

# Japanese healthcare reform and health economic agenda

~Toward the well-being society~

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ジャパンズナンバーワン

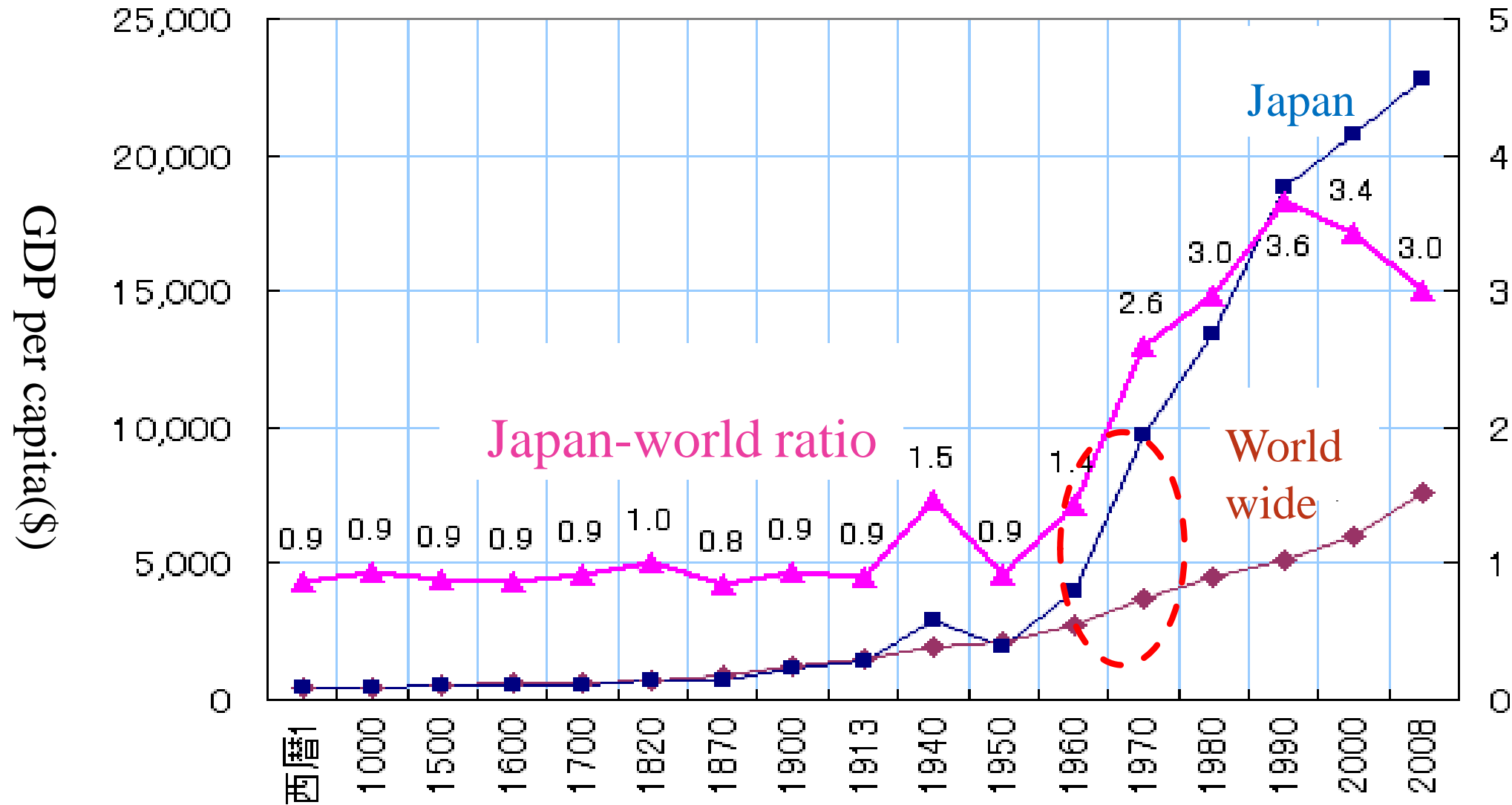
# Japan as No.1

エズラ・F・ヴォーゲル 広中和歌子／木本彰子 訳

阪急コミュニケーションズ

In 1979

# Historical trend of GDP per capita Japan v.s. world wide

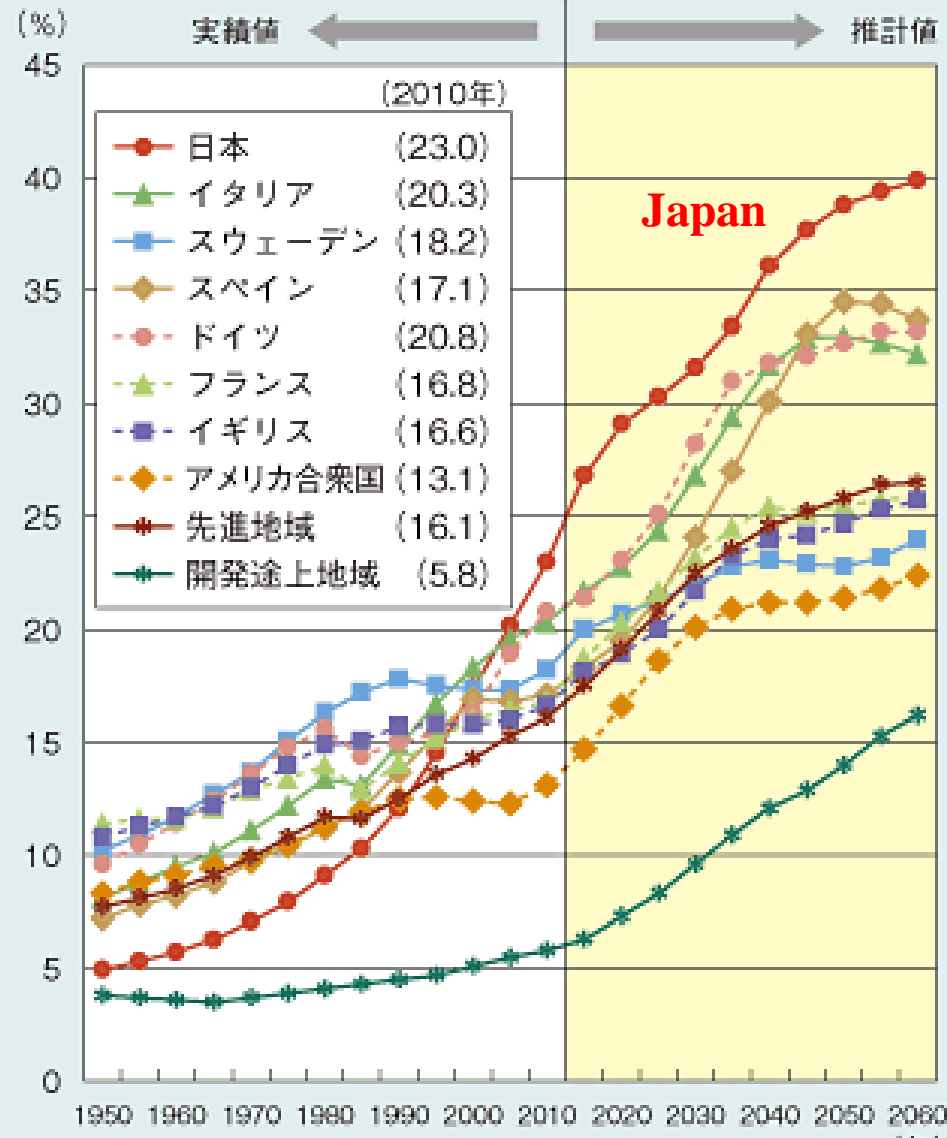


# of Aged society

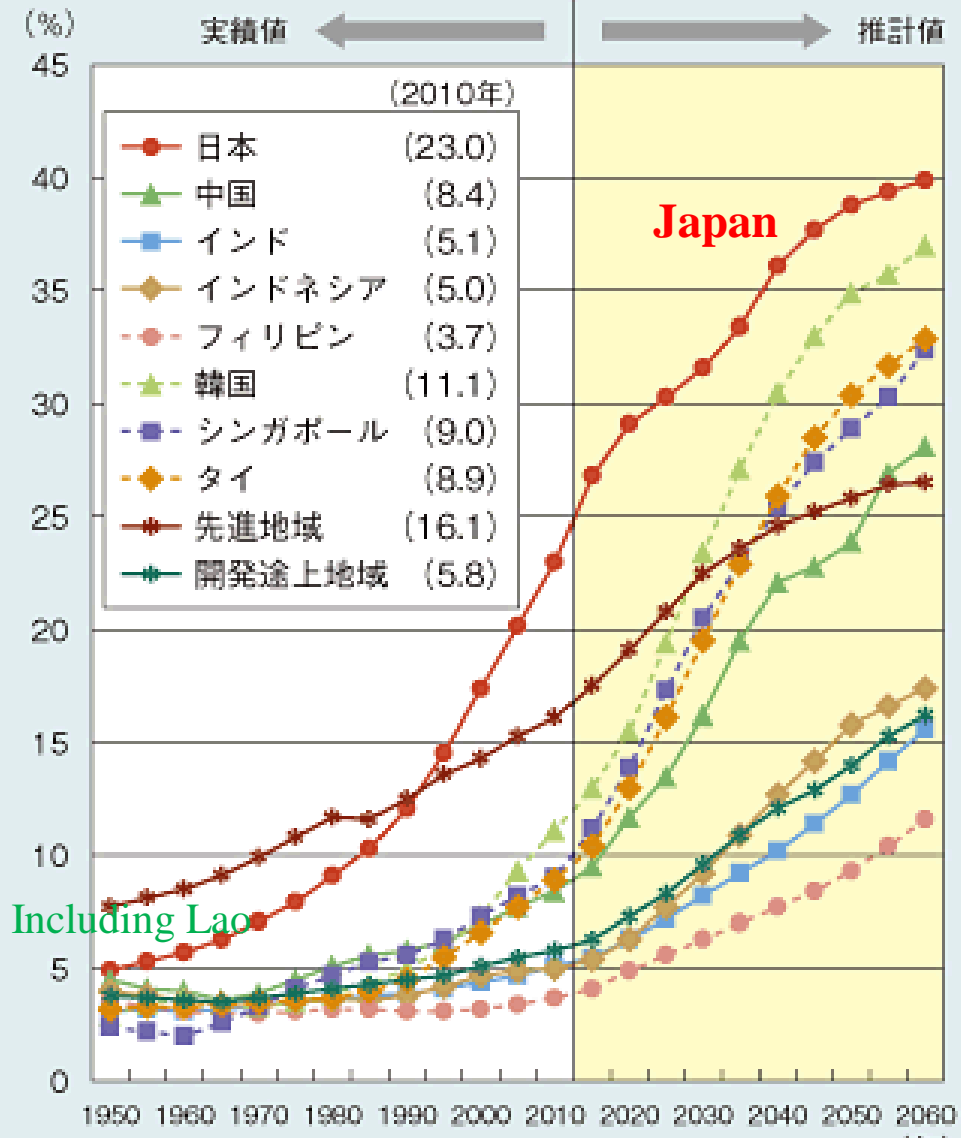
図 1-1-13

## 世界の高齢化率の推移

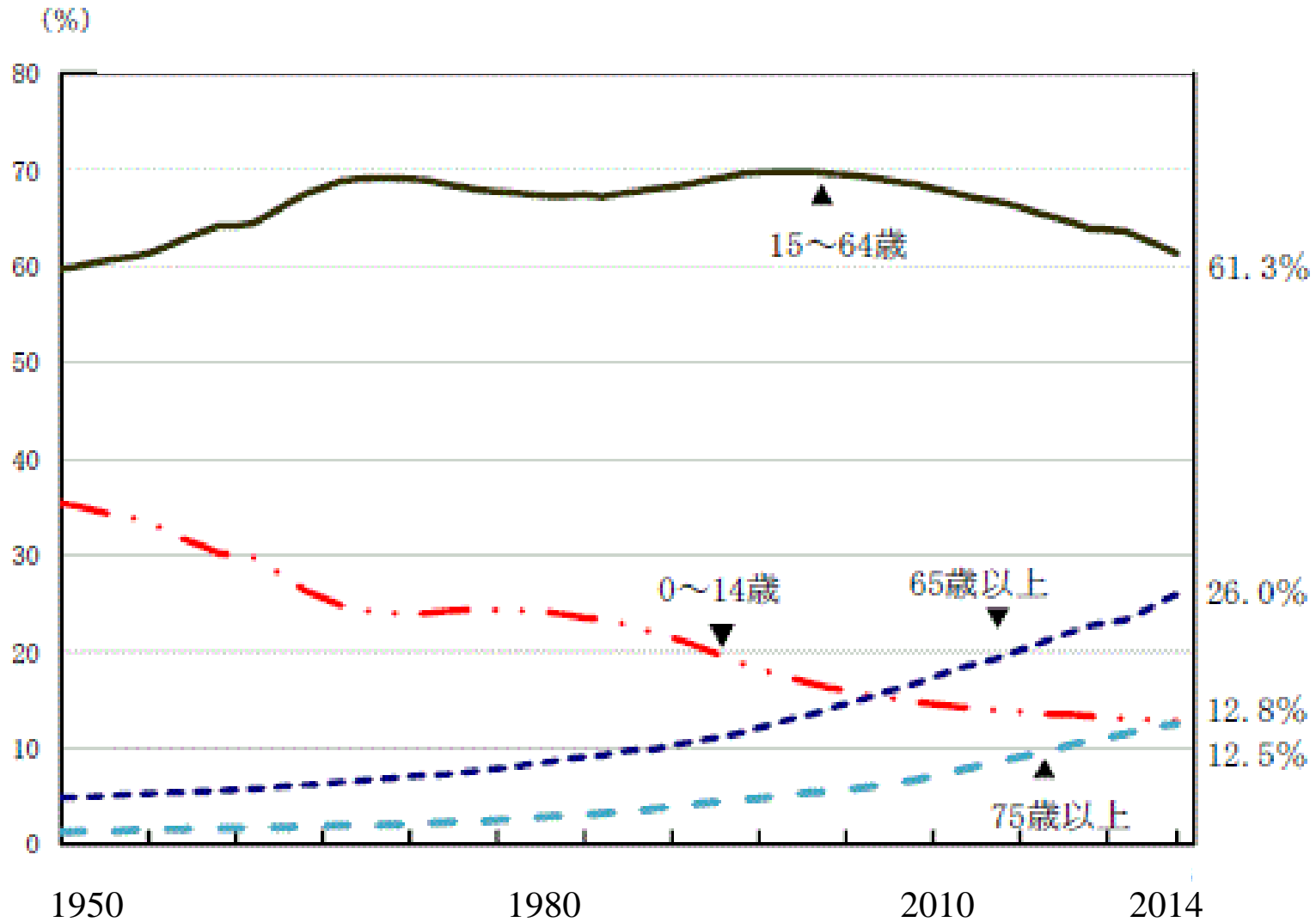
### 1. 欧米



### 2. アジア



# What happened behind hyper aged society



# Japanese health system

## Key attributes

Universally providing services with social insurance scheme

all Japanese nationals obligatorily join social health insurance

Assuring non-regulated access to health institutes (hospitals, clinics)

there is no segment by income in receiving care

Official pricing applied for almost all of health service provision

mix of FFS(fee for service) and PPS(prospect payment scheme)

## Key attributes(cont.)

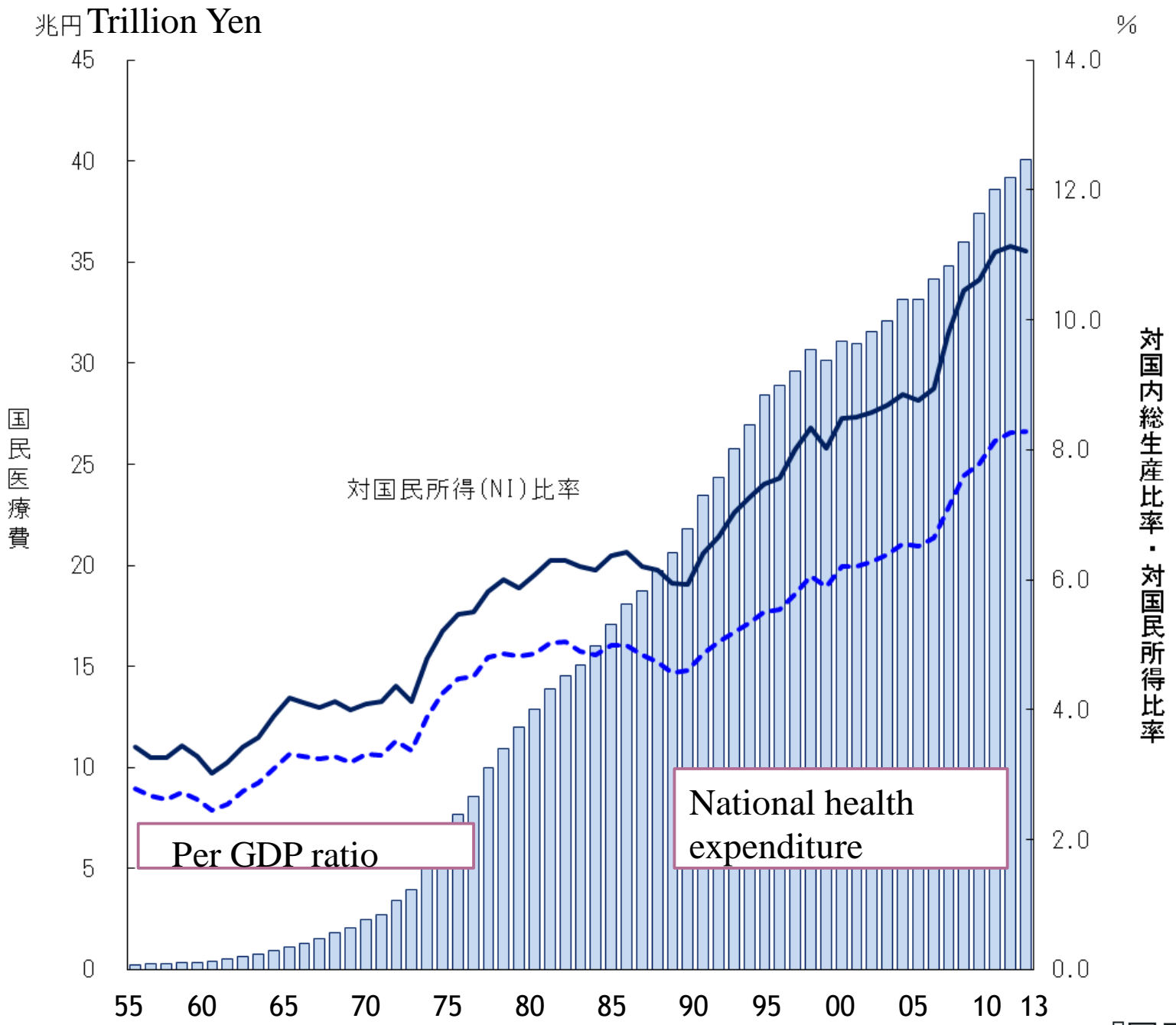
Extreme Inflation of health care costs

Great number of beds, shortage of physicians

Private operation of health facilities rather than public

Weak linkage between primary care and acute care

Great gap between *cure* and *care*





Total

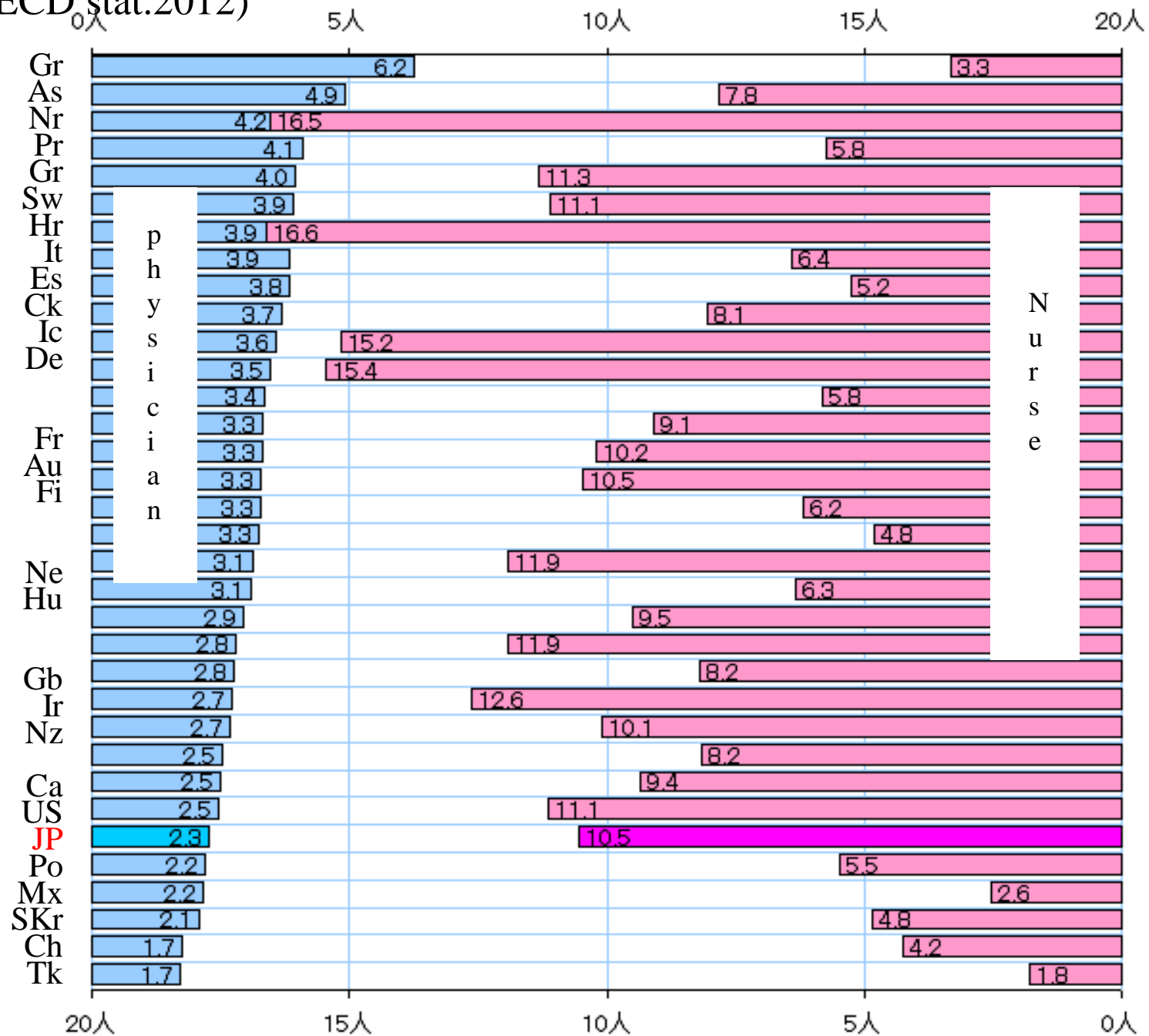
順位	国名	2011年
1	アメリカ USA	2,650,908
2	日本	411,463
3	ドイツ Gr	365,743
4	フランス Fr	268,327
5	イギリス Gb	210,322
6	イタリア It	182,900
7	カナダ Ca	155,922
8	スペイン Es	137,742
9	韓国 SKr	109,440
10	メキシコ Me	105,858
11	オランダ Ne	85,243
12	オーストラリア Au	83,849
13	トルコ Tk	64,872
14	ポーランド Po	55,953
15	ベルギー Bl	44,869
16	スイス Hr	44,646
17	オーストリア As	38,285
18	スウェーデン Sw	37,079
19	ノルウェー Nr	28,071
20	ポルトガル Pr	27,646
21	チリ Ch	27,053
22	ギリシャ Gr	26,677
23	デンマーク De	24,779
24	チェコ Ck	20,635
25	フィンランド Fi	18,179
26	イスラエル Is	17,354
27	アイルランド Ir	16,925
28	ハンガリー Hu	16,875
29	ニュージーランド Nz	14,014
30	スロバキア	10,337
31	スロベニア	4,968
32	ルクセンブルグ	3,059
33	エストニア	1,745
34	アイスランド	1,054

Per  
capita

順位	国名	2011年
1	アメリカ US	8,507.63
2	ノルウェー Nr	5,668.57
3	スイス Hr	5,642.57
4	オランダ Ne	5,098.91
5	オーストリア As	4,546.37
6	カナダ Ca	4,521.56
7	ドイツ Gr	4,494.65
8	デンマーク De	4,448.23
9	ルクセンブルグ Lx	4,246.25
10	フランス Fr	4,117.88
11	ベルギー Bl	4,061.41
12	スウェーデン Sw	3,924.79
13	オーストラリア Au	3,800.08
14	アイルランド Ir	3,699.53
15	イギリス Gb	3,405.47
16	フィンランド Fi	3,373.84
17	アイスランド Ic	3,304.86
18	日本	3,213.10
19	ニュージーランド Nz	3,182.17
20	スペイン Es	3,072.17
21	イタリア It	3,012.01
22	ポルトガル Pr	2,618.77
23	スロベニア Sl	2,420.57
24	ギリシャ Gr	2,360.81
25	イスラエル Is	2,239.38
26	韓国 SKr	2,198.49
27	チェコ Ck	1,965.96
28	スロバキア	1,914.90
29	ハンガリー	1,688.69
30	チリ	1,568.42
31	ポーランド	1,452.36
32	エストニア	1,302.74
33	メキシコ	976.58
34	トルコ	905.72

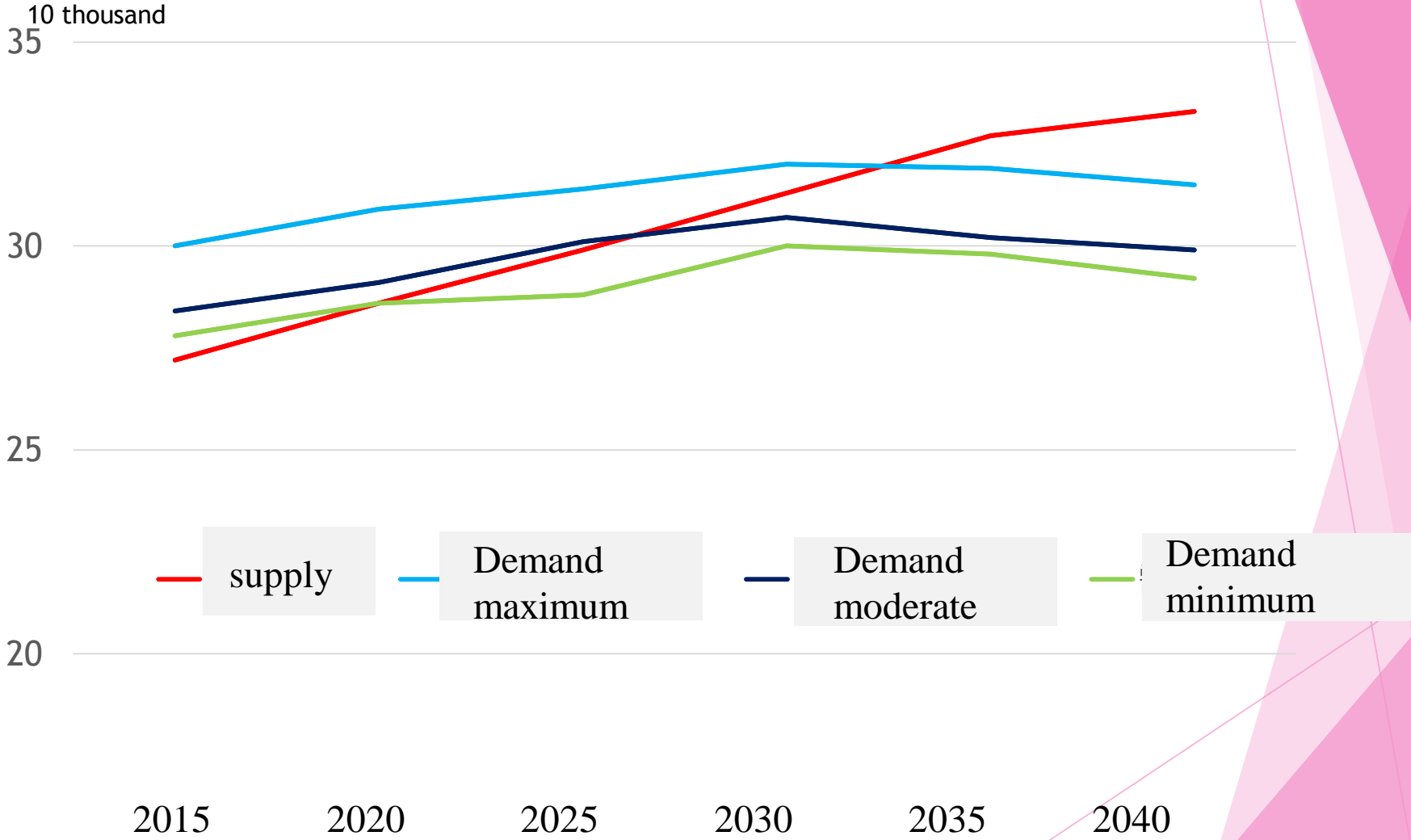
# Ratio Nurse/Physician (OECD, stat.2012)

Per 1000 pop.



人口千人当たり看護師数

# Estimated physician demand-supply projection



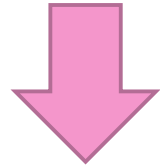
source : mhlw board meeting release 2016

Countries	Health expenditure			per 1000 pop.		
	CDP ratio (%)	Public expense (%)	per capita (USD)	Physicians	Nurse/Midwifery	Hospital beds
	2013			2007~2013		2007~2012
Japan	10.3	82.1	3,966	2.3	11.5	<b>13.7</b>
South Korea	7.2	53.4	1,880	2.1	5.0	10.3
Singapore	4.6	39.8	2,507	2.0	5.8	2.0
China	5.6	55.8	367	1.9	1.9	3.8
USA	17.1	47.1	9,146	2.5	9.8	2.9
Canada	10.9	69.8	5,718	2.1	9.3	2.7
UK	9.1	83.5	3,598	2.8	8.8	2.9
Italy	9.1	78.0	3,155	3.8	0.3	3.4
Austria	11.0	75.7	5,427	4.8	7.9	7.6
Netherland	12.9	79.8	6,145	2.9	8.4	4.7
Swiss	11.5	66.0	9,276	4.0	17.4	5.0
Sweden	9.7	81.5	5,680	3.9	11.9	2.7
Spain	8.9	70.4	2,581	4.9	5.7	3.1
Denmark	10.6	85.4	6,270	3.5	16.8	3.5
Germany	11.3	76.8	5,006	3.9	11.5	8.2
Norway	9.6	85.5	9,715	4.3	17.3	3.3
France	11.7	77.5	4,864	3.2	9.3	6.4
Belgium	11.2	75.8	5,093	4.9	16.8	6.5
Australia	d 9.4	d 66.6	d 6,110	3.3	10.6	3.9
New Zealand	9.7	83.0	4,063	2.7	10.9	2.3

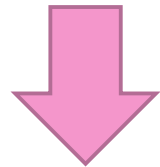
## Excess bed capacity expands apparent workforce shortage

	ALS	Bed/1000	Dr/100b	NS/100b
Japan	34.7	14	14.9	66.8
Germany	10.1	8.3	41.6	117.8
France	13.2	7.2	46.7	105.8
UK	8.7	3.6	69	335.9
US	6.4	3.2	76.3	331.2

High hospital beds / low health resources if account  
bed bounded !



Policy change from hospital bed to community is expected



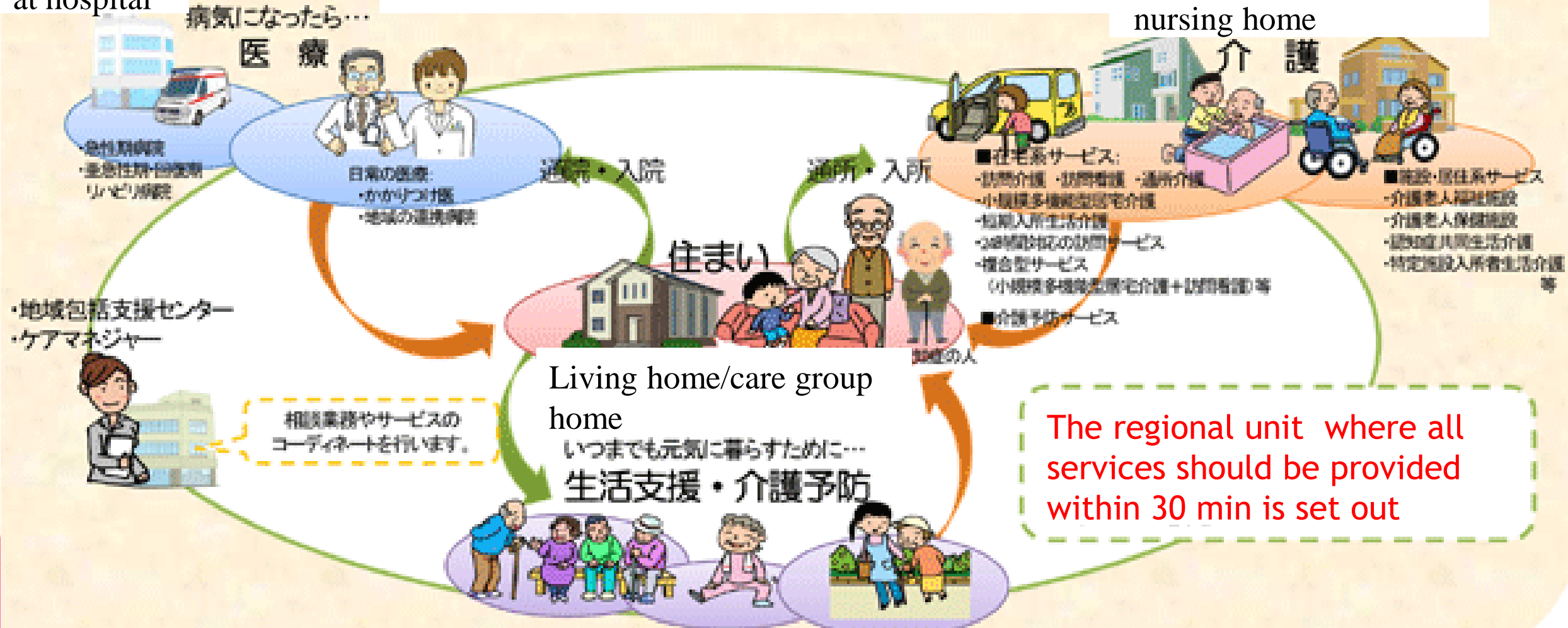
**“Comprehensive regional care system”** launched from 2014

**For building “well-being society”**

# Comprehensive regional care system

Medical care  
at hospital

Long-term care at  
nursing home



Community relationship between  
aged people

# Challenge for realizing well-being society

## We face

Expected population shrink

Reduction of labor productivity?

Expected health / welfare costs increase

Difficulty of fund raising for social security system?

Unexpected risk of natural disasters

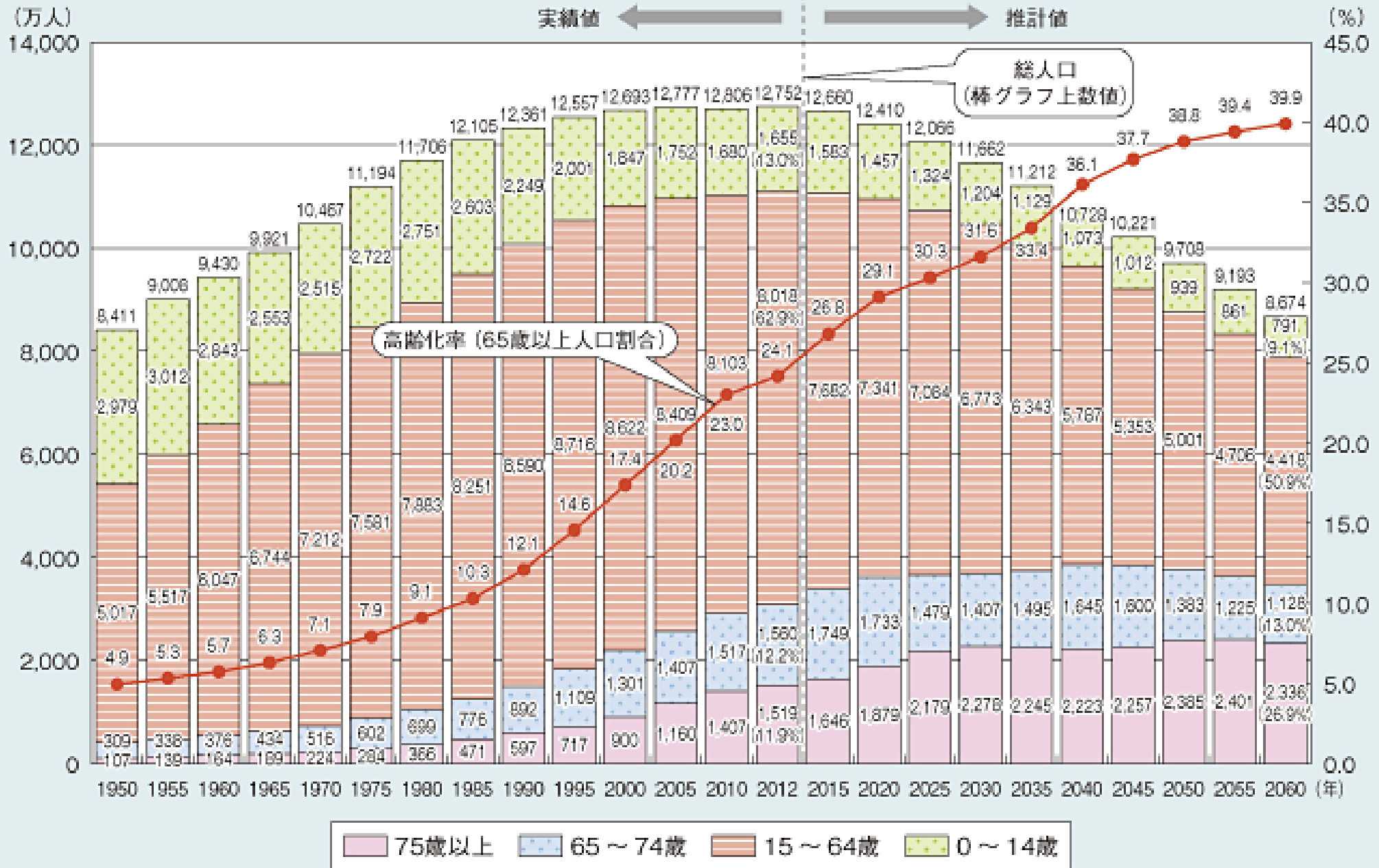
Difficulty of appropriate resource allocation among risks?

Unexpected high tension of diplomatic relations between neighbors

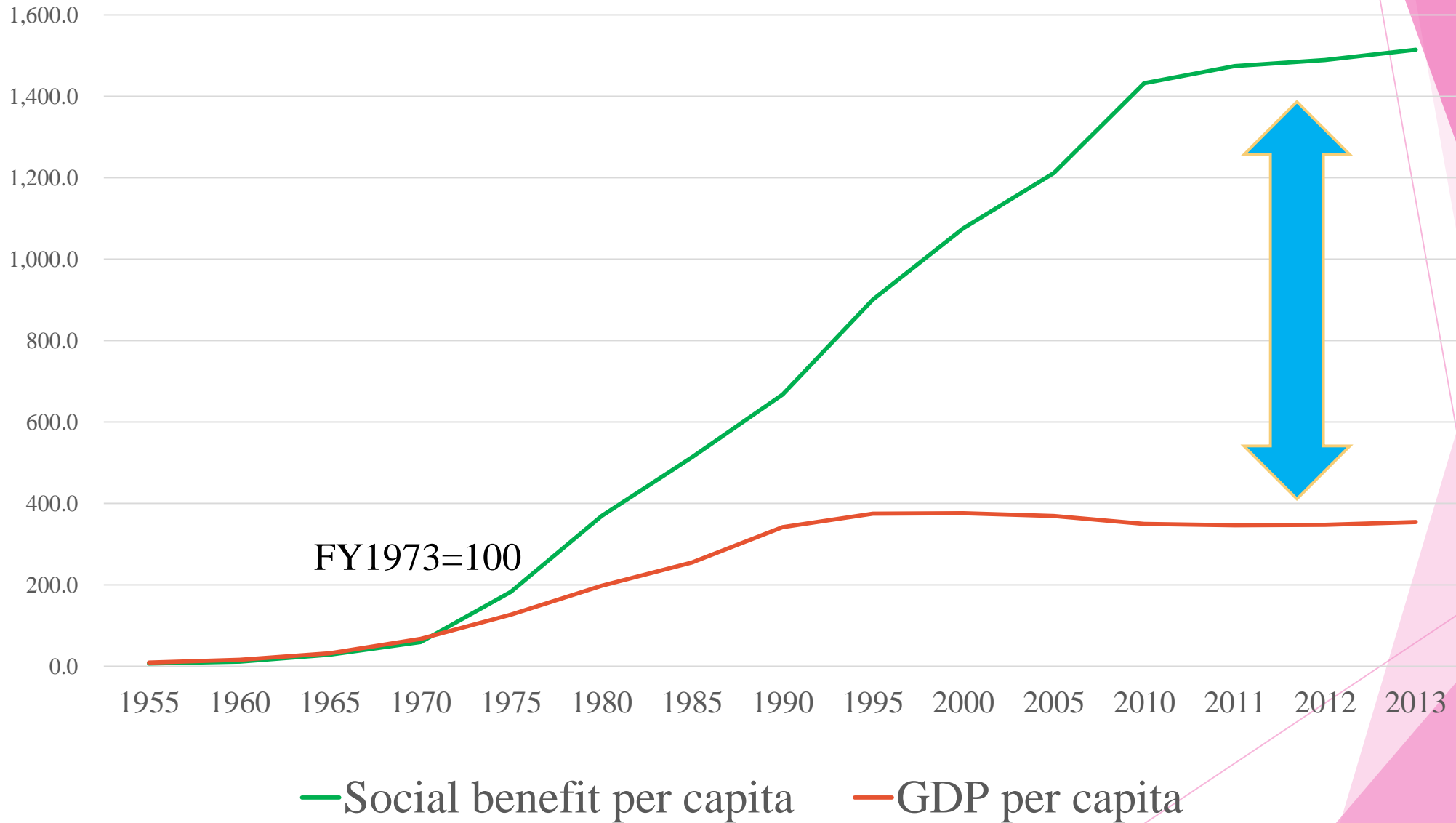
Strong pressure of revising Constitution and enforcing military power?



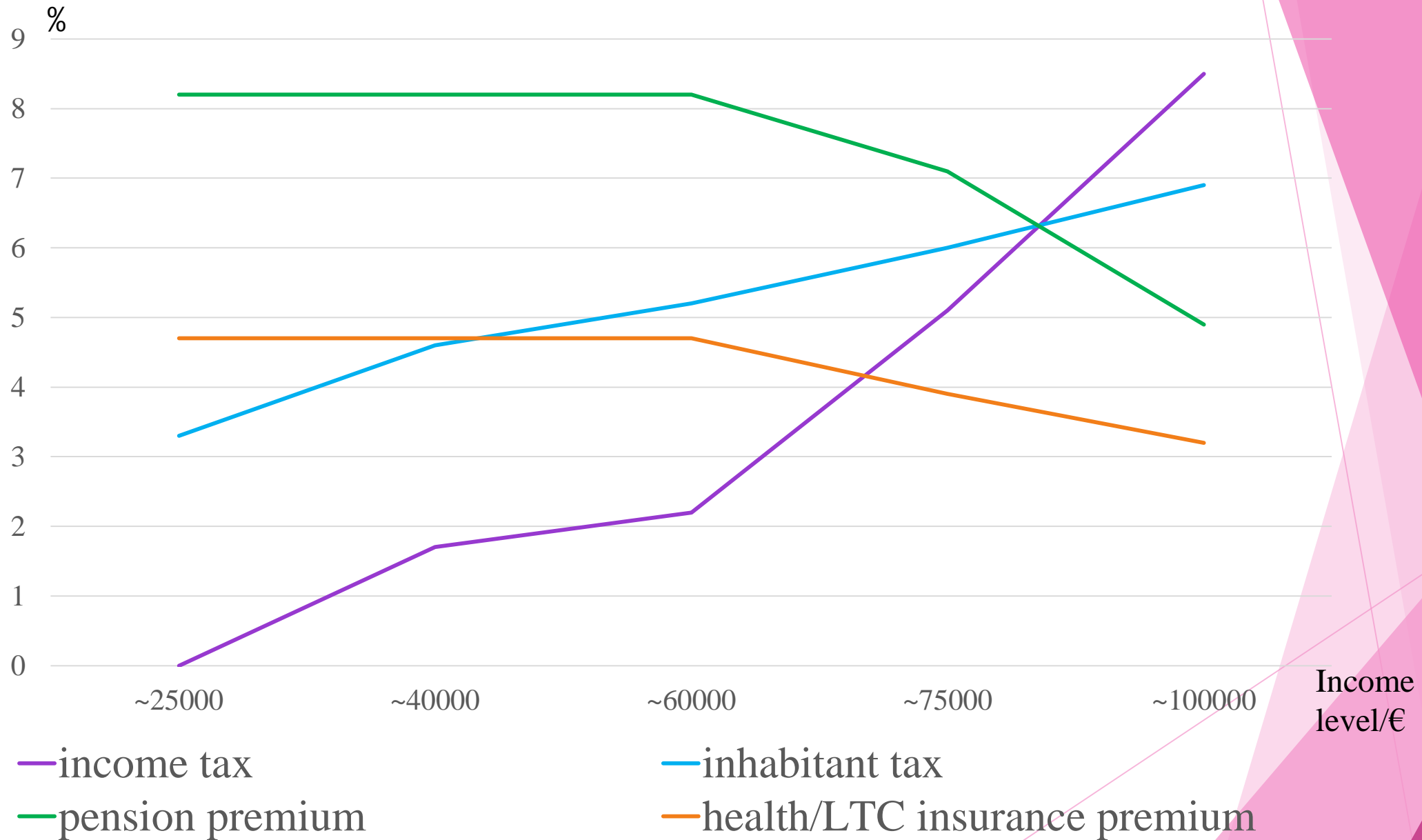
# Projected population shrink to 2060



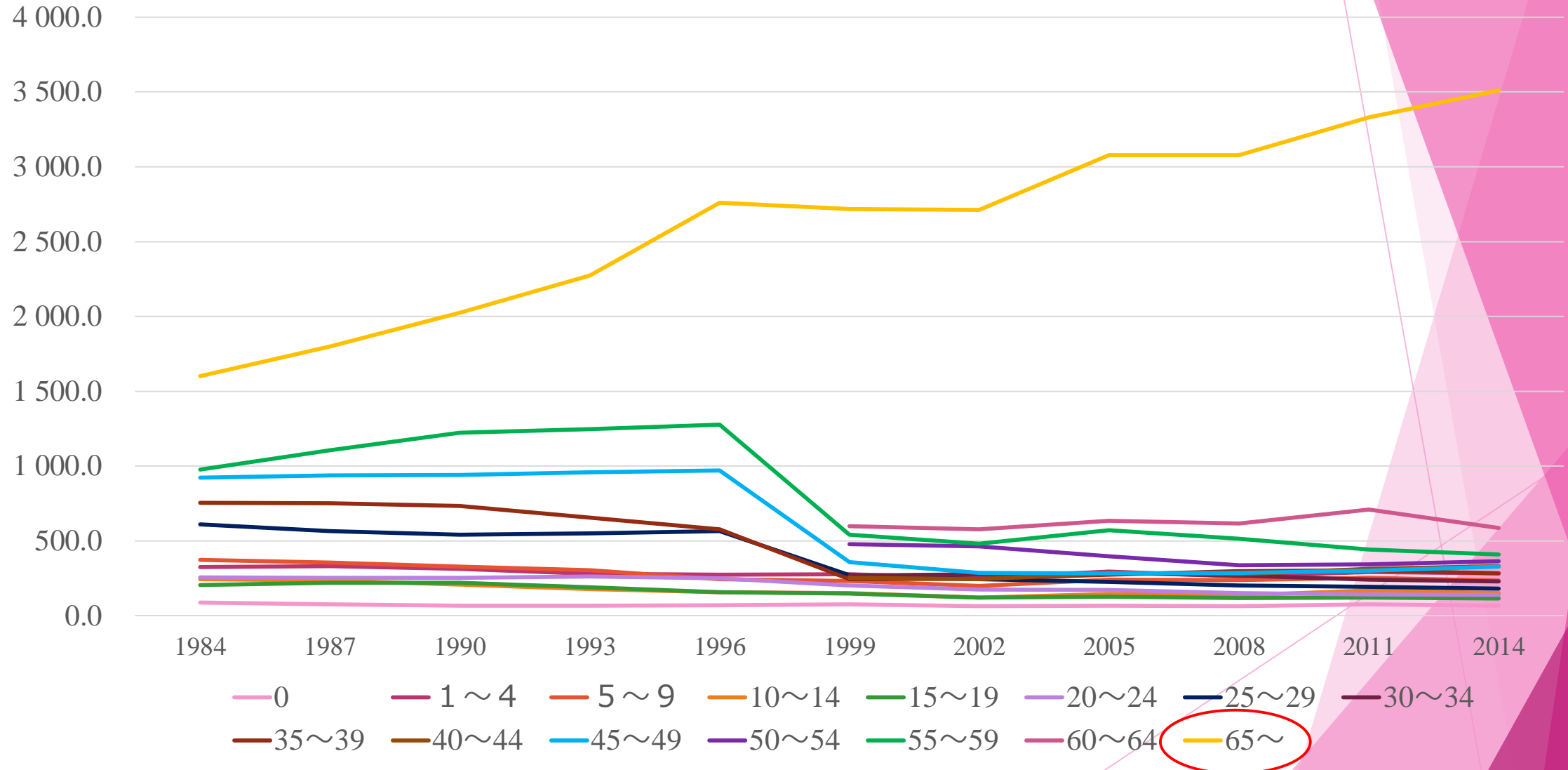
# Trend index of social benefit and GDP per capita



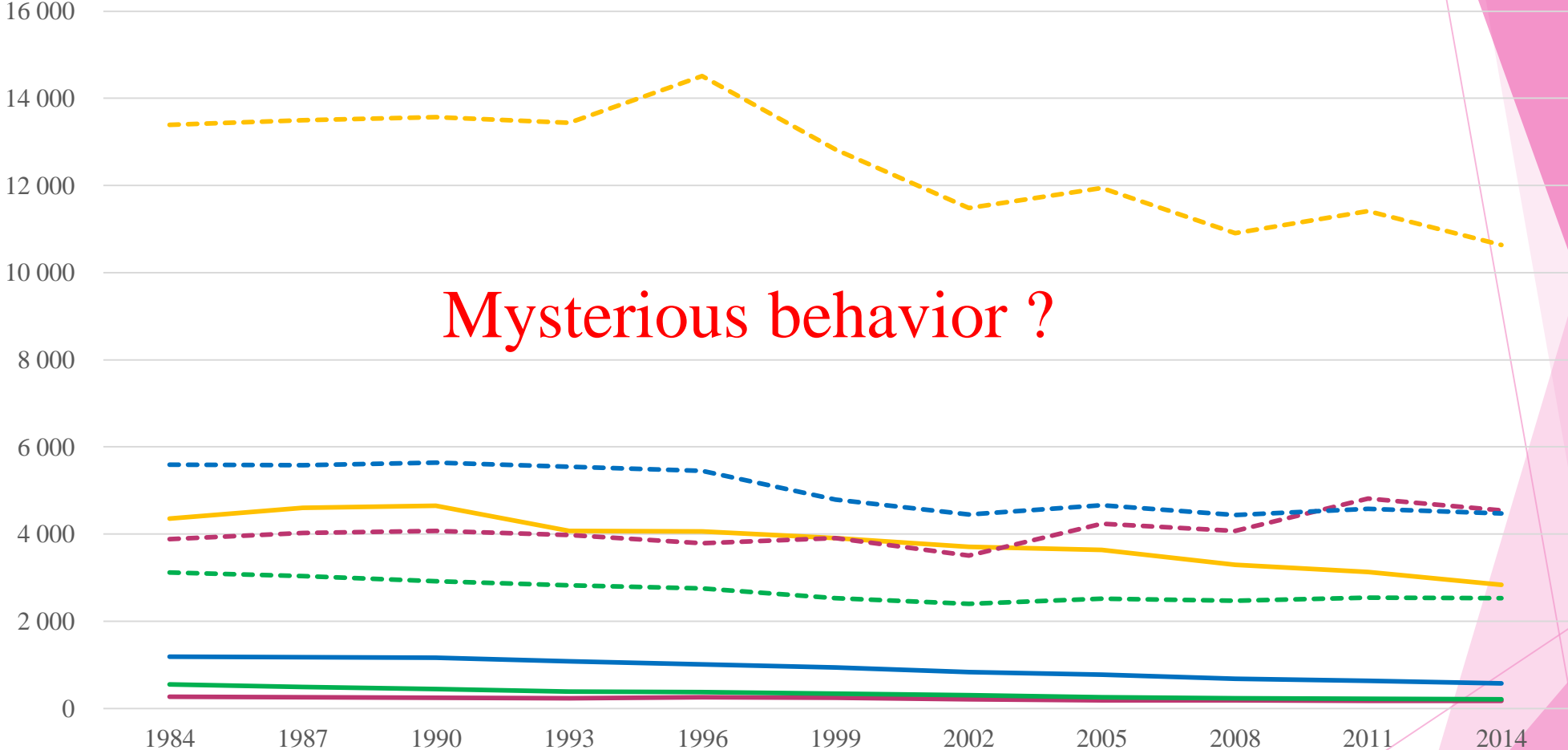
# Imbalanced tax/premium burden ratio by household income level



# Estimated number of patients during 30 years, by age group



# Trend of morbidity. by age group

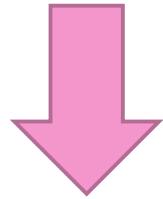


Mysterious behavior ?

Inpatient    — 0 ~ 14    — 15 ~ 34    — 35 ~ 64    — 65 ~  
 Outpatient    - - 0 ~ 14    - - 15 ~ 34    - - 35 ~ 64    - - 65 ~

Doubled or tripled visiting to medical facilities

Doctor shopping by patients



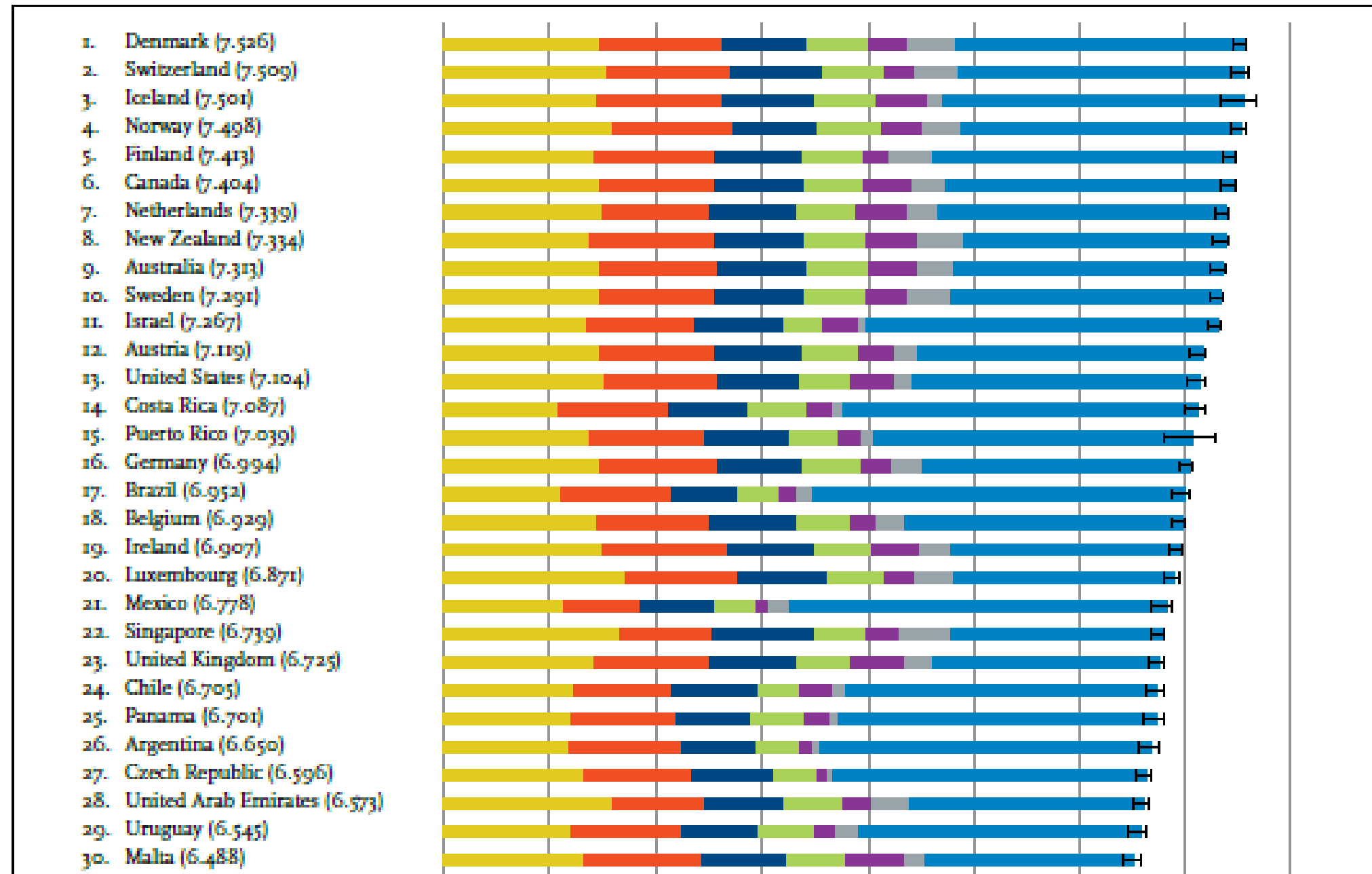
Efficiency of health care resource use might be distorted

Efficient provision of primary care might not be established

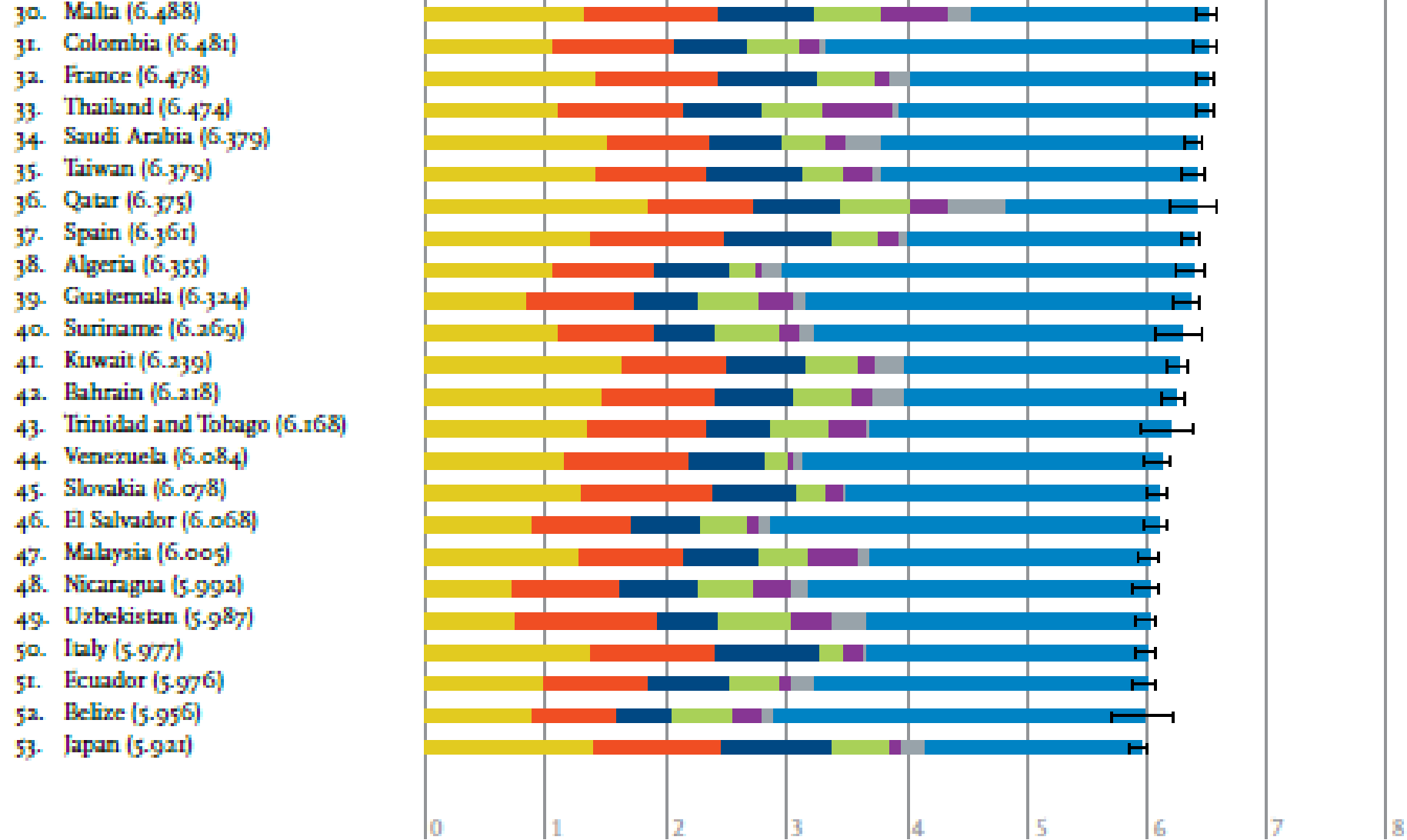
## Another fundamental question

Does massive investment into healthcare (reform) induce really “good health” and “well-being society”?

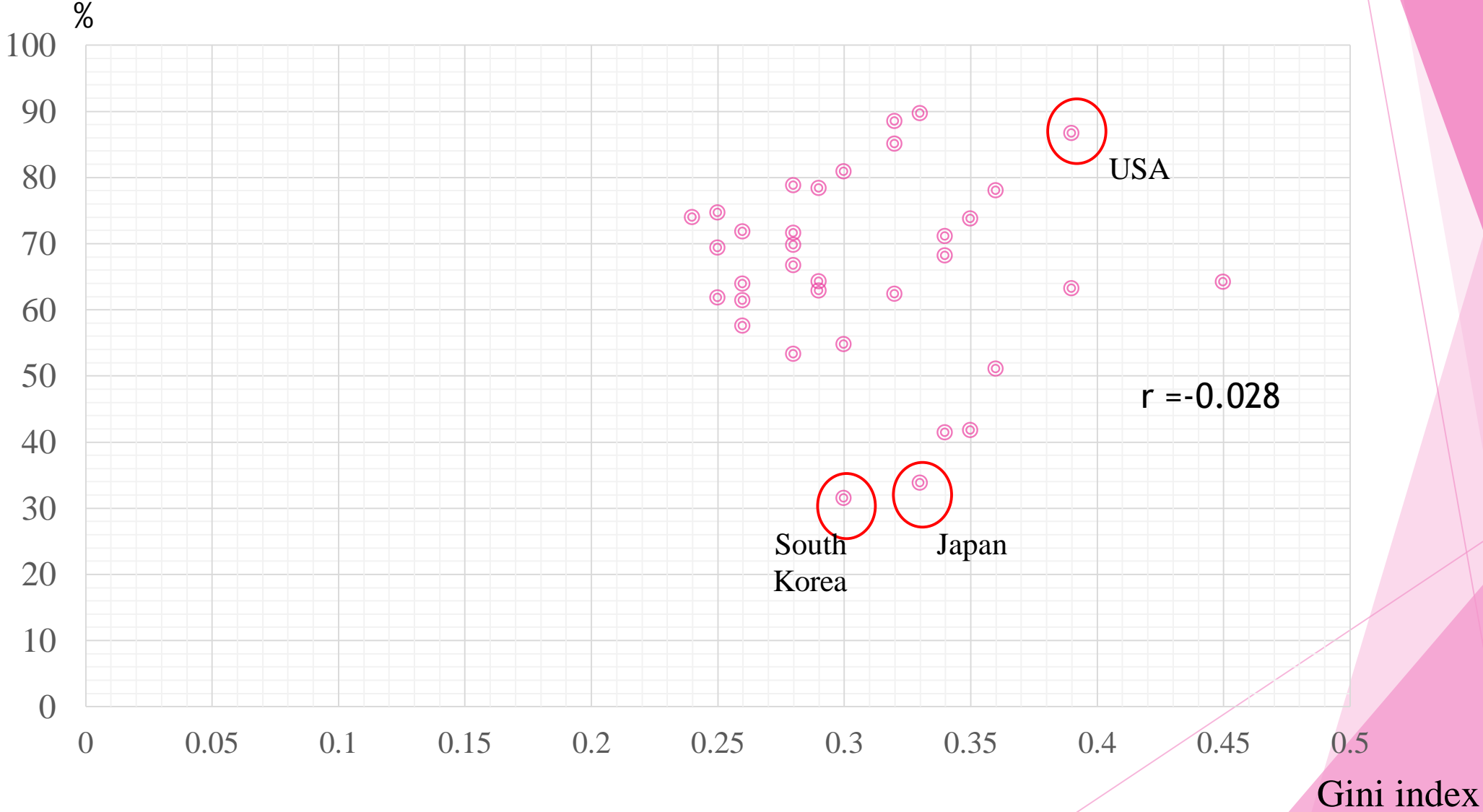
Figure 2.2: Ranking of Happiness 2013-2015 (Part 1)



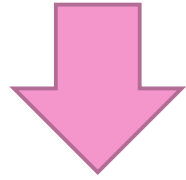




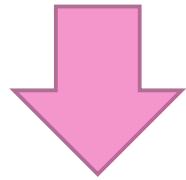
# Good health status and income inequality in OECD countries



More healthier people prefer to  
receive more healthcare services!



That induces less sustainability of healthcare budget  
and higher personal expense for social health system



How to secure “sustainability” and “satisfactory health delivery”  
with “smaller amount of money” under “population shrinking”  
society is the challenge for Japan