

Efforts of Medical Associations to Support Home Medical Care Services: The Case of the Shizuoka Medical Association*¹

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Introduction

On November 26, 2010, a Temporary Special Grant for Community Healthcare Revitalization (210 billion yen in total or ca. 1.8 billion US\$) was created as a supplementary budget for FY2000. This was a measure to provide financial support for “measures for resolving broad-ranging problems within the healthcare delivery system, such as upgrading and improving advanced and specialized medical care facilities and strengthening the functions of community healthcare institutions that coordinate with such medical institutions” aimed at the 52 medical service zones nationwide (all zones) in order to resolve broad-ranging problems within the healthcare delivery system. In Shizuoka Prefecture, “Improving and strengthening the healthcare delivery system in the areas of emergency medicine, perinatal care, and home care” was established as a fundamental policy. Of these three fields, it is anticipated that county and municipal medical associations will take a central role in measures regarding home care-related activities, and so the Shizuoka Medical Association has taken on the main role in summarizing plan proposals and implementing measures as part of the “Shizuoka Prefecture Home Care Promotion Center Initiative.”

Specifically, the following measures comprise the main pillars of the initiative: (1) Newly establishing the Shizuoka Prefecture Home Care Promotion Center within the Shizuoka Medical Association; (2) Establishing organiza-

tions, such as the Shizuoka Prefecture Home Care System Improvement and Promotion Council, that include members of different professions involved in home medical care/home care, and considering initiative implementation plans; (3) Clarifying the current status of home care functions/systems and considering countermeasures; (4) Constructing the Shizuoka Prefecture Home Care Collaboration Network System, a system for sharing patient information using Information and Communication Technology (ICT) in the home care/nursing care workplace, and promoting collaboration between multiple healthcare professionals, such as local medical associations, home-care primary physicians, and visiting nurses; (5) Building a system for coordinating organization involved in home care and developing human resources; and (6) Undertaking educational activities aimed at prefecture residents.

Of these measures, this paper specifically reports on items (3) and (4) above.

Issues Regarding Home Care Functions/ Systems and Countermeasures

In FY2011, with the cooperation of the National Institute of Population and Social Security Research, a “Survey on Care Management at the Time a Patient Is Discharged from Hospital” was conducted on all home nursing support providers and care managers in Shizuoka Prefecture; in addition, with the support of the Japan Medical

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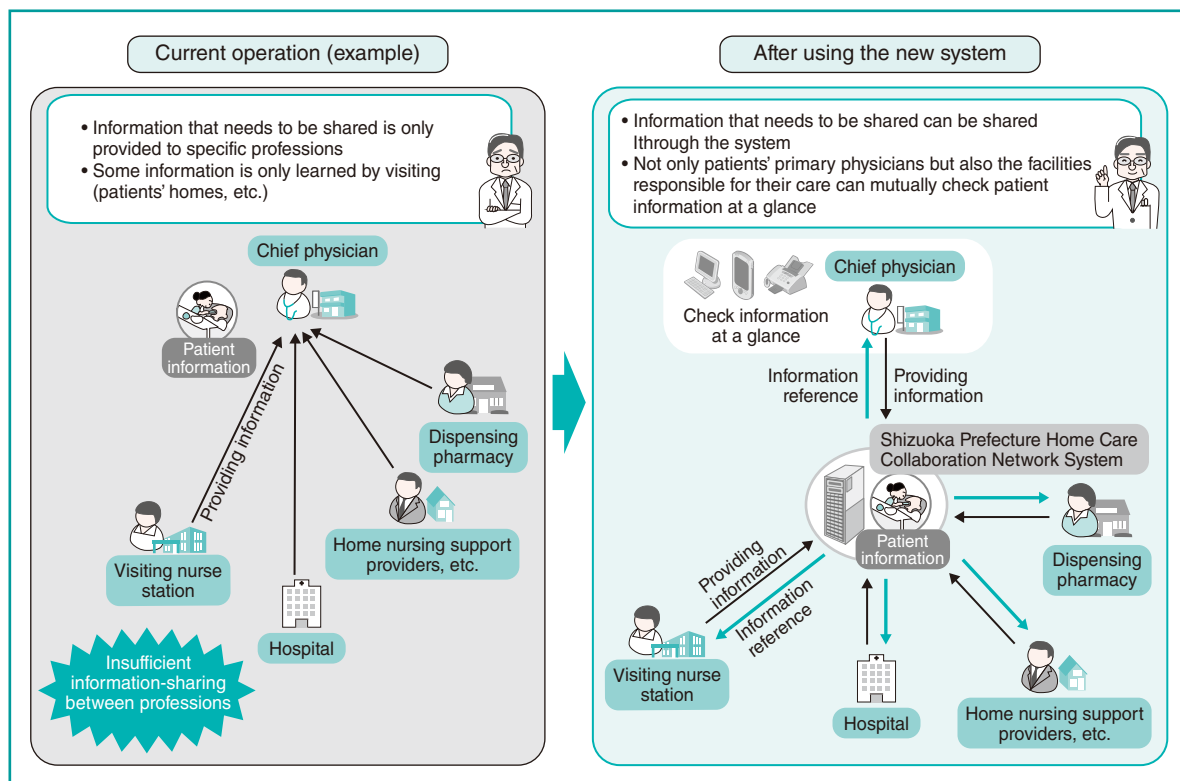


Fig. 1 Shizuoka Prefecture Home Care Collaboration Network System

Association Research Institute (JMARI), a “Survey on Home Care Functions” was also conducted on all clinics and hospitals in Shizuoka Prefecture. The following is a report of the results obtained from the latter fact-finding survey.

Results of the Survey of Clinics and Hospitals

In order to improve a home-care infrastructure, it is essential to secure and train physicians to provide home care with an eye to the future. Collaboration between home-care professionals and hospitals and strengthening of hospitals' preparedness to receive patients is also necessary to enable patients to be admitted to hospital smoothly, either in an emergency or for respite care when their condition changes. The quality of discharge support division (staff size, occupational composition, collaboration situation) differs greatly from hospital to hospital, and there are concerns that patient information is not necessarily being conveyed to the patient's

family physician following their return home after being discharged.

For the above reasons, it is imperative that informational activities and training concerning home care be thoroughly provided for all physicians who are members of the Shizuoka Medical Association based on further deliberations by the Shizuoka Prefecture Home Care System Improvement and Promotion Council in future. There is a strong need to build common values premised on collaboration between hospitals and clinics, and based on this, determine the direction of practical collaboration systems for home care.

Results of the Comprehensive Community Support Center Survey

With regard to the purpose for collaboration between multiple professions, some 90% or respondents answered “Provision of information regarding medical institutions or medical services,” alongside “Care management support” and “Countermeasure for dementia,” indicating a high awareness for the necessity of healthcare

collaboration. Although 100% of respondents said they felt collaboration with physicians was necessary, in reality collaboration was only being implemented in 70% of workplaces, showing that collaboration methods had not been established.

Comprehensive community support centers require collaboration between physicians and medical institutions. With regard to methods for collaboration between physicians and medical professionals, centers should provide educational opportunities through training workshops, etc. Furthermore, the involvement of family physicians in management meetings and community care committees at the present time cannot be said to be sufficient, and there is a need to verify the involvement of physicians in comprehensive community health care through precedents with the aim of establishing collaboration methods.

Construction and Operation of the Shizuoka Prefecture Home Care Collaboration Network System

The Shizuoka Prefecture Home Care Collaboration Network System (**Fig. 1**) was established as a mechanism using ICT for sharing patients' most up-to-date medical information and achieving smooth collaboration amongst related healthcare facilities—such as medical institutions providing home care/home medical care and visiting nurse stations. Currently, model programs are being implemented by six county/municipal medical associations (175 facilities, 494 users) as the system's functions, etc., are verified. By the end

of FY 2013, the number of implementation zones is to be expanded to 10 county/municipal medical associations, and from FY 2014 onwards, the system is to become fully operational in all 23 county/municipal medical associations in Shizuoka Prefecture.

Conclusion

Home care is not a service provided exclusively by home care support clinics; rather, it should be regarded as an extension of everyday outpatient care. The Health, Labour and Welfare Ministry and Japan Medical Association have for several years now been drawing attention to the necessity of home care and encouraging the efforts of JMA member physicians and local medical associations. However, as yet it cannot be said that sufficient results have been achieved.

Under the current situation, many problems such as the difficulty of clinic physicians being available 24-hours-a-day, 365-days-a-year for home care patients, the lack of visiting nurse stations—the practical core part of home care services—and the difficulty of coordinating between hospitals and regional medical liaison offices have been pointed out. However, the Shizuoka Medical Association are determined to make all-out efforts to overcome these problems through the collaborative efforts of multiple medical professions involved in home care and improve Shizuoka's home care/home medical care system through the "Shizuoka Prefecture Home Care Promotion Center Initiative," which utilizes the Community Healthcare Revitalization Fund.