

Regional Collaboration in Home Care Services^{*1}

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Introduction

In 2025, the elderly will account for over 30% of Japan's population, and we will truly become a super-aged society as the baby boom generation reaches age 75 and beyond. At the same time, the impact of the falling birth rate is widespread as it is not only a social security problem, but also lowers the nursing capacity of households and reduces the work force in medical and nursing settings. The decline in the generation who watches for elderly in broad sense may lead to a situation in which it is impossible to fully identify the growing number of elderly living alone, households consisting of two elderly people, the lifestyle of people with dementia and changes in their health. This could mean a quick end to a stable life in the community and homes they are accustomed to.

Comprehensive community care is based on the concept that the elderly's lifestyle and health can be preserved through affiliations and collaborations of a community's social resources. This is the broadest category in terms of inter-professional collaboration. Health care is one of the five pillars supporting comprehensive community care, and is expected to be closely involved with prevention, monitoring and daily support, and residences, primarily in collaboration with nurses. Of these, home care supports stable recuperation in an accustomed place, and makes it possible to provide ongoing medical services via a medical collaboration network if necessary in the event of a sudden deterioration or other events. In this sense, home care plays a central role in the collaborations involved in comprehensive community health care.

During my work primarily in home care in the area affected by the Great East Japan Earthquake, I have come to believe that looking at community collaboration from the perspective of reconstruction is meaningful. The earthquake made the health of many people vulnerable in a flash. Not only were lives lost, but also homes, economic foundations, and communities. Homes are the repository of the entire history of the people living in them, and are an important factor supporting their identity. Home care is based on the premise that a community has the ability to absorb and comfort people.

Securing the residences and establishing a system for monitoring and supporting daily life advocated in comprehensive community care essentially resurrects the lives, health and communities damaged by the earthquake in affected regions, and recreates the various ties that were broken. This is an overwhelming task, but there are also time constraints. This is because the loss of social factors determining health are already beginning to affect emotional and physical health, and if health and welfare concepts such as comprehensive community care are to take shape as real institutions, the speed at which infrastructure is restored becomes an issue.

In order to create communities that contribute to health with only limited time available, inter-professional collaboration that goes beyond the categories of home care affiliation and elderly care affiliations are essential. We believe that in examining the goals of reconstruction in the affected areas, we could get a better idea of the shape of care in society overall.

I will examine the current status of the development of community collaboration (inter-

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professional), issues and the outlook in terms of home care using examples of initiatives in the affected regions.

Role of Collaborations in Health Care

Definition of collaboration

Here we have defined collaboration as “cooperation of relevant professionals through a division of roles based on their expertise to resolve health issues facing a community and the people living in the community.”

This defines a looser affiliation than the concept of a health care team, and keeps in mind affiliations with community groups and professionals that could contribute to health, such as collaborations with the activities of clubs for the elderly and urban planning divisions working on upgrading walking paths.

Collaborations with prevention as starting point

Prevention plays a major role in preserving health, both in terms of disease prevention and care prevention. Prevention consists of three stages, and is a concept based on a timeline. Thinking about the approach to a collaborative system in line with the prevention stages is based on the concept that the approach to collaboration changes as a person’s health conditions change with time.

Collaboration by prevention stage

Collaborations are effective in any stage of primary, secondary and tertiary prevention. It is important to collaborate with flexibility allowing both the provider and approach change depending on the stage. We will consider what kind of role collaboration plays at each prevention stage and how they can contribute to health promotion.

Primary prevention is a method with the aim of promoting health and creating health so that people do not become sick or get into a situation requiring care. At this stage, the resident is encouraged to take the lead in his/her own care. For this reason, collaborations are focused on circle activities such as resident awareness activities and clubs for the elderly, improving health awareness such as employment in motivating jobs (jobs that give them the desire to live) and programs to build physical strength.

Creating places in terms of the hardware of community development, for example community initiatives that motivate the elderly to get out of their homes, such as spaces for interaction and setting up walking paths, encourage prevention activities. The types of professions involved in the collaboration and the format that this collaboration takes are wide-ranging, and consist of long-term initiatives.

Secondary prevention focuses on the early detection and early treatment (response) of illness and decrease in vital function. Medical collaborations form the core of early detection and early treatment in disease prevention. In many cases, lifestyle diseases occur during one’s working years, but affect one’s vital functions after retirement. Given this, it is important to set up a system in which occupational doctors and business owners can mediate with the individual concerned and the collaboration links middle age and old age.

Broadly-defined “monitoring” forms the core of collaborations involved in the early detection and early response to a reduction in vital functions among the elderly. Mutual affiliations between community functions, such as volunteers, social workers and local government bodies, as well as government administration, nursing offices and physicians take the central roles. Mechanisms for information collaboration and information sharing also begin to play an important role at this stage.

Tertiary prevention focuses on managing basic illnesses and vital functions and preventing them from becoming serious. Affiliations in tertiary prevention are more separate, and the roles required of the respective professions are specialized. Collaborations when a patient is discharged and service manager conferences are part of this stage. Information collaborations and information sharing must be thorough and prompt.

As such, the provider and approach must be changed so that the collaboration responds seamless to the individual’s health conditions. Ensuring that information collaboration is seamless between the stages, as well as the approach to information sharing, are major issues.

Examples of Building Collaborations in Kamaishi Medical Zone

There are several themes for building a colla-

boration, including forming a foundation for regional collaboration and team building on the actual site. In other words, the issue is the kind of collaborative foundation that should be built utilizing the key characteristics of a region, and how to make the collaborations involved in the individual cases effective. Let's take a look at the process for such endeavors in the Kamaishi medical zone.

Kamaishi medical zone

The Kamaishi medical zone is the secondary medical zone with a population of about 50,000 from Kamaishi City and Otsuchi-cho, located along the Sanriku Coast about 100 km southeast of Morioka City. Approximately 35% of the population is elderly, with about 150 doctors per 100,000 people, corresponding to about 67% of the national average. As in other areas affected by the Great East Japan Earthquake, the social infrastructure, as well as the medical and nursing environment, was shaken up significantly, and even now the social determinants that support health are in the process of being restored.

Requirements for building collaborations

Common objectives

In 2007, the Review Committee for a Kamaishi and Otsuchi Region Medical Collaboration System was formed. The initial objective of this committee was for all medical institutions, starting with acute hospitals, to meet together with dentists, pharmacologists, nursing offices and government offices to consider how home care collaboration could be developed. However, what emerged in the process of identifying issues was the managerial deterioration of acute hospitals. The dysfunctionality of the only acute hospital in the region and its withdrawal from the region indicates the collapse of the region's health care, making improving conditions at the acute hospital the imminent issue. I believe that reaching agreement that reducing the burden of and stabilizing the acute hospital would also stabilize the overall community and reaching consensus that this would be the best objective for the zone overall was a major turning point for the zone.

Clarification of community's division of roles

Specifically, to clarify the division of roles was an urgent issue. Roles were divided among the chronic hospitals, clinics, nursing offices and

government offices in terms of what they could do to protect the acute hospital. The role of chronic hospitals was clarified as the hospital to which patients were transferred once their treatment in the acute hospital was over and as the hospital providing aftercare to home care patients, while the role of clinics was defined as the provider of home care, in addition to the management of the health conditions of outpatients. Government offices are primarily responsible for primary and secondary prevention, as well as educating residents about home care and spreading this knowledge. It was important to clarify the role of family physicians in home care, and identifying them as part of an organic collaboration aimed at achieving the community's overall objective.

Function of coordinating collaborations

The home care collaborative site project, which was initiated as the model program of the Ministry of Health, Labour and Welfare from fiscal 2011, is responsible for developing collaborations centered on health care. Broadly speaking, the project is responsible for the inter-professional collaboration in the medical arena carried out within the framework of the comprehensive community care system. Since there had not been any organization (division) dedicated to coordination in community collaboration thus far, individual communities had organized collaborations using their own methods. In fiscal 2012, Kamaishi City was selected as one of the 105 home care collaboration sites nationwide, and began activities as Team Kamaishi. The collaboration coordination function was essential to the community in building and maintaining a foundation for collaboration.

The objectives shared by the community overall, the clearly divided roles and the function of coordinating these were an essential element of collaboration development.

“Community development full of zest for life”

This was the title of the recommendation regarding community development that the Committee to Consider Comprehensive Community Care, established in November 2012 and consisting primarily of members of the Kamaishi Medical Association, submitted to the city mayor of Kamaishi in February 2013. This collaboration was put together, centered on the medical asso-

ciation, with the aim of reflecting the principles of comprehensive community care in the actual hardware in tandem with the construction of reconstructed public housing. The members were the Kamaishi Medical Association, the Institute of Gerontology, the University of Tokyo, Tokyo University Graduate School (Urban Engineering), Kamaishi Wide-Area Nursing Support specialist Liaison Committee, Kamaishi Social Welfare Committee, Suzuran Fureaino Kai (paid volunteers), Kamaishi Elders Club Association and the Kamaishi Silver Employee Center. This is a collaboration from the perspective of medicine, nursing, welfare, protection, health promotion, and work—in other words, a collaboration from the perspective of comprehensive community care and the perspective of urban engineering.

After about four months of work, the recommendations were completed and are currently being put into action. This case of collaboration confirmed again the effectiveness of forming a foundation for health that is not limited to collaboration between the care professions, but integrates knowledge from a wide range of professions.

Issues in Forming Collaborations

Below, we will take a closer look at two collaboration coordination activities currently carried out in regions throughout Japan to develop community collaboration.

Identifying solutions for issues in inter-professional collaboration

A wide range of methods is used to clarify the issues faced by the professions involved in home care and problems encountered in collaboration. They are often used in questionnaires, research groups and discussion committees targeting specific professions or multiple professions. A large number of views are compiled and then categorized to identify the issues. Simply identifying issues does not mean that the issue is explored further and resolved. The collaboration site must consider which approach should be used to resolve the issue.

Team Kamaishi attempted to categorize the identified issues based on the part of the collaboration flow that had created the issue. As a result, the team was able to divide the issues

broadly into (1) issues within a profession, (2) issues between professions and (3) issues related to collaboration overall. Some examples of issues categorized as issues within a profession are a lack of an organization cutting across professions, a lack of human resources that can be involved with home care and the inability to obtain consensus within a profession and large discrepancies in enthusiasm.

The collaboration coordination site must delve thoroughly into the issues with each profession and deepen understanding, after which solutions can be considered in a collaboration between the site and one profession. This method makes it possible to listen to frank views, reach mutual understanding and, in particular, identify obstacles. This approach is a central task of the collaboration coordination site. Understanding of the respective profession's issues facilitates coordination between professions. Moreover, accumulating cases in which this process has been generalized can be effective when collaboration coordination sites are developed in identifying and evaluating community issues from a shared perspective and as material for advice for communities taking up the process subsequently.

Development of human resources employed in home care

Developing human resources for building community collaboration is an essential issue. This brings up the role of collaboration coordinator.

The collaboration coordinator is expected to play many roles. The main task is to identify information on the professions as noted above, educate and raise awareness among residents and professions involved in collaboration, planning inter-professional training sessions and lectures, and contributing to the development of information sharing systems. This position requires a broad perspective, knowledge and context. A role as a new specialist profession and an understanding of its importance are essential, and ongoing training tailored to the activities must be ensured.

Conclusion

In this paper, we have considered the need for community collaboration to respond to changes in individuals' health conditions while changing the provider and adjusting the approach from

the starting point of preventative stages. We looked at the importance that roles in home care collaboration be divided within the shared goals for community collaboration, the importance of collaboration coordination sites and the possibility of collaboration between different professions in developing health infrastructure. We also demonstrated that techniques are

needed in the process of identifying and resolving collaboration issues in building community collaboration, as well as the indispensability of training collaboration coordinators. Home care collaboration can play a major role within the framework of comprehensive community care while overcoming various issues.