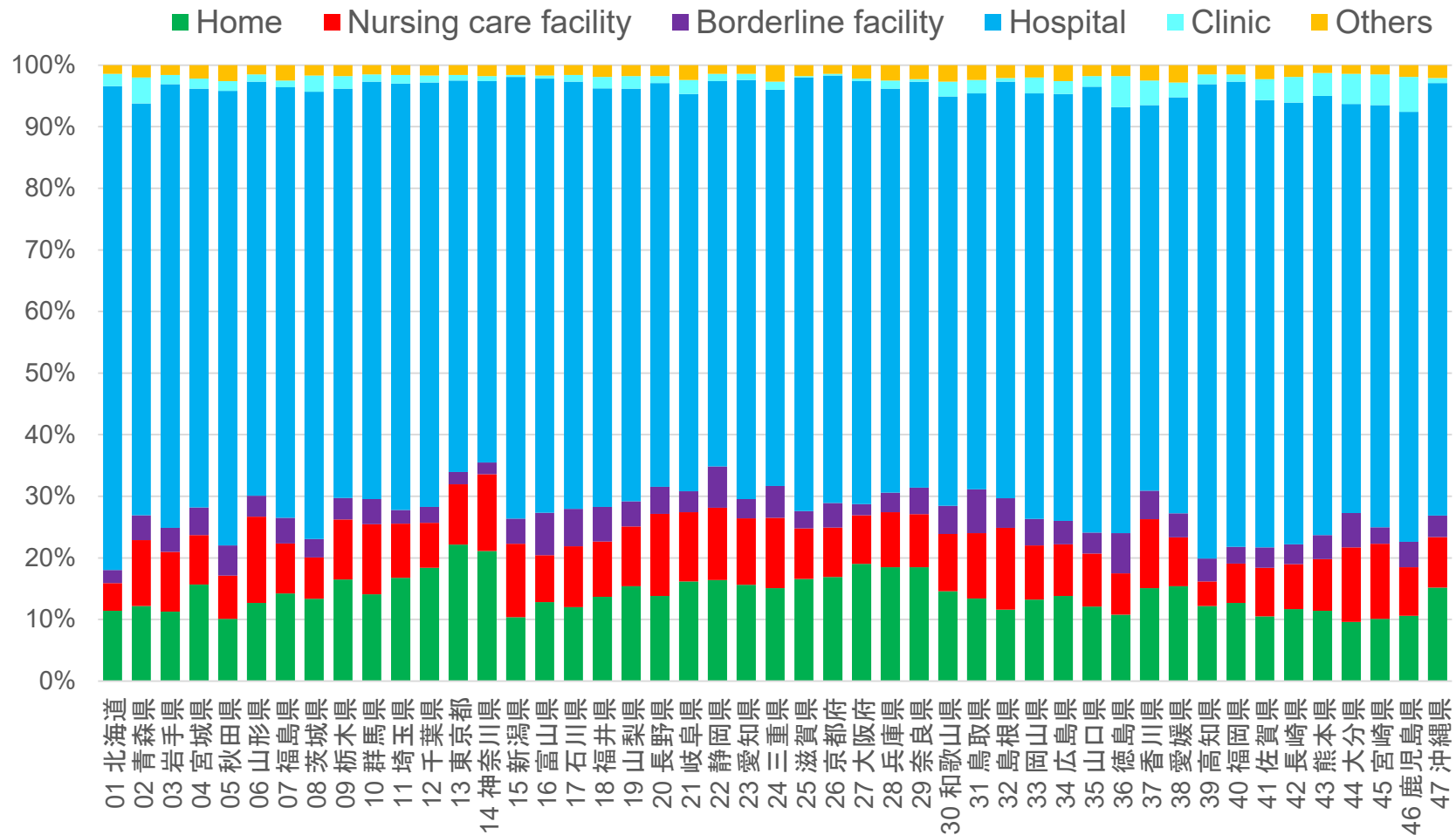


# Trend of % and Sites of Deaths in Japan



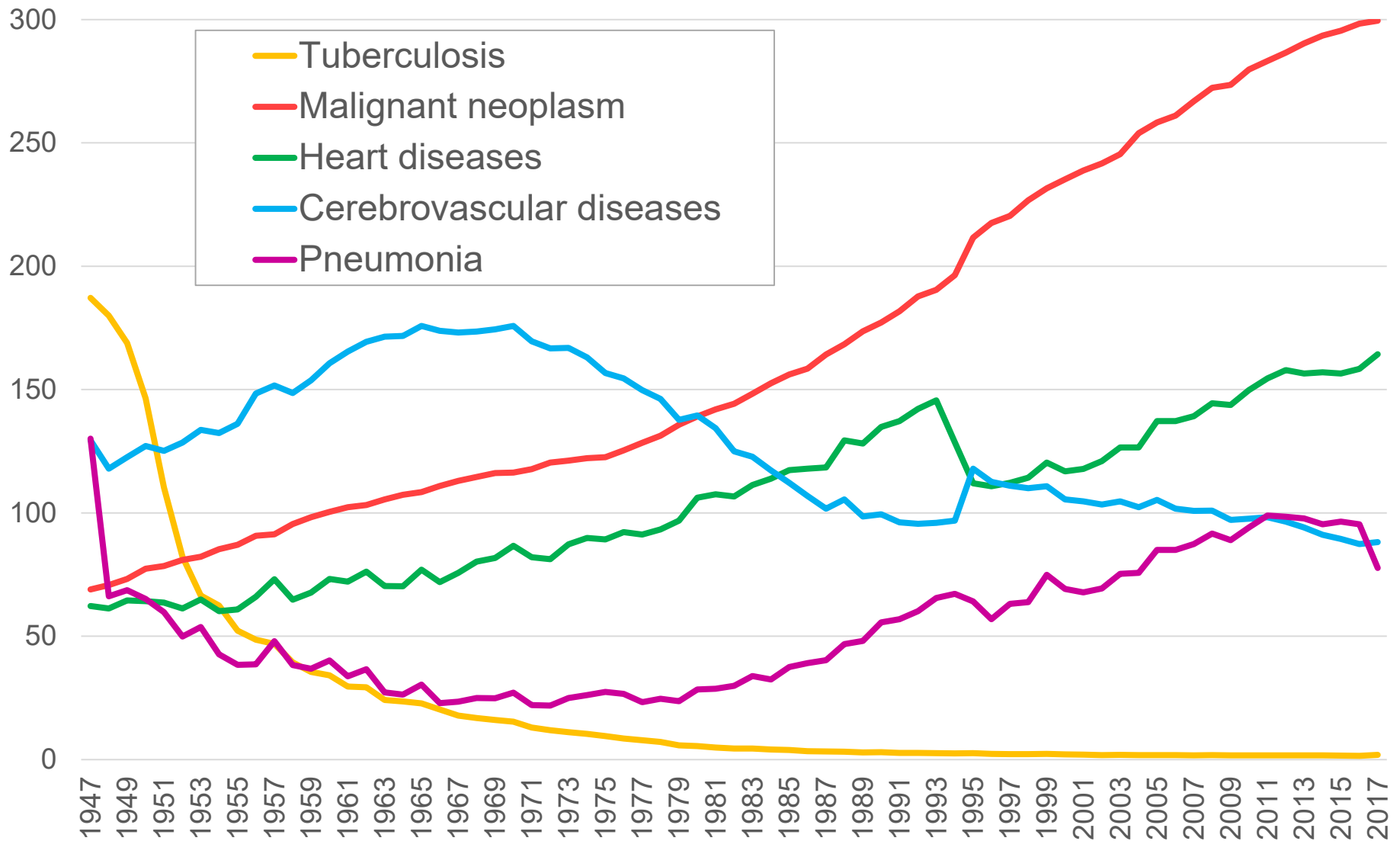
# Sites of Death in 2020

## Prefectural Differences



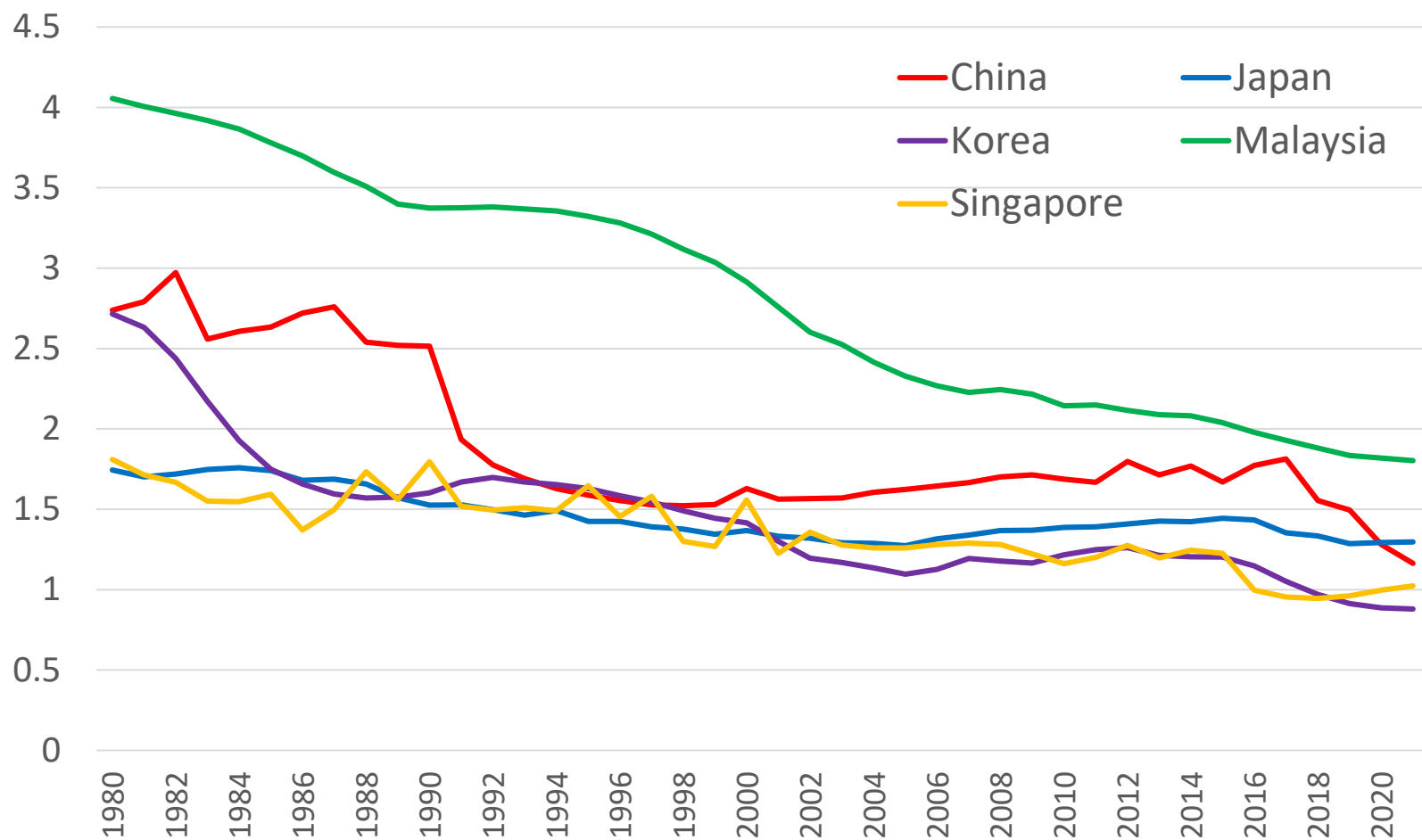
# Disease structure

Trends in death rates for leading causes of death

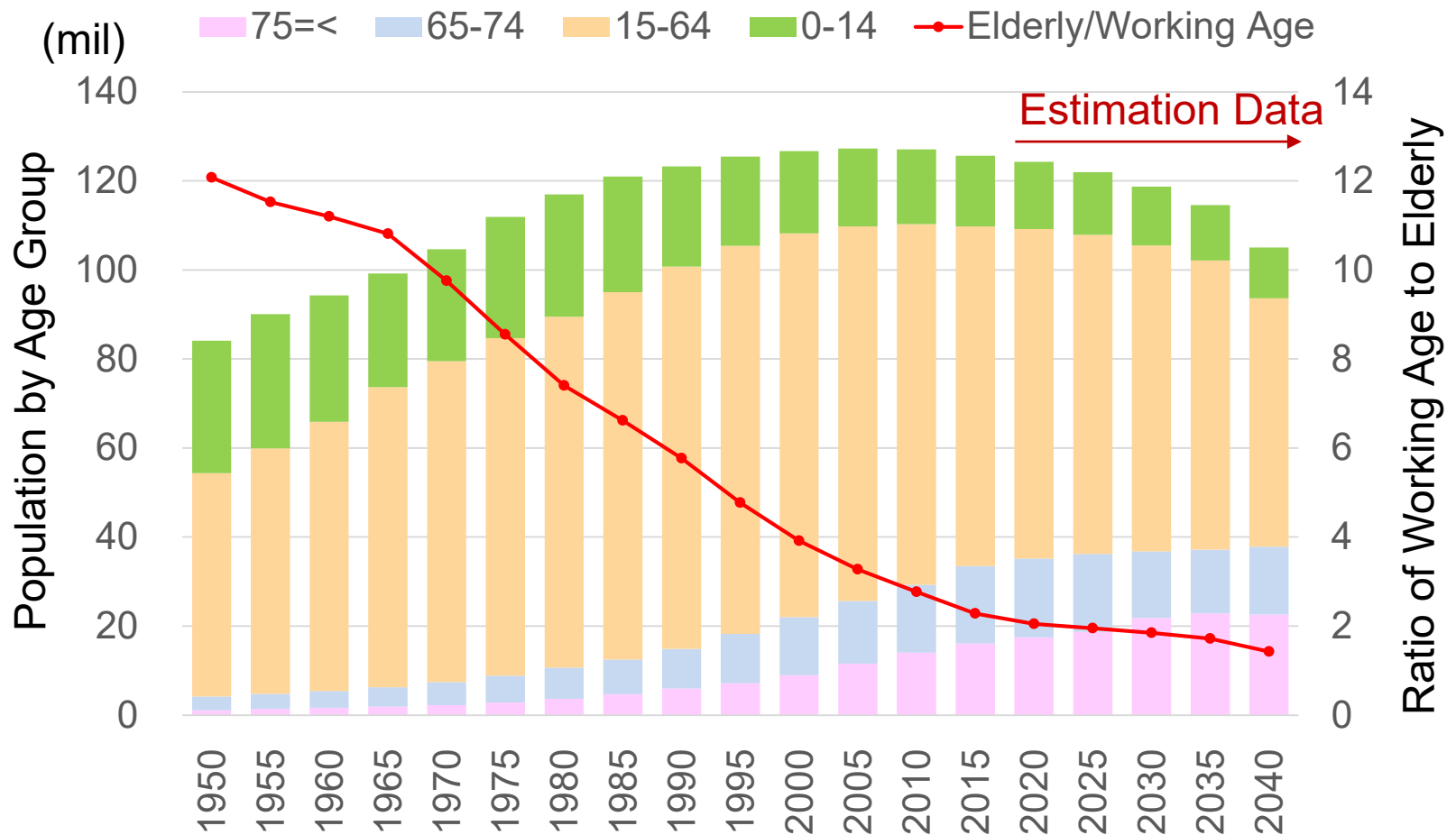




# Total Fertility Rate



# Generational Population and Ratio of Elderly People



# Previous Family Style

- 3 generations
- Working man and housewife
- Child-raising and elderly care is also included in housekeeping?



# Current Family Style

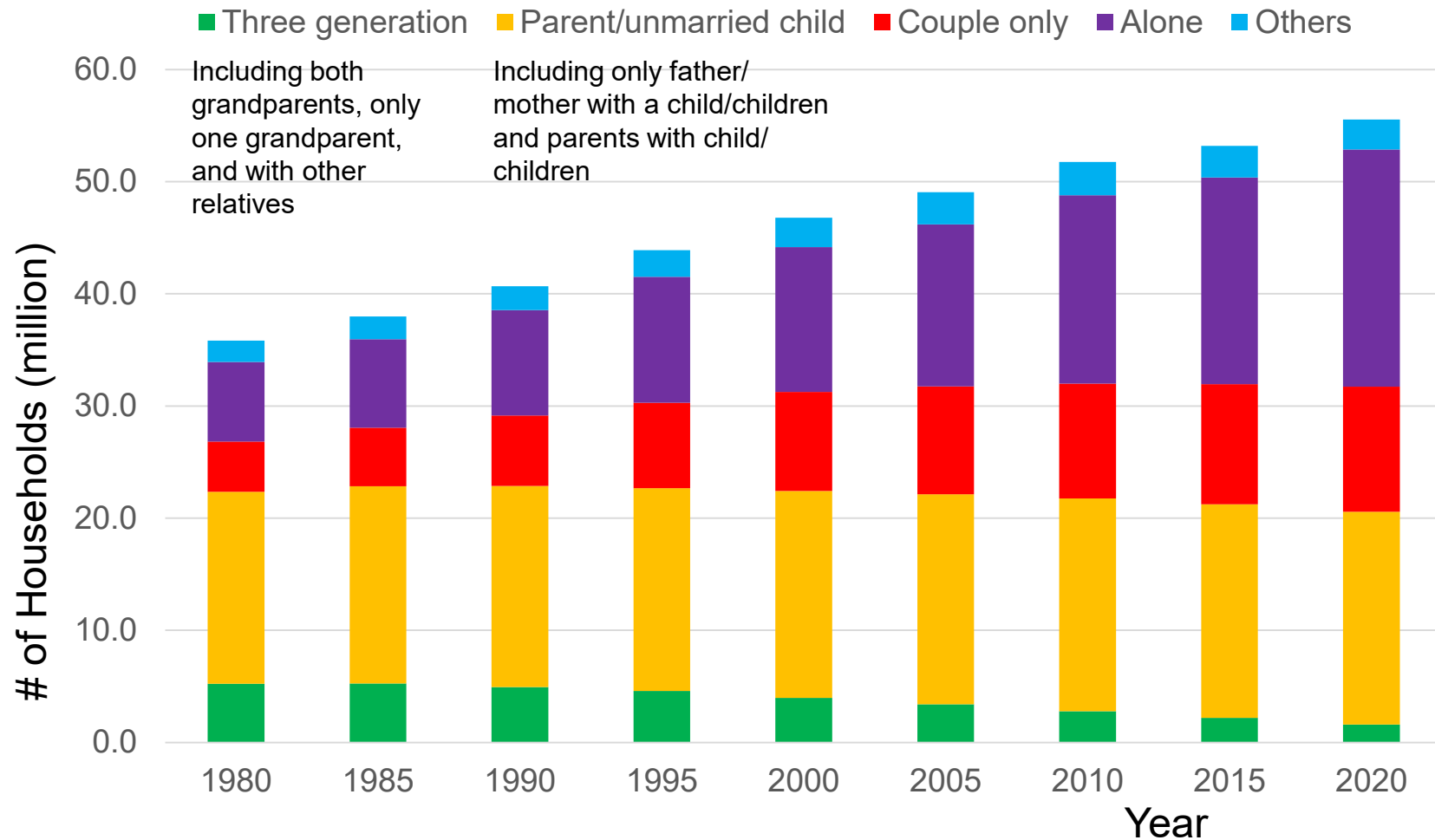
- Nuclear family
- Double income
- Shared housework
- Small house



- Discord between mother-in-law & daughter-in-law
- Separation of households

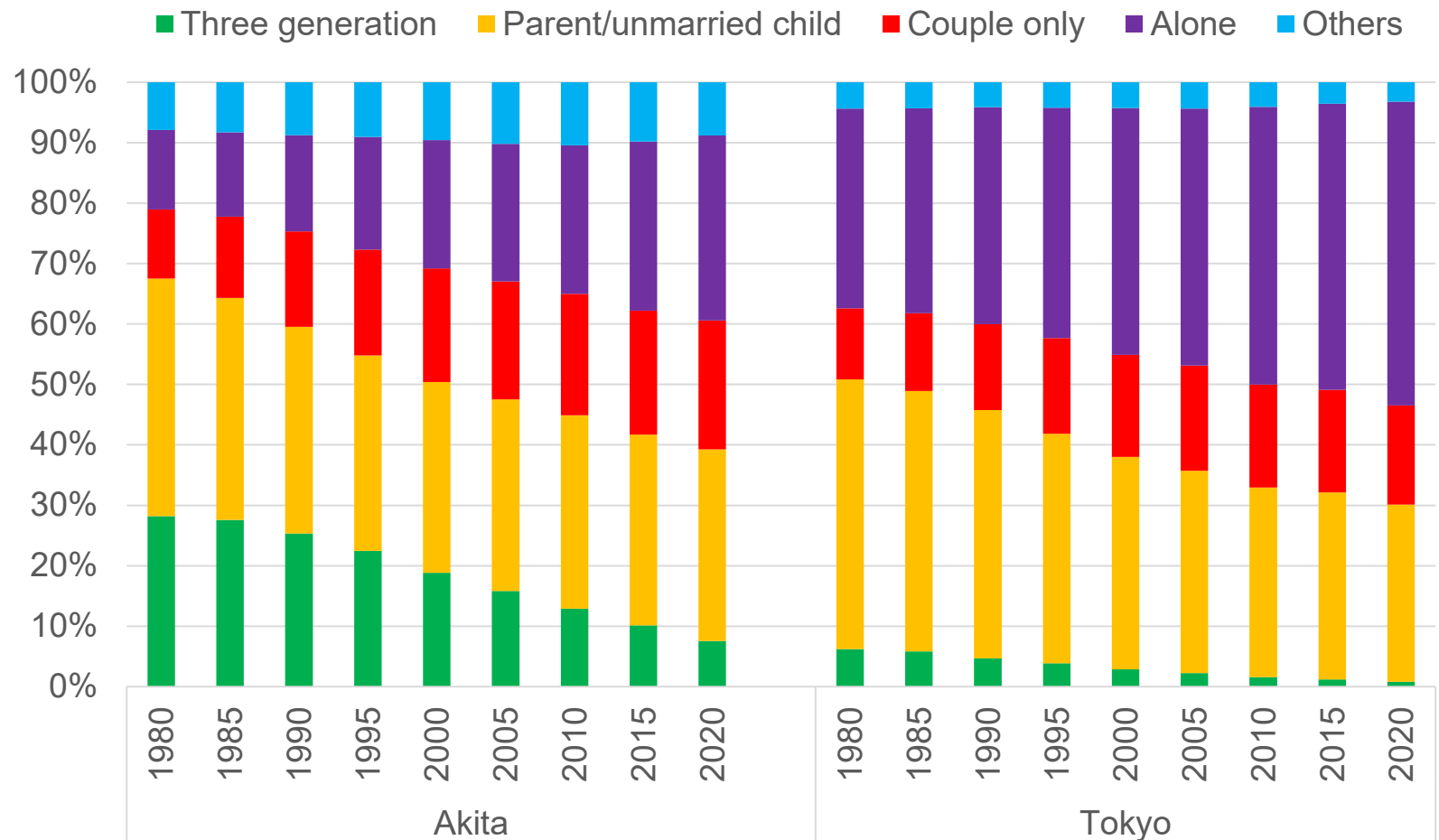
→ Nostalgia won't work...

# The Trend of Number of Households with Each Family Structure





# The Trend of % of Households in Akita and Tokyo





# Development of welfare policies for the elderly

	Major topics	Aging	Major policies
60s	Beginning of welfare policies for the elderly	5.7% (1960)	1963 Act on Social Welfare Services for the Elderly <ul style="list-style-type: none"><li>➤ Intensive care homes for the elderly created</li><li>➤ Legislation on home helpers for the elderly</li></ul>
70s	Expansion of healthcare expenditures for the elderly	7.1% (1970)	1973 Free healthcare for the elderly
80s	“Social hospitalization” and “bedridden elderly people” as social problems	9.1% (1980)	1982 Health and Medical Services Act for the Aged <ul style="list-style-type: none"><li>➤ Adoption of the payment of co-payments for elderly healthcare, etc.</li></ul> 1989 Gold Plan (10-year strategy for the promotion of health and welfare for the elderly) <ul style="list-style-type: none"><li>➤ Promotion of the urgent preparation of facilities and in-home welfare services</li></ul>
90s	Promotion of the Gold Plan	12.0% (1990)	1994 New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly) <ul style="list-style-type: none"><li>➤ Improvement of in-home long-term care</li></ul>
	Preparation for adoption of the Long-Term Care Insurance System	14.5% (1995)	1997 Long-Term Care Insurance Act
00s	Introduction of the Long-Term Care Insurance System	17.3% (2000)	2000 Long-Term Care Insurance System



# Need for a New Health System for 2025 and 2040

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- Mutual support in senior generation
  - Development of a new community with social capital
  - Integration of health/medical care with everyday life
- ➔ Community-based integrated care system (CBICS)

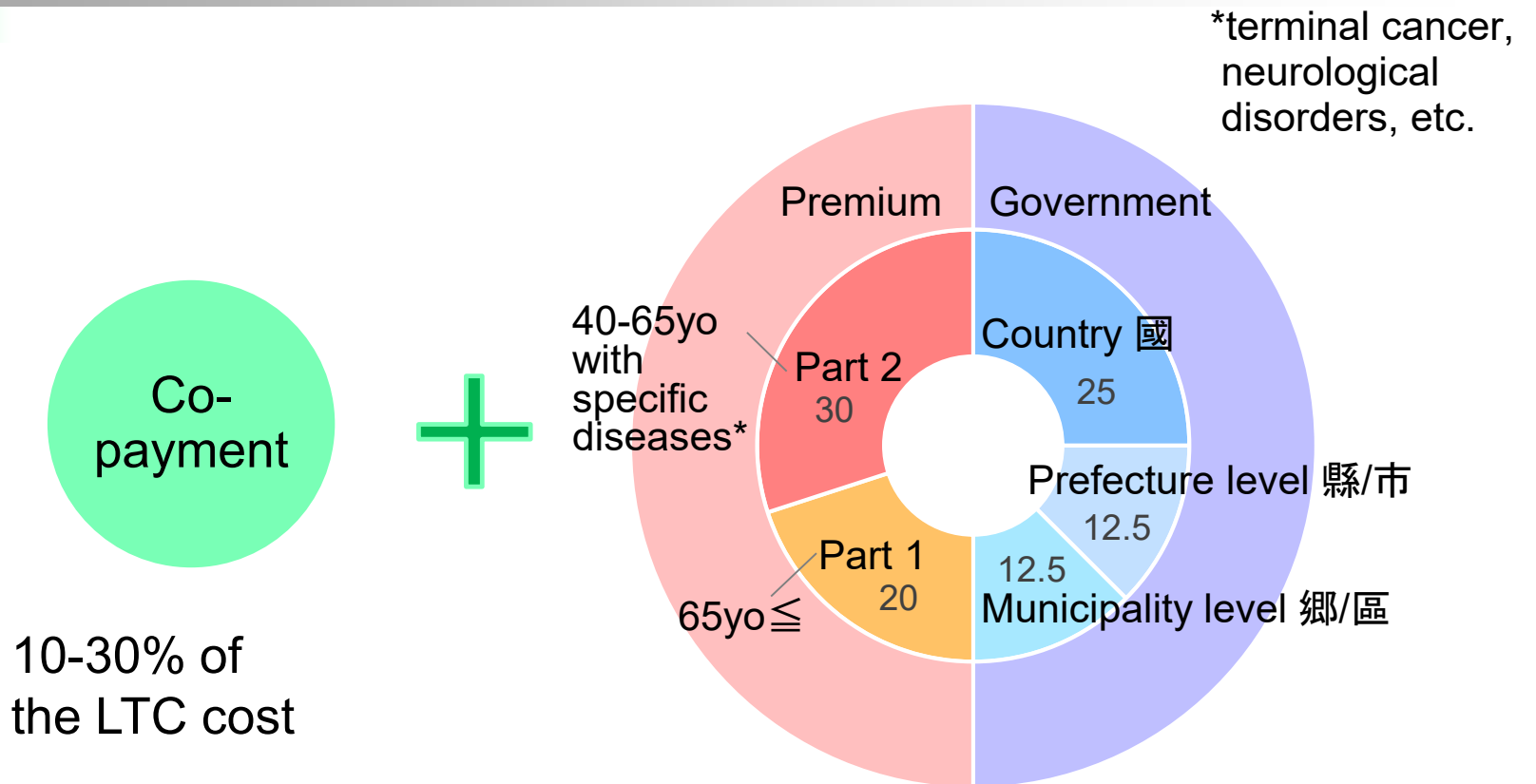


# Long-term Care Insurance (LTCI)

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- Separation of elderly care from medical service
  - Pressure to decline length of hospital stay
- Socialization of elderly care
  - Reduce daughter-in-law's burden to care parents-in-law
  - More daughters-in-law started to work
- Introduced market mechanism
  - Private institutions allowed to provide services
  - Rich seniors can buy services with their own expenses

# Structure of LTCI



The rest of the LTC cost is reimbursed from LTCI



## ■ Benefit package

- Home-based care: care worker visit, nurse visit...
- Facility-based care: nursing home, adult daycare (rehabilitation included)
- 10% co-payment is applicable with upper limit, depending on nursing care level

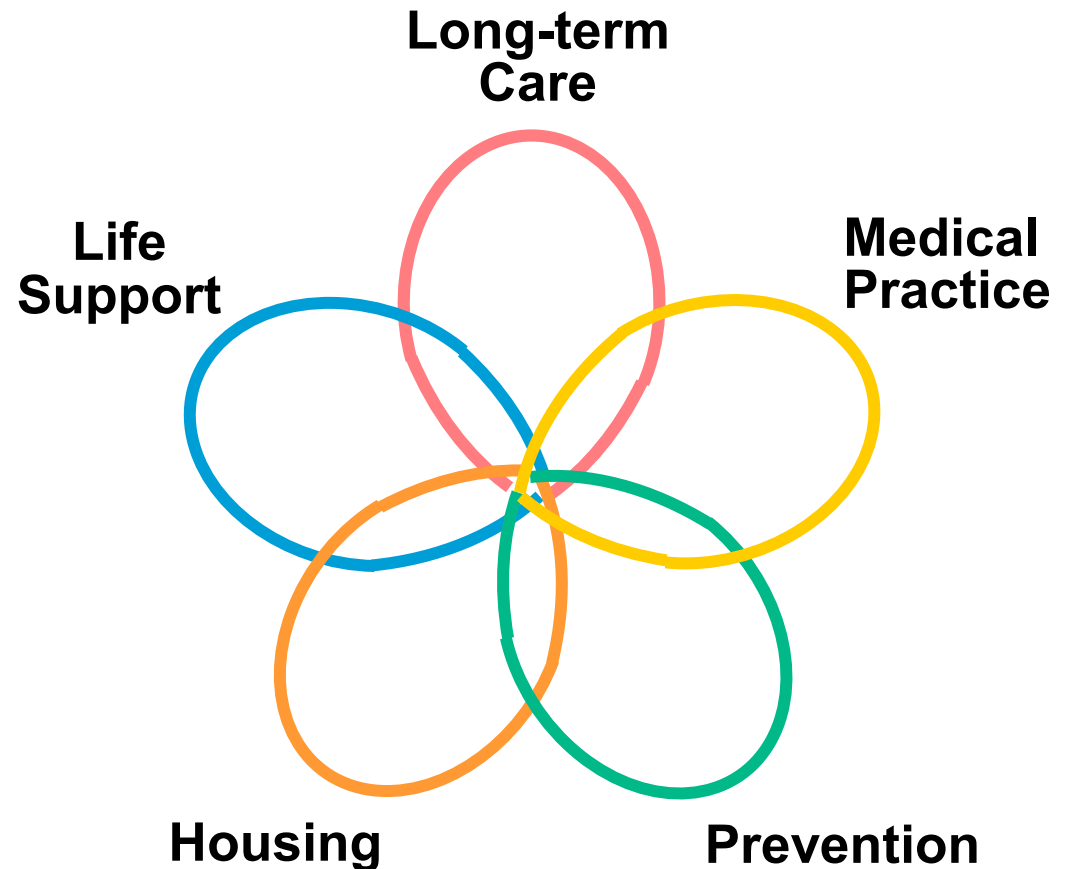
## ■ Accreditation

- Standards for facilities
- Guideline for human resources

Level	Service Fee Upper Limit
Support 1	50,320 JPY
Support 2	105,310 JPY
LT care 1	167,650 JPY
LT care 2	197,050 JPY
LT care 3	270,480 JPY
LT care 4	309,380 JPY
LT care 5	362,170 JPY

# Model for CBCIS Flower by Five Rings (2008)

- For everyday living area equivalent to junior high school
- Professionals can arrive users at home in 30 mins



# Flower Pot

2012 version



2015 version

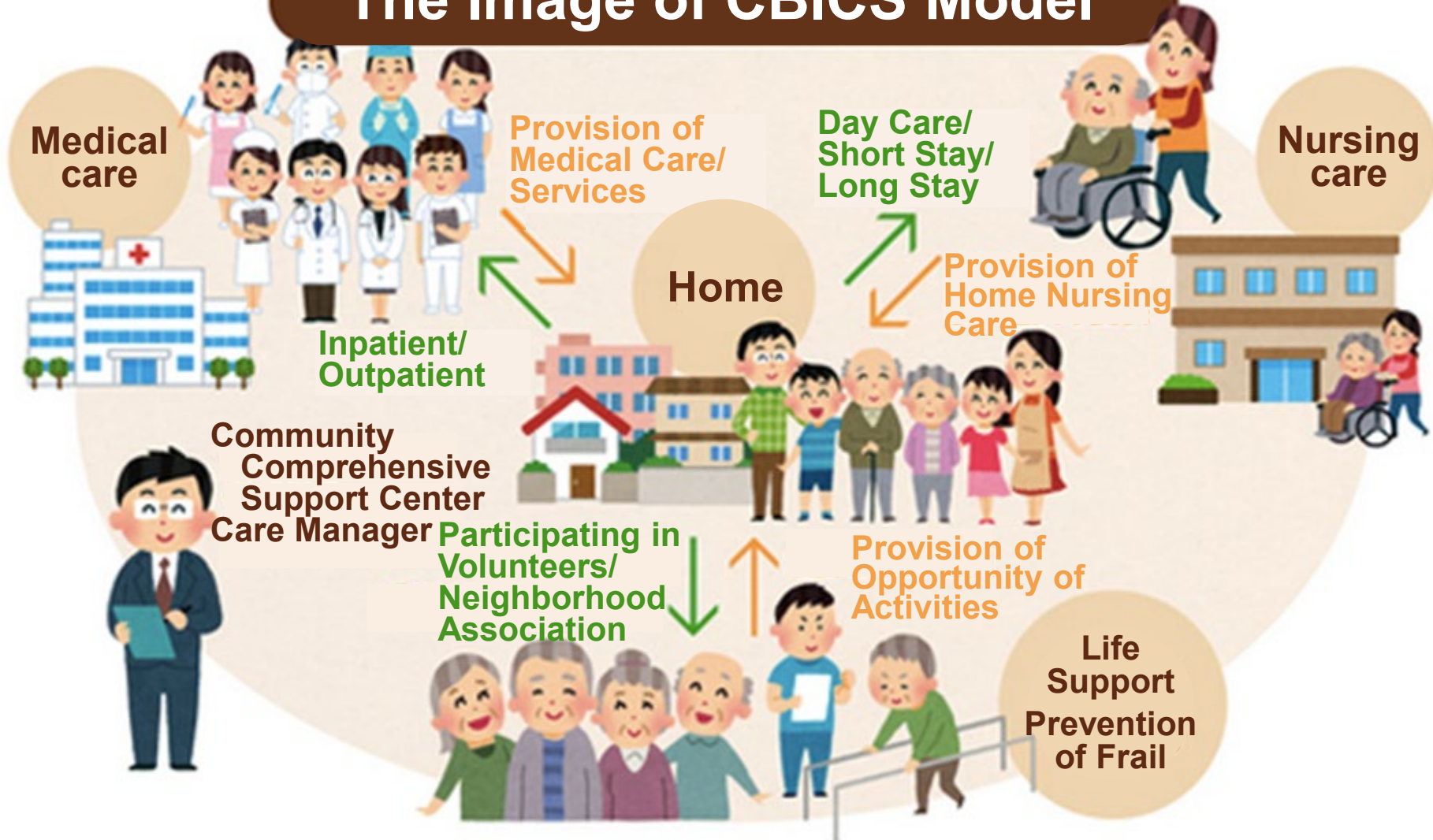


- Nursing care prevention became a key phrase
- Self-choice is more emphasized

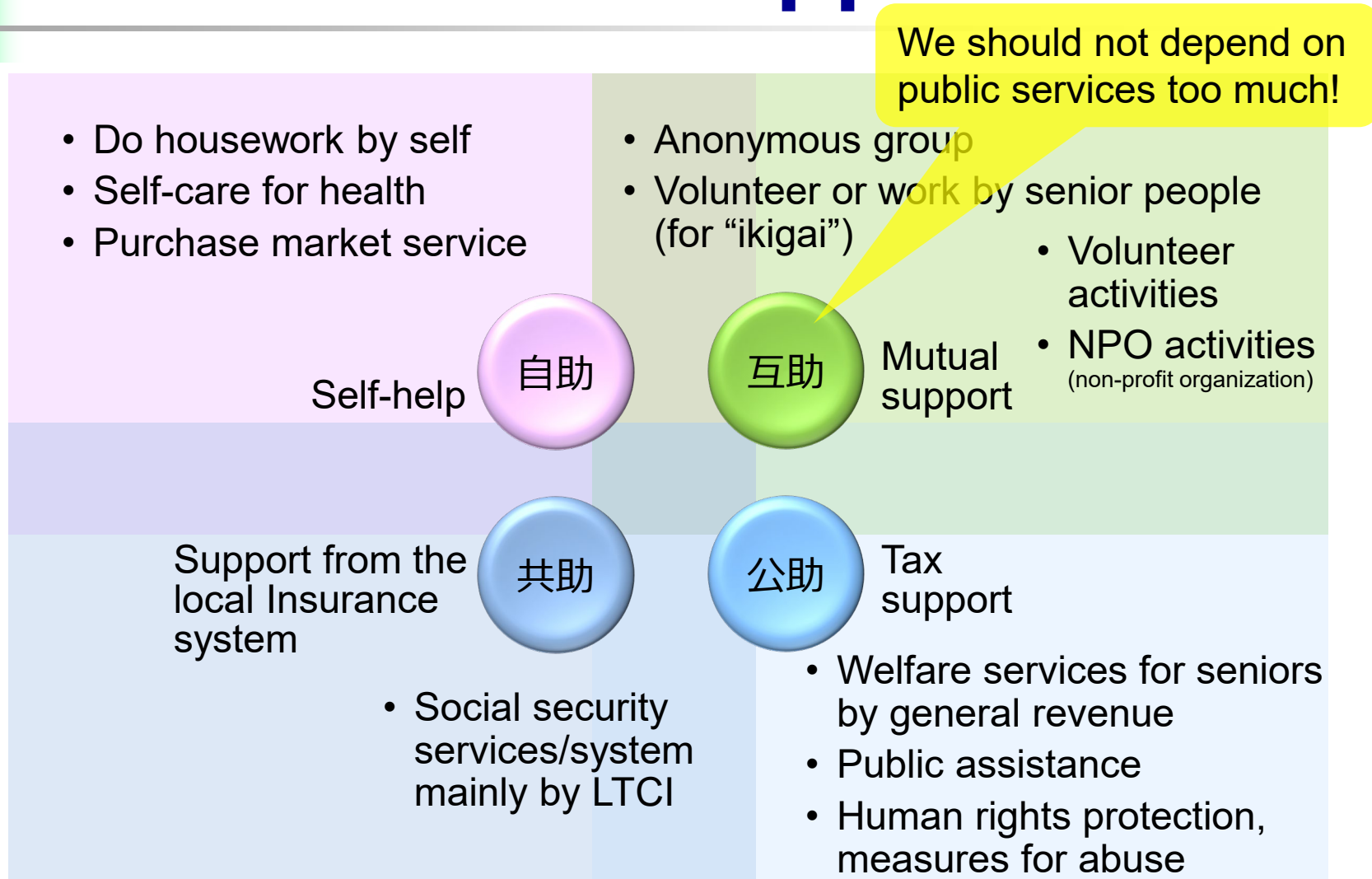


# Whole Picture of CBICS Model

## The Image of CBICS Model



# Self-help, Mutual Support, LTCI and Tax Support





# Key Professionals

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- Home nurses
- Rehabilitation therapists: physical/ occupational/speech (PT, OT, ST)
- Care manager
- Home helper/Care worker



# Home Nursing

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- Partly by health insurance, mainly by LTCI
- Observation of conditions, Patient guidance, Rehabilitation, Sanitization, Monitoring for drug therapy, Care for dementia/psychiatry problems, Nutritional/dietary care, Prevention/care for decubitus ulcer, Enema/Stool extraction, Airway aspiration, Management for bladder cath, Tubal feeding...
- Home nurses are more independent.



# Home Nursing Station

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- 46% is less than 5 members
- 24hr care is expected by users but it is hard for small station to apply for it
- Relatively healthy users tend to demand services from rehabilitation therapists
  - Some station has rehabilitation therapists for at-home rehabilitation

# PT, OT, ST

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- Services by physical/ Occupational/Speech therapists are partly covered by health insurance but mostly by long-term care insurance
- Both assessment and therapy can be offered through the observation of life at home.



# Care Manager (CM)

- Before LTCI is implemented, users are freely able to select long-term care services within the limit.
- However, it was difficult for users to select and order care services.
- Many helpers were upgraded to care manager.
- Some health professionals took certificate of CM but they do not work as CM because of lower income level.





# Home helper/Care worker

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- Settings
  - Home: Home helper
  - Facility: Care worker
- Nursing care
  - Physical nursing care – transfer, bathing, toileting
  - Life support – cleaning, food preparation, shopping
  - Recreation – exercise, games
- Issues
  - Low salary, physical labor, affective labor, harassment, foreign workers...





# Community-based Integrative Support Center

- Members

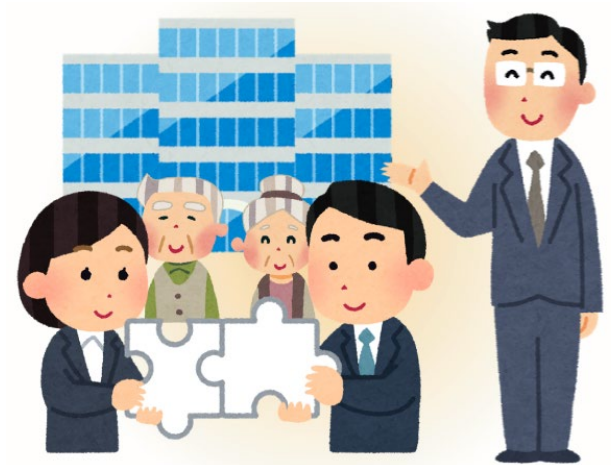
- Community health nurse
- Chief care manager
- Social worker



- Functions

- Construction of community network
  - Community care meeting: case/community study
- One-stop service counter for CBICS

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- Functions (cont'd)
    - Advocacy for human rights
      - Elderly abuse
      - Adult guardianship: decision making by a third party
    - Support for care manager





# Long-term Care Facilities

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- Home
  - Public
    - Care house
  - Private
    - Elderly housing with care services
    - Pay nursing home for healthy person
- Nursing care home
  - Public
    - Special nursing home
    - Geriatric Health Services facility
    - Group home (mainly for dementia persons)
  - Private
    - Pay nursing home

# Difference in Facilities



- “Home” is for more independent users, and “Nursing care ~” is for more dependent users
- Private ones are more expensive
  - Pay nursing home costs JPY150,000<
- Public ones are competitive but inexpensive
  - Some special nursing home has long list (e.g. 500)



# Interim Summary

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- Dramatic changes in age groups is a catalyst to develop Japanese healthcare system.
- Professional members, insurance system, combination of home/facility/clinic/hospital care, etc. are the components for CBICS
- Preparing the mindset of nursing care users is the key to success of CBICS



# How Should We Prepare Physicians for CBICS

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- Undergraduate (6 years)
- Initial postgraduate (2 years)
- Specialist ←————
  - General medicine (3 years) by JMSB  
(Japan Medical Specialty Board)
  - Family medicine (+1 year) by JPCA  
(Japan Primary Care Association)



# History of General/Family Medicine Specialty Training

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- 2006: Japan FM Academy started a program.
- 2010: Three societies of PC/FM/GM merged. Family medicine specialist program was continued.
- 2017: Japan Medical Specialty Board planned to start general medicine program (1 year delayed)
- 2020: Japan Primary Care Association launched a combined program of FM with GM

PC: primary care, FM: family medicine, GM: general medicine



# Competencies for GM Specialist Program

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1. Comprehensive integrated approach
  2. Ability to address common health problems
  3. Patient-centered medicine and care
  4. Interprofessional practice management
  5. Community-oriented approach
  6. Professional attitude to serve the public
  7. Ability to adapt to diverse practice settings
- FM specialist program also accepts these competencies but uses portfolio areas as more specific competencies.





# Typical Rotation

FM Specialist Exam			
R4	FM Specialist Training 1 (in a clinic or a community hospital)		
	GM Specialist Exam		
R3	GM Specialist Training 2 (in GM/FM dept in a hospital) (also counted as FM Specialist Training 2)		
R2	Pediatrics	Emergency medicine	GM Specialist Training 1 (also counted as FM Specialist Training 1)
R1	Internal Medicine		



2-year mandatory initial training



# Workplace-based Assessment

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- Checking of logbook – every mo
- 360-degree assessment – every 6mos
- Case-based discussion – every 3 mos
- Mini-CEX – every 6mos
- Video review – every 6 mos



# Requirement for Completion

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- Experience list must be filled 90%
- Record community activity
- Proof of academic activity
  - One paper/book chapter or three presentations
- Off-the-job training requirement
  - Clinical 36hr, Education 6hr, Research 6hr, Mgmt 6hr
- Submission of portfolio with 20 cases



# What is Portfolio?

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A learner experiences clinical practice.

He/She takes a record/log.

He/She accumulates the log and reorganizes it into the portfolio.

Portfolio conference is held for draft version of portfolio.

Learners finalize the portfolio for submission.



# 20 Areas for Portfolio

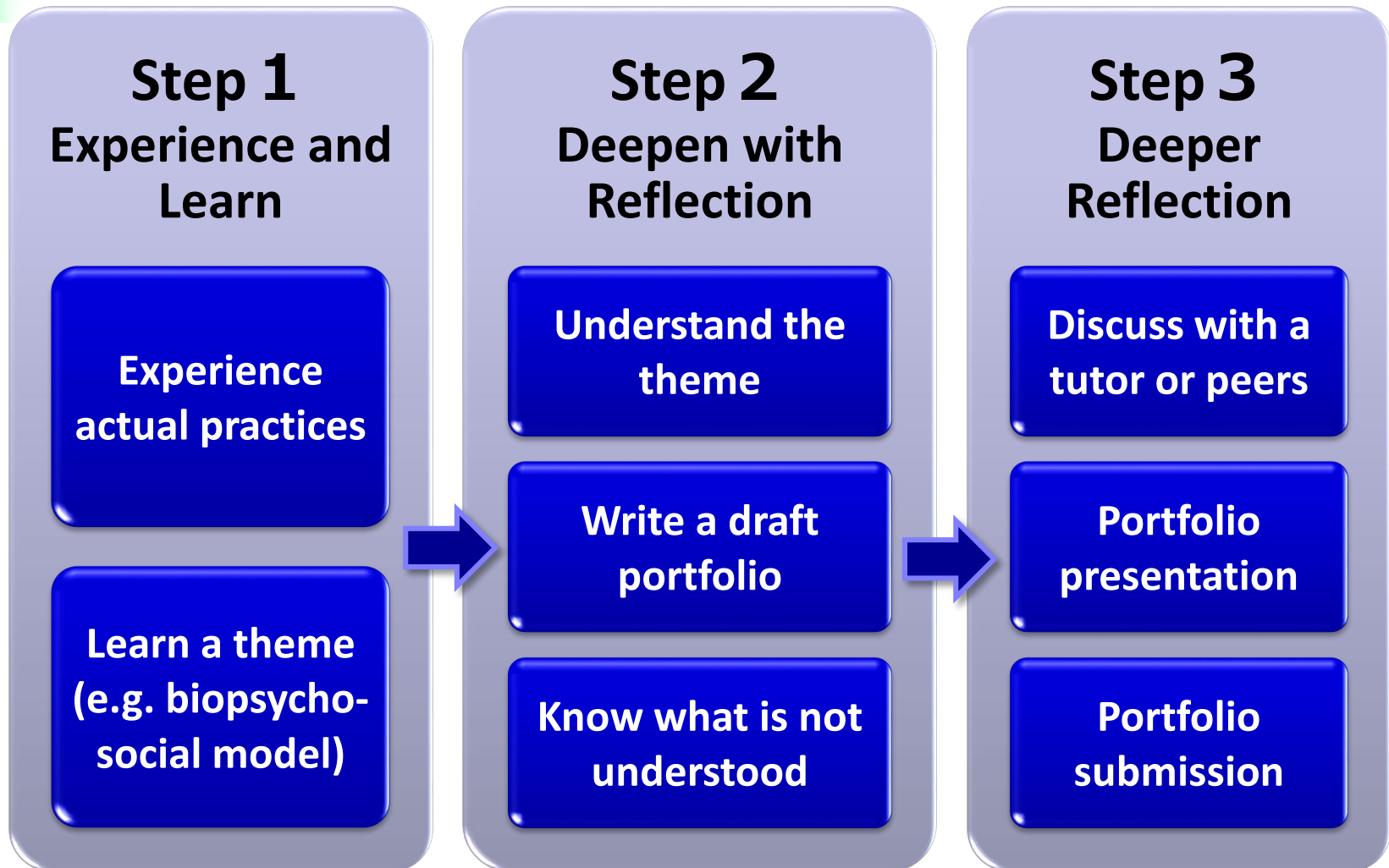
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1. Undifferentiated health problems
2. Preventive medicine and health promotion
3. Chronic disease care
4. Multimorbidity
5. Care with continuity
6. Patient-centered care
7. Family-oriented care
8. Community-oriented approach
9. Disability and rehabilitation
10. Clinical education and teaching
11. practice of EBM
12. Transition of care
13. Systems-based practice
14. Mental health
15. Social determinants of health
16. Health care providers' own care
- 17a. Complex cases
- 17b. Integrated care
- 18a. Acting with high professionalism
- 18b. Ethically difficult decision cases
- 19a. Sexual health/gender sensitive care
- 19b. Adolescent care
- 20a. Palliative care
- 20b. End-of-life care

To sit in the board examination  
all applicants must submit  
detailed reports for all the areas



# How to Deepen the Experiences



# How To Learn Theoretical Framework

## 日本プライマリ・ケア連合学会 基本研修ハンドブック

日本プライマリ・ケア連合学会 編



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南山堂



# Board Examination

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- Oral examination for portfolio
- Written examination
  - 200 MCQs
- Clinical skill assessment (OSCE)
  - 8 stations → 12 stations in 2025





# Reliability Coefficients

Assessment	4 Components	3 Components
CSA-ICE	0.64	0.75
CSA-CIS	0.54	
MCQ	0.69	0.69
Portfolio	0.88	0.88
Composite score	0.86	0.87

ICS: Integrated clinical encounter

CIS: Communication and interpersonal skills



# Voices from Trainees

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- To write portfolio is not easy
  - In the beginning, most residents don't know what to write because they have no basic understandings.
  - If they write a case, they slowly understand the principles/frameworks.
  - If they become confident in portfolio writing, many are satisfied with it.
- Some trainers are poor to teach portfolio writing
  - Such trainers don't know theoretical framework.
  - Their comments won't be helpful to revise the report.



# Career After FM Specialists

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- Clinical practice
  - Those in clinic or hospital are both 50%.
  - Their activities in CBICS are highly recognized.
- Academic institutions: university etc.
  - Working in education/research

The number of FM is not so expanded because FM specialist is not a certificate from Japan Medical Specialty Board



# Wrap Up

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- FM specialist program is targeted to actualize CBICS model.
- Competencies/experiences required to do CBICS and items of assessment have been specified in the program.
- Portfolio assessment is a key to enhance the teaching of CBICS.