

# Survey of Medical Care Activities in Public Health Insurance

## Outline of Survey

### 1 Objective

This survey is to perceive the situation of medical treatment, diseases and injuries, dispensing, and use of drugs concerning the provided under the government-managed health insurance (hereafter, government insurance), society-managed employment-based health insurance (hereafter, society insurance), national health insurance (hereafter, NHI), and long-life medical care system, and to obtain basic data for administration of medical insurance.

### 2 Survey Scope

The subjects were detailed statements of medical/dental fees and pharmacy dispensing fee (hereafter, detailed statements) assessed and accepted as applicable to the government insurance, society insurance, NHI, and long-life medical care system by prefectural branches of Social Insurance Medical Fee Payment Fund (hereafter, Payment Fund Branch) and the Federation of National Health Insurance (hereafter, National Insurance Federation).

The objects were detailed statements selected from stratified random two-stage sampling with insurance-covered medical care institutions and pharmacies as the primary sampling unit, and detailed statements as the secondary sampling unit.

(Number of objects)				
	Number of medical institutions	Number of detailed statements		
		Total	General medical care	Long-life medical care
Medical institutions	11 134	373 738	239 256	134 482
Hospitals	1 414	136 288	93 601	42 687
Clinics	9 720	237 450	145 655	91 795
Dental care institutions	972	29 592	19 615	9 977
Pharmacies	4 679	73 715	45 492	28 223

### 3 Survey Period

Detailed statements assessed in June 2008

### 4 Survey Items

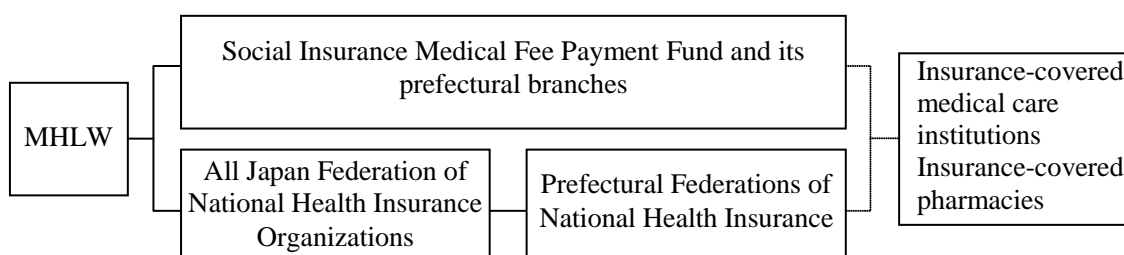
Detailed Statements of Medical/Dental Fees	...	Age, diagnostic name, actual number of days for treatment, points and times of medical treatment by type of medical practice, and use of drugs (name and dose of drugs), etc
Detailed Statements of Pharmacy Dispensing Fee	...	Age, number of prescriptions, points and times by type of dispense, use of drugs (name and dose of drugs), etc

### 5 Method and Route

#### (1) Method

Payment Fund Branch and National Insurance Federation selected detailed statements from insurance-covered medical care institutions and pharmacies using extraction rate applied separately, and sent copies of the selected detailed statements to Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare.

#### (2) Route



### 6 Tabulation of Results

Statistics and Information Department, Minister's Secretariat, Ministry of Health, Labour and Welfare tabulated the results.

### 7 Notes

#### (1) Symbols used in the tables

Quantity zero	—	Data not zero, but less than one unit	0.0
Item not applicable	·	Quantity minus	△
Data not available or applicable			...

(2) Values presented in the outline are rounded and the sums of the items do not always make up the totals.

(3) Data presented in the outline is the nationwide estimates of detailed statements assessed by government insurance \*), society insurance, NHI, and long-life medical care system in June 2008.

\*) The government insurance was renamed as “Japan Health Insurance Association-Managed Health Insurance” in accordance with the Act on Partial Revision of National Health Insurance Act, etc (Act No. 83 of 2006) in October 2008.

(4) “DPC by classification of diagnoses” in type of medical practice include additional charge for specified hospitalization fee added to point set for DPC.

(5) “Pathological diagnoses” of medical and dental care institutions was separated from “Examinations” from April 2008.

#### References:

• Annual Health, Labour and Welfare Report 2007-2008: Structure of Insured Medical Treatment;

[http://www.mhlw.go.jp/english/wp/wp-hw2/part2/p3\\_0002.pdf](http://www.mhlw.go.jp/english/wp/wp-hw2/part2/p3_0002.pdf)

• Japanese:

“Survey of Medical Care Activities in Public Health Insurance (社会医療診療行為別調査)”

<http://www.mhlw.go.jp/toukei/list/26-18.html>

## Definitions

### General medical care:

Insurance paid to medical care received at insurance-covered medical care institutions and pharmacies and benefit paid to hospital food and living for diseases or injuries of those who are between 0 and 74 years of age (excluding those who are 65 years of age or older and covered by long-life medical care system).

### Long-life medical care:

Insurance paid to medical care received at insurance-covered medical care institutions and pharmacies and benefit paid to hospital food and living for diseases or injuries of those who are covered by medical care system for the elderly in the latter-stage (long-life medical care system) under the Act on Assurance of Medical Care for Elderly People.

### Number of detailed statements:

One detailed statement issued monthly is counted as one. When an outpatient is hospitalized within the same months, the number of detailed statements will be one each for outpatient care and inpatient care.

However, a summary of “Detailed Statement of Medical Fee (Comprehensive Assessment by Medical and Inpatient Care Institution)” with attached “Detailed Statement of Medical Fee (Comprehensive Assessment by Medical and Inpatient Care Institution)” or “Detailed Statement of Medical Inpatient Care” is regarded as one for each summary.

### Actual number of days for treatment (Number of days):

Number of days a patient stayed in hospital in one month for inpatient care, and number of days a patient received consultation or home-visit consultation by physicians in one month for outpatient care.

### Points:

Medical fee points and pharmacy dispensing fee points assessed and accepted by each prefectural Payment Fund Branch and National Insurance Federation.

### Hospitals:

#### Psychiatric hospitals

- Hospitals with psychiatric beds only

#### Advanced treatment hospitals

- Hospitals approved by the Minister of Health, Labour and Welfare as capable of providing advanced medical care, developing and assessing advanced medical technology, and giving training on

advanced medical care, with appropriate staff assignment and building structure for their functions

Hospitals with beds for long-term care

- Hospitals with beds chiefly used for patients requiring long-term care

General hospitals

- Other hospitals than those listed above

Prescription fee:

Points for prescription issued to patients for purchasing prescribed drugs at insurance-covered (dispensing) pharmacies instead of providing drugs at medical care institutions.

Pharmacy dispensing:

Dispensing by pharmacists at insurance-covered pharmacies in accordance with prescription issued to patients by physicians at insurance-covered medical care institutions as a part of medical treatment under the Health Insurance Act, etc.

Number of prescriptions:

Number of times prescriptions were received at insurance-covered pharmacies within the month.

Medical practice including “Administrations” and “Injections”:

Medical practice for inpatients and outpatients described below.

Inpatients

- “Basic fee for specified inpatient care for the latter-stage elderly”, “Basic fee for inpatient care at long-term care ward”, “Basic fee for inpatient care at long-term care ward of clinics with beds”, “Management fee for inpatient care for specified diseases”, “Fee for inpatient care at convalescent-stage rehabilitation ward”, “Management fee for subacute inpatient care”, “Fee for inpatient care in special diseases ward”, “Fee for inpatient care at palliative care ward”, “Fee for emergency psychiatric inpatient care”, “Fee for inpatient care in acute psychiatric care ward”, “Fee for inpatient care in psychiatric ward”, “Fee for inpatient care in dementia ward”, “Management fee of post-medical care for the latter-stage elderly”, “Comprehensive assessment by diagnostic classification”, etc.

## Outpatients

-“Medical fee for pediatric outpatient”, “Management fee for lifestyle-related diseases”, “Total management fee for home medical care”, and “Total medical fee for the last-stage home medical care”.

NHI drug price: Drug price listed in “Price for drug used (NHI drug price standard)”.

## Unspecified drug name:

Drugs with a price of 175 JPY or less (17 points or less) per unit (per day per one oral drug, per dose per one PRN drug, and per dispensing per one topical drug) listed without specific name in detailed statement issued at insurance-covered medical care institutions or pharmacies that notified as not computerized.

## Number of brands:

Counts of drug brands as listed in “Price for drug used (NHI drug price standard)”.  
An unspecified drug name is counted as one brand.

## Therapeutic category:

This complies with “Major group 87 - Drugs and related commodities” of the “Japan standard commodity classification”.

## Generic drugs:

Drugs approved as identical as their brand-name drugs in active ingredient, unit, dosage, dose, indication, and effect.