Building robust system to deliver high quality home-care: a preliminary outcome of BetterCare Initiative in Europe

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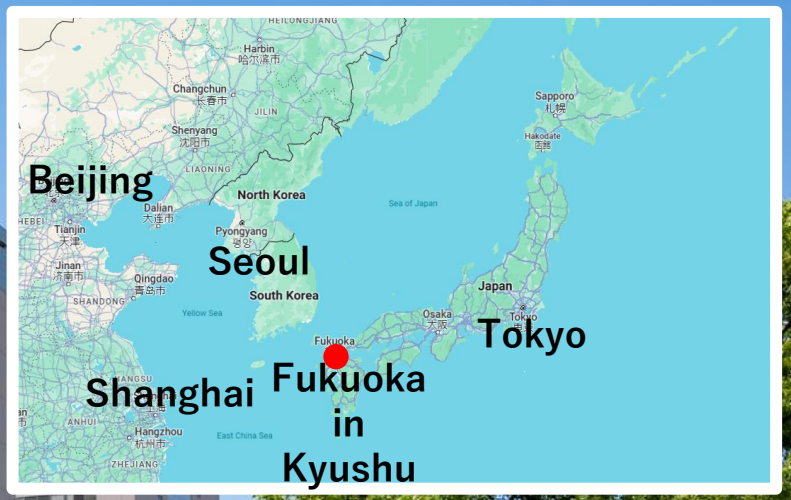

Kyushu University

VISION 2030

Driving social change with integrative knowledge

World Patient Safety Day 2025, 17th Sep 2025

World Patient Safety Day 17 September 2025

Project Lines of JQ for Quality and Safety Improvement

- Hospital Accreditation
- Patient Safety Promotion (PSP) Group of Among Accredited Hospitals
- Education and Training on Patient Safety and Quality Improvement
- EBM Medical Information Distribution Project (Minds)
- **Nationwide Adverse Events Reporting System of Medical Instution**
- **Nationwide Near-miss Event Reporting System of Community Pharmacy**
- **Nationwide Near-miss Event Reporting System of Dental Clinic**
- **The Japan Obstetric Compensation/Investigatiuon and Prevention System for Cerebral Palsy**
- National Quality Indicator (QI) Measurement Project

Patient representatives participate in the operation of most projects.

BetterCare

Supporting Emerging Care Economy, Empowering Caregivers to Provide Safe Care at Home

The main aim and objective of the Action is to improve prevention of caregivers' errors at home to implement efforts to increase recipients' safety, introducing an open dialogue about consequences of caregiver errors based on a collaboration integrating citizens, end-users, disciplines, approaches.

+161
Members

+37
Countries

KNOW MORE

BetterCare

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What is COST?

- COST (European Cooperation in Science and Technology) is a funding agency for research and innovation networks.
- Our Actions help connect research initiatives across Europe and enable scientists to grow their ideas by sharing them with their peers.
- This boosts their research, career and innovation.

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COST Action BetterCare • CA22152

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WG1: Network Promotion

WG2: Review and State-of-the Art of Safe Care at Home

WG3: Making Saffe Home-Based Practices Happen

WG4: Care Receiver’s Safety Pieces for the New Care Economy

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Management Committee
Strategy, decision making, readjust work plan

WG1. Network Promotion
Management, networking, assessment work plan, accountability and sustainability

WG3. Making it happen
Make feasible interventions for prevention errors at home and support caregivers after errors

WG2. State-of-the-Art
Conceptualization, map interventions and training programmes, metrics

WG4. New Care Economy
Impact of deinstitutionalise policies on recipients safety, encourage business opportunities for women

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DELIVERABLES	YEAR 1				YEAR 2				YEAR 3				YEAR 4			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
WG1. Network Promotion and balance																
Website and Blog																
Annual and final reports																
International forum																
Electronic and face-to-face meetings																
Network ongoing working after the Action has end																
WG2. Review and description of the State-of-the-Art of safe care at home																
National workshops																
Case study & other materials																
Meetings																
Scientific publications																
Technical reports																

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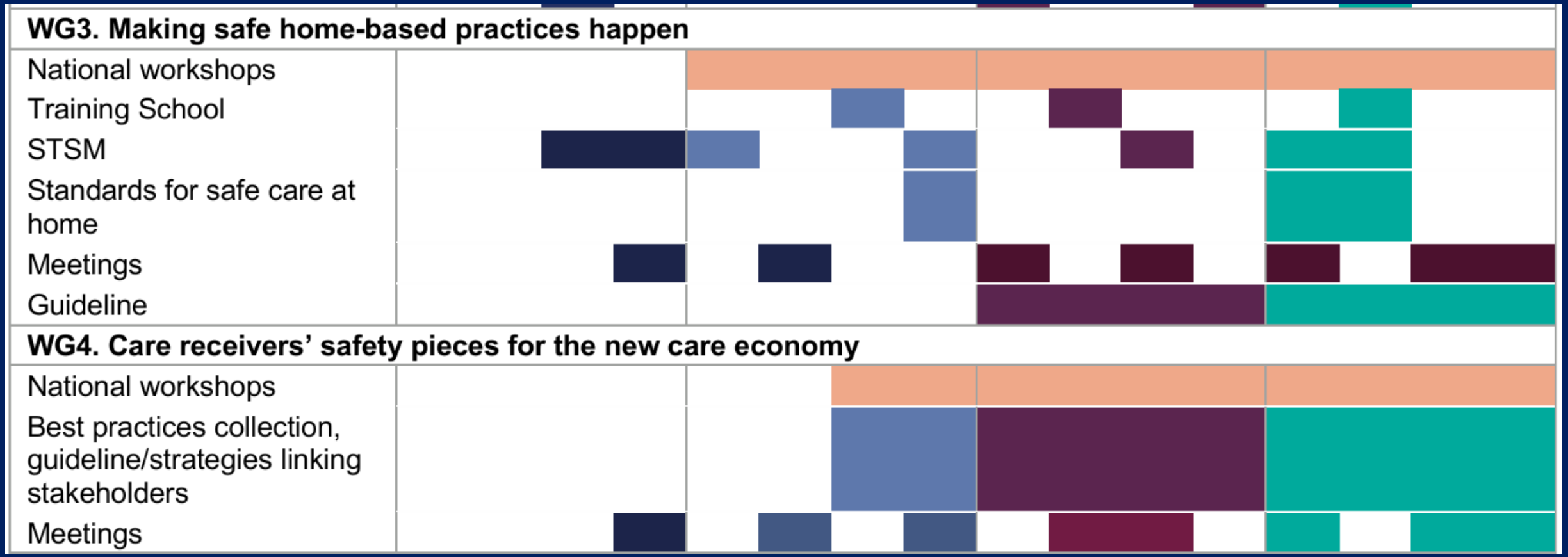
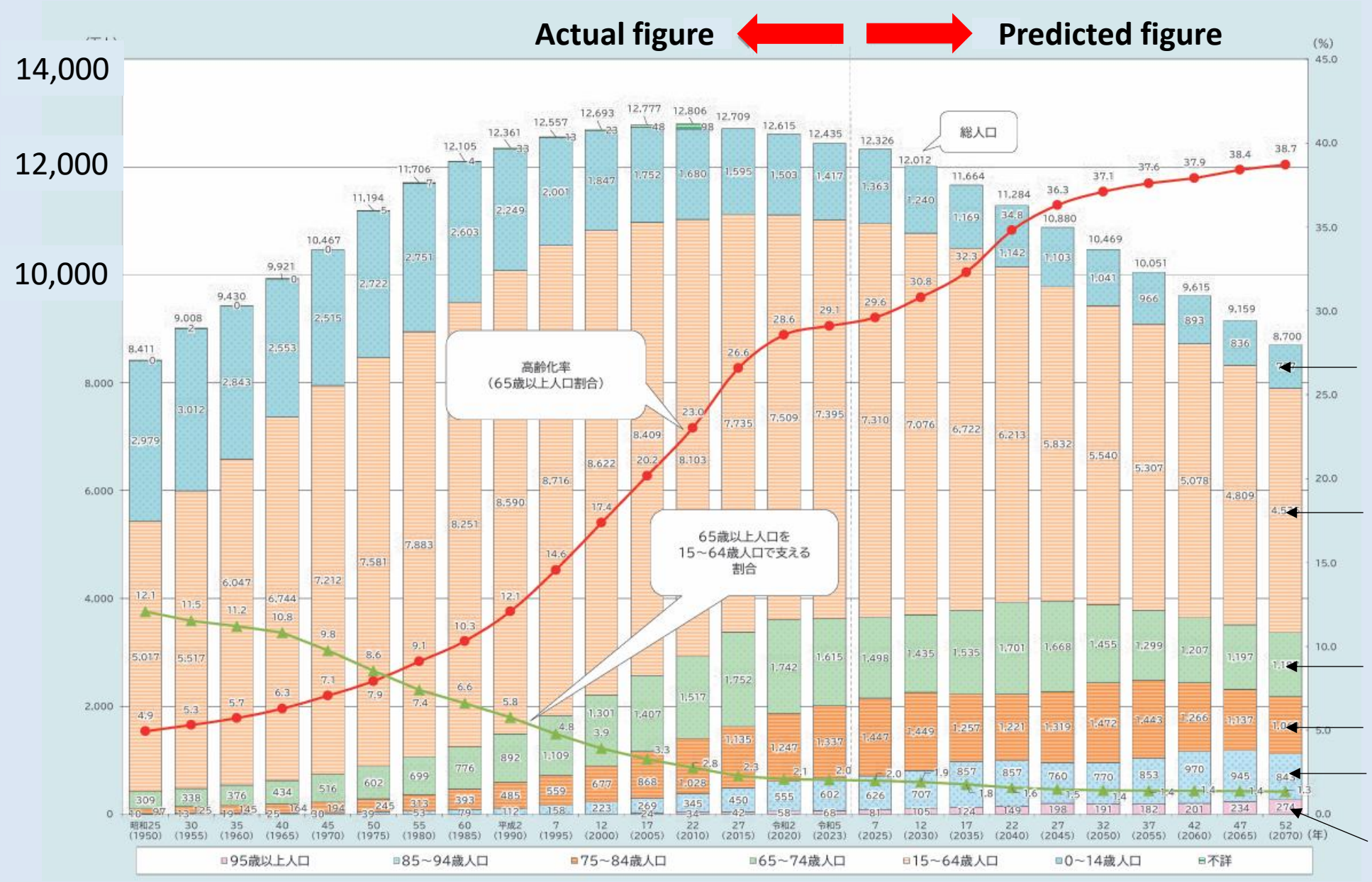


Increase in the aged population rate; 65 or older (JPN)



Rate of the aged population; 65 or older

Age groups

- 0-14
- 15-64
- 65-74
- 75-84
- 85-94
- 95 or older

Development of infrastructures and human resources on healthcare

I. Population; 125 Million

II. Institutions

- Hospital(20 beds or more): 8,199 (1,501,254 beds)*
- Clinic (0-19 beds): 104,538 (83,997 beds)*
- Dental clinic: 68,028*
- Community pharmacy: 60,171**

* Healthcare institution dynamism survey 2021, (31st Oct), MoHLW

** Public hygiene program report 2020, MoHLW (31st Mar)

III. Professionals

- Physician: 339,623 *
- Dentist: 107,443 *
- Pharmacist: 321,982*
- Nurse: 1,280,921**
- Public health nurse: 55,595**
- Midwife: 37,940**

* Physician, Dentist, Pharmacist Statistics 2020, MoHLW

** Public hygiene program report 2020, MoHLW (31st Mar)

Development of infrastructures and human resources on healthcare

III. Professionals relevant to nursing-care

- Nursing-care worker*
- Certified care worker (“Care manager”) **
- Social welfare worker*
- Mental health and welfare worker*
- Others; Therapists* i.e. Physical, Occupational, Speech, Certified dietician*, Daily life consultant, Life-assistance consultant, Chief service provider, Nursing-care assistant, nursing-care administrative staff, Home-helper

* National license

** Prefectural certification

Medical care insurance system (1961-)

Insured patient

"POPULATION"

Insurance premium* deducted from salary on monthly basis

* Family members are also covered.
* Welfare beneficiary covers healthcare cost for those who are unable to pay the premium.

Medical care insurance payers (Large companies, Japan Health Insurance Association, Mutual aid associations, Municipalities)

Healthcare service provision

"SERVICE"

Co-payment (10-30%)*

"COST"

* There is a monthly capping system depending on income.

Invoice of monthly payment (reviewed)

Monthly payment

Registered institutions with registered professionals

Hospital, Clinic, Pharmacy

Monthly claim

Monthly payment (70-90% of healthcare cost, reviewed)

Review and payment agencies

- Social Insurance Payment Fund
- Federation of National Health Insurance Associations

Structures of Medical care insurance : Chapters I-IV

I. Basic fee

- First round visit fee/Repeated visit fee

II. Specialized fee

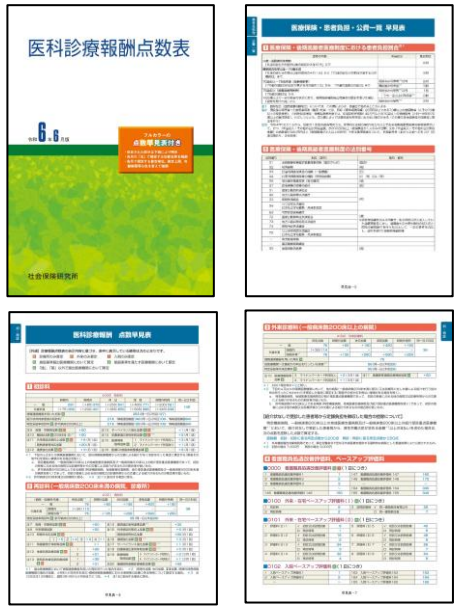
- Medical care management
- **Home-care**
- Laboratory test
- Imaging test
- Medication
- Injection
- Rehabilitation

II. Specialized fee (cont'd)

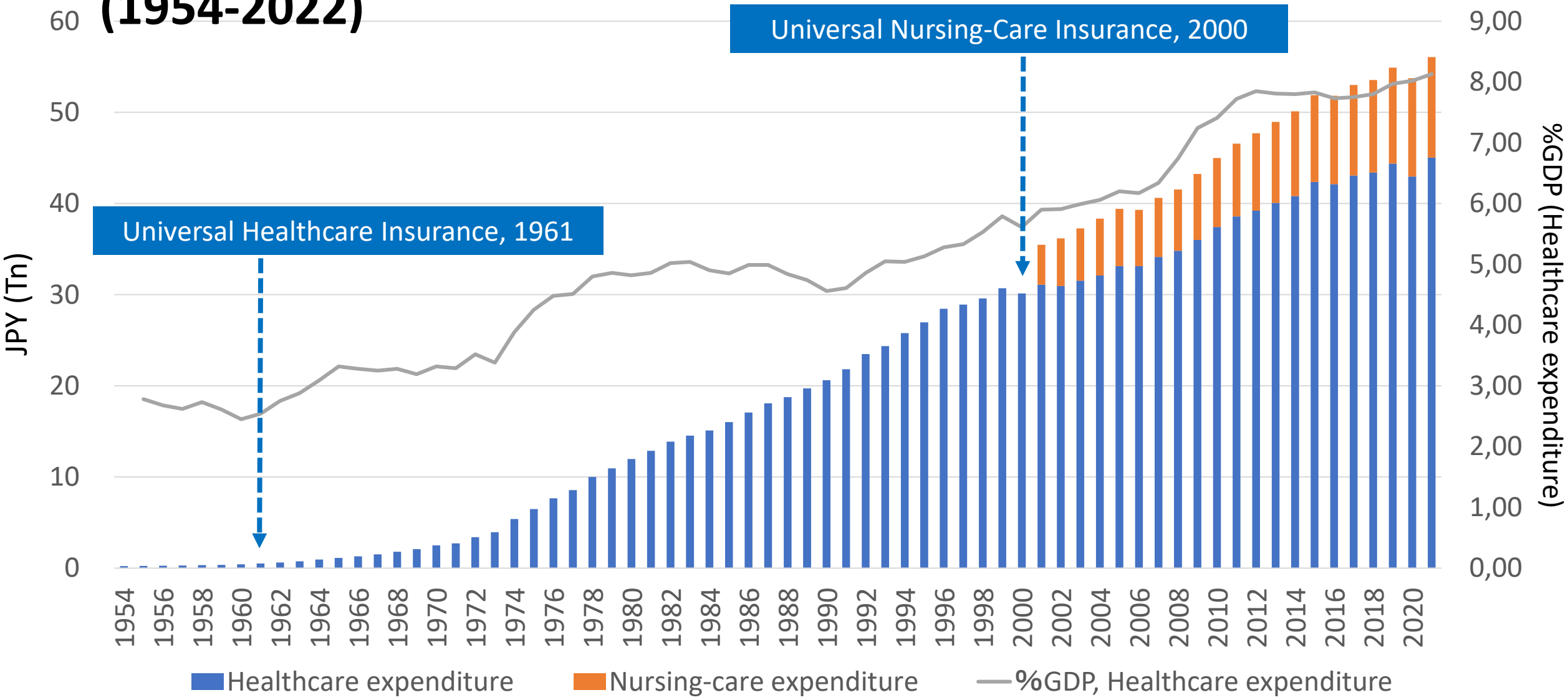
- Psychological specialized therapy
- General care
- Surgery
- Anesthesia
- Radiation therapy
- Pathological therapy

III. Medical fee related to nursing-facility for the elderly

IV. Other payment in pending



Trajectory of healthcare and nursing-care expenditure (1954-2022)

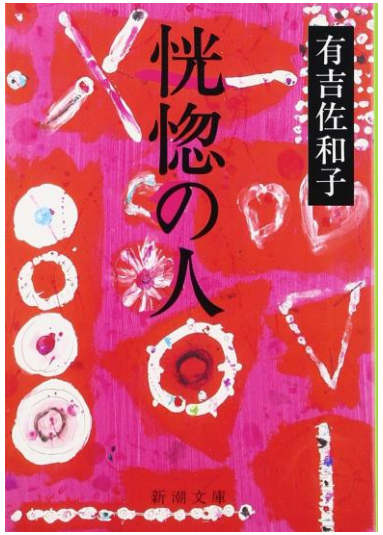


Challenges on the health of the elderly

White paper on health and welfare by MoH, 1969

“Long-lying elderly”

- Growing number of long-term hospitalized elderly patients.
- The government saw this issue as the one on “growing health expenditure” to which the government launched policies to reduce it. However, the population that pursued hospitalization simply continued to grow.



Novel by Sawako Ariyoshi: “Kou-Kotsu-No-Hito (The Twilight Years)”, 1972

- It depicted life of those who suffers senile dementia and family members who take are of the affected elderly.
- The novel provided a society an opportunity for being familiar with this issue.

Challenges on the health of the elderly

Essay by Dr Fumio Yamazaki, 1996: "Die in a hospital, what does it mean to our life?"

- The author as a medical doctor wondered while seeing terminally-ill patients with cancer if hospital is the place worth for them to spend the last days of their lives.
- He also wondered how we can spend happy days facing the end of our lives.

Launch of Nursing-Care Insurance (2000)

Backdrop

- Demand for nursing care is expanding as aging of society advances, population of the elderly requiring for nursing care is expanding, and length of nursing care for the elderly is getting longer.
- Concurrently, picture of family unit which has long taken care for the frail elderly is changing in such a way as “family nuclearization” and “aging of caregivers” advance.
- Recognition must be shared at national level that conventional welfare system and medical care delivery system for the elderly will not be sustainable.

Launch of Nursing Care Insurance

- System to collectively provide frail elderly with nursing care by whole society.
- Nursing-care Insurance Act was adopted at the diet in 1997 which turned into effect in 2000.

Nursing-care insurance system (2000-)

Elderly people classified according to their frailty

The insured; Group1 (65 y.o. or older); 35.85 M

The insured; Group2 (40-64 y.o.); 41.88 M

Municipalities

National nursing-care saving in medical health insurance payer

Nursing-care insurance payer (Municipalities)

Municipalities; 12.5%	Prefectures; 12.5%	Central gov.; 25%

Central gov.; 20%, Prefectures; 17.5% for facilities under prefectural jurisdiction

Tax 50%

23.0%

27.0%

Proportional to population scale of two groups i.e. Group 1 and 2

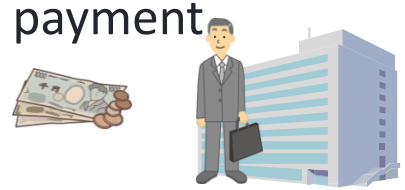
Insurance premium 50%

Service

10-30% Co-payment
Residential/Food cost

Invoice of monthly payment (reviewed)

Monthly payment



Service providers

i. Home-care
   - Visit nursing-care
   - Daily nursing-care

ii. Community service
   - Regular visit nursing-care, On-demand visit nursing-care
   - Group home care for senile dementia

iii. Facility service
   - Welfare facility for the elderly
   - Healthcare facility for the elderly

Payment for 70-90% of service cost

Monthly claim

Review and payment agencies

- Federation of National Health Insurance Associations

Types of comprehensive nursing-care service

Nursing care service

Regulated i.e. approved and audited, by prefectural governments and equivalently authorized municipalities

Home-based nursing care service

Visit service

- Visit nursing care
- Visit bathing care
- Visit medical-nursing care
- Visit rehabilitation
- Guidance on home care and management
- Basic nursing care at designated facilities
- Loan of welfare equipment
- Sale of specified welfare equipment

Day service

- Daytime nursing care
- Daytime rehabilitation

Short-stay service

- Short-say basic nursing care
- Short-stay medical-nursing care

Facility-based service (Types of facility)

- Nursing and welfare service facility for the elderly
- Nursing and health service facility for the elderly
- Medical institution with nursing service*
- Medical home with nursing service

* Abolished in Mar 2024 and succeeded by "Medical home with nursing service.

Regulated i.e. approved and audited, by municipalities

Community's needs-based nursing care service

- Regular patrol/need-based visit nursing care
- Night visit nursing care
- Community's need-based day nursing care
- Dementia-oriented day nursing care
- Small scale & multiple service delivering home-nursing care
- Dementia-oriented & group-format basic nursing care i.e. "Group home"
- Basic nursing care by community's need-based nursing and welfare service facility
- Complexed-form services i.e. small scale & home-medical-nursing and home-nursing care

Home-nursing care assistance

Preventive nursing care service

Preventive nursing care service

Visit service

- Preventive visit bathing care
- Preventive visit nursing care
- Preventive visit rehabilitation
- Preventive home-medical-nursing guidance
- Preventive basic nursing care at designated facility
- Preventive Loan of welfare equipment
- Preventive sale of specified welfare equipment

Day service

- Preventive day rehabilitation
- Short-stay service
- Preventive short stay basic nursing care

Short stay service

- Preventive short stay medical-nursing care

Community's need-based preventive nursing care service

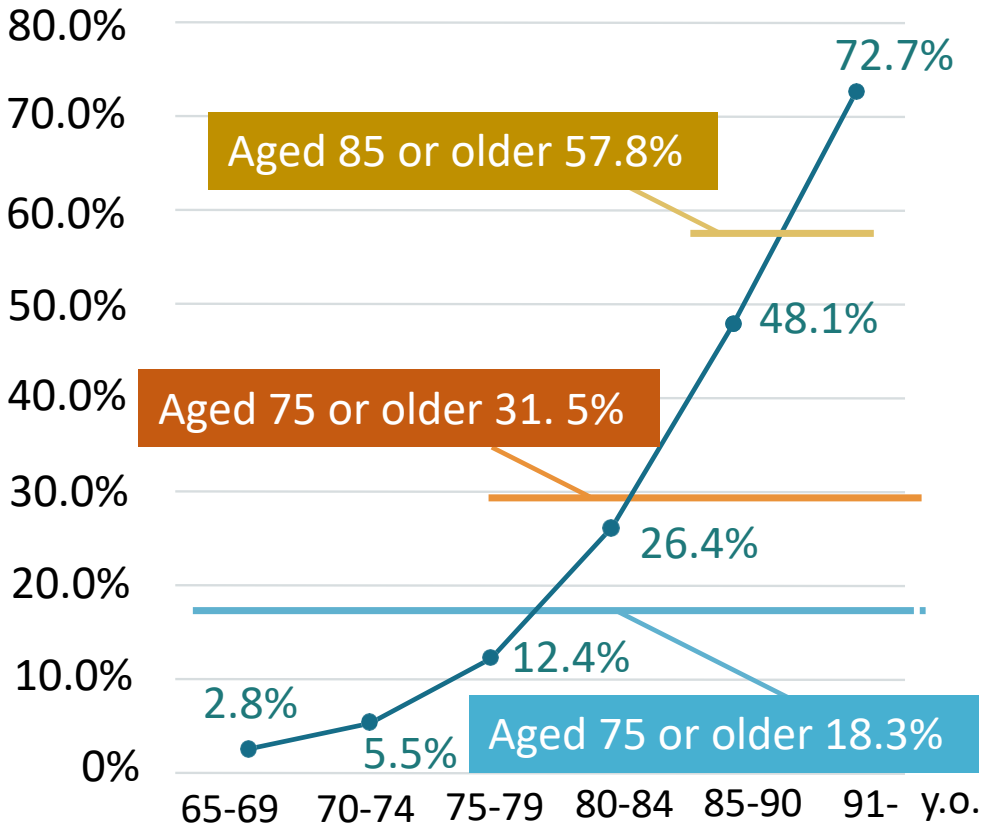
- Preventive care-form & dementia-oriented day nursing care
- Preventive care-form & small scale and multiple service delivering home-nursing care
- Preventive care-form & dementia-oriented & group-format basic nursing care i.e. "Group home"

Preventive nursing care assistance

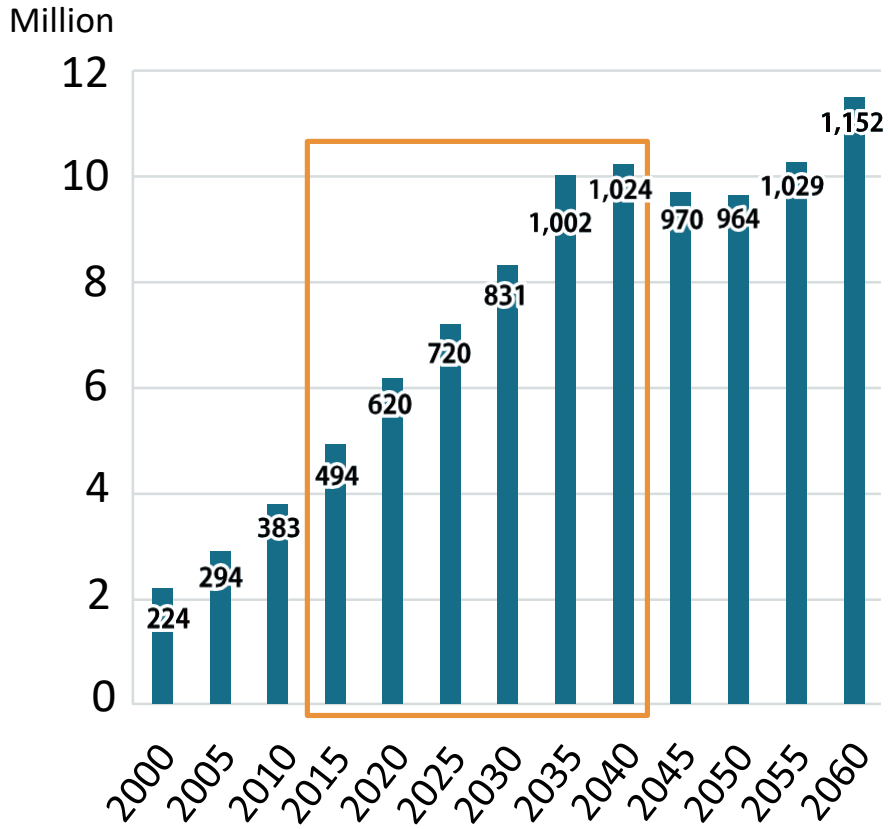
Expanding demand for integration of medical care and nursing-care

- Rate of eligible population for nursing care insurance increases as age develops, particularly, it is extremely high among elderly population over the age 85.
- It is foreseen that the growth rate of highly-aged group i.e. 75 and older, will slow down, however, the population aged 85 or older will continue to grow until 2040.
- It means that the population of those who need both medical and nursing care will continue to grow.

Rate of population eligible for nursing care insurance by age group



Population aged 85 or older



Ref: 1)"Rate of population eligible for nursing care insurance in Sep, 2020" in "Annual report of nursing care insurance payment", 2)Population in Oct, 2020 in "National population estimates", 3)"Population prospect at median value" in "National prospect of population 2017", and 4) "General outlook of our country".

Care integration in community: “Community-based Integrated Care System; A way to move forward"

Medical Care

Hospitals:
Acute phase, recovery phase, chronic phase

Daily health care:

Outpatient/in-patient care

- PCP, clinics with in-patient facilities
- Regional affiliate hospitals
- Dental care, Pharmacies

- CommunityGeneral Support Center
- Care manager

Provides consultation service and service coordination.

Home

- One’s own residence
- Senior residence offering services, etc.

Visits / Moving in

Nursing-Care

■ Home care services:

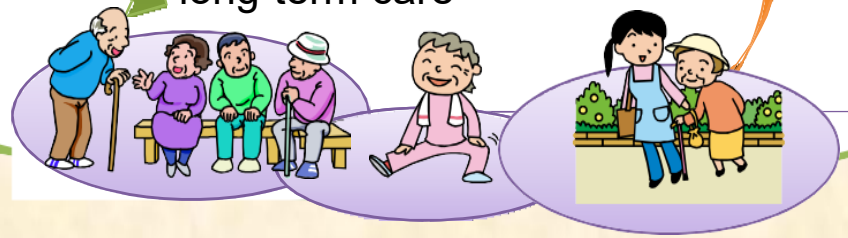
- Home-Visit Long-Term Care, Home-Visit Nursing, Outpatient Day Long-Term Care
- Multifunctional (Nursing-Care) Small Group Home
- Short-Term Admission for Daily Life Nursing Care
- Equipment for Nursing Care covered by Public Aid
- 24-hour Home-Visit Service
- Combined Multiple Service (Multifunctional Long-Term Care in a Small Group Home & Home-Visit Nursing)

■ Preventive Nursing-Care Services

■ Facility/Residence services:

- Nursing-care homes
- Geriatric health services facilities
- Communal-living care for patients with cognitive disorder
- Daily-life care for persons at government-designated facilities etc.

Livelihood support/ preventing long-term care



* The Community-based Integrated Care System is conceived in units of every-day living areas (specifically equivalent to district divisions for junior high-schools) in which necessary services can be provided within approximately 30 minutes.

Senior clubs, residents’ associations, volunteer groups, NPOs, etc.

Cooperation of different healthcare settings i.e. home-care and home-nursing care in 8th National Healthcare Delivery Plan

Consultation office* on home-care/home-nursing-care coordination service e.g. regional associations of JMA

* Office is allowed to base at municipal government hall, regional comprehensive assistance center

Home-care coordination hub

Municipalities

Cooperation

Assistance through logistical support and coordination for inter-areal unit service

Prefecture, regional health center

- Identify gaps
- Data collection, analysis, and associated assistance
- Share best practice in areal unit
- Coordinate relevant bodies

Assistance to build cooperation of relevant bodies

Regional board joined by medical care and nursing care providers.

- **Consultation service** on home-care and nursing care cooperation
- **Education and training** for experts of medical/nursing cares.

Nursing care

Home-care assistance

Nursing care facility/office

Home-visit medical/dental care

Home-visit medical care

Temporary hospitalization

(Acute care, admission for temporary care)

Temporary admission

Home-visit nursing care

Clinic, Home-care-oriented clinic/dental clinic

Hospital, Home-care-focused hospital, clinic with beds

Home-visit nursing care office, Community pharmacy

Medical-care insurance vs Nursing-Care Insurance

Medical care insurance

- It aims to provide diagnosis and treatment through reimbursement for clinical practices by physician, patient admission, and medication.
- It reimburses acute care and care management.
- All the people in Japan are insured.

Nursing care insurance

- It aims to maintain or improve QOL and facilitate independence through supports for daily living.
- It primarily supports care for chronic conditions.
- People belonging to “Class I: 65 or older” and “II: eligible person at 40-64” are insured*.

  * 0-39 are not insured by nursing care insurance.

Patient is covered by either of them periodically depending on health conditions such as acute illness, sudden deterioration of chronic disease etc.

Four roles of home-care focused in “Guidance on Home-care Delivery System Development (2023)

Areal unit of home-care

Four roles of home-care in home-care delivery system

- **i. Discharge consultation and assistance**
- **ii. Daily care**
- **iii. End-of-life care**
- **iv. Acute care**

Home-care focused medical institution

Proactively engaged in home care ensuring commitments to i-iv.

- Delivery of 24/7 home care
- Cooperation with other relevant institutions*
- Delivery of medical care/nursing care/welfare for the disabled through multidisciplinary approach.

*Home-care support clinic,
Home-care support hospital

Home-care coordination hub (non-medical institution)

Formulate regional cooperation to ensure commitments to i-iv.

- Holding meeting in the presence of stakeholders in community.
- Coordination for comprehensive and sustainable care delivery.
- Building cooperation of relevant institutions e.g. local governments, community health centers and regional associations of JMA (Japan Medical Association) and so on.

Ref: “Systematic service delivery in regions of disease care, health project care and home care” 31st Mar, 2023 (Partially amended 29th Jun, 2023) Notice of Division on Regional Healthcare Delivery Planning Policy Bureau.

Care settings and types of service financed by nursing care insurance payouts

Extra fee for discharge planning: 450-900 Units/occasion
- Consultation meeting with hospital staff to formulate home-care plan

Extra fee for guidance during admission: 600 Units/occasion
- Guidance for home-care provided in consultation with doctor in charge during admission

Extra fee for information sharing at discharge: 500 Units/occasion
- Information sharing on documentary basis with doctor in charge of home care

Extra fee for medication data sharing on documentary basis with doctor in charge of home care: 100-440 Units/occasion
- Information sharing of medication on documentary basis with doctor in charge of home care

Home

Extra fee for early days of admission: 30 Units/day
- Careful treatment to adapt change in relation to admission

Extra fee for urgent admission to provide short-term comprehensive medical care : 275 Units/day
- Admission for providing medical care in emergent fashion

Nursing-care facility

Extra fee for discharge: 450-900 Units/occasion
- Consultation meeting with hospital staff to formulate home-care plan

Extra fee for guidance during admission: 600 Units/occasion
- Guidance for home-care provided in consultation with doctor in charge during admission

Medical institution

Extra fee for early admission days: 30 Units/day
- Careful treatment to adapt change in relation to admission

Extra fee for discharge: 30 Units/day
- Cooperation with hospital to accommodate patient

Extra fee for information sharing at discharge: 100-200 Units/occasion
- Information sharing on documentary basis with doctor of medical institution

Extra fee for Information sharing on visiting medical institution: 50 Units/occasion
- User is accompanied by “care-manager” on seeing doctor.

Clinical data sharing
- Policy development on data sharing
- Medical care insurance pays for sharing of the data by doctor in charge of the user

Cooperation of relevant facilities on daily basis

Home-care guidance: 259-514 Units/occasion (Price for physician)
- Guidance by physician, dentist, pharmacist, registered dietician, dental hygienist

Contract medical institution for affiliation

Extra fee for cooperation (for residential service facility for the elderly) with medical institution: 80 Units/month
- Clinical data sharing with medical institution or doctor in charge more than once a month

Extra fee for cooperation (for group home for senile dementia) with medical institution: 39-59 Units/month
- Nursing staffing in cooperation with medical institution

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Patients in need of home-care services

I. The frail elderly in need of nursing care e.g. consequences due to cerebral infarction, musculoskeletal diseases, dementia, senility, frail/sarcopenia

II. Terminally-ill cancer patient

III. Intractable neuromuscular diseases e.g. Amyotrophic lateral sclerosis (ALS), Parkinson's disease, Rheumatoid arthritis, Chronic respiratory failure

IV. Pediatric profound health conditions e.g. Congenital diseases, Tube-feeding, Mechanical ventilation, and Children with special healthcare needs

V. Disabled people e.g. Spinal cord injury, Intracranial disease, Head injury, Cerebral palsy

VI. Other conditions e.g. Mental illness

End-of Life Care: Process chart for decision making on medical and social care for the final period of life (End-of-life care), MHLW*

*MHLW: Ministry of Health, Labour and Welfare

Thorough sharing of patient's details

Patent's will, verifiable

Patent's will, foreseeable by family members

Patent's will, not-verifiable

Patent's will, not-foreseeable
No family members

Patent makes decision on care through in-depth discussion with medical professionals.

Family makes decision on providing best care for patient fully respecting foreseeable patient's will.

Team in charge carefully consider best care for the patient before making decision. Family members, if any, shall be involved in the decision-making process regarding the patient's care.

Policy making on medical and social care for the final period of life (End-of-life care)

Unable to make decision on patient's care due to such reason as difficult or complex condition of sickness.

Form multi-professional committee to deliberate care policy and/or provide advice.

"Decision-making process guideline on medical and social care at the final period of the life, 2018 MHLW" and "Explanatory book", and leaflet are available at website in the Ministry's homepage.

https://www.mhlw.go.jp/stf/houdou/0000079283.html

Promotion of ACP * by MHLW**

“What I wish for my last days” could change.

“Well, thank you Dr, I will be, I’m not sure of how many years I continue to live, though.”

“Mr Nakamura, your blood hypertension continues. Please be careful”

“Mr Nakamura, do you know about “My Life Dialogue””?

イラスト/漫画:精谷智子

“Dr, I’ve done with inheritance and mourning ceremony procedures.”

“No, No, Mr Nakamura. I admit that they are important, but…”

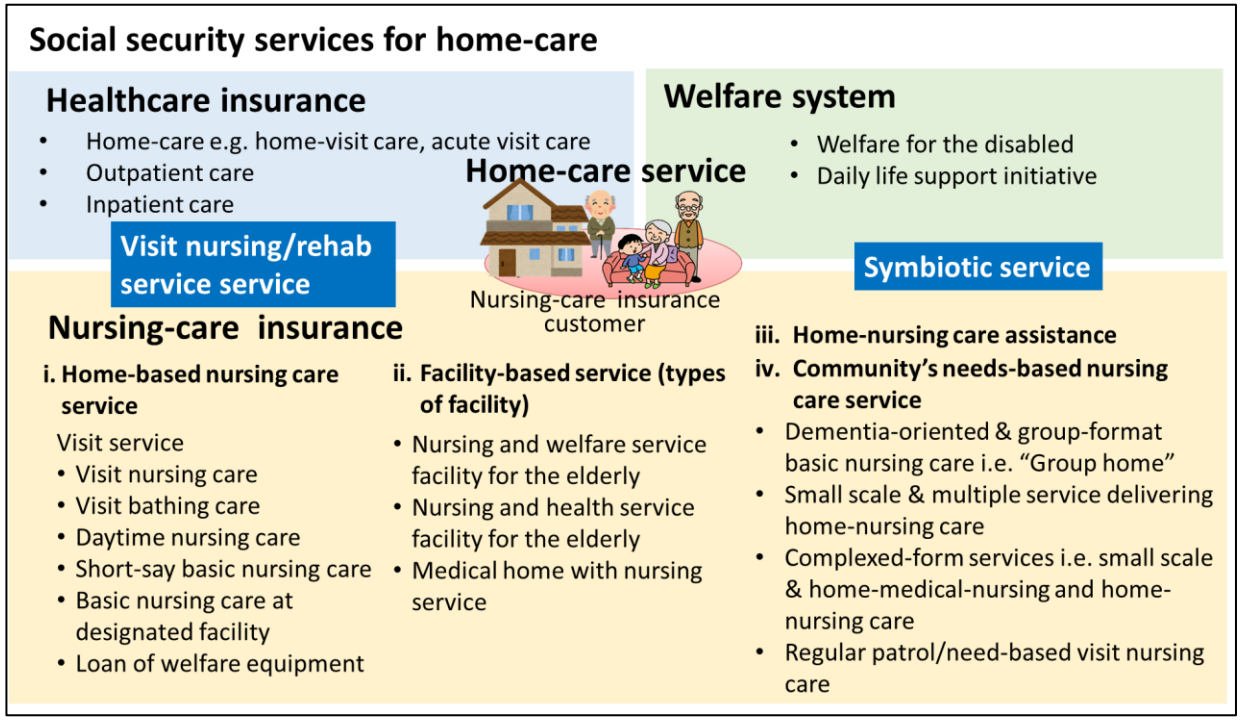
“““My Life Dialogue” is a meeting with your close associates on what you value and how you wish to spend final days including types of care you want.”

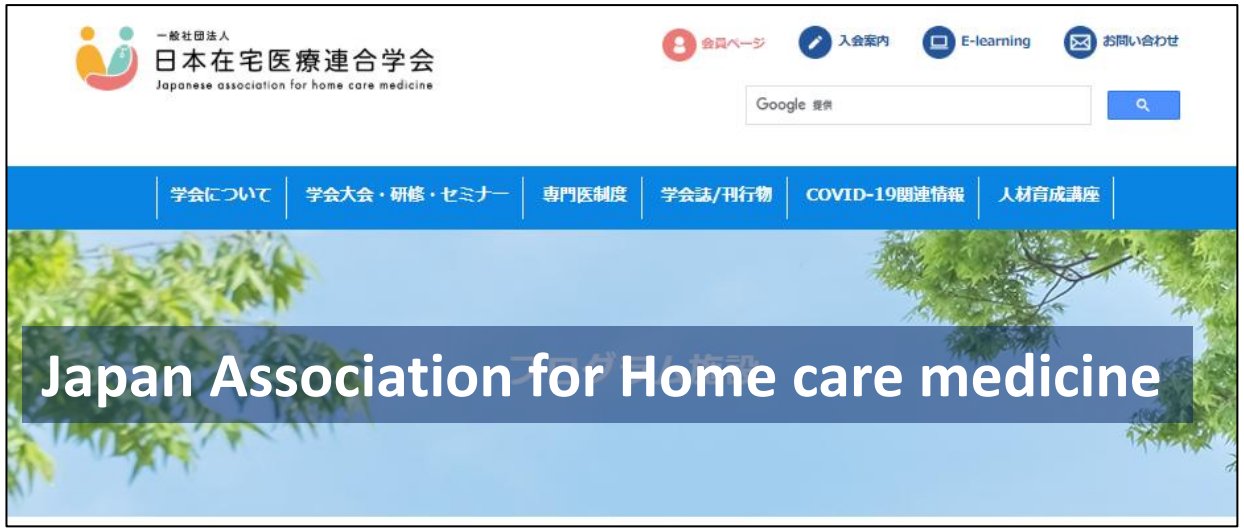
* ACP: Advance care planning

** MHLW: Ministry of health, labour, and welfare

Education & Training including the viewpoint of safe care

- Providing sufficient services for patient/resident at home.
  - ✓ Insurance systems encourages care providers to deliver wide variety of care.
- Ensuring quality and safety on services provided for home-care.
- Education and training on home-care is provided by regional JMA offices, JNA offices and offices of professional bodies, academic societies.





Wide variety of services to support the elderly, the disabled and the family in nursing-insurance system

I. Nursing-care benefit for "Care level 1-5"

II. Preventive care benefit for "Care level 1-5"

III. Comprehensive "Nursing-care prevention and daily wellness support" Initiative for "Care level 1-2" and "Eligible frailty-level by system-authorized check list"

- Nursing care prevention and Daily wellness support services
  - ✓ Home-visit service
  - ✓ Facility-based daily service
  - ✓ Daily wellness support service e.g. food delivery
- Personalized nursing-care management service

IV. Comprehensive daily wellness logistical support initiative

- "Regional daily wellness comprehensive support center" operations: Personalized nursing-care prevention plan management, Consultation service, Human-rights protection service, Care management support, Hosting regional care stakeholders' forum
- Coordination initiative of "Home medical-care" and "Home nursing-care"
- Comprehensive support initiative for "Senile dementia": Early stage focused support initiative, Regional dementia care enhancement initiative
- Daily wellness support system development initiative: Deployment of coordinator, Hosting stakeholders' forum

V. Voluntary initiative

- Nursing-care spending review initiative
- **Family caregivers support program**
- Other relevant initiatives

Community support initiatives

Family caregivers support program

Provide guidance for nursing care practices to those who care family member eligible for nursing-care insurance benefit.

I. **Hosting "Nursing-care Class" aiming to maintain or improve health conditions of family member receiving nursing-care insurance benefit.**

II. **Initiative of monitoring senile dementia patient while fostering enabling conditions**

III. **Experienced family caregiver support initiative to reduce physical, mental, and financial burdens**

   A) Health consultation and disease prevention initiative
   B) Hosting networking event for family caregivers
   C) Initiative to foster independence in nursing-care recipients
      a. Initiative to console family caregiver e.g. benefit for consolation
      b. Provision of nursing-care products

Education & Training / Capacity building

- Prefectural and municipal initiatives funded or not-funded by nursing-care insurance system/subsidy by local government are conducted.

EHIME Prefectural Nursing-care E&T Center

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NIIGATA Social Welfare Council


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NIIGATA Social Welfare Council

Experienced family caregiver support initiative

Bodies to support new and unfamiliar caregivers;

- Municipalities, Social welfare corporation, other bodies to provide nursing-care

Thank you for listening !

Questions?

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