

Policy Address*¹

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First, I would like to discuss the FY2016 revision of the medical fee schedule that we have been strongly advocating to the government sectors involved. With the help of the members of the Japan Medical Association (JMA), we continuously raised awareness on the serious financial hardship that many medical institutions face and the economic benefits of increasing the wages for healthcare professionals, who account for more than 3 million people in the Japanese population. Although we were unable to transfer the total amount of the national health insurance drug price reduction to the medical fee because of the postponed consumption tax increase, a ceiling on budgetary request, and other very difficult financial situations, as a result of our efforts, the medical fee schedule generally increased by 0.49%, and the physicians' medical fee schedule increased by 0.56%.

The media is currently reporting that the implementation of the increase in consumption tax from 8% to 10%, which was already postponed until April 2017, may be postponed again. Medical and long-term care professionals strongly support increasing the consumption tax rate and utilizing the increased revenue to fund the medical and long-term care sectors. Even if the consumption tax increase is deferred again, we strongly advocate that the government secure funding to ensure social security services for all generations in Japan and to prepare for the upcoming 2025 challenge by establishing the Community-based Comprehensive Care System to cover services ranging from child-rearing to geriatric care.

Furthermore, healthy financial management



of medical institutions is a prerequisite for providing people with trustful high-quality care. If the government is going to endanger the financial management of medical institutions by increasing the consumption tax for medical services, then they have their priorities wrong. The government has announced that it will reach a decision on the consumption tax exemption by the end of the FY2017 tax system revision. All medical societies involved will present a unified front to work toward the resolution of this issue.

As you are aware, the G7 Summit will be held in Ise Shima in May, this year (2016), to be followed by the G7 Health Ministers Meeting in Kobe in September. Prime Minister Shinzo Abe has already announced that he will promote public health crisis management and universal health coverage to actively and continuously strengthen healthcare systems.

The healthcare system of Japan is renowned for contributing to the world's highest life expectancy. During my policy address at the 131st JMA House of Delegates Extraordinary Session in March 2014, I spoke about Japan becoming a world model by reforming the upcoming super-aged society that no nation has ever experienced into "a society of assurance" through reformation and rebirth, taking into consideration the national economy and population dynamics. I also stated that I would like JMA to contribute to bringing happiness to the people of the world by sharing information about our excellent

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healthcare system.

My wish remains unchanged, and I will strive to make the Japanese healthcare system a true global model in bringing assurance to the world by building communities in which *kakaritsuke* physicians*2 play a major role, developing human resources to deal with the upcoming reforms, and establishing an organization strong enough to continue guiding the healthcare policies of the government.

Now, allow me to elaborate on building a community in which *kakaritsuke* physicians play a major role. Thus far, Japan's goal was to improve the accessibility of health care across the nation through our universal health insurance system so that any citizen could receive high-quality care, regardless of when they needed care and who and where they were. We now face a birth rate that continues to decrease, an increasingly aging population, and continued concentration of the population in metropolitan areas. The important thing is how medical institutions can collaborate and how different functions can be allocated among institutions to continue enjoying what we have achieved and to ensure high-quality care for local communities. I am certain that *kakaritsuke* physicians, who are rooted in communities, will play a key role in resolving these issues.

Prefectures across the nation are currently working on developing their own community medicine plans. To ensure that community medicine planning will not be used to reduce the number of hospital beds or control healthcare expenditures but to ensure that each community can continue to provide the care that local residents require with no surplus or shortage, it is important that local authorities promote *kakaritsuke* physician-oriented community planning and accurately understand the local situation. Furthermore, the needs for recovery care and chronic care are expected to increase in the future. Therefore, it is essential to build a network to provide people with medical and long-term care, preventive medicine, and welfare programs in which *kakaritsuke* physicians play a key role, as the community-based comprehensive care system will be central to the healthcare

provision.

The significance of local medical associations is paramount in any such stage. JMA expects local medical associations to fulfill their duties as major players, and we will continue to support the local medical associations as the national level.

Another important consideration for dealing with the super-aged population in Japan is to strive for a society in which people enjoy longer healthy life, older people can continue to work with a sense of fulfillment, and all citizens can remain active at work and/or in society. This requires more effort focused on extending healthy life, such as improving lifestyles and daily habits, guided by *kakaritsuke* physicians, and systematizing life-long health projects through the centralized system to manage healthcare information. These thoughts prompted me to design a training program from JMA that is available to prefectural medical associations. Starting from April 2016, this program will evaluate the ideal framework for *kakaritsuke* physicians' services that can be trusted by local residents and help maintain and improve these services.

The healthcare expenditure is expected to proportionally increase in response to the extension of healthy lifespan and progression toward an aging population. As a proactive attempt to optimize healthcare expenditure through preventive medicine and health management, I would like to extend JMA's work by collaborating with economic organizations, insurers, and local governments through the Japan Health Conference, which was established in July 2015, with the help of JMA members across the nation.

Next, I would like to discuss human resource development from the perspective of providing guidance to those who can lead the reform. It was local physicians who first worked in public health. Without the devotion and years of effort by our respectable eminent predecessors, the society that we enjoy today, with a healthy and long lifespan, would not exist. This is something we should never forget.

Those in charge need to be bold and innovative in their efforts to further plan a method of

*2 A physician who people can consult on any issues, is well versed in the up-to-date medical information, can refer a patient to a specialist or specialized medical institution when needed, and is a trustworthy and familiar figure with comprehensive capabilities entrusted with community medicine, health, and welfare.

community development that is capable of responding to the changes in the environment that influence medical practice. Developing human resources capable of such a task requires a serious and united effort by the medical community.

Medical graduates from a medical school that is not appropriately accredited will not be qualified to receive clinical training in the United States after 2023. The Japan Accreditation Council for Medical Education was established in December 2015 to address this so-called 2023 accreditation requirement by evaluating medical education by specialty. JMA and the Association of Japanese Medical Colleges (AJMC) launched a joint committee and compiled suggestions for training and allocating physicians in different specialties.

New findings accumulate day after day in medical science and practice and the knowledge and skills that physicians are expected to possess continue to broaden and become increasingly advanced. Physicians are expected to continuously acquire new knowledge and skills and accordingly, we need to explore an ideal approach to develop proper human resources that meet their current and future demands. Therefore, JMA will further enrich our Continuing Medical Education Program and continue to debate the ideal framework for educating physicians, in cooperation with AJMC and hospital organizations as well as the Japanese Association of Medical Sciences.

The new specialist system, in particular, will require more in-depth consideration from now on.

This system was originally intended to revise the various current specialist systems that are less unorganized, in the hope of serving public trust better by revising the systems based on physicians' professional autonomy. The role of the Japanese Medical Specialty Board is to standardize the assessments for specialists solely from academic and scientific perspectives. However, the current trajectory has the risk of increasing the geographical bias in physicians' distribution and becoming an obstacle to the comprehensive community health care system.

A special review board will be established under the Social Security Council Medical Group to review this topic further in the future. The key is to not disrupt community medicine by making

sudden revisions to the system because patients and the general public are the ones who will ultimately suffer from this disruption. To prevent such a situation from occurring, JMA will continue to proactively work so that the design of the new specialist system will be compatible with community medicine and secure the transparency of the Japanese Medical Specialty Board's governance.

It is also crucial to build a strong organization that can continue to lead healthcare policy making. More than 3 million people are employed in the medical and healthcare sectors. I believe that the responsibility for ensuring their employment and active workplaces and maintaining the healthcare system, which was founded on "trust and collaboration," should fall upon JMA because it is the one and only professional organization for physicians at the national level.

Medical care is one of the key elements in social infrastructure, and physicians in charge not only come face-to-face with the most precious human lives through medical science and practice, treating disease and easing patients' suffering, but also contribute to the protection of the health for all the people and promotion of overall social welfare.

JMA was organized to fulfill these roles and has served the local communities and society with good will and faith. One of the most significant achievements of JMA is the establishment of the universal health insurance system in 1961, when Japan was at the beginning of the high-speed economic growth era, as part of infrastructure in daily activities based on the spirit of mutual aid, which we have firmly adhered to since its establishment.

On the other hand, Japan's social security system has undergone repeated patchwork revisions. As we face the time for reform, with medical and long-term care being the main focus of the changes, it is essential to make structural reforms that look toward the future and envision beyond the Year 2025, when Japan's post-war baby boomers reach the age of 75. When making these reforms, the risk of compromising the original purpose of the social security system by emphasizing only on the financial aspect should also be considered. In other words, communities and society must be rebuilt before economic restructuring, and the burden and benefit should be shared among the people in a way that they

find agreeable. Thus, the public will develop a foundation of trust in the government and its social security services. I am confident that we will succeed in establishing a sustainable social security system when various stakeholders involved in medicine can deepen their collaborations based on this trust.

The pressure to restrict the range of benefit of public health insurance will probably continue in the name of regulation reform or a growth strategy aimed at curtailing government expenditures. However, the priority of healthcare policy management should be to contribute to a stable society by promoting social security services; it should not be based on the government's finances. Therefore, we medical profession need to continuously propose methods to the government by which we can provide appropriate health care with no excess or shortage as we proceed with the reforms that meet the needs of the time.

Perseverance is required. No reform can be achieved in a day. JMA must uphold its Code of Principles and continue to take steps toward establishing a sustainable social security system, collaborating with as many physicians and other people as possible. Through these steps, we shall also work to increase our influence on the society by further strengthening our organization with the help of prefectural and municipal medical associations. In addition, JMA will take the lead to create the ideal framework for community medicine collaborations in the IT era, including by promoting utilization of the Medical Doctor Qualification Certificate. Moreover, we will utilize the data gained from such collaborations, and continue to propose evidence-based healthcare policies to the general public and government that are founded on an understand-

ing of current local situations and scrutiny of existing policies.

JMA will strive to make the healthcare system of Japan a model that truly leads the world to a society of assurance by making efforts to build communities in which *kakaritsuke* physicians play a major role, developing human resources to deal with the impending reforms, and establishing an organization strong enough to continue guiding the healthcare policies.

The late Eitaka Tsuboi, the former JMA president who passed away in February of this year, said that, "If JMA is to propose a reform to a society, physicians and medical associations must have a sense of mission and return to the origin of medicine, which is to be responsible for this nation and its people." His words will always be in my heart as I continue to work to contribute to people's happiness, focusing on the world from a local viewpoint.

Lastly, I would like to mention that this March marks the 5th year since the Great East Japan Earthquake that brought unprecedented damage to Japan. Once again, I express my condolences to all the people who lost their lives in the disaster.

Together with the Disaster Victims' Health Support Liaison Council, JMA will continue to assist with the reconstruction of affected communities through building a system of collaboration with mid- to long-term medical support in mind.

As I resume my post for another term, my heart goes out to those communities affected by the disaster, and I renew my desire to continue supporting this nation with the power of medicine. I will continue to manage JMA's affairs with your help. Thank you very much.