
CONFERENCE ABSTRACT

The first Japanese trial of the community-based integrated care system in a rural area.

16th International Conference on Integrated Care, Barcelona 23-25 May 2016

Yu Hatano¹, Masatoshi Matsumoto², Mitsuaki Okita³, Kazuo Inoue⁴, Keisuke Takeuchi², Shuhei Nishimura⁵, Takuo Hayashi⁶

1: Shobara City Soryo Clinic, Japan;

2: Department of Community-Based Medical System, Faculty of Medicine, Hiroshima University, Japan;

3: Department of Internal Medicine, Mitsugi General Hospital, Japan;

4: Department of Community Medicine, Teikyo University Medical center, Japan;

5: Department of Brain Surgery, Mitsugi General Hospital, Japan;

6: Department of Orthopaedics, Mitsugi General Hospital, Japan.

Introduction: Japan has the highest elderly rate of population in the world. In 2012, the government implemented the community-based integrated care system, which integrates various health-related resources within the community through cooperation among formal, long-term care facilities, welfare and medical care specialists, and informal voluntary activities by the residents. The system was first born in a rural town in Hiroshima.

Description of the policy: This presentation shows how a trial in a typical rural town achieved the community-based integrated care system, influenced the governmental policies, and became the first model for the subsequent nationwide reform of healthcare system. In 1970s, the aging population has been prominent in Mitsugi. At that time, care for the elderly was fragmented into various service sections. An integrated care system marshaling all services and providing an integrated delivery system, which was later called the community-based integrated care system, has been gradually constructed in Mitsugi as follows.

Firstly, in 1970s, the hospital started providing home-visit services; doctors, nurses, long-term care workers and the like would visit patients' houses, support their life at home instead of patients coming to the hospital. It promoted linkage between care services in the hospital and at home. Secondly, the Health Management Center was opened as an annex of the hospital in 1984. This center involved some departments of the municipal government, which had been responsible for the preventive, welfare and long-term care services in those days. It enabled the hospital to play a role in not only medical but also preventive, welfare and long-term care services, which facilitated providing these services seamlessly. Thirdly, long-term care facilities such as a nursing home and a group home for demented elderly patients were established. These facilities made long-term care possible for the elderly people that cannot be cared for at home. Lastly, Mitsugi launched volunteers' action by community citizens to help the elderly with the cooperation of the hospital. This volunteer system has formed the

Hatano; The first Japanese trial of the community-based integrated care system in a rural area.

connection between residents and the hospital, which has made more seamless community-cooperative comprehensive care possible.

Results: After the system, the proportion of bedridden people decreased remarkably from 3.5 to 1% in this town. In addition, this system realized slowing growth of healthcare costs, while they were then rapidly increasing throughout the rest of Japan. Although healthcare costs for elderly in Mitsugi were above average in Hiroshima prefecture until about 1985, the status has since been reversed, maintaining a lower level than the prefectural mean. After its success, the first community-based integrated care system case in Mitsugi became the model for the national policy implemented in 2012.

Highlights: Success in a small rural town can influence the entire country. This is the first case of diffusion of a healthcare system from rural to urban areas, which is unusual. The reasons why the first community-based integrated care system arose in Mitsugi are the aging of the population, easy integration of services due to its small size, the economic support from the prefecture, and existence of a leader that coordinated different sectors of healthcare.

Conclusion: There are three future tasks to sustain the community-based integrated care system. Firstly, the system suitable for each community should be constructed. Secondly, vigorous resident participation is needed in this system so that they can find and introduce neighbors that need medical or long-term care services to the system. Finally, finding ways to reduce the costs for medical and long-term care services at a nationwide level.

Keywords: the community-based integrated care system; rural area; japan
