

UNIVERSAL HEALTH COVERAGE (UHC)

AS A BASIS FOR “ACTIVE AGING” AND
MEDICAL AND WELFARE SERVICES,
HEALTH PROMOTION, AND DISEASE PREVENTION



Takao Suzuki
National Center for Geriatrics and
Gerontology

Characteristics of Japanese universal health insurance coverage system

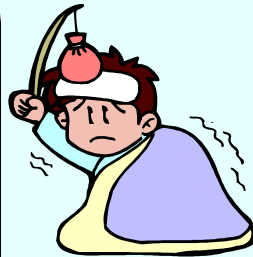
- 1. Covering all citizens by public medical insurance**
- 2. Freedom of choice of medical institution (free access)**
- 3. High-quality medical services with low costs**
- 4. The insurance scheme is divided into three pillars.
1st: Employer-based, 2nd: Community-based,
3rd: Senior-based**
- 5. Based on the social insurance system, spending the public subsidy to maintain the universal health insurance coverage**

Overview of Medical Service Regime in Japan

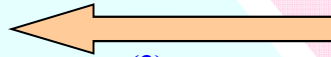
- 75 years or older
10% copayment
(Those with income comparable to current workforce have a copay of 30%)
- 70 to 74 years old
20% copayment*
(Those with income comparable to current workforce have a copay of 30%)
- Start of compulsory education to 69 years old
30% copayment
- Yet to start compulsory education
20% copayment

* Frozen at 10% for the 12-month period from April 2008

Patient (insured)



(2) Receive service & copayment



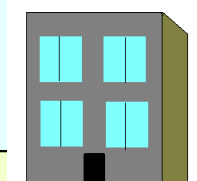
(3) Clinical service



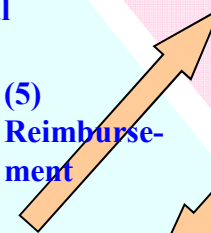
(1) Insurance contribution



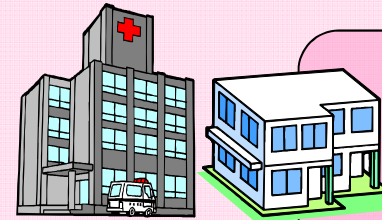
Insurer



(5) Reimbursement



[Medical Service Regime]



Hospital 8,670

Clinic 99,824



Physician 295,049

Dentist 101,576

Pharmacist 276,517

Public health nurse 54,289

Midwife 32,480

Registered nurse 994,639

Other healthcare professionals

Administrative bodies



National
Prefectural
Municipal
governments

Public funding

Public funding

Supportive contribution

Respective insurer

[Health insurance system]

(Principle schemes)	(Number of insurers)	(Number of enrollment)
-National Health Insurance	1,888	Approx. 39,000,000
-Japan Health Insurance Association administered health insurance	1	Approx. 35,000,000
-Association/union administered health insurance	1,458	Approx. 30,000,000
-Mutual aid association	85	Approx. 9,000,000

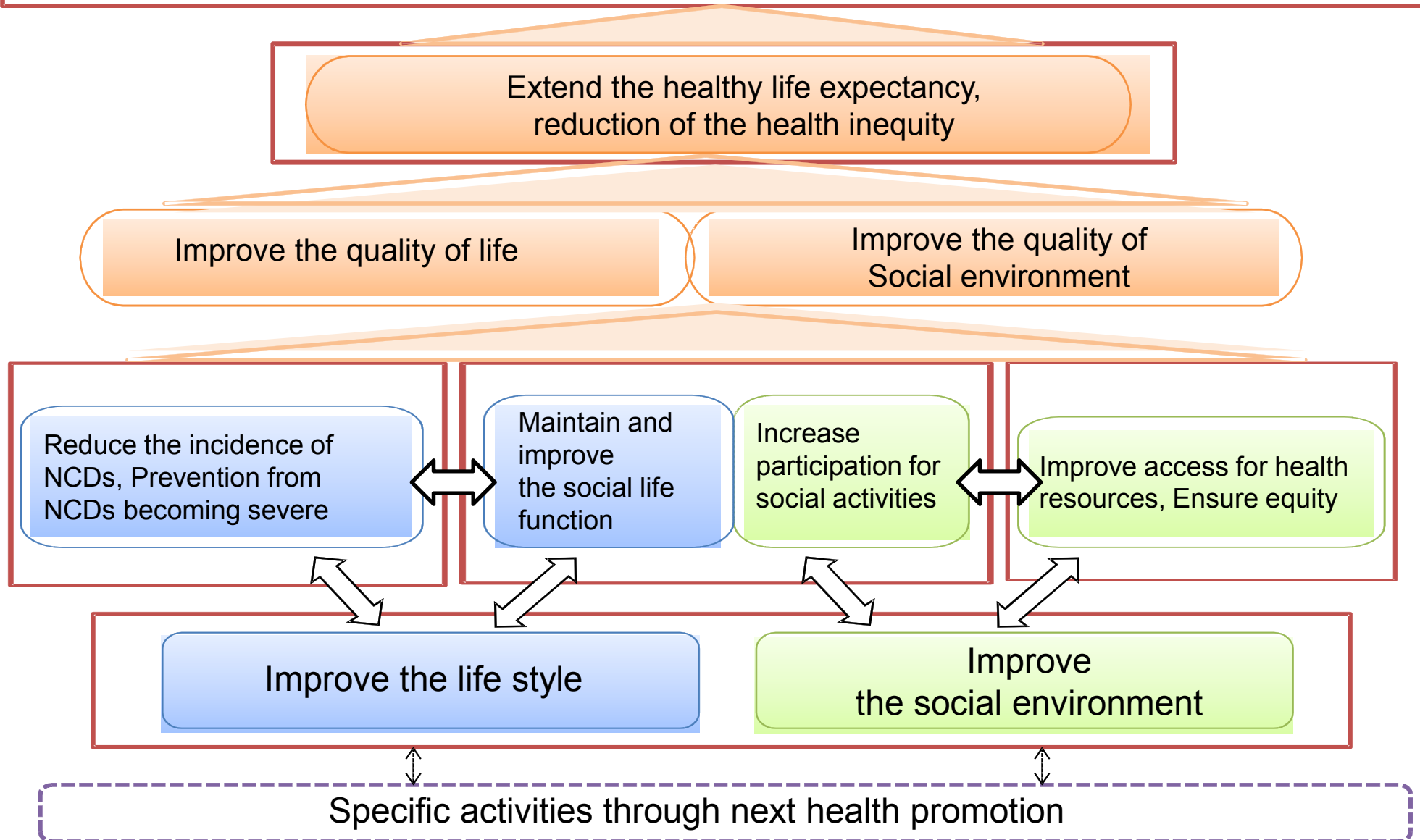
* Numbers of insurer and the enrolled are as of end of March 2011

-Advanced Elderly Medical Service System 47 Approx. 14,000,000

* Number of those enrolled is as of end of March 2011

Overview of the Health Japan 21 (2nd edition)

Attainment of the active society which everyone helps each other and live healthy

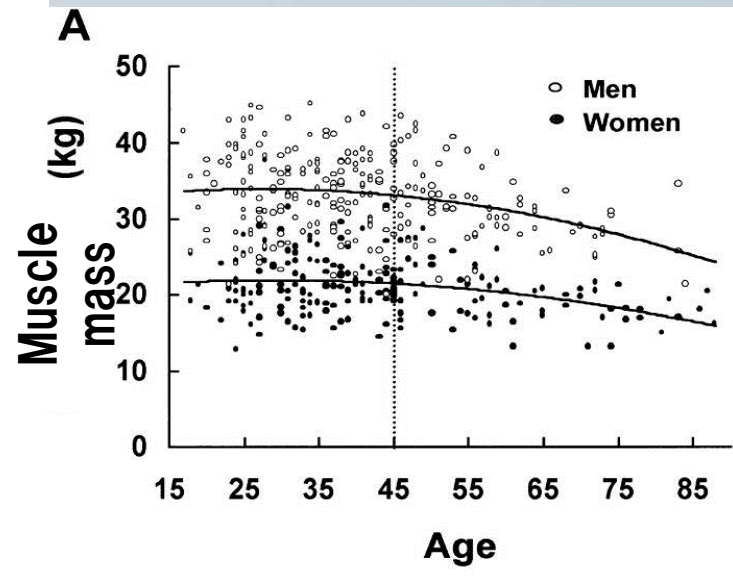


Example of targets in Health Japan 21 (2nd edition)

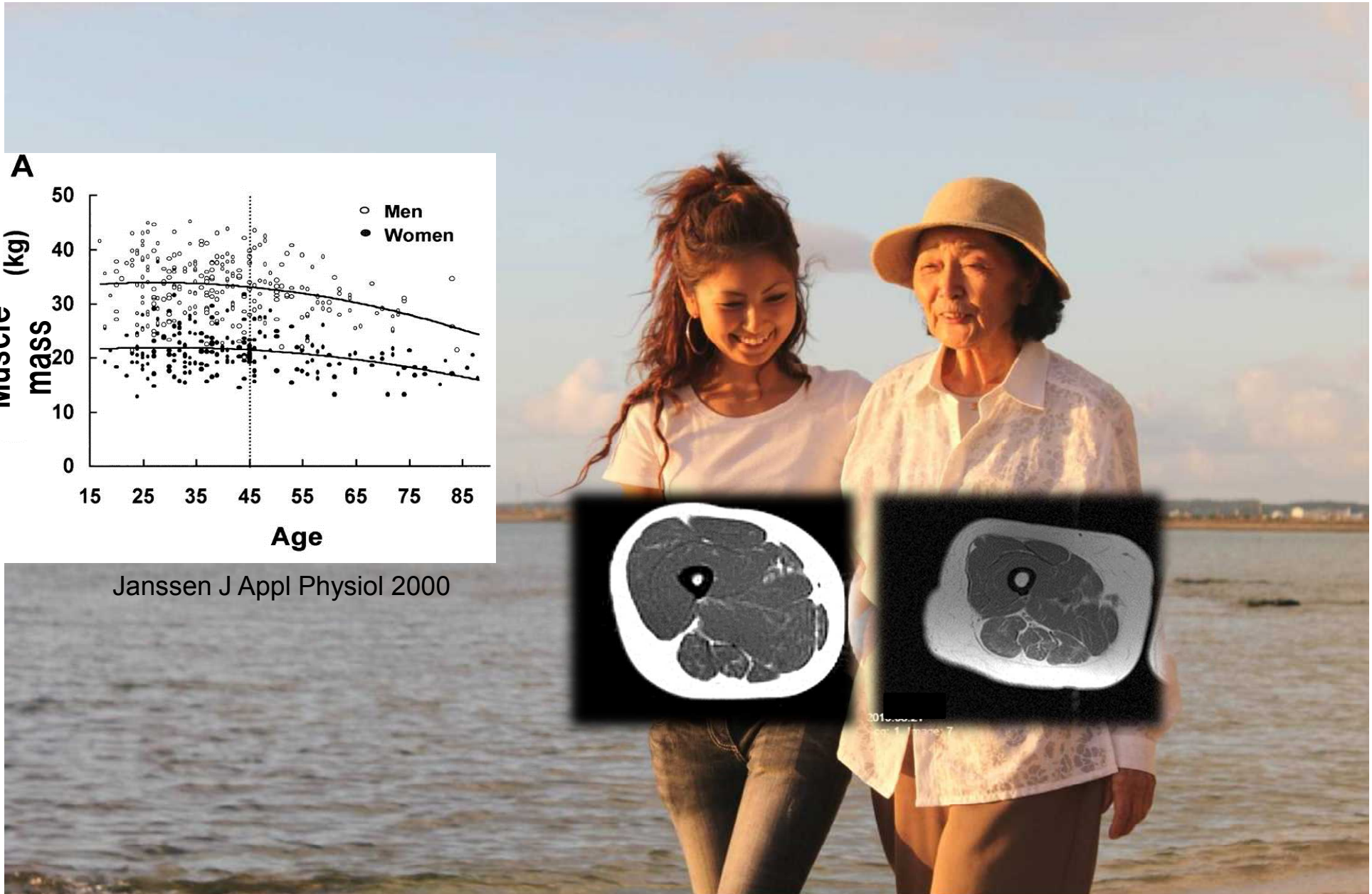
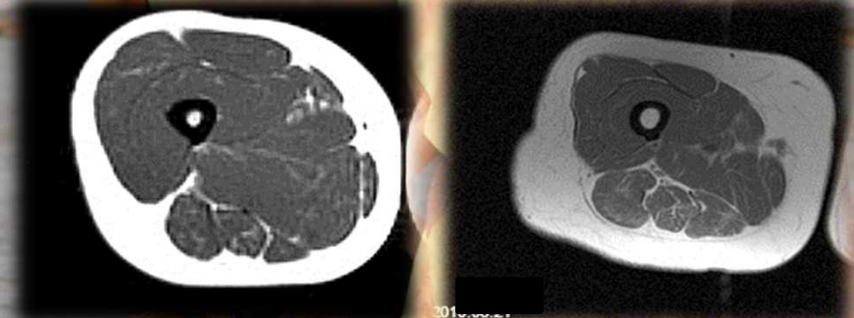
item	current	target
Mean duration which people can live no limitation for daily life	M 70.42 yo F 73.62 yo	Increase years of healthy life expectancy longer than increase years of life expectancy
Reduce the age-adjusted mortality of cancer under 75 (/100,000)	84.3	73.9
Mean systolic blood pressure	M 138mmHg F 133mmHg	M 134mmHg F 129mmHg
Number of newly introduced dialysis patient because of Diabetes	16,271 people	15,000 people
Proportion of obesity (BMI \geq 25) among male aged 20 to 65 female aged 40 to 60	M 31.2% F 22.2%	M 28% F 19%
Total amount of salt intake (g/day)	10.6g	8g
Number of steps in daily life among aged 20 to 64	M 7841 steps F 6883 steps	M 9,000 steps F 8,500 steps
Reduce the promotion of heavy drinker which amount of alcohol increase the risk of NCDs*	M 16.7% F 7.4%	M 14.0% F 6.3%
Adult smoking rate	19.5%	12%
Number of people over 80 who keep their own teeth 20 and over.	25%	50%

※ pure alcohol consumption per day : M 40g over, F 20g over

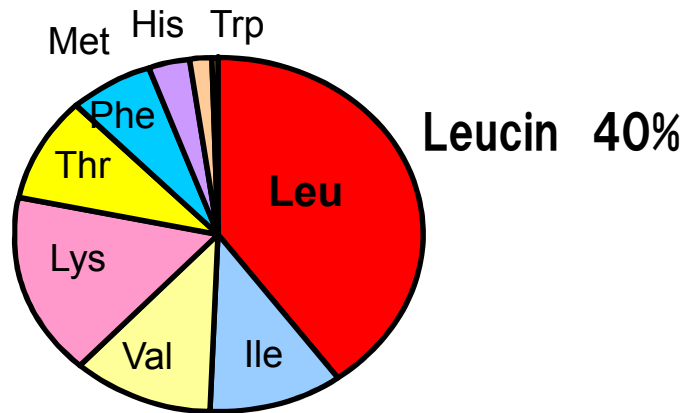
Prevention of Sarcopenia



Janssen J Appl Physiol 2000



• Kim H, Suzuki T, et al. J Am Geriatr Soc 2012

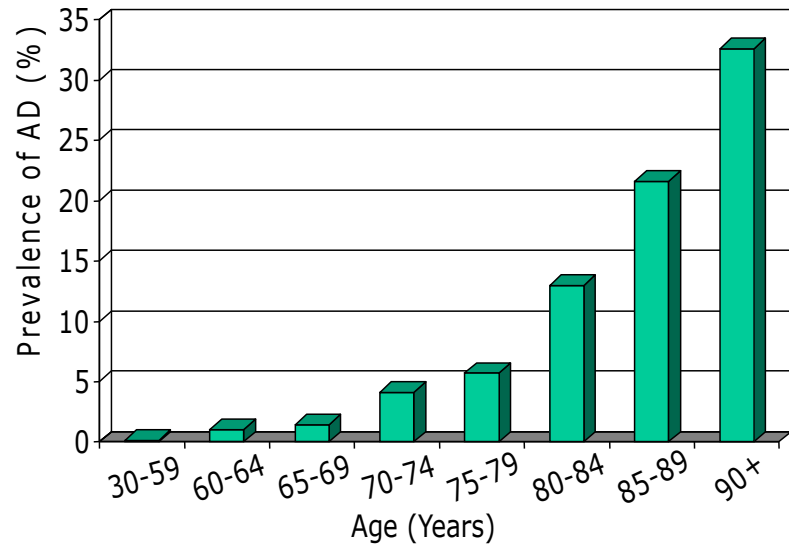


Supplement of high quality amino acid

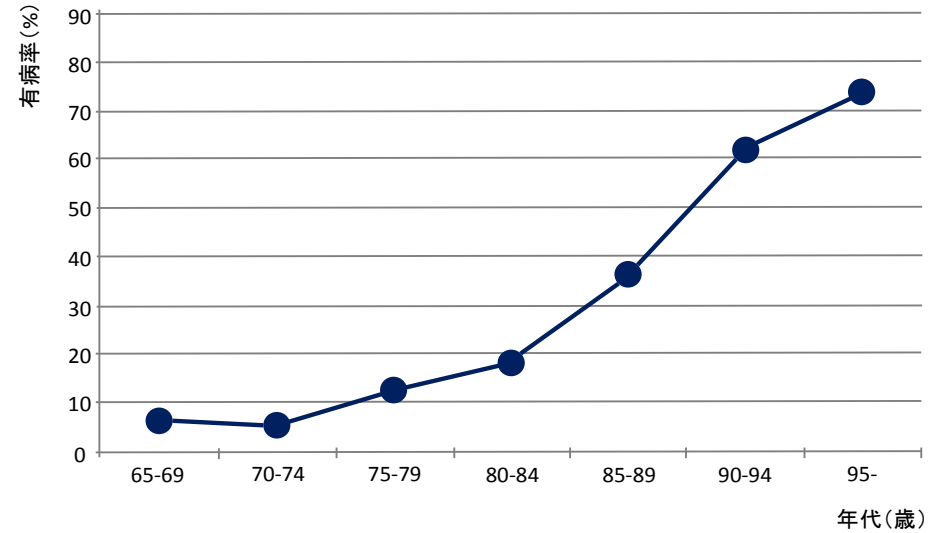
- Randomized controlled trial with exercise and amino acid supplement for elderly women with 75 yrs and over.
- 60 minutes exercise in the community center and daily intake of amino acid with 40 % leucin contain.
- Significant improvement in the exercise +amino acid supplement group.



Prevalence of Dementia



Source: The prevalence of AD in Europe:
A collaborative study of 1980-1990 findings (EURODEM)



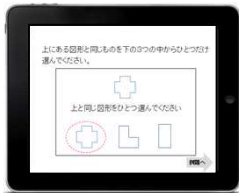
The prevalence of dementia in Japan: National Survey in 2011

Major Flow of Preventing Dementia

1 Screening



Cognitive Assessments



Cognitive Assessment Tool

NCGG-FAT



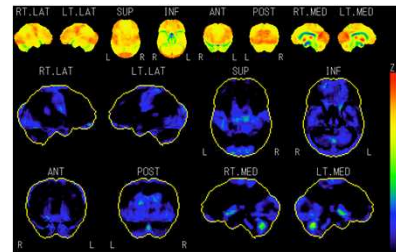
Questionnaire



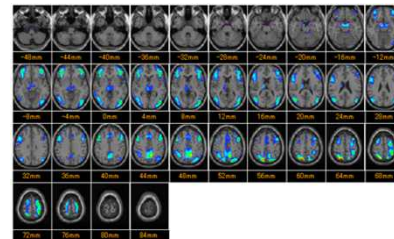
Physical Assessments

2 Neuroimaging

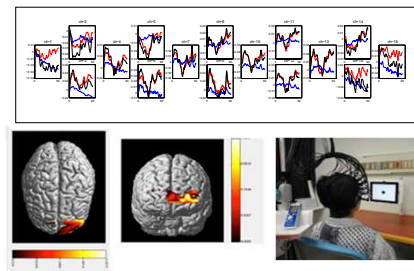
FDG PET



MRI



NIRS



3 Intervention

Exercise or Education Classes



Music Classes



Multicomponent Exercise Program for MCI



Task 1

Stretch and
muscle strength



Task 3

Exercise with
learning-task



Task 2

Aerobic exercise

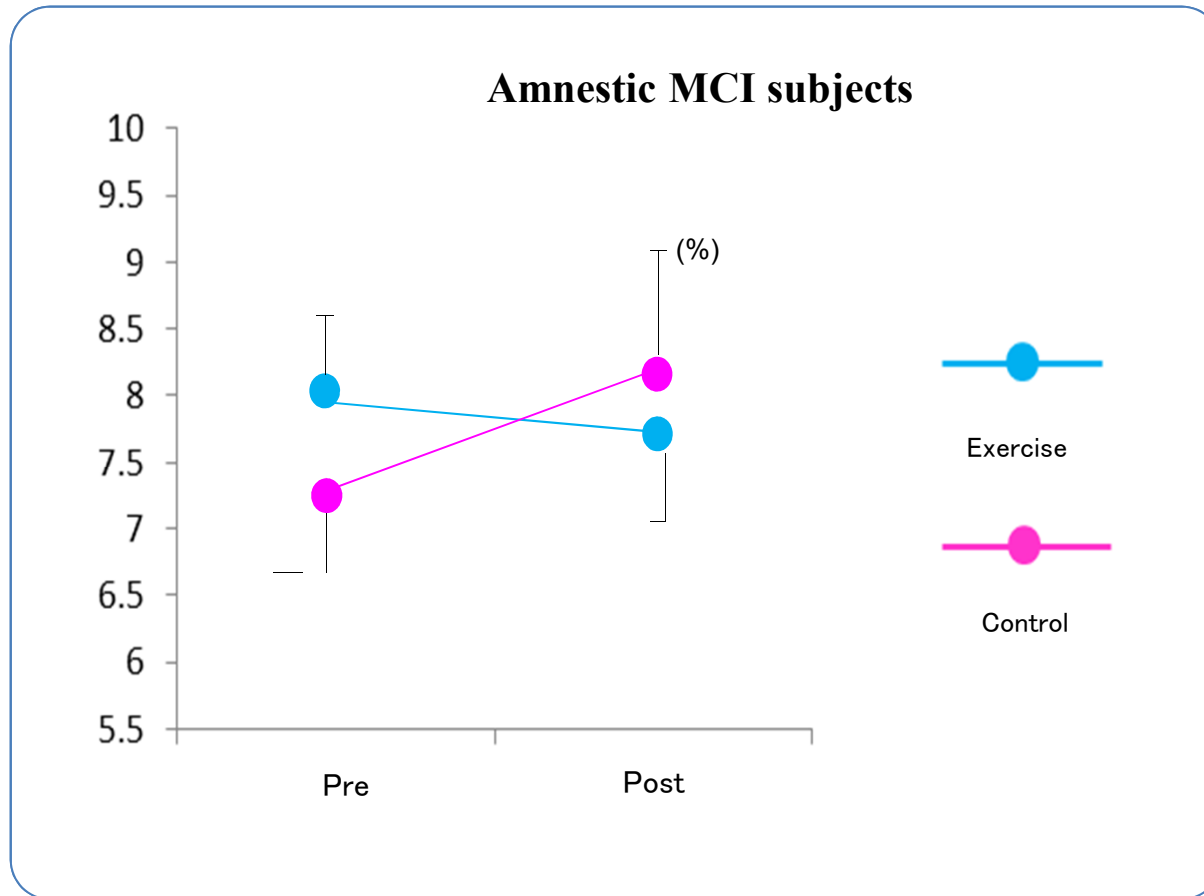


Task 4

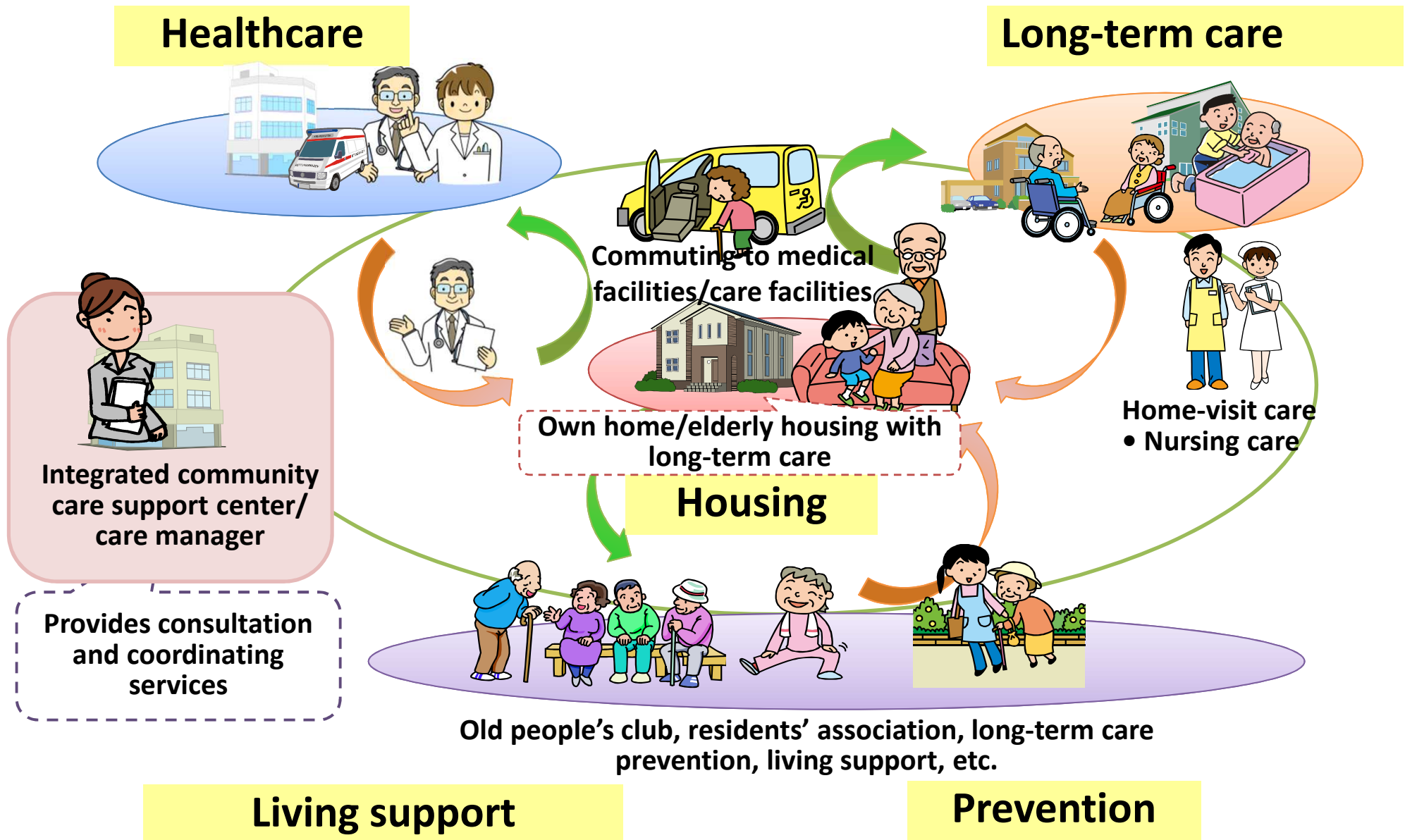
Behavior
modification
technique

Comparison of brain atrophy by MRI

(Suzuki T, et al. PLOS One, 2013)



integrated community care system



International Comparison of Healthcare Facilities

[OECD Health Data 2012, OECD Health at a Glance: Asia / Pacific 2012]

Country	Average length of stays for acute care in hospitals	Doctor consultations per capita	Hospital beds per 1,000 population	Doctors per 1,000 population	Nurses per 1,000 population
Japan	18.2 (2010)	13.1 (2009)	13.7 (2008)	2.2 (2010)	10.1 (2010)
Malaysia	4.4 (2006)	3.5 (2010)	1.9 (2010)	1.2 (2010)	2.4 (2010)
Thailand	4.2 (2005)	2.1 (2005)	2.1 (2010)	0.3 (2010)	1.7 (2010)
Indonesia	4.3 (2009)	-	0.6 (2010)	0.3 (2011)	2.0 (2007)
Vietnam	6.7 (2003)	2.3 (2010)	3.1 (2009)	1.2 (2008)	0.9 (2009)
Singapore	4.7 (2006)	-	2.0 (2010)	1.7 (2011)	5.2 (2011)
Brunei Darussalam	4.8 (2010)	3.9 (2008)	2.7 (2009)	1.4 (2010)	6.5 (2011)
Republic of Korea	10.6 (2003)	12.9 (2010)	8.8 (2010)	2.0 (2011)	4.7 (2011)
China	8.6 (2009)	4.7 (2011)	4.2 (2010)	1.8 (2011)	1.7 (2011)
Philippines	-	-	0.5 (2010)	1.1 (2004)	4.3 (2004)
Cambodia	5.0 (2011)	0.7 (2011)	0.7 (2011)	0.2 (2010)	0.6 (2010)
Lao PDR	-	-	0.7 (2010)	0.2 (2005)	1.0 (2005)
Myanmar	6.3 (2008)	-	0.6 (2006)	0.6 (2011)	0.6 (2011)



Thank you for your attention