

The New Direction of Primary Care in Japan

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Urgent Issues in Japan

Both the quality of medical care in Japan and the general health of Japanese people have always been at an internationally high level. However, as a new generation is born, we will have new challenges to face.

Until now, medical care in Japan has been supported by the universal health insurance system, free access to medical institutions, and constant improvements to the health infrastructure built over Japan's long history.

The fact that Japanese people live so long is surely testament to these factors.

However, some of the most urgent issues that Japan is now facing concern its population, namely the aging of society, low birth rates (which show few signs of improvement), the falling population, and population mal-distribution. These factors produce a situation where there is an absolute lack of responsible individuals to manage and care for an aging society and indicate a pressing need to re-build Japan's medical and long term care structures. These issues are especially pronounced in large cities such as Tokyo, where the supply of medical and long term care is vastly outstripped by demand, with the additional issue of public finance.

It is of course extremely difficult to secure the fiscal resources required for medical and long term care from an ever-decreasing population of young, independent (working) individuals. It will require simultaneous and multiple actions on all fronts in order to make the universal health insurance system sustainable.

Reinforcement of Primary-Care Sites

As you can see in **Fig. 1**, reinforcement of primary-care sites leads to a) the specialization of specialist medical services, b) doctors improving their skills through concentration on specialized cases and efficient use of medical resources, and c) safer medical services.

Advanced medical care professionals are selected or concentrated by the degree to which the base of the triangle is to be strengthened. Rough-and-ready reform may place a burden on the stable medical services in Japan, and so all changes must be carried out based on thorough consideration by policy makers.

Inter-Professional Collaboration

We, the Japan Primary Care Association, have been pioneers in asserting the importance of inter-professional collaboration.

In Japan, the concept of community health care—which is limited to an area accessible in 30 minutes—has been put into practice in response to the changing needs of an aging society. The basis of this concept depends on whether or not such inter-professional collaboration is effective; at the same time, community health care plays the role of coordinator.

I personally believe that “kakaritsuke-i” and “general practitioners (GPs)” are able to take a central role as coordinators. (I will discuss “kakaritsuke-i” and “GPs” in Japan later.)

It is predicted statistically that in Japan the number of patients who go to clinics will halve in the near future due to the imminent population decline and the training of new doctors.

I think it would be more appropriate to utilize

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This series “From the Japanese Association of Medical Sciences” concludes with this article.

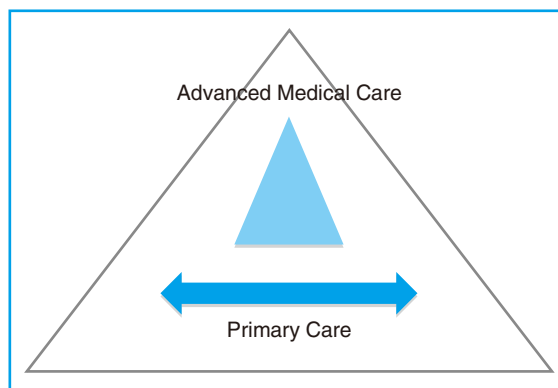


Fig. 1 Reinforcement of primary care sites

the existing human resources of doctors who are already familiar with medical care and the problems of long term care in their own community, rather than training professionals to serve in the new role of coordinator.

I also think this would ensure a seamless change in medical and long term care for the general public.

At Present, There Is No Official System of Family Physicians in Japan

Japan has no system for officially certifying family physicians. The Japanese word “kakaritsuke-i” roughly translates as “family doctor.” This word describes the efforts and achievements of many excellent doctors around Japan who try to maintain health care in their communities and consequently fulfill the image the word suggests.

However, for the time being the medical system is functioning very well. This is because there are clinics and hospitals all across Japan, which despite any small issues they may have, manage to stay in operation as a result of the hard work and dedication of the medical professionals working there. As I mentioned, however, this system will not continue to work effectively for the next generation. In a society whose citizens have increasingly high expectations of health care, I am concerned that the current system will not be able to handle the responsibility of caring for an ever-rising number of elderly patients with multimorbidity and patients with dementia. Is the system sustainable from the viewpoint of medical costs?

General Practitioners in Japan

As of summer 2012, a new category—which I shall refer to as “GP in Japan” as there is no official English title yet—has been added as one of the basic fields in the Japanese medical specialist system. In this paper, I use the term “GPs” to mean certified doctors who can practice adult and child primary care in the outpatient, inpatient, and home-visit departments of both clinics and small/medium-size hospitals. They are able to select a specific role for themselves that is suited to the medical needs of the communities in which they work. This is the unique role of family doctors in Japan—adapting to the needs of the Japanese medical system.

The establishment of the “GP” category of specialization is a revolutionary event in the history of Japanese health care because it means that at-home health care (a basic part of Japanese health care services originally maintained through the efforts of doctors), will be provided to Japanese citizens as clear and tangible collateral.

With Japan’s population crisis relentlessly approaching, however, we were led to establish this new field of specialists. The main stakeholders, including the Japan Medical Association (JMA), gathered together and agreed to go ahead with the creation of this new category. Currently, those involved are aiming to complete discussions as soon as possible on a format for “GPs” that is suitable for Japan. We are aiming for the first generation of these specialists to begin medical practice in 2020.

Japan Primary Care Association

At the Japan Primary Care Association, we are already in the process of training a generation of “Japan Primary Care Certificated Family Physicians,” but there has been another big decision related to the Japanese specialist system in summer of 2013. From now on, the evaluation and certification of these specialists will be carried out not by a member of their own association, but by an independent third party.

This will prevent currently certified family physicians from being automatically transferred into the new specialist system.

As for the construction of this new category, we have decided to discuss training programs and other aspects with related associations from

September 2013 onwards within a newly-formed committee founded by an independent third-party organization of medical specialists.

Our association is trying to make the framework for these new specialists as close as possible to the framework for our certified family physicians.

Effect on Existing Medical Specialists

It could be said that the reinforcement of primary-care sites will only result in the reinforcement of organ specialists and specialists in particular illnesses. However, we believe that in Japan—with its mature health care environment and the high level of care demanded by its citizens—the reinforcement of primary-care sites is essential for enhancement of organ specialists and disease specialists.

In Japan, most doctors choose to be organ specialists or disease specialists. Thus we believe it is precisely the consequential reduction and efficiency of training costs, and the nationwide placement of general practitioners who understand home medical care better than anyone, which will help us resolve the various problems Japan faces.

As a result, we will see improvement in both the quality of organ and disease specialists and the regulation of their numbers, but for the sake of the stability of public health care, we must strengthen primary-care sites.

The following points will be decided by the third-party organization.

1. Definition of the ideal GP
2. Training program

3. The best way to transform conventional family doctors (“kakaritsuke-i”) into the new specialists

4. The best way to transform organ specialists or disease specialists into the new specialists

Adaptation of Existing “Kakaritsuke-i”

The JMA has begun further efforts to fine-tune the continuing medical education program for doctors working in primary-care who currently function as “family doctors.”

The new specialist system should aim to avoid confusion through the transitional period as much as possible, and to retain the Universal Health Insurance system which Japan is so proud of, including the fundamental principle of free access. To do so, both a forward-thinking new system for GPs in Japan and a system for adapting existing “kakaritsuke-i” must be formulated in unison.

What links these two issues is Japanese citizens themselves.

What Is Needed the Most

Clinics which support community health care in Japan’s regional areas have several problems stemming from external factors, such as a lack of successors, uneven distribution of clinics, and uneven distribution of specialists.

What is absolutely needed is both the improvement of environment which the new generation of physicians are encouraged to enter and the establishment of their identity.