Introduction

In order to firmly establish and expand home care in communities, it is important to build systems taking regional characteristics into account in which the family physician trusted by the patient plays the leading role and affiliations with district medical associations and the municipality form the base. At the same time, prefectural medical associations should utilize the unique features of each region as they support the home care systems promoted by district medical associations with an individualized approach, rather than with uniform aid.

As examples of home care initiatives driven by medical associations, I will introduce the community supply center for home care equipment and materials, a program run by the Ichikawa City Medical Association, and the home care support program run by the Chiba Prefecture Medical Association in line with the community medical revitalization plan.

Community Medical Support Center of the Ichikawa City Medical Association

The Ichikawa City Medical Association set up a community medical support center in the Ichikawa City Medical Association’s office building in October 1996 to support home care. The center’s functions are to (1) provide referrals to doctors and specialists who make house calls, (2) loan and maintain sputum aspiration devices, (3) provide medical supplies in single units, (4) loan medical equipment, (5) loan home care books, (6) provide training facilities to those involved in health, medicine and welfare and (7) operate appropriate disposal systems for infectious medical waste.

Thus far about 2,700 home care patients have registered, covering ages from 0 to over 100. People under the age of nine account for about 3%, and home care for children, including children who are severely retarded from birth, is an important issue.

Community Supply Center for Medical Equipment and Materials

A key function of the community medical support center is the loan of sputum aspiration devices. The Center currently has about 120 devices, and some models are compatible with AC 100 v, DC 12 v and built-in DC battery so that they will not be affected by disasters. The devices are regularly collected and taken apart for cleaning, during which process they are sterilized with ethylene oxide gas, the oil and parts are replaced and the suction pressure is measured. This maintenance process ensures that they are loaned out in peak condition.

Home care patients requiring medical treatment also need a wide range of medical equipment and materials, but it is difficult for individual clinics to keep a constant inventory of a full array of equipment, and may also lead to waste.
In particular, catheters and tubes come in many sizes, and buying more than necessary is uneconomical. The Center stores more than 100 types of medical equipment and materials needed in the home (Fig. 1) and provides and loans the necessary quantity of the optimal item as a single article. They are provided free of charge to the primary physician at the instruction of the primary physician. Moreover, this program submits notifications of the sale and loan of controlled medical devices requiring special maintenance to Chiba Prefecture in accordance with the Pharmaceutical Affairs Act.

Activities of Chiba Prefecture Medical Association and Concept of a Comprehensive Community Medical Support Center

Using emergency special subsidies for community medical revitalization, the Chiba Prefecture Medical Association set up a Comprehensive Community Medical Support Center to promote home care throughout the prefecture and raise community leaders in district medical associations. At present, plans are underway to set up a home care and nursing model room, training space and display space for medical equipment and materials within the Center, with plans to open in July 2014.

Chiba Prefecture has 23 district medical associations, and the Chiba Prefecture Medical Association established the joint committee of officers of district medical associations in charge of home care to promote home care services led by the district medical associations. This committee carries out activities regularly. The members of the district medical associations report on the achievements in home care in the districts and work for further development based on opinion exchanges with other districts.

Moreover, the Chiba Prefecture Medical Association carried out a survey of 3,087 member medical associations in April 2013 to clarify the situation of home care provided by family physicians who are not at home care support clinics. The effective response rate was 56.4%. The results (the figures were not finalized in the interim report) showed that 378 medical institutions provided visiting care, and of these, 54.2% were medical institutions other than home care support clinics. In addition, 475 medical institutions make home visits at the request of patients, and of these, 62.7% were medical institutions other than home care support clinics.

These results show that medical institutions who have not officially filed notification as home care support clinics are actually providing home care, and supporting family physicians who provide conventional home care will be a key issue going forward. The results of this survey are currently being analyzed, and there are plans to release details at a later date.

Conclusion

Home care support clinics have come under the spotlight as the main actors in home care, but we now know that family physicians who do not belong to official home care support clinics are also providing visiting care and making rounds to patients’ homes. Collaborating with district medical associations and municipal medical associations, promoting home care by family physicians and appropriately evaluating it is an urgent issue to solve.

I have described programs by the Ichikawa City Medical Association and Chiba Prefecture Medical Association to promote home care in this article. I believe that in promoting home care, it is important to collaborate with district medical associations and municipalities and for municipal medical associations to build a meticulous support system that takes into account regional characteristics.