UNIVERSAL HEALTH COVERAGE (UHC)
AS A BASIS FOR “ACTIVE AGING” AND
MEDICAL AND WELFARE SERVICES,
HEALTH PROMOTION, AND DISEASE PREVENTION

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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.
   1\textsuperscript{st}: Employer-based, 2\textsuperscript{nd}: Community-based,
   3\textsuperscript{rd}: 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

**Administrative bodies**

- **National Prefectural Municipal governments**
- **Respective insurer**

**[Health insurance system]**

- **Insurance contribution**
  - (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
  - Advanced Elderly Medical Service System 47 Approx. 14,000,000

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

**[Medical Service Regime]**

- **Patient (insured)**
  - (2) Receive service & copayment
  - (3) Clinical service
  - (4) Claims
  - (5) Reimbursement

- **Insurer**

**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

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

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

- **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

* Supportive contribution

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

*75 years or older
10% copayment
(Those with income comparable to current workforce have a copay of 30%)

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20% copayment*
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*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

* Numbers of insurer and the enrolled are 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

- Extend the healthy life expectancy, reduction of the health inequity

- Improve the quality of life
  - Reduce the incidence of NCDs, Prevention from NCDs becoming severe
  - Maintain and improve the social life function
  - Increase participation for social activities

- Improve the quality of Social environment
  - Improve access for health resources, Ensure equity

Specific activities through next health promotion

- Improve the life style
- Improve the social environment
### Example of targets in Health Japan 21 (2nd edition)

<table>
<thead>
<tr>
<th>Item</th>
<th>Current</th>
<th>Target</th>
</tr>
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</table>
| 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      | M 31.2%  
F 22.2% | M 28%  
F 19%                                                             |
| female aged 40 to 60                                                 |         |                                                                       |
| 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

[Graph showing muscle mass vs age with data points for men and women]
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 2
Aerobic exercise

Task 3
Exercise with learning-task

Task 4
Behavior modification technique
Comparison of brain atrophy by MRI

(Suzuki T, et al. PLOS One, 2013)
integrated community care system

Healthcare

Long-term care

Housing

Living support

Prevention

Old people’s club, residents’ association, long-term care prevention, living support, etc.

Integrated community care support center/care manager

Provides consultation and coordinating services

Commuting to medical facilities/care facilities

Own home/elderly housing with long-term care

Home-visit care
• Nursing care

Nursing care

Own home/elderly housing with long-term care

Integrated community support center/care manager

Provides consultation and coordinating services
## International Comparison of Healthcare Facilities

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Average length of stays for acute care in hospitals</th>
<th>Doctor consultations per capita</th>
<th>Hospital beds per 1,000 population</th>
<th>Doctors per 1,000 population</th>
<th>Nurses per 1,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>4.3 (2009)</td>
<td>-</td>
<td>0.6 (2010)</td>
<td>0.3 (2011)</td>
<td>2.0 (2007)</td>
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<tr>
<td>Cambodia</td>
<td>5.0 (2011)</td>
<td>0.7 (2011)</td>
<td>0.7 (2011)</td>
<td>0.2 (2010)</td>
<td>0.6 (2010)</td>
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<tr>
<td>Lao PDR</td>
<td>-</td>
<td>-</td>
<td>0.7 (2010)</td>
<td>0.2 (2005)</td>
<td>1.0 (2005)</td>
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<tr>
<td>Myanmar</td>
<td>6.3 (2008)</td>
<td>-</td>
<td>0.6 (2006)</td>
<td>0.6 (2011)</td>
<td>0.6 (2011)</td>
</tr>
</tbody>
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Thank you for your attention