Study Visit for Fee Schedule

(October 27th – November 2nd)

Participants from Bangkok Fee Schedule Committee

Dr.SONGCHAI SIMAROJ
Chairman

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Vice Chaiman

Dr.JITRA YOOPRASERT
Lerdsin Hospital (MOPH)

Dr.KAMOL SRIJUNTUEK
LuagPhoTaweesak Hospital (BMA)

Dr.MANUSVEE SMITHSUWAN
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NHSO officer

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NHSO officer

MS.NATCHA SAMMAKARM
NHSO officer

The study report for medical reimbursement in Japan (fee Schedule):
Focused on roles of the-Central Social Insurance Medical Council "CHUIKYO"
From October 27 – November 2, 2019

This study trip is a continuous learning for universal health coverage under cooperation the project of GLO + UHC, JICA and National Health Security Office (NHSO), in Micro Finance since 2018, in order to apply the Fee Schedule model of medical payment in the health insurance system to Thailand, aiming to pilot for referral system in out-patient service (OP Refer) in Bangkok area.

1. To study the roles, duties, and responsibilities of the Central Social Insurance Medical Council. "CHUIKYO." In setting and improving the list for medical reimbursement in the Japan health insurance system.

2. To study the technical experience, and both formal and informal coordination negotiations in order to set and revise the Fee Schedule list in the health insurance system of Japan.

3. To provide an opportunity for representatives from Bangkok to learn and to share their experiences and work mechanisms with the Central Society insurance "CHUIKYO" and to be able to adapt to the context of Thailand.

On 28 October 2019

Dr. Kunihiko SUZUKI, a representative of the Japan Medical Association "CHUIKYO"

and see The Community-based Integrated Care System, Affiliate of SHIMURA FREUDE GROUP

Profile :

- Former Former "CHUIKYO"'s membermember (provider)
- Director : Medical Corporation Hakujinkai, Simuraomiya Hospital, Social Welfare Corporation Hospital, Hakuyukai

Managed by The Community-based Integrated Care System, the business consists of a service

- Nursing Home
- Coffee Shop

- Omiya General Care Plan Center
- SHIMURA OMIYA HOSPITAL
  - Palliative care Edelweiss ward
  - Swiss Rehabilitation ward
- Day Care Center
- Apartment for Elderly

1. Nursing Home

The elderly care center is called TOKUYO. It is a place for caring for the elderly from 65 years old or older. They take care of the elderly level 3-5 (elderly groups that need to help with excretion, paralysis, amnesia). They have 49 beds only for elderly people in the Omiya ward. (29 beds for a long stay, and 20 beds for short stay, approx. 2-3 days).The room size is about 16 square meters. All single rooms accommodation rates 100,000-150,000 JPY per month. We have 3 staff to take care of 10 people. There is a medical examination twice a week from SHIMURA OMIYA hospital, elderly co-pay 10-30%, no entrance fee. The elderly care center helps to take care of daily life and does not provide medical care.

The municipality supports the money to set up the elderly care center, After that, it will be managed by the owner.

2. Coffee shop

The coffee shop was opened in 2012 because the government has a support policy for community-based Integrated care, so they have to do a lot of business. Coffee shop established with the idea of an area where people in the community come to exchange experiences, which are not only in the hospital, the latter is open to the disabled, children and underprivileged people who seek for a connection in the community. The income of the coffee shop is mainly from food-box delivery to customers in the hospital.

3. Omiya General Care Plan Center

Omiya General Care Plan Center is one-stop service home care is a holistic service center serving patients at home and hospital. Nursing and Physical therapists to take care of the patient at home. Open 24-hour consultation service. The service fee is in insurance. there is a home helper, physical therapists, nurse, doctors from the hospital and care manager. They take care of patients enrolled at the center of approximately 1,000 people in the municipality and some outside the municipality.

4. SHIMURA OMIYA HOSPITAL

4.1 Swiss Rehabilitation ward

They have physical therapy services at hospitals and homes. The patients of stroke need 3 hours of physical therapy with activity as follows: physical therapy, physiotherapy activities and speaking practice activities. There are activities that prepare the patient to return to daily life at home. For example cooking, practice driving (simulator), learn to sit on the floor and the robot assists in walking practice, which mainly applies to patients with stroke and patients suffering from spinal cord injuries. Patients suffering from spinal

cord injuries the use of the robot is packed in Fee schedule if a stroke is not contained in the Fee schedule, it is a hospital service that is provided to the patient free of charge.








4.2 Palliative care Edelweiss ward

Palliative care Edelweiss ward care end-state patient, most patients have cancer. Patients died at the hospital about 80%. They do not choose whether death at home or hospital. Those who got better will be sent back home. If they are not getting better then they'll come back to the hospital. Most of the departments are single rooms. They set one staff per 10 patients.








5. Day Care Center

There are various activities to choose for example karaoke, playing Mahjong, function physical therapy, a cooking room, fitness room which is not in the insurance (the fee is 4,000 yen per month), a short stay service. All services include health insurance except fitness.

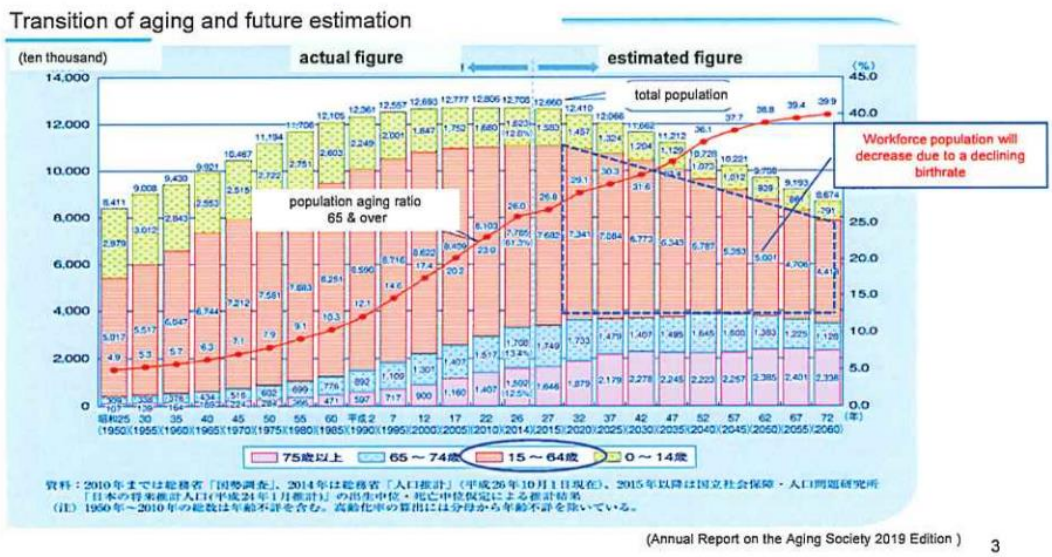


6. Apartment for Elderly

As an alternative for the elderly who need privacy or do not want to stay at the elderly care center. Apartment for Elderly accept elderly is 65 years old and older, they have a serviceable to call the staff 24 hours, room size of 20 square meters, with a maximum of 30 square meters, Apartment for Elderly fee 130,000 JPY per month for meals included. Only the room is about 45,000 yen per month. Some services are available for both Japanese and foreigner.

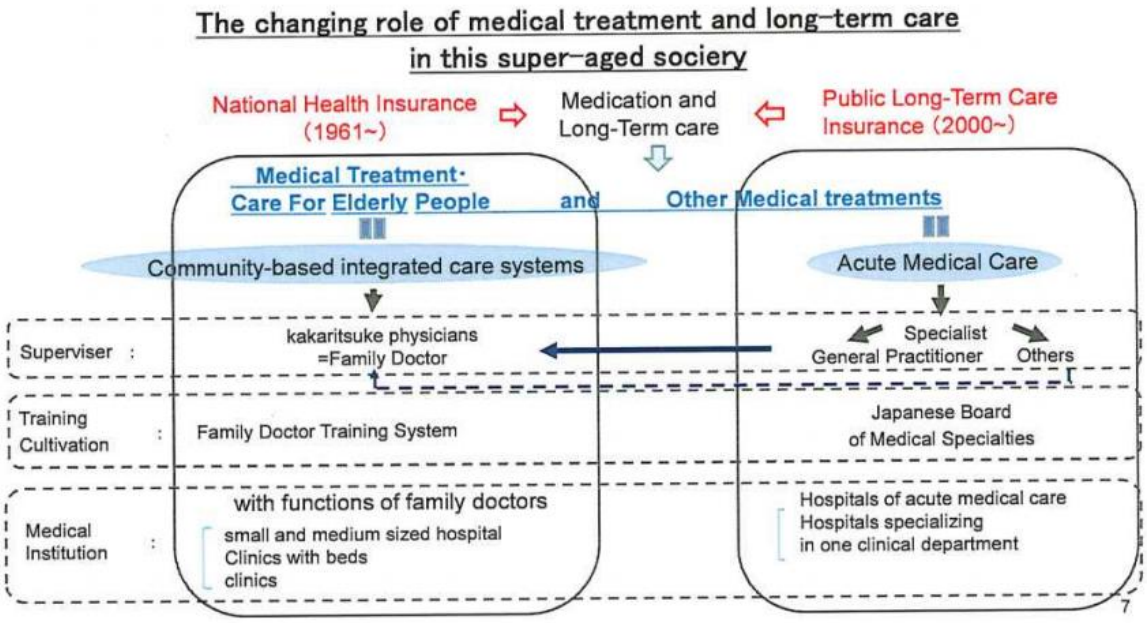
Present health information in Japan

The paradigm shift of population dynamics and the medical care system

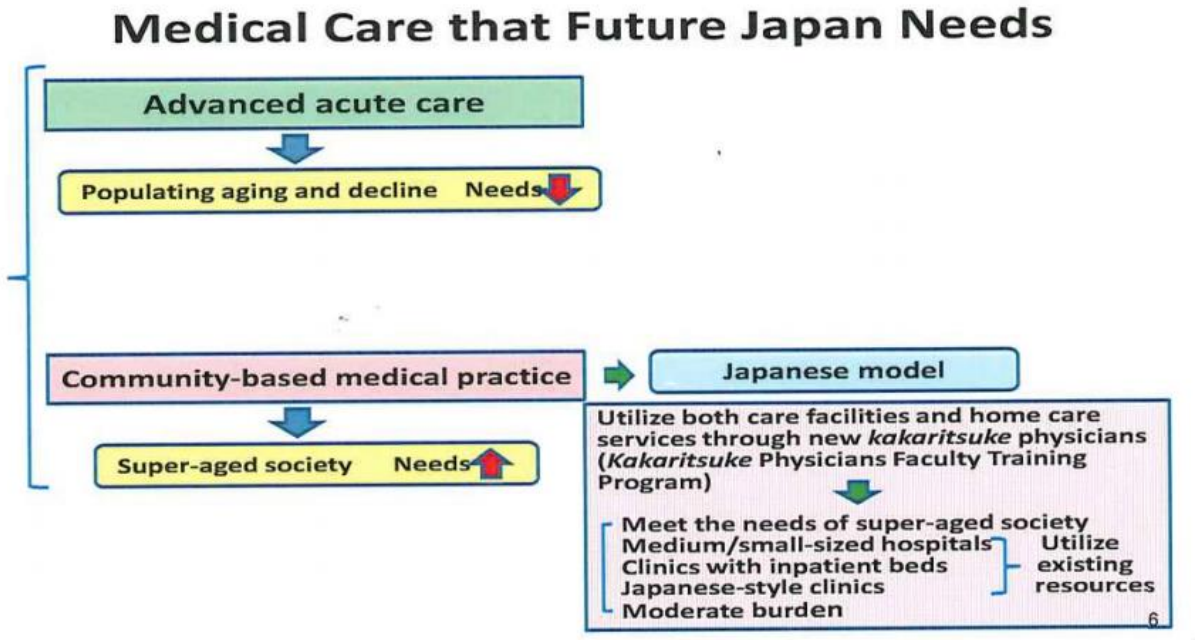


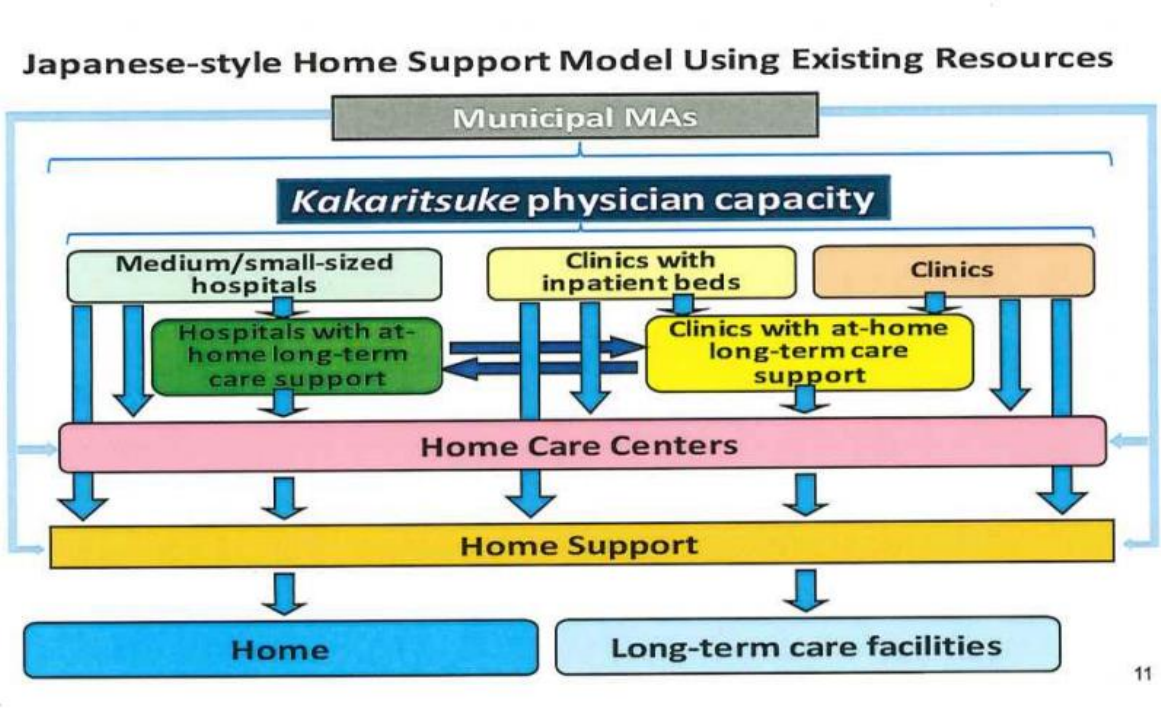
(Annual Report on the Aging Society 2019 Edition)

Operations in the Community-based Integrated Care design extend the coverage of people with disabilities, elderly and children who live at home and according to the Elderly care center Community-based Integrated Care has led to the overall community development. Create a strong community for Japan. The elderly population increased. Bed requirements for Acute Care are reduced. Needs more elderly care.

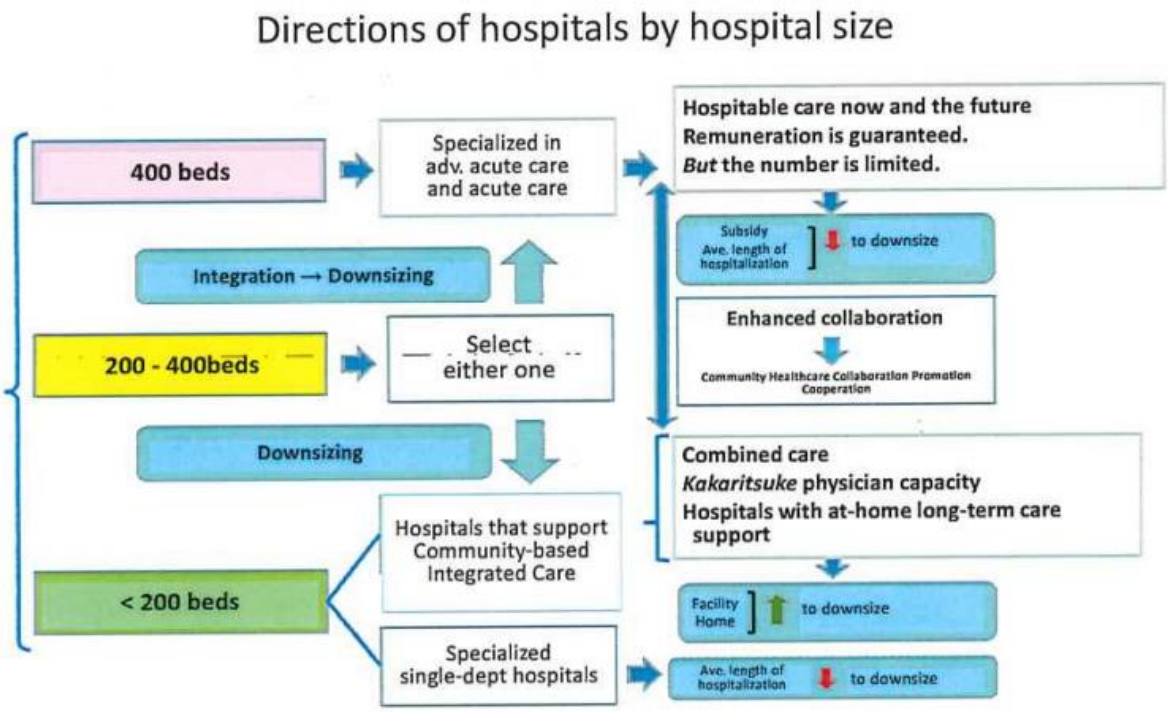


Care for medical care and long term care will be more inclusive of Community-based Integrated Care, with a Family doctor, Japan Medical Association (JMA) is a training center Family doctors and now have 36,000 Family doctor. Next, all clinics and hospitals must have Family doctors.



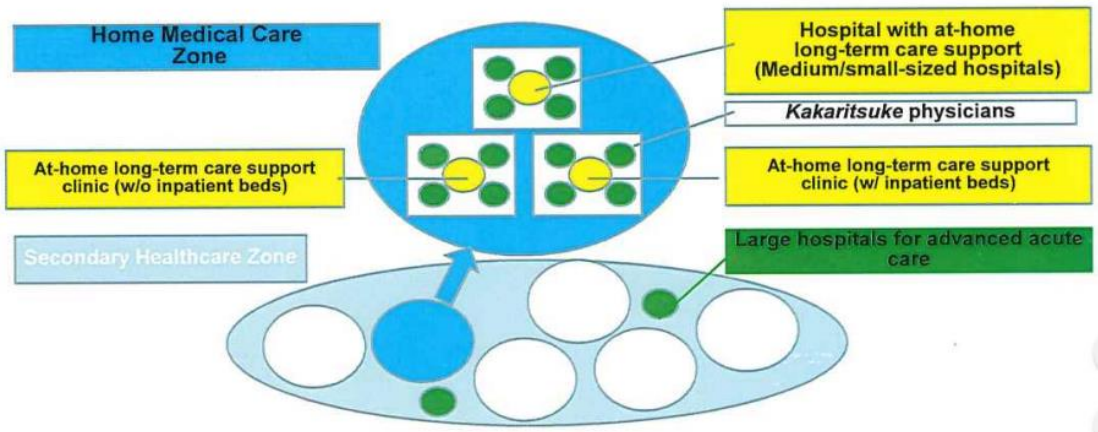


The large government hospital 400 beds or more will take care of acute care and complex disease. A private hospital with a size of more than 400 beds will try to reduce the number of beds. The need to stay in the hospital is shorter. A large hospital will try to maintain specific requirements. A medium-sized hospital offers a bed less than 200 beds and adjusts to Long term care. The medium-sized hospital and clinics come into the community-based Integrated care system.

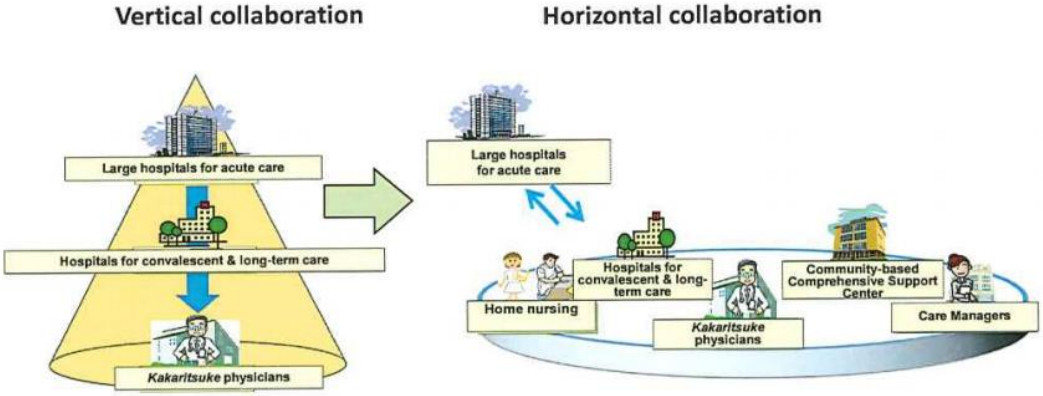


The role played by community-based small and medium-sized hospitals & clinics with beds

Japanese-style Home Support System



From *Vertical* collaboration to *Horizontal* collaboration



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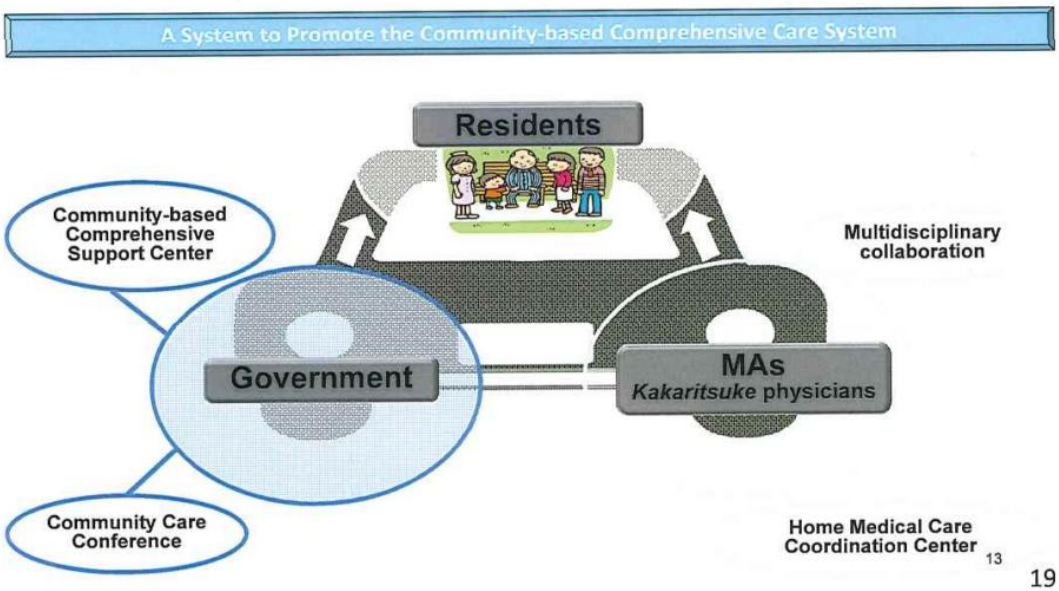
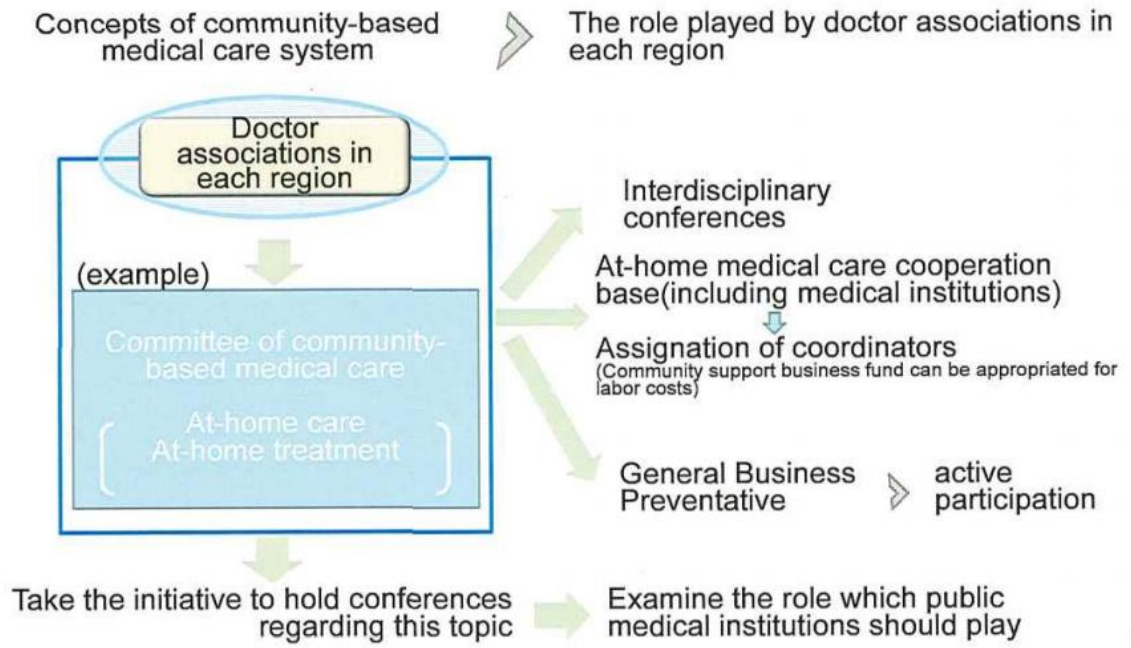




The regional medical associations held meetings with other professional groups to jointly take care of patients. The integrated care system in the community is divided into functions and mechanisms that work best together.

Dr. Kunihiko SUZUKI described the experience of working as a committee of "CHUIKYO" as follows

The factors that made the negotiation of the adjustment of medical reimbursement successful were that all parties had the goal of keeping the health insurance system up and running efficiently. Division.

Health Security Fund will try to bargain the price to be cheaper. The service department wants to increase the price that must be negotiated must consider the impact on clients. Finally, all parties want to maintain the system.

Being a representative of the Provider on the "CHUIKYO" committee has to work very hard. There is almost no free time. The "CHUIKYO" board has a 2-year term, not more than 3 times or 6 years. There are a set of 7 Payer and Provider committees. Each department has to select an agent. The sub-committee will be from the mainboard in "CHUIKYO" only. Provider representatives may not be all-round but can set up consultants.

Before that, the "CHUIKYO" board had a role in budget adjustment. Currently being reduced to a role budget adjustment Is not under the responsibility of the "CHUIKYO" committee, the government will set the budget. The "CHUIKYO" board has a role to reduce or increase the category point only.

The fee schedule is revision every 2 years. Medical record audit (Audit and Guidance) must be checked in detail. Some hospitals have been recalled millions of yen. There were a few overcharges. If the doctor is dishonest, there will be both legal punishment and punishment from the medical association. The professional license was removed and ordered to close the clinic.

Fee schedule revision, JMA representatives meeting to discuss and try to adapt after adjusting, if there are questions and comments from the hospital will be collected as information for the next adjustment in the JMA. The mini "CHUIKYO" is responsible for prioritizing the proposal any important items will be proposed first. The proposed program must find supporting information from the hospital,

The issues that JMA had proposed 4-5 years ago that Acute patient care bed, there is an opinion to consider the length of stay as the patient needs.

The difficult experience in the decision making is that the Payer side wants to decrease point, the Provider side wants to increase the point, but ultimately have to find the perfect solution. The board meeting "CHUIKYO" is an open meeting. There are about 200 reporters, live broadcasting to the public to listen to the whole country. The committee submitting opinions must have supporting information. Finally, must show that it is done for the people.

Date 29 October 2019

Interview with Dr. Kazushige ICHINOHE on his experience as a board secretary. "CHUIKYO"

Profile :

- Former "CHUIKYO"'s Secretariat and former chief deputy director,Medical Economics Division, Health Insurance Bureau, Ministry of Health, Labour and Welfare
- Supervising Director Health&Longevity Planning Section, Health and Longevity Promotion Office, Public Health and Welfare Bureau, City of Kyoto

The revision fee schedule has 3 main steps as follows 1) Medical Economic Division (of MHLW's Health Insurance Bureau) 2) Central Social Insurance Medical Council ("CHUIKYO") 3) Medical fee revision in 2014

1. Medical Economic Division ("CHUIKYO" Office)

The Medical Economic Division is the secretariat of the "CHUIKYO". There are 80 staff members in the department, 20 in audit and guidance, and 60 staff in the "CHUIKYO" working group secretary (12 doctors, 3 nurses, 4 dentists, 7 pharmacists) 3 services as follows, Medical 31 Trillion yen (880 Million bath), Dental 3 Trillion yen (85 Million bath) and Pharmacy 8 Trillion yen (227 Million bath)

CHUIKYO" meeting preparation as office

1) Data collection and organization based on issues to be discussed (1 month prior)
2) Coordination with relevant Bureaus within the Ministry
3) Preliminary explanation to interested parties
4) Explanation within Medical Economic Division and Health Insurance Bureau
5) Meeting notice/information (1 week prior)
6) Preliminary explanation to Chuikyo members
7) Meeting (generally held on Wednesday)
8) Preparation of minutes (Hopefully within 2 weeks after meeting)

Points to remember when coordinating/adjusting

1) Regardless of the frequency of the meeting, don't omit any of the preparatory steps

2) Policy planning: Personal preferences or obsessions of those in charge should be excluded as much as possible

3) Statistics used in materials should be cited in a neutral manner and should be of the highest evidence level possible.

4) In the materials, clearly, state everything you wish to say so that participants who have not received a preliminary explanation can understand at first glance at the meeting.

5) Writing of issues to be discussed: When the interest is mutual, write the issue in a way that makes the conclusion understood. When there are competing interests, write the issue in the material either with both arguments included or in a way that, to an extent, makes the desired direction of the policy understood. However, write in a way that will not hinder Chuikyo members from freely exchanging their opinions.

6) After meeting: Hold briefings for the media in a careful and respectful manner.

2. Central Social Insurance Medical Council (CHUIKYO)

1) Legal basis: Social Insurance Council Act

2) Function: Report and make recommendations based on inquiries from the MHLW Minister with regard to medical fees, Rules on Authorized Insurance Medical Institutions and Insurance Medical Treatment Staff, Home nursing care medical reimbursement and other matters.

3) Member: The Council is a three-party arrangement consisting of (1) healthcare payer representatives and (2) healthcare provider representatives, who negotiate as two parties to an insurance contract (policy); and (3) public representatives, who make the adjustment between the other two to reach an agreement. In all, there are 20 members. Each serves for a term of 2 years. (Members may serve a maximum of 6 years) Payer 7, Provider 7, Public Interest 6.

CHUIKYO" composition (as of 2014 revision)

Mr. Shuji SHIRAKAWA is the Payer side's mainboard, Dr. Kunihiko SUZUKI is the main board of the service provider side, 2 of them are representatives of Professor Akira MORITA CHUIKYO. "At that time

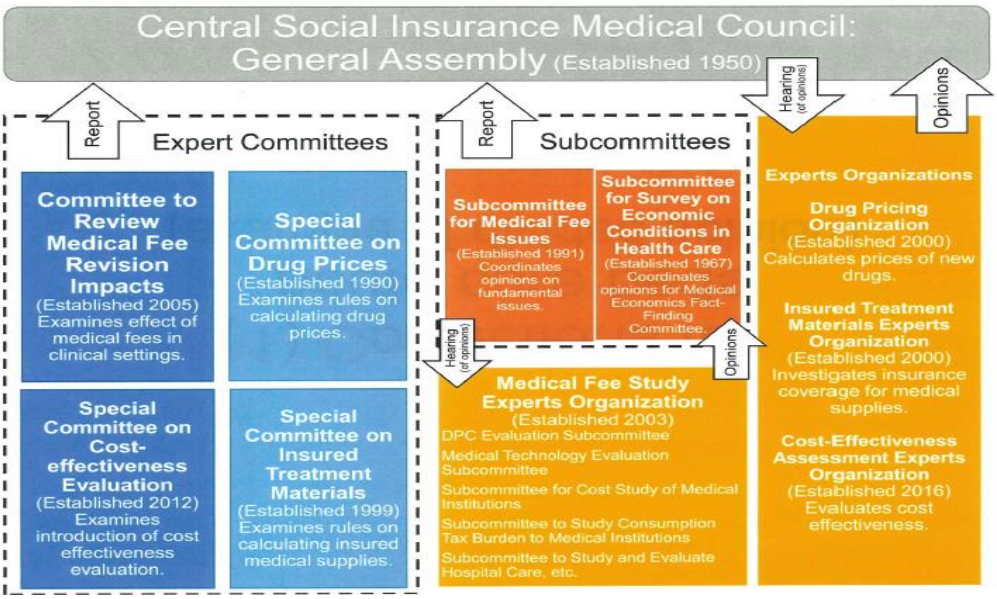
General assembly roster

As of May 11, 2015

Representative Classification	Name	Current Position
1. Members who represent health insurance, mariners insurance, and national health insurance providers, insured persons, business owners, and ship owners	Toshikazu Yoshimori	Director, Japan Health Insurance Association
	Shuji Shirakawa	Deputy Chairman and Senior Director, National Federation of Health Insurance Societies
	Keiko Hanai	General Policy Bureau Chief, Japan Trade Union Confederation
	Jugo Hanai	Member, "Liaison Council for Establishing Patient-centered Healthcare," Japan Trade Union Confederation
	Keiji Ishiyama	Deputy Chairman, Healthcare Reform Subcommittee, Committee on Social Security, Japan Business Federation
	Shinichi Tanaka	Acting President, All Japan Seamen's Union
	Sumio Sakakibara	Mayor, Handa City, Aichi Prefecture
2. Members who represent doctors, dentists, and pharmacists	Kunihiko Suzuki	Executive Board Member, Japan Medical Association
	Toshio Nakagawa	Vice-President, Japan Medical Association
	Junichi Matsumoto	Executive Board Member, Japan Medical Association
	Yasutsugu Bandai	Executive Board Member, Japan Hospital Association
	Teruyoshi Nagase	Vice-President, Japan Psychiatric Hospitals Association
	Kenro Hori	Standing Director, Japan Dental Association
	Yoshihiro Abe	Executive Board Member, Japan Pharmaceutical Association
3. Members who represent the public	Ichiro Innami	Professor, Faculty of Policy Management, Keio University
	Kuniaki Tanabe	Professor, Graduate Schools for Law and Politics, The University of Tokyo
	Mariko Nishimura	Professor, Faculty of Law, Meiji Gakuin University
	Haruko Noguchi	Professor, Faculty of Political Science and Economics, Waseda University
	Yumi Matsubara	Chief Researcher, Meiji Yasuda Institute of Life and Wellness, Inc.
	* Akira Morita	Director-General, National Institute of Population and Social Security Research
4. Expert members	Toshio Iwata	Mayor, Tohnosho-machi, Katori-gun, Chiba Prefecture
	Toshiko Fukui	Executive Officer, Japanese Nursing Association
	Yoshifumi Miyajima	President, Japanese Association of Medical Technologists
	Hideki Tanzawa	Professor, Dentistry and Oral-Maxillofacial Surgery, Chiba University Hospital

CHUIKYO" Structure

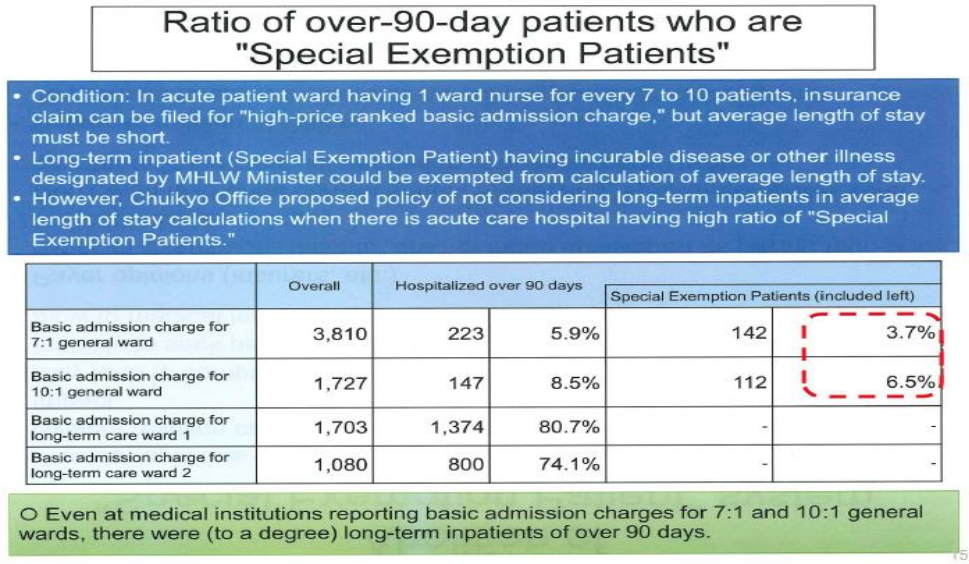
There is a sub-working group in "CHUIKYO" but all members are from the "CHUIKYO" committee. The organization is an external organization that is responsible for providing useful information. Finally, all issues will be imported to the Central Social Insurance Medical Council: General Assembly (the working group in the dash) will prepare the data and consider the issues to be imported to the Central Social Insurance Medical Council: General Assembly.)



3) Medical fee revision in 2014

Key issues to be considered in 2014 are

1. The number of Acute care beds in the first 2 rows of tables is for acute beds. It is set that the patient must leave the hospital within 2 weeks but found that patients leaving after 2 weeks. The information in the red dotted line. How to manage this type of patient. In the past, the Special Exemption system was a grace system for patients who are staying over 90 days. Some have proposed to cancel Special exemption. If canceling will affect the hospital, JMA does not agree. Conflicting opinions The secretariat had to try to reconcile. Finally, the system was terminated. But in order not to cause a drastic change during the 1.5 years transition period, this system can still be used.



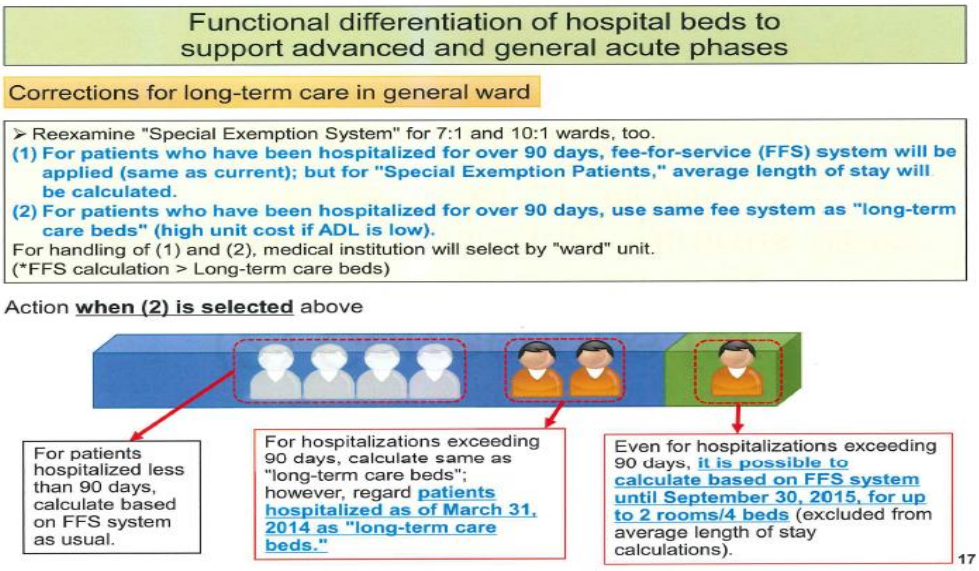
Ratio of over-90-day patients who are "Special Exemption Patients"

- Condition: In acute patient ward having 1 ward nurse for every 7 to 10 patients, insurance claim can be filed for "high-price ranked basic admission charge," but average length of stay must be short.
- Long-term inpatient (Special Exemption Patient) having incurable disease or other illness designated by MHLW Minister could be exempted from calculation of average length of stay.
- However, Chuikyo Office proposed policy of not considering long-term inpatients in average length of stay calculations when there is acute care hospital having high ratio of "Special Exemption Patients."

	Overall	Hospitalized over 90 days		Special Exemption Patients (included left)	
Basic admission charge for 7:1 general ward	3,810	223	5.9%	142	3.7%
Basic admission charge for 10:1 general ward	1,727	147	8.5%	112	6.5%
Basic admission charge for long-term care ward 1	1,703	1,374	80.7%	-	-
Basic admission charge for long-term care ward 2	1,080	800	74.1%	-	-

○ Even at medical institutions reporting basic admission charges for 7:1 and 10:1 general wards, there were (to a degree) long-term inpatients of over 90 days.

15



Functional differentiation of hospital beds to support advanced and general acute phases

Corrections for long-term care in general ward

➢ Reexamine "Special Exemption System" for 7:1 and 10:1 wards, too.
(1) For patients who have been hospitalized for over 90 days, fee-for-service (FFS) system will be applied (same as current); but for "Special Exemption Patients," average length of stay will be calculated.
(2) For patients who have been hospitalized for over 90 days, use same fee system as "long-term care beds" (high unit cost if ADL is low).
For handling of (1) and (2), medical institution will select by "ward" unit.
(*FFS calculation > Long-term care beds)

Action **when (2) is selected** above

For patients hospitalized less than 90 days, calculate based on FFS system as usual.

For hospitalizations exceeding 90 days, calculate same as "long-term care beds"; however, regard **patients hospitalized as of March 31, 2014 as "long-term care beds."**

Even for hospitalizations exceeding 90 days, **it is possible to calculate based on FFS system until September 30, 2015, for up to 2 rooms/4 beds** (excluded from average length of stay calculations).

17

2. The problem of the board meeting "CHUIKYO" the parties involved in the meeting agreed. But those involved in the distance have conflicting opinions such as The real estate developer who already predicted this income.

In Japan, no refunds were made for cases of fraud. But there is a change of point next time. In the case that false charges, they have local authorities to audit. If done intentionally, there will be a prosecution of the criminal court or confiscate the art assembly certificate

The Board of Directors "CHUIKYO" does not receive a salary but has a meeting allowance. Commissions from JMA may also receive salaries from JMA.

The Fee schedule system in Japan is very complicated. Japan can also adjust efficiently. They have the committee with the intention of working. If Thailand will apply must select people who want to work for the public. The fee schedule may be done uncomplicated

29 October 2019

Interview with Mr. Shuji SHIRAKAWA about his experience as a payer representative on the board of "CHUIKYO"

Profile :

Former "CHUIKYO"'s member (payer)
Deputy Chairman and Senior Director, National Federation of Health Insurance Societies

Fee schedule revision every 2-year, with the goal of 1) Adjust or reduce points in each service, on the Payer side may be needed to reduce in order to control costs. The Provider side wants to increase the point because the 50% service fee is labor cost. 2) Adjusted according to the current problem conditions, such as increasing elderly, the adjustment will focus on elderly services.

The main duty of the board "CHUIKYO" is to provide people with the appropriate treatment at the right time. The payment is suitable for the service received in both quality and quantity.

Before the "CHUIKYO" meeting, The secretary will collect opinions by meeting with relevant parties. Meetings must be Informer. The secretary will try to negotiate and they must have negotiation techniques to meet the goals. Requires a lot of effort to negotiate

Each Federation must try to manage the company to not lose. Increase some premiums if the budget is not enough.


健康保険組合連合会


Medical Fee Schedul
Study Visit
Delegation from Thailand
10:00～12:00
3F Meeting room
任理事会
～15:30
大会議室


Medical Fee Sched
Study Visit
Delegation from Thail
10:00～12:00
3F Meeting room
常任理事会
13:30～15:30
4階 大会議室


本日の会
Medical Fee Schedul
Study Visit
Delegation from Thailand
10:00～12:00
3F Meeting room
常任理事会
13:30～15:30
4階 大会議室

29 October 2019 (Afternoon)

Interview with Prof. Ichiro IN-NAMI with experience in acting as a public interest representative on the board of "CHUIKYO

Profile :

- Former “CHUIKYO”’s member (public)
- Director Research Department, Institute for Health Economics and Policy and Graduate School of Media and Governance Shonan-Fujisawa Campus of Keio University

He is the board of "CHUIKYO" representative of public interest. He had worked in the Ministry of Health, Labor and Social Welfare for 2 years (in 1986) and had worked in a team of secretarial. After becoming a member of the "CHUIKYO" representative of public interest. He was the only person who ever performed 2 duties in "CHUIKYO".

The most important thing about the set Fee schedule, After payment to the Provider there must be a data service from the provider.

The public interest is responsible for the decision between the Payer and the Provider if the agreement cannot be reached. The Public Interest Committee has to be a very respected person

The "CHUIKYO" committee has 3 issues to be discussed in setting the fee schedule, point set, setting items into the fee schedule, and setting conditions. Examples of public interest offer 1） The dentist charges a fee of 1,500 yen for details of the treatment. Public interest has an opinion not to be pay. 2) After the audit has to refund to the Payer and the patients but found no refund. There is an offer to set Slim pill into The fee schedule.CHUIKYO committee has information that it has little effect on the treatment and therefore does not take into the Fee schedule

The "CHUIKYO" committee has a PDCA to study the impact after the fee schedule adjustment.

If there is no co-payment, People are not trying to maintain their health or more services than necessary. (There was no co-payment for the elderly, Found the elderly to use the service more than necessary). People with low incomes or children do not co-payment. Co-payment does not affect access to treatment. Because Japan has many hospitals. The co-payment is to set

the ceiling. Foreigners can pay premiums to any fund for 6 months can service the same rights as Japanese citizens. Therefore, if the co-payment is not set, people will use the service more than necessary. The budget may not be enough

If Thailand making the system sustainable, there are suggestions as follows: People have more income. The illness changed from Acute care to life-style illnesses. Noncommunicable diseases (NCDs) will increase. If going to control medical reimbursement should change policy to focus more on NCDs. Including disease prevention is very important

Not enough budget solutions Are to increase taxes and may increase the collection of premiums (40% from taxes and bonds) or reduce certain privileges such as massage, pain patch

The fee schedule system makes medical reimbursement equal throughout the country. The government can control the budget. Able to change the behavior of the hospital Improving the medical care system and more standardized. But have a problem, some items that are not being used or have been used less can not be removed. If unable to remove and add more items Budget will be more and maybe not enough If Thailand will do this system, it should be written in the law. can adjust the item every 5 years

30 October 2019

Interview with Professor Akira Morita on his experience as president.

In the board of "CHUIKYO"

Profile :

- Former “CHUIKYO”’s Chairman
- College of Policy studies, Department of Policy Studies, TSUDA University

Former Public Interest Committee and chaired the committee "CHUIKYO"

In the past, the Fee schedule will set in each part such as medical care, materials, equipment, however, The provider department has more strength because they have a relationship with the political department, therefore the medical reimbursement has increased continuously. Until 1990, the society changed and there were more elderly people. Economic growth is disrupted. Medical reimbursement increase more than GDP. The year 2007, there was a resolution meeting. The Cabinet shall determine the rate of total change. Which makes it possible to control costs. The nature of the rate-setting has changed from the rate-setting in each section to the total rate and The board "CHUIKYO" is responsible for increasing or decreasing in each service.

The Japanese system is a social security model. The insured must pay a premium. If there is no co-pay, the public will access more than necessary. However, the system was adjusted to be balanced. General workers, pay 30%, seniors over 75 years old pay 10%, have a co-payment threshold If there is a co-payment that exceeds the limit set for that month Patients do not have to pay again.

The committee on Public Interest consideration, most of them graduate from public health economics. Monetary policy researchers because they are macro-level and finance needs to be able to look at the Macro level.

CHUIKYO meeting was a negotiation meeting between the two parties, Payer and Provider. The Ministry of Public Health will draft. After that, the committee will discuss it. Leading to an agreement that both parties accepted, If both parties are unable to find an agreement, the Public Interest will decide. There are only 2 events that cannot be decided.1) Basic examination fees given

to hospitals and clinics are not equal. More clinics Someone offers the same amount The side of the clinic proposed to increase as much as the clinic received. Which requires a lot of budgets. JMA cannot agree. Public Interest is settled in the middle. 2) Increasing taxes from 5% to 7% may not directly involve medical care. But the burden of the hospital increases. The committee agreed that it should help hospitals by tax returns. But at that time the Revenue Department can't do this. They agree that the point of fee schedule should be increased to reduce the burden. But how to increase it. If increasing the fee schedule rates of clinics and hospitals equally, clinics will have an advantage. With limited time and information, Public Interest was decided there was not enough information to be used to think separately, so adjusting the points evenly would allow the clinic to get more benefits. But will collect data to adjust next time. At present, negotiations are based on the evidence base.

The new Fee schedule will be running from February to March 31 (is the announcement of the Ministry Not the law). Provincial Public Health will be clarification for the service unit or organizations such as JMA, inform members or related organizations effective April 1, which is the beginning of the new fiscal year. If it is a change to adjust the software will be tricky, but must be adjusted in time.

Thailand is rapidly entering an aging society, 20-30 years slower than Japan. Public health costs will increase as well as the use of social security premiums will increase substantially. Public health systems in Thailand do not have co-pay, therefore having to plan a budget.

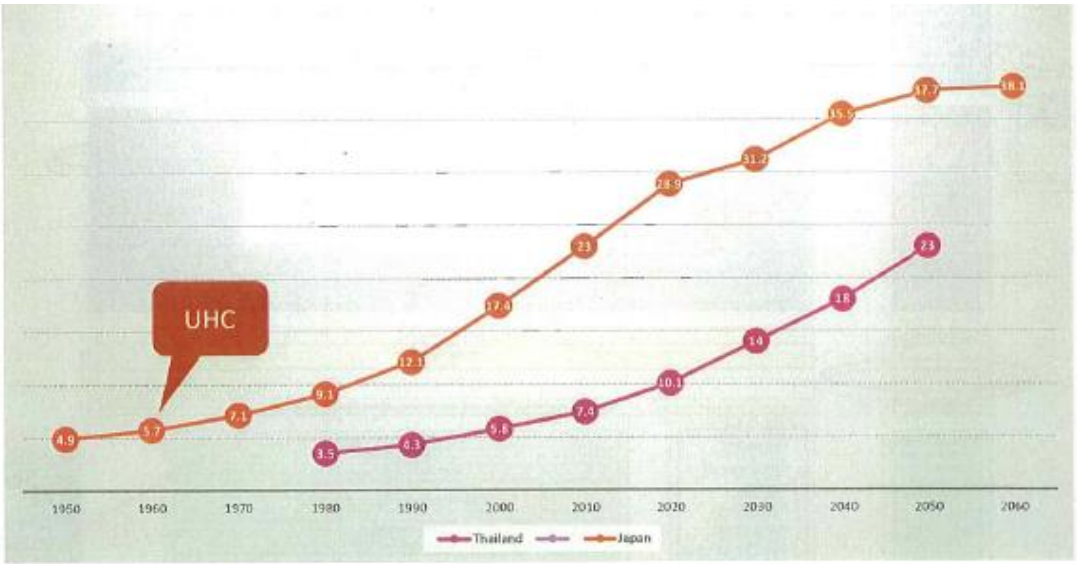
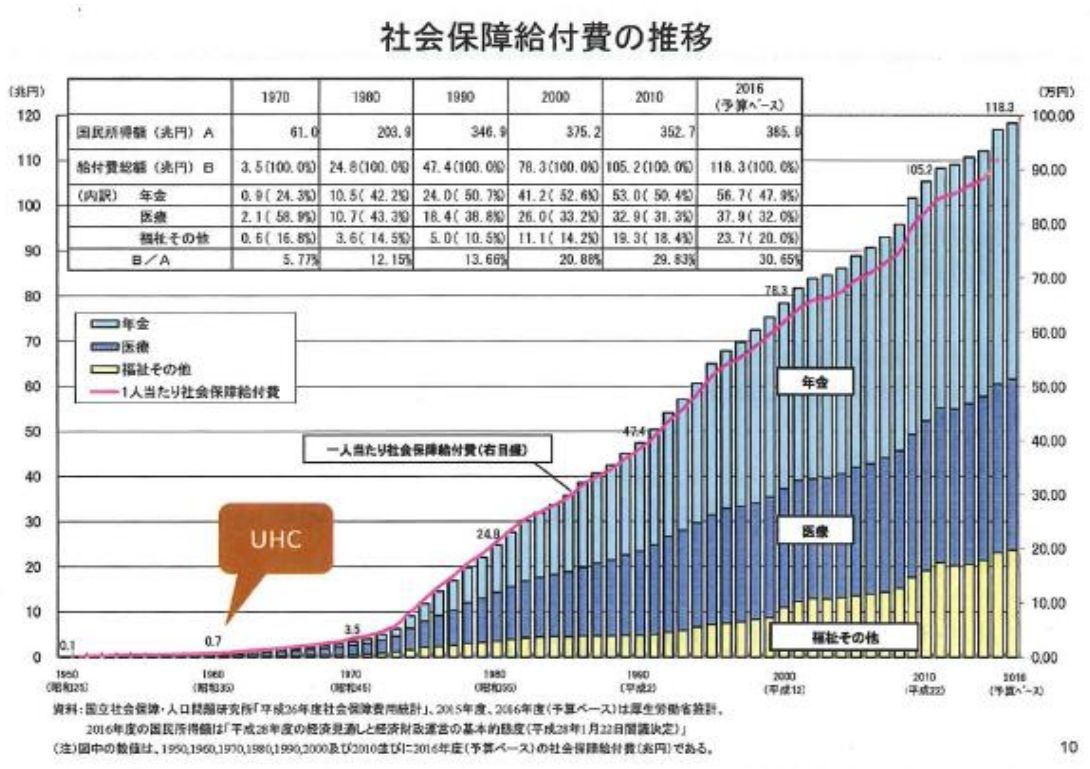


Diagram: Comparison of the elderly in Thailand and Japan, data from the UN
(% of the elderly and the total population)



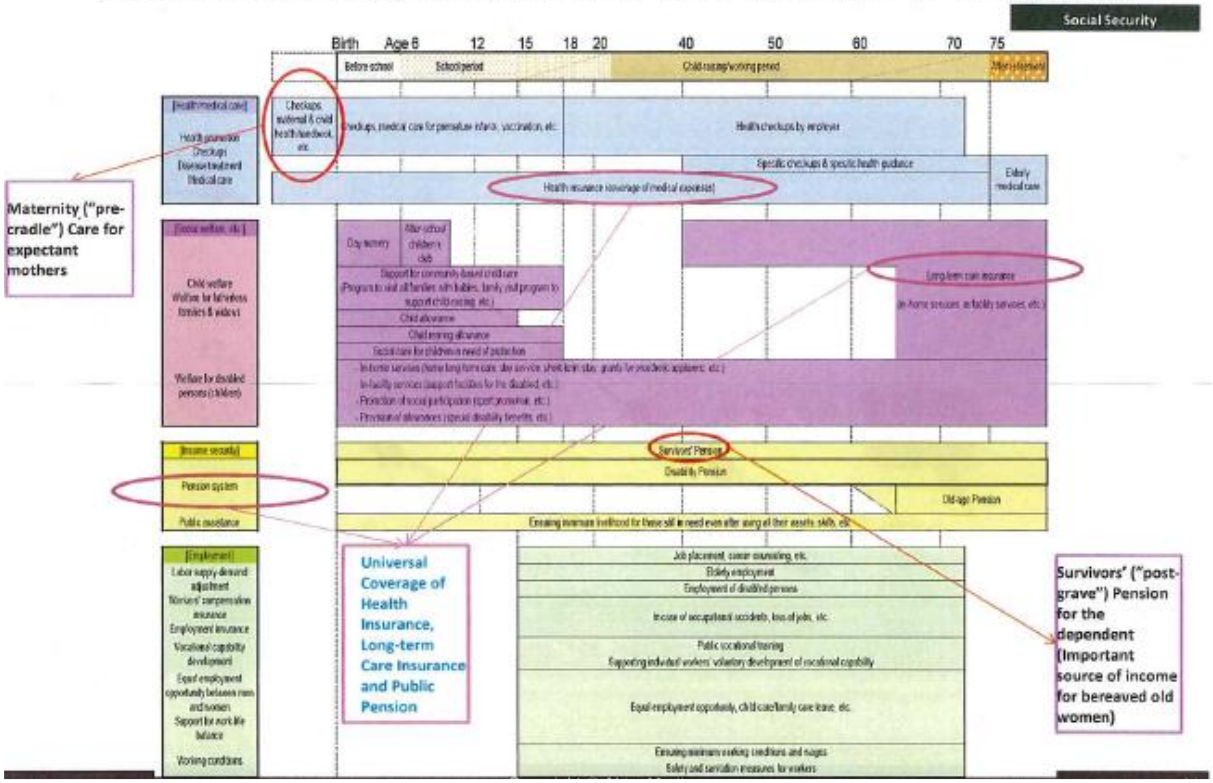
	1970	1980	1990	2000	2010	2016 (予算ベース)
国民所得額 (兆円) A	61.0	203.9	346.9	375.2	352.7	385.9
給付費総額 (兆円) B	3.5(100.0%)	24.8(100.0%)	47.4(100.0%)	78.3(100.0%)	105.2(100.0%)	118.3(100.0%)
(内訳) 年金	0.9(24.3%)	10.5(42.2%)	24.0(50.7%)	41.2(52.6%)	53.0(50.4%)	56.7(47.9%)
医療	2.1(58.9%)	10.7(43.3%)	18.4(38.8%)	26.0(33.2%)	32.9(31.3%)	37.9(32.0%)
福祉その他	0.6(16.8%)	3.6(14.5%)	5.0(10.5%)	11.1(14.2%)	19.3(18.4%)	23.7(20.0%)
B／A	5.77%	12.15%	13.66%	20.88%	29.83%	30.65%

1960 The health insurance system began in Japan. The elderly are less than 6%. Worker insurance premiums can help the elderly. After that, the elderly increase. Higher medical reimbursement per person, more expensive equipment. Greater access to medical care making people longer. The cost of other benefits also increased. Important problems that occur while the percentage of the elderly increases but reduced labor age. Taxation has decreased keeping money in and out of balance is difficult.

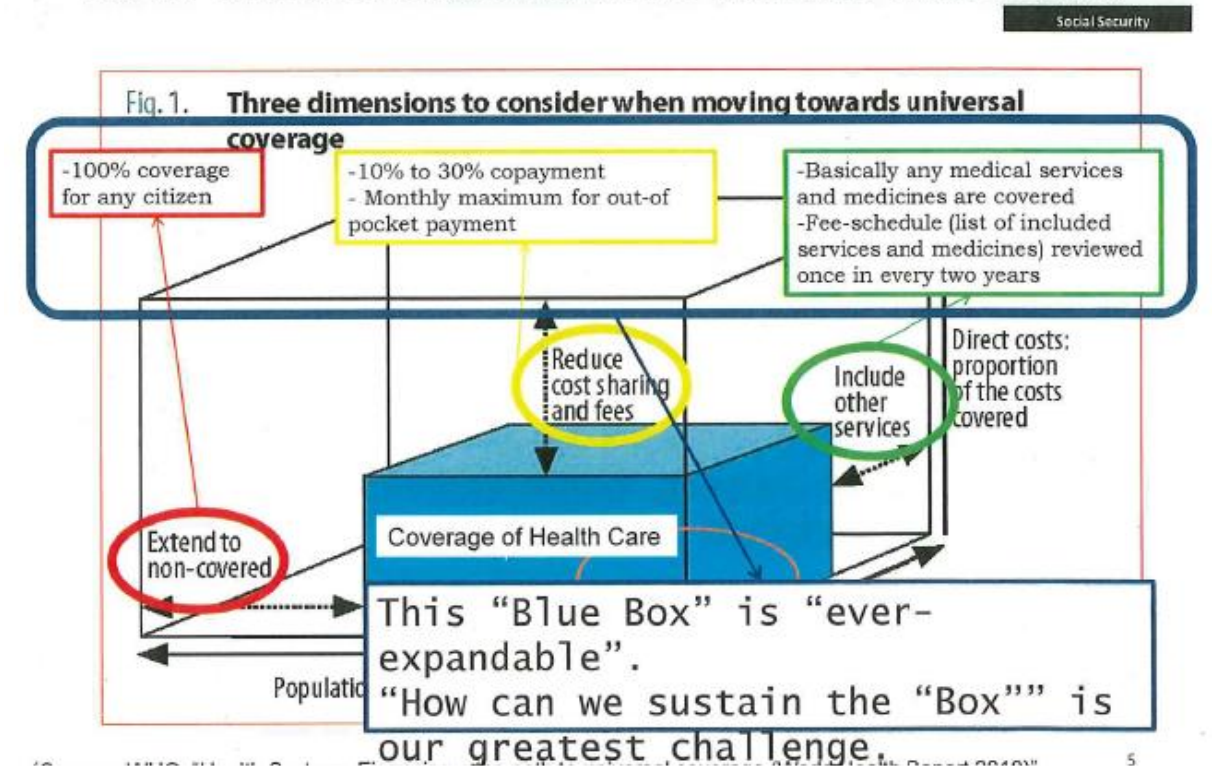
Differences between Japan and other countries, If any item is not in the benefits, they must pay by themself, can't get private insurance to pay that. Insurance is only paid for the additional room and convenience.

Japanese considers the sustainability of the system because income from 60% taxes and 40% premiums, new technology is likely to come. If the budget is insufficient, more taxes will be collected.

Current Social Security System in Japan (from "pre-cradle" to "post-grave")



How the "Universal Coverage of Health Care" works under Japanese system

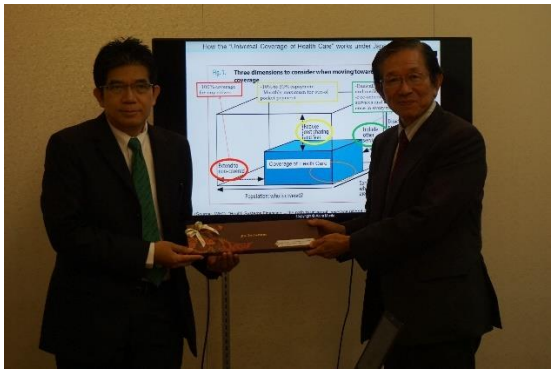


The X-axis represents the population. Y-axis represents benefits. All necessary medical and nursing services must be received equally. If Thailand will use it with budget constraints may set basic benefits (Minimum set) but if the society has changed, the elderly increase Insufficient budget, may reduce the minimum set










30 October 2019 (Afternoon)

Study visit MARUFUKU HOME CLINIC

- Dr.Tetsuya KANNO
- 116-0011, 1F, 4-27-3 Hisao Nishio, Arakawa-ku, Tokyo
- 5 min. walk from Tohoku Main Line Oku Station
- Staff : 1 doctor, 1 physical therapist, 1 office worker
- Service : Out patient, Rehabilitation and home care
- Area : All of Arakawa Ward and part of Kita Ward (Showacho, Tabatashinmachi, Horifune)
- Working Hour : 3 days/week

Marafuku Home Clinic is a clinic that provides home visits, medical treatment, and physical therapy at home. Providing physical services for basic movements (sitting, standing, walking) and daily use (change clothes, Eating, go to the bathroom) to do it themself safely. It is a clinic that connects people in the community. Providing a distance of not over 16 kilometers from the clinic's location.

In Japan, most doctors are specialized doctors. There is a 1,000 Family Doctor. The family doctor has not been certified. But in process.

There are 40-50 patients registered with the clinic and he will visit home approximately 10 cases/day, 15-30 minutes each. In addition to home visiting services, there are services to visit patients who are unable to come to services at the clinic. May have already ordered the drug to buy at the drugstore. For example, breathing stops, abdominal pain. Medical services at home will include telephone charges.

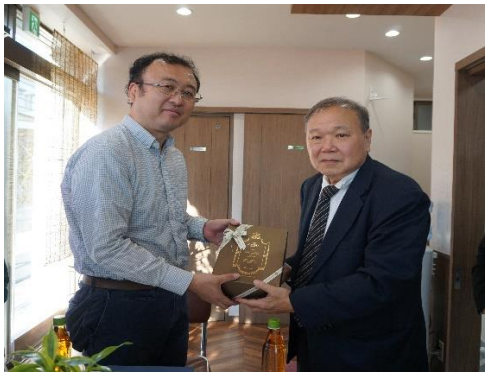
The clinic will charge only 10% that the patients have to pay by themselves (co-pay). By collecting monthly deducted from the bank account. The remaining 90% is charged to the insurance.

Home visits 2 times per month The cost charged to patients is around 7,000-8,000 yen per month. Visiting patients who are close to death. they will have more points.

The home visit uses the same fee schedule and does not specify the distance. Therefore, if it is very far, the clinic will charge a fee from patients. For example medical fees, The flu charges about 5,000 yen for medical bills at a time (co-pays 30% for patients with 1,500 yen).

The drug is prescribed for 1 month at a time and can be prescribed no more than 3 months in case of chronic diseases or cases of anti-cancer drugs that may be able to dispense more drugs. The patient must have a medical examination first. Next time, relatives can receive the drug instead. 1 month dispensing because if paying a lot of medication patients do not come to treatment resulting in a lack of income.

The doctor must pay the entrance fee to JMA 1,000,000 baht and a little on monthly. They will receive benefits such as free vaccines.



31 October 2019

Interview with Mr. Jugo HANAI about his experience as a client.

In the board of "CHUIKYO"

Profile :

- Former “CHUIKYO”’s member (payer), Human Right Network
- Member, “Laison Council for Establishing Patient-centered Healthcare”, Japan Trade Union Confederation
- He was selected from the Federal Union (after the first patient’s representative did good job)

Payer: Representative of patient association

He is a Hemophilia patient receiving HIV from blood transfusions. Who comes to work in the NGO to campaign for safe blood transfusions The majority of patient representatives are affected by the medical treatment and understand the details of the treatment.

If looking back 12-13 years before that, the Board meeting "CHUIKYO" is closed. But there are many opinions that should not be a closed meeting should be open to the public.

The provider side committee has 2 corners. 1) Healthcare professionals 2) Entrepreneurs who must operate to get profit. Medical service providers focus on profits more than professional practice. The Board of Directors has changed the "CHUIKYO" to reduce the role of the Provider.

The Payer is a citizen because there are trade unions. The presence of patient representatives as the union suggested that patients should be added to the "CHUIKYO" committee.

The first patient representative has chosen to be a committee he had affected by the accident and the impact of drug use. The first thing that he did was a disclosure of insurance billing documents, In the past, patients were not able to know details of treatment. At present, all has been revealed. Is the first patient representative, trying to achieve success as a committee in the first 6 years. Therefore, there is an expectation that the next person will have to push one subject successfully To benefit.

He can opinion Independently. The opinion between the Payer side and the patients may be different because Payer mainly considers money. The patients will consider the quality of care more.

The matter that it is worthwhile to be a committee is to pull the Provider to agree with the policy of the Ministry of Public Health and the government. And is a policy that benefits patients.

Principles of Japanese healthcare agencies Is a non-profit organization (NPO: nonprofit organization), but every Japanese citizen knows that The hospital manages to make a profit.

There are public hearings held 3 times per year. People don't pay attention because nobody wants to change the system because they have received good treatment. There are some suggestions, for example, pushing drugs into the Fee schedule, especially cancer drugs or a blood disease because it is an expensive drug. The government, therefore, provides assistance without the need to pay patients

For co-pay, normally 30% of medical reimbursement and a ceiling. The average is about 12-13%, it is not considered a heavy burden.

The big and successful issue during he is the board of "CHUIKYO" was to take the patient to go back home. The patient wants to return to die at home. The doctor wants to stay because he will have an income attached to many devices. There are attempts to change the doctor to go to home treatment. Until finally, this policy passed, There is a fee schedule for home treatments. The mistake is to give a high point to a home visit. Causing the doctor to visit the elderly at the daycare

center Currently, adjusting the point appropriately does not happen again. But the price is reduced until it may quite affect a small sector.

Japan doesn't have an agency to evaluate the effectiveness of technology for medical treatment. This year has just begun to evaluate the use of new technology but still doing price issues only (In the past, there were only 10 secretariat parties working in this field)

The work of the Payer committee representing patients propose to disclose treatment details and history of treatment

The medical record audit found that there was a false charge, 1 time had a co-payment but the other 2 times did not find a co-payment. Detected by asking patients If there is no co-pay payment, there may be a problem with false charges and can’t recheck.

31 October 2019 (Afternoon)

Interview with Professor Dr. Osamu UTSUNOMIYA with his experience as a secretary.

In the board of "CHUIKYO"

Profile :

- Former head of Health Service Bureau, Ministry of Health, Labour and Welfare
- Experience in Fee Schedule and LTC schedule
- Professor at Keio University

Secretariat, MoH, Director, Medical Economics Division, MoH

A former head of the Health Service Bureau, Ministry of Health, Labor and Welfare is the head of the "CHUIKYO" committee secretary. Most recently, he was the Director-General of the

Medical Department in the Japanese Ministry of Public Health. Keio University currently works as a consultant for the fee schedule from 2008-2014, During the year 2012 helped set up the Fee schedule of Long term care. Previously, some of the long term care reimbursement was included in medical insurance. Becoming a secretariat due to the position of the director of the Medical service department, which is responsible for the Fee schedule directly.

The main duties of the secretariat are 2 parts: 1) The remaining work from the previous adjustment must find more information. 2) Bringing various issues to solve by creating a draft for the meeting for the Payer and Provider to give an opinion and vote.

Negotiations before adjusting the fee schedule will discuss 3 parts as follows: 1) Payer, which will have the public SME, Insurance 2) The Provider will have the JMA, the Hospital Association, the Nursing Association, and 3) other related agencies. Including the Ministry of Finance. The secretariat must go to discuss and provide complete information for no discussion at the meeting.

He is of the opinion that the public, there should be a doctor that can be trusted to consult when illness. Therefore encouraging the Family doctor to try to add Item Family doctor to the Fee schedule. The Ministry of Public Health has discussed with JMA to train a Family doctor. Right now, less than 30% of the population have their own Family doctor.

The CHUIKYO meeting will discuss the increase or decrease, such as adjusting the points in the new drug list or new technology. Reduce points in items that are not used or used less. Just explain the details of each increase and decrease. For example, there are a lot of acute ward beds because the hospital wants to receive high compensation. Therefore discussed to try to reduce the point of acute ward bed.

Item selection takes into consideration the budget, with the Professional associations, also submit requests for new technology reimbursement in the fee schedule revision process: PMDA or similar to the FDA.

Drug pricing, If it is a new drug list Prices will be offered from the Provider or the pharmaceutical company. If the original program adjustment, the government will have price information. Or the medical association has information to consider 1) Medicines that have a list of existing drugs that are already sold are compared. Have the same effect, give the same price, look at the results, not look at the drug price. For a list of equipment that originally had surgery new style, no need to cut or the wound is smaller, there will get more points 2) If it is a list of new drugs or new technology, never before, the company to inform the cost price, if there is a proven result is

very good, then will increase point. Prior to revision prices of drugs and materials traded must be surveyed for consideration.

The government is aware that elderly expenditures tend to use more budgets. All parties are trying to reform the rate adjustment, such as reducing bed acute care, strict condition, reduced drug price, However, in reducing will not reduce abruptly, gradually adjusting every 2 years to better control the budget.

The Rotation in the Ministry of Public Health has to adjust according to the fee schedule. The rogue has to be left with 1-2 people in order to know the rules and teach new people. Japan has a very good method of recording and submitting work.

The setting Fee schedule of LAB should survey the price of the liquid in the market. Setting the point of examination value may be compared in the case of When starting CT and MRI into the Fee schedule, must-have information, how many people will be used and how many times will it be calculated as medical reimbursement.

1 November 2019

What has been learned from field trips

1. Dr.Kunihiko SUZUKI

- He is a representative of JMA on the board of "CHUIKYO" for 6 years
- Acting as an agent to work hard
- Comments made in accordance with JMA resolutions are not allowed to express personal opinions as well.
- Reduced drug and medical device prices But wages increase every year
- People do not need to register with the service provider.
- The Community-based Integrated Care System)

Ibaraki area, citizens do not have to register with the hospital. Can go to receive service anywhere, Business in his network Focusing on Community-based Integrated Care System, providing a variety of services, including Nursing Home, providing care for the elderly from level 3 up. Must be an elderly person in that municipality Because it received support from the municipality, Omiya General Care Plan Center, which is a holistic care center, Patient care plan (Rehab Center) provides physiotherapy for patients who stay in the hospital and home. SHIMURA OMIYA HOSPITAL is a general hospital for the elderly. Medical treatment, surgery, physiotherapy, and end-stage care. Day Care Center has activities for patients to choose as they like Including singing, playing mahjong Muscle-strengthening activities Including short-term and apartments for the elderly. The business network does not just provide care services. There are job creation such as coffee shops, community shops

The Community-based Integrated Care System

- Nursing Home
- Omiya General Care Plan Center
- SHIMURA OMIYA HOSPITAL
  - Palliative care Edelweiss ward
  - Swiss Rehabilitation ward
- Day Care Center
- Apartment for Elderly

2. Dr.Kazushige ICHINOHE

Chief of Health Economics Section Currently working for a municipality in Kyoto Is the "CHUIKYO" working group secretary. The department you are currently working in is like the "CHUIKYO" office. There are 80 staff members who are responsible for audit work, 20 people work on the fee schedule, 60 people. Also working with many other working groups The main function is to prepare meeting documents. Negotiate with Payer, Provider and Public Interest.

The "CHUIKYO" committee has a Japanese health insurance law. The main function is to set the Fee Schedule. There are 3 working groups to assist in revision. For example, adjusting the Fee schedule 2 story. First, reduce the number of days of acute care appropriately and allow patients to use Long Term Care. The second issue. Adjust the point of homecare service. The board resolution of "CHUIKYO" not only affects health care but also affects society, such as real estate operators.

3. Mr.Shuji SHIRAKAWA

He is the executive of Toshiba Company and a representative of the Payer Committee, The Payer will be on the side of the people. Concept: People receive good treatment at the right time. Members must have public designs and good governance.

4. Professor Ichiro IN NAMI

He is a representative of the Public Interest Committee, The Public Interest committee will play a role only if the Payer and Provider cannot reach an agreement. Revision or adjustment of the schedule is adjusted using the PDCA process. Monitoring results are adjusted. You have suggested adjusting items in the Fee schedule. If possible, a large adjustment should be made every 5 years to review some items. If not used, remove them.

5. Professor Akira MORITA

Former Chairman of the Board "CHUIKYO".The Provider committee is close to politicians. Negotiation is done under the available information. Due to the limited revision time, both the Payer and the Provider must try to negotiate. The primary duty of the Public Interest side is to decide if the two sides cannot reach an agreement. Private Insurance is not able to be used in the Fee schedule. It can be used only for other facilities such as room fees and food costs only.

6. MARUFUKU HOME CLINIC

Dr.Tetsuya KANNO is the owner of the business. There are 3 staff members in the clinic, including physicians, physiotherapists, and administrative staff. The clinic provides treatment services for pediatric medicine and visits patients at home, working 3 days a week. He has working experience for 20 years. Whole hospital Clinics affiliated hospitals And come out to open the clinic by yourself. After graduating from the Family doctor, He is a JMA member with an entrance fee of 1,000,000 yen and a little more monthly. Patient must-pays 7,000-8,000 baht per month. He does not agree to pay the fee schedule at the same rate because the doctors have different expertise.

7. Mr.Jugo HANAI

He is a Hemophilia patient who has received HIV from a blood transfusion. He is a patient payer board representative. Selected by the trade union. Hearing is 3 times a year. People don't interesting because it is considered that they have received sufficient privileges. Being a committee member, He can give free opinions. No real nonprofit organization (NPO). Hospital is operating for profit. The doctor is a manager more than a professional. The secretariat and the public interest to be on the same side. The person with the most power is the secretariat.

8. Professor Dr.Osamu UTSUNOMIYA

The former secretary of the board "CHUIKYO", has experienced setting the Medical Fee schedule and the Long Term Care Fee schedule. The Secretary of the Board "CHUIKYO" must prepare the draft for the Board "CHUIKYO" as well as have to negotiate with Payer, Provider, and Public Interest. Must do surveys ready for evaluation after revision. They must work with many organizations His work is to push Item Family doctor into Fee Schedule. He gave him knowledge of negotiation techniques that both sides could accept. Speaking important issues only. They have to say what the listener wants and focus on, not talking about things that the other party may disagree with.

Compare the Number of member

Representative	Chuikyo	NHSO's Board	BKK NHSO's Board	BKK's Fee Schedule
Chairman&Vice	1 from public	1	1 from expert	2
Payer	7	11	2	4
Provider	7	5	22	8
Public	6	5	6	2
Expert	4	7	1	5
Total	**20**	**28**	**31**	**21**

Summary of operations. Determine Fee Schedule.

1. Appropriateness of each working group
2. Dedication to work
3. Clear working time
4. Decision information
5. Focus on primary care to reduce medical treatment
6. Focus on service Community-based Integrated Care System

Action Plan for NHSO Bangkok Fee Schedule

Activity	2019				2020		
	Jan - Mar	April - June	July - Sep	Oct - Dec	Jan - Mar	April - June	July - Sep
Establish fee schedule Committee							
FS workshop in Thailand							
FS committee study visit Japan							
Set up FS							
Pilot lauching FS							
Evaluate and analyse							
Implement FS to all category							

The Fee schedule is in process and will begin the project pilot on April 1, 2020, along with evaluating the results concurrently. And plans to complete all categories around the beginning of the fiscal year 2021.

The opinion of Dr. Nobuo Sakata

Before the board meeting "CHUIKYO", the committee secretary must prepare the documents to collect as much information as possible and the document is easy to understand, must be explained to all parties before the meeting. There is no clear policy formulation. No Free Discussion The "CHUIKYO" meeting, if not the policy conclusion, the meeting is considered to fail. The board meeting "CHUIKYO" will talk mainly with information. Therefore, the resolution was accepted. In Thailand, there are still many opportunities for free discussion.

Teleservice for the first time, patients must see a doctor before the next time to use Tele Medicine service. The prescription will send by fax or e-mail, Patients can't go to see the doctor if it is not related to treatment, such as giving the advice to quit smoking.

Fee schedule setting, beginning from 60 years, no price survey. Set the total compensation price. The latter point is set from the survey of the provider side. The choice of statistics to set the point depends on the Ministry of Public Health to set under the existing budget. The academic recommends the use of cost data for consideration. But have not used this method

There are two related items about Family Doctor. 1) Fee Schedule Home visits No need to train with JMA. 2) Item Family Doctor must obtain a certificate from JMA. Currently, Item Family doctor is used less.

Medical record audit, Thailand is easier than in Japan. Because it is done through a computer system, it is easier to check the information. In Japan, medical records are not all digital systems, use the method to compare the contents of the insurance claim and the actual service, data audit by random.

Thailand has the Health Intervention and Technology Assessment Program (HITAP) for research institutes to evaluate technology and public health policies but not in Japan. The officers in the Ministry of Public Health collected data. Hold a meeting of experts in each field, responsible for evaluating the use of medical technology as well as HITAP. The idea is to be a duty of the National Institute of Public Health: NIPH.


KOTOTOI
JICA GLO+UHC Projec 様
2019年 11月 1日(金)
9：00～12：00