

## Health and Global Policy Institute (HGPI) Future of the Healthcare System Project

### Media Seminar and Workshop for Promoting Healthcare Reform

## Issues and Prospects for Advancing the Digital Transformation of Healthcare in Japan

### Compilation of discussion points

#### **Background to this compilation of discussion points**

From October 2022 to December 2022, Health and Global Policy Institute (HGPI) hosted three events titled, “Media Seminar and Workshop for Promoting Healthcare Reform.” Looking to the digitalization of the healthcare system in Japan, which is referred to as digital transformation (DX), these seminars featured opinion exchanges with journalists and other representatives of the media who are well-versed in policies related to healthcare and social security as well as with experts in this field with the objective of helping the public obtain an accurate understanding of Japan’s healthcare and social security systems. Discussions at these three seminars identified issues facing healthcare DX in Japan, compared circumstances among countries, examined DX in healthcare and in other industries, and explored the ideal structure of healthcare for Japan to pursue moving forward. Here, we have synthesized suggestions from those three events regarding current circumstances, issues, and future prospects for advancing healthcare DX in Japan.

#### **Perspective 1: To advance healthcare DX, the public must be provided with a clear vision and ongoing explanations of how healthcare DX will improve the quality of everyday life.**

Japan is becoming a super-aging society and many of its citizens live with chronic diseases, many of whom live alongside their diseases in their daily lives while holding fast to their own values. There is an ongoing transformation in healthcare services that is centered round the daily lives of people and in which services that were once provided in hospitals based on probabilistic evidence are becoming integrated services that are patient-driven and centered on the individual. Measures for healthcare DX that are currently advancing aim to improve individual quality of life. Advancing healthcare DX will open the door to a future in which healthcare can accommodate all individuals and in which people can continue living lives that are true to themselves. It will be vital to share a clear vision of how healthcare DX will enable the provision of health services that meet individual needs while accounting for diversity, to explain this vision to the public, and to set goals the entire country can work toward achieving together.

#### **Perspective 2: Different stakeholders have different worries or concerns with regards to healthcare DX. After identifying methods of addressing the concerns of each stakeholder, a shared recognition toward healthcare DX among stakeholders must be built and a system for collaboration that enables them to work toward shared goals must be established.**

Ongoing discussions on healthcare DX are not in line with the public’s doubts and concerns toward healthcare DX. For example, discussions on integrating the My Number card with health insurance cards focus on what to do when someone loses their card or how to respond to emergency situations like natural disasters or power outages. However, when asked their reasons for not making My Number cards, some citizens have cited concerns regarding data leaks or the burdensome process of creating the cards. Furthermore, healthcare professionals say that those in real-world medical settings are still in the midst of responding to the COVID-19 pandemic and that they cannot spare the time and human or financial resources to implement systems for processing My Number cards. After indicating measures to address each worry and concern, it will be important for every stakeholder to have a unified awareness toward healthcare DX and to move forward on establishing a system for collaboration on common goals.

#### **Perspective 3: To promote understanding toward healthcare DX among citizens, efforts must be taken to expand opportunities for citizens to experience healthcare DX as part of daily life.**

The concept of healthcare DX is to aim for a paradigm shift that transforms the environment around healthcare today as well as the structure of society and our daily lives. However, the public has only been informed of one specific aspect of this concept, so it will be important to build an accurate understanding of this concept among citizens. In one initiative that

provides an example of how to go about achieving this, healthcare professionals serving in real-world healthcare settings are involved in research for healthcare DX so they can experience how convenient it will make their routine examinations and treatments. Having people serving in the frontlines of care speak up about advancing healthcare DX through such initiatives is likely to lower hurdles for other users when carrying out healthcare DX. In addition, it will be crucial to have the media convey all information regarding healthcare DX, including its disadvantages, to the entire public, and for them to do so repeatedly. We can look to the deployment of COVID-19 vaccines as an example of such action. At first, people in Japan were skeptical toward the vaccines, but repeated media coverage that communicated the advantages and disadvantages of the vaccines in an honest manner helped Japan achieve one of the highest COVID-19 vaccination rates in the world. In this manner, demonstrating the use of healthcare DX in many aspects of everyday life through concrete initiatives is likely to help citizens view healthcare DX as something that is familiar, which will actively promote understanding toward and utilization of healthcare DX.

**Perspective 4: Rather than only focusing on carrying out healthcare DX, initiatives should also encompass perspectives on policy criteria and assessment methods for the period after healthcare DX is implemented.**

As demonstrated by the establishment of the Healthcare DX Reiwa Vision 2030 by the Ministry of Health, Labour, and Welfare (MHLW) and the establishment of the Headquarters for Medical Digital Transformation (DX) Promotion in the Cabinet Secretariat, the Government of Japan is making various efforts to promote healthcare DX. Meanwhile, the private sector is advancing efforts to digitalize various healthcare services according to their own needs surveys. Given these circumstances, in addition to taking steps forward to share and implement a vision (as described in Perspective 1 above), at the same time, efforts should be made to consider healthcare DX evaluation methods and criteria while envisioning the state of healthcare after digital transformation. Healthcare DX in Japan is still only in its dawning stages and will soon enter the phase for full-scale implementation. However, many developed countries have already completed the digital transformation of healthcare systems and digital health services are already in broad use among their citizens. The modern era has made it possible for Japan to refer to good examples from abroad and Japan is poised to soon implement healthcare DX, so we should establish new evaluation systems or review existing ones to define standards in advance. While it is likely the national Government will allocate budgets for all initiatives related to healthcare DX in the future, expectations are high for the creation of healthcare DX policies that are based on evidence. By simultaneously establishing frameworks and standards for evaluating the policy effects of healthcare DX, it will become possible to provide evidence-based explanations regarding the need for healthcare DX, its effectiveness, and its safety.

**Case study: Examples of efforts to promote healthcare DX in the Netherlands**

When advancing healthcare DX, the Netherlands faced similar circumstances to Japan in which its citizens were concerned about ensuring privacy. However, the Netherlands is now the frontrunner in Europe in terms of progress on healthcare DX and can provide many good examples for Japan to use as reference when advancing health policy. These examples are introduced below.

**Example 1: Establishing healthcare DX with perspectives that cut across fields**

As 92% of people over age 75 in the Netherlands live independently, policies for healthcare DX were advanced together with other age-friendly policies, such as those for housing. For example, to help older adults live independently with peace of mind, they made it possible for healthcare professionals to check on people remotely by installing sensors to open and close doors and floor sensors near beds, or by digitally linking tools like medication dispensers.

**Example 2: Utilizing digital technologies to provide “warm care”**

The Netherlands advanced policies for healthcare DX under the concept that it is useful for helping elderly people fulfill the vision of “taking control of one’s own life while continuing to contribute to society,” which is a goal that lies beyond being able to live independently and with peace of mind. At a glance, the use of digital technology may appear to be a form of “cold care” because it reduces human contact. However, using digital technology actually enhances productivity to create more opportunities to provide the type of “warm care” that only people can provide. The Netherlands was successful at building

recognition among its citizens toward the fact that advancing healthcare DX is a form of “warm care.”

### **Example 3: Securing personal information while making effective use of data**

Healthcare institutions in the Netherlands currently use a system that allows the patient data and long-term care information that has been entered to be shared among health professionals. Among health professionals, the shared personal data can only be accessed by those who possess authorization. Furthermore, the Government of the Netherlands cannot access data on individuals; it is only allowed to access data that has been aggregated, such as numbers of patients, symptoms, genders, and ages. By providing repeated explanations to the public regarding the security system that has been established, the Dutch Government has devoted the time required to successfully build public consensus. Advances in healthcare DX have enabled the citizens of the Netherlands to directly experience how convenient such systems can be, as described in Perspective 3 above. For example, when they visit a new health institution, they do not have to repeat having their history taken and can avoid duplicate prescriptions because their health data has been shared.

### **Acknowledgements**

This compilation of discussion points is based on discussions held with the speakers listed below as well as the media representatives and journalists who attended our seminars. We express our deepest gratitude to the speakers and everyone else who joined us. This summary was compiled by HGPI in its capacity as an independent health policy think tank based on the aforementioned discussions and does not, in any capacity, represent the views of any speaker, participant, or other related party, or any organization to which they belong.

### **Speakers (titles omitted; in Japanese syllabary order)**

Jacqueline Hoogendam	(Ministry of Health, Welfare and Sport, The Netherlands)
Keita Nishiyama	(Visiting Professor, Institute for Future Initiatives, University of Tokyo)
Shuhei Nomura	(Project Associate Professor, Department of Health Policy and Management, School of Medicine, Keio University)
Hiroaki Miyata	(Professor, Department of Health Policy and Management, School of Medicine, Keio University)

### **Introducing Health and Global Policy Institute**

Health and Global Policy Institute (HGPI) is an independent, non-profit, non-partisan, and private health and global policy think tank established in 2004. HGPI is committed to achieving citizen-centered health policy by bringing together a wide range of stakeholders and generating policy options for the public from a neutral standpoint. HGPI represents an independent voice not bound by the positions of any particular political party or organization and works to foster fair and healthy communities by shaping ideas and values from broad, forward-looking perspectives. HGPI intends for its policy options to be effective not only in Japan, but also in the wider world, and in this vein the institute will continue to be very active in creating policies for resolving global health and medical challenges. HGPI’s activities have received global recognition. HGPI was ranked second in the “Domestic Health Policy Think Tanks” category and third in the “Global Health Policy Think Tanks” category in the Global Go To Think Tank Index Report presented by the Lauder Institute at the University of Pennsylvania (as of January 2021, the most recent report).

### **Introducing the Partnership for Health System Sustainability and Resilience (PHSSR)**

This project is being conducted as part of the Partnership for Health System Sustainability and Resilience (PHSSR). The PHSSR is an international partnership that was established through collaboration from the London School of Economics (LSE), the World Economic Forum (WEF), and private sector partners including AstraZeneca, KPMG, and Philips. In the face of continued pressure on global health systems due to the Coronavirus Disease 2019 (COVID-19) pandemic, this partnership includes cooperation across national borders and fields of specialty from parties like researchers, governments, and policy makers. So far, the PHSSR has surveyed and analyzed the COVID-19 pandemic response from healthcare systems in 21 countries and has held discussions on what reforms will be necessary to build more resilient, sustainable healthcare systems. Participants in

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PHSSR from Japan include Keio University and HGPI, who have compiled a report on healthcare DX and other issues faced by the Japanese healthcare system. This series of media seminars and workshops focused on healthcare DX, which the report highlighted as an issue requiring particular attention.