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

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Introduction
377,972 km² with 6,852 islands
State of California: 423,970 km²

126,252,000 people
Ranked #10

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

Nominal GDP
4.97 T USD
Ranked #3

Life Expectancy
Male 81.25
Female 87.32
Ranked #3 & 2
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
Long-Term Care Insurance System In Japan
## Development of Welfare Policies for the Elderly

<table>
<thead>
<tr>
<th>Aging rate (year)</th>
<th>Major policies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1960s</strong>&lt;br&gt;Beginning of welfare policies for the elderly</td>
<td>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</td>
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<td>5.7% (1960)</td>
<td>1973 Free healthcare for the elderly</td>
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<td><strong>1970s</strong>&lt;br&gt;Expansion of healthcare expenditures for the elderly</td>
<td>1982 Enactment of the Health and Medical Services Act for the Aged ◊ Adoption of the payment of co-payments for elderly healthcare, etc.</td>
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<tr>
<td>7.1% (1970)</td>
<td>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</td>
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<tr>
<td><strong>1980s</strong>&lt;br&gt;“Social hospitalization” and “bedridden elderly people” as social problems</td>
<td>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</td>
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<tr>
<td>9.1% (1980)</td>
<td>1997 Enactment of the Long-Term Care Insurance Act</td>
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<tr>
<td><strong>1990s</strong>&lt;br&gt;Promotion of the Gold Plan</td>
<td>2000 Enforcement of the Long-Term Care Insurance System</td>
</tr>
<tr>
<td>12.0% (1990)</td>
<td>14.5% (1995)</td>
</tr>
<tr>
<td><strong>2000s</strong>&lt;br&gt;Introduction of the Long-Term Care Insurance System</td>
<td>17.3% (2000)</td>
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</table>
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)
- Users could not choose services:
  - Municipal governments decided services and service providers.
- Psychological resistance:
  - Means test was required when applying services.
- Services tended to be unvarying without competition:
  - Services were basically provided by municipalities or organizations entrusted.
- 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)
- Long-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)

These systems had limitations for solving problems.
Background of the introduction of the Long-Term Care Insurance System

- As society ages, needs for long-term care have been increasing because of more elderly persons requiring long-term care and lengthening of care period, etc.
- Meanwhile, due to factors such as the trend towards nuclear families and the aging of caregivers in families, 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】
- 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.
- User oriented: A system in which users can receive integrated services of health, medicine, and welfare from diverse agents based on their own choice.
- Social insurance system: Adoption of a social insurance system where the relation between benefits and burdens is clear.
Procedure for Use of Long-term Care Services

**Users**

- Municipal governments (sections in charge)

- Investigation for Certification
- Doctor’s written opinion

**Certification of Needed Support/Long-Term Care**

- Care levels 1-5
  - Care plan for the use of long-term care
    - Facility services
      - Intensive care home for the elderly
      - Long-term care health facility
      - Sanatorium medical facility for the elderly requiring long-term care
    - In-home services
      - Home-visit long-term care
      - Home-visit nursing
      - Outpatient day long-term care
      - Short-stay admission service, etc.
    - Community-based services
      - Multifunctional long-term care in small group homes
      - Home-visit at night for long-term care
      - Communal daily long-term care for dementia patients (group homes), etc.

- Support levels 1 & 2
  - Care plan for preventive long-term care
    - Preventive long-term care services
      - Outpatient preventive long-term care
      - Outpatient rehabilitation preventive long-term care
      - Home-visit service for preventive long-term care, etc.
    - Community-based services for preventive long-term care
      - Multifunctional preventive long-term care in small group homes
      - Preventive long-term care for dementia patients in communal living, etc.

- Not certified
  - Services which cope with the actual municipalities’ needs (services not covered by the long-term care insurance)
  - Long-term care prevention projects

**Long-term care benefits**

**Preventive long-term care benefits**

**Community support projects**

Those likely to come to need long-term care/support in the future.
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’

○By 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.

○As 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.

○The 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.

○It 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.
Medical Care and Long-term Care Collaboration
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.)

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.

Promotion of Home Medical Care and Long-term Care Collaboration

- Organize meetings of local health care and long-term care professionals
- Consultation on home medical care and long-term care coordination
- Training for home medical care and long-term care professionals

*The consultation can also be provided at municipal offices or community general support centers
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. 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.

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.

As of April 2018, all municipalities have implemented all eight programs of (a) to (h) below.

- Municipalities may outsource the eight programs to medical associations at the country, city, and ward levels, local medical institutions, or other organizations.
- 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.
- 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

#### (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.

#### (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)
Costs for Long-Term Care Services
Trends in Social Security Benefits

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

- 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.

<table>
<thead>
<tr>
<th>Operation period</th>
<th>Benefits (Total Cost)</th>
<th>Insurance premiums (national average per month)</th>
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<tbody>
<tr>
<td>FY 2000</td>
<td>3.6 trillion</td>
<td>2,911 yen</td>
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<tr>
<td>FY 2001</td>
<td>4.6 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2002</td>
<td>5.2 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2003</td>
<td>5.7 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2004</td>
<td>6.2 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2005</td>
<td>6.4 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2006</td>
<td>6.4 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2007</td>
<td>6.7 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2008</td>
<td>6.9 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2009</td>
<td>7.4 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2010</td>
<td>7.8 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2011</td>
<td>8.2 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2012</td>
<td>8.9 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2013</td>
<td>9.4 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2014</td>
<td>10.0 trillion</td>
<td></td>
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<tr>
<td>FY 2015</td>
<td>10.1 trillion</td>
<td></td>
</tr>
<tr>
<td>FY 2016</td>
<td>10.4 trillion</td>
<td></td>
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<tr>
<td>FY 2017</td>
<td></td>
<td>5,514 yen</td>
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<tr>
<td>FY 2020</td>
<td></td>
<td></td>
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<tr>
<td>FY 2025</td>
<td></td>
<td>6,771 yen</td>
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<tr>
<td></td>
<td></td>
<td>8,165 yen</td>
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</table>
Preventive Long-Term Care Services
The Number of Saloons and Rate of Participants

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2013</td>
<td>43,154</td>
<td>2.7</td>
</tr>
<tr>
<td>FY2014</td>
<td>55,521</td>
<td>3.2</td>
</tr>
<tr>
<td>FY2015</td>
<td>70,134</td>
<td>3.9</td>
</tr>
<tr>
<td>FY2016</td>
<td>76,492</td>
<td>4.2</td>
</tr>
<tr>
<td>FY2017</td>
<td>91,059</td>
<td>4.9</td>
</tr>
</tbody>
</table>

Menu at Saloons

- Exercise: 51.4%
- Tea: 4.1%
- Dementia Preventing: 20.5%
- Hobby: 17.5%
- Dine: 1.7%
Toyoake City: Saloon using resources in the city

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

More than 70 Café used as Saloon

Exercise and “Health Mahjong” at SOGEN-Temple

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

Resource: Toyoake City’s presentation at MHLW (2019July3), modified and temporarily translated
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

Resource: Setagaya-ku’s presentation at MHLW (2019July3), modified and temporarily translated
Project for Supporting Community Preventive Long-Term Care Activities
("Kayoinoba" established by residents)

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.

Number of "Kayoinoba" and Participation Rate

Main Activities at "Kayoinoba"
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)

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 2080, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 persons will be supporting one senior citizen.

1990 (Actual figures)  
Total population: 123.61 million
Age 0–19: 3,249 (25%)
Age 20–64: 7,590 (61%)
Age 65–74: 892 (7%)
Age 75 & older: 597 (5%

2010 (Actual figures)  
Total population: 128.06 million
Age 0–19: 2,287 (18%)
Age 20–64: 7,497 (59%)
Age 65–74: 1,517 (12%)
Age 75 & older: 1,407 (11%)

2025  
Total population: 120.66 million
Age 0–19: 1,849 (15%)
Age 20–64: 6,559 (54%)
Age 65–74: 1,479 (12%)
Age 75 & older: 2,179 (18%)

2060  
Total population: 86.74 million
Age 0–19: 1,104 (13%)
Age 20–64: 4,105 (47%)
Age 65–74: 1,128 (13%)
Age 75 & older: 2,336 (27%)

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

Sources: Asada T et al. Seishinkeishi 2013, 115(1).