

Comments

Panel on healthcare system in Japan and China

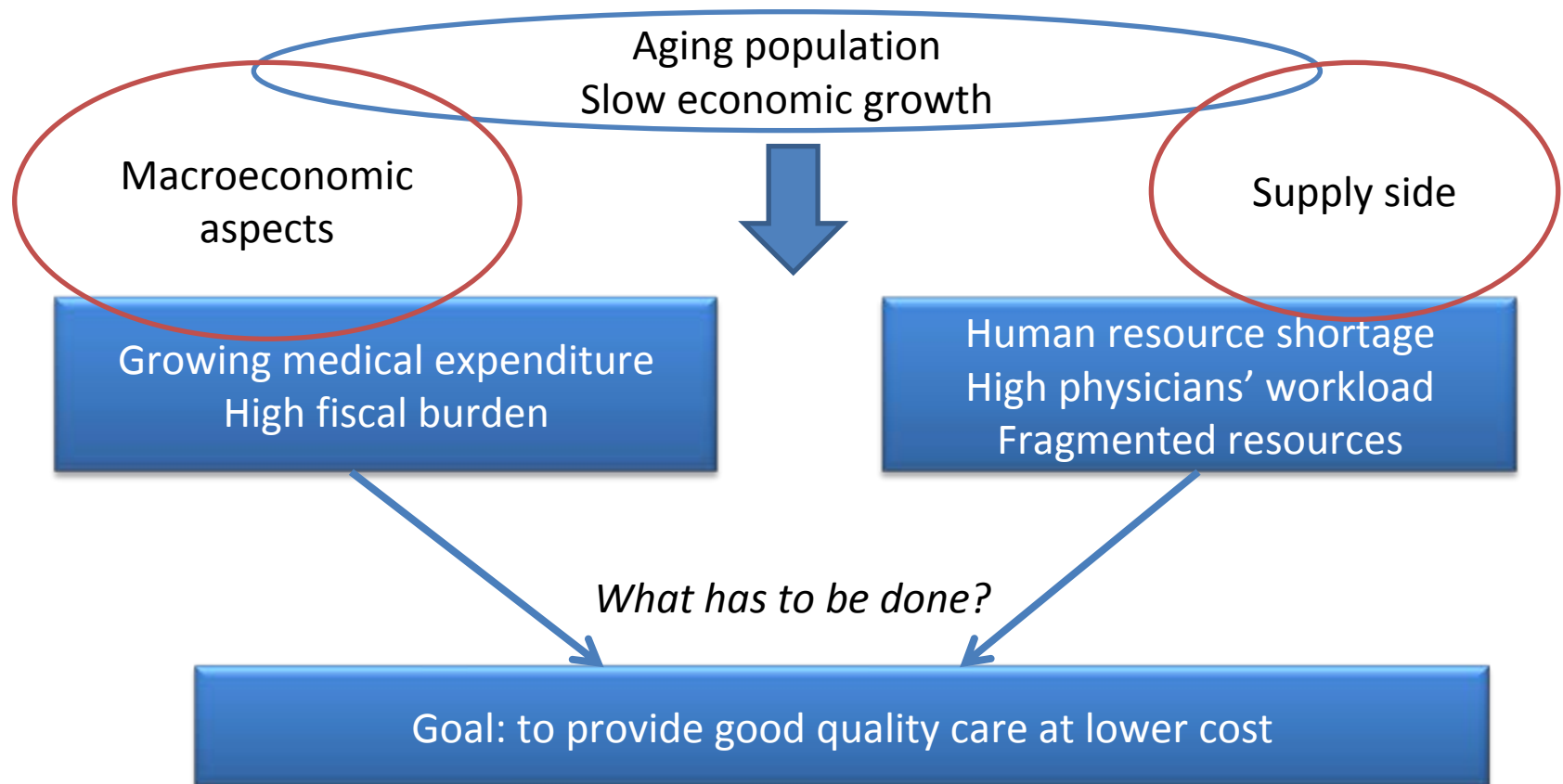
PECC International Workshop on
Social Resilience Project 2011
July 12 2011

Yoko Ibuka
Hitotsubashi University

Japanese healthcare system is characterized by:

- Health insurance
 - Mandatory and universal healthcare insurance
- Patients
 - Unlimited access to and free choice of providers
 - Moderate length of waiting time to receive service
- Providers
 - Large number of hospital beds and long average hospital stay
 - High prevalence of CT and MRI
- Government
 - Control on insurance coverage range and price list
 - Subsidy for health plans

Issues on Japanese healthcare system



What has to be done?

Enhancing efficiency

- Statistics and technology
 - Accurate and internationally standardized estimate of health-care expenditure; reorganization of medical/health statistics by positioning OECD's SHA
 - Introduction of IT standard, and electronic health/medical record system across healthcare industry
 - Adoption of innovative technology
- Allocation of resources
 - More investment on human resources
 - Introduction of efficient primary care system
 - Promoting managed care

Healthcare reform in China

- Along with economic reform reorganization of healthcare system was implemented
- Currently three insurance schemes
 - for urban employees; for urban non-employees, and for rural residents
- Relatively high insurance coverage rate
 - for rural area 94.3% in 2009; for urban area 72.4% in 2008
- Large disparities in benefits between insurance schemes
- Health system reform (2009-2011)

China's direction

2009-2011 Health System Reform
Improve physical facility

Strengthen fiscal capacity at local level

Reduce the disparity between
localities/health insurance schemes

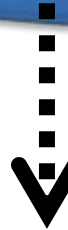
Further challenge:
Aging population

Securing fiscal space

- Re-prioritize fiscal expenditure
- Potential to increase tax revenues
- Reform of insurance schemes

Sustainable
healthcare system

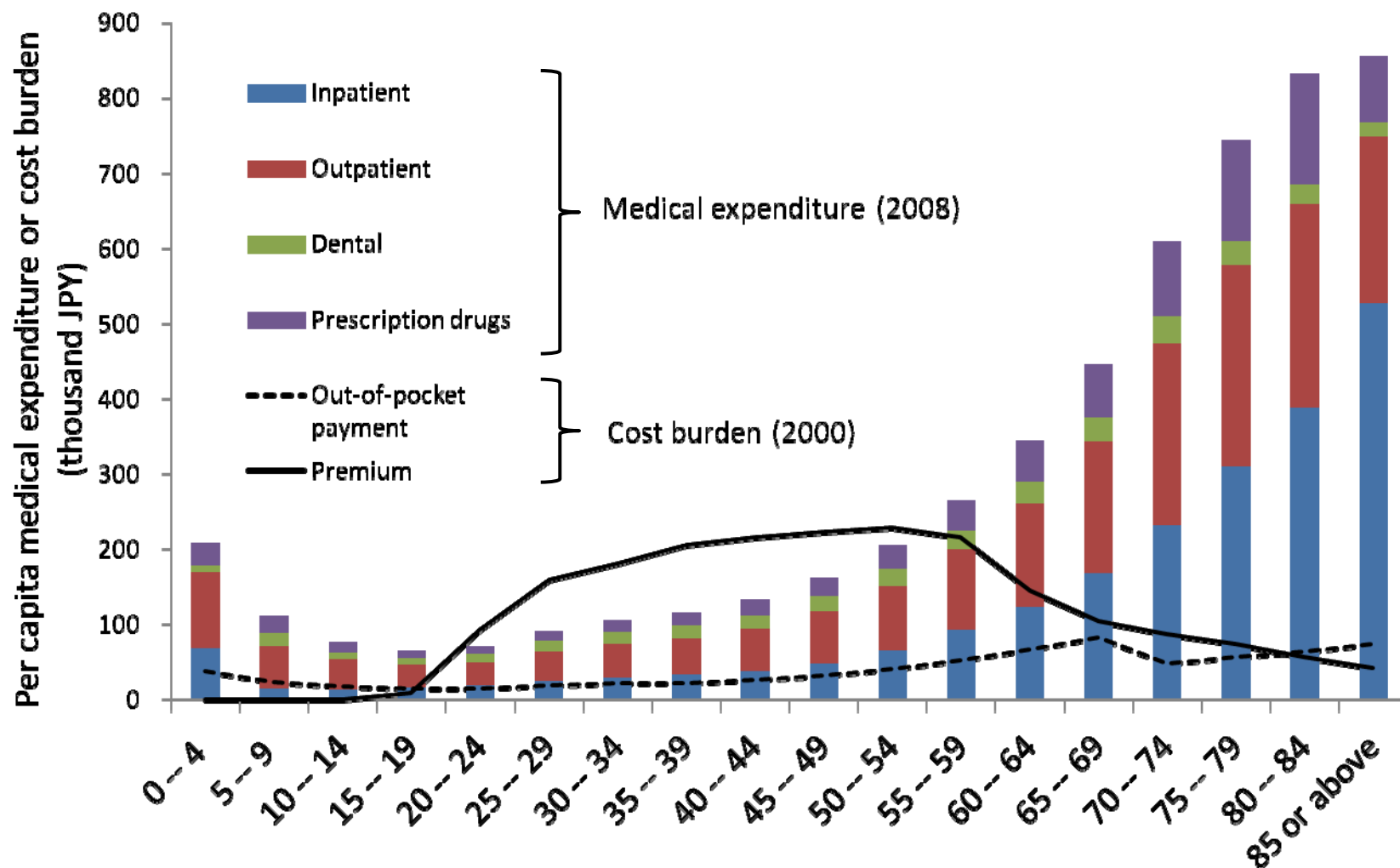
Future



Potential common issues on healthcare in Japan and China

- Aging
 - Japan is an aging country
 - In China, the proportion of the elderly is increasing while the population size for working adults starts decreasing in the near future
- Recognition of patients' heterogeneity for well-focused health policy
 - Improving access to care is the first step
 - Equality in access may not necessarily bring equal outcome
 - Example: Health and income disparity

Annual per capita medical expenditure and cost burden by age group, Japan



(Source) MHLW (2011) National Health Expenditure 2008

MHLW (2004) 7th meeting of the Panel on Social Security Policy, Division of Medical care

Recognizing health and income disparity

- Negative association between household income and Geriatric Depression Scale for those aged 65 or above (Kondo 2010)
- Negative association between socioeconomic status and cancer mortality (Fujino et al. 2005)