

OECD Health Ministerial
Session 1: Releasing Health System Resources for Better Value Care:
Tackling Ineffective Health Spending and Waste

Speech by the Minister of Health, Labour and Welfare, Japan
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Honourable Minister Mr. Jeremy Hunt, Distinguished Delegates, Ladies and Gentlemen,

I would like to commend the OECD for setting such a timely forum. It is particularly relevant for Japan with a rising health care cost and the rapidly ageing population, which is projected to continue to be the most aged country in the world at least for decades.

A sustainable health care system with the highest attainable outcomes must utilize limited resources as effectively and efficiently as possible, and maximize patient value. In particular, we are promoting strategic use of ICT to promote value-based care, leveraging lessons and innovative ideas across the world.

I have three points that addresses productivity improvement and enhancement of quality of health care.

First, we have introduced the “Diagnosis Procedure Combination”, DPC, a Japanese patient classification system similar to the diagnosis-related group (DRG) for inpatient acute care in 2003 to standardise medical procedures by providing health institutions with incentives to save unnecessary procedures. The vast amounts of national data collected through this system combined with other sources, will enable us to project future health care needs and assess the efficient allocation of scarce resources.

Second, we are developing a world’s first large-scale national data platform integrating data from health check-ups and medical services, as well as long-term care. This platform, with over 10 billion health and long-term claim records, will not only enhance prevention and effectiveness of medical and long-term care, but will also facilitate innovations and empower people to make more informed decisions. An example is the secondary prevention of diabetic nephropathy among diabetic patients using claim records led by insurance payers and physicians, which resulted in large savings for dialysis.

We are creating financial incentives to such payers to facilitate health promotion based on big data analytics by next year.

Finally, ICT has a potential to enhance collaboration and interactions between patients and clinicians. There is much room for improvement in the use of ICT in health care in Japan, and ICT forms the cornerstone of our “patient first” strategy. A home care clinic in Tokyo has introduced a cloud-based ICT network supported by a medical clerk centre in the tsunami disaster-affected area of Tohoku, where job opportunities are limited. At the centre, staffs are recruited from the local community to assist doctor’s documentation by taking doctors’ dictation and medical information management on a cloud basis. This system saves time for doctors and creates an opportunity for better communication with patients leading to overall productivity improvement. We will develop these kinds of community health data networks that lead to optimal care for patients.

I wish to create an environment where innovative care can be pursued, while sustaining quality and equitable UHC. Through cross-fertilization by innovative ideas and models, I wish to together overcome the common challenges of making a healthier society in an ageing era.

Thank you.