



Japan 2035

Leading the World
through Health

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A health care system built for the next 20 years and designed for all lifestyles and people – from children to older people, from patients to providers – where individuals feel secure and supported to make the life and work choices that are right for them.

Amidst rapid population ageing, advances in medical technology, and major shifts in health care, a health care system that contributes to financial stability while engaging each sector of society to support a nation of health and well-being, where each person is empowered to realize their full wellness potential.



GOAL

A sustainable health care system that delivers unmatched health outcomes through care that is responsive and equitable to each member of society and that contributes to prosperity in Japan and around the world.

PRINCIPLES

Fairness

Solidarity built
on autonomy

Shared prosperity
for Japan and the world

VISION

Key concepts for
health care in 2035

**LEAN
HEALTHCARE**

1

Implement value-
based health care

**LIFE
DESIGN**

2

Empower society and
support personal choice

**GLOBAL
HEALTH LEADER**

3

Lead and contribute to
global health

INFRASTRUCTURE

Foundations of this vision

Innovation

Information

Sustainable financing

Health care
professionals

A world-class Ministry of
Health, Labour and Welfare

Issues and outlook

- ❑ Address growing health care needs, changing social environments and values, increasing inequity, and globalization
- ❑ Transform health care into a horizontal system that engages all sectors through shared vision and values, in contrast to maintaining the current system through basic cost share increases and benefits cuts
- ❑ Promote innovation in health care technologies and systems that drives Japan's growth and development while maintaining excellence in health
- ❑ Tackle fiscal deficits and contribute to Japan's economic stability
- ❑ Position Japan as the authority on healthy longevity by addressing population ageing and a low birthrate

Paradigm shift

Existing model

Quantity

Inputs

Regulation

Cure

Fragmentation

Toward 2035

Quality

Value

Autonomy

Care

Integration

Goal

To build a sustainable health care system that delivers unmatched health outcomes through care that is responsive and equitable to each member of society and that contributes to prosperity in Japan and around the world.

Principles

Fairness

Solidarity built on autonomy

Shared prosperity of Japan and the world

Vision and actions for health care in 2035

LEAN HEALTHCARE

1 Implement value-based health care

- Base reimbursement rates on value to the patient
- Support increased quality of care through professional initiatives
- Develop and ensure access throughout the country to general practitioners

LIFE DESIGN

2 Empower society and support personal choice

- Realize a “Tobacco-free” Tokyo 2020 Olympics
- Accelerate prevention and disease management through strategic use of ICT
- Build communities from a social determinants of health (SDH) perspective

GLOBAL HEALTH LEADER

3 Lead and contribute to global health

- Establish a health emergency management system (building a Center for Health Protection and Promotion)
- Provide support in developing core systems, such as universal health coverage and drug approval processes
- Develop a system to educate global health leaders

1. Innovation

- ❑ Establish a platform for clinical trials
- ❑ Secure research funding through various sources for diseases, including cancer and dementia

2. Information

- ❑ Build and utilize a health care network that links data using unique identifiers
- ❑ Promote care and disease management through collection and analysis of check-up and treatment data

3. Sustainable financing

- ❑ Allow for intermediate adjustments when health care costs exceed projections (e.g., adjust benefits, implement preventive measures)
- ❑ Establish a financial support mechanism to complement public insurance

4. Health care professionals

- ❑ Increase, where appropriate, integration of paramedical professionals
- ❑ Introduce quotas in areas that continue to face physician shortages and misdistribution of specialties

5. A world-class Ministry of Health, Labour and Welfare

- ❑ Establish a Chief Medical Officer (CMO) position
- ❑ Establish a Bureau for Medical Innovation

85 year old man, community volunteer (current age: 65)

- After visiting **my family physician** for joint pain, I was referred to a local specialist right away.
- Although I used to have to go back multiple times, this time my specialist had already received **access to my electronic health record** so there was no need for additional visits.
- The specialist gave me different treatment options using information in a database of patients just like me. And she explained potential complications so **I was able to understand** and decide on a treatment that's best for me.

20 year old woman, student (current age: 0)

- Since I was a child, I have had a rare disease that causes pain all over my body. Yet, I have the understanding and support of those around me and I can see my specialist using telemedicine, so I can **live with this disease while studying and working** just like everyone else.
- Information about this disease is registered in a database and I am participating in the **development of a new drug**. This is thanks to Japan's improved research environment.

50 year old woman, contract worker (current age: 30)

- A single mom, I was able to raise my two kids and continue to work in a local factory.
- After graduating from high school, my son wanted to find a job in our hometown where he has lots of friends. He likes people and wanted to make a difference, and now he is working in a care facility. I feel so proud when I hear others say how hard-working he is.
- My daughter got a scholarship to study nursing at a local university. Next year, she plans to start working at a nearby hospital.
- **Health care and caregiving have become the employment and economic drivers of this community.**



保健医療
2035
JAPAN VISION:
HEALTH CARE

48 year old woman, physician (current age: 28)

- Although I was busy 20 years ago, there were so few surgery cases that I actually had to seek opportunities to do surgery. This made it difficult to assess my own surgical skills.
- I was very surprised the first time my hospital was **assessed using benchmarks** and I saw the grade we received.
- Since then, I have been working to build a new network of nearby hospitals and staff and we have seen **outcomes improve**. Including young physicians and staff, everyone is able to **thrive in the workplace**.



65 year old man, company employee and non-Japanese resident (current age: 45)

- When I was transferred to Japan 20 years ago, my family had such a hard time figuring out where to go and communicating during medical emergencies.
- Just before the Tokyo Olympics, things changed. And now **even those who don't understand Japanese can readily access medical care**. I now enjoy life here with a greater sense of security.
- Japan is known for high quality health care and age-friendly initiatives. The world views it as a **medically advanced country**. And now we see people coming to Japan from around the world to get medical care.



□ Timeframe

Convened between February 27, 2015 and June 8, 2015 a total of 8 meetings

□ Website

<http://www.mhlw.go.jp/healthcare2035>

□ Committee members

Satoshi Ezo, Senior Coordinator, Cancer Control and Health Promotion Division, Health Service Bureau, Ministry of Health, Labour and Welfare

Manami Hori, Professor, Course of Human Welfare Environment, Department of Human Development, School of Humanities and Culture, Tokai University

Machiko Inoue, Professor, Department of Family and Community Medicine, Hamamatsu University School of Medicine

Hiroaki Miyata, Professor, Department of Health Policy and Management, School of Medicine, Keio University

Kazumasa Oguro, Professor, Faculty of Economics, Hosei University

Toshihisa Okamoto, Director, Office of Drug-Induced Damages, General Affairs Division, Pharmaceutical and Food Safety Bureau, Ministry of Health, Labour and Welfare

Kensuke Onishi, CEO, Asia Pacific Alliance for Disaster Management

Kohei Onozaki, Board Member, President, Health and Global Policy Institute

Takeshi Sakakibara, Counselor for Policy Planning Coordination, Health Insurance Bureau, Ministry of Health Labour and Welfare

Kenji Shibuya (Chair), Professor, Department of Global Health Policy, Graduate School of Medicine, The University of Tokyo

Kazuhisa Takeuchi, Director, Welfare Manpower Promotion Office, Welfare Promotion Division, Social Welfare and War Victims' Relief Bureau, Ministry of Health, Labour and Welfare

Yasuharu Tokuda, Advisor on General Practice, Japan Community Healthcare Organization

Yuji Yamamoto, Researcher, Sony Computer Science Laboratories, Inc

Mayuka Yamazaki, Assistant Director, Harvard Business School Japan Research Center

□ Advisors

Tetsuro Kochiyama, President, Health Insurance Claims Review and Reimbursement Services

Toshihiko Miyajima, Director-General, Office for Social Security Reform, Cabinet Secretariat

Shigeru Omi, President, Japan Community Healthcare Organization

Yoshitake Yokokura, President, Japan Medical Association

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