

## Japan Medical Association's Efforts in Dealing with Dementia\*<sup>1</sup>

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### Realizing a Society with a Longer Healthy Life Expectancy and Where Elderly People Can Play a Supportive Role

While Japan is the leading country worldwide in terms of having the longest life expectancy, it faces the important challenge of how to shorten the 10-year difference between mere survival and healthy life expectancy, in other words, how to prolong healthy life expectancy. The proportion of the elderly (% of population 65 years of age or older) is a little more than 27% as of 2016, but is estimated to reach 39.9% in 2060. Therefore, it is necessary for Japan to take the lead in realizing a society where elderly people can play a supportive role rather than being supported by others, by maintaining the social security system and prolonging healthy life expectancy while reducing the burden borne on working generations, the populations of which are continuously shrinking under uncertain economic conditions.

On July 10, 2015, the Japan Medical Association (JMA) and the Japan Chamber of Commerce and Industry jointly established Nippon Kenko Kaigi (Japan Health Conference). Business leaders, healthcare organizations, and municipal leaders came together, joining hands, with the aim of extending healthy life expectancy and optimizing reasonable healthcare expenditures, and began to support municipalities and individuals in promoting incentive projects for disease prevention and health promotion. Thus, the two organizations that have been fight-

ing offensive and defensive battles regarding medical service fees paid under the current medical insurance system in Japan are now cooperating to extend healthy life expectancy and to optimize reasonable healthcare expenditures.

### Entering the Era of the Care System Involving Kakaritsuke Physicians as the Central Core

As its own particular effort, the JMA pours more energy into the maintenance and improvement of the functions of Kakaritsuke Physicians, to which the JMA has also attached importance to date. We encourage Kakaritsuke Physicians to go out into the community and society, and a specific system to meet this goal is now in place and operational.

Figure 1 shows the definition of “Kakaritsuke Physician” proposed by the JMA. Although the major role of primary care physicians has been in vertical cooperation between large hospitals dealing with acute stages of diseases and local clinics, the main focus now is to have horizontal cooperation beyond the boundaries of healthcare and care for the elderly, which involves Kakaritsuke Physicians taking the leadership role and other elements such as home visiting nurse stations, comprehensive community support centers, and care managers. Therefore, we think that the role of Kakaritsuke Physicians is now more important than ever before.

Dementia is different from other diseases in that amelioration is possible through care services. It is essential henceforth that Kakaritsuke

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Fig. 1 What is “Kakaritsuke Physician”? (definition)

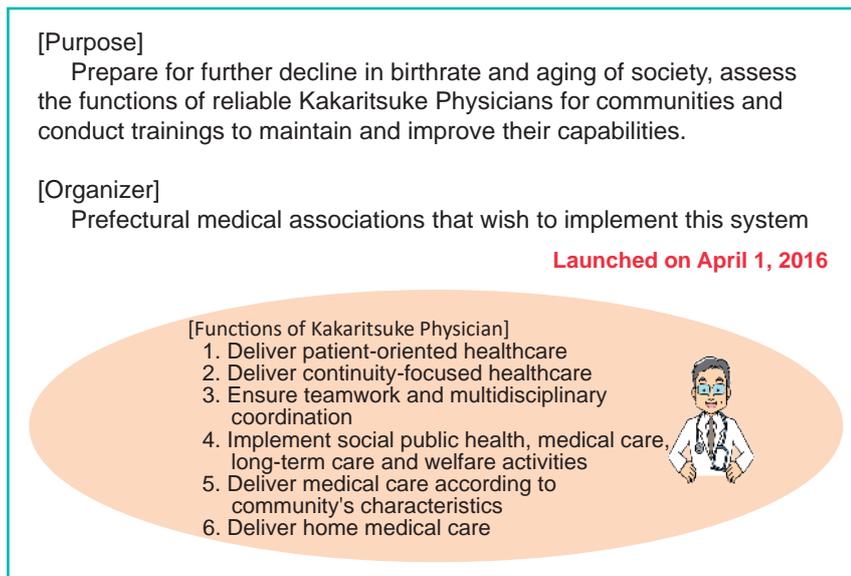


Fig. 2 Training System for Enhancing Kakaritsuke Physicians' Capabilities

Physicians coordinate with care services. Currently, the development of the community-based comprehensive care system is underway, with the goal of completion by 2025. The development of a system for coordination is the responsibility of local governmental agencies and medical associations, like the two wheels of a cart. The JMA has improved the contents of training for coping with dementia in the training program for medical fee calculation requirements and in the

“Training System for Enhancing Kakaritsuke Physicians' Capabilities” that was launched in April 2016 (Fig. 2).

### Reinforcement of the Training for Enhancing Kakaritsuke Physicians' Capabilities

The Training System for Enhancing Kakaritsuke Physicians' Capabilities aims to promote physi-

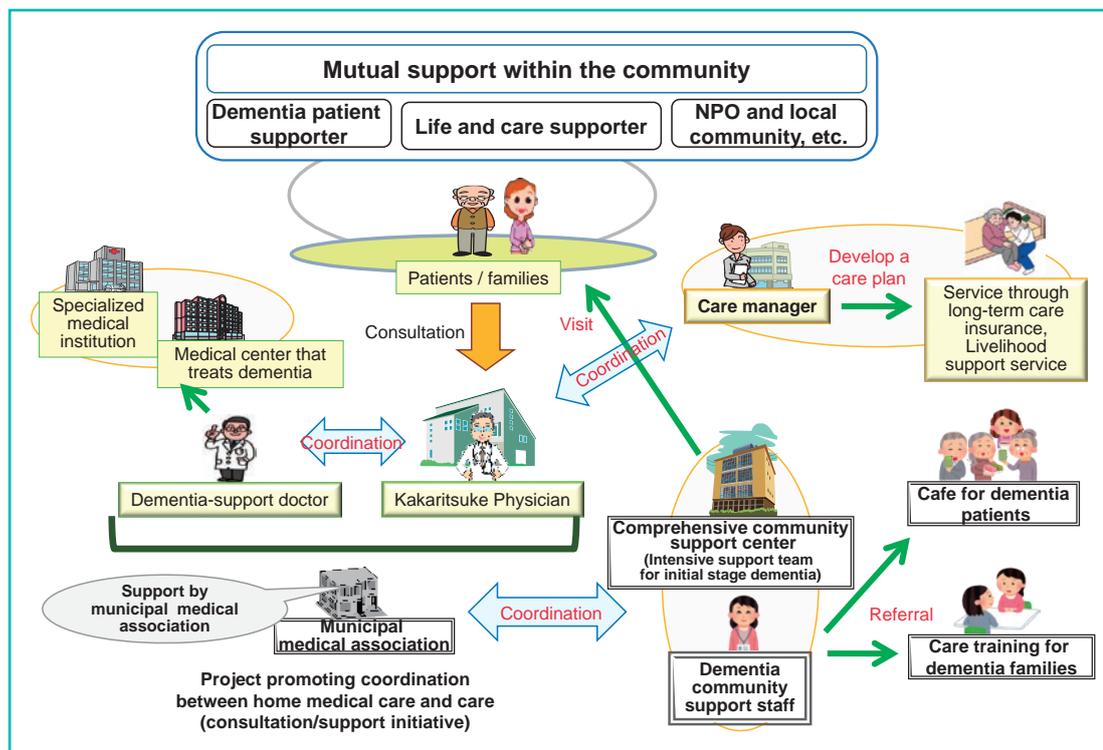


Fig. 3 Providing community-based support for dementia patients and their families

cians learning all skills required for Kakaritsuke Physicians, including teamwork, multidisciplinary coordination, and implementation of home medical care. The period of training is 3 years. More than 6,000 physicians attended the central training held in May 2016, and more than 8,000 have started their training in this system. Dementia is a subject for which a participant can acquire 1 unit. The training is designed to help participants to understand cognitive functional deterioration and problems arising from it, and to make an appropriate diagnosis and provide treatment. Participants are also expected to learn how to deliver continuous medical care that supports dementia patients and their families in cooperation with relevant organizations, to assure that people with dementia can continue to live in their communities from the mild cognitive impairment stage until the end of life.

In addition to Kakaritsuke Physicians, the community has dementia-support doctors who have attended the training program aimed at cultivating dementia-support doctors held by the Ministry of Health, Labour and Welfare as a

means of supporting dementia patients and their families. Regional medical associations should coordinate with dementia-support doctors and medical centers that treat dementia. It is also important that, from the aspect of care services, regional medical associations closely coordinate with care managers, comprehensive community support centers, and dementia community support staff (Fig. 3).

### Building a Community Based on Healthcare Reassurance

The basis of searching for ways that society can support people with dementia is the view that optimal dementia care lies in everyday life. It is very important to avoid changes in the environments of dementia sufferers and to value or prioritize the continuity of their current lifestyles. It is also important to make sure to keep pace with and reassure individuals with dementia. Employing these approaches, their physical and mental capacities should be maximized so as to allow them feel a sense of fulfillment in their lives. We

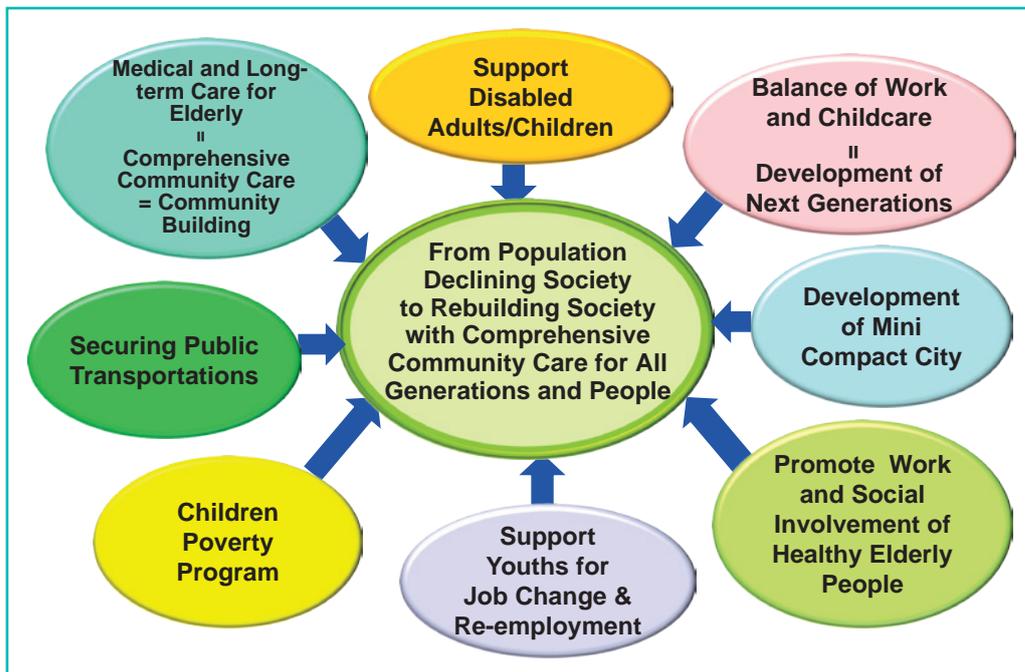


Fig. 4 Ever-evolving comprehensive community care

also convey these aspirations to Kakaritsuke Physicians because dementia is not a disease curable by drug treatment.

We hope to rebuild society with comprehensive community care for all generations, including those on the decline in the current population, by establishing a balance of work and childcare based on evolving comprehensive community care and by caring for elderly people with dementia. Through these efforts, the JMA is anticipated to be able to play a significant part in related fields (Fig. 4).

### Daily Support Including the Issue of Driver's License Renewal

The final topic to discuss is the issue of driver's license renewal for dementia patients, a recently recognized social problem. Following the recent revision of the Road Traffic Act, drivers 75 years of age or older will be required after March 2017 to take a provisional aptitude test administered by a specialist or submit a medical certificate issued by their Kakaritsuke Physicians, if they have violated certain provisions of the law or have been determined to be at risk of dementia according to a cognitive function test at the time

of driver's license renewal. When the driver is diagnosed with dementia, the driver's license is rescinded at the judgment of the prefectural public safety commission.

The number of drivers who lost their driver's licenses for such reasons used to be about 1,650 per year, but is estimated to jump to 40,000-50,000 after the new system begins. Although the police have only to cancel the driver's license, Kakaritsuke Physicians must pay close attention to people with dementia who have lost their driver's licenses. For instance, if they live in a community without access to supermarkets without a car, a problem arises as to how they should be supported in their daily lives, and this is a matter which must be discussed by governmental agencies and local medical associations.

In addition, much still remains unclear as to the criteria for judgment and the contents of the certificate when writing the medical certificate at the time of driver's license renewal. At present, preparation of a guide for writing the certificate is underway and is being led by Dr. Ken Watanabe, Vice President of the Tottori Medical Association. Addressing of this issue is also planned in the training for enhancing Kakaritsuke Physicians' capabilities.

Taking these factors into consideration, it is apparent that discussions among not only medical, care, and welfare service providers but also people in various other fields including the police, fire departments, public transportation services, private companies, and commercial facilities is necessary for building a community to support dementia patients. Cooperation with schools and other educational bodies to deepen understanding of children and younger generations is also necessary. In this situation in which community building may be further extended, it is important for local medical associations and

Kakaritsuke Physicians to be closely engaged in this movement.

As efforts to support people with dementia progress and involve the entire society, a caring society for all will be realized. Because Japan is the country with longest life expectancy in the world, it is our responsibility to present a model super-aging society ahead of other countries. It is hoped that the idea of supporting people with dementia will result in closer ties among people who have not previously been known to each other and thereby propel the action of building caring communities for all.