Ageing Society and Primary Health Care : Trends of PHC in Japan

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Health Issues in the Elderly

- **Multimorbidity**

- **Decline in physical and cognitive functions**

- **Increased risk of frailty and sarcopenia**

- **Atypical or unclear presentation of diseases**

  Emergency care for the elderly imposes a considerable strain on the healthcare system.

- **Close interconnection between medical care, nursing care, and daily life support**

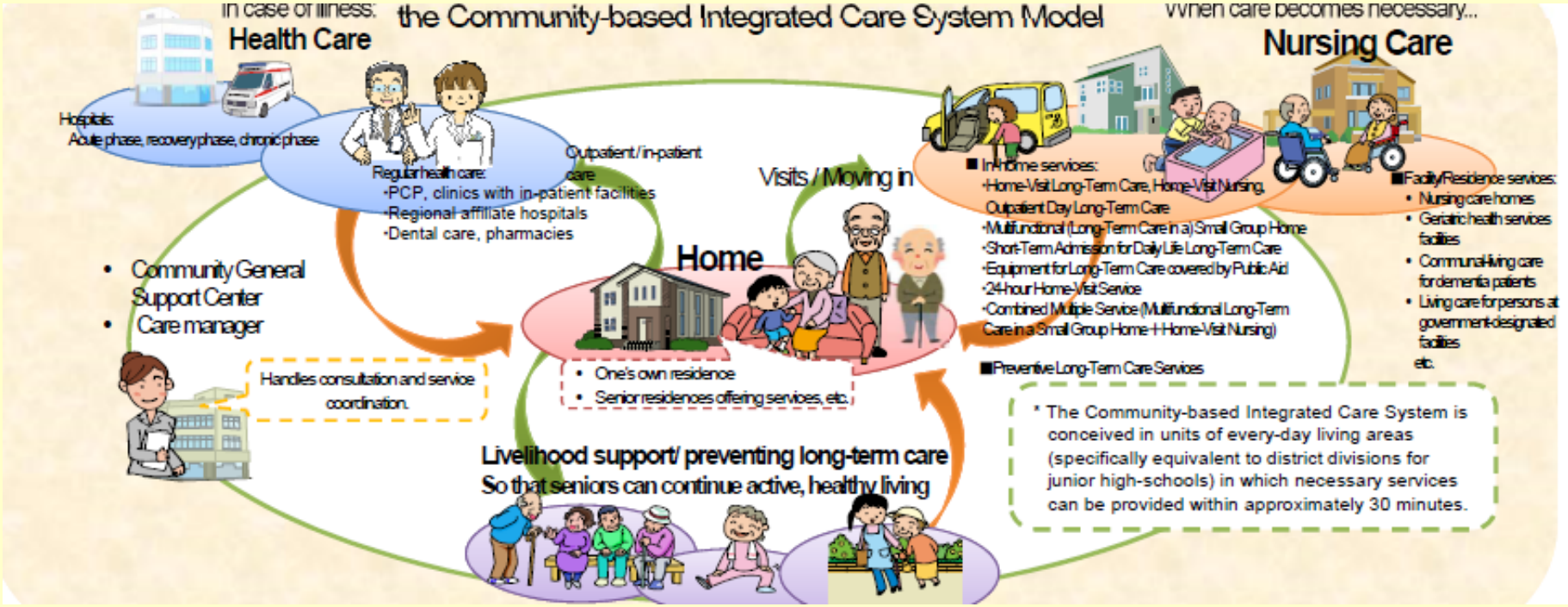
  Home health care and collaboration with social services are essential, and comprehensive support beyond medical treatment is often required.

Key Components of PHC

- First Contact
- Continuity
- Comprehensiveness
- Coordination
- Context of Family & Community

The above components will play a vital role in addressing the health problems of the elderly.

Community-based Integrated Care System (2016)



- User centered: support for assuming living at home
- Integration of LTC and medical care
- 4 principles; Self-help, mutual-help, help by social insurance and help by social safety net
- Role of medium sized hospital; support of life at home including home health care and part of emergency medicine for the elderly

Community-based Integrated Care System (2016-)

- User centered: support for assuming living at *home*
- Integration of LTC and medical care
- 4 principles paying attention to social capital
  - self-help, mutual-help, help by social insurance and help by social safety net
- Role of medium sized hospital
  - post/sub-acute care
  - support of life at home including home health care and part of emergency medicine for the elderly

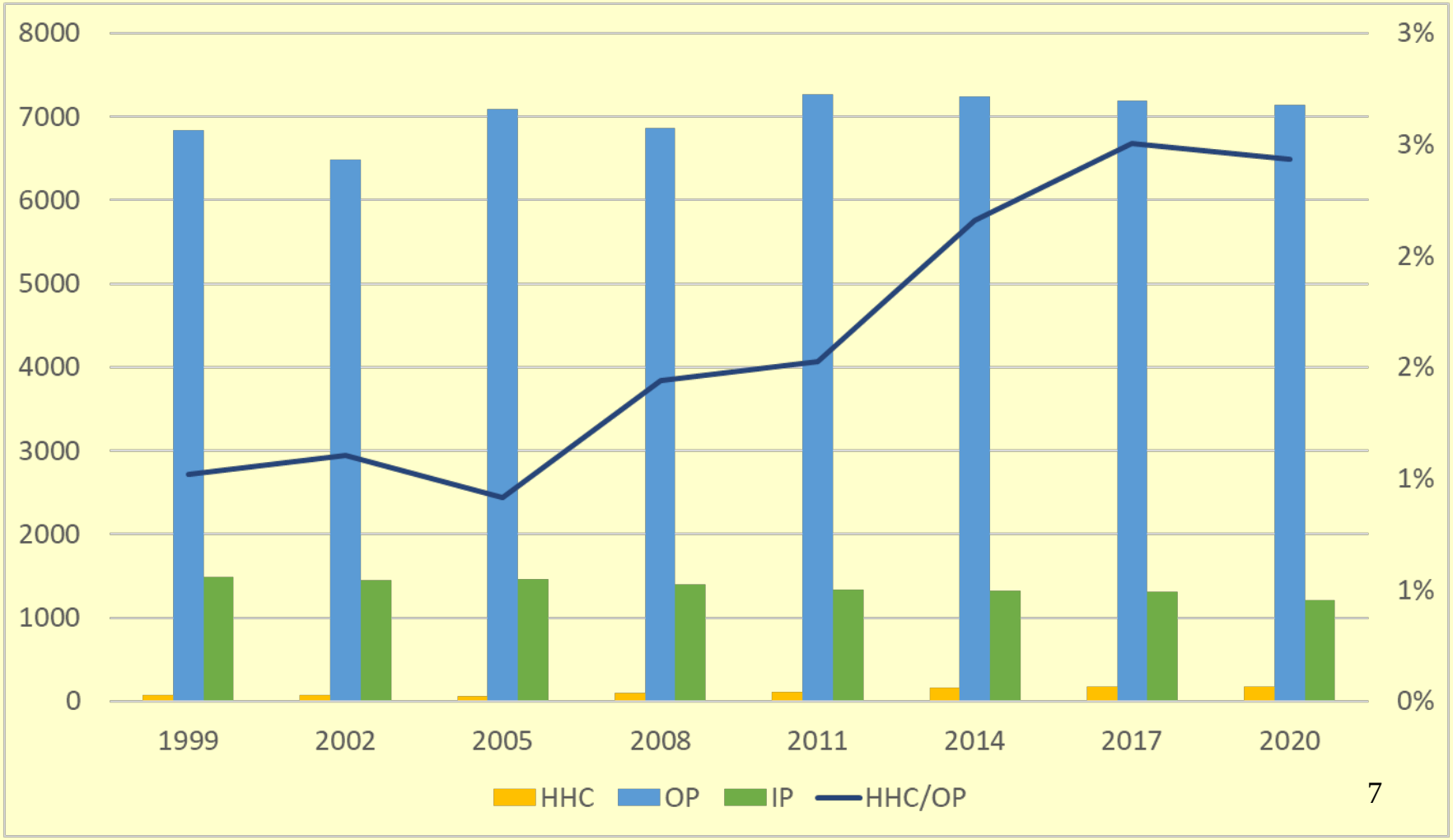
The Different Meanings of "Home" Health Care

- Home can have various meanings
  - one's private residence, group homes, or assisted living facilities
- Many rural areas are experiencing depopulation and declining population density
  - shortage of service providers and inefficiencies in service delivery
- Relocation
  - to apartment complexes or communal housing for better access to services is encouraged
  - living in such facilities often costs more than remaining in one's own home

Trends in the Number of Patients

(Based on the Patient Survey)

x1000 persons



HHC Patients increases with Age

(Patient Survey, 2020)

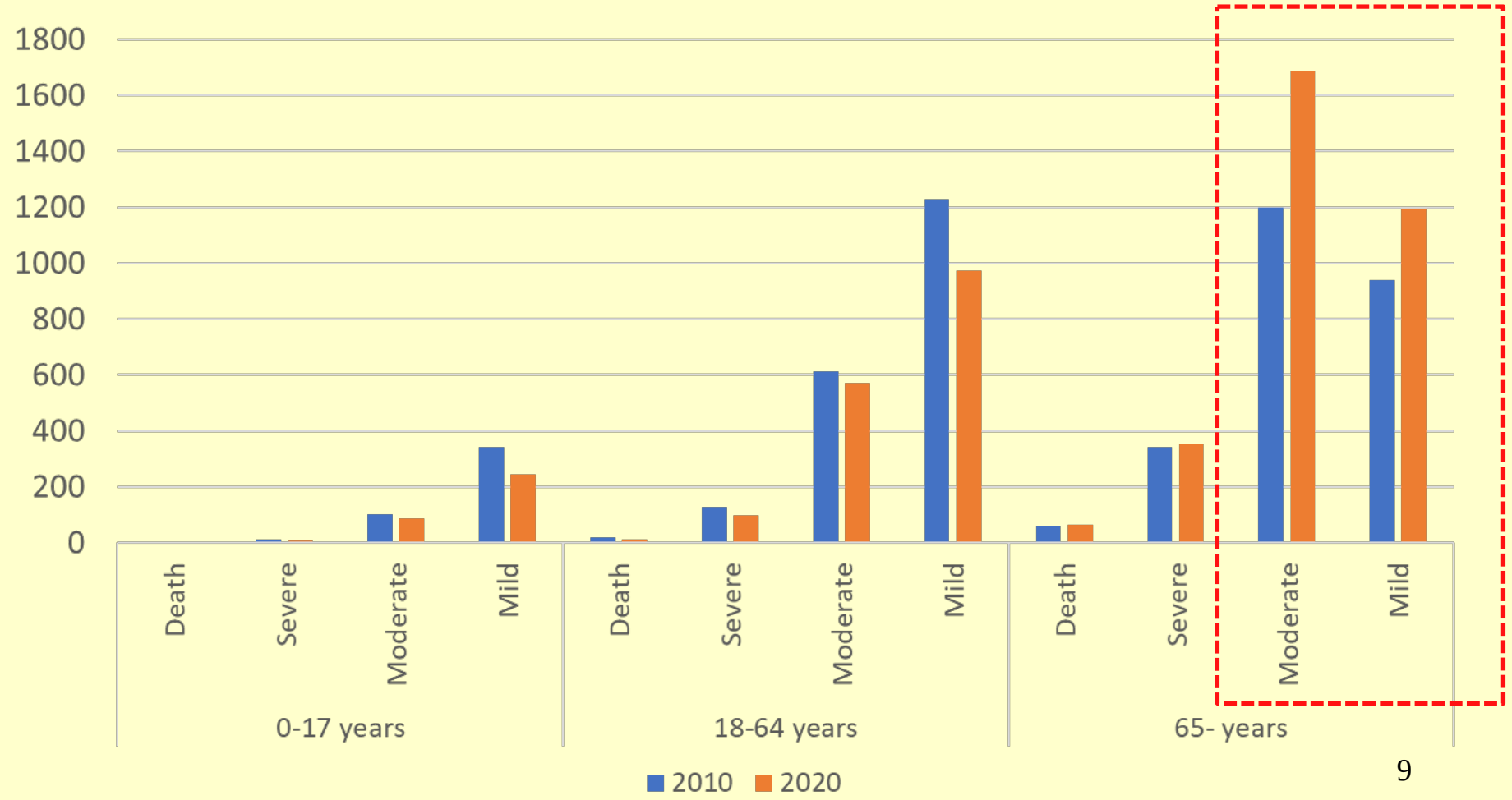
	OP	HHC	Unscheduled	Scheduled	Others	HHC/OP
All age	7138	174	53	106	15	2.4%
70+	2964	153	46	95	13	5.2%
75+	2077	142	43	88	11	6.9%

X1000 persons

Emergency Medicine

Number of patients transported by ambulance by age group

x1000



Emergency Medicine

Number of patients transported by ambulance by disease group in 2020

	0-17 years	18-64 years	65- years
CVD	3	57	204
Hearts	1	59	238
GI	10	113	187
Respiratory	15	55	228
Mental	4	72	21
Sensory	13	60	77
Urology	1	58	73
Neoplasm	0.1	12	48
Others	37	195	392
Not identified	87	378	756

Emergency Medicine for the Elderly

- The number of elderly emergency patients is on the rise.
- Most of them have mild to moderate symptoms, and the underlying disease is often not identified.
- Emergency visits without clear medical history place a heavy burden on the medical system.

Paradigm Shift in Health Care

	Present	2040
Aim of care	Cure	Management so that no single disease significantly impairs lifespan or health
Target of care	Acute disease, Trauma	Chronic disease
No of disease conditions	Single	Multiple
Treatment options	Choose one most effective treatment	Multiple treatments according to patients' preference and timeline
No of providers	Single	Multiple
Role of physician	Sole person responsible for treatment	Playing manager Team building Specialist for treatment
Evidence establishment	Randomized controlled trial	Big data

Limiting factors for the sustainability of UHC

- Money:
  - Previously, the challenge was how to restrain it
  - Currently, the focus has shifted to accountability and acceptability
  - Resource reallocation from acute care to chronic care and HHC is necessary
- Information:
  - Standardization and safe sharing
- Human resources
  - Shortage
- Digital transformation (Dx)
  - A solution to the labor shortage
  - Sharing of patient information, monitoring, robots, etc.

Quality and Safety issues in PHC including HHC

- Methods for ensuring quality and safety are built based on the experience of inpatient treatment in hospitals.
- The number of staff involved is limited, and peer review does not work (medical care is provided behind closed doors).
- Information sharing among multiple service providers is necessary.
- HHC often deals with seriously ill patients, and families are often involved in their care.

Developing methods to ensure the quality and safety in PHC including HHC is an urgent task.

Nation-wide Hospital Questionnaire Survey (2023)

- 3,145 hospitals randomly selected from 8,175 nationwide, stratified by bed size
- Valid response rate: 14.7% (461/3,134)
- Hospitals conducting HHC: 145
  - Number of patients: Mean 44.6, Median 16
  - Incident information shared with care managers or visiting nurses: 40.0%
  - Formal rule for sharing incident information among service providers: 44.1%

Accident types

IP vs OP(n=153)

- IP：
  - ① Medication（49.0%）
  - ② Daily patient care（32.0%）
  - ③ Other（9.8%）
- OP：
  - ① Testing（26.8%）
  - ② Medication（26.1%）
  - ③ Other（21.6%）

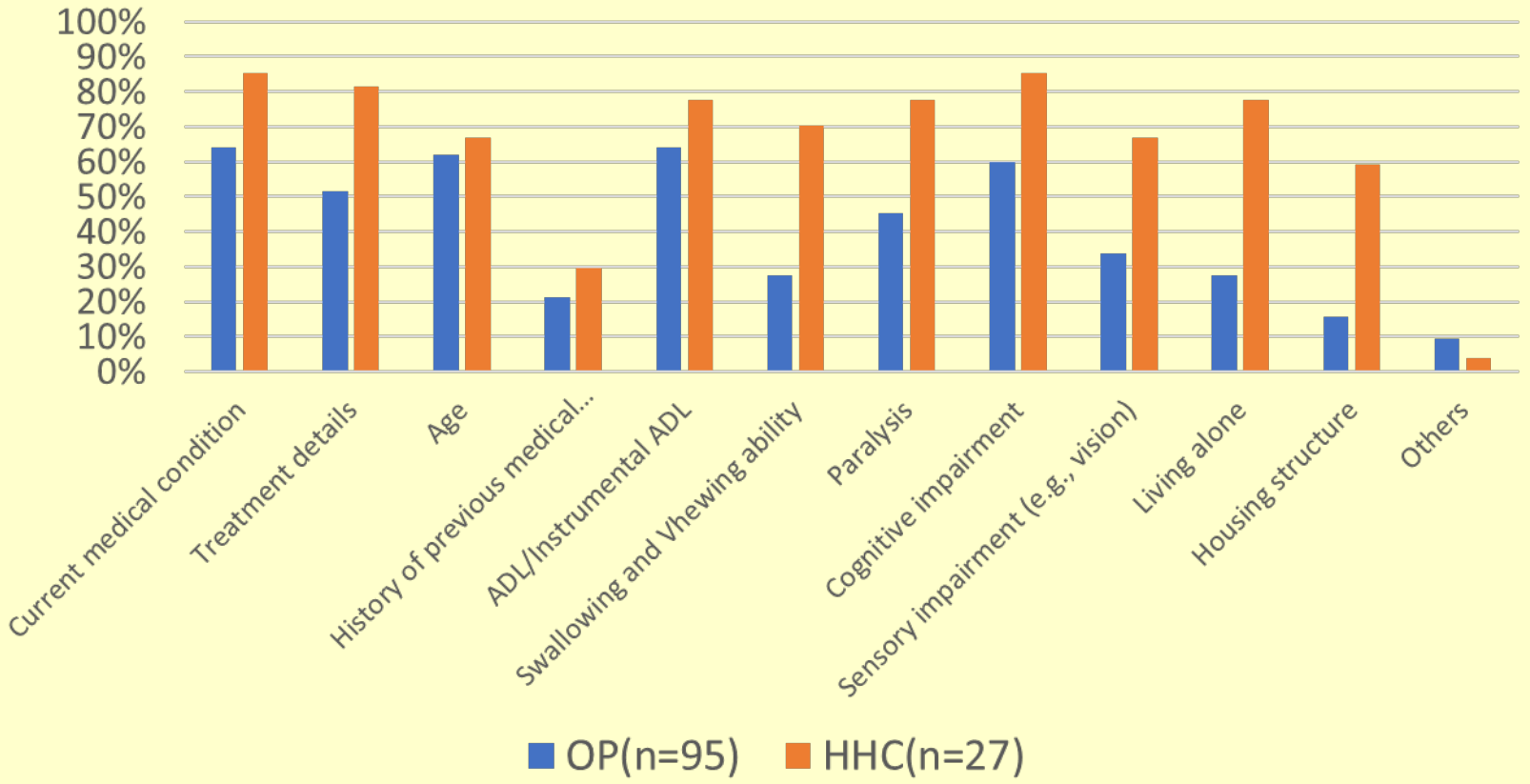
HHC (n=145)

- ① Mistakes in visit schedule (e.g., date/service provider)（20.7%）
- ② Medication errors (e.g., calendar setting)（20.0%）
- ③ Falls（15.2%）
- ④ Miscommunication about patient information（13.8%）
- ⑤ Forgotten items left in patients' homes（11.7%）

Incidents Related to Information Sharing with Long-Term Care Insurance Providers (n=461)

	n	%
No incident experienced	**182**	**39.5%**
(Wrong recipient) Patient information sent to an incorrect party	**141**	**30.6%**
(Patient misidentification) Information of a different patient was shared	**102**	**22.1%**
Unable to share instructions on medication discontinuation, change, or continuation	**90**	**19.5%**
Infection-related information not shared, leading to failure in taking appropriate precautions	**31**	**6.7%**
Dietary information not shared, resulting in patient choking	**16**	**3.5%**
Fall risk not communicated, resulting in patient fall	**38**	**8.2%**
Risk of self-removal of tubes not communicated, resulting in self-removal	**23**	**5.0%**
Allergy information not shared, leading to administration of allergenic drugs or food	**20**	**4.3%**
Schedule not shared, resulting in delay or failure in providing scheduled medical services	**41**	**8.9%**

Hospitals that performed risk assessments were 20.6% for OP and 18.6% for HHC patients



HHC patients-reported accidents and incidents (2023)

- 209 among 331 HHC patients or family member in 5 facilities answered
- 11.5% of HHC patients experienced medical accidents or incidents
- Medication errors 15, falls 8, information sharing (wrong patient name) 2, wrong diagnosis and treatment delay 1

Tentative Conclusions and Proposals

- PMC, which emphasizes the use of community resources to provide continuous and comprehensive care, is essential when addressing health issues in the elderly.
- In Japan, the Community-Based Integrated Care System is being developed in response to population aging, and it shares many commonalities with the principles of PHC.
- Among the elderly, frequent but less severe use of emergency medical services is a notable characteristic, placing a significant burden on the healthcare system. If PHC functions effectively, this burden is expected to be alleviated.
- For older adults, outpatient and HHC play a major role; however, methods to ensure the quality and safety of care in these settings have not yet been fully evaluated.
- It is necessary to promote peer review and to consider standardizing risk assessment methods—including the risks associated with living environments—for high-risk treatments provided to outpatients and HHC patients, as well as to enhance information sharing.

Thank you for your attention