

Redefining Healthcare
Sustainability: Adapting to Aging
Populations and Shifting Care Needs

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Population Aging in Asian Countries

- Dragon Net was established in 1998 to facilitate the introduction of UHC (Universal Health Coverage) and to address the challenges of an aging population.
 - Experts can foresee the future trends.
 - Currently, it is a scene that everyone can feel.
 - What is expected of experts? This is exactly what should be discussed today.

T.HASEGAWA

2023
 12/9 **Sat** ~ 10 **Sun**

Location
Toho Medical School Auditorium
 Host: Department of Health Policy & Management, Toho Medical School
 Professor & Chair Toshihiro Hasegawa
 Department of Social Medicine, Toho University
 Professor & Chair Tomomori Hasegawa
 Info: DragonNet@secretariat (01)35802922 dragonnet15h@gmail.com

25th Anniversary Conference

Evolution of Universal Health Coverage in Asia

Dragon Net

Participants:

Japan	Kyushu University, Meio University, Tokyo Dental College
Korea	Seoul National University
Taiwan	National Taiwan University, Chang Gung University
Hong Kong	Hong Kong Polytechnic University
Singapore	National University of Singapore
Thailand	National Health Security Office

T.HASEGAWA



Tokyo 1998

Designing of the Welfare State in Four Little Tigers

Symposium Programme

Satuda, 4 July

Friday, 3 July

Chair: Dr. Toshihiko Hasegawa

9:30~ 9:40 Opening Remarks

9:40~10:10 *Dr. Toshihiko Hasegawa*

Scope and Frame of the Research Project

10:10~10:40 *Dr. Shuro Nishimura* - Keynote Speech

Changing Basic Principle of Welfare State

- From Perspective of East Asia Facing

Rapid Aging

10:40~10:50 Break

Chair: Dr. Toshihiko Hasegawa

10:50~11:40 *Dr. Chih-Liang Young*

Country Report - Taiwan

11:40~12:30 *Dr. Ok Ryun Moon*

Country Report - Korea

12:30~14:00 Lunch

Chair: Dr. Chih-Liang Young

14:00~14:50 *Dr. Phua Kai Hong*

Country Report - Singapore

14:50~15:40 *Mr. Geoffrey Liu*

Country Report - Hong Kong

15:40~16:00 Break

Chair: Dr. Phua Kai Hong

16:00~16:50 *Dr. Sanguan Nitayarumphon*

Country Report - Thailand

16:50~17:40 *Dr. Yoshinori Hiroi*

Country Report - Japan

- What Can be Learnt from Japanese Experience

18:00~19:30 Welcome Reception

Chair: Dr. Yoshinori Hiroi

9:30~10:20 *Dr. Serdar Savas*

Changing Welfare State in Western Europe

- Role and Theory Manifested in Health Sector Reform

10:20~11:20 Financing Health Care

- Bismarck v.s. Beverage or Else

11:20~11:30 Break

Chair: Dr. Naruo Uehara

11:30~12:30 Delivery System

- Securing Quality and Efficiency

12:30~14:00 Lunch

Chair: Dr. Ok Ryun Moon

14:00~15:40 Active Purchasing and Payment System

- Securing Efficiency and Equity

15:40~16:00 Break

Chair: Dr. Toshihiko Hasegawa

16:00~17:40 Principle and Design of Welfare State in

21st Century - From Asian Value and Context

No planned evening activities

Sunday, 5 July

Chair: Dr. Toshihiko Hasegawa

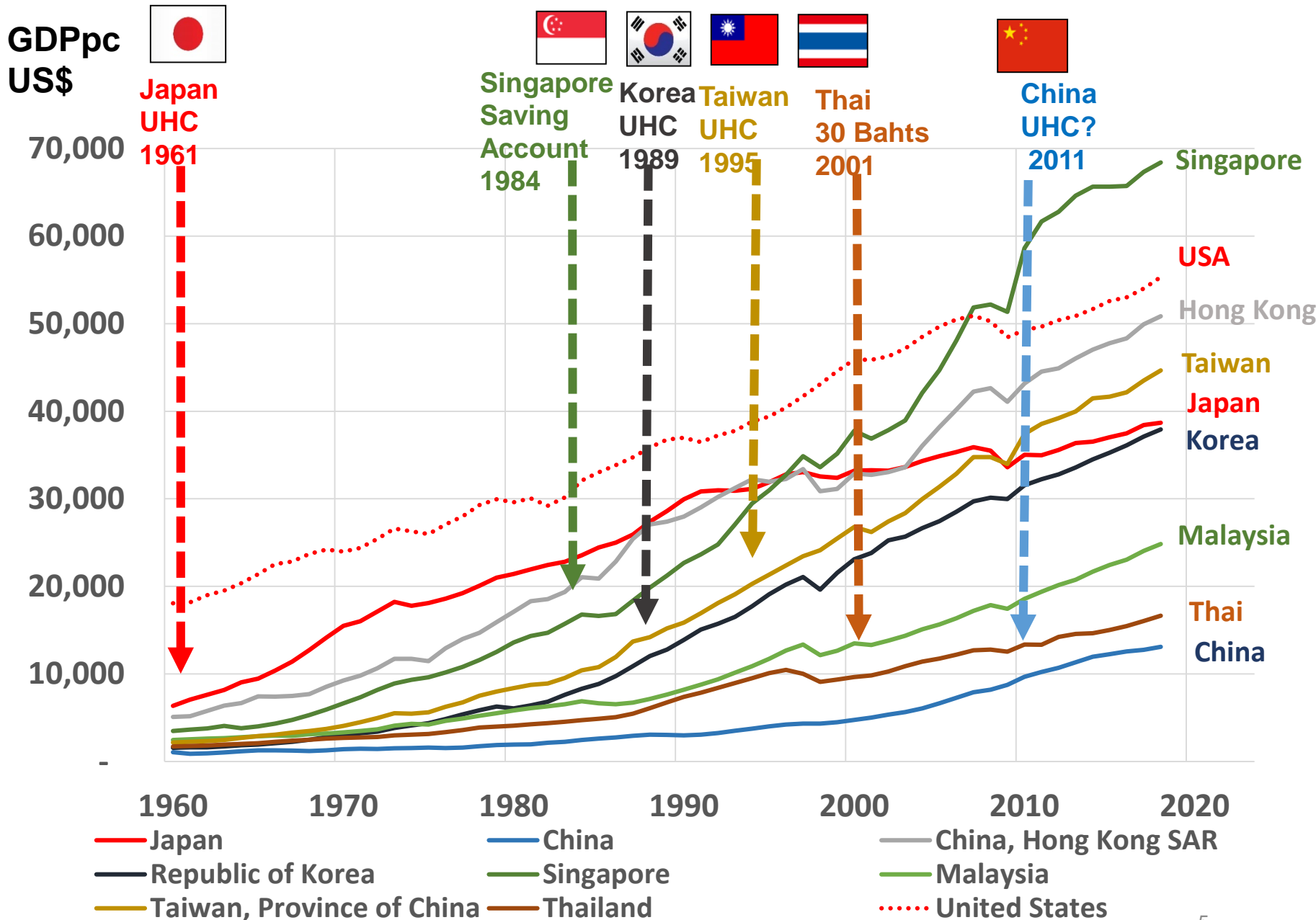
9:30~11:00 Summary of the Symposium

11:00~11:20 Break

Chair: Dr. Toshihiko Hasegawa

11:20~13:00 Research Planning - Subjects and

Methodology



Made by Toshihiko Hasegawa

Aging Society

- Aging = Increase of % of the elderly
- Historical development.
 - Decrease in infant mortality
 - Progress in longevity
 - Declining birthrate
- Currently, the declining birthrate is the major contributing factor in Asian countries.

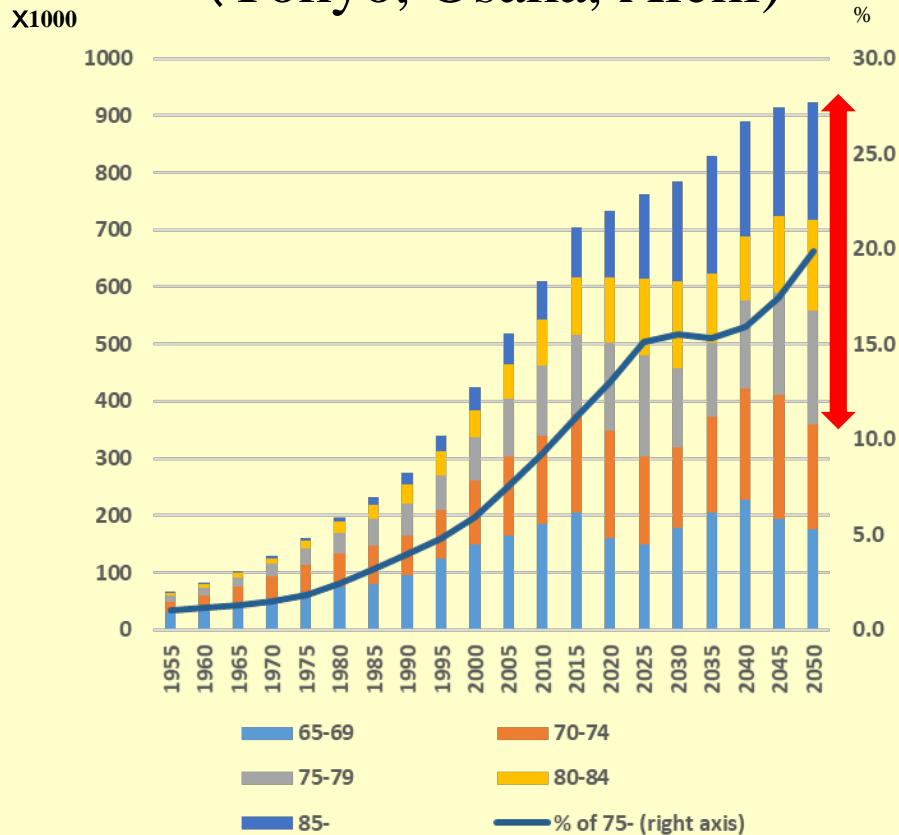
Characteristics of aging

- Different Scene
 - Increase in the elderly population vs. decrease in the young workforce
- Widening regional disparities
- Increasing individual differences
- Limits of available resources

Different aging scene between urban and rural areas

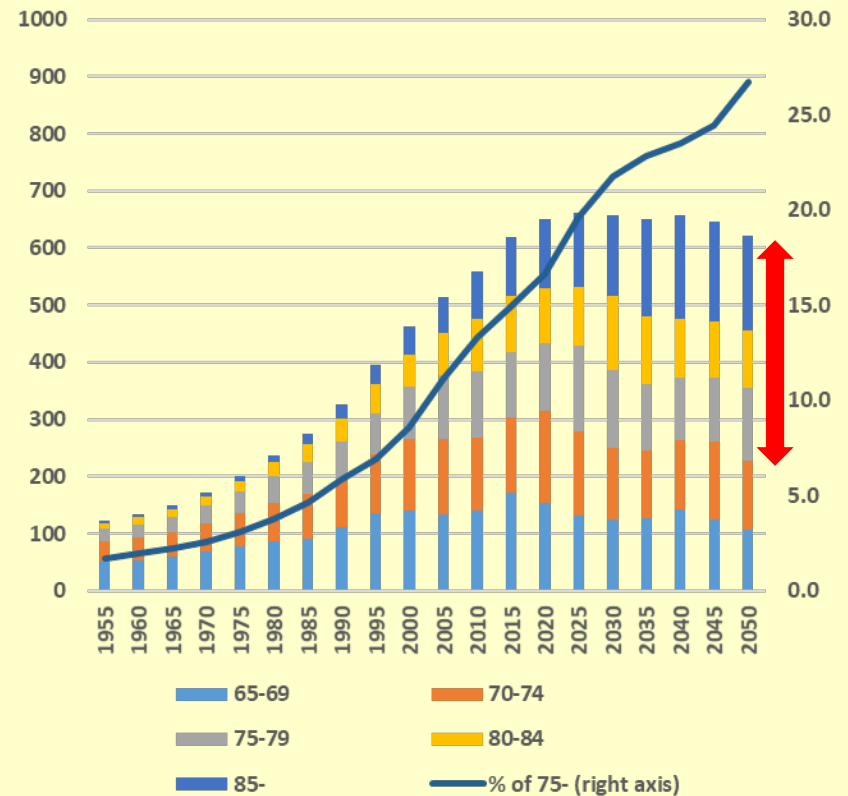
Metropolitan areas

(Tokyo, Osaka, Aichi)



Rural areas

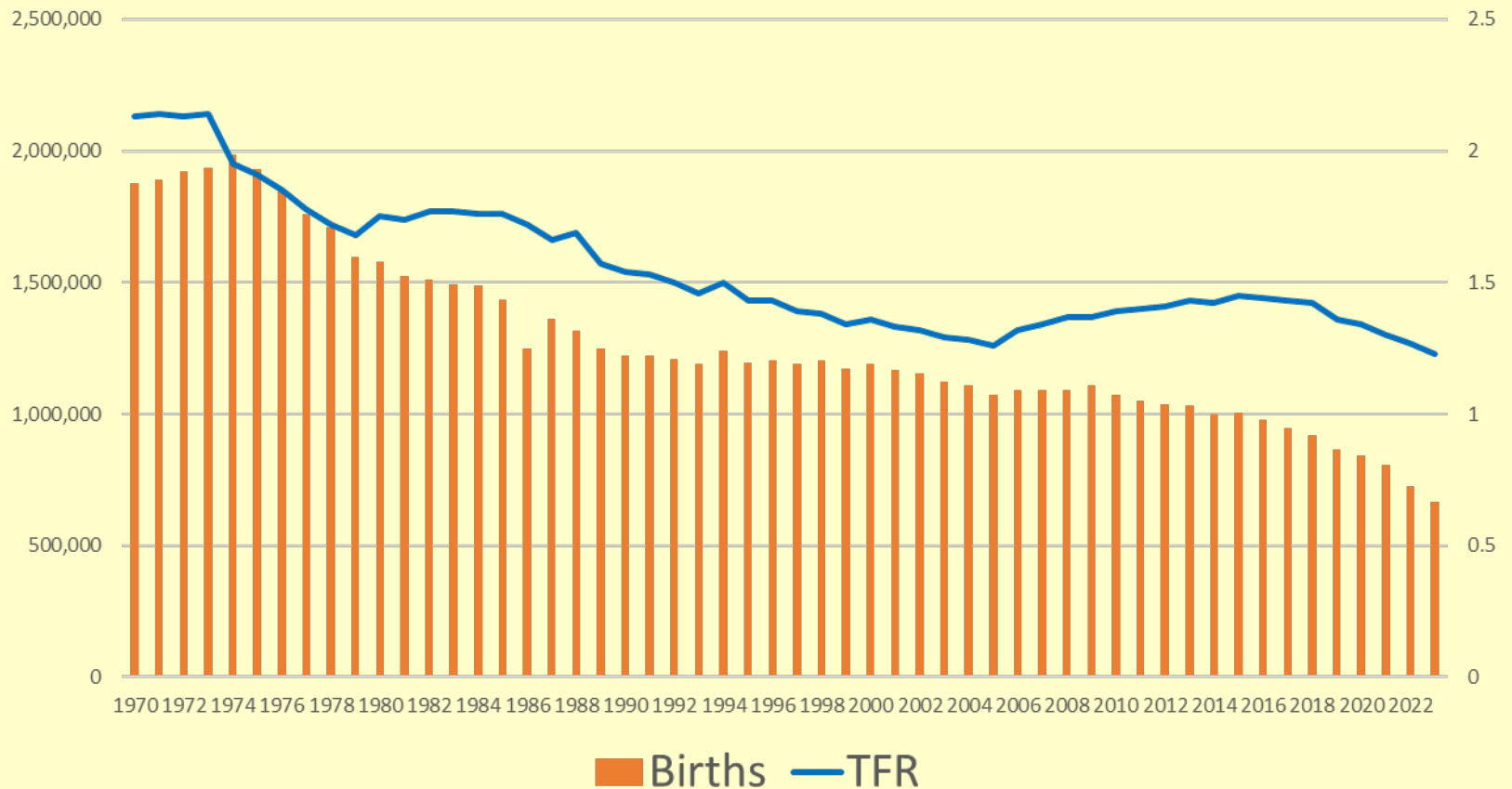
(capital population < 250,000)



What did COVID-19 bring?

- COVID-19 brought **NOTHING** new
- It only **accelerated** existing trends
 - Declining birthrate
 - Progress in the digital transformation of society
 - Recognition of healthcare as a strategic resource for national security

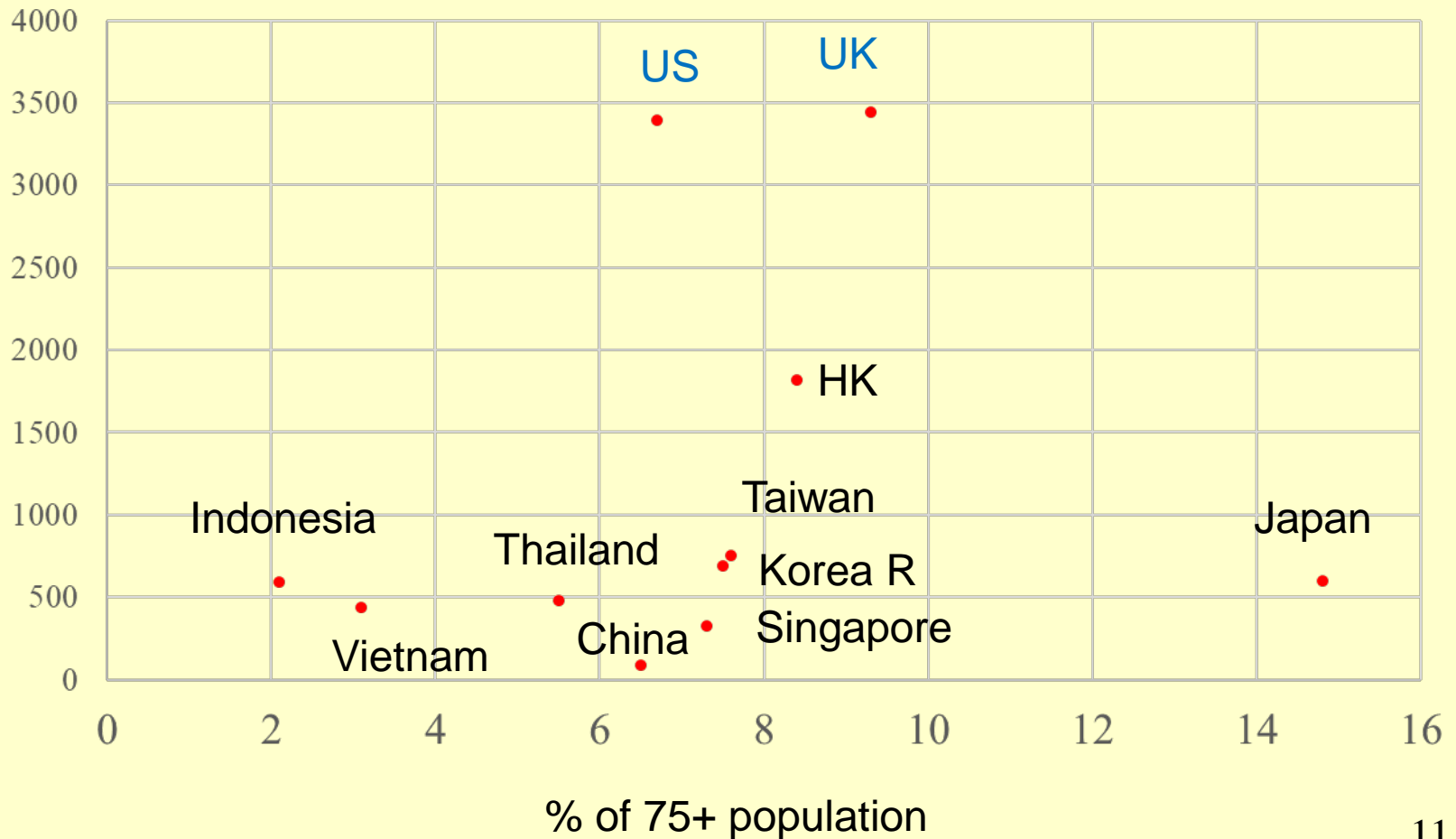
Trend of births and TRF in Japan (1970-2023)



Population aging and COVID19

Mortality rate
/100,000

mortality rate



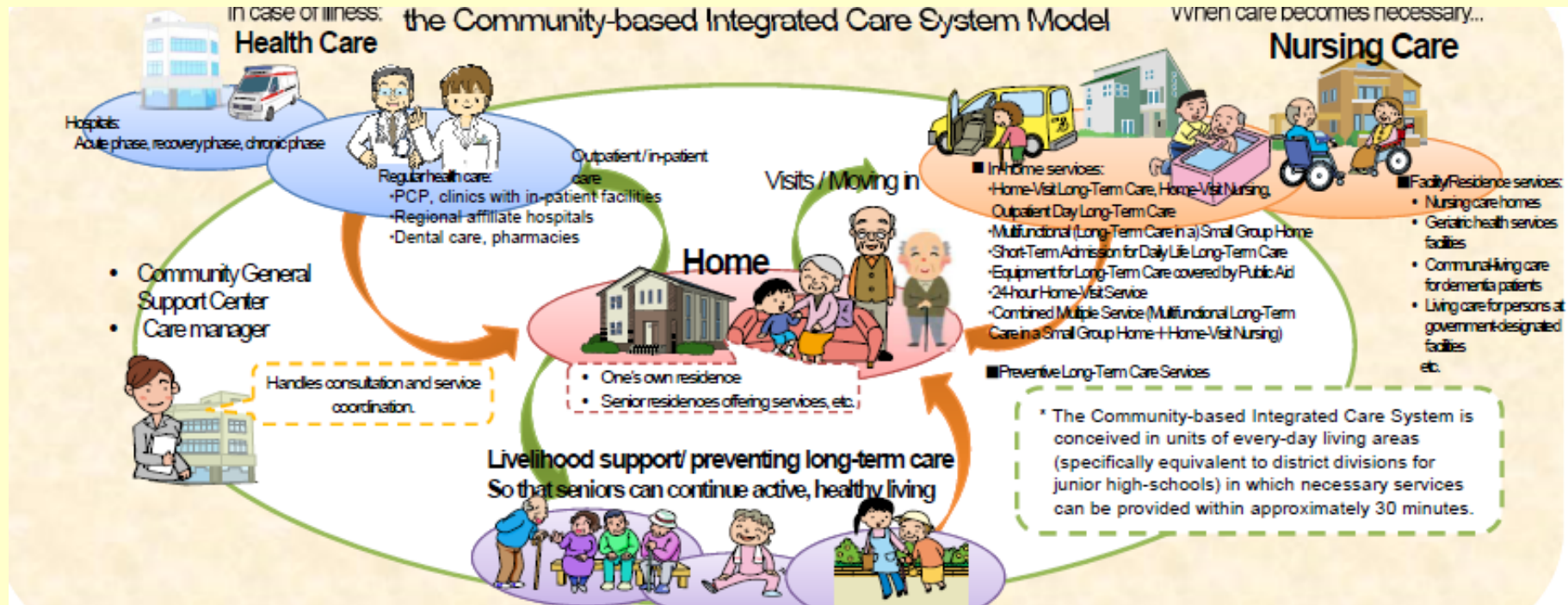
Annual change of TRF

Country	1997-2002	2002-2007	2007-2012	2012-2017	2017-2022	2022-2023
China	-1.1	-2.2	0.5	0.9	-5.8	-4.3
Hong Kong	-4.5	3.0	3.4	-1.9	-4.1	-5.6
Indonesia	-1.6	-0.8	-0.7	0.6	-1.2	-0.5
Japan	-1.0	0.3	1.0	0.3	-1.4	-9.8
Korea R	-4.7	1.4	0.8	-3.8	-4.6	-3.7
Singapore	-2.9	-1.2	0.0	-2.0	-2.1	-1.9
Taiwan	-3.3	-4.8	0.9	-0.7	-0.9	-0.9
Thailand	-0.3	-0.2	-2.3	-0.3	-0.1	-1.3
Vietnam	-2.8	-2.0	-0.4	0.1	-0.3	-1.0
UK	-0.8	3.2	0.2	-1.9	-1.0	-1.2
US	-0.4	1.1	-2.3	-0.9	-1.8	-0.6

Aging and advances in medical technology change the clinical scene

- It is difficult to identify a single cause of death.
- Care cycle:
 - Repeated hospital admissions and discharges lead to a gradual decline in ADL, resulting in the need for LTC services, and eventually leading to death.
 - Home as a place to provide the care
- Changing role of doctors as playing managers:
 - from within facilities to the community

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

Paradigm shift in medicine

	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

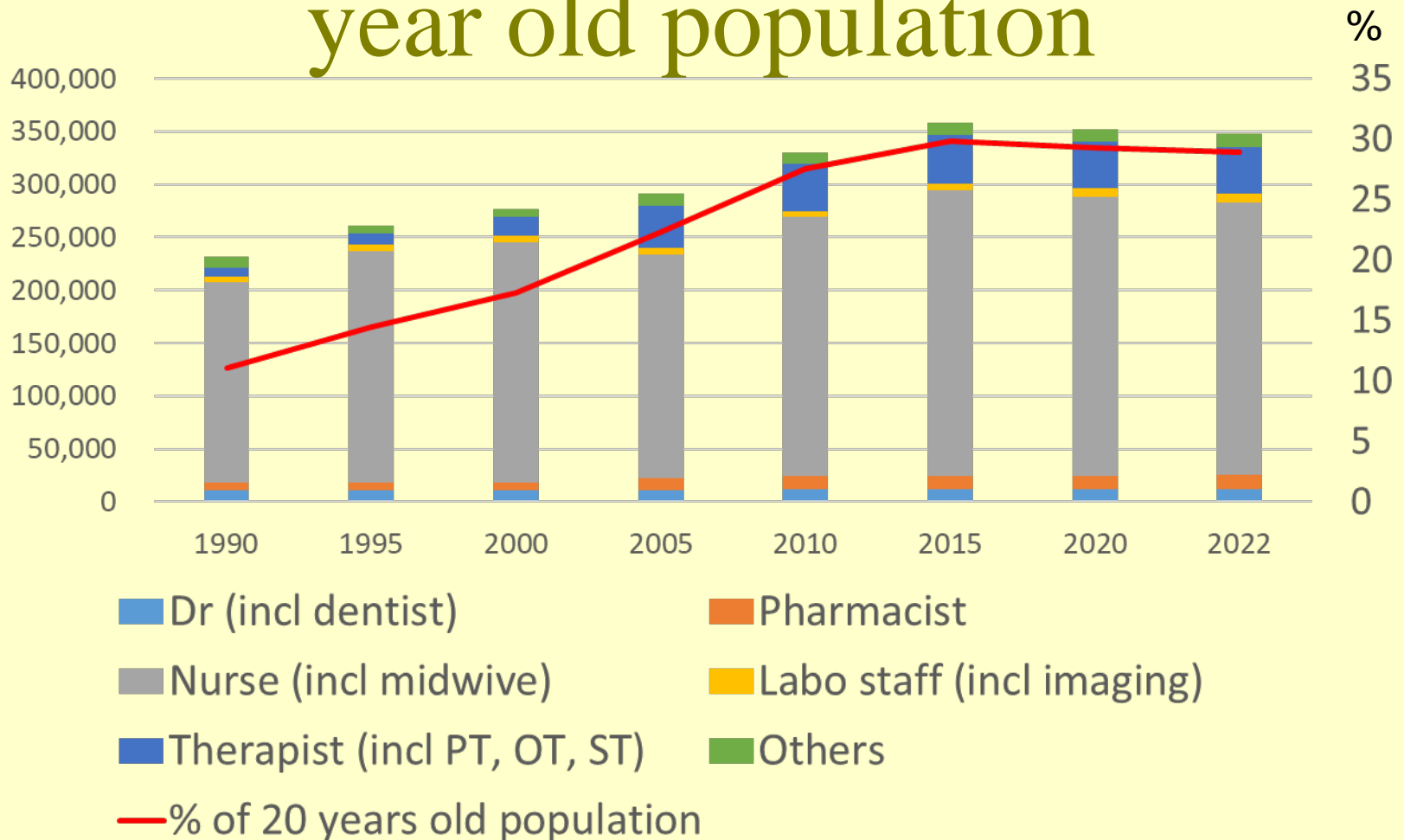
Limiting factors for the sustainability of UHC

- Resources: Money, Goods, Money, Information, Human resources
- Money:
 - Previously, the challenge was how to restrain it:
 - Global budget, Gate keepers, Internal market with competition, etc.
 - Currently, the focus has shifted to accountability and acceptability.
- Goods:
 - Medical care as a strategic resource
 - Reorganization of the supply chain; issue of national security
- Information:
 - Advancement of trace systems due to COVID-19.
 - Digital transformation (Dx):
 - Patient-centered care quality of care
 - A solution to the labor shortage.
 - Sharing of patient information, monitoring, robots, etc.

Human resources

- Increasing Demand
 - Baby Boomers
 - 1st (born in 1947-49): Aging population
 - 2nd (born in 1971-74): Nearing retirement
- Absolute Shortage of Medical and Nursing Care Personnel
 - Advancement and specialization: longer education periods, concentration of educational facilities in major cities
 - Aging of personnel
- Proper allocation of medical and nursing care personnel
 - Rural areas: Long-standing shortages + aging population = difficulty in supplying services
 - Urban areas: Previously sufficient, now facing rapidly increasing demand
- Competition with Other Industries
 - Public fund can not pay enough salaries

Admission quotas for healthcare stuff and the percentage in the 20 year old population

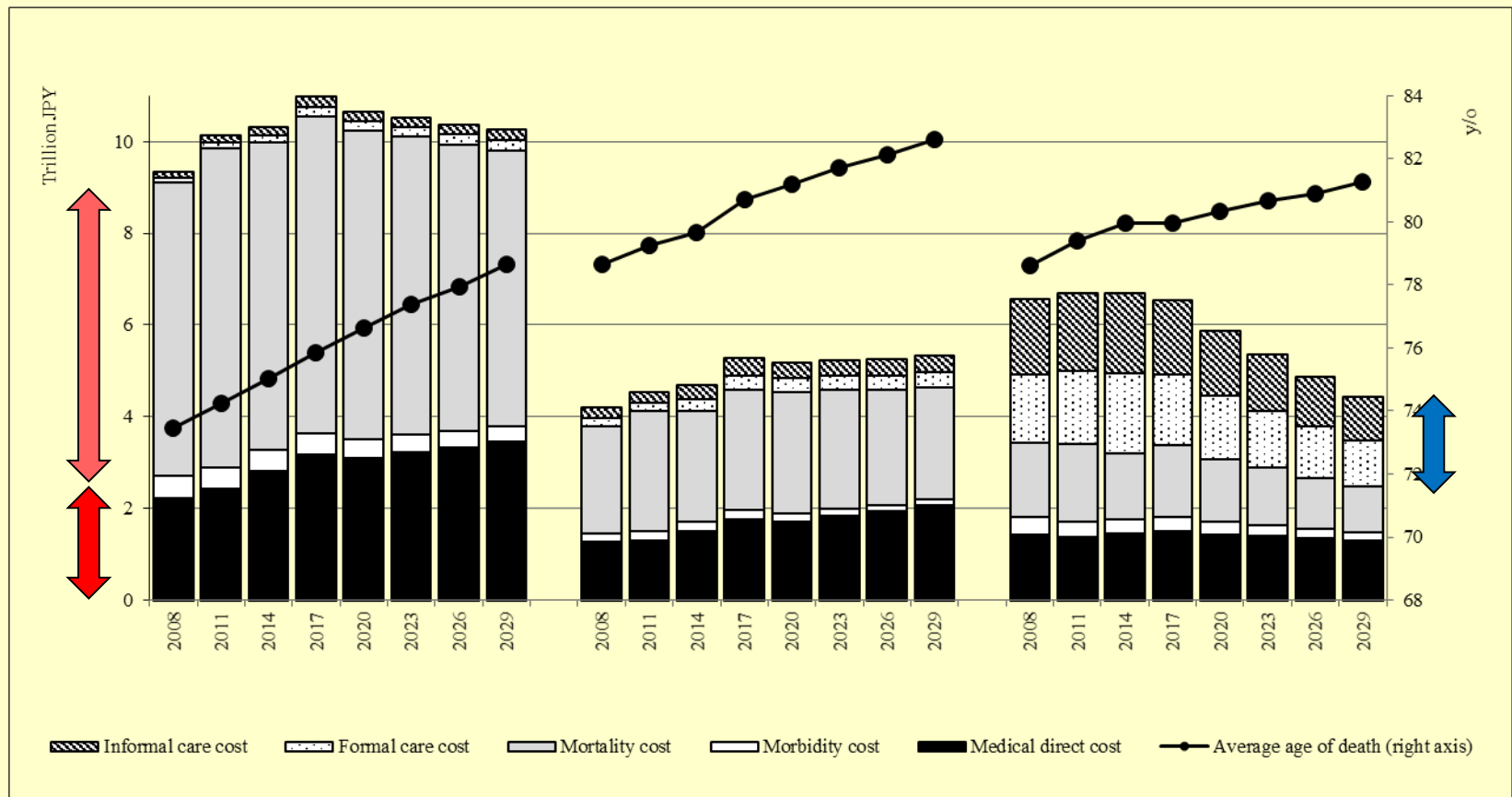


Places where medical and nursing care are provided are changing

- Traditionally, the system design was centered on **inpatient treatment**.
- In Community-based Integrated Care System, the focus is on home care.
 - Home care includes retirement homes and other facilities, and does not necessarily mean one's own home.
 - Services are received at home, and hospitals or nursing facilities are used when necessary.
- Quality and safety
 - Methods for ensuring quality and safety are built based on the knowledge of inpatient treatment in hospitals.
 - Developing methods to ensure the quality and safety of home care is an urgent task.

Role of public money

Comprehensive Cost of Illness



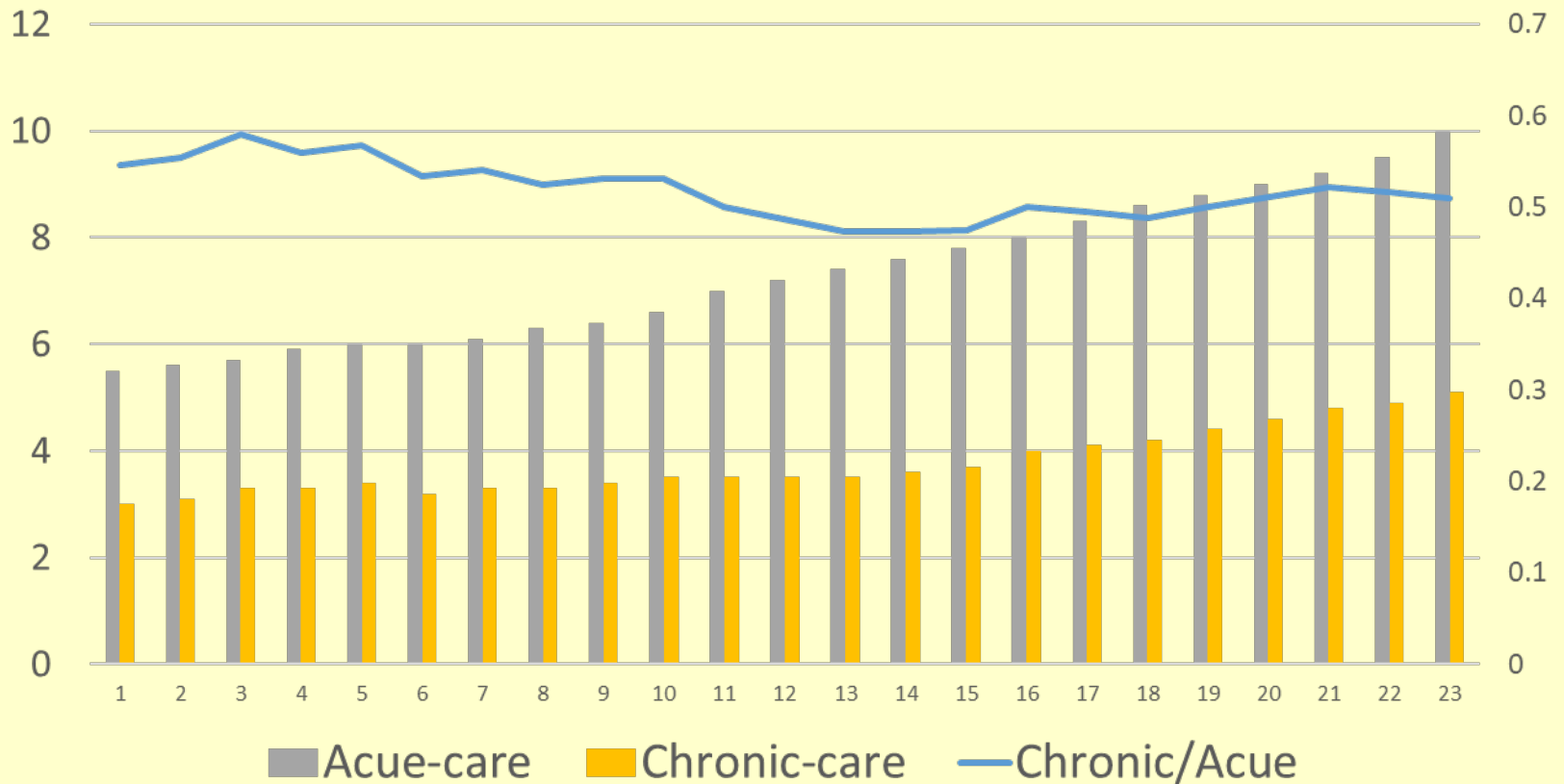
Lessons from C-COI analyses

- Gain and Cost
 - Gain: can be regarded to the individual's income
 - Cost: mainly from public fund
 - The average age of death determines the gain/cost balance.
- Resource allocation
 - To use public funds efficiently, it is necessary to reallocate resources from acute medical care to chronic/LTC care.
 - There is no platform at either the central or local levels for comprehensively reviewing the resource allocation of both medical care and long-term care.
 - There is no mechanism for coordinating relationships among stakeholders.

Trend of Inpatient Expenditure - acute vs chronic care -

Trillion JPN

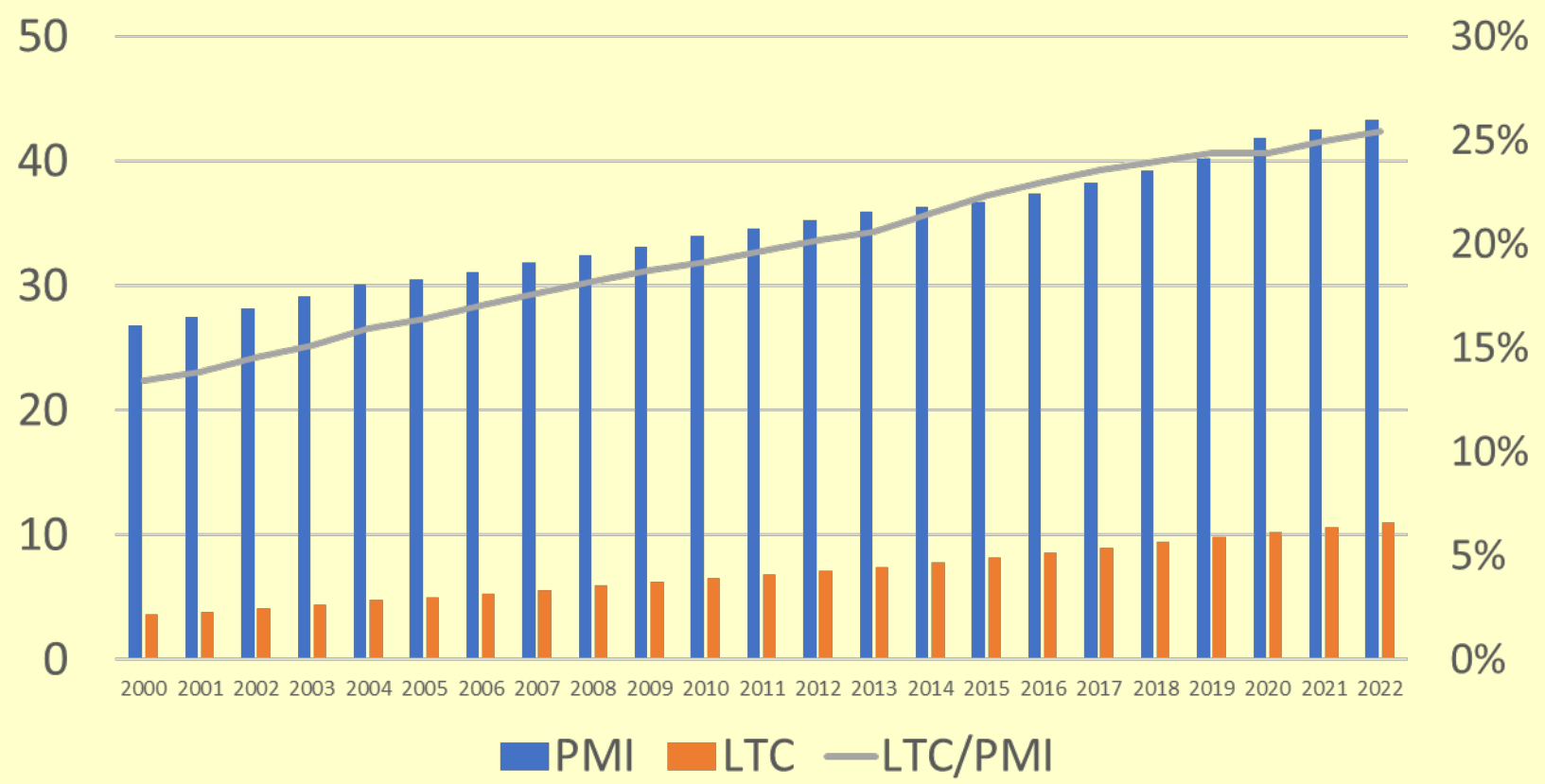
Chronic/Acute



Trend of medical and LTC expenditures

Trillion JPN

LTC/Medical



Sustainability of UHC depends on:

- Establishing a system that enables the transition of resources from acute medical care to chronic/LTC
- Developing methods to ensure the quality and safety of services at home
- Securing and appropriately allocating personnel

Experts can foresee the future.

However, this does not necessarily mean they can adequately respond to it. The true value of experts may be realized when everyone starts to perceive the challenges.

多謝晒
ありがとうございます
Thank you very much