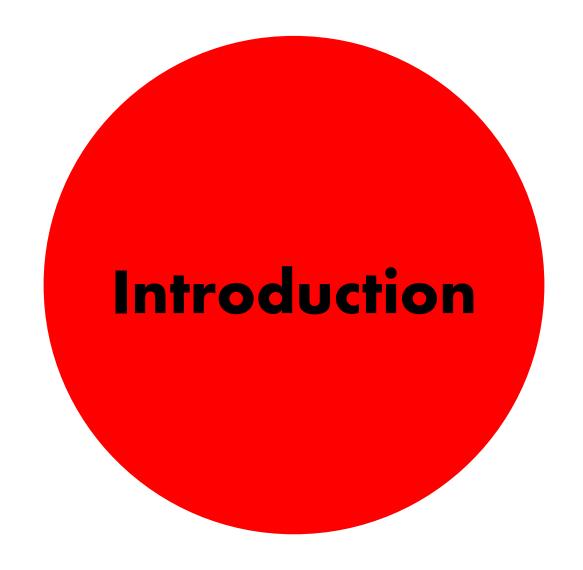
# DECEMBER 6, 2019 THE 17TH ASEAN-JAPAN HIGH LEVEL OFFICIALS MEETING ON CARING SOCIETIES ANA CROWNE PLAZA HOTEL GRAND COURT NAGOYA

# Long Term Care System in Japan ~Focusing on Collaboration Medical and Welfare Services ~

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377,972 km<sup>2</sup> with 6,852 islands

State of California: 423,970 km2

126,252,000 people

Ranked #10

Ethic Groups: N/A Ainu 16,786 (2013) Foreign residents: 2,382,822 China 695,522 Korea 453,096

SEA OF JAPAN JAPAN NORTH PACIFIC OCEAN EAST CHINA SEA rn end of Japan **Nominal GDP** 

4.97 T USD

Ranked #3

Life Expectancy
Male 81.25
Female 87.32
Ranked #3&2

## **National Government**

Ministries and Agencies

## **Prefectures**

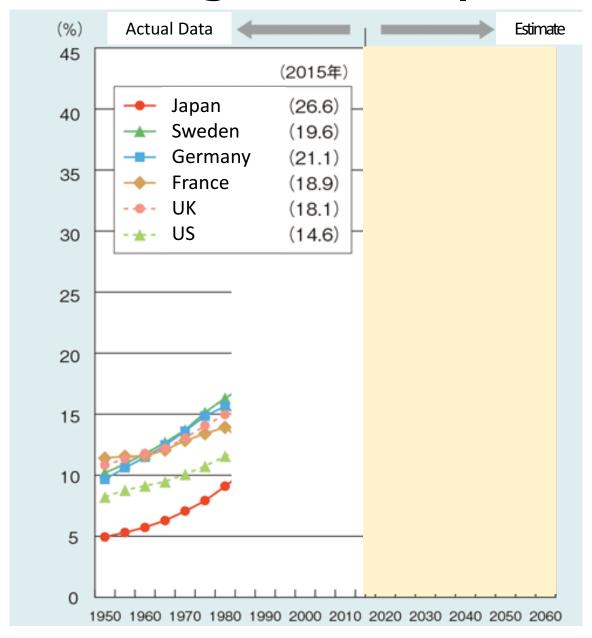
47 Prefectures

# Municipalities

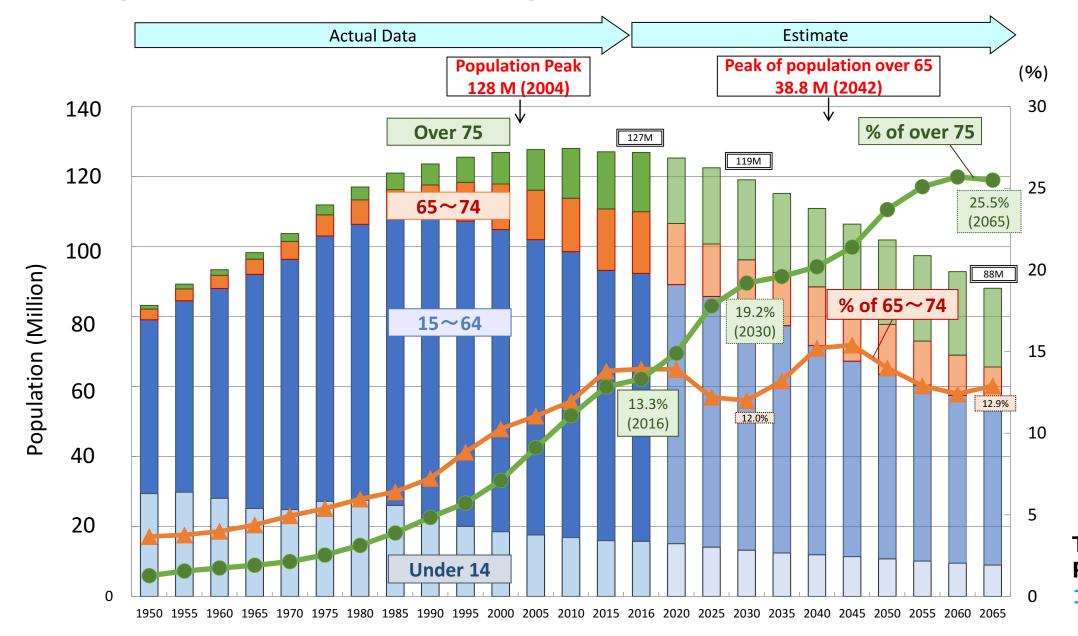
1,718 Municipalities (790 cities, 745 towns, 183 villages)

\*20 government designated cities have special status

## Changes in the Percentage of the Population Over Age 65



## Changes in the Percentage of the Population Over Age 75



Total Fertility Rate (2018): 1.42

Sources: For Japan – Ministry of Internal Affairs and Communications, Population Census (-2016); National Institute of Population and Social Security Research – "Population Projections for Japan (2017 estimate): Medium-Fertility & Medium-Mortality Assumption" (2020-), For other countries - UN, World Population Prospects: The 2017 Revision



## **Development of Welfare Policies for the Elderly**

	Aging rate (year)	Major policies
1960s Beginning of welfare policies for the elderly	5.7% (1960)	1963 Enactment of the Act on Social Welfare Services for the Elderly  ♦ Intensive care homes for the elderly created ♦ Legislation on home helpers for the elderly
1970s Expansion of healthcare expenditures for the elderly	7.1% (1970)	1973 Free healthcare for the elderly
1980s "Social hospitalization" and "bedridden elderly people" as social problems	9.1% (1980)	1982 Enactment of the Health and Medical Services Act for the Aged  ♦ Adoption of the payment of co-payments for elderly healthcare, etc.
		1989 Establishment of the Gold Plan (10-year strategy for the promotion of health and welfare for the elderly)  ♦ Promotion of the urgent preparation of facilities and in-home welfare services
1990s Promotion of the Gold Plan	12.0% (1990)	1994 Establishment of the New Gold Plan (new 10-year strategy for the promotion of health and welfare for the elderly)  ♦ Improvement of in-home long-term care
Preparation for adoption of the Long-Term Care Insurance System	14.5% (1995)	1997 Enactment of the Long-Term Care Insurance Act
2000s Introduction of the Long-Term Care Insurance System	17.3% (2000)	2000 Enforcement of the Long-Term Care Insurance System

## **Problems before introducing the Long-Term Care Insurance**

# Welfare system for the elderly

### **Services provided:**

- •Intensive Care Home for the Elderly, etc.
- ·Home-help service, Day service, etc.

#### (Problems)

- OUsers could not choose services:
  - Municipal governments decided services and service providers.
- OPsychological resistance:

Means test was required when applying services.

OServices tended to be unvarying without competition:

Services were basically provided by municipalities or organizations entrusted.

O Service fee could be heavy burden for the middle/upper income group:

The principle of ability to pay according to income of the person/Supporter under Duty.

# Medical system for the elderly

### **Services provided:**

- Health center for the elderly,
   Sanatorium medical facility, general hospital, etc.
- Home-visit nursing, day care, etc.

#### (Problems)

OLong-term hospitalization to be cared in hospitals ("social hospitalization") increased:

hospitalization fee is less expensive than welfare services for middle/upper income group, as well as basic maintenance of the welfare service was insufficient.

#### →Medical cost increased:

Hospitalization fee was more expensive comparing with Intensive Care Home for the Elderly and Health center for the elderly.

→Facilitation of hospital was not sufficient enough for long-term care with staff and living environment:

Hospitals are expected to provide "cure" (e.g. Limited room area for care, dining hall or bathrooms)





# Background of the introduction of the Long-Term Care Insurance System

- O As society ages, needs for long-term care have been increasing because of <u>more elderly</u> persons requiring long-term care and lengthening of care period, etc.
- Meanwhile, due to factors such as <u>the trend towards nuclear families</u> and <u>the aging of</u> <u>caregivers in families</u>, environment surrounding families has been changed.

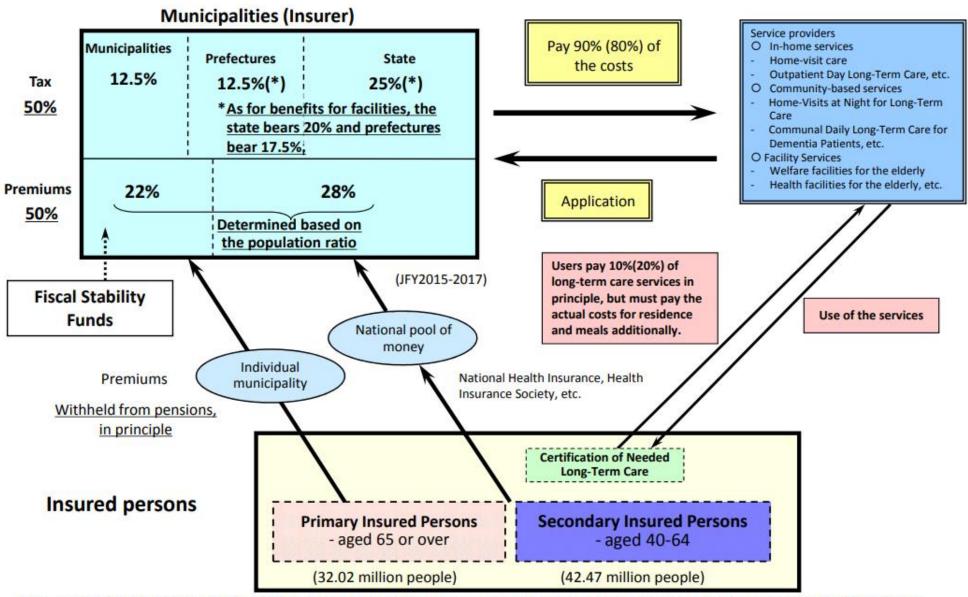


Introduction of the Long-Term Care Insurance System (a mechanism to enable society to provide long-term care to the elderly)

### **[Basic Concepts]**

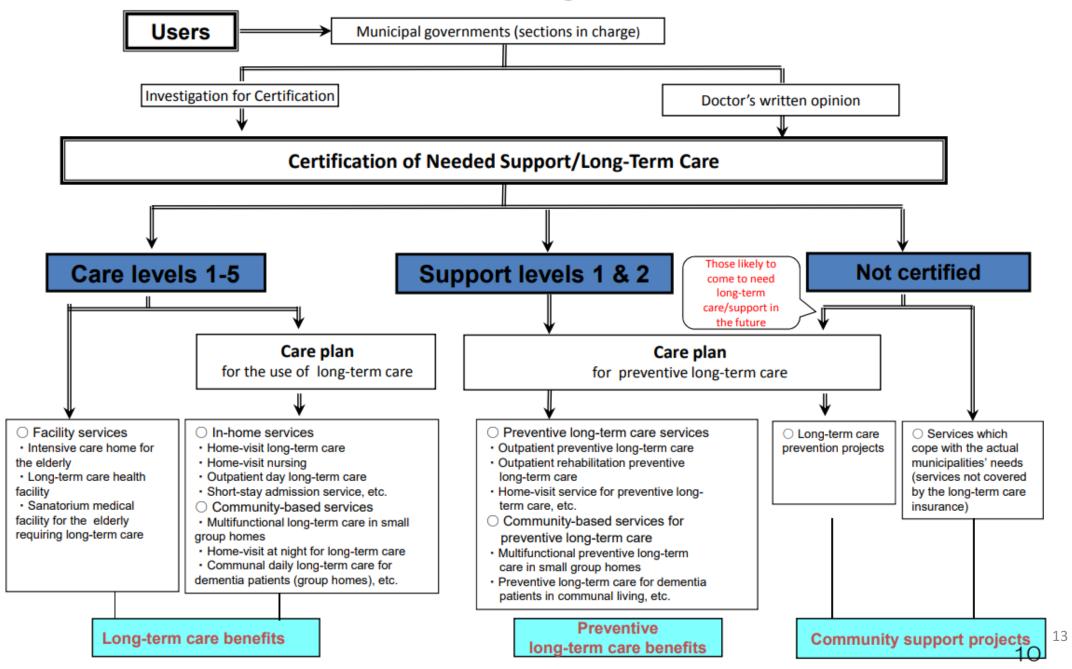
- O Support for independence: The idea of Long-Term Care Insurance System is to support the independence of elderly people, rather than simply providing personal care.
- O User oriented: A system in which users can receive integrated services of health, medicine, and welfare from diverse agents <u>based on their own choice</u>.
- O Social insurance system: Adoption of a social insurance system where the relation between benefits and burdens is clear.

### Structure of the Long-Term Care Insurance System



Note: The figure for Primary Insured Persons is from the Report on Long-Term Care Insurance Operation (provisional) (April, 2009), Ministry of Health, Labour and Welfare and that for Secondary Insured Person is the monthly average for JFY2008, calculated from medical insurers' reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses. Burden ratio for persons with income above certain level is 20:80, after Aug 2015.

## Procedure for Use of Long-term Care Services



## Varieties of Long-term Care Insurance Services



#### **Home-visit Services**

Home-visit Care, Home-visit Nursing, Home-Visit Bathing Long-Term Care, In-Home Long-Term Care Support, etc.



### **Day Services**

Outpatient Day Long-Term Care, Outpatient Rehabilitation, etc.



### **Short-stay Services**

Short-Term Admission for Daily Life Long-Term Care, etc.

#### **Residential Services**

Daily Life Long-Term Care Admitted to a Specified Facility and People with Dementia etc.



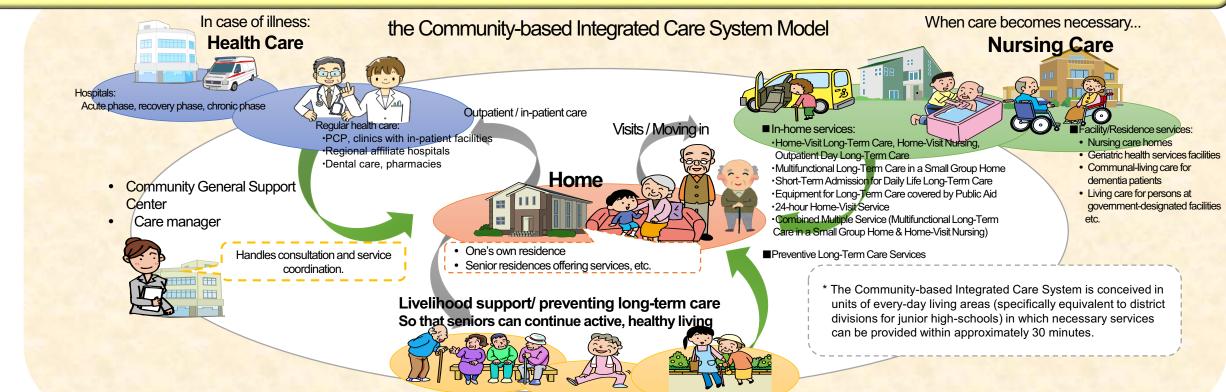
### In-facility Services

Facility Covered by Public Aid Providing Long-Term Care to the Elderly, Long-Term Care Health Facility, etc.



### Establishing 'the Community-based Integrated Care System'

- OBy 2025 when the baby boomers will become age 75 and above, a structure called 'the Community-based Integrated Care System' will be established that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the rest of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care.
- OAs the number of elderly people with dementia is estimated to increase, establishment of the Community-based Integrated Care System is important to support community life of the elderly with dementia.
- OThe progression status varies place to place; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.
- Olt is necessary for municipalities as insurers of the Long-term Care Insurance System as well as prefectures to establish the Community-based Integrated Care System based on regional autonomy and independence.



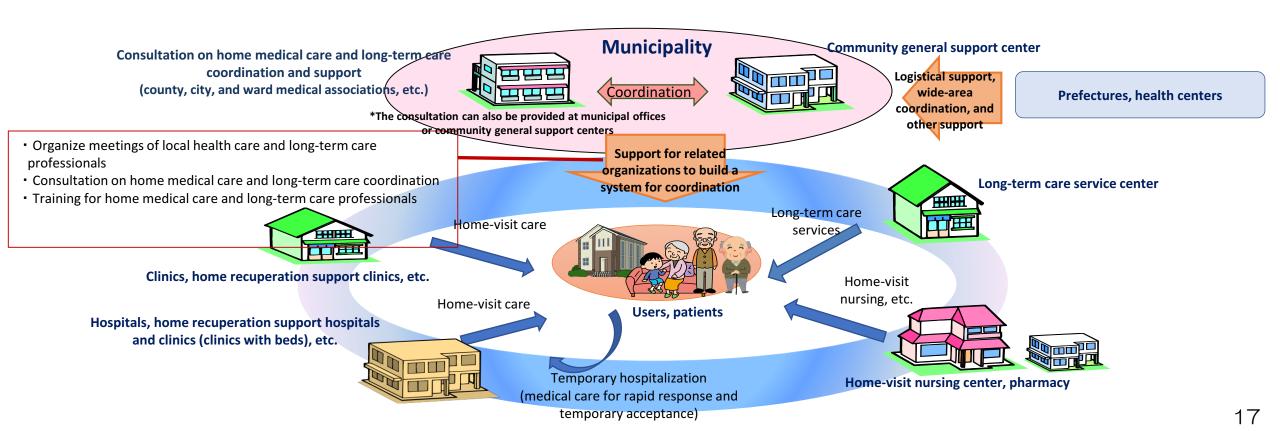


### Promotion of Home Medical Care and Long-term Care Collaboration

o It is important that related health care and long-term care organizations\* coordinate in providing comprehensive, continuous home medical care and long-term care so that senior citizens who require both health care and long-term care can continue to live in the community they are familiar with and maintain their lifestyle.

\*Examples of related home recuperation organizations:

- · Clinics, home recuperation support clinics, dental clinics, etc. (provide periodic home-visit care, etc.)
- Hospitals, home recuperation support hospitals and clinics (with beds), etc. (medical care for rapid response and temporary hospitalization)
- Home-visit nursing centers and pharmacies (coordinating with medical institutions for medication therapy management, drip infusion, decubitus management, end-of-life care, etc.)
- Long-term care center (long-term care for bathing, toileting, eating meals, etc.)
- o For the above purpose, municipalities will take the central role, with the support of prefectural governments and health centers and in close cooperation with local medical associations, in building a system for regional collaboration so that related organizations can work together in providing an integrated in-home health care and long-term care through multi-professional cooperation.



### Project for Promoting Home Medical Care and Long-Term Care Collaboration

- o The Health Policy Bureau's Project on Centers of Collaboration for Home Medical Care (FY2011 and FY2012) and Project for Promoting Home Medical Care (FY2013-FY2015) have had a certain level of success in promoting collaboration between home medical care and long-term care and long-term care. Against this backdrop, the collaboration between home medical care and long-term care was institutionalized by the 2014 revision of the Long-Term Care Insurance Act.
- o The collaboration is considered as one of the community support projects under the Long-Term Care Insurance Act. Municipalities will take the central role in collaborating with medical associations at the country, city, and ward levels and other organizations.
- o As of April 2018, all municipalities have implemented all eight programs of (a) to (h) below.
- O Municipalities may outsource the eight programs to medical associations at the country, city, and ward levels, local medical institutions, or other organizations.
- o Prefectural governments keep track of municipalities' progress of the project, work closely with medical associations and other organizations at the prefectural level with the understanding of local issues, use health centers, and provide support in terms of consultation between municipalities and medical associations and other organizations and in terms of providing coordination among multiple municipalities for joint implementation of the programs.
- o The national government provides support by preparing documents, guides, case studies related to the implementation of the project and organizing seminars. It also keep track of the progress of the project through prefectural governments.

#### **Programs and Image of Program Execution**

① Identifying current status of coordination between local health care and long-term care, considering issues, and formulating measures against issues

#### (a) Identifying local health care and long-term care resources

- Collect information on the functionalities of local medical institutions and long-term care service providers
- Sort, share, and use the information through selected media, such as lists and maps

### (b) Identifying issues related to home medical care and long-term care collaboration and considering response

Organize meetings attended by local health care and long-term care professionals to understand and share information on the existing state of home medical care and long-term care collaboration, to identify issues, and to consider response.

#### ② Networking with local professionals and training

#### (f) Workshop for health care and long-term care professionals

- Local health care and long-term care professionals learn about the practical aspects of multipleprofession coordination
- Organize health-care-related workshops for long-term care professionals, etc.

\*2 and 3 may be carried out simultaneously depending on the local situation





## Continuous growth through PDCA cycle collaboration care and long-term care Health care Long-term car professional professional Municipalities

#### 3 Implementing Programs based on (a) and (b)

### (c) Setting up a system for providing seamless home medical care and long-term care services

■ With the cooperation of local health care and long-term care professionals, set up a system for providing home medical care and long-term care services

#### (d) Supporting information sharing among health care and long-term care professionals

- Support information sharing among health care and long-term care professionals through the use of information sharing sheet, community coordination paths, etc.
- Use such tools for in-home end-of-life care and for information sharing during emergencies

#### (e) Consultation for health care and long-term care professionals

 Support coordination efforts of health care and long-term care professionals by establishing and operating consultation offices staffed with coordinators for home medical care and long-term care collaboration

#### (g) Spreading knowledge to local residents

- Organize symposiums, etc. for local residents
- Use pamphlets, leaflets, district newsletters, websites, etc. to spread knowledge about home medical care and long-term care services
- Organize lectures on in-home end-of-life care

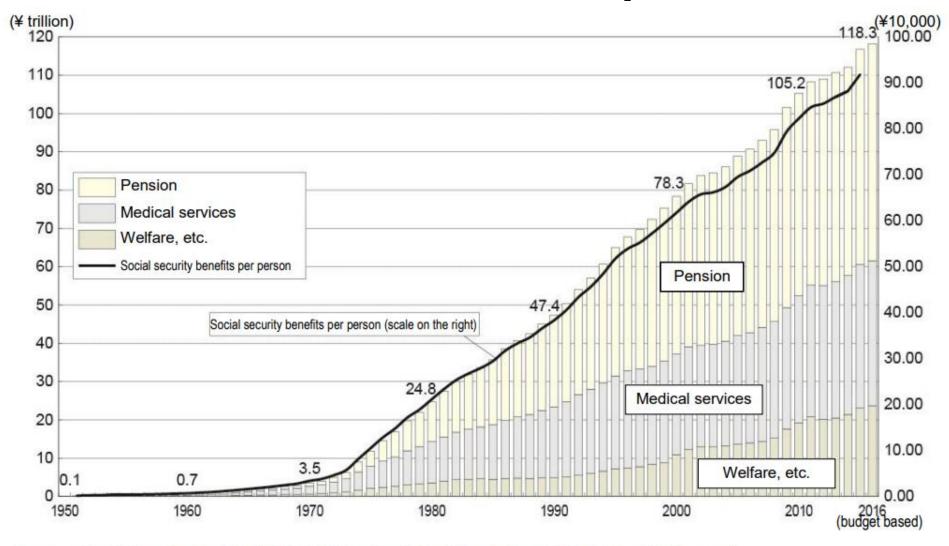
#### (h) Coordination with municipalities on home medical care and long-term care collaboration

■ Municipalities within the same secondary health care area and adjacent municipalities work together in addressing issues that require wide-area coordination

\*Source (diagram): Partially modified from Fujitsu Research Institute, Report "Survey Project from Multiple-Professional Training Program for Promoting Home Medical Care and Long-Term Care Collaboration in Line with the Local Situation" (FY2015 project for senior health promotion)



## **Trends in Social Security Benefits**



Source: "Social Security Benefits FY2014", National Institute of Population and Social Security Research

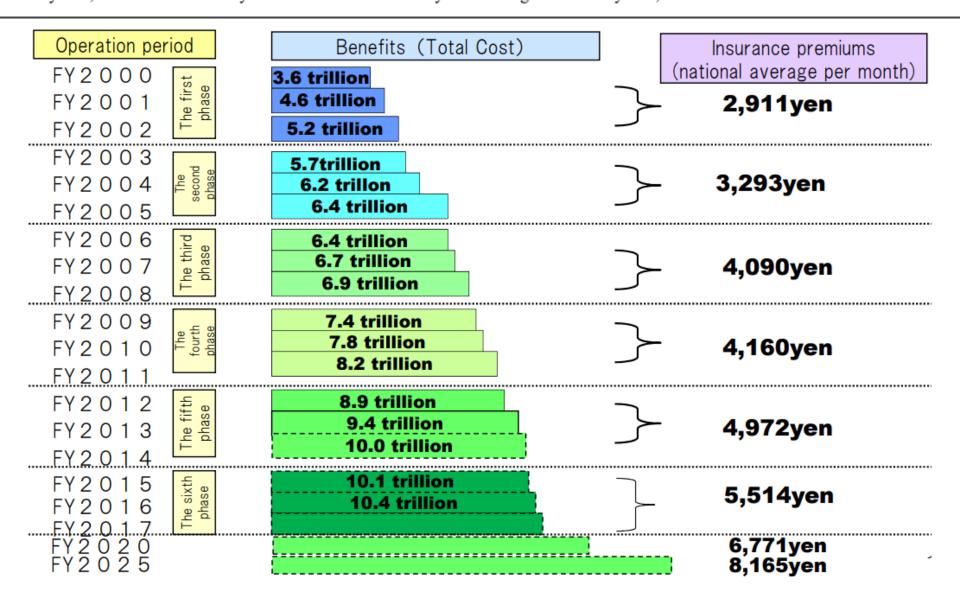
FY 2015-2016 (budget based) - Estimated by the MHLW

National Income for FY 2016 - "Fiscal 2016 Economic Outlook and Basic Stance for Economic and Fiscal Management" (Decided by the Cabinet on January 22, 2016)

(Note) The figures shown in the diagram are social security benefits (¥ trillion) of FY 1950, FY 1960, FY 1970, FY 1980, FY 1990, FY 2000, FY 2010 and FY 2016 (budget based).

### Trends and the Future Prospects of Long-Term Care Benefits and Premiums

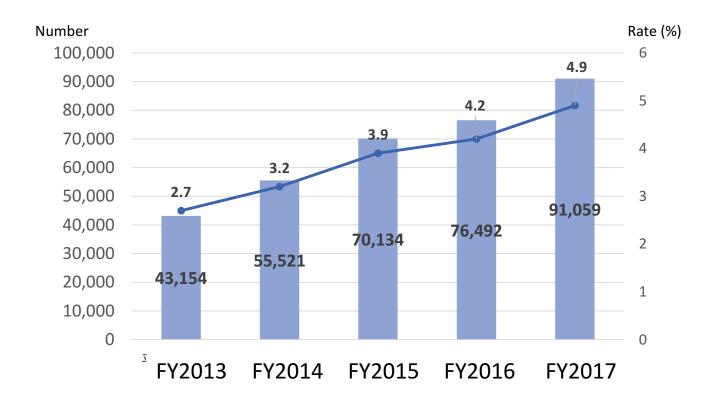
- O The municipal governments formulate Long-term Care Insurance Service Plan which designates 3 years as one term and is reviewed in every 3 years.
- As ageing proceeds, premiums estimated to rise to 6,771 yen in 2020 and 8,165 yen in 2025. In order to maintain sustainability of the Long-Term Care Insurance System, it would be necessary to establish the Community-based Integrated Care System, and to make services more focused and efficient.



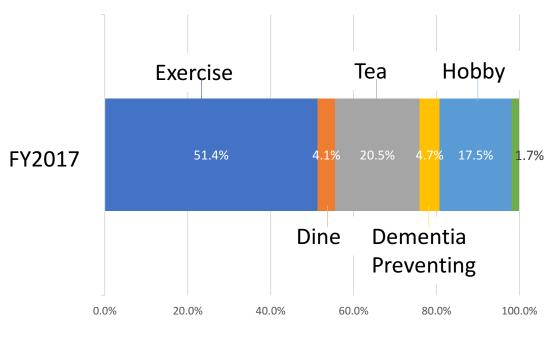


## Saloons organized by residents

### The Number of Saloons and Rate of Participants



### Menu at Saloons



## Toyoake City: Saloon using resources in the city





Free Shuttle Service to the Hot Spring RakunoYu-Midori Branch (Nakashiro Co., Ltd.)





Exercise and "Health Mahjong" at SOGEN-Temple





More than 70 Café used as Saloon



Exercise at the showroom of TOYOTA Toyoake Branch (Nagoya Toyopet Co., Ltd.)

## Setagaya-ku, Tokyo: Saloon targeting males







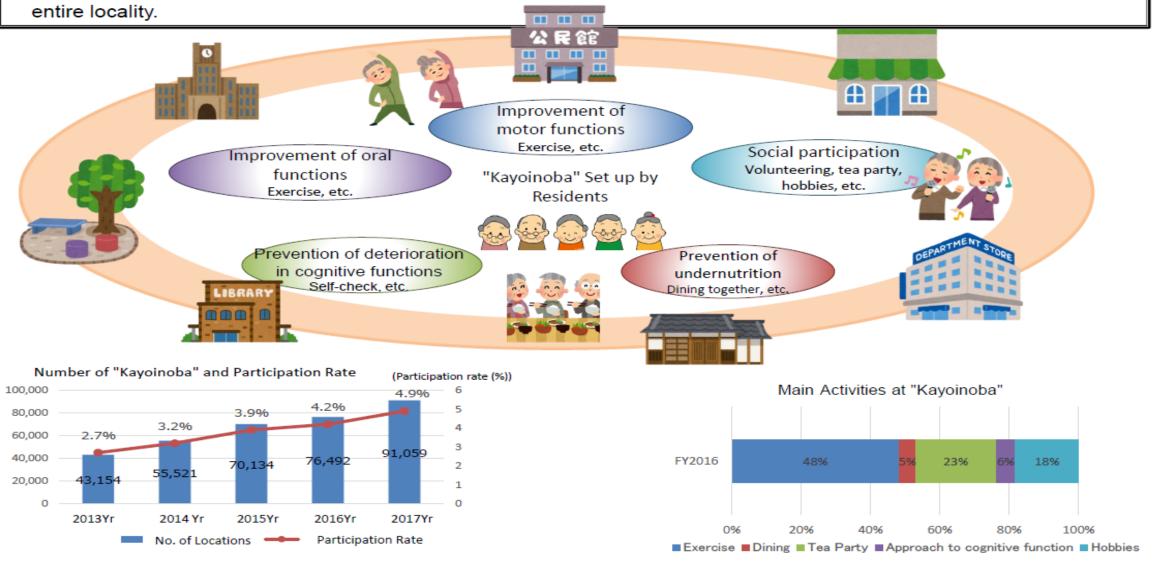


### ■ "Dandy Exercise Club"

- Established in April, 2017
  - There was not many groups that males participated in the area.
- Not only organizers, but participants support participants each other
- This saloon also works as watching service for the elderly with dementia
- Some participants started patrolling as volunteer activities

# Project for Supporting Community Preventive Long-Term Care Activities ("Kayoinoba" established by residents)

O The objective is to effectively, efficiently, and in accordance with the situation in the community, support activities for establishing, by the residents, residents-operated gathering places (activities such as exercises, hobbies etc.), so called "Kayoinoba", where anyone can participate without segregating older people based on their age or physical or mental status and which the municipality deems will contribute to preventing the need for long-term care across the entire locality.



# Conclusions

## **Features**

- Population
- -Long-Term Care Insurance System

# Challenges

- Sustainability
- Evidence based Long-Term Care

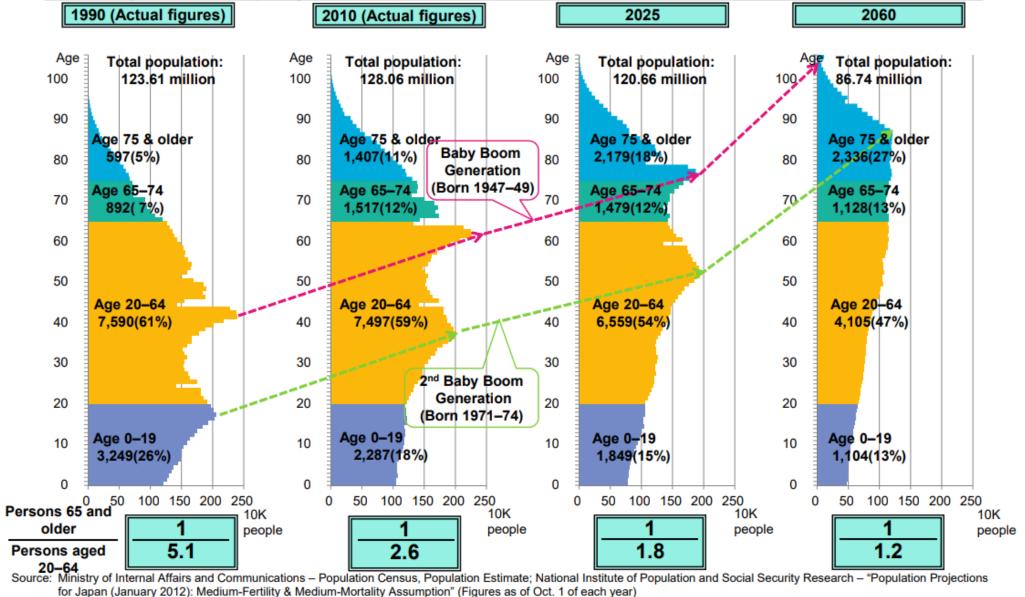


# Thank you for your attention!



## Changes in Japan's Population Pyramid (1990-2060)

O By examining changes in Japan's demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that-1.2 person will be supporting one senior citizen.



## **Prevalence of Dementia among the Elderly in Japan** (N=744)

