"Specific Health Checkups" Activities in Saga Prefecture

JMAJ 52(5): 359–360, 2009

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Located in northern Kyushu Island, Saga Prefecture comprises 10 cities, 6 counties, and 10 towns, with an area of 2,439 km² and a population of 859,205 (as of October 2007). The Saga Prefectural Medical Association (SpMA) has a membership of 1,392 (as of February 2008), making this one of Japan's smaller prefectural medical associations.

A special characteristic of the association is its management of the Center for Lifestyle-related Diseases Prevention, a facility shared by members where medical examinations and check-up services for the entire prefecture are provided. With regard to the "Specific Health Checkups" (hereinafter referred to as "Specific Checkups") that were introduced in April 2008, ahead of other prefectures Saga Prefecture has undertaken negotiations and cooperative efforts towards the conclusion of contracts with municipal national health insurance. Below is an explanation of the efforts undertaken and problems encountered by the SpMA in concluding these contracts.

Efforts towards the Implementation of Specific Checkups

Although the effectiveness of Specific Checkups/Specific Health Guidance has come under question, since insurers who provide these services infrequently (low implementation rate) are expected to be penalized with higher contribution rates, resulting in an increase in insurance premiums, the SpMA has determined that its proactive involvement is necessary to ensure that Saga residents are not further burdened.

From this perspective, in 2006 the Prefecture set up a "Panel on the Role of Health Services" comprising the SpMA, Saga Social Insurance Bureau, Saga Federation of National Health Insurance Organization, Saga Labor Bureau, and other relevant prefectural government departments and agencies with the aims of standardizing health services provided independently by each organization and of facilitating adjustment so that their services could be implemented across organizations. The panel submitted proposals to the Saga Insurer Council aimed at ensuring the smooth implementation of services. The SpMA also proactively participated in discussions, voicing its opinion as a healthcare profession (participating in the Insurer Council first as an observer, then from September 2007 as an official member).

Due to the increase in the Prefecture of the number of patients requiring artificial dialysis resulting from diabetic renal failure and the high outpatient consultation rate for diabetes, at the Insurer Council the opinion was expressed that creatinine, uric acid, and HbA1c needed to be added to the list of required check-up items stipulated by the Ministry of Health, Labour and Welfare (MHLW), and with the unanimous agreement of all council members, it was decided

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This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol.137, No.4, 2008, pages 742–743).

to make adjustments for the 3 items to be included. Furthermore, due to the necessity of ensuring accuracy, it was proposed and agreed that, as conditions for approval as Specific Checkup implementation facilities, medical facilities should preferably (1) have received evaluations above a certain level in control surveys by the Japan Medical Association, Japanese Association of Medical Technologists, or Federation of National Occupational Health Organizations; and (2) have participated in and received evaluations above a certain level in control survey activities conducted by the SpMA.

With regard to "Life Function Evaluation" to select specific elderly people targeted for long-term care prevention services, a desire from municipalities which conduct long-term care services was also expressed that elderly people covered by long-term care insurance can undertake both the evaluation and the Specific Checkups at the same time.

In light of the items decided by the Insurer Council and the municipalities which conduct long-term care insurance services, the SpMA undertook cooperative efforts towards the conclusion of contracts with municipal national health insurance, and on March 27, 2008 a contract-signing ceremony was held regarding contracts related to Specific Checkups and life function evaluation.

These contracts with municipal national health insurance were concluded through the cooperation of all cities and towns in the prefecture and were achieved relatively smoothly. In contrast, however, difficulty was encountered with contacts concerning government-managed health insurance covering nonworking dependents, of which employee's health insurance is the core.

Despite the approval by the Insurer Council for the independent addition of three items by the Prefecture, the Social Insurance Bureau expressed the opinion that checkup items not stipulated by law could not be recognized as required items in contracts. Because of the necessity of the added items for the effective implementation of checkups and the confusion that would result at healthcare facilities if checkup items differed depending on the insurers, the SpMA strongly requested contracts with the same content as those concluded with municipal national health insurance, but under the direction of the MHLW this was not allowed. Consequently, only those items specified by the MHLW are included as required items in Specific Checkups for people covered under both municipal national health insurance and government-managed health insurance covering nonworking dependents. However, the additional three items are necessary for preventing diabetes and artificial dialysis, and are therefore included under municipal national health insurance as the Insurance Council.

The original objective of Specific Checkups/Specific Health Guidance was to prevent disease, and so the exclusion of necessary items from checkups in order to control checkup costs is preposterous. Regarding checkup items and unit cost, the SpMA intends to strongly lobby the MHLW to take a more flexible and realistic stance that enables each insurers to made such decisions independently.

Support Measures for Member Medical Institutions

At the Center for Lifestyle-related Diseases Prevention, the SpMA provides the following support measures to member medical institutions as re-commissioned: preparation of individual patient reports/detailed examination notices; blood testing; selection and stratification of patients requiring health guidance; preparation and sending of checkup result reports/bills via electronic media, and preparation of checkup reports based on accuracy control.

The provision of these support measures has enabled more member medical institutions to participate as checkup-implementing institutions, and the system for implementing checkups is virtually complete.

Future Issues

The SpMA has been proactively involved in preparations of a system for implementing Specific Checkups, and expects that in future the municipalities will actively encourage residents to undertake Specific Checkups, increasing the implementation rate. Moreover, this system needs to be evaluated at a later date whether or not it is contributing to improved health management and disease prevention amongst the residents. Checkup items also require revisions that are appropriate for the times and disease structure.