Activities of the Gunma Medical Association


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This article outlines the activities of the Gunma Medical Association, focusing on the efforts that have been made in 3 specific areas.

Academic and Continuing Education Activities

Physicians at the forefront of healthcare services are continually required to keep pace with the latest medical knowledge and medical technology. The Gunma Medical Association, in cooperation with county and municipal medical associations, the Gunma University Doctors’ Association, and various specialty groups, has been providing opportunities to attend lecture meetings and training seminars on timely topics to learn such knowledge and skills. In addition, semiannual medical conferences are held jointly with the Gunma Prefectural Government. The Spring Conference features lectures on general topics in medicine, while the Fall Conference consists of study presentations by members and special lectures on clinical themes.

Recently, emphasis has been placed on hands-on training seminars. During the 2004 Spring Conference, we held a training seminar on ACLS (advanced cardiovascular life support). The participants of this seminar attended lectures on emergency life-saving procedures and treatment in the afternoon of the first day, and then spent the whole of the next day putting the actual procedures into practice. Despite the very tough schedule, 41 members participated in this seminar. After this event, ACLS training seminars were held one after another by county and municipal medical associations, and many members were able to practice life support procedures. We are convinced that the ACLS training seminar had great significance, setting a precedent for hands-on training seminars in Gunma Prefecture. The proceedings of the medical conferences have been published in the periodical journal “Gunma Igaku” so that the information is also available to members who could not attend the conferences.

Memory Loss Test Project

Senile dementia is emerging as a serious social problem, requiring an approach based on early detection and early treatment. Starting from 2000, the Gunma Medical Association has been cooperating with the Health and Welfare Department (the present Bureau of Health, Welfare and Food) of Gunma Prefecture and Gunma University Faculty of Medicine in conducting a memory loss test project. In this project, we identified various problems, such as citizens’ misunderstandings about senile dementia and reluctance to seek medical advice, the insufficient responses of health, medical, and welfare organizations, and the lack of cooperation between family doctors and specialists, and we started to introduce various measures to solve these problems effectively.

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This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol.135, No.1, 2006, pages 94–95).
The memory loss test was conducted both in the forms of mass examination and individual examination. First, a screening was performed using a brain health checklist consisting of 20 items compiled by specialists in dementia, based on their experience and data. A person who is positive for 5 or more items receives the MMSE (mini-mental state examination). If the MMSE score is 24 or less, the family doctor evaluates the need for differential diagnosis and the need for treatment and care. If considered necessary, a differential diagnosis can be made at a specialized medical center. Thereafter, the patient is referred back, and starts to receive treatment and care provided through cooperation with care facilities. In the case of mass examination, a checklist is mailed from the local government agency. After self-reporting of the checklist, an MMSE is conducted by public health nurses and the patients are handed over to their family doctor.

The examination was first conducted in 2001 in 5 municipalities, covering 3,084 individuals in the first year. The examination was expanded to 8 municipalities in 2004, and is planned to cover the entire prefecture in the future.

Construction of Community Healthcare Information Network

The Gunma Medical Association has been promoting close networking among members through the biennial issuance of a member directory. Since 1996, we have also been publishing a directory of doctors working for university, public, and private hospitals to provide information on doctors to all healthcare-related facilities as well as members. However, because many of the doctors in hospitals are working in positions with short tenures at universities in Gunma Prefecture and those in the Kanto region, the usefulness of these directories as a source of timely information has been limited. In addition, the announcement of health services provided at each medical institution has not been standardized, and the volume of information varies from hospital to hospital.

Given this situation, the Gunma Medical Association concluded that the construction of a database containing items shared across the prefecture would facilitate the acquisition of healthcare information, including that about human resources, and stimulate referrals from clinics to hospitals and from hospitals to clinics. A project to build such a database was set up in April 2004. One of the purposes of this project was to make some of the information available for use to support citizens seeking health care. Because the database system contains personal information about doctors, ensuring its security was an essential requirement for this system to be operated via the Internet. For this reason, information for doctors and information for citizens have been separated in the system. The information for doctors is protected by access restrictions with authorization using the LDAP server, and the security in daily data management is protected by double authorization using an i-key and an ID.

Because doctors working for large hospitals are frequently moved to different positions, the maintenance of up-to-date information is a difficult task. This problem was solved by the use of a data entry tool, with which each medical institution can update its relevant data fields. We also encountered the problem of differences in organizational size and capabilities among county and municipal medical associations, but we have been supporting the buildup of an IT environment through consultation and phased explanatory meetings.

The system has been operated since July 1, 2005, and our achievement was reported in a national TV program and local newspapers. A questionnaire survey conducted 3 months after the start of the system indicated that local medical associations had completed entry of about 70% of their data. We intend to take further measures to broaden the use of this database and build an efficient and useful system to support mutual linkage among the providers of regional healthcare.