

# Survey of Medical Care Activities in Public Health Insurance 2010

## Outline of Survey

### 1 Objective

The purpose of this survey is to capture the situation of medical care, diseases and injuries, dispensing, and use of drugs relating to recipients of medical care under health insurance managed by the Japan Health Insurance Association (hereinafter "Association Insurance"), Society-managed employment-based health insurance (hereinafter, "Society Insurance"), National Health Insurance (hereinafter, "NHI"), and the Medical care system for the latter-stage elderly (hereinafter "Medical care for latter-stage elderly"), and to obtain basic data for the administration of public health insurance.

### 2 Coverage

The survey covered health insurance claims of medical/dental fees and dispensing fees (hereinafter "Claim") covered by the Association Insurance, Society Insurance, NHI or Medical care for latter-stage elderly, which has been assessed and approved by prefectural branches of the Health Insurance Claims Review and Reimbursement Services (hereinafter "Reimbursement Branches") and the Federations of National Health Insurance Organizations (hereinafter "NHI Federations").

The subject of the survey were Claims extracted using two-stage stratified random sampling with insured medical care institutions and pharmacies as the primary sampling unit out of the whole medical care institutions and pharmacies and Claims as the secondary sampling unit.

	Number of facilities	Number of Claims		
		Total	General medical care	Medical care for latter-stage elderly
Medical care	11,341	342,698	210,455	132,243
Hospital	1,282	85,893	59,466	26,427
Clinic	10,059	256,805	150,989	105,816
Dental care	927	28,536	18,182	10,354
Dispensing	5,115	71,996	46,302	25,694

### 3 Survey Period

Assessed in June 2010.

## 4 Survey Items

Health insurance claims of medical/dental fee:

age, name of disease, number of days of medical care, points and times of medical treatment by medical care activity, and use of drugs (name and dose of drug, etc.)

Health insurance claims of dispensing fee:

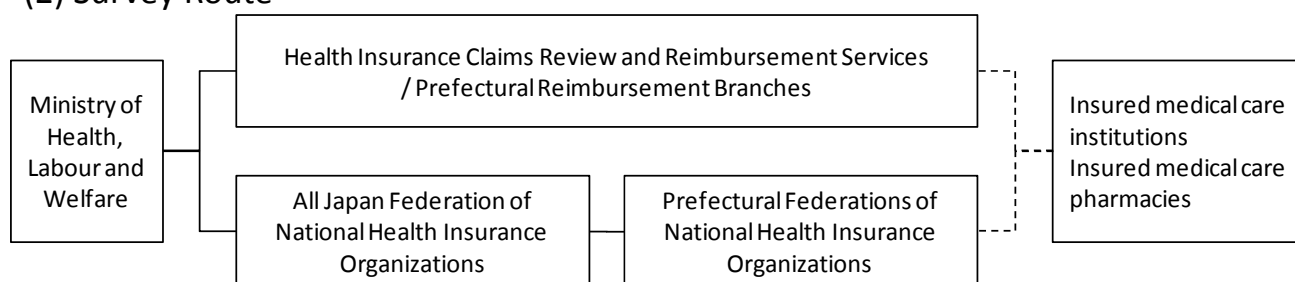
age, number of prescriptions, points and times by dispensing activity, and use of drugs (name and dose of drug, etc.)

## 5 Survey Method and Route

### (1) Survey Method

Reimbursement Branches and the NHI Federations extracted Claims from the health insurance claims of insured medical care institutions and pharmacies covered using a sampling rate prescribed separately, and sent copies of the extracted Claims to the Statistics and Information Department of the Minister's Secretariat at the Ministry of Health, Labour and Welfare.

### (2) Survey Route



## 6 Tabulation of Results

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

## 7 Explanatory Notes

(1) The meaning of symbols is as follows:

“ – ” indicates that the figure does not exist.

“ · ” indicates that the statistic is not possible.

“...” indicates that the figure was unknown or is unsuitable for representation.

“0, 0.0” indicates that the figure is lower than half of one represented unit.

“△” indicates that the figure is a decreasing value/rate.

(2) The itemized totals may not agree exactly with the figure in the total due to fractional amounts being rounded.

(3) The figures in this Summary Report is the nationwide estimates of claims assessed in June 2010.

(4) The medical care activity “Diagnosis Procedure Combination, etc” includes

additional points for specified hospitalization fees in addition to the prescribed points for comprehensive assessment (DPC/PDPS).

## 8 Definitions

**General medical care:** Benefits of medical care, food care during admission, and daily-life care during admission received at insured medical care institutions and insured pharmacies for disease or injuries of persons between 0 and 74 years of age (excluding those aged 65 and over who are covered by the Medical Care System for the Latter-stage Elderly).

**Later-stage elderly medical care:** Benefits of medical care, food care during admission, and daily-life care during admission received at insured medical care institutions and insured pharmacies for disease or injuries of persons covered by the Medical Care System for the Latter-stage Elderly under the Act on Assurance of Medical Care for Elderly People.

**Number of Cases:** Health insurance claims that are submitted every month are counted one case for one sheet. When an outpatient becomes hospitalized in the same month, it will become one for outpatient and one for inpatient, and is counted as one case for each category. When a “Health Insurance Claim (DPC of inpatient medical care by medical care institutions)” or a “Health Insurance Claim (inpatient medical care)” is attached while submitting the “Health Insurance Claim (DPC of inpatient medical care by medical care institutions)” as the summary sheet, this summary sheet is counted as one case.

**Actual number of days for care (Number of days):** For inpatient cases it is the number of days of admission in said month, and for outpatient cases it is the number of days the patient received consultation or home-visit consultation by a physician in said month.

**Point:** Medical fee points and pharmacy dispensing fee points reviewed and accepted by Prefectural Reimbursement Branches and NHI Federations.

### Hospitals:

**Psychiatric hospitals** - Hospitals with psychiatric beds only

**Advanced treatment hospitals** - Hospitals approved, by the Minister of Health, Labour and Welfare, to be capable to provide advanced medical care, develop and evaluate advanced medical technology, and provide training for advanced medical care, and to have adequate human resource and facilities sufficient for fulfilling its function.

**Hospitals with long-term care beds** - Hospitals with beds mainly used for admission of patients requiring recuperative care for a long-term.

**General hospitals** - Other hospitals than those listed above.

**DPC/PDPS (Diagnosis Procedure Combination / Per-Diem Payment System):** A per-diem lump sum reimbursement system based on given combination groups of diagnosis procedures (DPC).

**Issued-prescription fee:** Points that are calculated when a prescription is issued to patients not for medication inside a medical care institution but for purchase of insured dispensed drugs from insured/dispensing pharmacies.

**In-hospital prescription:** When a "prescription fee" is calculated.

**Out-hospital prescription:** When an "issued-prescription fee" is calculated

**Pharmacy dispensing:** Dispensing by pharmacist at insured pharmacies that is provided in accordance with prescriptions issued to patients by physicians of insured medical care institutions and as a part of provision of medical care benefits under Health Insurance Act, etc.

**Number of reception:** Number of times insured pharmacies have received prescriptions within said month.

**Medical care activities covering "medication" and "injection" comprehensively:** Following medical care activities provided in inpatient and outpatient settings.

**Inpatient** --- "Basic fee for specified inpatient care", "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 of specific diseases", "Hospitalization charges for recovery-stage rehabilitation ward", "Management fee for subacute inpatient care", "Hospitalization charges for specific diseases ward", "Hospitalization charges for palliative care ward", "Hospitalization charges for psychiatric emergency ward", "Hospitalization charges for psychiatric acute care ward", "Hospitalization charges for psychiatric care ward", "Hospitalization charges for dementia care ward", and "Diagnosis Procedure Combination, etc."

**Outpatient** --- "Medical fee for outpatient pediatric care", "Management fee for lifestyle-related diseases", "Total clinical administration fee for home-visit care", and "Total medical fee for home-based terminal care"

**Drug price:** Price listed in “Price of drugs in service (Drug price standard)”.

**Unspecified drug name:** Drugs whose price per given unit (daily dosage per brand for oral medicine, one dosage for PRN drugs, and one dispensing for external medicine) is 175 JPY (17 points) or less, and was not recorded under specific names in the Claim by insured medical care institutions and insured pharmacies that notified not to submit Claims online.

**Number of brands:** Number of brand items listed in “Price of drugs in service (Drug price standard)” was counted. Unspecified drug name is counted as one brand.

**Therapeutic category:** Complies with “Classification code 87 – Drugs and related commodities” of “Japan standard commodity classification”.

**Generic drugs:** Drugs approved as identical to their brand-name drugs in active ingredient, composition, dosage, administration, indication and effect.

## 9 References

Outline of Results : Please click [here](#) for Outline of Results.

Details : Please click [here](#) for the details (Japanese only).