

What should Japan learn from Health Reforms in the world?

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Key words that Japan should learn

- ① Integrated Care
- ② Organization Culture
- ③ Resiliency
- ④ Patient Information Sharing
- ⑤ Population Health
- ⑥ Big Data

Difference between Collaboration and Integration

<p>Japan</p>	<p>Collaboration</p>	<p>The government seeks to establish a regional comprehensive care system by collaborating among hospitals, independent MDs, long-term care facilities and welfare facilities in each healthcare area.</p> <p>However, as long as they are an independent organization, it is difficult to form consensus on management decisions due to economic conflict.</p> <p>Even if an agreement can not be made, each of them will not be troubled for a while, so decision making to optimize the regional care delivery system will be delayed. As a result, even national and public hospitals in the same area compete each other and repeat the redundant overinvestment.</p>
<p>Australia US Hong Kong Canada UK.....</p>	<p>Integration</p>	<p>A large-scale entity that fulfills the platform function of patient information sharing and function sharing is built by integration where the management decision-making is unified.</p> <p>Australia established Local Hospital Networks in 2011 Reform.</p> <p>In US, there are over 500 Integrated Healthcare Networks.</p> <p>Hong Kong set up the Hospital Authority to enhance the integration of public hospitals.</p>

連携と統合の違い

<p>日本</p>	<p>連携</p>	<p>政府は、医療圏毎に病院、開業医、介護施設、福祉施設などが連携して地域包括ケアの仕組みを作ることを要請している。しかしながら、それに参加する事業者が独立した組織であるかぎり、経済的利害が対立し経営の意思決定ができない場面が多々生じると予想される。</p> <p>経営の意志決定ができないとしても、個々の事業者は暫くの期間は自分たちの仕事に支障を感じない。そのため、地域包括ケアを全体最適するための意思決定が遅れることになる。そして、同じ医療圏にある国立病院や公立病院同士が、互いに競合し、重複した過剰投資を続けることが放置されているのである。</p>
<p>オーストラリア 米国 香港 カナダ 英国……</p>	<p>統合</p>	<p>患者情報共有とケアサービス機能分担のプラットフォーム機能を果たす大規模事業者が、統合によって形成されている。そこでは、経営の意思決定が一元化されている。</p> <p>オーストラリアは、2011年の医療改革で人口50万人～100万人の地域単位で公立病院を経営統合してLocal Hospital Networkを構築した。米国には大規模なIntegrated Healthcare Networkが約500ある。香港は、公立病院を経営統合してHospital Authorityに監督させている。</p>

Resiliency of Health System

	Resiliency	
Japan	Low	<p>Public health insurance benefits are very generous without gatekeeping patients flow and verifying cost effectiveness and Health Technology Assessment.</p> <p>The ratio of public expenditures to medical expenses was 38.9% in 2015. The public expenditures are financed by issuing deficit bonds.</p> <p>It will be difficult to continue financing the healthcare system if the government is no longer to issue bonds at the current low rate.</p>
Australia Germany France Singapore US UK	High	<p>The finance structure of healthcare is a layered structure by utilizing private health insurance.</p> <p>They have adopted some scheme to control patients' consultation behaviors.</p> <p>There are certain restrictions on public health insurance benefits.</p>

医療制度の復元力

	復元力	
日本	低い	<p>公的医療保険の給付は、患者の症状レベルを主治医が確認して患者の受診行動をコントロールするゲートキーピングもなく、対費用効果や医療技術評価に基づく給付内容の調整もない、非常に寛大なものである。</p> <p>医療費全体に占める公費の割合は、2015年に38.9%であった。政府の歳出は、赤字国債を発行することによって保たれている。仮に政府が現在のような低金利で国債を発行できなくなれば、医療制度の財源を確保し続けることは困難になる。</p>
オーストラリア ドイツ フランス シンガポール 米国 英国 ……	高い	<p>医療財源の確保の仕組みは、民間医療保険を活用することにより多層構造になっている。</p> <p>患者の受診行動をコントロールするための工夫が組み込まれている。公的医療保険の給付には何らかの制限が課せられている。</p>

Patient Information Sharing

<p>Japan</p>	<p>The government recommends building a medical information collaboration network for each healthcare market area, which is typically by prefecture.</p> <p>The Ministry of Health and Welfare advertises the AJISAI NET in Nagasaki prefecture as the best model. Although 240 healthcare organizations (hospitals and clinics) are participating in it, 206 of them see patient health record on other hospitals, but do not disclose information on their patients. Because of its low convenience, users are only 5.5% of residents in Nagasaki prefecture even after 14 years from the start of operation.</p> <p>The government declares that it will build PHR's framework by 2020, but it is unlikely to be realized</p>
<p>Australia Hong Kong Taiwan Estonia US UK</p>	<p>Large-scale safety net organizations are playing a platform function for patient information sharing.</p> <p>Taiwan and Estonia have a system of information sharing throughout the country.</p> <p>Australia has succeeded in introducing the PHR program.</p>

患者情報の共有

日本	<p>政府は、医療市場圏ごとに、典型的には都道府県単位で、医療情報連携ネットワークを構築することを要請している。</p> <p>厚生労働省は、長崎県の“あじさいネット”をベストモデルとして宣伝している。この“あじさいネット”には240の病院と診療所が参加している。しかし、そのうち206は、他病院が開示している患者情報は見るが、自分のところの患者情報を見せない医療機関である。</p> <p>そのため患者側からみたその利便性は低い。その結果、運営開始から14年経っているにもかかわらず、長崎県民のうち“あじさいネット”を利用している人の割合は5.5にすぎない。</p> <p>政府は、Personal Health Record（患者自身が電子診療録を携帯する仕組み）の基盤を2020年までに構築すると宣言しているが、実現できないと思われる。</p>
オーストラリア 香港 台湾 エストニア 米国 英国……	<p>大規模セーフティネット事業者が、患者情報共有のためのプラットフォーム機能を果たしている。</p> <p>台湾とエストニアは、国全体で患者情報を共有する医療制度を構築している。</p> <p>オーストラリアは、国主導でPHRを普及することに成功している。</p>

Population Health

Japan	<p>As it was not recognized that Population Health is an important social science in promoting medical reform, such experts are short. There is no university that teaches Population Health.</p> <p>Medical treatment fees for healthcare institutions are uniformly applied nationally as determined by the government. However, medical expenses per capita have wide regional differences. Therefore, the government has amended the law to let prefectures govern the finance and investment of health system and introduce a medical treatment fee system for each prefecture. However, the lack of experts seems to be a bottleneck</p>
Australia Canada US	<p>There are universities that have established departments for Population Health, and Population Health is developing as social science.</p> <p>Large-scale regional comprehensive care entities located throughout the country, which are Integrated Healthcare Network in US and Local Hospital Networks in Australia, are practicing Population Health in various ways.</p>

ポピュレーション・ヘルス

保険集団単位or地域単位で医療制度の効率化を目指す社会科学

日本	<p>Population Health が医療改革を促進するための重要な社会科学であることが認識されていなかったことから、Population Health の専門家が不足している。Population Healthを教えている大学もない。</p> <p>医療機関のための診療報酬は、政府が決めて国全体で一律適用される。しかしながら、一人あたり医療費は地域差が大きい。</p> <p>そこで政府は、法律を改正し、医療制度の財源と投資の両方を都道府県にガバナンスさせること、診療報酬を都道府県毎に決めることができるようにした。しかし、その専門家が不足していることがネックになると予想される。</p>
オーストラリア カナダ 米国・・・	<p>Population Healthを教える専門学科を設置している大学があり、Population Health が社会科学として発達している。</p> <p>全国各地に大規模な地域包括ケア事業体があり、これらが様々な方法で Population Healthを実践している。</p> <p>この事業体は、米国では Integrated Healthcare Network と呼ばれ、オーストラリアでは地方病院ネットワークと呼ばれている。</p>

Topics in Australia's Health Reform ①

Local Hospital Network



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Local hospital network (LHN) directory

This page lists local hospital networks by state and territory.

Click on the name of a local hospital network to view hospitals and health care providers within that local hospital network, and to access monthly reports for that local hospital network.

A local hospital network (LHN) is an organisation that provides public hospital services in accordance with the National Health Reform Agreement. A local hospital network can contain one or more hospitals, and is usually defined as a business group, geographical area or community. Every Australian public hospital is part of a local hospital network.

[NSW](#) | [VIC](#) | [QLD](#) | [WA](#) | [SA](#) | [TAS](#) | [ACT](#) | [NT](#)

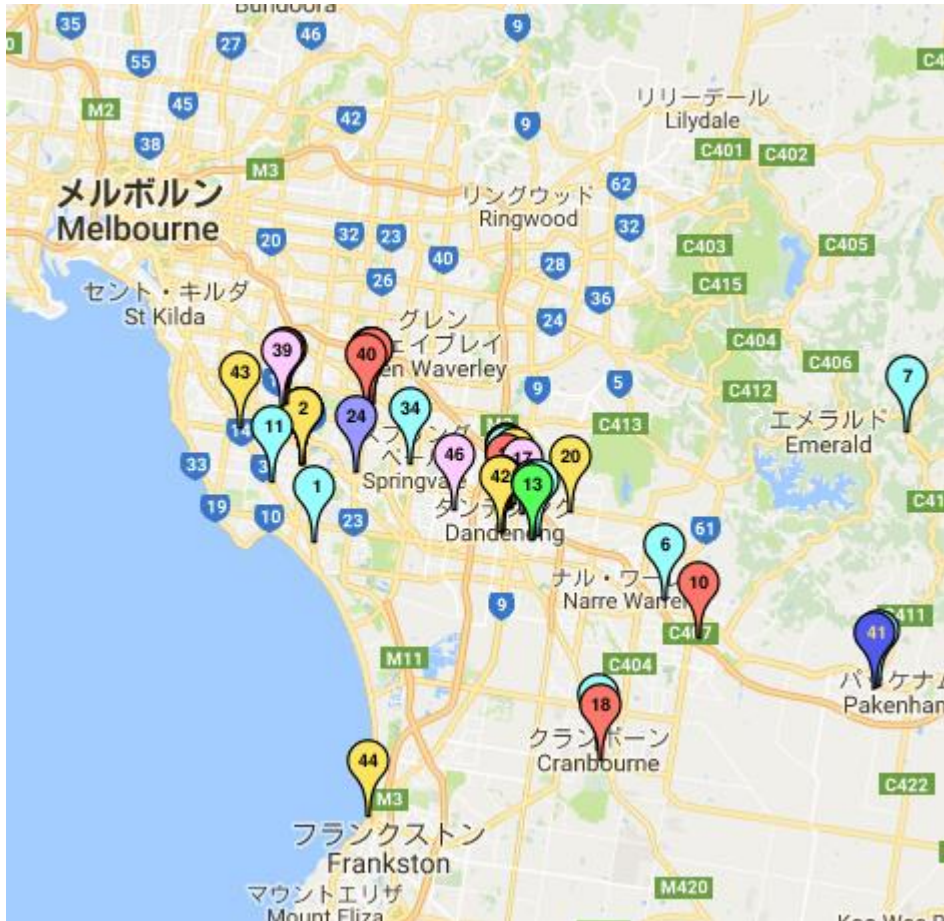
New South Wales

[Albury NSW Local Health District](#)
[Central Coast Local Health District](#)
[Contracted Services](#)

[Northern NSW Local Health District](#)
[Northern Sydney Local Health District](#)
[South Eastern Sydney Local Health District](#)

Monash Health

Employees 16,000 Annual revenues 1,668 million AU\$



More than 40 sites including:

Six public hospitals

Monash Medical Centre (640 beds)

Moorabbin Hospital (147 beds)

Dandenong Hospital (573 beds)

Casey Hospital (273 beds)

Kingston Centre (213 beds)

Cranbourne Centre (same-day acute and sub-acute)

One private hospital

Jessie McPherson Private Hospital

11 major community health sites
Hospital in The Home (140 bed virtual acute ward)

Six aged care facilities (249 beds)

Eight mental health facilities

Personal Health Record

My Health Record Statistics – at 25 March 2018

Published 23 March 2018

Over 5.5 million people have a My Health Record, with an over 18,000 new records being created every week.

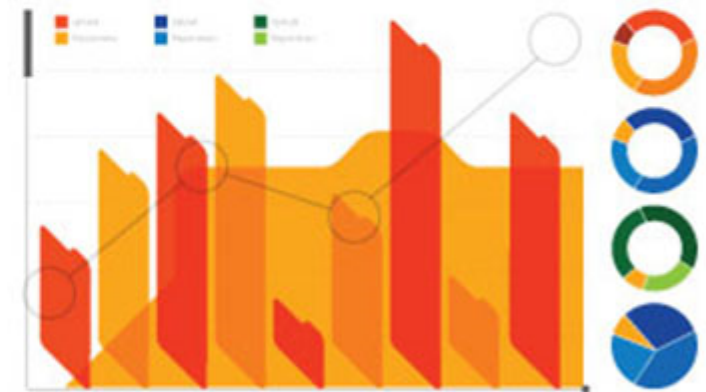
Over 17.5 million prescription and dispense records have been uploaded.

Over 10,830 healthcare providers are connected, including GPs, hospitals, pharmacies, aged care residential services, allied health.

Over 4.5 million clinical documents uploaded.

Dashboard display of My Health Record statistics

This page contains My Health Record statistics to 25 March 2018



Topics in Australia's Health Reform ③

Population Health



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Centre for Population Health Research



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Centre for Population Health Research

Population Health Research to inform Policy and Practice



The Centre for Population Health Research (CPHR) is a newly created University of South Australia flagship research concentration in Population Health located at the South Australian Health and Medical Research Institute, incorporating a group of leading scientists in epidemiology, public health and biostatistics. CPHR focuses not only in making scientific discoveries, but also in influencing public health policies and health care practices. With extensive local and international collaborations, the CPHR is positioned at the cutting edge of research discovery and method development in epidemiology and population health.

Nurse System

右記以外に
休職中の
正看護師
助産師の数
約57,000

Table 2: Employed nurses and midwives^(a): principal role of main job, selected characteristics, 2015

Principal role	Number	Enrolled (per cent)	Average age (years)	Aged 50 and over (per cent)	Average weekly hours
Clinician ^(b)	277,667	17.6	43.9	37.5	33.2
Administrator	14,797	7.8	50.2	57.4	38.5
Teacher/educator	9,847	5.7	47.9	46.4	34.5
Researcher	2,700	4.9	47.9	49.3	33.6
Other	2,093	21.8	49.7	56.9	32.6
Total	307,104	16.6	44.4	39.0	33.5

a. Employed is defined as working any hours in either nursing or midwifery in the week before the survey.

b. A clinician is a person who spends the majority of his or her time working in the area of clinical practice.

Source: AIHW NHWDS.

(Note) In addition to above 307,104, Enrolled Nurses (60,000 in 2012) are working.

日本の准看護師に近い

<Question>

Minimum nurse- to –patient staffing ratios regulation in Australia?

医療密度に応じた看護師配置規制がある模様

Education System for Nurse Practitioner ?

Nurse Practitioner Salaries in Australia

Salary estimated from 340 employees, users, and past and present job advertisements on Indeed in the past 36 months. Last updated: 4 April 2018

Location

Australia

Average salary

\$112,235 per year



特定看護師の給与は高い模様

How much does a Nurse Practitioner make in Australia?

The average salary for a Nurse Practitioner is \$112,235 per year in Australia. Salary estimates are based on 340 salaries submitted anonymously to Indeed by Nurse Practitioner employees, users, and collected from past and present job advertisements on Indeed in the past 36 months.