March 24, 2023

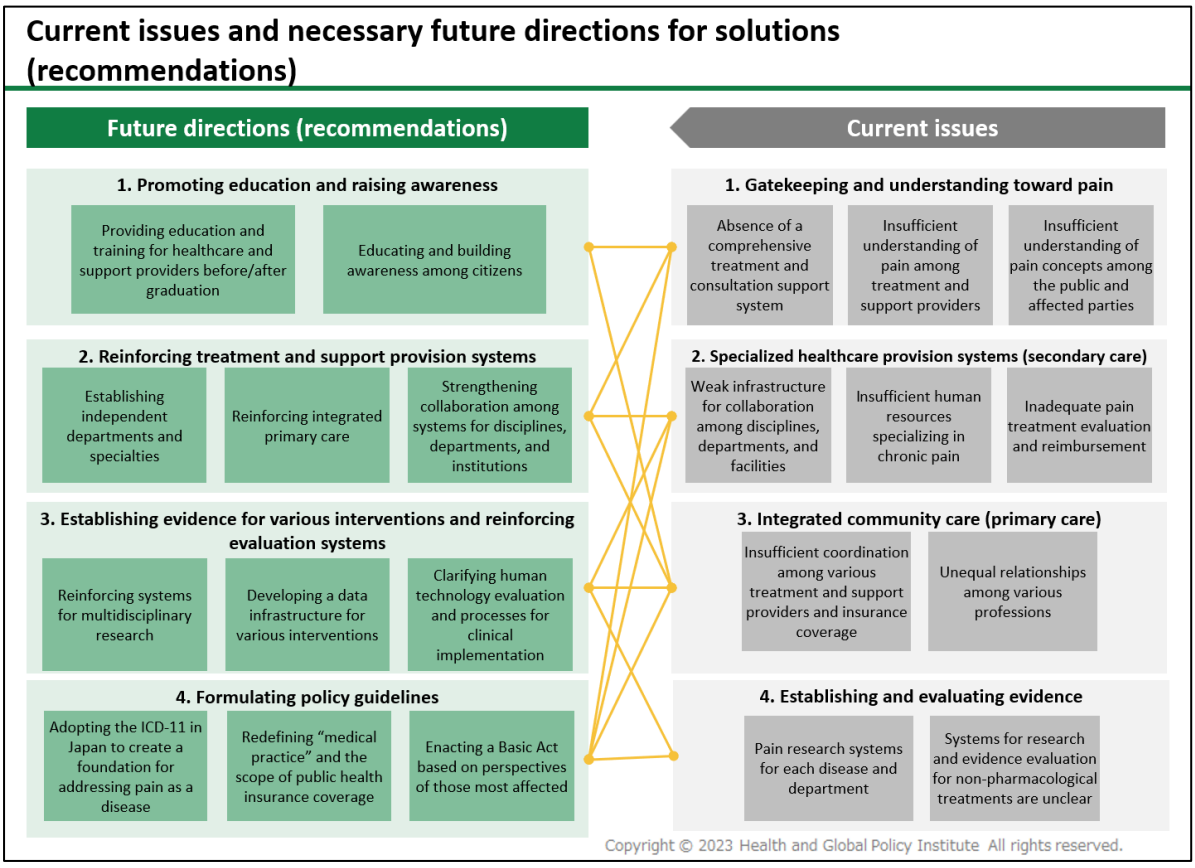
Health and Global Policy Institute (HGPI) Project for Chronic Pain Measures Achieving Equity in Multidisciplinary Pain Treatment and Support Systems for Pain Management

Introduction

It has been reported that chronic pain affects 22.5% of the adult population in Japan, which is approximately 23.15 million people. While pain has not attracted much attention as a factor that contributes directly to mortality, it is a major cause of productivity losses among the working population and a common reason people are certified as requiring long-term care or support. As Japan continues to experience a declining birthrate and population aging, building effective and efficient pain treatment and support systems for pain management are also urgent issues from the perspective of ensuring the sustainability of the social security system as well as our entire society.

Rapid progress has been made in pain research in recent years. The International Association for the Study of Pain (IASP) revised its definition of pain in 2020. Then, in 2021, a Japanese term was assigned to "nociplastic pain," the third mechanistic pain descriptor which emphasizes that pain can correspond to psychosocial factors in addition to structural or medical factors. To provide treatment and support that takes this mechanism into account, we must recognize the limitations of the conventional biomedical model as well as the need to implement the biopsychosocial (BPS) model. We must then take rapid steps to develop systems and policies that will provide the foundation for the BPS model.

Based on the knowledge we obtained from hearings with a broad range of stakeholders involved in pain treatment and support, desk studies, and other efforts, this report outlines current circumstances and issues for pain treatment and support systems for pain management and compiles methods of addressing those issues in the future. After summarizing current issues, this report offers the four recommendations described in the following chart regarding the direction of next steps and future discussion points for resolving those issues.



Because pain can become a problem for all diseases, it will be necessary to address it with treatment and support that utilizes a collaborative approach spanning multiple fields of specialty. Furthermore, collaboration that surpasses the boundaries among fields of specialty, institutions, and the health, long-term care, and welfare systems as well as the private healthcare service sector will be necessary to achieve equity in multidisciplinary pain treatment and support systems for pain management. This presents a complex political challenge that involves a broad range of stakeholders. HGPI will continue to actively pursue equity in multidisciplinary treatment and support systems by encouraging multi-stakeholder discussions that encompass the perspectives of those most affected and examine future discussion points to address these needs.

Current issues facing pain treatment and support systems for pain management

1 Systems for guiding people living with highly individualized pain to suitable treatment and support

1.1 Systems that can provide comprehensive treatment and consultation support

Pain can originate from a number of organic diseases and chronic pain can be influenced by psychosocial stress in addition to organic tissue damage. This means treating chronic pain requires comprehensive diagnostic techniques to determine if an organic disease is present as well as advanced medical techniques based on the biopsychosocial (BPS) model. To support the provision of this type of comprehensive medicine, a new certification for general practitioners was established as part of the new specialty system that came into effect in 2018, and the FY2022 revision of the Model Core Curriculum for Medical Education added "Willingness to see patients and citizens in a comprehensive manner" among the necessary qualities of physicians. At the same time, our existing healthcare system is based on the principle of free access, in which patients can select which department to seek a medical consultation from, and with each department providing healthcare independently. This means that selecting the most suitable department or healthcare service is difficult for people living with chronic pain that is the result of complex interactions among various underlying factors. As a matter of fact, some people have become what are known as "pain refugees" because they cannot receive suitable treatments or support for their conditions and end up visiting various medical departments or trying various folk remedies to find a treatment or form of support that is right for them.

1.2 Understanding toward pain among healthcare providers and service providers in the healthcare sector

It has been reported that people living with chronic pain use various healthcare facilities and services. In the Pain Associated Cross-sectional Epidemiological (PACE) Survey 2009, a 2011 survey that examined which facilities or services were used by people living with chronic pain, 55.9% of respondents used some variety of healthcare service. Among them, 46.3% used clinics, 40.9% were receiving care at hospitals, and 27.3% were visiting osteopathic clinics. In addition, 35.6% reported using other healthcare services or alternative medicine. Among respondents who were being treated at hospitals and clinics, 45.2% said they were dissatisfied with treatment. As these findings show us, in addition to healthcare institutions, people living with chronic pain are also visiting osteopathic clinics and using alternative medicines, and they report being dissatisfied with treatment at healthcare institutions. Given these circumstances, both health professionals and healthcare service providers should be provided with education that is based on the latest science on pain, but at the moment, such education has only been included in pre-graduation curricula for some healthcare providers, like physicians.

1.3 Understanding among citizens regarding the concept of pain and how to utilize healthcare and other forms of support for pain management

Culture is known to be a factor that influences how people perceive pain. According to a 2017 online survey among people living with chronic pain, 66.6% of respondents said they thought people should tolerate pain and 32.8% said they had never visited a healthcare institution for pain. This suggests that people in Japan have a strong tendency toward tolerating pain and refrain from seeking medical attention even when pain becomes chronic. There is also a strong tendency for people to perceive pain in terms of what is known as "nociceptive pain," or pain at the affected area that is caused by illness or injury. In other words, the concept of pain that is influenced by psychosocial factors which was elucidated recently has not yet taken root. In Japan's current healthcare system, people have the freedom to choose which healthcare institution to visit, so they must decide for themselves the best place to seek treatment. As long as pain and pain treatments are not understood properly, it will be difficult to provide suitable pain treatments at early stages.

2 Systems for providing specialized healthcare for pain

2.1 Incentives for collaboration among departments, professions, and institutions are insufficient for establishing an infrastructure for multidisciplinary treatment and support

Holding multidisciplinary conferences to provide diagnoses and treatment plans that are based on evaluations conducted from multiple angles can be effective for certain types of chronic pain. Non-pharmacological therapies like exercise therapy, psychotherapy, and pain management education have also been recommended for treating chronic pain. In addition, there are times it may be necessary to coordinate with employment support and other forms of support related to welfare as part of treatment. Many of the aforementioned multifaceted evaluations, multidisciplinary conferences, and various forms of treatment are not included in the current medical service fee schedule, so such treatments and services must be provided without reimbursement. There is also no reimbursement provided for the workload of coordinating multiple facilities when they collaborate on providing multidisciplinary care. As long as initiatives to provide effective treatments and support according to guidelines are not covered in the medical service fee schedule, the ability of healthcare institutions providing multidisciplinary treatment and support to operate in a sustainable manner is at risk.

2.2 Human resources for providing specialized chronic pain treatment and support for chronic pain management are insufficient

Healthcare providers who possess a broad range of specialized knowledge and skills based on the BPS model are necessary for providing suitable treatment and support for chronic pain, and they are central in providing treatment and support at facilities called multidisciplinary pain centers. Currently, there are 30 of these facilities in Japan. However, education to develop personnel with the high levels of expertise needed to treat chronic pain has yet to be institutionalized. In other words, healthcare professionals that are currently active in this area acquired the necessary knowledge and skills on their own through their experiences in clinical settings and research after graduation. This means one challenge facing multidisciplinary pain centers is a shortage of specialist healthcare providers who can provide sustainable treatments for chronic pain. Efforts to establish a training program focusing on chronic pain were being advanced under the Ministry of Education, Culture, Sports, Science and Technology's (MEXT) Problem-Solving Training Program for Advanced Medical Personnel, but that program has yet to be institutionalized. It is urgent that Japan establish a system to train the necessary specialists.

In addition to education in the field of medicine, such issues also affect education in the fields of dentistry and nursing, as well as training for therapists including psychologists. For example, a form of chronic pain in the area of dentistry called orofacial pain is not recognized as a field of specialty for dentists, and there are many issues that must be addressed before equity in treatment and support systems can be achieved in this area. In one country, orofacial pain is considered a field of specialty within dentistry and efforts are being made to institutionalize education specializing in that field. A small number of dentists who have trained and been certified in countries that are leading the way in this area have established an academic society for orofacial pain in Japan. While they are currently advancing efforts for recognition of this field in Japan, it has yet to be officially recognized as a field of specialty. As long as it goes unrecognized, an educational system cannot be built and a system for treating orofacial pain by dentists specializing in this area cannot be established.

2.3 Evaluation systems for assessing specialized medical treatments for pain

Effective treatment methods have been established for some forms of chronic pain and include pharmacotherapy and interventional therapy (such as nerve blocks or minimally-invasive surgery). However, the points assigned to these treatments in the medical service fee schedule result in less reimbursement than they are given in other

countries. This is, in part, due to the fact that reimbursements are not provided for the pharmaceuticals used in providing nerve blocks or for the costs of medical supplies used to provide these treatments. Furthermore, certain interventional therapies carry the risk of serious complications, which in turn carry a high risk of litigation. This makes it difficult to disseminate them in clinical settings, even for medical treatments that can be counted on to have a certain degree of effectiveness.

3 Creating a foundation for providing integrated pain treatment and support for pain management in communities

3.1 Collaboration among insured medical services and various treatment and support providers

Systems must be established so people can continue receiving the medical care and support they need in their communities after undergoing specialized treatments at multidisciplinary pain centers, which are often located at university hospitals. In the current system, most outpatient treatments are provided by individual departments, and there is no system for providing treatment across multiple departments based on the BPS model. In particular, the absence of a collaborative system that coordinates health facilities providing treatments covered by insurance and community resources providing a wide range of evidence-based interventions such as psychotherapy, exercise therapy, integrative medicine, and employment support is making it difficult to provide a wide range of evidence-based interventions in communities.

3.2 Ensuring equality among various professionals to create a foundation for adopting the BPS model

Providing comprehensive treatment and support in communities based on the BPS model will require further steps to promote cooperation. For that multidisciplinary cooperation to take place, equal relationships must be established among professions. This will require addressing a number of issues. The scope of medical specialists' duties is regulated by the Medical Practitioners' Act, which provides physicians a monopoly over the professional practice of medicine that is relaxed on a limited basis to allow other health professionals to engage in certain medical practices. Such restrictions are in place to protect the public from medical practices performed by anyone who does not possess sufficient training. However, advances in medicine that were made after the enactment of the Medical Practitioners' Act have resulted in the development of practices (like rehabilitation conducted using the BPS model) that do not fall under that Act's intended meaning of "medical practice" (which is defined as "an act, out of acts belonging to the realm of medical care or health guidance, that could be hazardous to health or hygiene unless the act is conducted by a medical practitioner"). This means physicians now have a monopoly over those practices outside of the intended meaning. This may lead to excessive burdens being placed on physicians or result in hierarchies forming among professions based on the scope of practices they are allowed to perform or the reimbursements provided by the medical service fee system.

4 Establishing evidence and research and development systems

4.1 Establishing research systems to study pain for each disease and department

As pointed out in *Clinical Practice Guidelines for the Management of Chronic Pain*, there is not much high-quality research on chronic pain treatment being conducted in Japan. Most of the pain research conducted in Japan falls into specific disease areas and examines pain associated with diseases, with many studies focusing on peripheral tissues to clarify the pathology of each disease. However, what people living with chronic pain experience is emotional, so research undertaken from the perspectives of neurology and psychology that does not focus on peripheral tissues must be conducted at the same time. Conducting studies on pain treatments that take a comprehensive view of pain will require multidisciplinary and interdisciplinary perspectives. However, research systems for conducting such studies are only in place at certain research institutions in Japan, so they must be expanded in the future.

4.2 Research and evidence evaluation systems for non-pharmacological treatment methods

Many of the non-pharmacological treatments recommended by the *Clinical Practice Guidelines for the Management of Chronic Pain* lack evidence in Japan, are not included in the medical service fee schedule, or are provided as non-medical healthcare services, such as chiropractic adjustment. Given the current situation, ensuring evidence-based non-pharmacological treatments are granted public health insurance coverage will require first establishing domestic evidence and evaluating it. However, only a few research institutions conduct research on the medical effects of treatments that are not considered medical practice, and the processes for conducting scientific evaluation on evidence for human treatment methods and obtaining insurance coverage are unclear. Looking at psychotherapy as an example, we see that efforts to establish scientific evidence in Japan are lagging behind, and discussions regarding the creation of a national license system for certified psychotherapists or their utilization in medical practice tend to focus on political aspects rather than scientific evaluation. Integrative medicine provides another example. Evidence compiled at the Evidence-based Japanese Integrative Medicine (eJIM) site operated by the Ministry of Health, Labour and Welfare (MHLW) is mainly from the U.S. with little evidence from Japan. In addition, political interventions aimed at establishing an evidence-based integrative medicine provision system are lacking. Given these circumstances, it is difficult to establish domestic evidence for non-pharmacological treatments with established evidence overseas or to provide new non-pharmacological treatments as forms of medical practice or in collaboration with medical practice.

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Next Steps and Future Discussion Points for Achieving Equity in Multidisciplinary Pain Treatment and Support Systems for Pain Management

1 Reinforcing education and awareness raising to foster public understanding toward concepts related to pain

1.1 Introduce education and training programs before and after graduation for all disciplines in health, medicine, and welfare as well as for healthcare-related private sector services

Pain can be a problem in various disease areas and people living with chronic pain utilize services other than those provided at healthcare institutions, including integrative medicine. A system is needed to ensure people receive or can be referred to appropriate treatment and support regardless of which services they use. Achieving this will require all professionals serving in health, medicine, and welfare as well as those in related private sector healthcare services to have an accurate understanding of the concept of pain, so rapid steps must be taken to provide education and training. When providing that education, the concept of pain should be introduced as part of pre-graduate education for all professions while promoting training programs for those who have already graduated. While referring to items like curricula for health, medical, and welfare professionals provided by the IASP, items that have already been incorporated in pre-graduate occupational curricula in Japan, and the "Japan Pain Foundation's Basic Workshop" from the Japan Pain Foundation, prompt action must be taken to promote education and raise awareness.

1.2 Reinforce education and awareness raising efforts that foster an appropriate understanding of pain among the public

It has been pointed out that in Japan, people have a deep-rooted cultural perception of pain as something that must be endured, people tend not to use healthcare or other services when experiencing pain, and that sufficient understanding toward people living with pain has not been fostered. There is also insufficient understanding toward the fact that pain can be a mental issue that is affected by psychosocial stress in addition to being something that affects the body. In addition to hindering efforts to provide appropriate early interventions, these national characteristics dampen initiative among people living with chronic pain, which is something that is necessary when treating chronic pain. It will be necessary to promote the efficient provision of appropriate treatment and support by encouraging education on pain as part of compulsory education and by improving the public's understanding of pain and its treatments through nationwide campaigns to build awareness.

2 Building systems that deliver specialized treatment and integrated care

2.1 Reinforce secondary care by creating independent departments that specialize in pain medicine, establishing a specialist certification, and training personnel to lead specialized treatment

Pain is a problem that may be experienced by people living with various diseases that span multiple areas of discipline. Responding to intractable pain that accompanies various diseases will require establishing independent departments that cooperate with the corresponding department for each disease to provide specialized pain treatments. In China, some institutions have established systems in which people whose pain does not improve with treatment from their department are referred to independent pain departments that collaborate to provide specialized treatment and support. A number of initiatives to reinforce specialized secondary care for pain have advanced in Japan, including the establishment of Japan's first pain clinic department in 1962 and the establishment of pain clinic departments in 2008. However, specialized treatments for pain are not adequately evaluated in the medical service fee schedule, making it difficult to continue operating such clinics in a sustainable manner. To reinforce secondary care for pain, independent pain departments that collaborate with other departments must be

established and proper evaluations for specialized pain treatments in the medical service fee schedule must be considered.

Healthcare providers who have multidisciplinary knowledge and skills are also required to provide secondary care for pain. A specialist certification and curriculum has not been institutionalized to foster such human resources in Japan, so a specialized occupation has not been established. In addition to knowledge regarding anesthesiology and psychiatry, treating pain requires physicians to possess knowledge on pain from fields related to various parts of the body, starting with orthopedics and dermatology. They must also possess knowledge and various skills from the perspectives of general practice and occupational medicine. Knowledge in multiple areas and a variety of skills are also required to provide proper treatment for orofacial pain, which is a problem in the field of dentistry. In addition to the general knowledge provided by the dental curriculum, they must be able to conduct differential diagnosis on orofacial pain as well as have knowledge of pain science and various pain interventions. As treating pain requires a broad range of knowledge and skills, it will be necessary to establish a systematized specialist training process and create a system to certify them.

2.2 Strengthen primary care through which parties most affected receive the integrated treatment and support they require by linking comprehensive care and consultation services with various community resources

There are limits as to how accurately people living with pain can understand the concept of pain and be able to select the forms of treatment and services that are ideal for them, so a system is necessary that provides comprehensive and appropriate treatments and consultations regardless of pain mechanism. Providing integrated primary care has been a topic of discussion for many years, and the institutionalization of family doctor services was included in the "Proposed Amendment to the Health Insurance Act to Establish a Sustainable Social Security System for All Generations" approved by Cabinet Decision in February 2023. While taking future policy developments into account, a primary care system that is easy for people living with pain to understand must be established to ensure access to appropriate and timely treatment and support.

Establishing such a system will require creating comprehensive consultation services on treatment and fostering a climate in which such services can be fully utilized. When providing treatment and support for chronic pain in communities, it will be particularly important to establish a collaborative system that links medical consultation services with community resources that can provide various interventions as well as to ensure collaborating, non-medical community resources are of sufficient quality. A joint initiative between the "Project for Developing an R&D Infrastructure for Implementing Prevention and Health Promotion in Society" from the Ministry of Economy, Trade and Industry (METI) and the Japan Council for Quality Health Care that aims to formulate and disseminate evidence-based guidelines for ensuring quality in the healthcare service sector are now advancing. While referring to such innovative initiatives, steps must be taken to ensure that the healthcare services involved in chronic pain treatment and support are of sufficient quality while working to reinforce collaboration between those services and healthcare.

2.3 Establish systems for collaboration across specialties, departments, facilities, and systems to provide a foundation for multidisciplinary treatment and support

Liaison services that span multiple disciplines and departments to provide medical examinations from various angles, formulate treatment and support plans through conferences, and provide treatment have been shown to be effective at providing appropriate treatment and support for chronic pain. Efforts to establish systems for providing liaison services at multidisciplinary pain centers are currently advancing under the Model Project for Chronic Pain

Treatment Systems, and granting insurance coverage to disseminate liaison services is an item that requires urgent consideration. In addition, healthcare facilities must collaborate to provide multidisciplinary treatment in regions that lack healthcare institutions providing multidisciplinary treatment. Hachinohe City in Aomori Prefecture provides one example of such efforts. To provide multidisciplinary treatment and support in Hachinohe City, case conferences known as "pain meetings" are regularly held by various specialists with the goal of reinforcing collaboration across multiple specialties and departments and at multiple facilities. Expectations are high for frameworks that encourage collaboration among multiple facilities in communities to be disseminated to other cities throughout Japan.

Various interventions that are considered outside the scope of medical practice like employment support or other forms of welfare support and integrative medicine have also been shown to be effective for treating chronic pain. Japan requires a framework for collaboration between providers of medical and non-medical interventions. Efforts to consider the integrated provision of welfare and other community resources and healthcare as integrated care are advancing, and Japan has legislated integrated care as part of the Integrated Community Care System, particularly in the field of welfare for older adults. Within the Integrated Community Care System, efforts are being made to reinforce integrated care provision through community care meetings, which are conferences held by various specialists in the region. While referring to this and similar efforts in other fields, it will be necessary to construct treatment and support systems for chronic pain that reflect each community's resources and unique forms of demand with the objective of enabling people living with chronic pain to access integrated care anywhere in Japan.

3 Establishing a system that builds evidence for a broad variety interventions and rapidly disseminates them

3.1 Reinforce multidisciplinary research systems that conduct specialized research related to pain

Conducting research on pain itself rather than how it manifests as a symptom for each disease will require a multidisciplinary research system that gathers specialists from various fields. Overseas, pain research is being advanced by people serving in fields like neurology, psychology, rehabilitation, sociology, linguistics, and engineering in addition to specialists in medicine and pharmaceutics. In Japan, efforts to establish research systems for chronic pain have advanced since chronic pain was named an issue facing society in the Plan for Promotion of Medical Research and Development, but steps must be taken to further expand multidisciplinary research systems that involve specialists in various fields related to pain.

3.2 Establish a data infrastructure to facilitate efforts to verify effectiveness for various interventions

Coordinating healthcare and non-medical community resources such as welfare and integrative medicine in an effective and efficient manner will require promoting efforts to verify the effectiveness of interventions provided through non-medical services. In the U.K., which has established a general practice (GP) registration system, information on referrals to various community resources is stored in a database of medical information obtained through general practice called the Clinical Practice Research Datalink (CPRD), which provides a foundation for research on various interventions. Japan is currently advancing steps to institutionalize family doctor services and it will be necessary to establish a similar data infrastructure to reinforce evidence-based family doctor services and advance research on primary care for chronic pain.

3.3 Clarify methods of evaluating new human technologies as well as for completing processes like obtaining insurance coverage

One problem for various non-pharmacological treatments recommended by the latest revision of the *Clinical Practice Guidelines for the Management of Chronic Pain* is that sufficient evidence on their therapeutic effectiveness has not been established in Japan. Factors that have resulted in this lack of evidence from Japan include the fact that

certain non-pharmacological therapies are being provided through non-medical healthcare services and that there is no system in place for verifying their therapeutic effects. In an initiative called the Research Project for Improving Quality in Healthcare and Collecting Scientific Evidence on Integrative Medicine, the Japan Agency for Medical Research and Development (AMED) is working to establish evidence on the effects of non-medical services and other interventions. While referring to such efforts, research on non-medical services for chronic pain must be reinforced, on-site systems for collecting data from healthcare services must be established, and systems for scientifically verifying the effectiveness of those services based on the data collected must be created. Furthermore, to rapidly develop systems that will enable people living with chronic pain to access evidence-based non-medical treatments, it will be necessary to train providers of non-medical treatments for which evidence has been established through scientific evaluations of human technology, to create new qualifications, and to clarify the processes by which such treatments can be utilized at healthcare institutions with health insurance coverage.

4 Formulating policy guidelines that are based on the perspectives of those most affected to achieve equity when providing a broad range of evidence-based interventions

4.1 Adopt the eleventh revision of the International Classification of Diseases (ICD-11) in a timely manner and build a foundation for reinforcing treatment and support systems that address pain as a disease

Although Japan's first pain clinic was established in 1962 and multidisciplinary pain centers are currently being established throughout Japan, pain treatment is not yet sufficiently evaluated and reimbursed in the medical service fee schedule. This makes it difficult to provide specialized pain treatment and support in a stable manner. One reason specialized pain treatment has not received sufficient evaluation is because pain has been considered a symptom rather than recognized as a disease. The International Classification of Diseases 11th Revision (ICD-11) presented by the World Health Organization (WHO) in 2022 adopted a new classification of chronic pain developed by the IASP. While pain was previously recognized as a symptom, it has now received its own systematic classification as an independent disease. Many guidelines have adopted this new classification, including *Clinical Practice Guidelines for the Management of Chronic Pain* from Japan, and it has become the basis for evidence-based treatment systems. Adopting the ICD-11 in Japan will create a foundation for a system for providing people living with chronic pain with access to specialized treatments that are based on the latest science as well as for reinforcing the R&D infrastructure, so urgent action must be taken.

4.2 Reconsider the definition of "medical practice" and the scope of benefits offered by public health insurance and establish systems that will serve as a foundation for implementing a biopsychosocial model that supports people living with chronic pain

Many of the treatments and evaluations that people living with chronic pain need and that are based on the BPS model are not recognized as "medical practice," so each treatment or evaluation must be examined to determine which ones can be recognized as "medical practice" to promote the BPS model. The definitions of "medical practice" and who can engage in "medical practice" in a professional capacity were discussed when the current Medical Practitioners' Act was enacted. Those discussions pointed out the need to reconsider what constitutes a disease or a treatment in accordance with progress in medicine, and that it is difficult to assign a straightforward definition to "medical practice" or "medical care." It will be necessary to consider the establishment of a system for examining each form of treatment required by people living with chronic pain to determine which ones constitute "medical practice" based on to the latest evidence, to define the scope of duties for each profession or type of institution (for-profit or non-profit), and to facilitate smooth collaboration among specialties and those providing medical and non-medical care. The current system requires physicians to possess a wide range of knowledge and skills necessary for providing suitable treatment and support and is placing an excessive burden on physicians. To provide various

treatments needed by people living with chronic pain in a sustainable manner, it will be essential to make further progress in task shifting and task sharing. This will require multi-stakeholder discussions on the definition of "medical practice," the scope of duties each profession is allowed to handle, and the ideal structure of collaboration among medical and for-profit corporations.

Building a system that provides equal access to forms of treatment and support based on the BPS model to people living with chronic pain will require reconsidering the scope of benefits provided by public health insurance. The Japanese public has enjoyed good health due to the support from the public health insurance system, which has continuously provided appropriate medical care when it is needed. In 2018, an independent research project from the Institute for Health Economics and Policy (IHEP) called the Study Group on Reviewing of the Scope of Benefits of Public Health Insurance released a report that points out the need to reflect on advances that have been made in medicine and science and reexamine medical practices covered by public health insurance and who is eligible for treatment. To expand options available to patients and reinforce sustainability of public health insurance, that report recommends expanding the system for patient-selected extra medical services to allow combined treatment for specified services. As pain is a subjective emotion, some are concerned that providing treatment and support within public health insurance for all people living with pain will cause runaway growth in demand. Multi-stakeholder discussions must be held on the scope of benefits covered by public health insurance and the option of partially relaxing restrictions on combined treatments in order to expand treatment options available to people living with pain.

4.3 Hold multi-stakeholder discussions and formulate a Basic Act on Chronic Pain that is based on the needs of people living with chronic pain

From the establishment of the National Health Insurance system in 1961 to today, Japan has continuously maintained a world-class healthcare system that has allowed all citizens to enjoy access to necessary and appropriate healthcare. However, Japan's current health, medical, and welfare systems make it difficult to provide suitable treatment and support for chronic pain due to gaps among the healthcare and welfare systems, medical departments, and fields of specialty. Current systems also make it difficult to incentivize the provision of suitable treatment and support. Addressing these issues will require discussions on various topics to be held over the medium- to long-term. These topics include the concepts of medical treatment, medical practice, and the medical profession; the scope of benefits covered by public health insurance; issues related to combined treatments and the system for patient-selected extra medical services; and various characteristics that form the foundation of the healthcare system in Japan, including the system for specialist physicians and access to healthcare institutions. While advancing those medium- to long-term discussions, steps must be taken to rapidly establish a system providing people living with chronic pain the pain treatment and support for pain management they require. While holding careful discussions on maintaining consistency with the existing healthcare system, this will require formulating a "Basic Act on Chronic Pain" (tentative name) to provide a foundation for comprehensive action from multi-stakeholders so treatment and support provision systems based on the perspectives of those most affected can be established without undermining the benefits of existing systems.

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March 24, 2023

About Health and Global Policy Institute

Health and Global Policy Institute (HGPI) is a Tokyo-based independent and non-profit health policy think tank, established in 2004. Since our establishment, HGPI has been working to help citizens shape health policy by generating policy options and bringing together stakeholders as a non-partisan think-tank. Our mission is to enhance the civic mind along with individuals' well-being and to foster sustainable, healthy communities by shaping ideas and values, reaching out to global needs, and catalyzing society for impact. We commit to activities that bring together relevant players from various fields to deliver innovative and practical solutions and to help interested citizens understand available options and their benefits from broader, global, long-term perspectives. HGPI has again ranked Second in the "Domestic Health Policy Think Tanks" category and Third in the "Global Health Policy Think Tanks" category within the 2020 Global Go To Think Tank Index Report released on January 28, 2021, by the Think Tanks and Civil Societies Program (TTCSP) of the Lauder Institute at the University of Pennsylvania.

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