

# Policy Address<sup>\*1</sup>

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In these past two years, with the slogans of continuity and reform and from the community to the nation, I have called for the medical community to come together and become even more unified for redevelopment of community health care by working toward solutions to the various problems that are affecting health care. Along with urging the construction of a health care provision system compatible with the actual situation in our communities, I have also clarified specific goals for facing the super-aged society that is coming in 2025.

First, what is most important to me is the position of standing with the people. This is because my duty as a physician is to help provide decent and healthy living for the people throughout their entire lives. The philanthropic benefit of the medical science and health care that we provide is something that should be spread widely among the people.

The real task of nation building is to make a society in which people can live healthy and secure lives, as well as to raise people who are able to support such a society. Health care is certainly at the root of such a society.

My duty in my second term as president is to gather our strength to find solutions to the numerous difficult problems affecting health care. For this, a map is required that shows the correct route to achieve our goals. The higher the benchmarks, the more detailed they become, and thus require even more concrete plans.

As president, I propose three policy directions in order to bring the conceptual direction of Japan Medical Association (JMA) closer to the form of health care that we should have.

The first direction is strengthening the

organization.

In order to improve further the health of the people as we advocate, we must strengthen and increase the previous level of organizational power of medical associations. In September of last year, a working group considering organizational strengthening was launched, and discussed the current state of the organization and specific measures to increase the acquisition of members. Some of these measures have already been implemented, and the details have been published as a preliminary report.

On the one hand, it has not yet been communicated well to the people just how medical associations contribute to community health and how they have prepared the groundwork for the health and welfare of residents. We physicians consider the contribution to community health to be the duty of physicians as a matter of course, but it is true that we have not made a positive campaign to tell this to the people. However, this means that the organization known as a medical association is not properly understood. Concerning the way of thinking about health care and the measures that I advocate, it has remained difficult to obtain support or a feeling of commonality with the Japanese people. As former Prime Minister Kakuei Tanaka once said, in democratic politics, no matter how excellent one policy is, it cannot be effective if it is not able to receive the support of the citizens.

To this end, we have developed the Japan Medical Association Mission Statement, which emphasizes the unity of physicians and the relationship between the JMA and the people, in order to express the principles and goals of the JMA clearly to the nation and to all physicians

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in way that is easy to understand, and particularly to raise awareness that the JMA is a group of medical professions that stands with the people and is definitely not a pressure group,

Continuity is power, and for this, a variety of efforts are required, and reform cannot be achieved in just one day. Therefore, we have made the Japan Medical Association Mission Statement our banner, and while planning even greater unity of the health care sector, and building a community-based vision of health care for the people, will continue to communicate broadly with our members and the people, and deepen our various public interest activities intended to improve the health of the people.

The second direction is support of community health care.

In anticipation of 2025, when baby boomers will become late-stage elderly, the development of a system of health care that comprehensively supports the community (“comprehensive community health care”) in the public universal health insurance system that is based on primary care physicians who are not just gatekeepers but actively coordinate care, should be carried out through functional specialization of and cooperation among hospitals, provision of adequate in-home health care and long-term care, recruiting and retaining health care personnel, and improvements in the workplace environment. On the one hand, the way of providing health care for the people will change along with this, and the demands and trends in society will also change.

By 2040, this demographic shift will also place some localities at risk of disappearing due to reduced population. But people are unable to live in a place without health care. Health care is an indispensable lifeline and also the basis for community building.

The way of providing community health differs depending on the community. This is because the demand for health care and the health care resources required are different in various communities. There is a concern that the currently functioning community health care system will be broken by the national government operating a single system across different conditions of health care.

As a group of medical professions, the JMA expresses a clear vision from the standpoint of protecting health care for the people, and must

exercise the appropriate power to realize this vision. In August of 2013, the JMA issued a joint declaration on the state of the health care provision system with the Conference of Four Major Hospital Associations.

In the future, we will implement a hospital function reporting system as part of a new fiscal support system for reform of the health care and long-term care service provision system. Based on a vision that takes into account the special characteristics of each prefecture, we will work to develop policies that continue to protect the health of community residents.

Protecting community health means having local government and local medical associations as the main actors instead of a top-down approach led by the national government. Human and physical resources in a community will be employed after re-evaluation, and community building in a manner in the context of and reflecting the actual conditions in the community.

When thinking about the future of Japan and the coming super-aging society, medical associations that know the community and stand with the community must build a comprehensive community care system that provides integrated, appropriate health care, long-term care, welfare, and livelihood services in a community network centered on primary care physicians. The JMA must also cultivate them and develop their capabilities in the aging society.

The third direction is thinking about the future of health care.

Our country’s public debt is over 1,000 trillion yen or ca.10 billion USD, and economic growth is sluggish. Furthermore, the working age population in Japan is projected to shrink by 20% in the future, even if our birth rate recovers, if women’s participation in the workforce were at Swedish levels, and if older persons stayed in the workforce for five more years.

Under these conditions, the costs of social insurance, mainly for health care and long-term care, are projected to rise, so in the future, policies called “regulatory reform” or “growth strategies” will continue to bring pressure to restrict the scope of insurance benefits from the standpoint of fiscal crisis. Repeated health care reforms driven by fiscal concerns have and will continue to run the risk of leading to the collapse of universal health insurance in Japan. Even now there have been loud cries for regula-

tory reform to reduce “excessive medical care” and the move towards commercialization of the core of medical care has accelerated.

On June 24, 2014, the cabinet approved the main policy recommendations of the three consultative councils of the cabinet: the Basic Policies of the Council on Economic and Fiscal Policy, regulatory reform plans of the Council for Regulatory Reform, and the Growth Strategy of the Industrial Competitiveness Council. In these, the following measures are notable: (1) Expansion of treatment only partially covered by health insurance; (2) Spending targets for each prefecture/metropolitan area; (3) Frequency of revision of the pharmaceutical price list; (4) Healthcare delivery system; (5) Funding sources for health insurance; (6) Promotion of self-medication; (7) Promotion of health care-related industries; (8) Promotion of the information technology transformation of health care and long-term care; (9) Encouragement of female physicians. The JMA intends to scrutinize closely each of these points, while expressing a clear direction for the form of health care we should have.

In particular, there is a proposal to expand the treatments that are only partially covered by health insurance. For new ways of providing health care, safety and effectiveness must be assessed. Moreover, a major precondition is that the people someday be able to have equal access to these treatments by their eventual complete inclusion in health insurance coverage.

There is also a proposal for targets for health care spending set for each prefecture. We are currently working to ascertain precisely the conditions in communities, and are preparing a community health care vision that unifies prefectural government authorities and community medical associations. There is a concern that numbers-based targets alone could make it more difficult to provide appropriate community health care.

For the pharmaceutical price list revision, the wording is that the way of conducting the pharmaceutical price survey and revisions of the pharmaceutical price list, including their frequency, will be considered while taking into account the effects on the main fee schedule for health insurance treatment, but at first an annual revision is called for.

For the health care delivery system, the establishment of a primary care system is proposed,

but in Japan, primary care is already being provided by primary care physicians.

What have repeated health care reforms driven by fiscal concerns actually brought for the people? When these arguments have been brought repeatedly, I have always spoken up clearly to protect the people’s health care system, while at the same time asking for the cooperation of JMA members and the understanding of the people. But now, I feel painfully aware that again, we must argue clearly for a way of evaluating regulations that are to protect the health of the people.

To build a society in which there is neither too much nor too little health care necessary for all people, we must promote lifelong health programs, extend the healthy life expectancy, and advance reforms appropriate for the times, while at the same time we must preserve universal health insurance that is sustainable.

For the future of health care, we are putting our effort into gathering and analyzing the essential information, particularly from the primary care physicians and community medical associations who are the closest to the people, in order to build a system that makes it possible to make policy proposals about what is truly necessary in the community, rather than about the policies which the national government or the Ministry of Health, Labour and Welfare consider to be necessary. In order to convey the JMA perspective in an understandable manner that ends information disparities among the membership, we will communicate after developing specific points based on assessing and analyzing the actual situation. Moreover, health care politics is also important, and in the budget process, it is important to assure the availability of funding sources.

The purpose of carrying out what I have set forth today as three directions — strengthening the organization, supporting community health, and thinking about the future of health care — is the health and health care of all of the people.

For this, I will continue to maintain a critical attitude for future government policies, judging according to the criteria of whether these policies contribute to safe health care for the people and whether these policies can protect universal health insurance through public health insurance.

The JMA itself represents all physicians in

Japan, and takes pride in being the only group that leads the entire health care sector. It will continue to lead medical science and medical care at the national level, cooperating at the same time with many relevant organizations.

In preparing to build an improved health care system for the people, we are determined to follow the three directions and carry out the duties of the JMA, aiming to be a medical association that stands with the people as a group of medical professions.

While municipal medical associations, prefectural medical associations, and the JMA each have their own roles to play, we are now at a critical moment concerning whether it is possible to establish a sustainable health care system.

There are some difficult issues under the

present organizational structure, represented by the handling of comprehensive community care. In the past two years, there have been rapid changes in the kind of health care delivery system that is being sought, as it is necessary to have the power to handle a variety of scenarios such as large scale disasters and pandemic diseases.

In order to bring about the community health care that Japan should have, the JMA will use its strong communication power to work to lead national policies in the proper direction, while continuing to warn that national policies should not go in the wrong directions. It will at the same time work for even closer unity in the health care sector in the future.