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Japanese Society for Dementia Care : Kansai Chairman

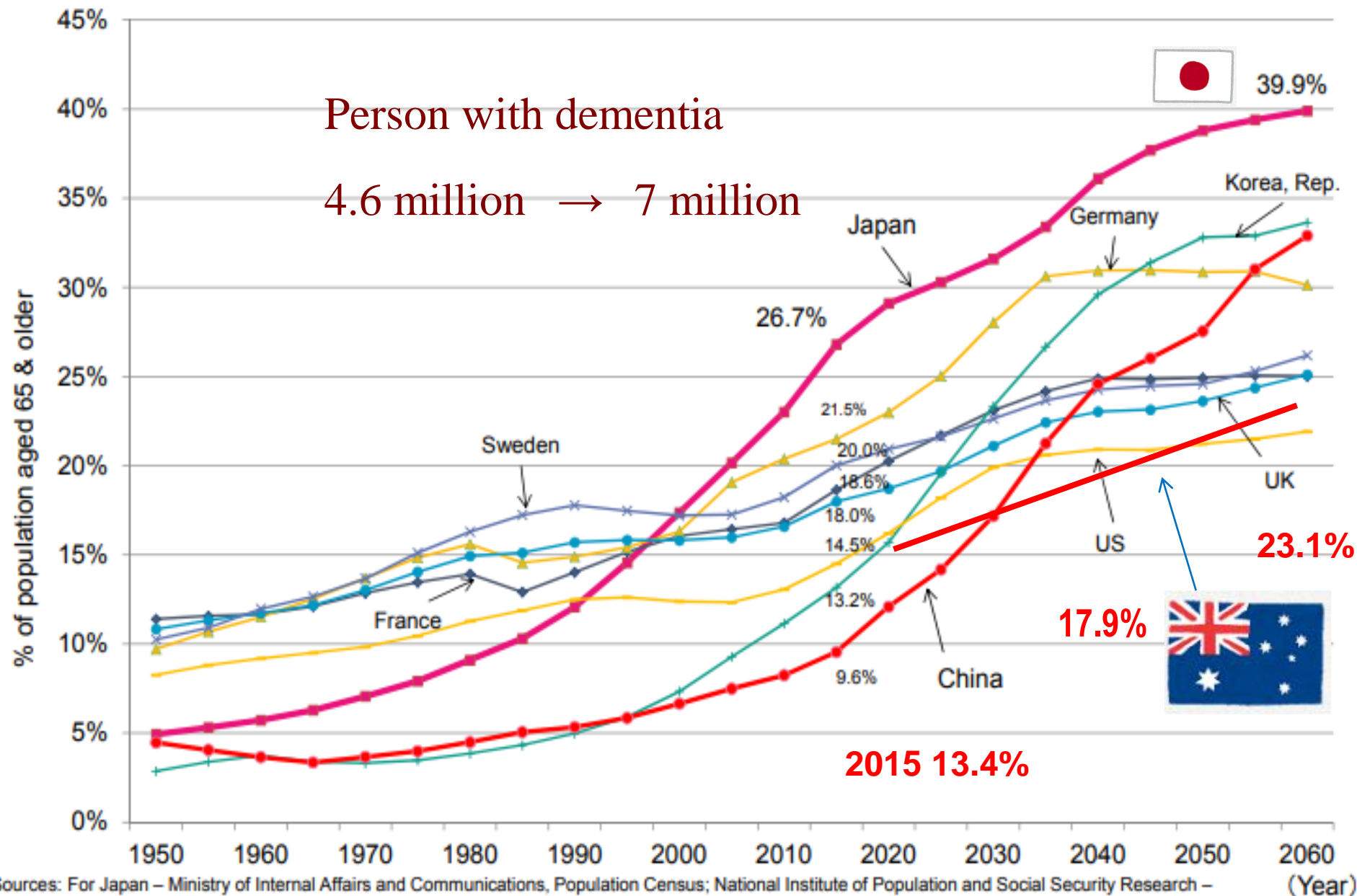
Japan has the world's oldest population

The government has
developed late life care plan
Status and problems

- Japan has long been known for its widespread respect for its seniors and a powerful sense of obligation to care for them.
- Yet as the demographic structure of society has changed, and the population has progressively aged – Japan now has the oldest population in the world – the provision of care is increasingly seen as a social (and not exclusively a family) concern.
- In 2000, Japan introduced long term care insurance (LCTI), designed to provide cover to all those over the age of 65, according to their needs. As such, the system is one of the most comprehensive social care systems for the elderly in the world, built around the aim of reducing the burden of care for families.

https://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/dl/lctisj_e.pdf

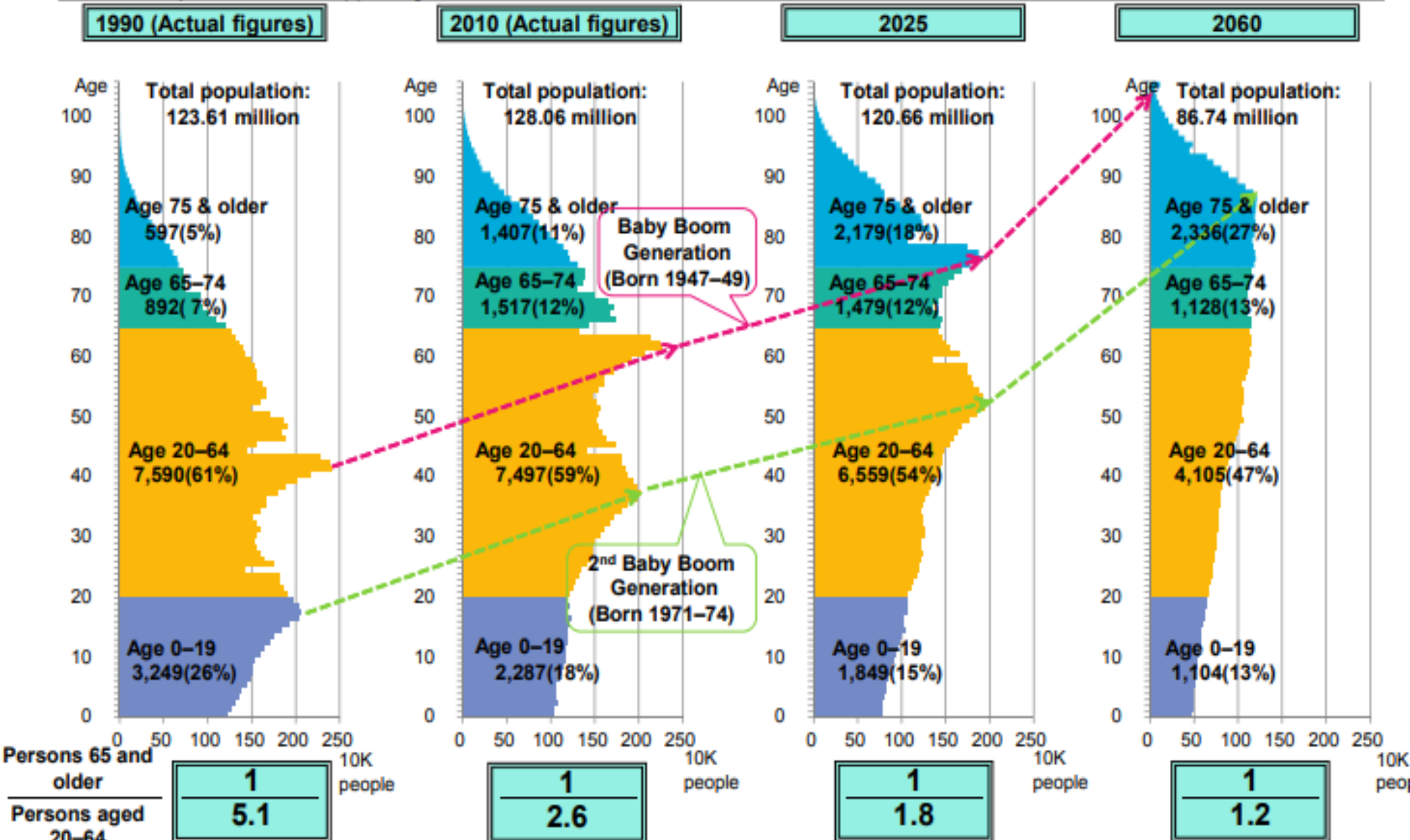
Changes in the Percentage of the Population Over Age 65



Sources: For Japan – Ministry of Internal Affairs and Communications, Population Census; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012 estimate): Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)
For other countries – United Nations, World Population Prospects 2010

Changes in Japan's Population Pyramid (1990–2060)

○ By examining changes in Japan's demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 person will be supporting one senior citizen.



Source: Ministry of Internal Affairs and Communications – Population Census, Population Estimate; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012): Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)

Problems before introducing the Long-Term Care Insurance System

Welfare system for the elderly

Services provided:

- Intensive Care Home for the Elderly, etc.
- Home-help service, Day service, etc.

(Problems)

- **Users could not choose services :**
Municipal governments decided services and service providers.
- **Psychological resistance :**
Means test was required when applying services.
- **Services tended to be unvarying without competition:**
Services were basically provided by municipalities or organizations entrusted.
- **Service fee could be heavy burden for the middle/upper income group:**
The principle of ability to pay according to income of the person/Supporter under Duty.

Medical system for the elderly

Services provided:

- Health center for the elderly,
Sanatorium medical facility, general hospital, etc.
- Home-visit nursing, day care, etc.

(Problems)

- Long-term hospitalization to be cared in hospitals (“social hospitalization”) increased:
hospitalization fee is less expensive than welfare services for middle/upper income group, as well as basic maintenance of the welfare service was insufficient.
- **Medical cost increased:**
Hospitalization fee was more expensive comparing with Intensive Care Home for the Elderly and Health center for the elderly.
- **Facilitation of hospital was not sufficient enough for long-term care with staff and living environment:**
Hospitals are expected to provide “cure” (e.g. Limited room area for care, dining hall or bathrooms)

These systems had limitations for solving problems.

Outline of difference between previous systems and present

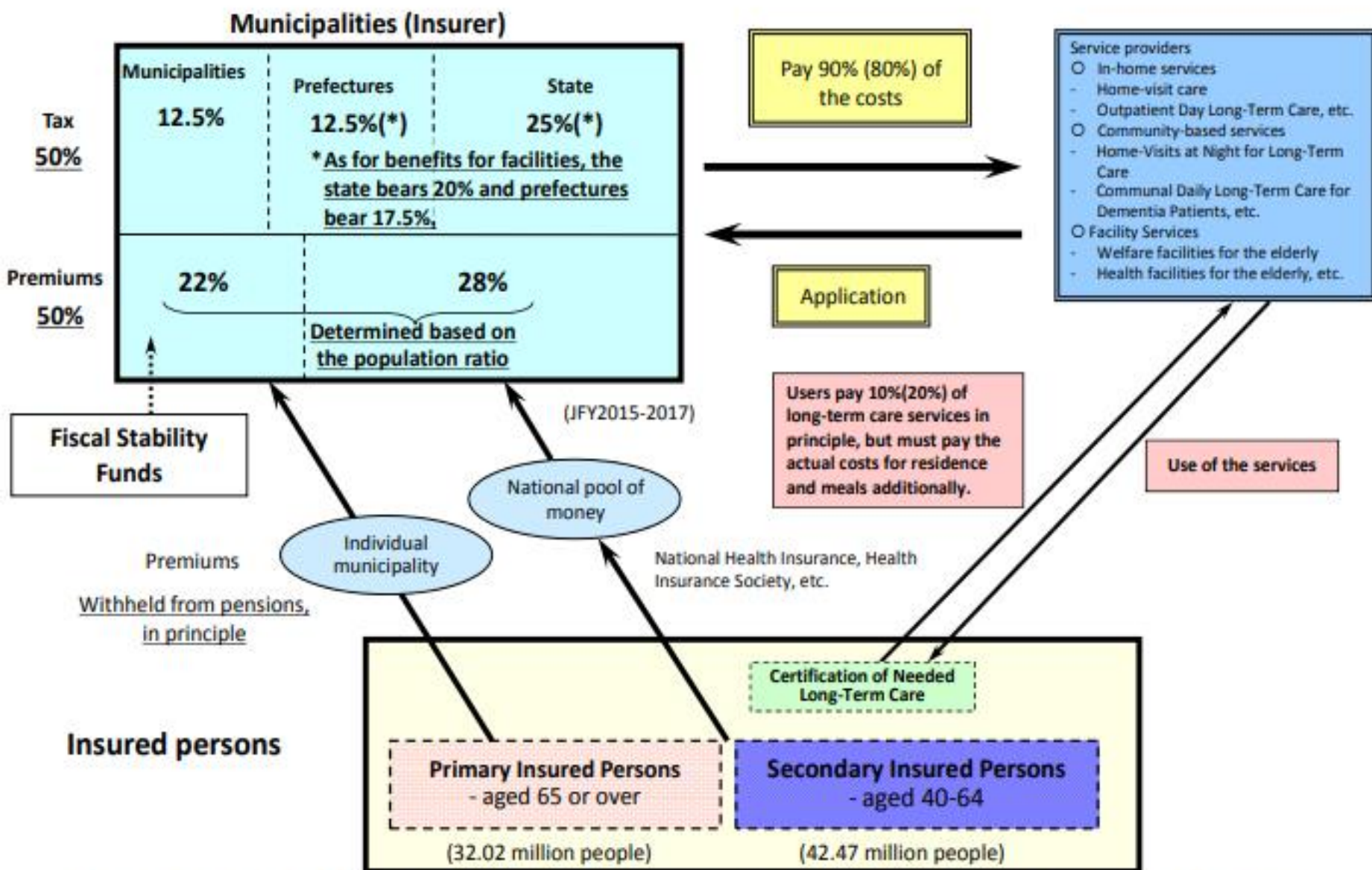
Previous Systems

- ① Municipal governments decided services, after users' application.
- ② Separated applications were required for each service of medical and welfare systems.
- ③ Services were provided mainly by municipal governments and other public organizations (e.g. Council of Social Welfare).
- ④ Co-payment was heavy burden for the middle/upper income group, which kept them from applying to services.

the Long-Term Care Insurance System

- Users themselves can choose services and service providers.
- By making use plans of care service (Care Plan), integrated medical and welfare services can be utilized.
- Services are provided by various associations such as private companies and NPOs, etc..
- Regardless of income, co-payment is set as 10% (20% for persons with income above certain level, after August 2015) .

Structure of the Long-Term Care Insurance System



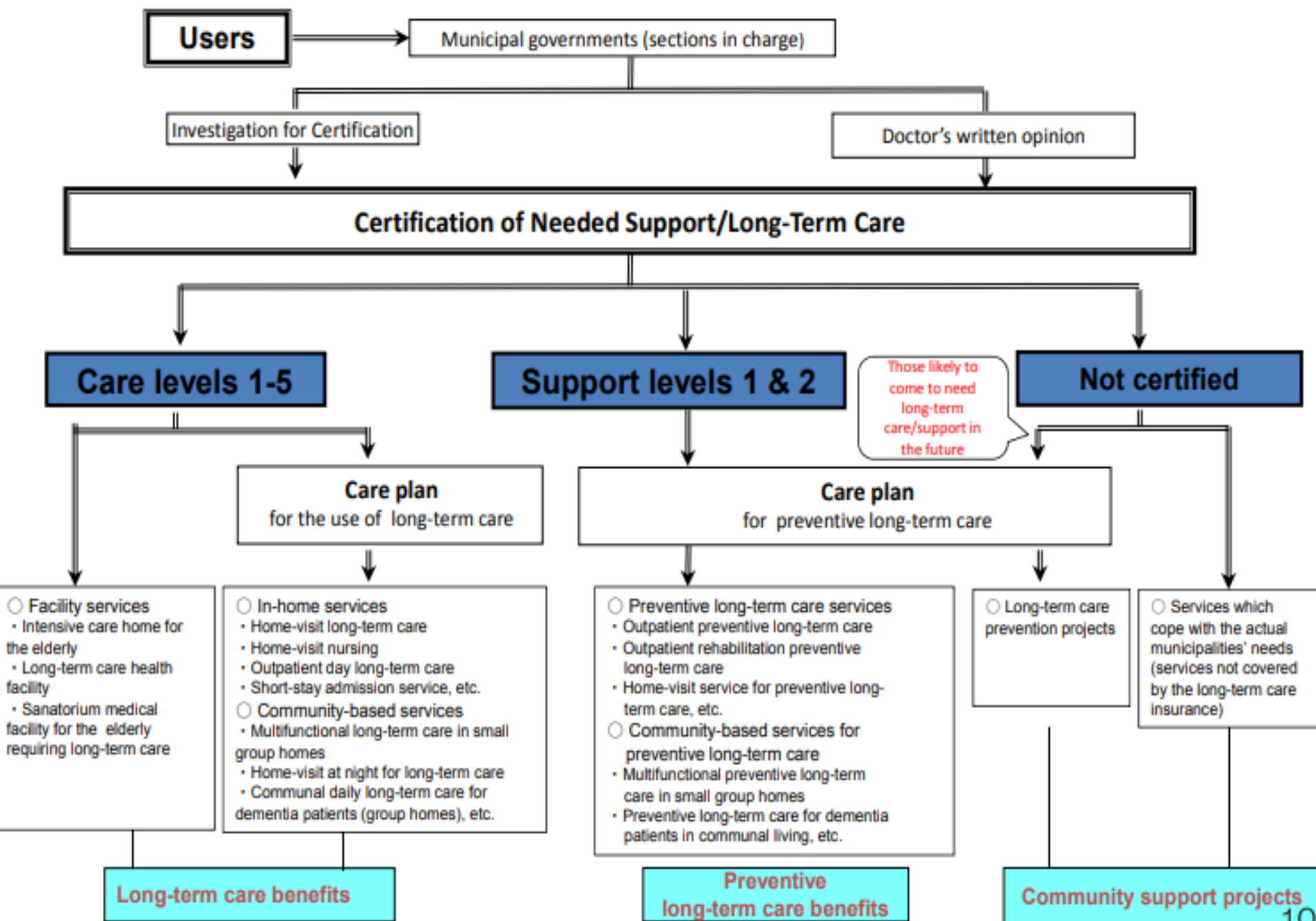
Note: The figure for Primary Insured Persons is from the Report on Long-Term Care Insurance Operation (provisional) (April, 2009), Ministry of Health, Labour and Welfare and that for Secondary Insured Person is the monthly average for JFY2008, calculated from medical insurers' reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses. Burden ratio for persons with income above certain level is 20:80, after Aug 2015.

The insured

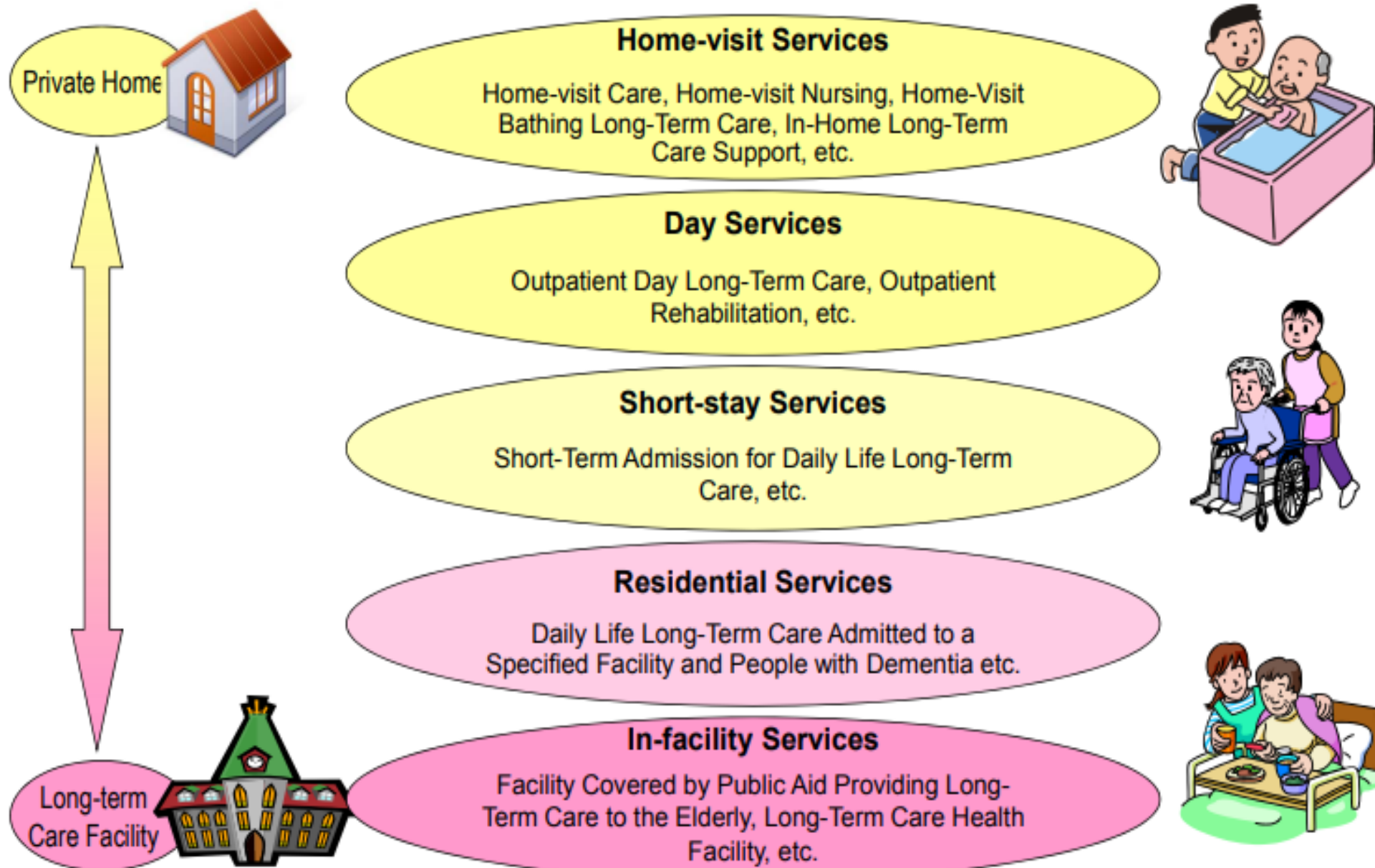
- The insured under the Long-Term Care Insurance System are (1) people aged 65 or over (Category 1 insured persons) and (2) people aged 40-64 covered by a health insurance program (Category 2 insured persons).
- Long-term care insurance services are provided when people aged 65 or over come to require care or support for whatever reason, and when people aged 40-64 develop aging-related diseases, such as terminal cancer or rheumatoid arthritis, and thereby come to require care or support.

	Primary insured persons	Secondary insured persons
Eligible persons	Persons aged 65 or over	Persons aged 40-64 covered by a health insurance program
Number	32.02 million aged 65-74:15.74 million	42.47 million
Requirement for service provision	<ul style="list-style-type: none"> - Persons requiring long-term care (bedridden, dementia, etc.) - Persons requiring support (daily activities requires support) 	Limited to cases where a condition requiring care or support results from age-related diseases (specified diseases), such as terminal cancer and rheumatoid arthritis
Percentage and number of persons who are eligible for services	5.69million (17.8%) aged 65~74: 0.72million (4.4%) aged 75~ : 4.97million (32.1%)	0.15million (0.4%)
Premiums collection	Collected by municipalities (in principle withheld from pension benefits)	Collected together with medical care premiums by medical care insurers

Procedure for Use of Long-term Care Services



Varieties of Long-term Care Insurance Services



Increase in number of persons who are eligible for LTC insurance and users

○While the number of insured persons aged 65 or older has increased by approximately 1.5 times over 15 years since 2000, when the Long-term Care Insurance System was established, that of care service users has increased by approximately 3 times over the same period. The surge in the number of in-home care users accounts for the threefold increase of the care service users.

①Increase in number of insured persons aged 65 and older

	End of April,2000		End of April,2015	
Number of first insured persons	21.65 million	⇒	33.08 million	1.53 times

②Increase in number of persons with care needs & support needs certification

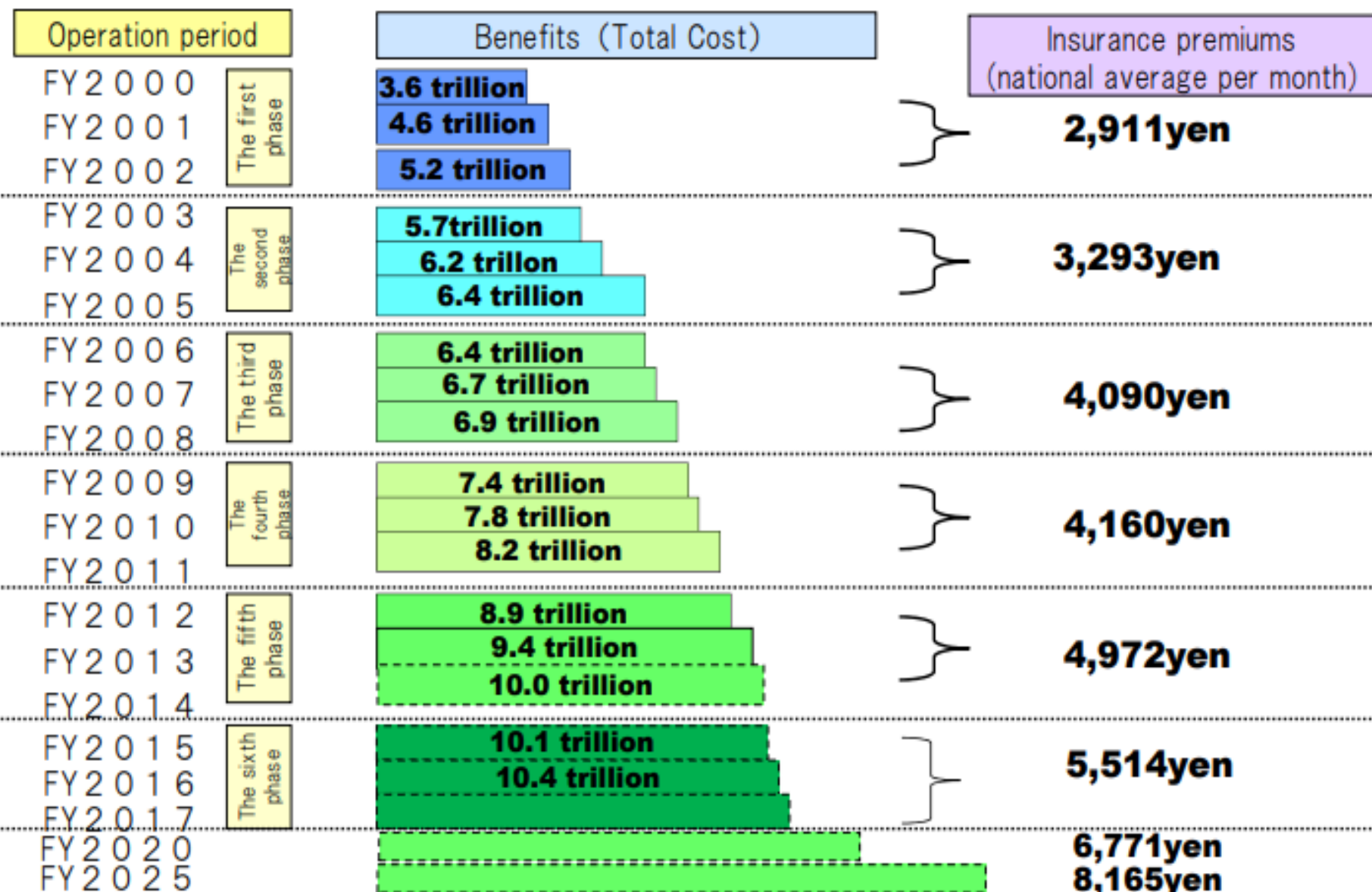
	End of April,2000		End of April,2015	
Number of persons with care needs & support needs certification	2.18 million	⇒	6.08 million	2.79 times

③Increase in number of service users

	End of April,2000		End of April,2015	
Number of users of in-home care	0.97 million	⇒	3.82 million	3.94 times
Number of users of facility care	0.52 million	⇒	0.90 million	1.73 times
Number of users of community-based care	—		39 million	
Total	1.49 million	⇒	5.11 million	3.43 times

Trends and the Future Prospects of Long-Term Care Benefits and Premiums

- The municipal governments formulate Long-term Care Insurance Service Plan which designates 3 years as one term and is reviewed in every 3 years.
- As ageing proceeds, premiums estimated to rise to 6,771 yen in 2020 and 8,165 yen in 2025. In order to maintain sustainability of the Long-Term Care Insurance System, it would be necessary to establish the Community-based Integrated Care System, and to make services more focused and efficient.



Major Contents of Revision of Long-term Care Insurance (2014 revision)

(1) Establishing the Community-based Integrated Care System

Enriching long-term care, healthcare, support and preventive services in order for elderly people to continue their lives in their accustomed areas.

Enriching Services

Enriching Community Support Projects towards establishing the Community-based Integrated Care System:

- ① Enhancing coordination between In-home Medical Care and In-home Long-term Care
- ② Promoting measures against dementia
- ③ Enhancing Community Care Meetings
- ④ Improving the Livelihood Support Services

Making Services More Focused and Efficient

- ① Transferring nationally-unified Preventive benefits (Home-visit Care and Out-patient Long-term Care) to Community Support Projects of municipalities, and diversifying them.
- ② Restricting users of in-facility services of Special Long-term Care Health Facilities to people whose care level is 3 or higher in principle.

(2) Making Contribution Equitable

Expanding reduction of premiums of people with low-income, and reviewing co-payments of those who have certain income or assets in order to suppress increase of premiums.

Expanding Reduction of Premiums of People with Low-income

Expanding the reduction rate of premiums of people with low-income:

(An example of reduction of premiums)

For people with pension income lower than 800,000 yen per year, the reduction rate will be expanded from 50% to 70%.

Review of Co-payments etc.

- ① Increasing co-payments of users with income more than a certain level.
- ② Adding assets to the check list of requirement for "Supplementary Benefits," which provides money for food and residence to in-facility users with low income.

New Orange Plan

**Coordination of
Medical Care and
Long-term Care**

**Research for
Prevention and
Cure**

**Age and Dementia-
Friendly
Community**

“Comprehensive Strategy to Accelerate Dementia Measures”

① **Early Support**

(Initial Phase Intensive Support Team, etc.)

② **Improving Ability of Care Providers**

(Training Programs)

③ **Coordination of Medical Care and Long-term Care**

(Dementia Coordinator)

④ **Risk Reduction**

(Nationwide Prospective Dementia Cohort)

⑤ **Cure**

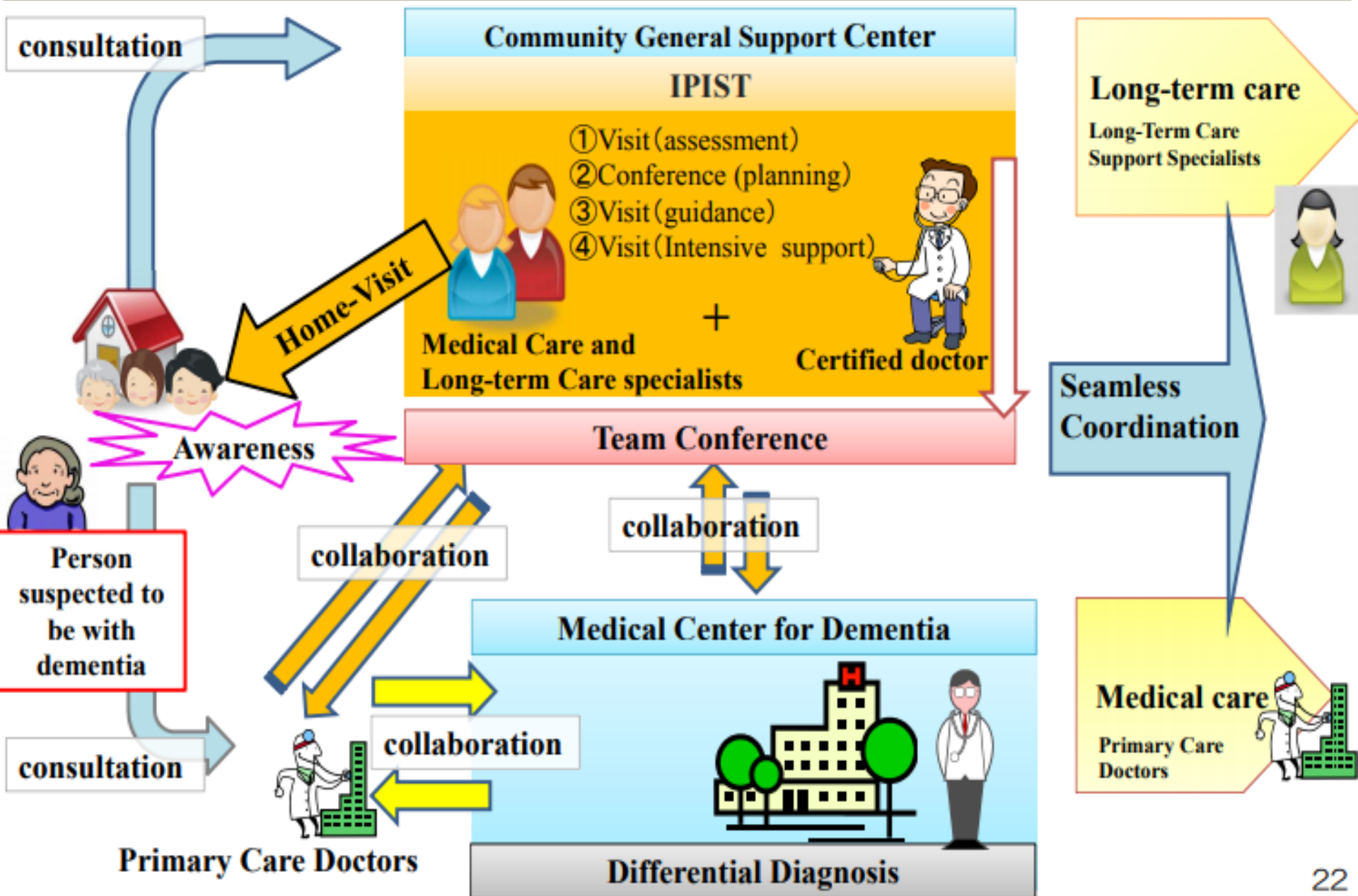
(Project for Psychiatric and Neurological Disorders)

⑥ **“Dementia Supporters”**

already 6.34 million ⇒ 8 million

⑦ **Safety** (Cross-ministerial support: watching system in the community, etc.)

Initial-Phase Intensive Support Team (IPIST)



“Dementia Supporters” Training Program

people of every generation, every occupation are becoming “Dementia Supporters”

Over 8 million

supporters have been trained as of September 2016.

Dementia Supporters Program

- ✓ Voluntarily
- ✓ with proper knowledge and understanding
- ✓ in communities and work places



- Community
- Office
- School
- Public office
- LTC Service Providers

https://www.mhlw.go.jp/english/policy/care-welfare/care-welfare-elderly/dl/ltcisj_e.pdf

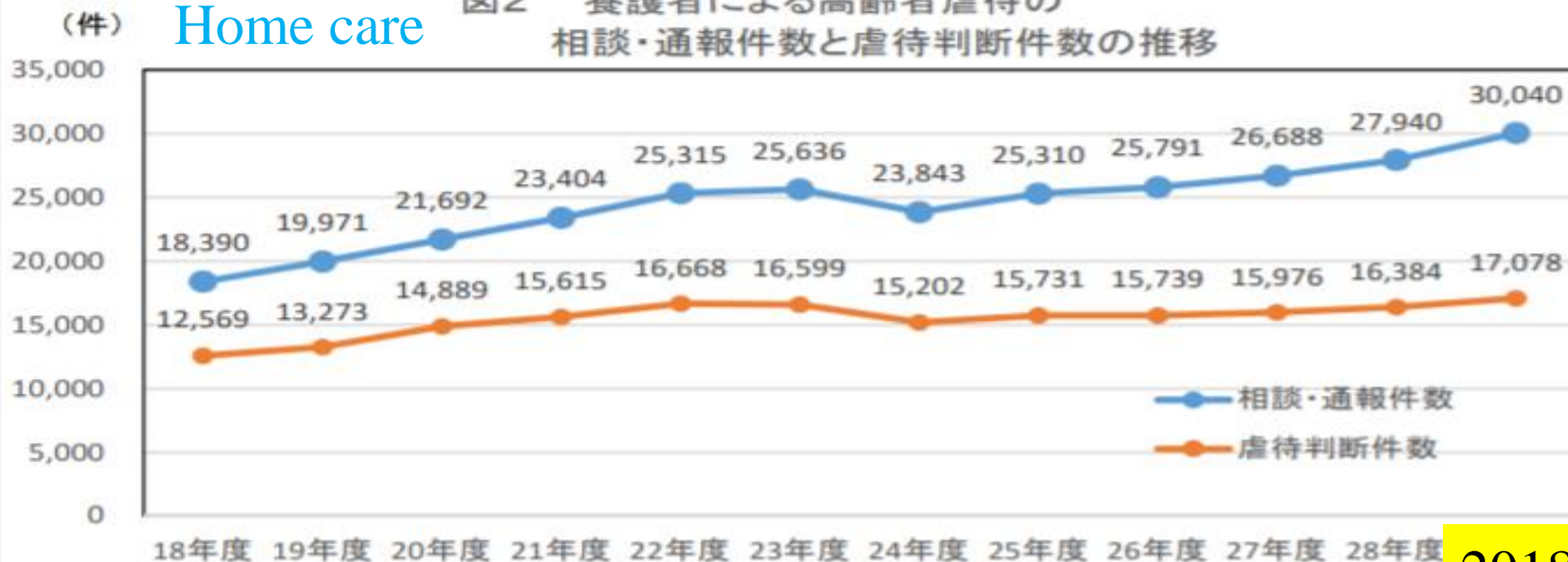
Facility care

図1 養介護施設従事者等による高齢者虐待の
相談・通報件数と虐待判断件数の推移



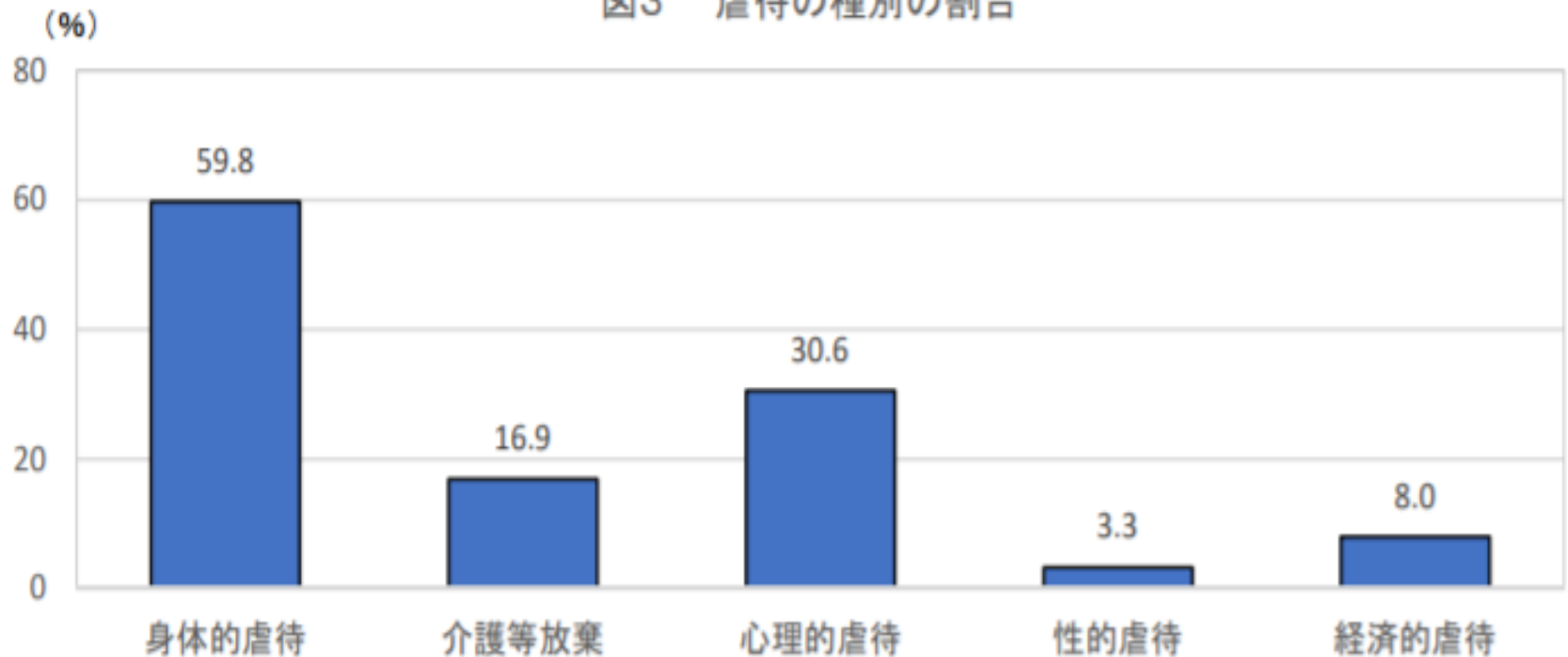
Home care

図2 養護者による高齢者虐待の
相談・通報件数と虐待判断件数の推移



Types of abuse

図3 虐待の種別の割合



※被虐待高齢者が特定できなかった41件を除く469件における被虐待高齢者の総数854人に対する集計（複数回答）。

Physical

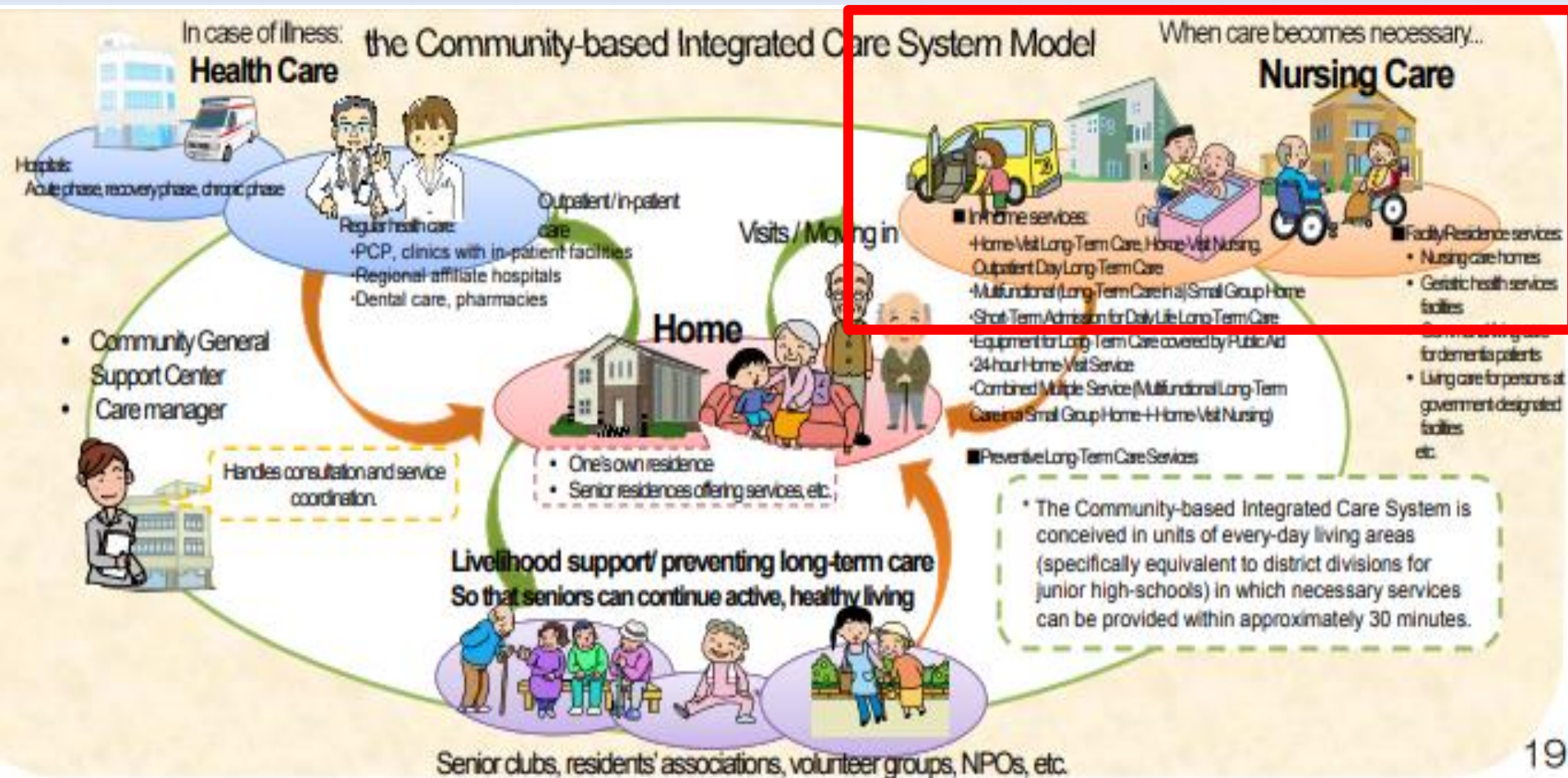
neglect

Psychological

Sexual

Economic

Establishing 'the Community-based Integrated Care System'



19

- By 2025 when the baby boomers will become age 75 and above, a structure called 'the Community-based Integrated Care System' will be established that comprehensively ensures the provision of health care, nursing care, prevention, housing, and livelihood support. By this, the elderly could live the rest of their lives in their own ways in environments familiar to them, even if they become heavily in need for long-term care.
- As the number of elderly people with dementia is estimated to increase, establishment of the Community-based Integrated Care System is important to support community life of the elderly with dementia.
- The progression status varies place to place; large cities with stable total population and rapidly growing population of over 75, and towns and villages with decrease of total population but gradual increase of population over 75.
- It is necessary for municipalities as insurers of the Long-term Care Insurance System as well as prefectures to establish the Community-based Integrated Care System based on regional autonomy and independence.

Japanese features

When care becomes necessary...

Nursing Care

■ In home services:

- Home-Visit Long-Term Care, Home-Visit Nursing, Outpatient Day Long-Term Care
- Multifunctional (Long-Term Care in a) Small Group Home
- Short-Term Admission for Daily Life Long-Term Care
- Equipment for Long-Term Care covered by Public Aid
- 24-hour Home-Visit Service
- Combined Multiple Service (Multifunctional Long-Term Care in a Small Group Home + Home-Visit Nursing)

■ Facility/Residence services:

- Nursing care homes
- Geriatric health services facilities
- Communal living care for dementia patients
- Living care for persons at government-designated facilities

Geriatric health facility

Facilities aimed at rehabilitation and return to home.

However, returning to home is rare. Enter the nursing home of the same management organization.

Geriatric health facility



Fitness class with care insurance



クラス	時間	月・木	火・金	水・土
午前クラス <u>.....</u>	9:30～10:10	送迎、チェックイン、バイタルチェック及び体調確認		
	10:10～10:30	準備体操		
	10:30～11:45	トレーニング、グルーブエクササイズ（休憩含む）		
	11:45～12:00	整理体操、帰りの準備		
	12:00	送迎		

Exercise to prevent care

3 professionals working

Physiotherapist

Physical function evaluation,
movement, exercise education

Supporting an
important heart
for the person

Health exercise
instructor

Exercise trainer

care worker

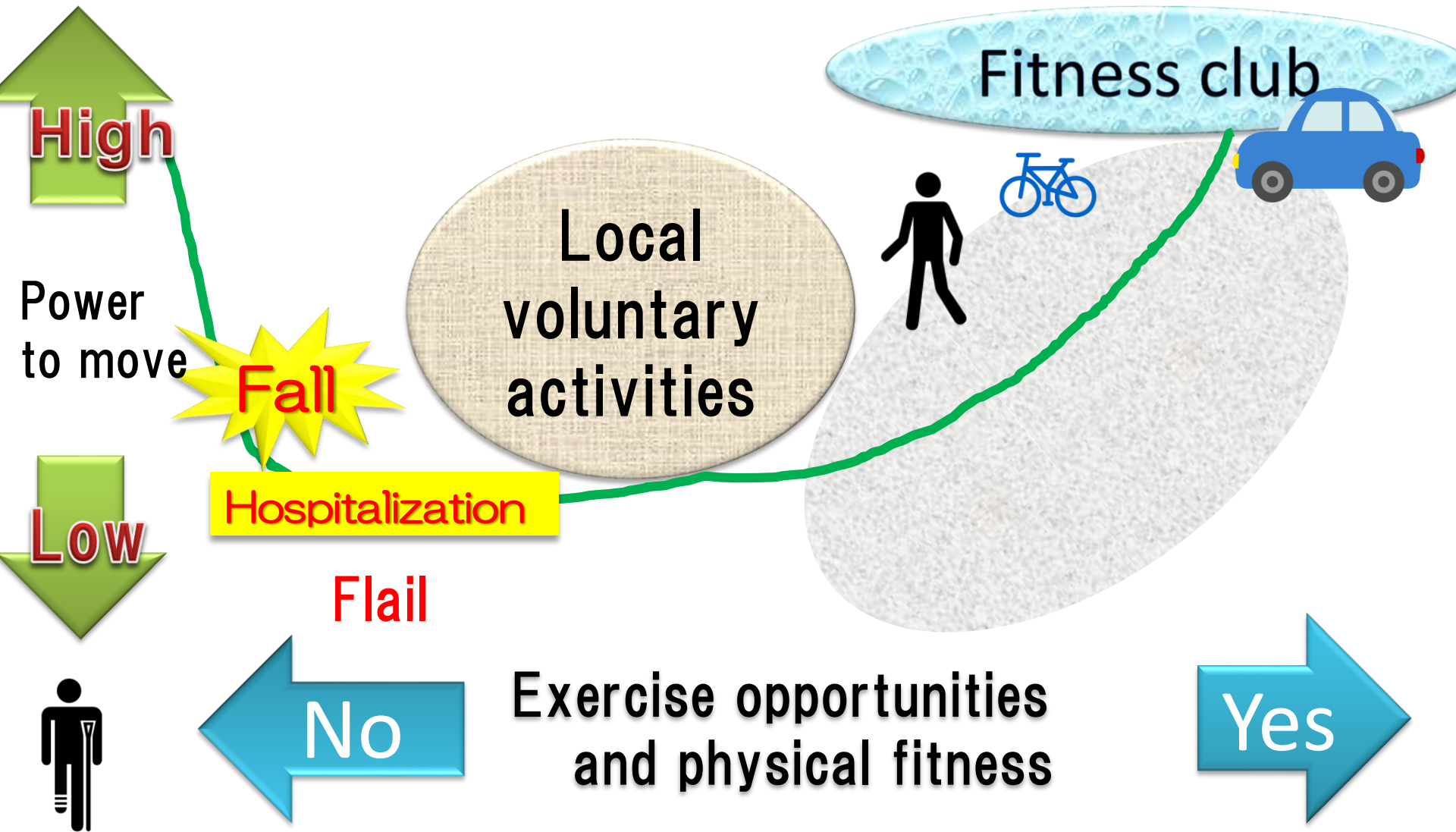
Understanding of living
conditions, consultation, exercise
trainer assistance



Care prevention and daily life

Prevention Flail

Fall , depression, locomotive syndrome, sarcopenia



BODY AND MIND EXERCISE CLASS

→ Exercise supporter



Local residents over 60 years old

2010

86歳



over 85

Fall experience
4 times

2013 89歳



Right wrist fracture
spinal canal stenosis

2019 95歳



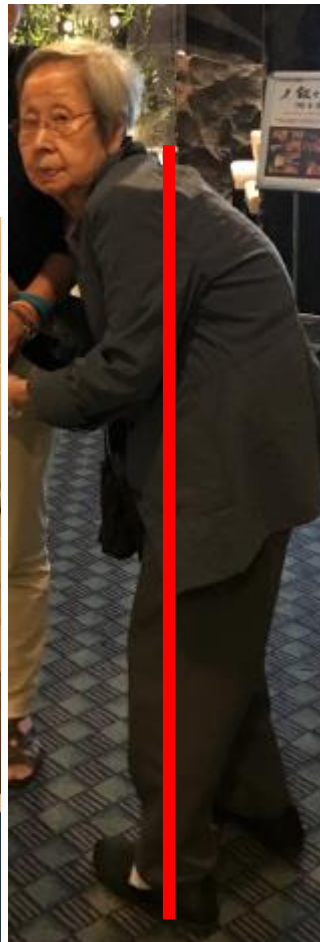
95 years old
1924

body weight 58kg → 40kg
height 156cm → 130cm
BMI 24 → 23

She does not like groups.
No use of long term care insurance
Medical insurance treatment 1/ month

Scold
ancestors

Bathing

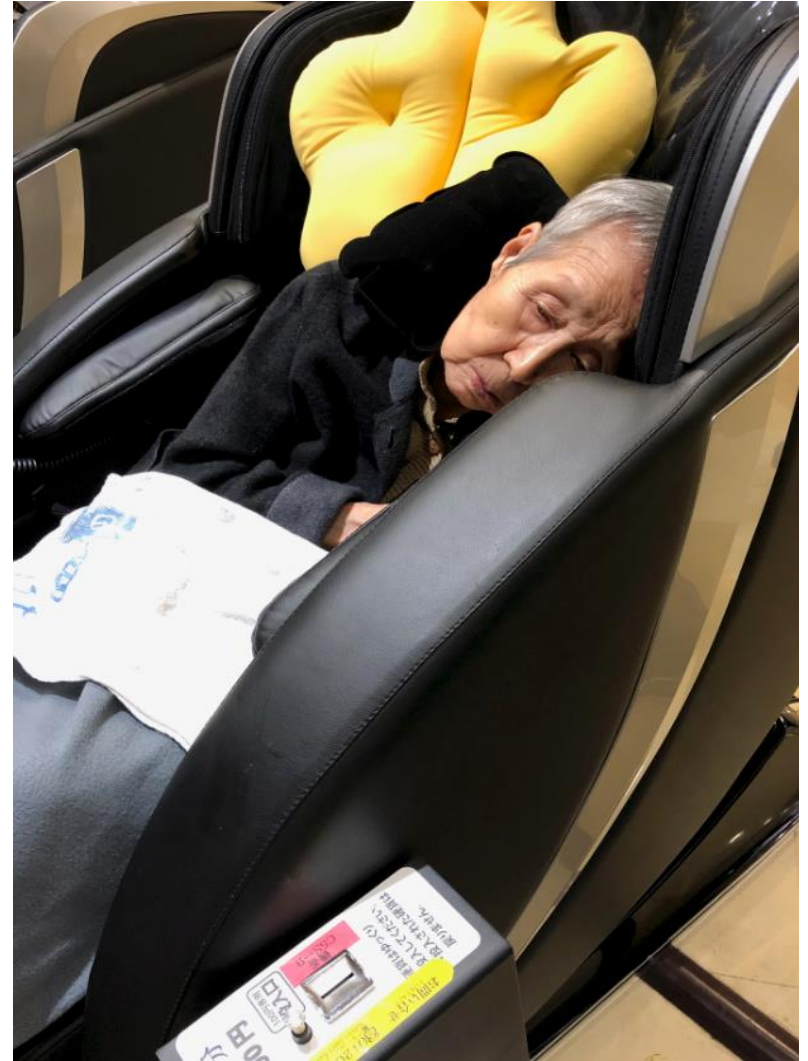


exercise

Dr was fitness club member

September 9 Narita Airport isolated due to typhoon

We slept on the airport floor and massage chair.



September 11 Arrived one day late.
Reunited with friends for the first time in 10 years



Community-based care for healthy ageing: lessons from Japan

Junko Saito,^a Maho Haseda,^a Airi Amemiya,^a Daisuke Takagi,^a Katsunori Kondo^b & Naoki Kondo^a

Bull World Health Organ 2019;97:570–574

Box 1. Summary of main lessons learnt

- Integrated care for long-term care prevention should consider interventions targeting the community rather than only high-risk individuals.
- Salon-type community interventions proved effective in reducing long-term care needs and dementia, and may help reduce health inequalities.
- Multidisciplinary collaborations among diverse service providers and community members are indispensable for providing community-based care.

20090911



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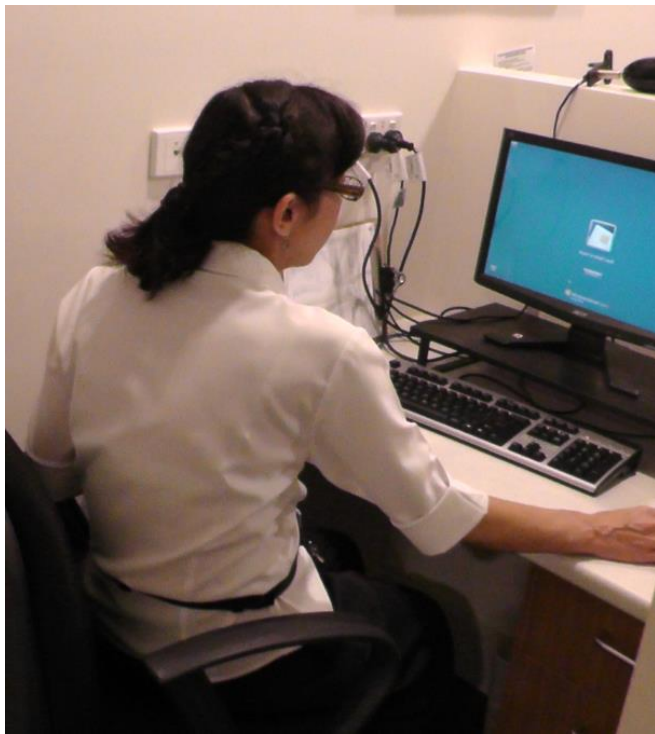


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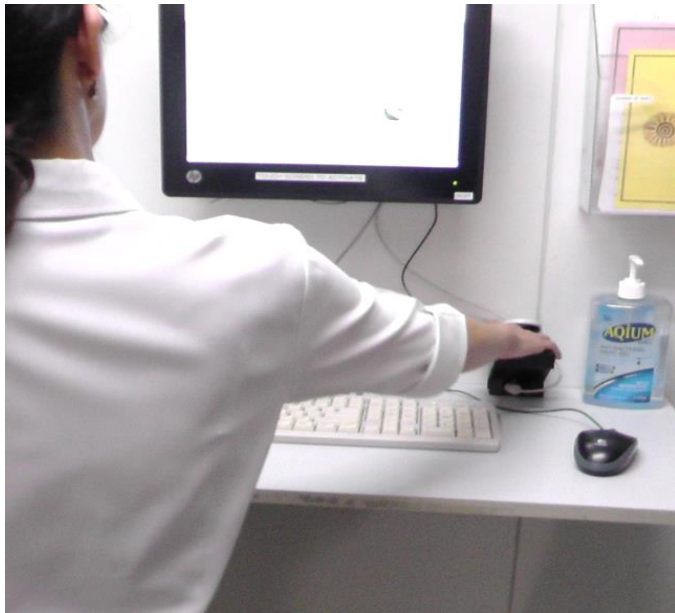


20150806

2014 Finland



I learned a lot about
how to aged care
from Australia.
Thank you.



Resident: Grace COOPER, O Aving / A11 / 11

Anticoagulant Therapy Care and Record

Behaviour Assessment

Bowel Chart

Continence Assessment

Daily Repositioning

Advanced Search

Recent

Food / Fluid Intake Record

View

Add Item

Date: 13/03/2017

Hour: 1100

Minutes: 00

Type: Select

Select days: Monday

1 - Separate hard lumps, like nuts

2 - Sausage-like, but lumpy

3 - **Like a sausage with cracks in the surface**

4 - Like a sausage, snake, smooth/soft

5 - Soft blobs with clear cut edges

6 - Fluffy pieces with ragged edges, a mushy stool

7 - Watery, no solid pieces

Comments

Save Cancel

Joanna Rutledge [PCA] on 12/03