Long-term Care Insurance Act and Home Care*1

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Introduction

In 2006, the Ministry of Health, Labour and Welfare implemented healthcare system reforms, steering healthcare in Japan away from medical institution-centered healthcare to "community-centered healthcare." The aim of this move is to build and strengthen cooperation within each community regarding healthcare and long-term nursing care. Behind this is recognition of the current situation whereby it is difficult for medicine alone to resolve problems stemming from regressive changes due to aging that are difficult to resolve solely through medical care. That the healthcare model has changed from a medical model to a lifestyle model[1] can be said to be a natural progression as the individuality-seeking generation enters old age. Furthermore, a society conscious of "living true to oneself," which is represented by the postwar baby-boomer generation, holds high expectations for home care, including care giving.

The author is an 11th-generation physician in private practice in Ichinoseki City, Iwate Prefecture. I grew up watching my grandfather and mother making house calls by carriage and bicycle. For me, visiting patients' homes was an integral part of healthcare, and I recall that this is the lifestyle that physicians lead decades ago. Today I am the head of a small clinic (with beds), and for 10 or so years—since the time I was teaching at a university—I have been providing visiting care. Each year I visit between 80 and 100 patients receiving medical care at home, and it is recognized that the ratio of patients receiving home care is increasing year-on-year. In March 2013 I formed a team with 5 other physicians, members of our local medical association, to create an enhanced home care support clinic. This team comprises physicians specializing in urinology, dermatology, and various fields of internal medicine as well as a physician from an emergency hospital. While utilizing their individual specialist skills, these physicians coordinate with nearby medical institutions to provide home care.

Reform of the Long-term Care Insurance System

Aimed at socializing nursing care and reducing the burden of nursing care on patients' family members, the Long-term Care Insurance Act was established in 2000, despite various problems. Since then, the number of nursing care service users has increased (**Table 1**), with numbers reaching more than 4.4 million in 2012 (an increase of approx. 2.4 times the initial number), and the system has become established as a system for supporting elderly living.

The purpose of the reforms implemented beginning in April 2012 was promoted as being to aim to create a society in which people can, as far as possible, live independently and with peace of mind in their familiar living environment within their community, shifting the focus from facility-centered healthcare. In particular, these reforms include strengthening of meticulous home care support through regular visits and services provided on an as-needed basis available 24-hours-a-day; performance of medical procedures, such as suctioning phlegm, and promotion of care prevention; and various living support and advocacy measures in response to

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Table 1 Status of implementation of the long-term care insurance system

(1) Trends in the number of insured persons aged 65 years or older

	End of April 2000	End of April 2003	End of April 2010
No. of insured persons	21.65 million	23.98 million	28.95 million

· The number of insured persons aged 65 years or older increased by approx. 7.3 million (34%) in 10 years.

(2) Trends in the number of people certified as requiring long-term care (support)

	End of April 2000	End of April 2003	End of April 2010
No. of certified persons	2.18 million	3.48 million	4.87 million

· The number of people certified as requiring long-term care increased by approx. 2.69 million (123%) in 10 years.

(3) Number of applications for certification as requiring long-term care (support)

	FY 2000	FY 2003	FY 2008
No. of applications	2.69 million	5.47 million	5 million

· The number of applications for certification as requiring long-term care increased by approx. 2.31 million (86%) in 9 years.

Note: The number of applications for 2008 is lower than for 2003 because in 2004, the validity period for renewing certification as requiring long-term care was extended to a maximum of 2 years.

(Source: Health and Welfare Bureau for the Elderly, Ministry of Health, Labour and Welfare.)

the increase in the number of elderly people living alone and incidence of dementia. Demand is increasing for the seamless provision of services, whether in medical institutions or at home.

However, with the increase in elderly people aged 75 or over, there are various issues that need to be addressed going forward, such as care for patients requiring a high level of nursing care, living support for aged households and elderly people with dementia, and securing nursing care human resources, whose turnover rate is said to be higher than that for other professions. The problem of nursing care workers leaving their jobs to care for their own family members has also been reported, and behind this is the trend towards nuclear families, the high percentage of unmarried people amongst second-generation baby boomers (born 1971-1974), and other changes in household composition. In future, there will be a need for thorough support for middle- and older-aged people forced to leave their jobs to care for an elderly relative.

In 2001, the WHO expanded the previous International Classification of Impairments, Disabilities and Handicaps (ICIDH) to create the International Classification of Functioning, Disability and Health (ICF).[2] Based on these classifications, there are voices calling for a change in focus regarding phrases such as "partial assistance" that appear in current long-term care insurance certification evaluations to residual function support-type care, demanding more effective utilization of societal resources by maintaining and strengthening nursing car recipients' skills.[3]

Super-aged Society and Dementia

According to the "Population Projections for Japan (January 2012)" issued by the National Institute of Population and Social Security Research, attention in focusing on the "2025 Problem"—when members of the baby-boomer generation reach age 75 or older as the aging of society progresses—and it is anticipated that aging of society in the three major metropolitan areas will become even more marked in the future. Furthermore, in regions where the population is declining, the population aged 75 and above is slightly increasing, while the population aged 65 to 75 is remaining constant or decreasing, presenting a different situation than that in major cities.

It is estimated that 15% of people aged 65 or older have dementia—more than 4.62 million dementia patients as of 2012.[4] In particular, a large percentage of these dementia patients have Alzheimer's dementia, and in addition to "elder-to-elder nursing care," "dementia patient-to-dementia patient nursing care" has been indicated as an issue for the aging society.

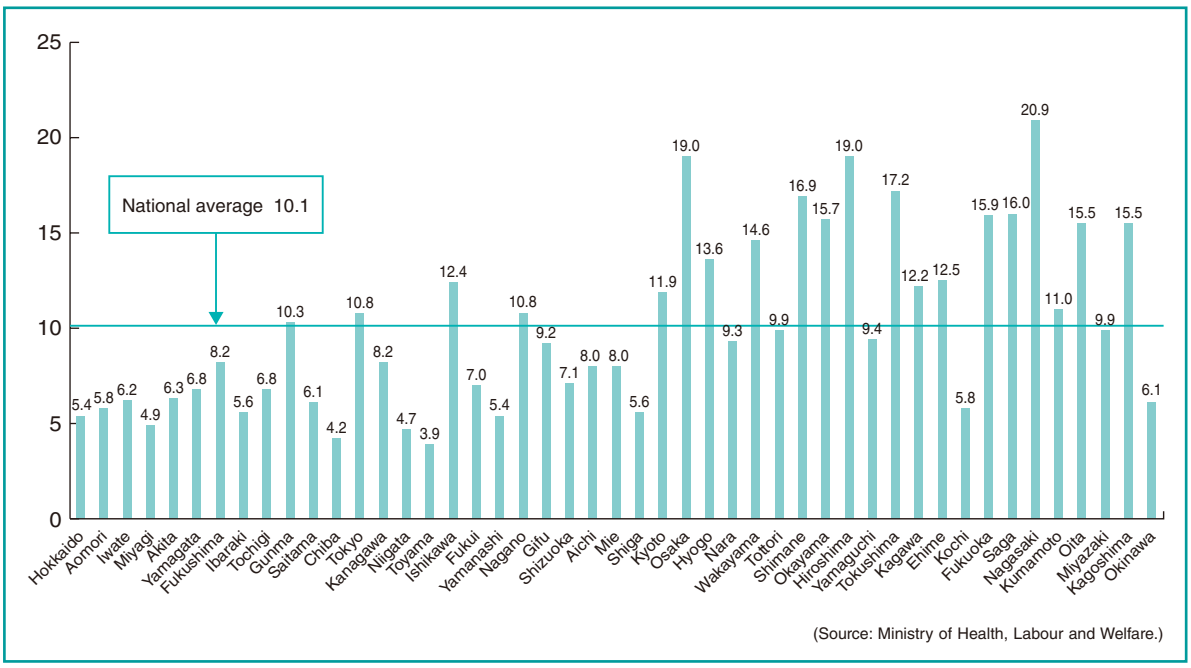

Fig. 1 Number of home care support clinics per 100,000 population by prefecture

Current Situation Regarding Long-term Care Insurance and Home Care

The Ministry of Health, Labour and Welfare has formulated policies to reduce the number of hospital beds occupied by elderly patients by 70,000 by the year 2025, with the patients released from hospitals being cared for mainly at home or in pay nursing homes or housing designed for elderly people by some 470,000 caregivers. The Special Feature (1) "Home Care" in Issue 139 of the Journal of the Japan Medical Association (published in June 2010)[5] was subtitled "Home Care in Spare Time: Into the Community from Afternoon," but are there no regional characteristics to afternoon medical care systems?

As of 2010, there are more than 12,487 home care support clinics nationwide (13% of all clinics), an average of 10.1 per 100,000 population. The largest number is in Nagasaki Prefecture, where there are 20.9 home care support clinics per 100,000 population, and the smallest number is in Toyama Prefecture, where there are 3.9 home care support clinics per 100,000 population. The total number of home care support clinics in the Hokkaido and Tohoku regions is below the average, showing a trend towards higher numbers in western Japan and lower numbers in eastern Japan (**Fig. 1**).

Analysis of the current situation regarding home care conducted by the Japan Medical Association Research Institute found that the content of services provided by facilities that are not registered as home care support clinics compares favorably with facilities that are registered as home care support clinics, and that maintaining motivation is important for their facilities to continue providing home care going forward. The institute's report also points out the need for strengthening logistical support with clinics with beds and hospitals supporting home care in order to construct a system.

Recently I participated in a workshop on home care and heard a wide range of opinions. "Why is visiting care necessary in addition to house calls?" was a question from physicians who, rather than going "into the community from afternoon" are "also very busy in the afternoon." In contrast, many physicians who provide visiting care sought coordination between medical associations and physicians, saying that

"Multiple physicians are necessary to provide house calls in response to emergency situations."

Even greater leadership in the local community overall is being required of family physicians. The benefit of home care is that it can be adapted to individual lifestyles and family situations, and various aspects of people's lifestyles can be seen in home care that cannot be seen in a physician's examination room. For families, accepting visits by healthcare professionals is a major decision. What is most important, I believe, is relationship between family members and healthcare professionals involved in home care where "each can see the other's face."

Conclusion

Since the implementation of reforms to the Long-term Care Insurance Act beginning in April 2012, attention has been drawn to problems such as the increase in the number of people requiring a high level of nursing care and with dementia, as well as the decline in the ability of families to provide nursing care.

In addition, there is an increasing demand for the provision of seamless healthcare service by professionals in different areas of healthcare, such as the shift in emphasis from healing healthcare to a living support model under the healthcare system reforms indicated in 2006 and construction of comprehensive community health care systems under the simultaneous reforms of healthcare and nursing care implemented in 2012. In particular, in order to maintain the motivation of medical institutions that have not registered as home care support clinics, there is a need for medical institutions providing logistical support and home care support clinics to work together and support each other's activities. Going forward, as a major turning point changing community medicine from lines to surfaces, enhanced home care support clinics established in or after 2012 will be required to further strengthen coordination using living support for the aging society as a pivoting point.

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