
SPECIAL REPORT

Experiencing Health Care and Culture in Niigata, Japan

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In July 2010 Universiti Kebangsaan Malaysia (UKM) and Niigata University (NU) signed a memorandum of agreement to continue collaboration in joint planning and implementation of education, research and practice services in the field of medicine. Since then several undergraduate and postgraduate students including academic staffs have been visiting NU and UKM as part of their learning experience.

This collaboration is also a good opportunity for Doctor of Public Health (DRPH) postgraduate candidates to gain experience on the practice of public health in handling public health issues, planning the healthcare facilities, delivering a quality public health services, enforcing public health policies/regulations and finally learn about the health systems in general at other countries especially from developed country like Japan. The learning experience will help student to evaluate

the difference of practice of public health in different countries based on their culture, availability of resources, disease trend and other factors influence the practice of public health.

Under UKM-Global Student Mobility Programme (Outbound) four DRPH candidates have chosen to conduct their field attachment in Niigata Prefecture from 13th January 2011 until 3rd February 2011, which was organized by the Niigata University School of Medicine. The 3 weeks programme covers various activities which include academic discussions and meetings, field trips, presentations and hands-on experience. The field attachment covers various programme involving governmental departments, hospitals, rural clinics, long term care centres and nursing homes. This report is based on their experience in Niigata.



Figure 1 Welcoming session, from right Prof Dr Iguchi, Dr Natrah, Dr Halimatus, Prof Dr Sugata Takahashi (Dean of Niigata University School of Medicine), Dr Fareed, Dr Nur Fatihah and AP Dr Shamsul.

Field experience in Niigata prefecture

Amid heavy snowfall in Niigata Prefecture, we managed to perform all the planned activities with great success. The activities performed involved visits to the various governmental departments and non-governmental organisations. These include the Hemodialysis Unit, Radiography and Imaging Departments and the Specialists Outpatient Clinics at the Niigata University Hospital, the Niigata Prefecture Department of Health and Social Welfare (Prefectural Government Office), the Niigata Municipal Hospital, the Elderly Nursing Homes as well as a 3-day attachment at a rural district in Koide. In Koide, we were given the opportunities to visit the Koide Hospital, the elderly care centre, the rural health clinics and involved in home visits with one of the Community Medicine specialist in-charge. On top of that, we were also given the exposure to the elderly exercise programme, a structured activity provided for the local elderly. A visit to the Yuzawa Medical Centre was also conducted, which is a suburb hospital in Niigata. Apart from that, we were also involved with academic discussions in the Department of Medical Informatics, Niigata University. Before going home, we were also given a valuable opportunity to visit Japan National Institute of Public Health in Tokyo, where a discussions and sharing of related healthcare information involving Malaysia and Japan were conducted.

Learning outcomes

The main objective of this attachment is to learn more about the Japan Healthcare System in a broader perspective. Besides that, we also like to gain more information about the healthcare financing system and the geriatric care services implemented by the Japanese government which we thought were most relevant and useful for our future healthcare reform.

Japan Healthcare System

Healthcare system in Japan has been rated by Organisation for Economic Co-operation and Development (OECD) as one of the best healthcare system among its countries. The indicators used are access, effectiveness and efficiency. Their system provides a universal healthcare coverage with a fee for service payment through their National Health Insurance, Employees' Health insurance and Medical Care System for elder in the later stage of life. The citizens can choose any of the healthcare providers they wanted to go at any time. In terms of their system effectiveness, Japanese health status ranked top in few categories in 2007. Japan spent 8.5% of its GDP for health in 2008 whereby average of 9.6% of GDP spent across OECD countries in 2009. The medical care provided through its medical institutions based on its

Medical Care Plan in which it aims to establish a system to provide high quality and appropriate medical care efficiently by realizing continued medical care in communities through promoting a division of roles and cooperation of medical functions.

The current medical care plan includes, medical cooperation system focusing on 4 diseases (cancer, cerebral apoplexy, acute myocardial infarction and diabetes), 5 services which are emergency medical care, medical care in disasters, medical care in remote areas, perinatal medical care and paediatric medical care and 5 healthcare plans which are secure in-home medical care, secure medical professionals, secure medical safety, goals for establishment of medical facilities and standard number of beds. The healthcare facilities include 8862 hospitals, 12,399 clinics with beds, 87,133 clinics without beds and this gives to 1350 beds per 100,000 population. Japanese human resource in healthcare shows that they are way ahead of us in Malaysia. Ratio of doctor to population in Japan is 217.5 per 100,000 populations compared to only about 87 per 100,000 populations in. This fact is also true for dentist (76 per 100,000 population), pharmacist (197.6 per 100,000 population) and also nurses (980 per 100,000 populations).

At present, Japan has experienced massive reformation since 1947, especially in the field of Public Health. The disease pattern is also changing from acute infectious disease to chronic infectious disease, chronic degenerative disease and also lifestyle related diseases, which is contributed by the increase in ageing population.

Japan Health Financing System

The healthcare financing system in Japan is based on social health insurance model. It was imposed to cater the blue-collar workers since 1927, which has grown up to achieve universal coverage in 1961. Planning and regulating of healthcare insurance to ensure its universal coverage and sustainability is under the responsibility of The Health Insurance Bureau under the Ministry of Health, Labour and Welfare. The residents and the long-term foreigners are required to enrol in the health insurance system. They will be covered by either one of these categories namely, the Employee Health Insurance provided by their employers, the Community-based National Health Insurance (NHI) provided by the municipalities where they stay or the Long Life Medical Care System for people aged 75 or above.

Private health insurance also available to cover those cost not covered through national health insurance and to cover for co-payments. Employees' health insurance covers citizens who work in big companies through their Health Insurance Societies, small companies through Social Insurance Agencies and government officers through Mutual Aid Association. For those who are

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self-employed and farmers, their premium payment are done through municipal government and for professionals they use their societies. For this Employees' Health Insurance the employer have to pay 50% of the premium while employee another 50% in which about 7-8% of their salary. In National Health Insurance, citizens have to pay premium on average of 143,000 Yen per household and subsidy from the government. On top of that, the co-payment is also applicable to adults, pre-school children and elderly. The insurance coverage includes consultation and examination, treatment including operation, medicine and medical material, home care of sickness, admission fee and nursing and also basic dental treatment. It does not covers cosmetic surgery, health check up, immunization for adults, occupational injury and diseases, added dental material, normal delivery and abortion by financial reason.

Geriatric Care in Japan

The geriatric care in Japan is managed by the hospitals, community nursing home governmental and non-governmental as well as day care centre which covers the urban and rural areas. In the

urban, the outpatient care is provided by Hospital outpatient department, whereas in rural it is managed by the specialist care in the rural clinic and hospital. This is to ensure that every elderly has an equal access to specialist care even though they are living in the rural area. The geriatric care costs were covered by the health insurance, the long term care insurance and out-of-pocket expenses. The health insurance covered the expenses for chronic illness such as hypertension, diabetes and others. Meanwhile, for long term care expenses like nursing home, day care centre were covered under long term care insurance. Various facilities for geriatric care includes hospitals and clinics for medical care, nursing home for long term care, short stay, respite care and day care centre as well as rehabilitation and community exercise gymnasium. The nursing homes are permanent for homeless elderly, single, chronic illness, bedridden, demented and the family was unable to take care. Day care centre were meant for elderly staying alone at home while the relatives or children's are at work.



Figure 2 Hemodialysis Unit in Niigata University Hospital



Figure 3 Rural home visits by Community Medicine Specialists



Figure 4 Session with Prof. Kohei Akazawa from Department of Medical Informatics, NU



Figure 5 Community Based Exercise Programme



Figure 6 Students with Prof Dr Iguchi (white coat) and elderly patients at Fukuyama Rural Clinic.



Figure 7 Activities in Elderly Nursing Home



Figure 8 Briefing from Niigata Prefecture Department of Health and Social Welfare accompanied by Prof. Dr. Reiko Saito

CONCLUSION

The 3 weeks visit in Japan has given us many learning opportunities in different perspectives and new things about their healthcare and public health system. These include the structure and governance of the Japanese healthcare system which was much

decentralised, and the health financing mechanism in Japan which can be a good model for Malaysia healthcare structure. Although there was no enforcement on specific quality assurance programme for the healthcare providers, the Japanese are still able to perform and deliver a high standard healthcare for their population. This was

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achieved through the high morale, good attitude and persistent discipline among the nations.

Overall, as one of the top nation in the world for best healthcare system, Japan is a good place to learn about healthcare and governance system. To be at this level, it involves a remarkable positive attitude, high level of discipline and tremendous culture. The healthcare providers and stakeholders in Malaysia should make Japan as an example to better improve the current healthcare system.

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