

Super Active Ageing Society Conference
November 20, 2023



Protecting the Health of Residents in an Ageing Society

Kichiro Matsumoto, M.D.
President
Japan Medical Association (JMA)

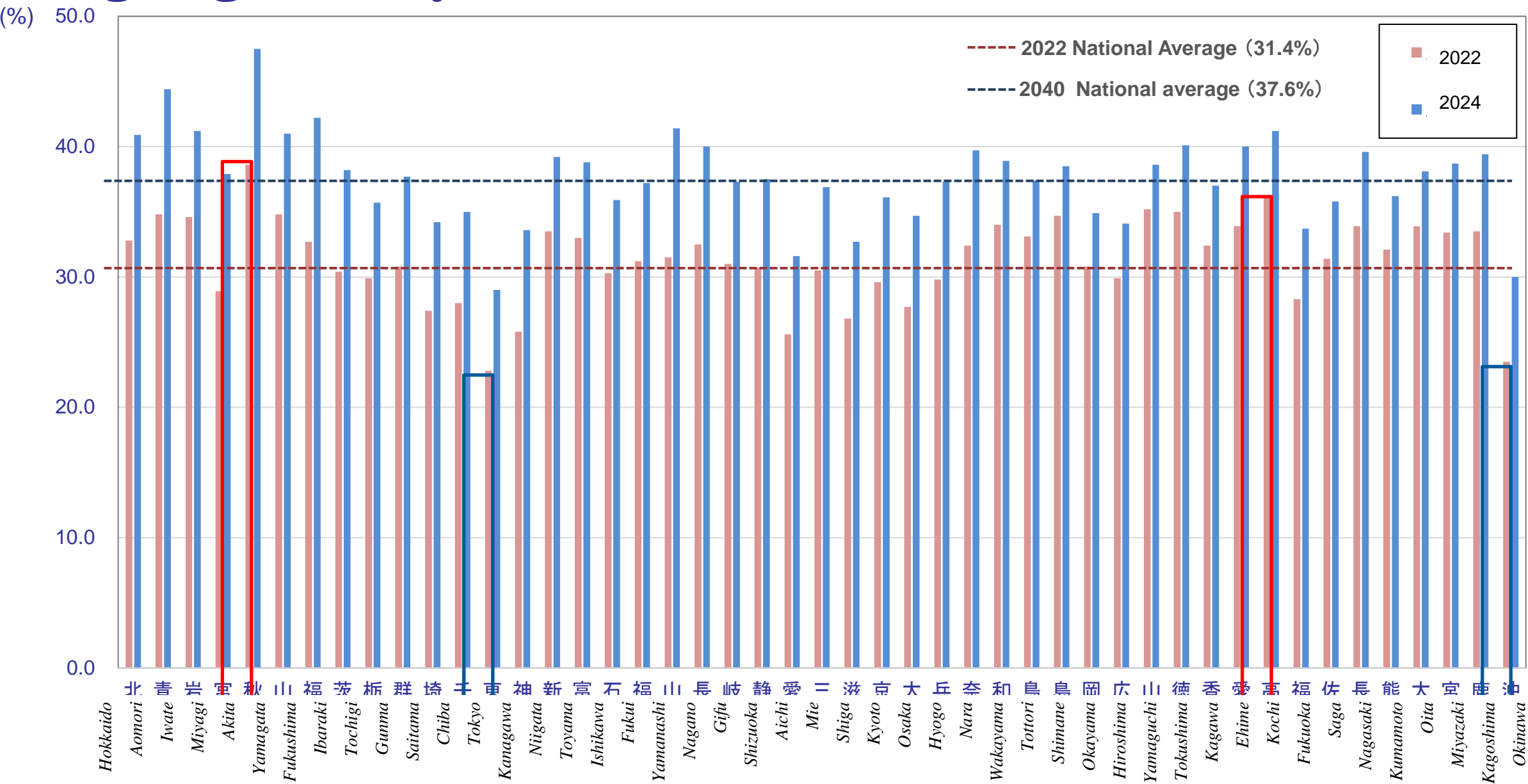


Activities of community-based physicians

In addition to practicing in their own hospitals, community-based doctors support their respective communities as an aspect of protecting the health of the local population by participating in the following activities. These activities are mainly carried out by kakaritsuke physicians, and the Regional Medical Associations are closely involved in and manage them. The JMA is deeply grateful to the doctors who are "immersed in the community" and support community health care on a daily basis and would like to make these activities widely known to the public.

1. Local out-of-hours and emergency services	Weekday night and holiday rotation duties, first aid teams for community events, home duty doctors, holiday and night emergency centers, telephone consultation services, etc. (activities to protect their own communities, such as visiting first aid centers and evacuation centers in times of disaster and attending inspection centers in times of infectious disease outbreaks).
2. Public interest activities by the government, medical associations, etc.	Committee members related to medical associations, specialist medical associations, community associations and health centers, cooperation in police work, disaster prevention meetings, meetings on community healthcare, review committees for receipts, attendance at community care meetings, disability certification review boards, long-term care insurance certification review boards, etc.
3. Community Health and Public Health Activities	Maternal and child health, infant health (1-year and 6-month check-ups, 3-year check-ups), school health (school check-ups, school doctor activities), school health education (sex education, cancer education, anti-smoking and drug education, etc.), occupational health (community occupational health committees, etc.), occupational health (Community occupational health center activities, occupational health consultations, activities of occupational physicians), employer health check-ups (specific health check-ups, specific health counselling), health check-ups for the elderly (health check-ups for the elderly, dementia check-ups), vaccinations (regular and other), cancer and adult disease check-ups, public lectures for citizens (health lectures, nursing care courses), mental health, health and sports medicine activities, etc.
4. Multi-professional cooperation	Participation in home healthcare networks such as home-visit healthcare, preparation of documents related to long-term care insurance (e.g., attending physician opinion forms), meetings with multiple professions (e.g., care conferences), ACP, etc.
5. Other tasks	Participation in nurse/assistant nurse training schools, joint use of medical association facilities, preparation of medical certificates for driving licenses for the elderly, preparation of medical certificates in adult guardianship systems, cadaver examination, medical DX, medical GX, academic activities, support for facilities for the elderly and disabled, etc.

Ageing Rate by Prefecture(% of population aged 65 and over)

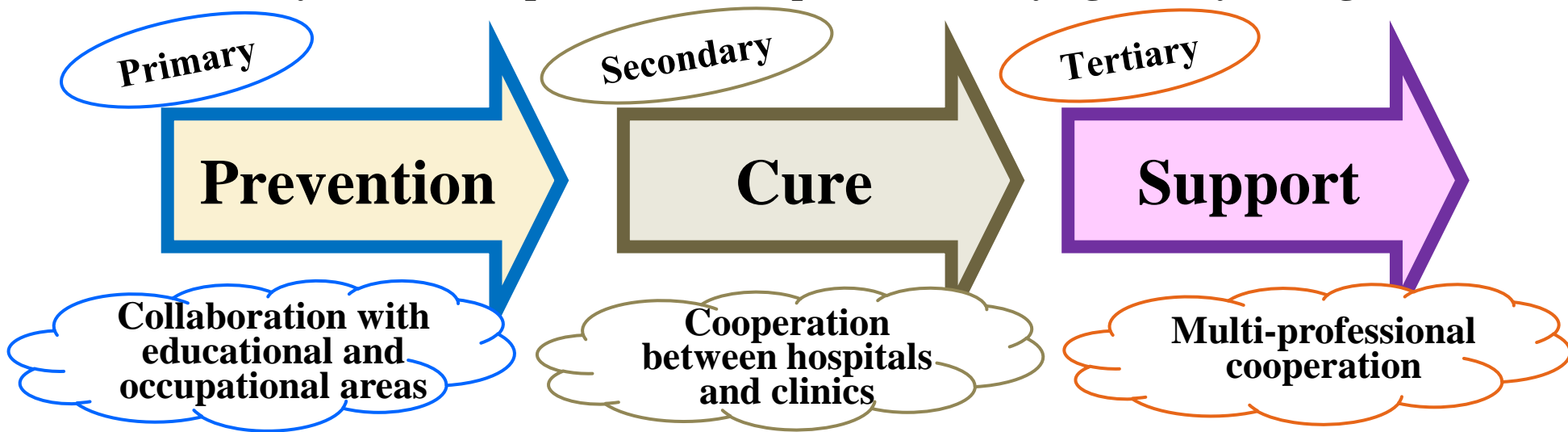


(Source) 2022: Population projections, Statistics Bureau, Ministry of Internal Affairs and Communications <<https://www.stat.go.jp/data/jinsui/>>
2National Institute of Population and Social Security Research, "Population Projections by Region in Japan (2008 Estimates)" <https://www.ipss.go.jp/pp-shicyoson/j/shicyoson18/2gaiyo_hyo/gaiyo.asp>

Healthcare = Prevention • Education + Diagnosis • Treatment + Prevention of Recurrence and Severity of Illness, Care and End-of-Life Care

“Preventing Disease” is a Major Role of Medical Care

The role of physicians is not limited to diagnosis and treatment.
In the '100-year life era', prevention is important for staying healthy throughout life.

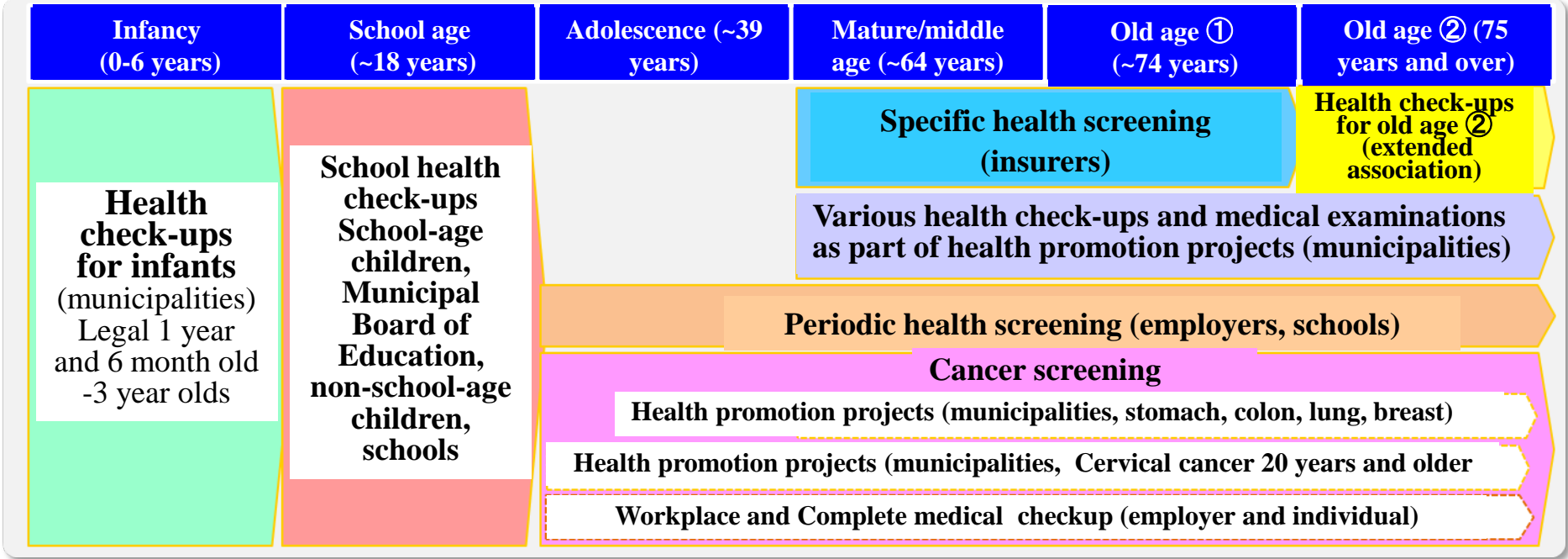


Role of Kakaritsuke Physician

Role as School Physician

Role as Occupational Physician

The JMA's Vision of How the Public's Health should be Promoted



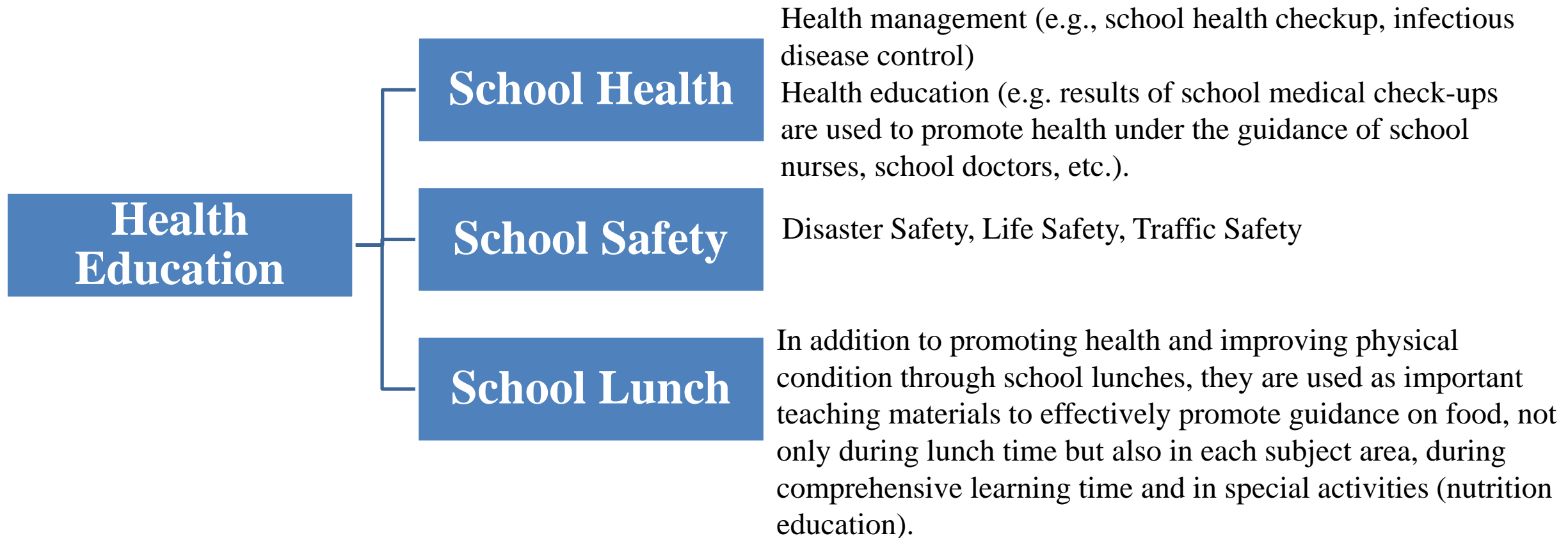
Health and medical check-up systems are established for each life stage, but management is uneven.

Health screening data needs to be centrally managed and linked to appropriate health services according to people's life stages.

Systematization of lifelong health services

To protect the health of children who will carry the future

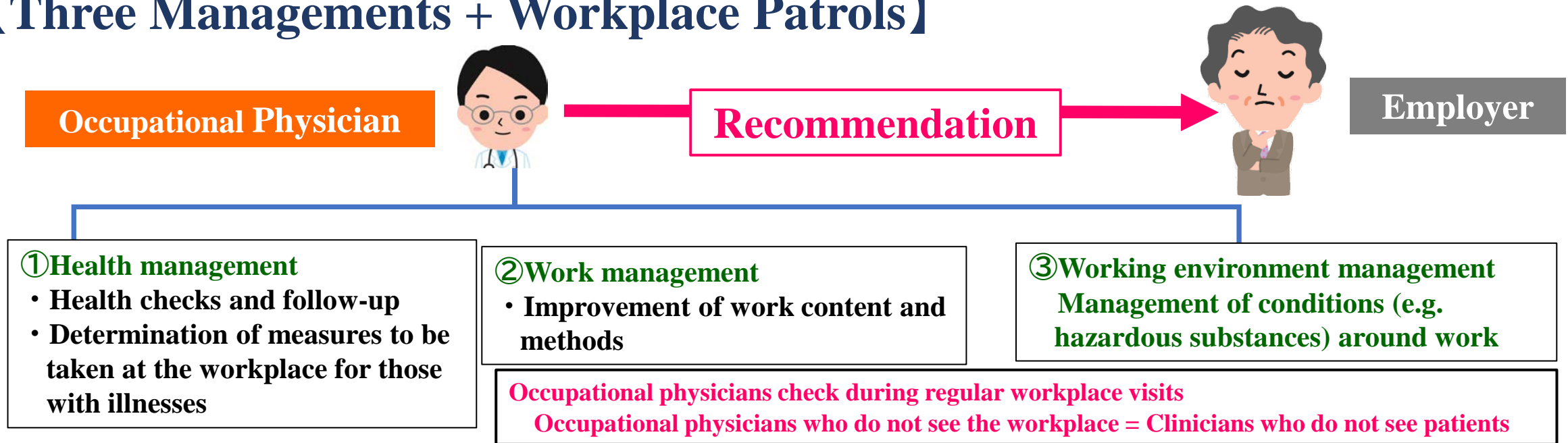
Educating students for a safe and healthy school life is called health education, which is divided into three areas



Occupational Health Activities

→ Acting in accordance with medical ethics, as the primary objective is to ensure the health of workers.

【Three Managements + Workplace Patrols】

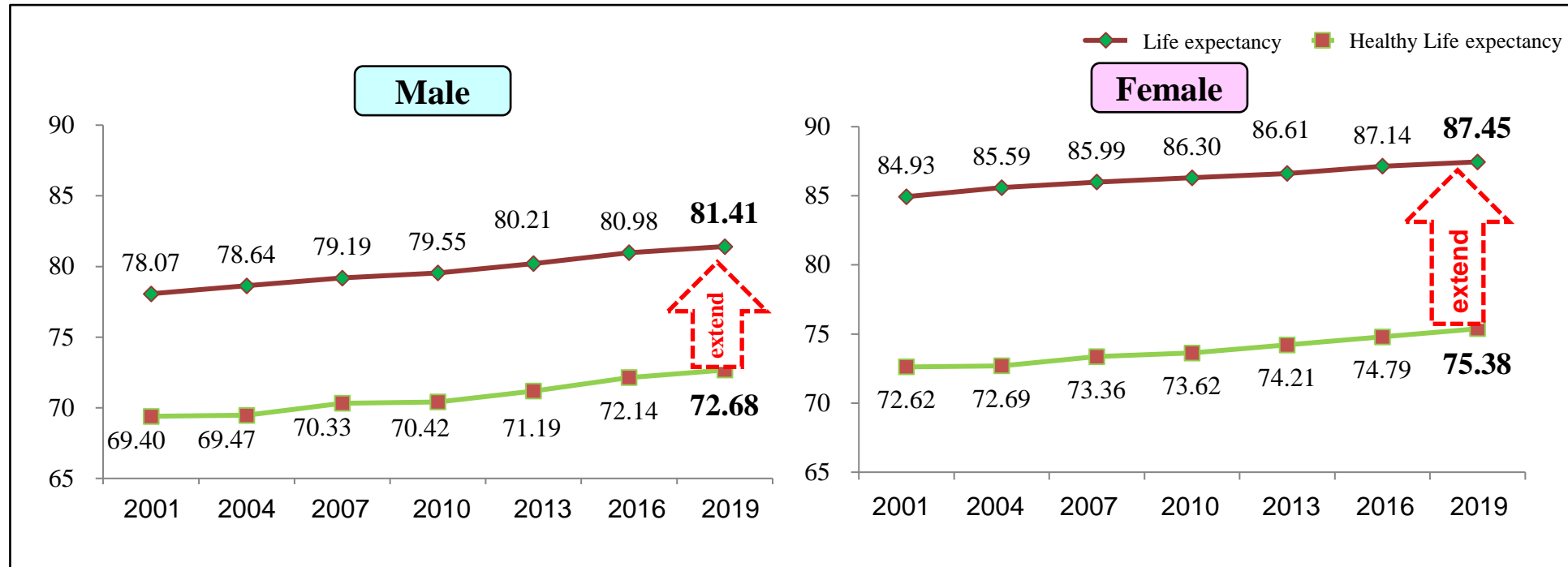


- The current system under which occupational physicians can make recommendations to employers on behalf of workers based on medical ethics must be adhered to.
- Enhancement and strengthening of occupational health activities in workplaces with less than 50 workers. Occupational health activities for workers at workplaces with less than 50 employees, where the appointment of occupational physicians is not mandatory. Sufficient budget is needed to ensure that occupational health activities for workers at workplaces with less than 50 employees are thoroughly carried out under the supervision of occupational physicians through regional occupational health centers.
- Careful consideration of the future is needed. Changes to the system of occupational health as a form of community healthcare will have a significant impact on clinical, nursing and other settings.

Trends in Life Expectancy and Healthy Life Expectancy

<Challenges for our country>

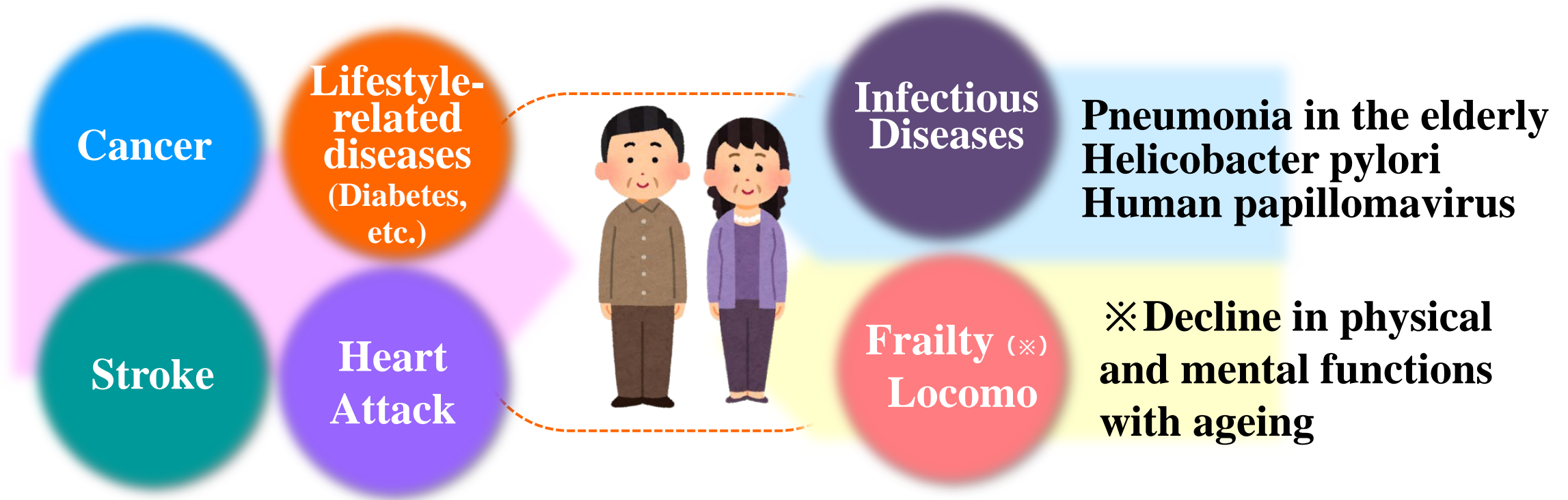
source : 2021.12.20 Ministry of Health, Labour and Welfare 16th Expert Committee for the Promotion of Healthy Japan 21 (2nd stage)



Difference from life expectancy: Male: 8.73 years; Female: 12.07 years.

What initiatives are needed to increase healthy life expectancy (closing the gap with average life expectancy)?

Preventable Diseases/Conditions



How to prevent

Behavior required



Healthy Lifestyle

→ Exercise at 1, diet at 2, quit smoking firmly , and finally, medication.

Regular Health Checks

Proper Behavioral Habits for Health

→ Consult **Kakaritsuke Physician**

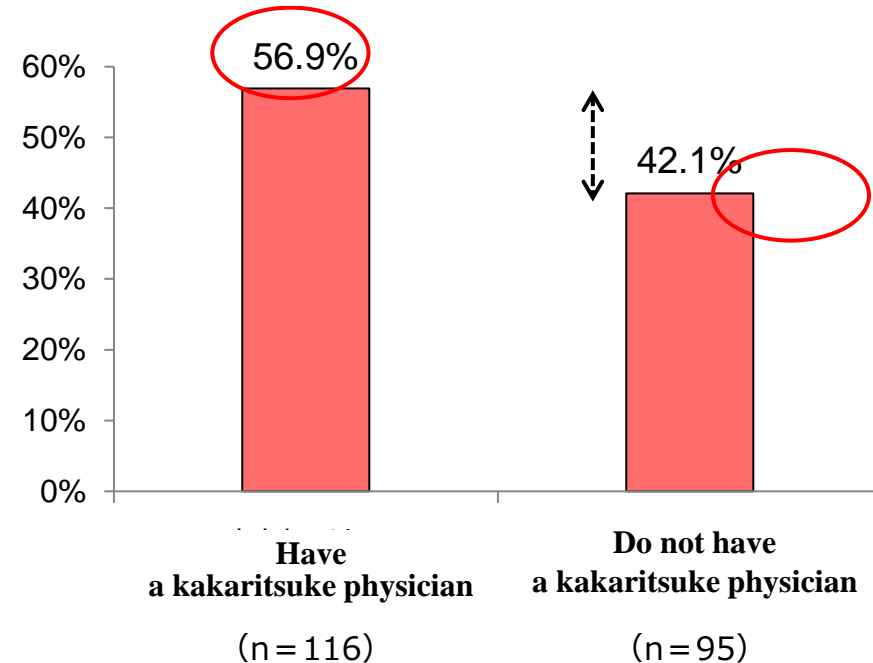
Towards Improving the implementation rate of health checks and medical examinations

Review of the operation of the third stage of specific health examinations

- ① **Recommendation by the kakaritsuke physician** to those who have not received the prescribed health examination.
- ② If a person has not received the prescribed medical examination even by ① above, his/her kakaritsuke physician provides data equivalent to the prescribed medical examination (examination data in the medical examination + missing items) (*Personal consent required).
- ③ Providing the kakaritsuke physician with the examination data from the medical examination (*Patient consent required).

Effectiveness of kakaritsuke physicians (e.g. uptake of cancer screening)

Respondents in their 50s and 60s who reported being in good health



The 4th Survey on Attitudes towards Healthcare in Japan
(JMA Research Institute WP No.260)

Working with local kakaritsuke physicians is important.

“Why does ‘Locomo’ occur?”

The importance of Prevention!

~Protect your own health by yourself ! ~

◆ **Maintaining Muscle Strength** ◆ ◆ **Adequate Nutrition** ◆

- **Activities of Daily Living**
- **Muscle Training**

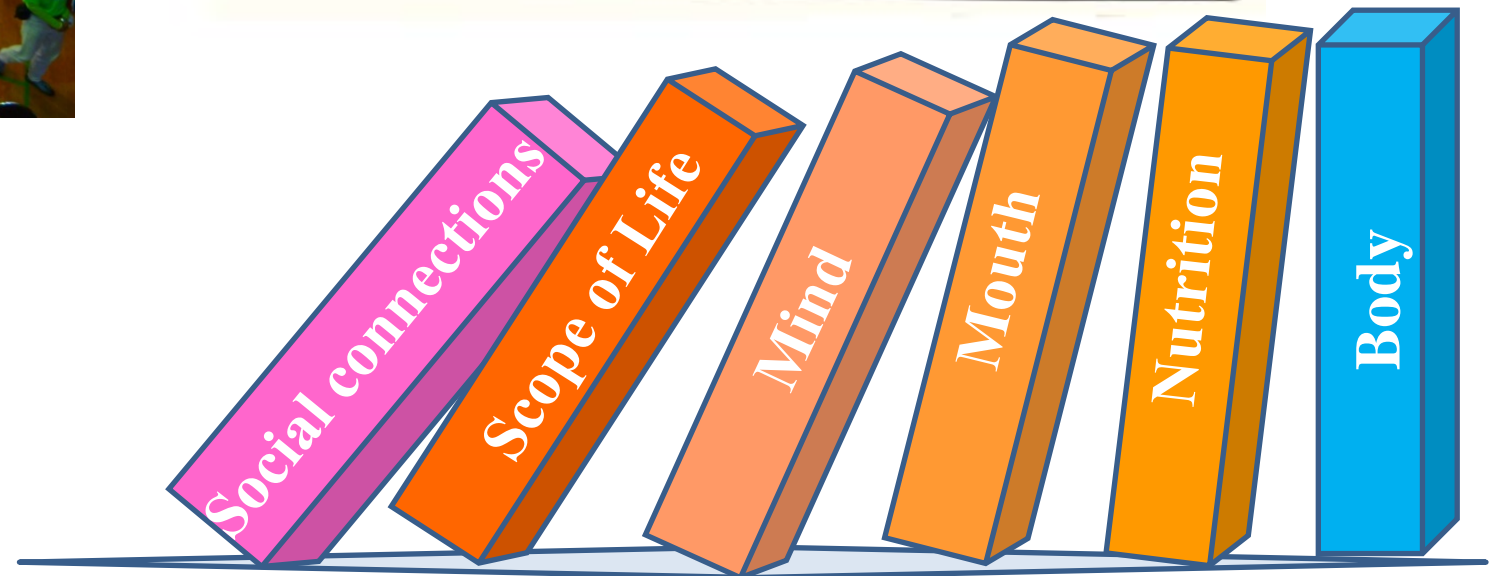
- **Three Meals a Day**
- **Nutrition Balance**



Frailty Dominoes

~The importance of sociality
revealed from community data~

Don't let the dominoes fall!



~Losing social connections is the first entry point to frailty. ~

Towards the development of a system in which the kakaritsuke physician function is fulfilled

-Differences from the kakaritsuke physician function to date-

Public

At present, the public is not even aware of the existence of the "System for Providing Information on Medical Functions". The system should be revised to make its contents more understandable to the public, and the public should be encouraged to use it in a freely accessible manner so that they can choose appropriate medical institutions on their own.

Medical Institutions

Each medical institution should extend the warp thread by refining its own functions and spent the weft thread by cooperating with other medical institutions in the community. Thereby weaving the "kakaritsuke physician function as a community aspect" and further demonstrating its functions. Cooperate with other medical institutions from the time of routine healthcare and respond to emergencies through the regional network as much as possible.

In the event of an outbreak or spread of infectious diseases (contingency)

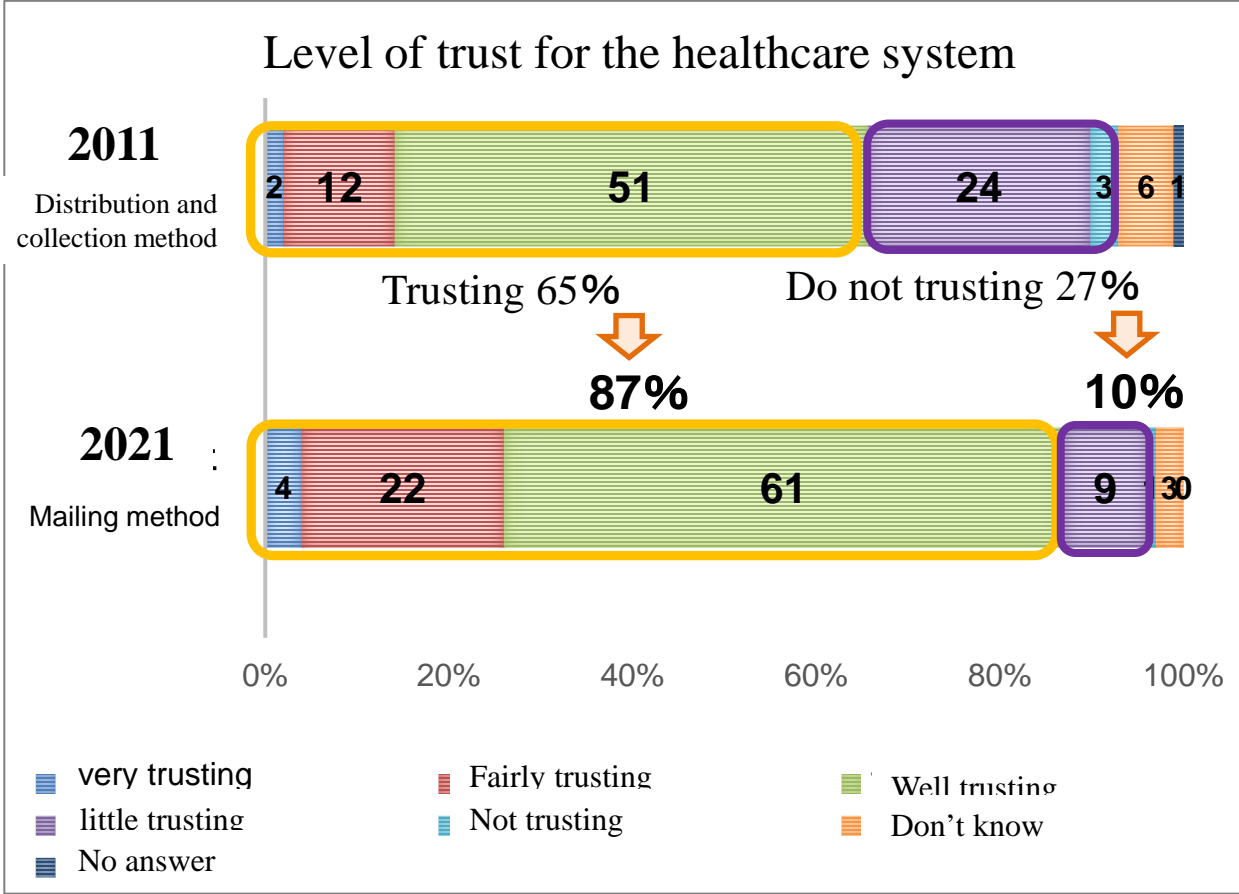
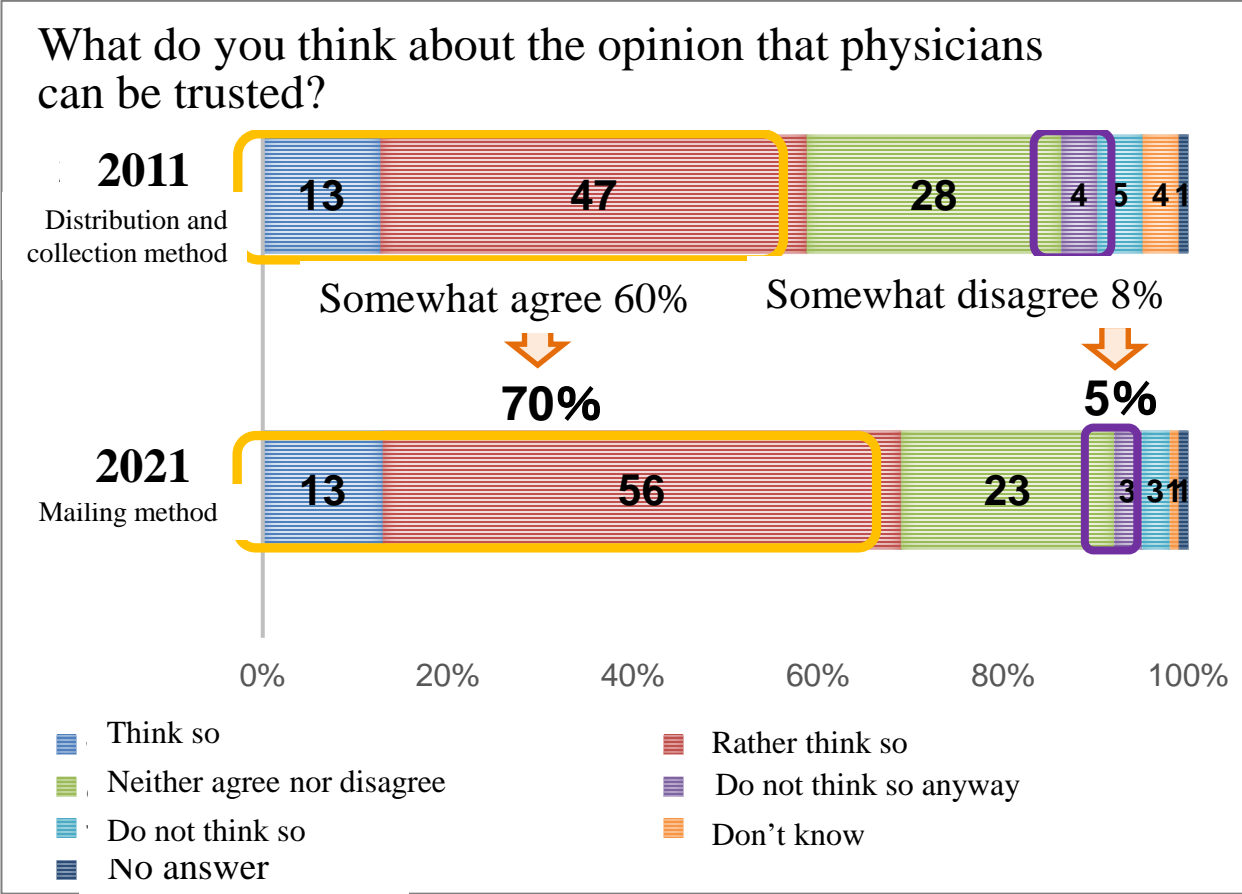
In the event of an outbreak or spread of infectious diseases (contingency), it is desirable for medical institutions with a family doctor function that know their patients well to provide medical treatment, but when dealing with unknown infectious diseases, it is important to take measures to prevent the spread of infection, including separation of lines of flow, while continuing normal medical treatment in the community as a whole.

It is necessary to respond to the needs of infectious disease medical care while continuing to provide normal medical care in the community as a whole. By clarifying in advance, the medical institutions responsible for outpatient treatment and home care during an infectious disease crisis in the overall regional healthcare system, it will be possible to ensure that the public, including those who do not have a medical institution where they receive treatment in normal times, can receive the necessary medical care when they need it.

Currently, amendments to the Infectious Diseases Law and other laws are under discussion, and the law is being amended in this direction.

Trust in Japanese Physicians and Healthcare System

In 2011, trust in Japanese doctors and the healthcare system was 60% for physicians and 65% for the healthcare system. In 2021, two years after the spread of the new coronavirus, trust in physicians and the healthcare system had improved significantly, with 70% for physicians and 87% for the healthcare system.



*Murata, Hiroko, Health awareness and health care issues as seen through public opinion surveys
ISSp International Comparative Survey on Health and Medical Care: Results from Japan
Broadcasting Research and Survey, Sept 20-22. https://www.nhk.or.jp/bunken/research/yoron/pdf/20220901_5.pdf

International comparison of number of hospitalizations to number of infections (per million population)

○A comparison of the ratio of the number of hospital admissions to the number of new coronavirus cases to the peak number of cases in each country for the period when alpha and delta strains were prevalent showed that Japan had the highest number of hospital admissions in both periods. Japan had the highest ratio for both periods.(Comparison based on six G7 countries, excluding Germany, for which no data on hospital admissions are available).

Ratio of values at the time of maximum number of cases in each country from the time the alpha strain was classified as a VOC (Variant of Concern) by the WHO (18/12/2020) to the time the delta strain was classified as a VOC by the WHO (11/5/2021).

	Time Point	Number of confirmed※ ¹ (A)	Number of hospitalization※ ² (B)	(B) ÷ (A)	(Reference) Number of Deaths※ ³
Japan	2021/1/19	698	117	0.167	7.4
USA	2021/1/13	10,119	380	0.038	128.4
UK	2021/1/11	11,569	539	0.047	159.3
France	2021/4/4	8,010	435	0.054	64.9
Italia	2021/3/22	5,293	523	0.099	86.6
Canada	2021/4/19	3,235	109	0.034	21.6

Comparison of values at the time of maximum number of cases in each country from the time the delta strain was placed in VOC by WHO (2021/5/11) to the time the omicron strain was placed in VOC by WHO (2021/11/26).

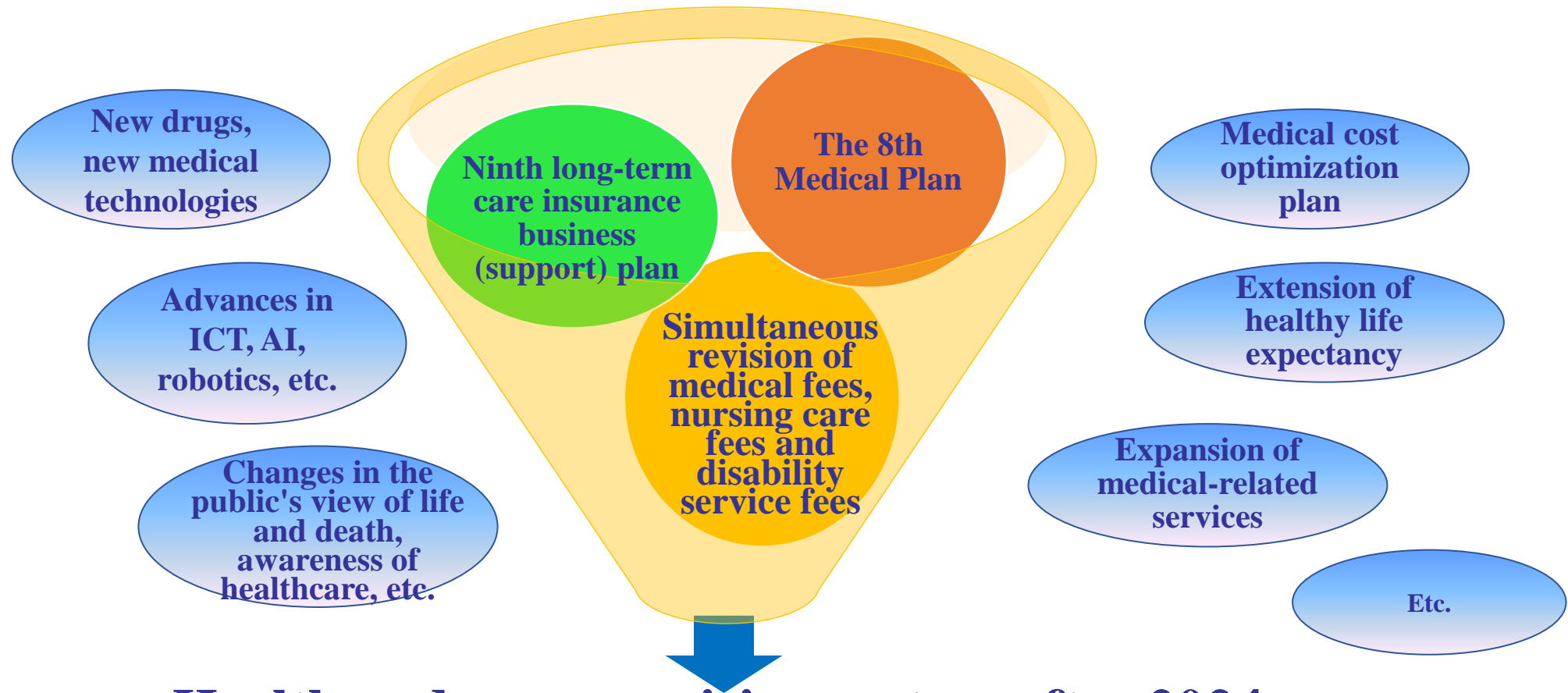
	Time Point	Number of confirmed※ ¹ (A)	Number of hospitalization※ ² (B)	(B) ÷ (A)	{Reference}Number of Deaths※ ³
Japan	2021/8/29	2,484	193	0.078	4.3
USA	2021/9/5	6,785	286	0.042	61.2
UK	2021/10/27	9,165	133	0.015	28.8
France	2021/8/16	4,863	151	0.031	12.8
Italy	2021/8/31	1,497	79	0.053	11.8
Canada	2021/9/20	1,716	56	0.033	9.9

Total number of new infections per million population in each country for 14 consecutive days during the period under review, at the time of peak. <https://ourworldindata.org/covid-cases> 'Daily new confirmed COVID-19 cases per million population'. Data source is the COVID-19 Data Repository of the Centre for Systems Science and Engineering (CSSE) at Johns Hopkins University.
 ※² The number of hospital admissions in Japan is calculated per million population by taking the number of hospital admissions (including confirmed hospital admissions) from the Ministry of Health, Labour and Welfare (MHLW) website "Survey on the treatment situation of patients with new-type coronavirus infection and the number of hospital beds accepting inpatients". As this is a weekly survey, the values for 2021/1/20 and 2021/9/1, which are closest to the time when the total number of new infections over a 14-day period reaches its maximum, are used. United States, United Kingdom, France Switzerland, Italy and Canada refer to <https://ourworldindata.org/covid-hospitalizations> 'Number of COVID-19 patients in hospitals per million population'. Data sources are the US Department of Health & Human Services for the USA, the Government of the United Kingdom for the UK, Sante publique France for France, the Ministry of Health and the Higher Institute of Health, Canada. Official data from the provinces via covid19tracker.ca.
 ※³ Total number of new deaths per million population in each country over 14 consecutive days used in *1. <https://ourworldindata.org/covid-deaths> 'Daily new confirmed COVID-19 deaths per million population'. Data source is the COVID-19 Data Repository of the Centre for Systems Science and Engineering (CSSE) at Johns Hopkins University. University (Reference) A comparison of the values at the time of the maximum number of cases*1 in each country from the time when the Omicron strain was listed as a VOC by WHO (26/11/2021) to the latest shows that Japan was 0.021 (11/2/2022 [9/2/2022 for hospitalisations]), the USA 0.014 (2022/1/19), the UK 0.008 (2022/1/10), France 0.006 (2022/1/29), Italy: 0.008 (2022/1/21), Canada.

To promote full-scale standardization of electronic medical record information, etc.

In order to promote the standardization of electronic medical record information quickly and effectively in the future, it is necessary for each of the parties involved, including the public, medical institutions and insurers, to be able to feel the effects of the system, to want to use it (implement it) and to be satisfied with the cost burden.

Expect Impact		Anticipated actions
public	<ul style="list-style-type: none"> Can access their own medical information on their mobile phones, etc. and carry it with them. Get test results timely without having to go to the hospital. 	<ul style="list-style-type: none"> Adoption of standards (HL7FHIR) using web technology Expansion and promotion of the use of My Number Portal and private PHRs Formulation of mandatory input items specific to medical fields and diseases Structuring and standardisation of frequently used documents and new releases in line with system updates when medical fees are revised Radical strengthening of the standardisation work system Development of online information infrastructure Review of the Next Generation Medical Infrastructure Act Measures to be taken in medical fees, etc. Support by the Medical Informatization Support Fund
Medical institute	<ul style="list-style-type: none"> Conduct more efficient and accurate patient interviews. Routine documents (e.g. medical information forms) can be automatically generated. No need to import medical information forms etc. from other medical institutions. Reduce system-related costs, implement low-cost cloud-based electronic medical records in clinics Contribution to data re-use (secondary use) 	
insurer	<ul style="list-style-type: none"> Optimisation of medical costs, e.g. avoidance of duplicate examinations In addition to specific check-ups (once a year for people over 40), health advice based on medical information (test results, etc.) 	
vendor	<ul style="list-style-type: none"> Allows systematic and effective system development Freedom from custom order handling (effective use of SE staff) 	



Health and care provision system after 2024

- Super-aged society, 100-year life era, ageing population in urban areas
- Declining population due to decreasing birthrates, accelerated depopulation
- Changes in demand for healthcare and nursing care
- Decrease in the supply of healthcare and long-term care services and the number of people responsible for them
- Digital transformation of healthcare, progress in ICT
- Attacks of emerging infectious diseases, more intense and frequent disasters



Thank you for your attention!