
CONFERENCE ABSTRACT

Role of the social and community prescription in the integrated community-based health care system in Japan

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Background: Since Japan introduced long-term care insurance in 2000, the government has been continuing its efforts to integrate community-based care so as to meet the needs of a super-aged society, enacting the Act Concerning the Establishment of Related Acts, Etc. to Promote the Comprehensive Ensuring of Medical and Long-term care in Communities in 2014. This act seeks to establish a sustainable social security system by, among other things, (1) strengthening links between medicine and care, (2) building an integrated community-based health care system and (3) building efficient and high-quality systems for providing medical care in communities. Specifically, this integrated community-based health care system aims to support living at home by skillfully combining five constituent elements: the professional services of prevention, medical care, and nursing care and the preconditions for these services, that is, housing and living support/welfare services.

Literature review: In order to build the integrated community-based health care system and improve the quality of such care services, it is important to strategically utilize existing regional resources and new ones that will be created out of changes in the coming years in the social environment. To make this happen, the following areas need to be strengthened: collecting and updating information regarding regional resources; processing and sharing information for its effective utilization; and a coordinating system that will link information on regional resources with specific care services. A variety of organizations and groups have been playing an active role for their local residents in each regional community in Japan. We try to clarify the wide variety of regional activities that may contribute to improving the quality of comprehensive care of the regions by bibliographic consideration.

Discussion: The regional activities that will contribute to the improvement in quality of comprehensive care of the regions are broken down into twelve items as shown below:

1 Salon and intercommunication, 2 Fitness, 3 Livelihood support, 4 Watching over, 5 Consultation and support, 6 Tentative place to stay, 7 Residence, 8 Rental space, 9 Education and learning, 10 Employment support, 11 Advocacy, 12 Urban renovation.

Also it became apparent that as for the use of regional activities, establishing a coordinating functional capability that links regional activities to specific care services remains a future task.

Conclusion: In order to structure the integrated community-based care system, and for improving the quality of comprehensive care in the regions, it is critical to strategically use the regional activities that presently exist in each local region as well as new regional resources that might be created out of changes in the social environment in the future. Therefore, it is necessary to continually update the information on regional activities, which is broken down into certain types, and to build a system to effectively use such information. At the same time, it is likewise necessary to strengthen the coordinating functional capability to link information-based support to the specific care services. Social and Community prescription is a strategic tool which a healthcare professional and a patient can identify together the type of activities that will be of benefit. We can really strengthen the coordinating function by building up the system of Social and Community prescription.

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Keywords: integrated community-based care system; social and community prescription; regional activities; Japan
