

Community-based integrated care system in Japan -Prospects for long-term care delivery system in 2025's super-aging society-

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抄録：

本稿では、近年における日本の最新の介護保険制度改正を概括し、地域包括ケアシステムが導入にいたった背景を紹介する。

日本においては、団塊の世代が75歳以上となり高齢社会のピークを迎える2025年に備えるため、この10年の間、介護提供体制に係るビジョンの作成を行われてきた。2003年に日本政府は「2015年の高齢者介護」という研究グループを組織し、これが2006年の介護保険制度の最初の改正へとつながった。「2015年の高齢者介護」は、地域包括ケアシステムの開発を最初に提案したグループであり、2013年にも同様のグループが組織されている。2006年に行われた三つの改革とは「アクティブ・エイジング社会の形成：介護予防サービスの実施」、「持続可能性の向上：ケア提供施設の報酬の向上」、「統合：新たなケアサービスシステムの設立」である。これらの改革は、地域包括ケアシステムの中核をなしている。

人口の高齢化とともに現れた介護の社会化及び、コミュニティへの依存を増やすことを目指した日本の政策的方向性の転換は、日本以外の高齢化社会にとっても有用な情報を提供することができる。広範囲に普及しているintegrated careの概念を基礎として独特のシステムを開発しようという日本の試みは、国際的にみても、注目に値するものであろう。

1. Introduction

The implementation of the Long-Term Care Insurance System (LTCIS) and later the community-based integrated care system is closely linked to the aging of the population and the decline in birthrate. In 1950, the rate of elderly persons in the population was under 5%, but already exceeded 7% in 1970 (aging society) and 14% in 1994 (aged society). Recently, the total population started to decline while the elderly population kept increasing, leading to a current rate of elderly persons of 20.6%. This rate is expected to reach 40.5% in 2055 and then remain at this level for a while¹⁾. In other words, even according to the most likely scenario of the government on demographic statistics, the aging of the population and the decline in birthrate will keep progressing for another 50 years from now.

These drastic societal changes have become a major hindrance to the sustainability of the social security system, especially the healthcare system. The medical cost of elderly persons

over 65 is 4.3 times higher than younger persons (from 2012 to 2015)²⁾ and the majority of this cost is covered by the working-class through the payment of taxes and health insurance premiums. This heavy burden born by the working-class has and will have an important impact on the Japanese economy.

Moreover, population data by geographical area suggest that not only the aging of the population occurs at a different pace depending on the prefecture but also that even within a same prefecture this evolution is quite different in urban and rural areas.

To deal with these issues, the government set up in 2003 a study group called "Caring for the elderly in 2015" which suggested for the first time the creation of a community-based integrated care system. To implement this system, the Long-Term Care Insurance System was revised in 2006 so that one community-based integrated care center could be established in every school district of Japan. These centers, at the core of the new system, include three types of personnel: health nurses, social workers and care managers. Moreover, small-scale multifunction residential care facilities were implemented and various community services were also designed, including 24-hours home care services.

The Social Security National Committee also defined the way medical, nursing and social care should be provided through the "Vision of hope and relief for long-term care³⁾" and created the Fifth Plan for the Long-Term Care Insurance starting in April 2012. The Plan for the Long-Term Care Insurance was created to allow a smooth management of insurance benefits by the local governments. More precisely, it includes two different plans: one made for local municipalities and the other made for prefectural and city governments. In accordance to the Long-term Care Act, the plans, which determine the amount of insurance premiums, are revised every three years.

The government also created a research committee on the community-based integrated care system in 2008 to examine and resolve issues related to the creation of a care system where medical, nursing and social care are provided altogether in a given community (i.e. community-based integrated care). This committee summarized in May 2009 some recommendations in a paper addressed to the government⁴⁾. This paper argued the need to clarify the various types of facilities concerned by the LTCIS and to build a system providing in-home care services. The role of community-based integrated care centers, which have been implemented since 2006, is also expected to keep growing in importance. However, some points of controversy still remain regarding the allocation of financial resources. For example, no decision has yet been made regarding the eventual need to increase public expenses for the LTCIS.

This paper presents the this report, overviews the context of political reforms regarding the LTCIS and discusses the measures required to implement the community-based integrated care system of Japan; that is, a system which "enable citizens to keep living in a familiar environment, regardless of the type of housing, through the use of various services provided locally, around the clock and 365 days a year".

2. Definition of community-based integrated care system in Japan and reasons behind its creation

The community-based integrated care system of Japan is defined in the report from the Research Committee on Community-based Integrated Care as: "a system in the community which requires appropriate living arrangements and provides appropriate social care such as daily life support services in addition to long-term and medical care to ensure health, safety and piece of mind in every day life". An approximate range of 30 minutes walk defines the ideal size of each community, which represents a school district in Japan. The report from the National Assembly on Social Security also stated that it was necessary to build a system to provide social care such as daily life support services in addition to long-term and medical care in a comprehensive and seamless manner within a community (community-based integrated care)⁵⁾.

The research committee on community-based integrated care system also pointed out some main issues that needed to be dealt with.

The first issue concerns the provision of medical care at home. Most of Japanese persons currently face death in hospitals or medical facilities. The rate of persons dying at home does not exceed 13%, which is very low compared to other countries. This is one major reason why the committee suggested the implementation of a community-based care system that integrates medical and long-term care.

However, there is still a lack of awareness from local governments towards the need to integrate medical and long-term care services even though they have the responsibility to actively promote interactions between these two fields inside the community. These local governments are called insurers in Japan, as they are responsible for implementing the Long-Term Care Plan and for determining insurance premiums by looking at the balance between the needs of the population and the quantity of services provided in the area. The revisions of the remuneration system for long-term care and the one for medical care that occurred at the same time in 2012 was a good opportunity to examine policies to support this integration.

The second issue is the support of the system providing long-term care services. Currently, the number of insured persons (4,550,000 persons) in the Long-term Care Insurance System is 2 times higher (2,180,000 persons) than it was when the system was implemented in 2000. As a result, a three-year plan was made to ensure the establishment of 160,000 beds in institutions and to recruit 400,000 more persons to provide home visit services.

The committee concluded that insurers should have the responsibility to find how to meet the high needs for care services and to determine how many persons should be recruited to deal with this increase in insured persons.

At the same time, each insurer should also specify their own strategy to build the foundations for a system of common help because the nature of this plan may differ greatly depending on the degree to which common help already exists in the community. Moreover, insurers should establish this strategy in cooperation with community-based integrated care centers and non-profit organizations (informal sector), especially in the case of

communities with a low density of population, because it may vary depending on the local needs in human resources.

Another issue concerns the system of preventive care and daily life support services provided by the inhabitants of the community. These community activities should be promoted as they lie at the foundations of the community-based integrated care system. The community support project and the community-based integrated care center support program, which stipulates some directives for the community-based integrated care centers, were implemented to this effect.

In these centers, a team of health nurses, social workers and care managers work together to ensure the provision of these community activities. These organizations support inhabitants so that they can provide community services such as serving meals, making emergency calls and paying routine visit to elderly persons with dementia or persons living alone.

According to the committee, it may be possible to leave the matter of rebuilding networks of informal carers (neighbors etc.) to specialists in municipalities with rich social resources but, in other municipalities, it is necessary to build a framework to organize networks and to implement organization in charge of coordinating community activities and social welfare councils.

The last issue concerns the implementation of residential care homes. It is true that 85% of elderly persons in Japan own their own house but when growing older, it is not uncommon that elderly persons have to move out and get closer to the city because it became difficult or inconvenient to live in their home. However, moving out might be an option for large- or moderate-income families but not for low incomers. There is a current lack of housing opportunity for this category of persons.

The community-based integrated care system requires the existence of home settings where people, regardless of their income, can live long and safely. However, especially in big cities, the implementation of public housings in prevision of the increase in the elderly population is still insufficient. Furthermore, the development of a poverty business and the need for detailed examination of housing make this issue very difficult to resolve.

In the community-based integrated care system, the focus is no longer on care by society, which used to be the mainstream concept since the implementation of a social insurance system, but on care by community. This system requires a reactivation of the mutual help that may still exist within families or among residents of a same community.

As shown in table 1, a reform of the LTCIS occurred in 2006 to create and manage a system that can provide, at the community level, various types of care in a seamless and integrated manner. The services range from preventive care to terminal care and are provided in the immediate environment of the user.

Table 1. Major points of the revision of LTC law in 2006

Challenge	Response	Concrete measures
Drastic increase in elderly persons certified with support needs (level 1 and 2) or with low care needs.	Building an active ageing society: implementation of preventive care services	Implementation of preventive care benefits/Establishment of community-based integrated care support centers by municipalities
Need for more equity and fairness between in-home care users and institutional care users	Improving sustainability: revision of the remuneration of facilities providing care	Review the cost of meal and housing services/Reducing premiums for people with low income
Increase in users with dementia and in elderly persons living alone Need to support home help services Need to strengthen the cooperation between medical and long-term care	Integration: establishment of a new service system	Establishment of community-based integrated care centers and services/support of in-home care services

Considering that, even five years after the beginning of the community-based integrated care system in 2006, the system can hardly be considered as functional, the committee decided to give more concrete recommendations. For example, the community-based integrated care system was described as: "A system where long-term care and medical care services are provided around-the-clock, 365 days a year, to residents of a community regardless of their type of housing. The services should be chosen by the user and it should be possible to access them within 30 minutes to ensure users with good health, piece of mind and safety in their daily life."

In this system, a crucial type of service is the routine home-visiting service, provided by a team made of nurses and long-term care providers. This team is responsible for conducting home visits in a given community.

Concerning out-of-home care, emphasis was also put on staff members working in facilities and who could provide rehabilitation services and thus contribute to a smoother transition between hospital and home. Currently, long-term care insurance facilities are not fulfilling this function and are considered as collective housing where care is provided. Those facilities include the provision of daily life support services but medical, nursing and other long-term care services are delivered by external providers.

This type of system is already implemented in Denmark, where drastic reforms were made since the 1990s to decrease the number of residential institutions.

Japan, 20 years later, also made some attempts to integrate institutional care and home-care providers, but a strong opposition from employer's association of long-term care facilities started to rise immediately after this idea was suggested.

Another crucial part in the new system envisioned by the committee is to enable users to keep living in their community. To do so, the committee recommended the establishment of community-based integrated care centers and support networks involving public organization, NPOs, residents of the community, service providers, and community associations working together to enable a prompt provision of various types of services. However, it seems that government institutions are currently too weakened to put these recommendations into practice.

Nevertheless, a revision of the Long-term Care Insurance Act was made in May 2011 to secure human resources, to fix the remuneration standards for each prefecture, to establish minimal standards for institutions authorized by the LTCIS and to build a system of financial adjustment so that the community-based integrated care system would become more flexible to the situation in each community.

The community-based integrated care system distinguishes and reinforces the role of both medical services and long-term care services. As detailed further, it seems that this care delivery system has a lot in common with the definition of integrated care⁶⁾ given by the World Health Organization (WHO).

3. International trends towards integrated care and the Japanese community-based integrated care system

According to previous international studies, the goals of integrated care are to improve access to care as well as the quality of care and the sustainability of the care system. Those goals are crucial considering the recent the increase in patients with chronic conditions who need long-term universal and continuous care more than acute medical care. A similar situation can be seen in Japan, and it naturally led policy makers and specialists of the healthcare system to follow a similar path, which is reexamining the structure of the long-term care and medical care systems. This explains the reform of the long-term care insurance system in 2006 towards a community-based care, the search for a new definition of community-based integrated care in Japan in 2008 and 2009, and the revision of the remuneration for healthcare and long-term care services in 2012.

According to Lloyd⁷⁾, one of the most important points in the integrated care approach is that it ensures the continuity as well as the quality of care and that it secures outcomes. According to Kodner and Kyriaciou, integrated care is defined as "a set of techniques and organizational models designed to create connectivity, alignment and collaboration within and between the cure and care sectors at the funding, administrative and/or provider levels.

However, the definition of integrated care and the extent of integration may vary considerably according to the country. This suggest that, even though many countries are facing the similar issue of an increasing elderly population with long-term care needs, the situation in each country regarding healthcare systems and policies is still very different. For example, the population aged over 65 years and receiving long-term care is below 4% in Italy but over 19% in the Netherlands. Moreover, the share of recipients receiving long-term care at home compared to residential institutions also varies greatly according to the country, with less than

51% of in-home long-term care in the United States and 77% in Japan⁸⁾. Leichsenring also makes these differences clear in a comparative study⁹⁾. Considering Leichsenring's research, it appears that the community-based integrated care in Japan has expanded long-term care insurance services focusing on "Case and care management/ Quality management assurance" and is about to grow on a community level through "Multiprofessional needs assessment and joint planning/Co-ordinating care conference". The community-based integrated care in Japan is a rare example of care system built on two independent concepts defined by Ploch: the concept of community-based care and the concept of integrated care¹⁰⁾.

In recent years, the idea of bringing together these two concepts have been actively debated in many countries, but only few of them have made real attempts to implement such a system. The Netherlands is one of them, but the success of these attempts is still a subject of discussion as it is sometimes considered as a Babel tower or as a system between myth and reality¹¹⁾.

The community-based integrated care in Japan is a care system that combines medical and long-term care and which has the same background as other integrated care systems around the world. In other Asian countries, where the aging of the population is even more sudden than in Japan, it is also expected that integrated care system will soon be needed.

4. Conclusion

In response to an aging society, Japan has been promoting, since 2006, a community-based integrated care system and preventive services. As explained throughout this paper, the community-based integrated care system of Japan attempts to integrate acute medical care and long-term care. However, from a broader perspective on social services in general, it is still not clear how to increase the collaboration between social and healthcare providers.

The continuous support provided through the community-based integrated care system focuses on the continuity between acute care and long-term care using assessment tools such as the Long-term care level¹²⁾(*yo-kaigo-do*) and the nursing care need level¹³⁾(*kango-hitsuyo-do*). The Japanese government created incentives to increase the collaboration between these two fields through various adjustments of the medical and long-term care system.

The community-based integrated system in Japan has the same background as many integrated care systems in other countries but is not yet well established as there is still a considerable gap in social resources between communities and issues related to the training of human resources. The issues are linked to the presence of some persons who may have been mistaking long-term care and social services for an established public help and also to other persons who are still hoping to make some profit out of the rationale ignorance¹⁴⁾ of users and providers.

Care managers and care providers have sometimes criticized the LTCIS saying that welfare and long-term care services are "cut off" or "low-budget". It seems impossible to avoid these critics as long as some people will keep considering that it is systematically wrong that some elderly persons can no longer use services, even though the system of certification

underpinning this decision is completely fair.

The new community-based integrated care system that will soon be implemented in Japan will not only require efforts from local governments to provide care smoothly to citizens who need it, but will also require a fair thinking manner from the population towards the provision of services.

The reform of 2012 was launched to overcome the difficulties identified since 2006. More concretely, the remuneration system of the healthcare and long-term care insurance was revised to reinforce the authority of local governments and the coordination between medical and long-term care services. The innovative methodological approach of the community-based integrated care system needs to keep supporting these political measures.

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Abstract

This paper describes the background leading to the implementation of the community-based integrated care system by overviewing the nature of recent political reforms regarding the Long-Term Care Insurance System (LTCIS).

These measures were implemented in preparation of the peak in elderly persons that will be reached in 2025 when baby boomers will turn over 75 years of age. The first reform started in 2003, when the government set up a study group called "Caring for the elderly in 2015" and which recommended a reform of the LTCIS in 2006. Three measures were taken in 2006: "Building an active ageing society: implementation of preventive care services", "Improving sustainability: revision of the remuneration of facilities providing care", and "Integration: establishment of a new service system". These reforms are at the core of the community-based integrated care system.

The community-based integrated system in Japan has the same background as many integrated care systems in other countries but is yet to be fully established as there is still a considerable gap in social resources between communities and issues related to the training of human resources. The socialization of long-term care that came along the ageing of the population, and the second shift in Japan towards an increased reliance on the community can provide useful information for other ageing countries.
