Healthcare in the ageing society;
Japan’s experience and challenge ahead

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Japan’s public universal coverage

* Medical care (acute/chronic, outpt/inpt/pharmaceuticals) with compensation to prevent catastrophic copayment & reduced copayment for the older since 1973.

* Nursing long-term care (homecare, institution, respite services) since 2000

Medical care expenditure including chronic care

Nursing long-term care expenditure

Source) http://www.geocities.jp/yamamhr/ProIKE0911-176.html#N3

Source) MHLW presentation
Population projection of Japan

- Decreasing population, increasing %pop+65 since 2010
- # of Pop65+ will go to plateau since 2025-2050.
- Med and nursing care (formal) costs = $ 500 bil. as of 2016 and increasing.
Potential solution?

Integrated Community Service

* From central to local governance in 47 prefectures, unique operation in 1600 municipalities
* Co-ordinated medical and nursing care
* From institution to community

- Strategy to meet fiscal challenge unproven.
- Governance structure remains open and undefined.
- Conflict of interest b/w healthcare providers vs. other stake-holders.

A social experiment with trial and error?
Social determinants of health in ageing population

Household income vs. dependency rate (Kondo, 2000)

Social participation as a solution?
- Cohort study (AGES) by Kanamori, et al. PlosONE, 2014
- Intervention study (J-AGES) by Hikichi, Kondo, et al. J Epidemiol Community Health 2015
Social model + healthcare model

- Medical care
- LTC and Rehabilitation
- Prevention
- Welfare support in community
- Dwelling/Participation in the community
- Individual & family’s choice /autonomy
- Enabler
- Predisposing factor

Enhancer
Challenge

• Political
  – Increasing pressure to achieve primary balance
  – Shortage of human resource
  – Regulatory silos deterring integration

• Demographic
  – Decreasing size of household and old-old dependent informal care.

• Cultural
  – Residual family and gender role norms needs reconstruction, but feasible?
  – Esp, right protection for informal female caregivers in social exclusion is warranted.

• Civil engineering
  – “Compact community” or community within face-to-face distance
  – Infrastructure (e.g. supportive public housing) for ageing in the community

• Multi-sectorial communication and coordinated policy making beyond health sector will be the key. (but how?)