

A Progress Report on the Launch of Japan's National Chronic Disease Prevention Program

September 21, 2009

DMAA Disease Management Leadership Forum

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1 Historical Context in Japan

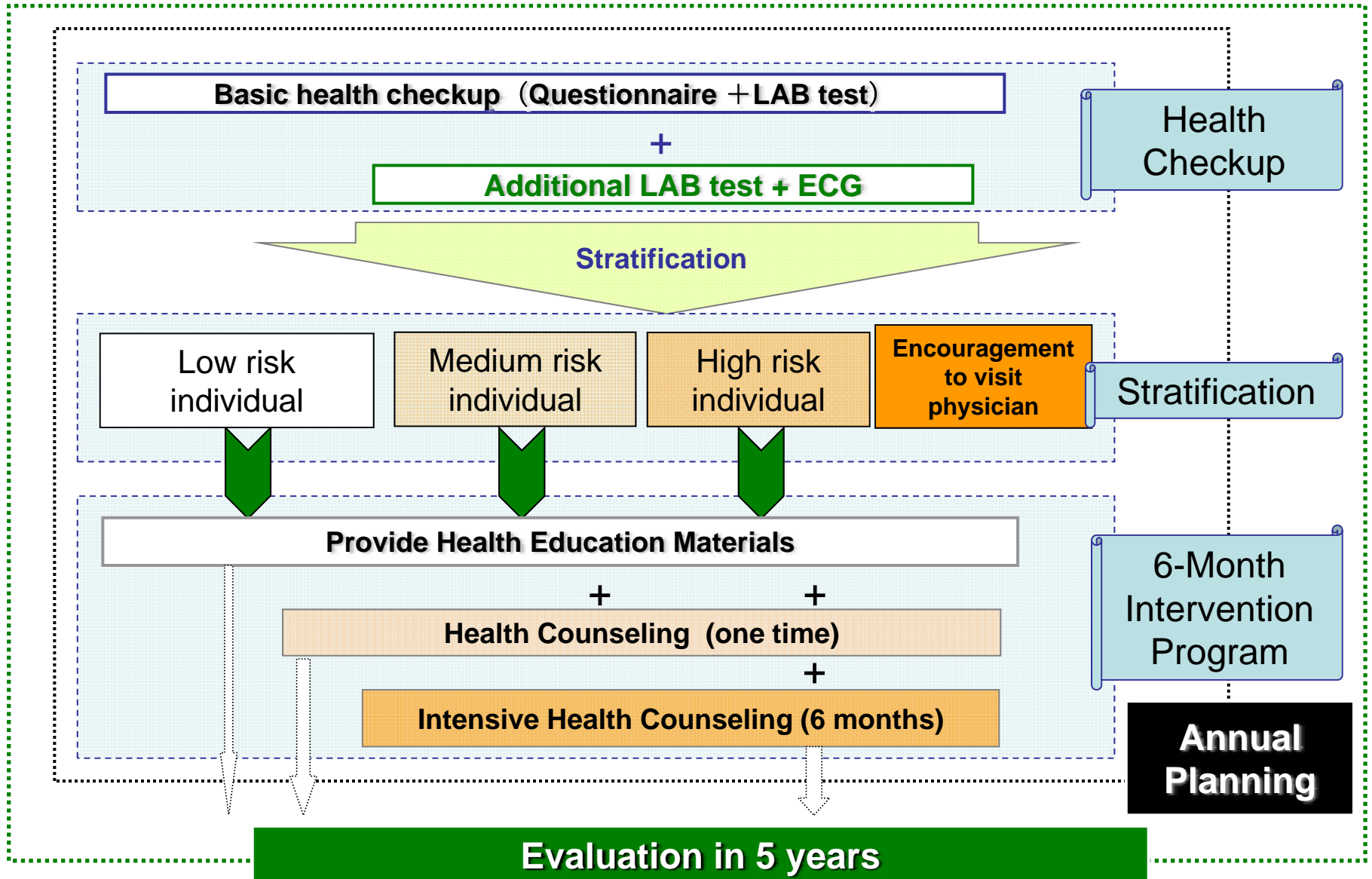
- Universal Health Insurance
- Annual Health Checkups
- Tradition of Government Controlled Healthcare and Reimbursement

2 Japan's National Chronic Disease Prevention program

Characteristics

- (1) Targets all individuals between ages 40 to 74.
- (2) All payors obligated to participate beginning 2008
- (3) Chronic disease, especially lifestyle related disease, is the main focus. (e.g. no cancer screening included.)
- (4) Standardized information format for the health check-up results has been established and its use encouraged. (See the following slide for details)
- (5) Includes new, payor financial incentive/penalty based on results. (starting 2013 or later)

Overview of Japan National Prevention Program



Stratification Procedure

Procedure 1

Divide Individuals into One of Three Classifications, by Evaluating Abdominal Circumference (AC) and BMI.

(1) AC Exceeds Criteria

(Men 85cm / Women 90cm;
Corresponding to 100 cm² of Visceral Fat by CT Imaging at the Navel)

(2) AC Normal, BMI Exceeds 25

(3) Both are Normal

Procedure 2

Score 1 Point for Each of the Following Risk Factors: (thus between 0 and 4)

- Blood Sugar
- Blood Pressure
- Lipids
- Smoking

		Abdominal Circumference	
		Under 85/90cm	85/90cm or more
BMI	Under 25	(3)	(1)
	25 or more	(2)	(1)

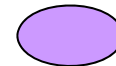
Category	Risks for scoring
Blood sugar	HbA1c
	Fasting Blood Sugar
	Current Drug Prescription
Blood pressure	Systolic Pressure
	Diastolic Pressure
	Current Drug Prescription
Lipid	Triglyceride
	HDL
	Current Drug Prescription
Smoking	Smoking Habit

Stratification Procedure

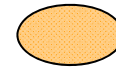
Procedure 3

		Procedure 1		
		①	②	③
Procedure 2	0	Light Purple	Vertical Lines	Grid
	1	Orange	Vertical Lines	Grid
	2	Blue	Orange	Grid
	3	Blue	Blue	Grid
	4	Blue	Blue	Vertical Lines

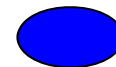
Level of Intervention



Provide Health Education Material



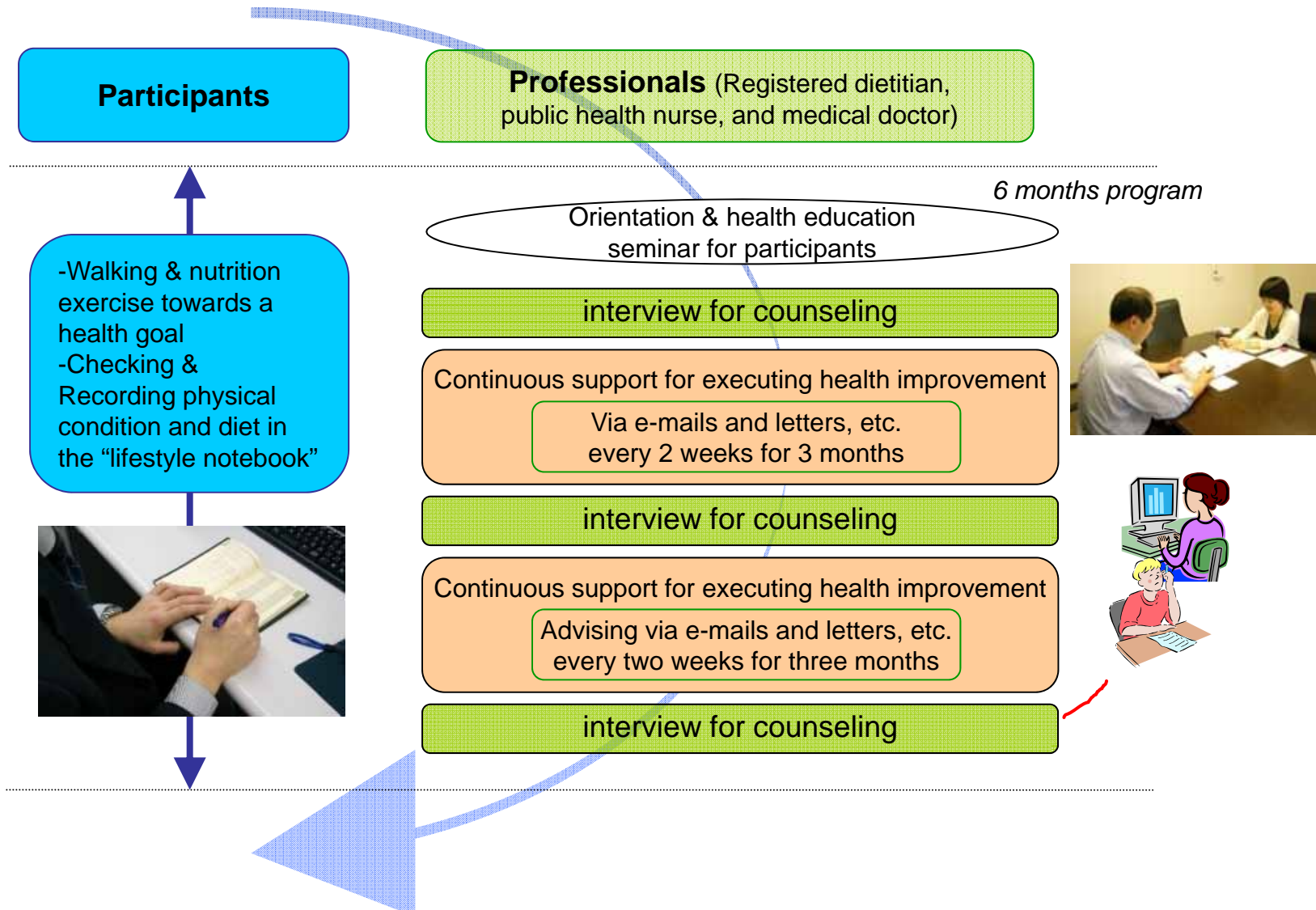
Health Counseling (One Time)



Health Counseling (Six Months)

Outsourcing Business:

Most Payers Are Outsourcing This Counseling Program to Private Sector Providers



Program Examples: Case of Kyoto City, 2008 Pilot Program

1,771 individuals (509 males and 1,262 females) participated; ages 40-74 (mean 61.7)

- 211 individuals were stratified as middle risk group (one time counseling)
 - 65 individuals received counseling.
- 62 as were stratified as high risk (intensive counseling)
 - 15 individuals received counseling.

Approximately 50 to 80% individuals receiving counseling had effective results. (data currently in analysis and preparation)

Conclusions:

- Participation rate for counseling is not high enough
- Difficulty in evaluating the true performance of program

Source: MHLW

Program Examples : Case of “Company B”, 2008

9,595 individuals (8,808 males and 787 females) participated; ages 40-74 (mean 52.2)

- 802 individuals were stratified as middle risk group (one time counseling)
 - 517 out of 802 individuals were excluded for counseling, AS THEY WERE ALREADY SEEING DOCTORS
- 1,441 were stratified as high risk group (intensive counseling)
 - 1,090 out of 1,441 individuals were excluded for counseling, AS THEY WERE ALREADY SEEING DOCTORS

Conclusion:

- High proportion of exclusion from the counseling program due to existing medical conditions

Government Has Created Standards to Simplify Central Data Collection

- Platform: HL7 CDA-R2
- Two Document Types are Defined from One Message Model.
- Health Checkup Reporting Document
- Laboratory Test Results Section
- Interview Results Section
- Health Consultation Reporting Document
- Consultation Plan Section
- Consultation Results Section
- Claim Information Section
- Simplified XML Schema is Developed for Each Document
- Current Discussions About Making Data Available

Effect of National Counseling Program

Participants

2008/11 to 2009/5; workers at two payers; counseling performed by HCC Corp.

	n	Age	Initial Body Weight (BW)	Initial BMI
Intensive Counseling	95	47.6±7.0	77.8±8.7kg	26.7±2.6
One time counseling	57	46.3±7.4	69.1±8.4kg	24.0±2.4

(1) Upper: Participants with Metabolic Syndrome

(2) Lower: Participants with mild pre-Metabolic Syndrome disorder

Summary of Results:

(1) BW

① Intensive counseling program ⇒ 1.9kg decrease at 3rd month, 2.3kg at 6th month

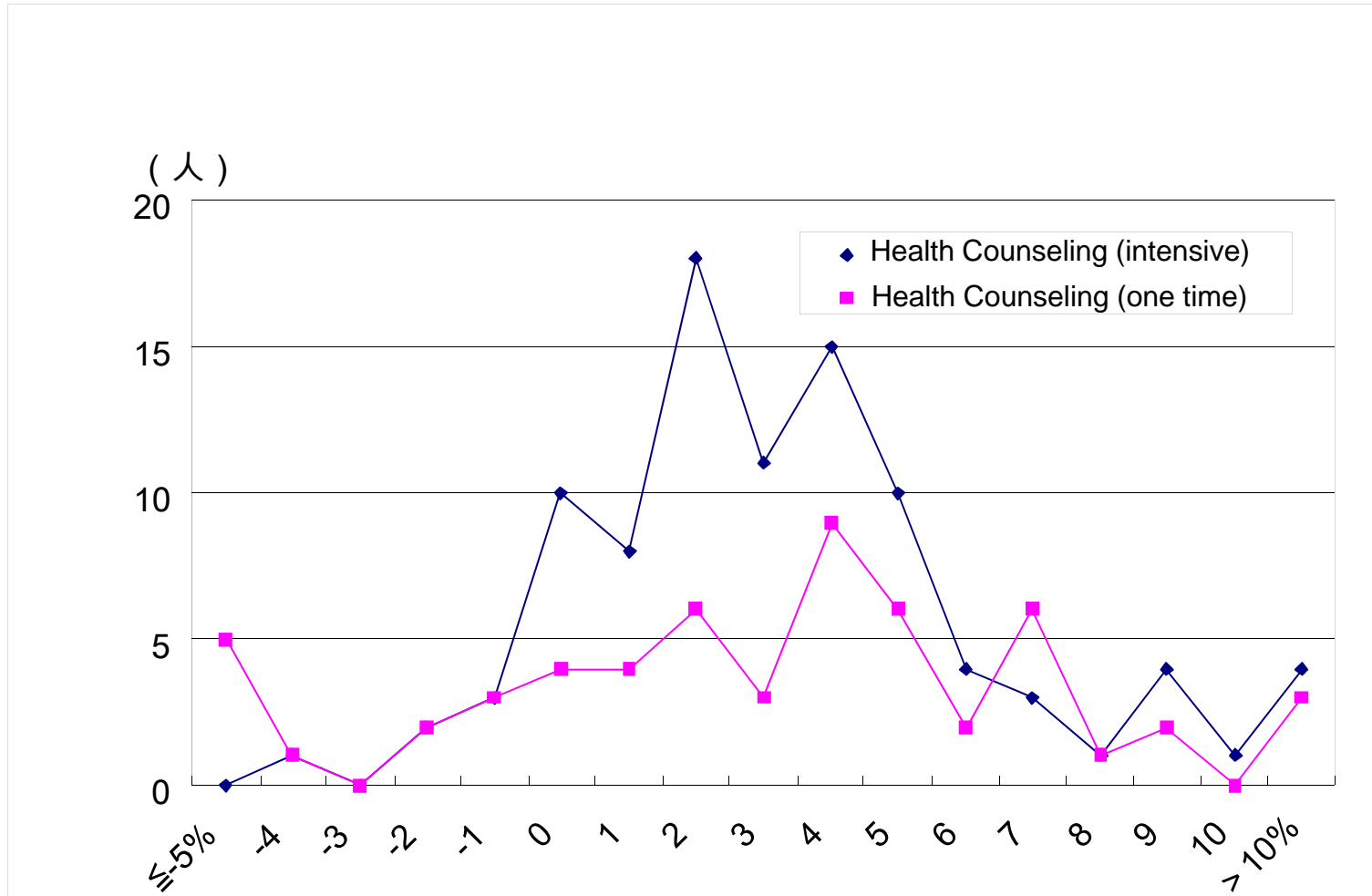
② one time counseling program ⇒ 1.9kg decrease at 6th month

(2) BMI

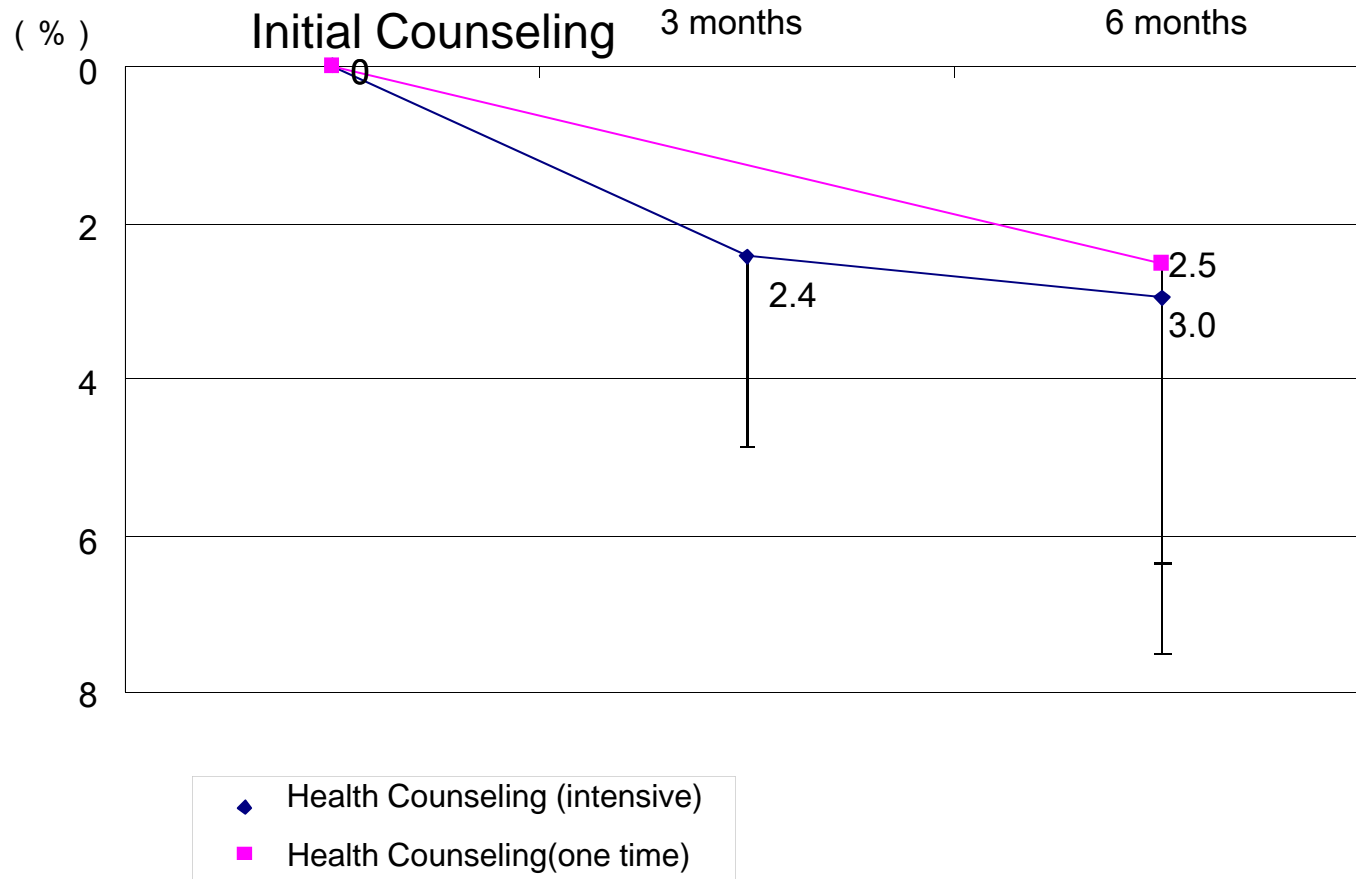
① Intensive counseling program ⇒ 2.4% decrease at 3rd month, 3.0% at 6th month

② one time counseling program ⇒ 2.5% decrease at 6th month

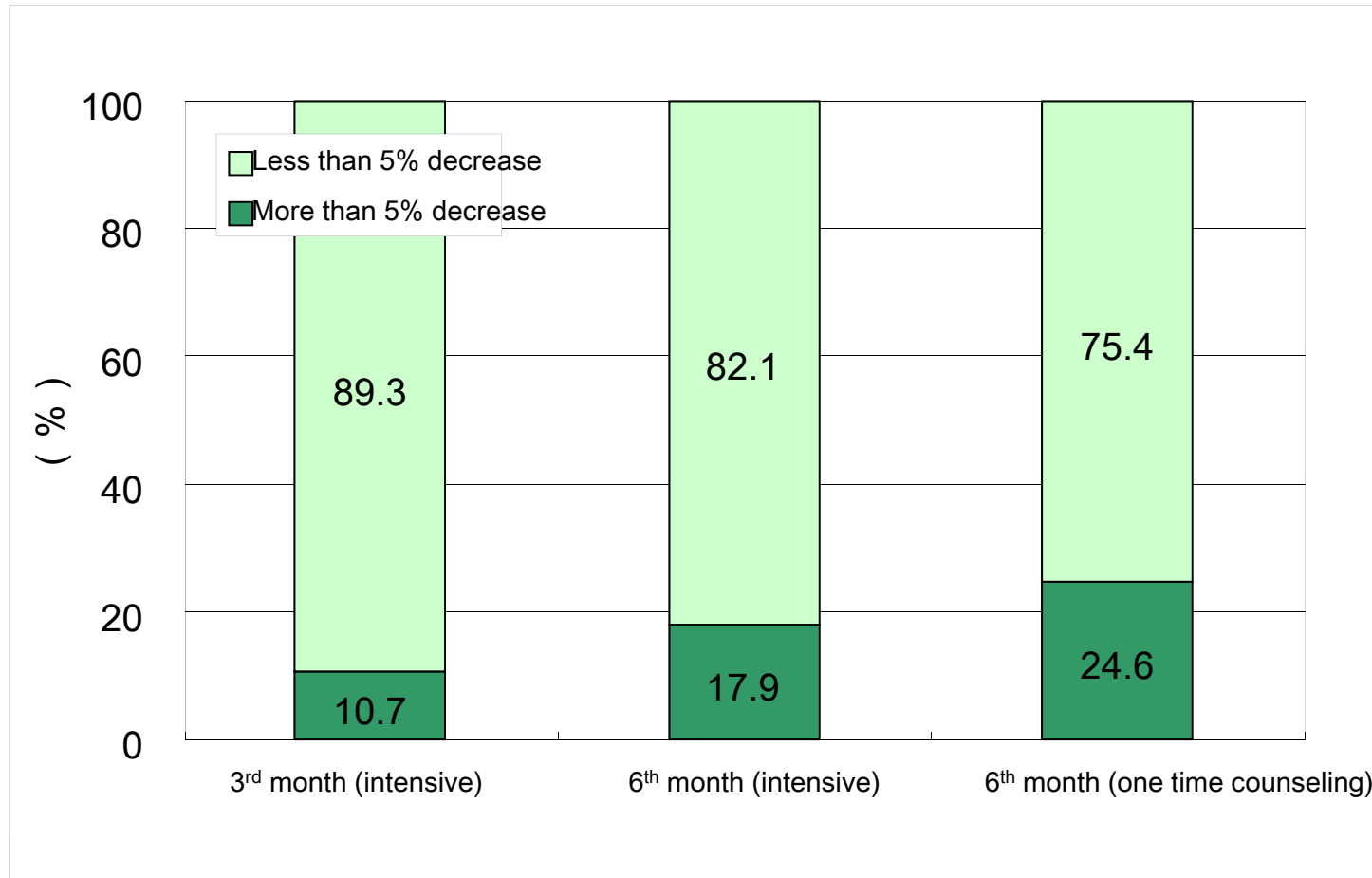
Decrease in BMI



Average Decrease in BMI



Distribution of BMI Decrease



3 Possibility of a More American Style Disease Management?

Japanese Style Disease Management

- Manual and Guideline by Ministry
- Ministerial Ordinances and Notifications
- Emphasizes Face-to-face Intervention
- 6-month Intervention Programs, Annual Planning and 5-Year Master Plan
- Small Size of Industry in Emerging Market

Very Prescriptive Methodology in Japanese Style Program

6-Month Intervention Program Requirement Specified by Ministerial Ordinance and Notification

- **Mandatory Initial Face-to-Face Intervention**
 - Mandatory 20-Minute Face-to-face Interview for Individuals or 80-Minute Face-to-face Interview for Group
- **Minimum Counseling Requirement Measured by Point System**
 - Measuring the Frequency and Duration of Intervention
 - Intervention Activity Assigned Point Value
 - Minimum Points: 180

Payor Concerns in Japan

- Emphasis on Process Over Outcome
- Payoff for Prevention Program through Decrease of Risk in Enrollees
- Compliance with Rules Rather than Effectiveness

Different Styles in Disease Management

American Style Disease Management

- Greater Impact of Healthcare Costs on Company Financial Results
- Many Varied Programs Based on Objective Needs and Planning
- Great Interest in Return on Investment
- Pursuit of Efficiency and Optimization
- Development of Scalable “Smart Tools”
 - E.g. Call Centers, Predictive Modeling, etc
- Large Size of DM Industry in Evolving Market

Prerequisites for a More American Style DM in Japan

- Deregulation
- Trial and Error Approach
- Competition
- Accreditation System
- Organization(s) Bringing Together Stakeholders
- Realization that Cancer and Mental Health are “Japan’s Obesity Problem”

4 Conclusion

- Japan's National Prevention Program has begun
- Only limited results are available now, however the prevalence and performance of program seems below expectations
- Modification selectively employing beneficial American DM program methods should be considered