Japan is now experiencing a declining birthrate and an aging population, unparalleled in other countries. While there may be some regional differences in the rate of decrease, the population of Japan as a whole is decreasing and the increase of the senior population in metropolitan areas is significant. At the same time, it has been suggested that seniors seeking medical care will not be able to receive it and this will result in the creation of so-called medical refugees.

By specifying the functions of respective hospitals in various communities in Japan, we are attempting to develop a medical care delivery system that can be completed within each community. To create such a community-based system in accordance with the hospital bed function reporting policies, we introduced a comprehensive medical system under the slogan “from the hospital to the region”, and this includes specification of hospital bed functions among advanced acute phase, acute phase, sub-acute phase, recovery, and home-care by 2029.

Today, Japan faces a new problem of the scattered and uneven distribution of medical resources. In urban areas, hospitals with overlapping functions are rampant, and the utilization of medical resources is inefficient. On the other hand, in areas where the availability of doctors is limited, the burden on doctors has increased unfortunately along with concerns for patient safety.

The Ministry of Health, Labour, and Welfare and Japan Hospital Association held multiple meetings and together proposed the following reform measures. Firstly, patients must be able to receive necessary medical care wherever they are in the most optimal way. By implementing a community-based integrated care system with the purpose of deploying limited medical resources in the most efficient and fair manner, a regional system of medical care, including a plan to secure doctors, will be realized. In addition, in order to further secure the home-visit system, we are planning the creation of an information network with the central hospital in the community at its core. New regulations are also being legislated to improve provision of team-based medical care using telemedicine. Secondly, the measure to improve the quality, safety, and efficiency of medical care is being taken by reforming the work style of doctors and other medical providers.

Japan Hospital Association has listed the following three items that should be realized in the short-term:

1. Meetings concerning the community-based medical system are currently held to advance it and reorganization and consolidation of public medical institutions is also promoted. It is difficult to reorganize and consolidate hospitals with different parent organizations; however, this merger will make medical records of all hospitals available for analysis. With respect to public medical institutions that have limited medical records, a consolidation plan of hospitals within the same community-based medical system is considered. Now, public medical institutions are in the process of integration, reorganization and consolidation with other hospitals.

2. We are promoting reforms on the work style of doctors and other medical providers. The legislation limiting doctor’s overtime to 960 hours per year became effective this year.

3. We are promoting achievable measures in resolving the uneven distribution of doctors. We are working on a plan to secure doctors using the uneven doctor distribution index. We have started calculating the number of doctors required for future medical treatment in response to changes in population composition of each prefecture.

In summary, we will promote and push forward the foregoing three measures – the realization of a community-based medical system, work style reform of doctors and other medical providers, and the promotion of feasible measures to solve the uneven distribution of doctors.

As we look towards 2029 while facing the various challenges, we find that Japan’s hospitals, which have always grappled with issues surrounding free access and high-quality medical care and universal healthcare coverage, are situated in a unique position to solve these various challenges. Japan Hospital Association is working to create an era where hospitals and local communities collaborate more than ever by focusing on the specific needs while also focusing on Japan’s medical system as a whole.

About the Japan Hospital Association
Established as the Japan Hospital Association in June 1951, the Japan Hospital Association has conducted its activities by working in conjunction with all employees under the direction of former presidents from Dr. Shusuke Kamijo, the first President, to Dr. Shuzo Yamamoto the tenth President, with the aim of “improving hospitals and fulfilling their mission, as well as contributing to the promotion of social welfare”. Throughout this period, the Japan Hospital Association had continually aimed at “establishing medical ethics” and “improving the quality of medical services in hospitals.”