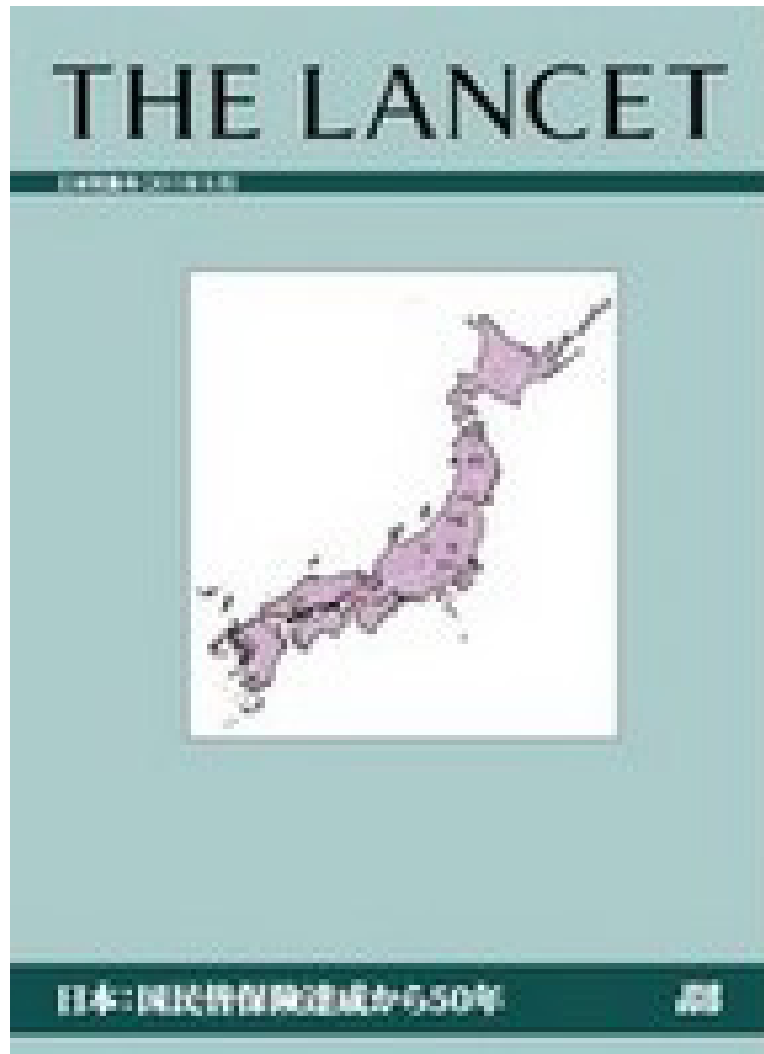


Final Project for
Comparative healthcare systems in Asia

Japanese Health Care System
Focusing on so-called
“Free-access System”

Yuki Izumi, D1



Lancet 2011

**Japan: universal healthcare
at 50 years**

What does “free-access” mean?

Patients are free to choose when and where to see a doctor regardless of the size of the hospital and the specialties.

Search by “Free access, health care” in English

free access health care system

約 17,800 件 (0.11 秒)

プロフィール ★ マイライブラリ

[書籍] [Free for all?: lessons from the RAND health insurance experiment](#)
JP Newhouse - 1993 - books.google.com
... Finally, we covered skilled nursing facilities and home health care services. The ... health insurance plans on overall use of and expenditure on medical, dental, and mental health services.
☆ 保存 引用 被引用数: 2653 関連記事 全 2 バージョン

[書籍] [Immunobiology: the immune system in health and disease](#)
C Janeway, P Travers, M Walport, MJ Shlomchik - 2001 - library.wur.nl
... research Open Access. ... Open Access. A discount of 100% means that (after approval) the author does not have to pay Article Processing Charges. For the approval of an Open Access ...
☆ 保存 引用 被引用数: 11237 関連記事 全 5 バージョン

[HTML] [Big data analytics in healthcare: promise and potential](#) [HTML] [springer.com](#)
WRaghupathi, V.Raghupathi - Health information science and systems, 2014 - Springer
... specific individual and population health and detecting health care fraud more quickly and ... While the development costs may be lower since these tools are open source and free of ...
☆ 保存 引用 被引用数: 3505 関連記事 全 22 バージョン

[Systems analysis of adverse drug events](#) [PDF] [researchgate.net](#)
LL Leape, DW Bates, DJ Cullen, J Cooper... - Jama, 1995 - jamanetwork.com
... use errors and were able to identify underlying systems failures. The most common defects were in systems ... Systems changes to improve dissemination and display of drug and patient ...

???

“Free-access system”

Gatekeeping system



Primary Care



“Free-access system”

Registration system



Primary Care

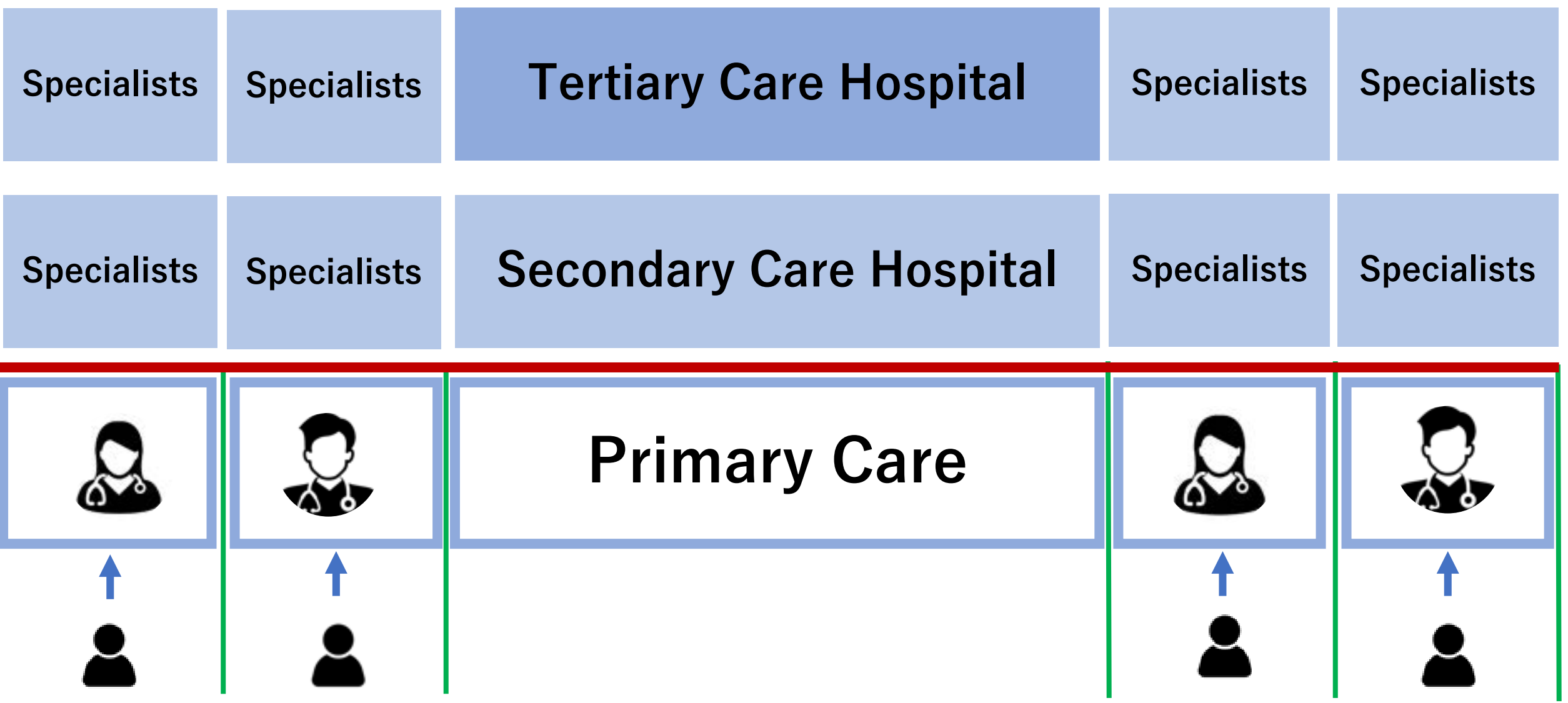


Organization of health care delivery

in OECD countries

| | | Gatekeeping system | | |
|--------------|------------------------------|--|------------------------------|---|
| | | Required | Incentives | No requirement, no incentive |
| Registration | Required | Denmark, Finland, Ireland ⁽¹⁾ , Italy, Netherlands, Portugal, Slovenia, Spain | | Czech Republic |
| | Incentives | Australia, New Zealand, Norway, Poland, | Belgium, France, Switzerland | |
| | No requirement, no incentive | Canada, Chile, United Kingdom | Mexico | Austria, Germany, Greece, Iceland, Israel, Japan, Korea |

PC registration required and Referral to secondary care

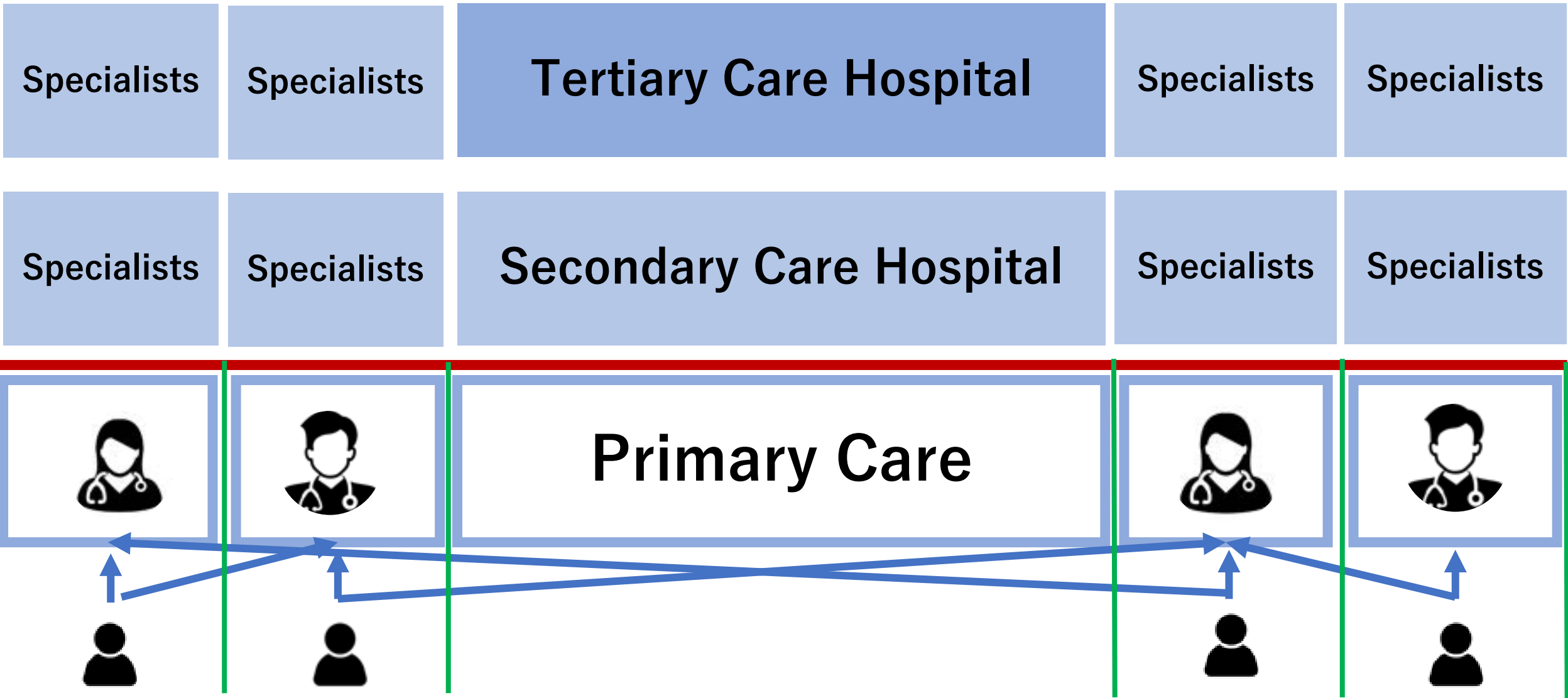


Organization of health care delivery

in OECD countries

| | | Primary care physicians referral to access secondary care | | |
|--|------------------------------|--|------------------------------|---|
| | | Required | Incentives | No requirement, no incentive |
| Are patients required or encouraged to register with a primary care physician? | Required | Denmark, Finland, Ireland ⁽¹⁾ , Italy, Netherlands, Portugal, Slovenia, Spain | | Czech Republic |
| | Incentives | Australia, New Zealand, Norway, Poland, | Belgium, France, Switzerland | |
| | No requirement, no incentive | Canada, Chile, United Kingdom | Mexico | Austria, Germany, Greece, Iceland, Israel, Japan, Korea |

No registration of PC but Referral to secondary care

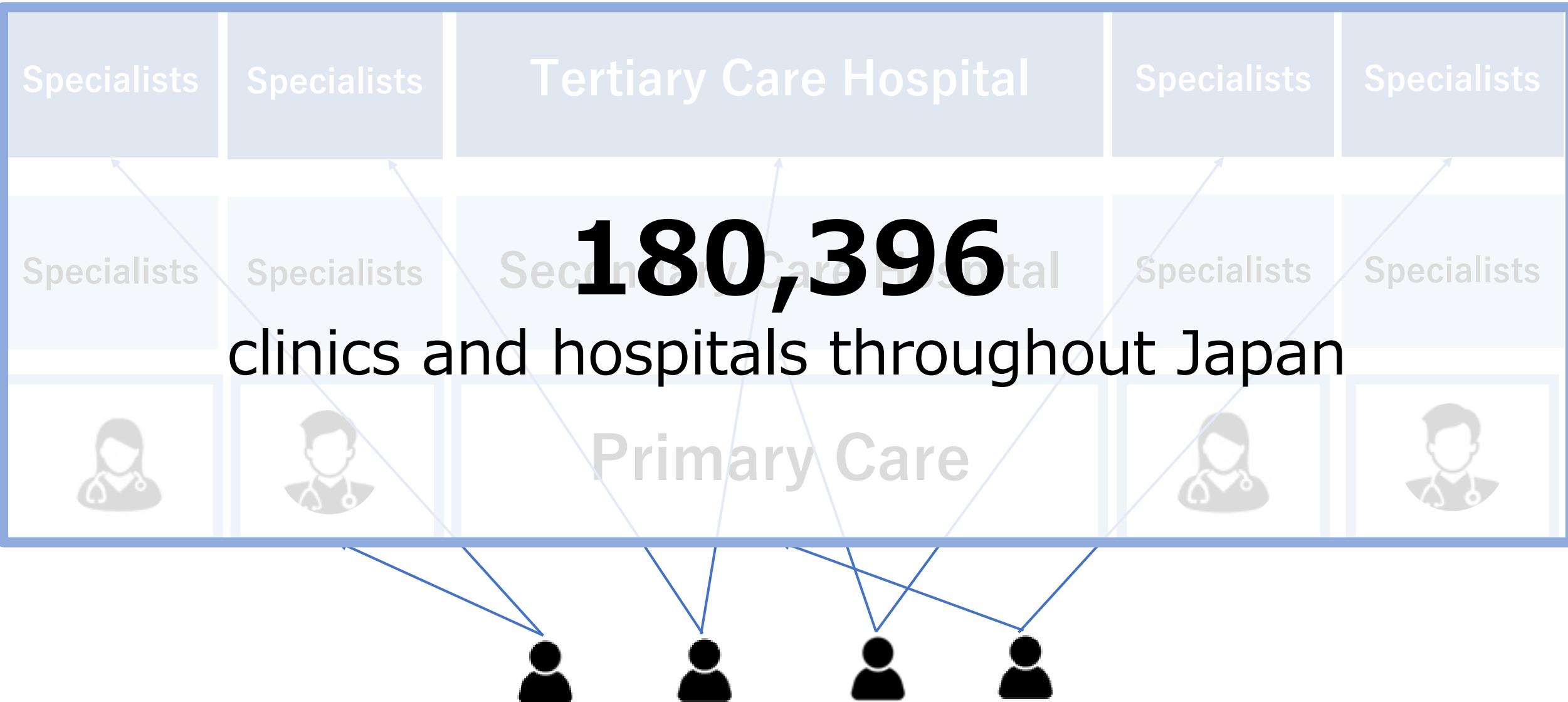


Organization of health care delivery

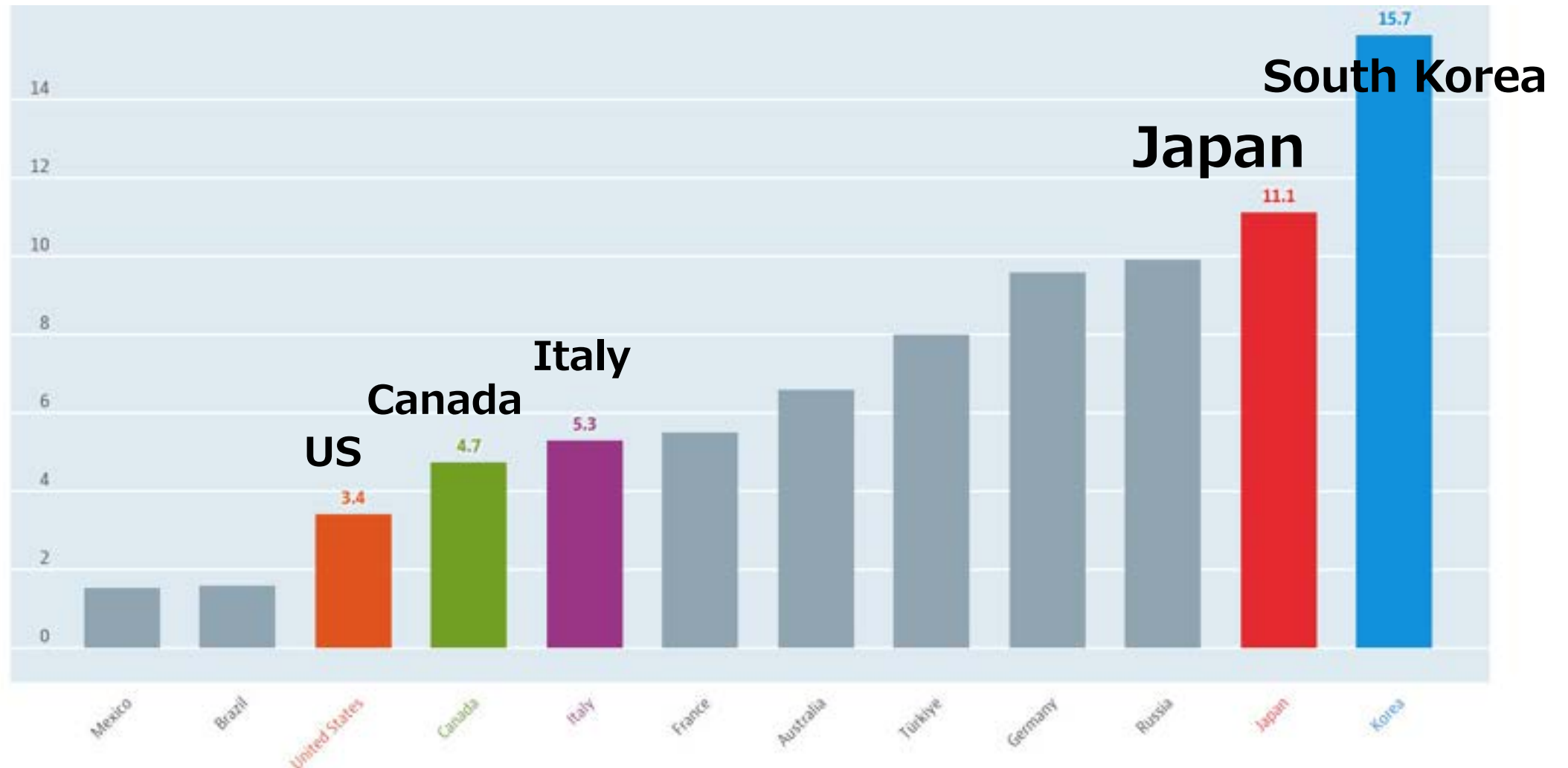
in OECD countries

| | | Primary care physicians referral to access secondary care | | |
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“Free-access system”



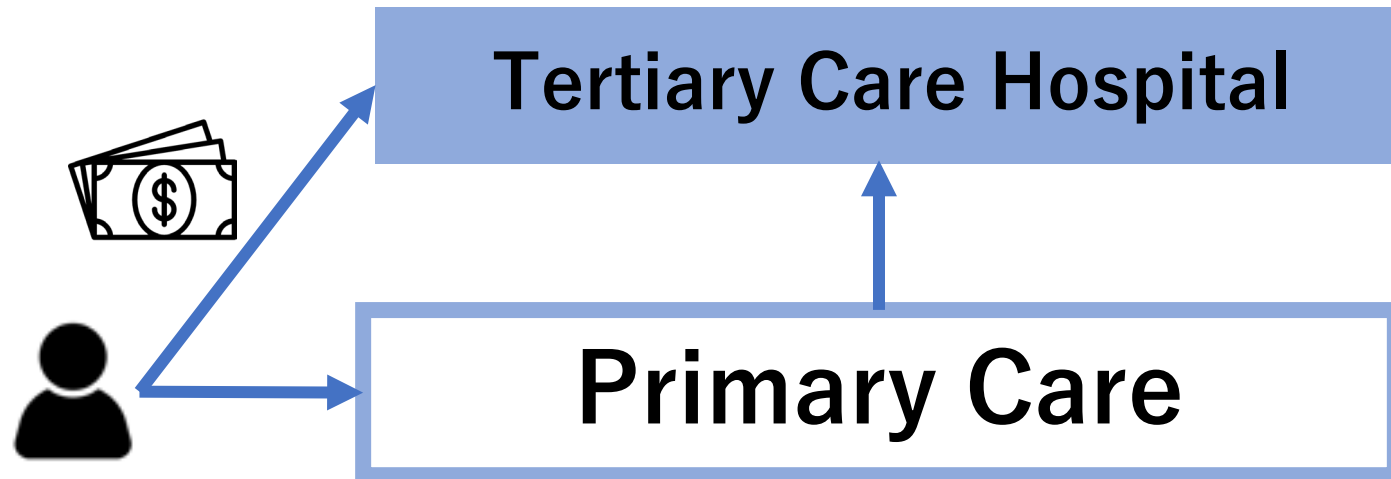
Doctor's consultations per capita in G20 countries



**Do we really have
“free-access” system in Japan?**

Introduction of “選定医療費” **SENTEI RYOYOHI**

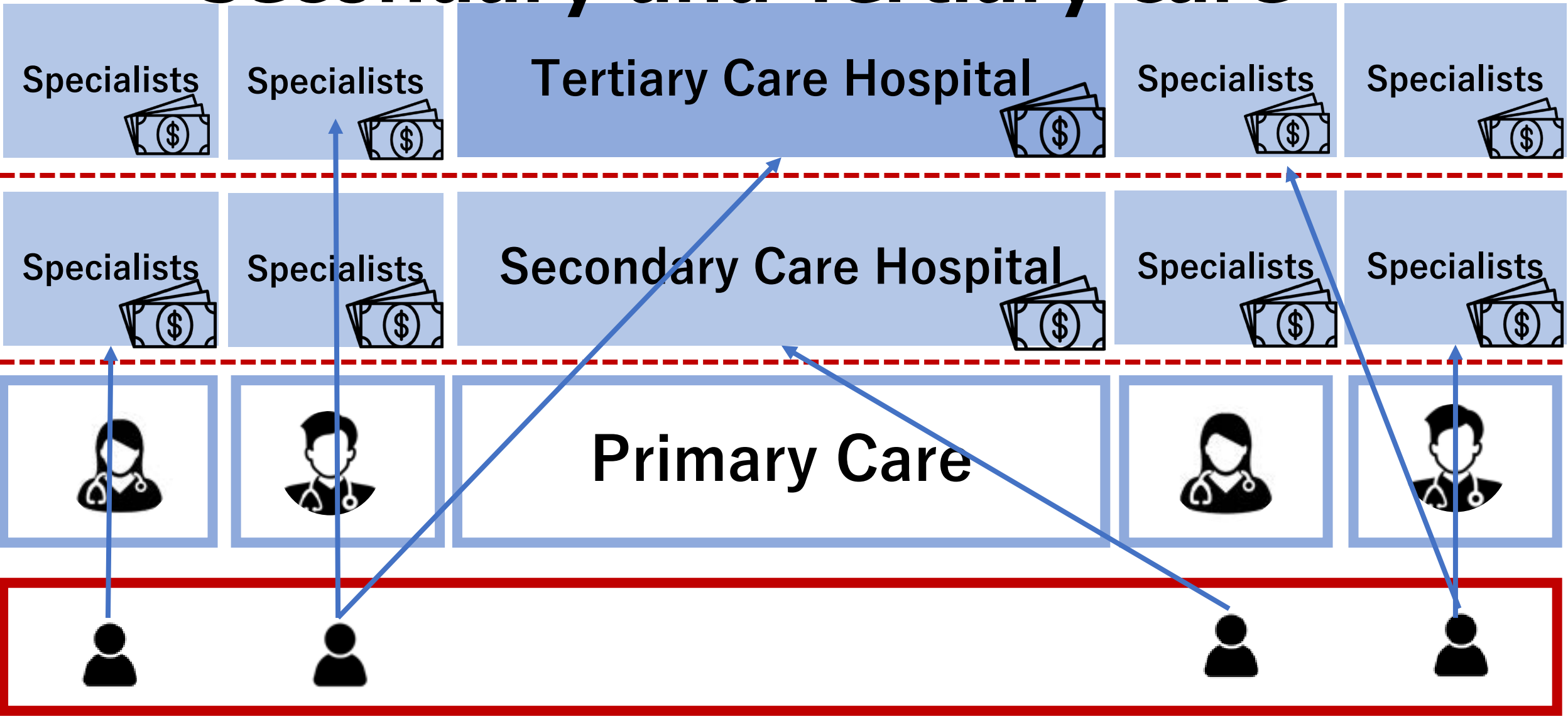
2016 If a patient would like to be seen at Special Functioning Hospitals or **hospitals with >500 beds**, he/she has to pay **SENTEI RYOYOHI**, **additional 5,000 yen**.



Introduction of **SENTEI RYOYOHI**

- 2016 If a patient would like to be seen at Special Functioning Hospitals or **hospitals with >500 beds**, he/he has to pay **SENTEI RYOYOHI, additional 5,000 yen.**
- 2018 The scope of hospitals designated for Sentei Iryohi was expanded to the hospitals with **> 400 beds**
- 2020 The scope of hospitals designated for Sentei Iryohi was expanded to the hospitals with **> 200 beds**
- 2022 The Sentei iryouhi was increased to **7,000 yen**

“Negative incentive to select secondary and Tertiary care”



Incentives for primary care doctors

Specialists

Specialists

Tertiary Care Hospital

Specialists

Specialists

Specialists

Specialists

Secondary Care Hospital

Specialists

Specialists



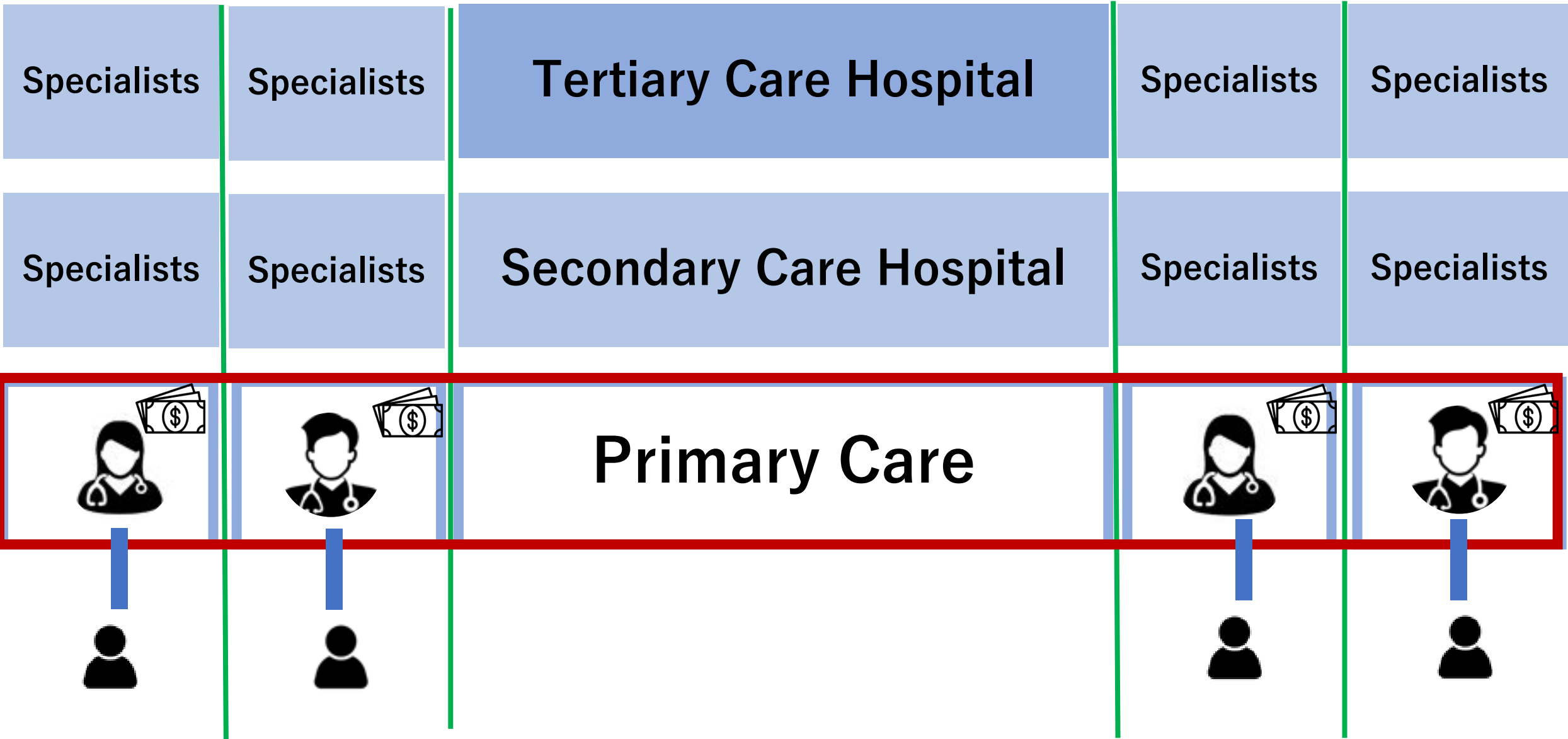
Primary Care



Incentive for primary care providers

- 2014 **Community-based integrated care fee** is introduced for the managements of patients with multiple chronic conditions
- 2016 **Pediatric primary care fee** is introduced for the continuous care including the management of vaccination schedule

Incentives for primary care doctors



Organization of health care delivery

in OECD countries

| | | Primary care physicians referral to access secondary care | | |
|--|------------------------------|--|------------------------------|---|
| | | Required | Incentives | No requirement, no incentive |
| Are patients required or encouraged to register with a primary care physician? | Required | Denmark, Finland, Ireland ⁽¹⁾ , Italy, Netherlands, Portugal, Slovenia, Spain | | Czech Republic |
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Organization of health care delivery

in OECD countries

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**Do we really have
“free-access” system in Japan?**

**Weak incentives have been introduced
to move away from free-access system**

The role and function of the facilities must be clear from the patients.

Specialists

Specialists

Tertiary Care Hospital

Specialists

Specialists

Specialists

Specialists

Secondary Care Hospital

Specialists

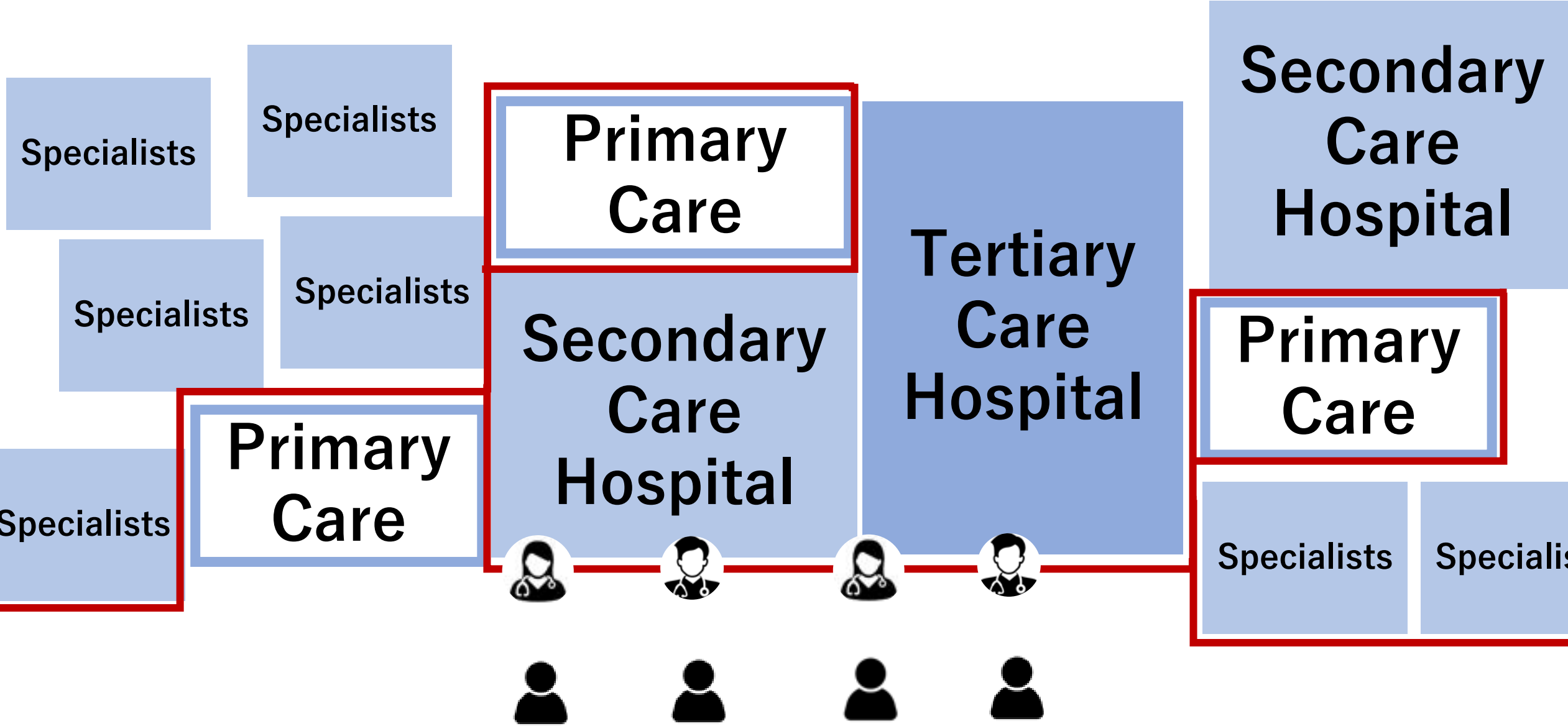
Specialists



Primary Care

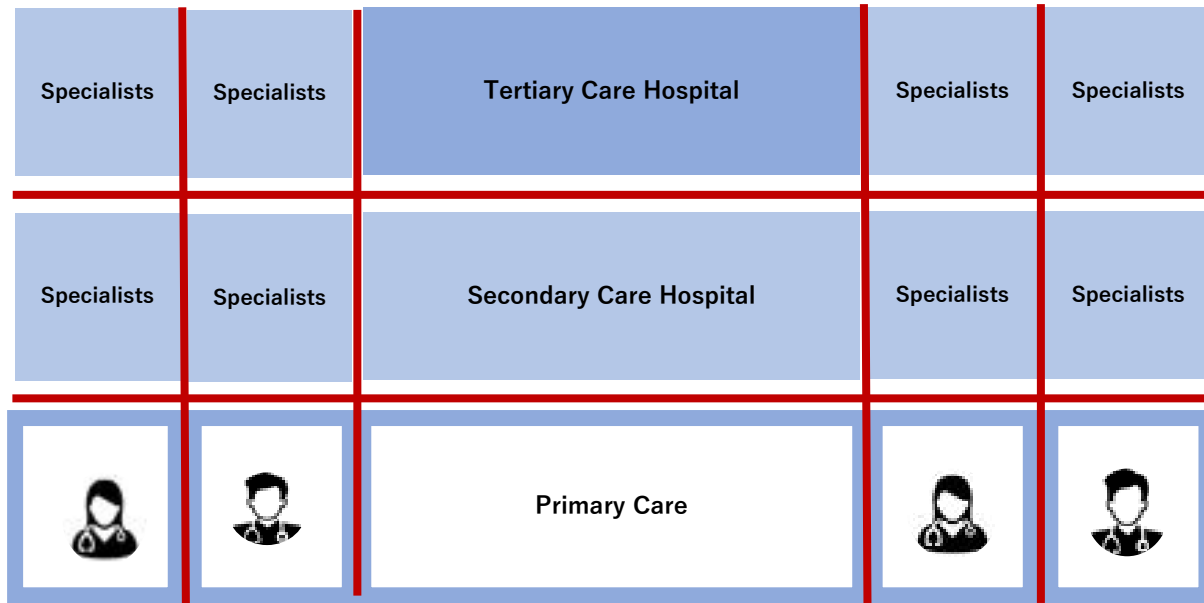


Japanese patients' view of the medical facilities

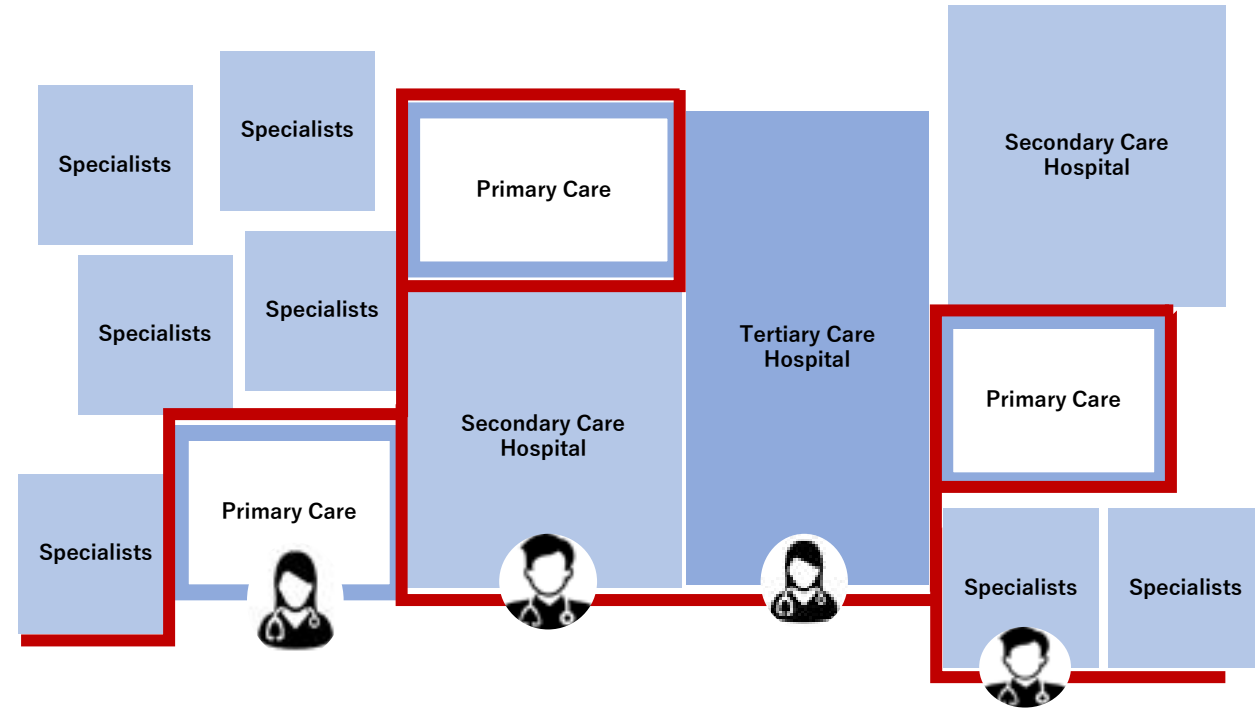


This reminds me of something...

Western countries



Japan



Western countries



British Gardens

Japan



Japanese gardens

Health Care Reform In Japan: The Virtues Of Muddling Through

Tops in equality of access, among the lowest in health spending, Japan nevertheless has important problems to solve—gradually.

by Naoki Ikegami and John Creighton Campbell

PROLOGUE: Japan's universal health care system, built on the German social insurance model and remarkably inexpensive by American standards, has nevertheless entered an era of economic stress and government calls for more radical reforms. The reasons why Japan has been able to constrain its health care spending are multiple, but some of the explanation lies in its record of much lower levels of expensive social phenomena compared with most other industrialized nations. Its rates of crime, divorce, teenage births, drug use, high-speed motor vehicle accidents, and incidence of human immunodeficiency virus (HIV) are all appreciably lower than comparative numbers in the United States. However, from a policy perspective, authors Naoki Ikegami and John Campbell believe that one of the system's most significant achievements is its record of effective cost control without first restructuring its traditional system of health care delivery. Nevertheless, as Ikegami and Campbell discuss, Japan's health insurance system faces tough challenges in three major areas: growing consumer consciousness, a rapidly aging population, and rising costs.

Ikegami, who originally trained as a psychiatrist, is a professor and chair of the Department of Health Policy and Management at Keio University School of Medicine in Tokyo. His research interests include health policy, long-term care, and pharmacoconomics. He has published in the *Journal of the American Medical Association* and the *New England Journal of Medicine*. Campbell, with whom Ikegami has collaborated frequently, is a professor of political science at the University of Michigan and a long-time student of Japan.

“We believe that
“muddling through” is the approach
 best suited to Japanese health policy,
 because in the realm of power,
 Japan's health care system will always be
dominated by interest-group politics,
 and in the realm of knowledge,
real-world experience is
considerably more valuable
 than theories and models.”

The government would like to organize the system.



JAPAN

Kishida takes aim at Japan's primary care doctor system in response to pandemic



<https://www.japantimes.co.jp/news/2022/05/18/national/doctor-system-reform/>

Doctors are cautious about the change

Japan Medical Association picks new head, aims to mend ties with govt



<https://japannews.yomiuri.co.jp/politics/politics-government/20220626-41015/>

Thank you for your attention

