HGPI Health and Global Policy Institute

Health and Global Policy Institute (HGPI)
Cardiovascular Disease Control Promotion Project

Developing and Expanding Cardiovascular Disease Control Plans in Each Prefecture

Challenges and Good Examples for Cardiovascular Disease Control

Addendum

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Challenges and Good Examples for Cardiovascular Disease Control

Addendum

Introduction: Background to the creation of this addendum and its objectives

In Japan, cardiovascular diseases (CVDs) like stroke and heart disease are leading causes of death and the most common conditions that require long-term care. To advance all varieties of CVD control measures, Japan enacted the "Basic Act on Countermeasures for Stroke, Heart Disease and Other CVDs to Extend Healthy Life Expectancies" (or the "Basic Act on CVD Measures") in December 2018. Later, the Japanese National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease was formulated in accordance with that Act and approved by Cabinet Decision in October 2020. Under the National Plan, each prefectural government formulated a Prefectural Plan for the Promotion of CVD Countermeasures (referred to as "Prefectural Plans" below) and is now advancing efforts to promote CVD control.

While Japan has laid the groundwork to further advance CVD control measures, the Basic Act and the Basic Plan only outline general principles and goals. Expectations are now growing for the national Government and prefectural governments to make concrete progress on these measures and expand them in the future.

Given this context, in the latter half of 2021, Health and Global Policy Institute (HGPI) launched the three-year Cardiovascular Disease Control Promotion Project to provide strong backing to the formulation of Prefectural Plans. Looking back on the first two years of this project, in its first year, we set a direction and compiled perspectives for considering CVD control in policy recommendations, and in its second year, we gathered knowledge and identified methodologies for implementing CVD control in prefectures in accordance with those perspectives. In response to the Second Phase of the Basic Plan, which came into effect after a revision in April 2023, in the second year of our activities, this project worked to identify issues that must be addressed for the formulation of phase two Prefectural Plans, with our main focus on measures at prefectural governments.

As of the time of writing, in April 2024, all prefectures are now in the final stages of reviewing their respective plans. At this stage, they will clarify the roles of each stakeholder and proceed with the actual introduction of countermeasures. Given these circumstances, to drive concrete progress in CVD control, activities for year three of the HGPI CVD Control Promotion Project have included sharing approaches, perspectives, and implementation strategies and methodologies we have accumulated thus far through opinion exchanges with prefectural officials and council members. In the course of those discussions, government officials and collaborators from academia provided us with new knowledge that was not fully captured in the recommendations presented in our project's second year. For this reason, we compiled this addendum describing each stakeholders' roles in the future implementation of CVD control measures.

It is our sincere hope that these recommendations can once again be shared with and utilized by all related parties to contribute to steady future progress in CVD control.

Efforts required of each stakeholder for equity and further progress in CVD control measures

Internal and external collaboration at government agencies

Current circumstances

Oftentimes, many parts of Prefectural Plans have been prepared by compiling related items extracted from multiple administrative plans. There are also some prefectures where the formulation of Prefectural Plans has been assigned to different divisions than those that are responsible for implementing control measures.

Challenges

- There are times when information from third-party experts from academia meant for Prefectural Plans is not received in the ideal manner because prefectural governments split responsibility among multiple divisions. There are also other inefficiencies, such as when government staff submit redundant inquiries.
- Some prefectures have placed multiple divisions in charge of the formulation process for Prefectural Plans. This hinders the smooth execution of various tasks, from monitoring the progress of plans to implementing them.
- Some prefectures have formed comprehensive agreements with the private sector, but differences in how these parties perceive the roles of each stakeholder sometimes emerge during the implementation of Prefectural Plans.
- Personnel transfers occur frequently at some prefectural governments. Despite their importance for human resource development and corruption prevention, personnel transfers can sometimes hinder continuous multi-agency collaboration.

Examples

- In one prefectural government, jurisdiction for CVD control was transferred from the Medical Policy Division to other divisions like the Health Promotion Division so discussions could be completed internally at that division. This established a system for smooth internal collaboration, such as by allowing staff to consolidate communication with outside experts.
- One prefectural government has implemented longer transfer periods during personnel transfers. This creates more time for transferred personnel to help incoming staff members get up to speed on discussions and or to hand off other duties.
- In some prefectures, councils involved in CVD plans are holding joint meetings with other councils, such as those responsible for medical plans.

Initiatives required from each stakeholder

Government (Ministry of Health, Labour and Welfare)

- The Ministry of Health, Labour and Welfare (MHLW) should issue official notices to encourage internal cooperation to advance CVD control. It should also evaluate progress on Prefectural Plans using certain criteria to encourage internal cooperation and autonomous efforts to promote plans within each prefectural government. The Japanese National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease suggests establishing logic models, and many Prefectural Plans have outlined evaluation indicators based on logic models. After evaluating Prefectural Plans, the MHLW should consider providing additional subsidies from the Project to Promote Special CVD Countermeasures (which currently has a subsidy rate of 50%). One example of policy that provides a point of reference for evaluating initiatives based on clearly-defined evaluation indicators are incentive grants for initiatives in long-term care prevention.

Government (Prefectures)

- One option may be to reassign control measures in each disease to the most suitable division. This will combine all discussions on both the creation of plans as well as those for disease control measures, including preventive measures and the establishment of emergency care provision systems.
- Another option to consider may be to consolidate each sections' interviews with experts.
- It will also be important to utilize resources outside the government when advancing measures for CVD control. Criteria for collaborative agreements should be developed in anticipation of working with patient groups and other civil society organizations, as well as with the private sector.
- Regarding council membership, in addition to specialists in CVD treatment, councils should also include experts in public administration and public policy so feasible plans and measures can be developed.
- Encouraging involvement from patients and citizen council members in councils and related groups during preliminary meetings and other early stages will create an environment where discussion topics that require collaboration from each section can be identified from the perspectives of those who use administrative services.
- Citizen understanding should be promoted to help community members in the prefecture understand and utilize Prefectural Plans. This might include presenting information with visual aids in Prefectural Plan documents.

Academia and healthcare providers

- The government performs a wide range of functions, so members of academia and healthcare providers must understand the necessary functions of each section within prefectural governments.
- It will also be important for members of academia and healthcare providers to continue emphasizing the need to promote initiatives for internal collaboration within the government.

Industry

- When forming comprehensive partnership agreements between the private sector and prefectural governments, spell out the value they can provide to prefectural governments and citizens, then vigorously advance collaboration with prefectural governments while referring to examples in other fields.
- Stakeholders sometimes expect too much of other stakeholders, so joint activities should be advanced after forming comprehensive cooperation agreements that clarify each party's responsibilities.
- Private sector activities can be expanded across multiple prefectures, so industry must be willing to share examples of initiatives aimed at collaboration across prefectures.

Patients, affected parties, and citizens

- Conveying the voices of patients and affected parties in a concrete manner at council meetings or in the form of public comments or written requests will make the need for cross-cutting, collaborative responses inside and outside of government agencies apparent and can drive progress. Patients and affected parties must be proactive about communicating their needs from their perspectives.

02 Effectively using awareness-raising materials

Current circumstances

Currently, Model Projects for Integrated Centers for Stroke and Heart Disease Support (hereinafter referred to as "Integrated Support Centers") and prefectural governments are working together to make many evidence-based, high-quality materials to raise awareness about CVD. A number of other materials to raise awareness for CVD have been developed as part of initiatives undertaken for health promotion plans and of other frameworks. Private companies are also actively participating in the development of these materials through industry-government-academia agreements.

Issues

- The awareness-raising materials that have been developed are buried deep within government websites. This may make it difficult for the general public to access accurate information on CVDs.
- Different prefectures and health institutions are developing awareness-raising materials with similar content.
- Integrated Support Centers must raise awareness for a wide range of topics, but a number of items are unclear, such as the necessary range for prevention activities from primary to tertiary prevention. This can result in inefficient project operations. For example, prefectures and health institutions that wish to establish Integrated Support Centers may require time to investigate what to include in awareness-raising activities.
- When developing awareness-raising materials, each prefecture must use accurate and reliable information based on scientific evidence. However, the newest findings, guidelines, and other information are scattered, making it difficult for them to ensure that their information is accurate.

Examples

- Centered around Tochigi Prefecture, six prefectures (Tochigi Prefecture, Ibaraki Prefecture, Mie Prefecture, Kyoto Prefecture, Fukuoka Prefecture, and Kumamoto Prefecture) worked together to prepare materials for raising awareness.
- The MHLW has consolidated awareness-raising materials and has published them online.

Initiatives required from each stakeholder

Government (MHLW)

- The MHLW should encourage efficient and effective operations at prefectural governments when they are preparing awareness-raising materials.
- To disseminate awareness-raising materials published on the MHLW website, the MHLW should make more active use of tools such as social networks and expand efforts to inform people of their existence, including by cooperating with the mass media.
- When publishing awareness-raising materials, to ensure users have easy access to the right information, websites should be designed to enable the systematic provision of information and in a manner that takes user objectives into account. In addition to summarizing awareness-raising materials from each body that produces them, providing information along the patient journey (across prevention, examination, treatment, maintenance, and end-of-life) will make those materials more meaningful for patients and other affected parties as well as for the parties that provide them, such as health professionals and local governments.
- Creating links to and from materials from each prefecture and existing CVD control-related materials on the MHLW website will enhance policy synergy.
- The MHLW should cooperate with academia to support efforts to develop awareness-raising materials at prefectural governments and Integrated Support Centers by establishing a portal site that serves as a centralized source of the latest research findings, guidelines, and other information, and by producing materials on national policies that can serve as model materials for other parties.

Government (Prefectures)

- While taking real-world conditions in each region into account, awareness-raising materials should be produced through joint efforts among prefectures with common issues to make more efficient use of CVD control measure budgets.
- As another option for making more efficient use of CVD control measure budgets, prefectural governments should also consider using existing materials prepared by other prefectures.
- Where feasible, it will also be important to assess the effectiveness of awareness-raising activities. These effects can sometimes be measured without conducting new surveys. For example, existing databases can be used to obtain accurate figures for items like medical examination uptake and prescription volumes for therapeutics.
- Another option is to make proactive use of awareness-raising materials produced by parties such as private companies after carefully reviewing their content.

Academia and healthcare providers

- Members of academia and healthcare providers should provide advice based on expert insight when awareness-raising materials are being produced and, once those materials are completed and are being distributed, actively distribute them at all health institutions.
- To enable each health institution to make full and active use of awareness-raising materials, the opinions of related institutions should be actively solicited from the earliest stages of their production. This can also contribute to activities that will establish integrated systems for raising CVD awareness in communities.

Industry

- To take part in producing materials, industry should utilize its experience in disease awareness, including its efforts in other diseases, and actively participate in comprehensive industry-government-academia collaboration or other suitable collaboration arrangements.
- Industry has a vast amount of know-how in areas like data analysis and can help awareness-raising measures achieve maximum impact by handling items like data analysis for effectiveness assessments.
- When distributing awareness-raising materials, industry should make the most of its network of health institutions to ensure efficient distribution.

Patients, affected parties, and citizens

- Patients, affected parties, and citizens should help the government produce better materials by providing active and constructive feedback based on their unique perspectives.
- Patients and affected parties should make full use of their own networks to ensure that the message reaches those for whom it is intended, but who cannot be reached by private facilities or the government.

03 Integrated Centers for Stroke and Heart Disease Support (Integrated Support Centers)

Current circumstances

In their first fiscal year of operation, Integrated Support Centers established by health institutions are considered "Model Projects for Integrated Centers for Stroke and Heart Disease Support" and are provided with direct subsidies of around 18 million yen from the national Government. In subsequent fiscal years, they are considered "Special CVD Control Projects," which is a program targeting prefectural governments and has a subsidy rate of 50%. After completing the first fiscal year of operation, continued operations of these Centers are handed off to prefectural governments, who manage them according to circumstances in the prefecture, such as by outsourcing or subsidizing operations.

Challenges

- The existence of Integrated Support Centers is not well-known among patients and affected parties.
- Personnel costs account for a high percentage of total operating costs at Integrated Support Centers. It is difficult to place full-time physicians at these centers or take other steps to reinforce consultation support systems with current budgets.
- When establishing consultation counters, there is no physical space for new counters. Oftentimes, new counters are created by renovating a distant portion of the building, hindering patient access.
- Starting in their second year of operations, prefectures must obtain funding to continue Integrated Support Center projects. This sometimes makes it unclear if they can be continued. If they lack sufficient financial resources, prefectures and health institutions that want to launch Integrated Support Center projects are unable to do so. Furthermore, a Japanese Circulation Association survey found that after the first year, there is great variance in budget size among prefectures.
- Evaluation indicators for Integrated Support Centers have yet to be defined and details such as the number of consultations has yet to be disclosed, so each facility is conducting assessments with different indicators.
- After being designated as model projects, Integrated Support Centers are launched around September or October at the earliest. This makes it difficult for prefectural governments and health institutions to make evaluations for the next fiscal year's budget request.
- The relationships between health institutions and prefectures for providing consultation support within Integrated Support Center projects are sometimes unclear, and all prefectures have not yet determined whether they should be conducted as commissioned projects or subsidized projects.

Examples

- Before applying to establish an Integrated Support Center, the health institution that will operate it established methods of maintaining operations by securing a budget for fiscal years after the first and without basing expectations on the presence of government assistance.
- Confusion can occur regarding the entity operating an Integrated Support Center model project when it is handed off to the prefecture in its second year of operations and operations are outsourced. In one example, the prefecture and health institution consulted with each other in advance and will maintain the same title throughout the initiative.
- Full-time prefectural government staff are being dispatched to some Integrated Support Centers being operated as commissioned projects in certain municipalities. Issues related to CVD are wide-ranging in nature and these full-time staff members are taking the lead in establishing and operating working groups to examine each issue individually. Assigning these functions to Integrated Support Centers allows them to fulfill central roles in promoting CVD control measures that are tailored to conditions in every region of the prefecture.
- In an effort led by the Japan Stroke Society, a Manual on Consultation Support Services for Stroke has been developed and efforts to ensure high-quality consultation support have now begun.

Initiatives required from each stakeholder

Government (MHLW)

- One objective of Integrated Support Centers is to expand patient support systems together with prefectural governments, but there are disparities in operations among prefectures. For example, the state of cooperation between each Integrated Support Center and its respective prefecture is sometimes unclear, or the division of roles among Integrated Support Centers and other health institutions is sometimes undecided. When a health institution establishes an Integrated Support Center, they are not explicitly required to structure their treatment systems so they can serve as a base hospital, but in practice, they are required to fulfill the role of a base hospital. To achieve equity in domestic CVD countermeasures, past initiatives from Integrated Support Centers should be summarized, their roles should be reiterated in clear terms, and their operational systems should be standardized.
- To operate Integrated Support Center projects in a continuous manner, it will be necessary to assess these initiatives in each prefecture. However, strict evaluation indicators have yet to be set, so evaluation depends on the discretion of each prefecture. Working together with academic societies, methods used to evaluate Integrated Support Center projects should be unified. This will help achieve equity in consultation support services as well as help prefectures that are launching new Integrated Support Center projects achieve more concrete coordination with the health institutions that will operate them.

Government (Prefectures)

- Difficulty in securing budgets makes it less likely that health institutions will implement or reinforce Integrated Support Center projects. This means it is important to hold repeated discussions from a medium- to long-term perspective after forming cooperative arrangements with health institutions. These discussions should include how to cover personnel costs at Integrated Support Centers after the first fiscal year of operation.
- While securing budgets from the national Government's program for special projects for CVD control, discussions should be held on how to best operate Integrated Support Centers to strengthen their ability to support patients. There should also be a clear division of roles between prefectural governments and the facilities that will introduce Integrated Support Centers.
- To broadly inform people of and encourage them to use Integrated Support Centers, effective referral and notification methods should be developed.

Academia and healthcare providers

- In addition to providing consultation support services at their own facilities to improve healthcare provision systems in each prefecture, Integrated Support Centers should also serve as hubs for regional measures for CVD control.
- In the area of heart disease, it is important that health institutions and academic societies work together to produce and revise consultation support manuals to ensure these services are consistent.
- While consulting with each academic society and the MHLW, evaluation items for Integrated Support Center projects should be standardized. Doing so will ensure even quality among health institutions currently operating Integrated Support Center projects as well as make it possible to establish a system to assist prefectures that have yet to launch such projects in their preparations to do so.

Industry

- Industry should make full use of their networks in Japan and overseas to elevate collaboration by supporting efforts from health institutions and prefectural governments. This may include sharing initiatives among prefectures and case studies on consultation services offered overseas.

Patients, affected parties, and citizens

- Patients, affected parties, and citizens should make active use of Integrated Support Centers and provide feedback. In cases where Centers are being operated under commission from the prefecture, these parties should submit proposals on specific ways of improving these services to the prefectural government. This will help maintain and improve Integrated Support Center services.
- Patients, affected parties, and citizens should actively encourage others to utilize Integrated Support Centers through networks that connect patients and other affected parties.

04 The lack of data and establishing data analysis systems

Current circumstances

The Basic Act on CVD Measures stipulates that "a nationwide system for collecting and providing information on cases related to CVDs shall be established," but a CVD database has yet to be created. Discussions are currently being held on the need to keep pace with healthcare DX throughout the country and to examine various aspects of operating a CVD database, such as how to minimize workloads associated with data entry.

One proposal for evaluating Prefectural Plans offered at the Council for the Promotion of CVD Control is to use evaluation indicators that, to a certain degree, offer complete coverage for the prefecture. Tools being used as aggregate data for plan evaluation include the "Healthcare Plan Preparation Support Data Book" (hereinafter the "Data Book") and the "Regional Medical Vision Preparation and Evaluation Support Tool," which is based on scientific research conducted through the MHLW Grants System.

Challenges

- When evaluating Prefectural Plans, it is sometimes necessary to include all relevant cases within the prefecture. However, the Data Book is based on the National Database of Health Insurance Claims and Specific Health Checkups of Japan (NDB), which masks cases for which there are few examples and may lack the information necessary for plan evaluation.
- Evaluating CVD measures often requires information that cannot be obtained from health insurance claims data. This includes, for example, the number of patients with acute myocardial infarction; the number of cases of acute myocardial infarction where the time from onset to medical examination was four hours or less; the percentage of patients with ischemic heart disease whose time from hospital arrival to balloon dilation was 90 minutes or less; and the Return-to-Work (RTW) rate for patients with CVD.
- The Data Books often contain data from the fiscal year prior to evaluation, so in prefectures where medical resources are limited, information on when specific medical procedures performed at specific health institutions start and end can become a direct issue that emerges when examining a prefecture's healthcare provision system. This requires aggregating and evaluating data in real-time.
- Registration initiatives from related academic societies (such as the Japan Circulation Society's "Annual Survey of Clinical Practice" and "CVD Clinical Practice Survey") cover most of the data discussed above, but their coverage is not complete.

Examples

- Recognizing the lack of data to grasp current circumstances surrounding CVD and formulate measures, one prefecture is investigating and planning a new retrospective study.
- One prefecture will evaluate its plan using existing data from registration projects related to CVDs conducted by local universities and medical associations.

Initiatives required from each stakeholder

Government (MHLW)

- Communicating progress on the CVD database project and publicizing the direction of epidemiologic surveys will be important. Many prefectures are considering conducting new surveys to grasp local conditions during the processes of revising Prefectural Plans and when planning initiatives based on those Plans. In the context of advancing efforts for healthcare DX, disclosing the MHLW's approach to data acquisition in existing CVD countermeasures could become a source of information that helps prefectural governments implement their own measures autonomously, starting with deciding whether or not to conduct surveys.
- To enable each prefecture to evaluate its Prefectural Plan independently and over time, a platform should be established that calculates age-adjusted mortality rates and other data for each prefecture and that serves as a source of comprehensive information on CVDs for patients, affected parties, their families, and citizens. One policy example of such a platform is the National Cancer Center's Cancer Information Service.

Government (Prefectures)

- From the perspective of progressing healthcare DX, efforts to consolidate epidemiological and medical information through the national medical information network are currently underway. In addition, data with near-complete coverage is available through registration projects which are mainly operated by various academic societies. While it will be important to formulate policies that accurately reflect current conditions in their respective prefectures based on detailed surveys, municipalities may have limited manpower, so it may be better for them to focus on formulating policies for numerous other issues related to CVD.
- Another option may be to work with municipalities to evaluate measures and projects by gathering and analyzing electronic medical claims data from sources like National Health Insurance and Diagnosis Procedure Combination (DPC) data.
- Many municipalities do not possess the necessary expertise to conduct data analysis, so they often evaluate their systems for providing care for CVD based on existing data while using the Data Book, NBD Open Data, and other resources. However, making effective use of databases and other tools can make it possible to establish support systems that accurately reflect circumstances in their communities. This means it will be important for prefectures that have taken part in projects like the "Project for Supporting the Establishment of Data Analysis Teams for Regional Healthcare Provision Systems" to apply their know-how outside of the formulation of medical plans to establish systems for data analysis. For prefectures that have not carried out such projects, it will be important to establish systems that support the creation of a data analysis infrastructure through industry-government-academia collaboration.
- When launching new studies or creating databases, prefectural governments should investigate methods of operating them that look to linking them to the nationwide medical information platform with a view to the medium- to long-term on items like the sustainability of such projects.

Academia and healthcare providers

- Members of academia should utilize their experience in database research and other fields to cooperate with prefectural governments in data analysis and in formulating policies that are tailored to actual conditions in each region.

Industry

- Many private sector companies have implemented data analysis systems in recent years, so in prefectures that lack the human resources or know-how for data analysis, the private sector should support efforts to establish data analysis systems so measures for CVD control can be appropriately formulated.

Patients, affected parties, and citizens

- Patients, affected parties, and citizens should take an interest in policies related to CVD control and use public comments and other opportunities to have their voices heard. They should emphasize the importance of creating evidence-based healthcare policies that are based on the perspectives of the people affected by those policies.

Developing and Expanding Cardiovascular Disease Control Plans in Each Prefecture

Challenges and Good Examples for Cardiovascular Disease Control

Introduction

In Japan, cardiovascular diseases (CVDs) like stroke and heart disease are leading causes of death and the most common conditions that require long-term care. One characteristic of CVDs is that the number of patients increases with age, making them a major problem for Japan and other developed countries where populations are aging. Given this backdrop, to advance all varieties of measures for CVD control, the "Basic Act on Countermeasures for Stroke, Heart Disease and Other CVDs to Extend Healthy Life Expectancies" (or the "Basic Act on CVD Measures") was enacted in December 2018 and came into effect in December 2019. Based on this law, the Japanese National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease was approved by Cabinet Decision in October 2020. In accordance with the National Plan, each prefectural government formulated a Prefectural Plan for the Promotion of CVD Countermeasures and is now advancing efforts to promote CVD control. Furthermore, the National Plan was revised in April 2023, and prefectures must revise their CVD control plans in the near future.

A broad variety of initiatives must be taken in the area of CVD control. These include establishing effective systems for sharing patient treatment data and personal health records (PHRs); promoting the health data policies and suitable outcome assessments needed for those systems; implementing prevention measures that look forward to the needs of the next generation; advancing efforts for early detection and risk detection; promoting cooperation among healthcare institutions; and developing a healthcare provision system that provides seamless care from the acute stage to the chronic stage. In the midst of such efforts, good examples are beginning to emerge from each prefecture, particularly those related to cultivating cooperation among local stakeholders. Many prefectural officials in charge of CVD countermeasures have voiced the strong desire for chances to refer to how other local governments are implementing their plans to learn about items like formulating CVD control promotion plans, securing budgets, and obtaining subsidies.

Meanwhile, when implementing CVD countermeasures, there are a number of factors that result in great variance in challenges and necessary measures among regions. For example, the peak size of the senior population differs in each region. Geographical and cultural differences among regions also mean that there is varying prevalence of diseases among regions. When formulating and implementing plans that are tailored to real-world conditions in each region, it will be essential for each region to refer to good examples from other regions to identify similarities and differences and effectively apply what they learn.

Given these circumstances surrounding CVD countermeasures, HGPI's Cardiovascular Disease Control Promotion Project activities for FY2022 included creating an opportunity for sharing and discussing best practices and lessons learned at an event titled the "Kyushu-Shikoku Summit on Promoting Measures for CVD Control" held in October 2022. At the Summit, which aimed to promote collaboration among prefectures and examine concrete measures for implementing CVD control plans, administrative officials involved in creating and implementing measures for CVD control in the Kyushu and Shikoku regions cross-referenced measures by discussing current circumstances, pointing out noteworthy issues, and sharing best practices. We then summarized those discussions in, "Current Issues and Prospects for Advancing Cardiovascular Disease Control Promotion Plans in Each Prefecture." In April 2023, we hosted another summit to review the discussion points raised at the Kyushu-Shikoku Summit called the "Nationwide Summit for Promoting CVD Control." This Nationwide Summit was attended by administrative officials from all prefectures in Japan and involved multi-stakeholders whose cooperation will be necessary when implementing CVD countermeasures in the future, such as people living with CVDs, patient advocate leaders, and representatives of industry, Government, academia, and civil society.

Based on discussions held at the Kyushu-Shikoku Summit and Nationwide Summit, this document compiles good examples and issues from three perspectives on initiatives in each prefecture, namely: (1) formulating plans tailored to actual conditions in each prefecture and evaluating them; (2) building an integrated support system centered on "Model Projects for Integrated Centers for Stroke and Heart Disease Support;" and (3) promoting Patient and Public Involvement (PPI) in the processes for formulating and implementing CVD countermeasures. It also crystallizes common points and discusses necessary future initiatives for each perspective.

Good examples and key points for future discussion identified during Phase 2 of the Cardiovascular Disease Control Promotion Project

Formulating plans tailored to actual conditions in each prefecture and plan evaluation

The "Basic Act on Countermeasures for Stroke, Heart Disease and Other CVDs to Extend Healthy Life Expectancies" was enacted in 2018 and obligated prefectural governments to formulate and implement plans to promote CVD countermeasures. In response, each prefectural government formulated a Prefectural Plan for the Promotion of CVD Countermeasures in 2021 and 2022, and CVD countermeasures which are tailored to the real-world conditions in each region are now in the process of being implemented. As Medical Care Plans are set to be revised in 2024, many prefectures are currently evaluating and revisiting their Prefectural Plans for the Promotion of CVD Countermeasures so they can be revised together. Given these circumstances, the following is a summary of good examples of initiatives and solutions for the formulation and evaluation of Prefectural Plans for the Promotion of CVD Countermeasures from each prefecture. We have also summarized points that prefectural governments should keep in mind for advancing Prefectural Plans for the Promotion of CVD Countermeasures in an effective manner.

Good examples

- Implementing and evaluating new projects introduced in Prefectural Plans for the Promotion of CVD Countermeasures was difficult because there was little time between formulation and evaluation. Given the lack of time, one prefecture started by utilizing existing projects to advance measures and generate results while planning new initiatives at the same time.
- Because there was little time until evaluation, in their plan's first phase, one prefecture focused on establishing face-to-face relationships and developing systems to facilitate smooth planning and implementation of future measures.
- One prefecture had been using a logic model since the formulation of the seventh revision of the Medical Care Plan and has been involving healthcare institutions and university hospitals in discussions and efforts to build consensus. Based on those experiences, the prefectural government was able to smoothly formulate a Prefectural Plan for the Promotion of CVD Countermeasures that is compatible with real-world conditions in clinical settings and that is based on a logic model.
- To ensure revisions made to Prefectural Plans for the Promotion of CVD Countermeasures were congruent with its Medical Care Plan, positions such as "Medical Coordination Supervisor" were created to coordinate cross-departmental efforts with an overhead view in each prefecture. This allowed those responsible for formulating plans to focus on their own duties.

- To facilitate collaboration among government, academia, and healthcare, in addition to collaborating with healthcare specialists like physicians on the Council for the Promotion of CVD Measures, one prefecture made it easier to communicate and collaborate with each stakeholder by working with coordinating departments (such as administrative or general affairs departments) at healthcare institutions participating in the model project for Integrated Centers.
- One prefecture held several liaison meetings per year to share challenges in communities. They were attended by personnel at the assistant chief level of each section as well as the project leader at the public health center.
- Working with a private company, one prefecture conducted a public awareness program on CVD countermeasures that included releasing a publicity video and other reference materials.

Challenges

- Many aspects of the measures and evaluation targets in Plans for the Promotion of CVD Countermeasures overlap with those of other administrative plans (such as Medical Care Plans, Health Promotion Plans, Prefectural Insured Long-Term Care Service Plans, and Disability Welfare Plans). While the Ministry of Health, Labour and Welfare (MHLW) issued a notification that allowed these plans to be formulated in an integrated manner (Administrative Communication "Regarding the Integrated Formulation of Medical Care Plans and Other Plans," March 31, 2023), doing so requires many meetings to be held and a great amount of coordination across departments to take place, so formulating plans in an integrated manner is time-consuming.
- Because there was a short amount of time between when prefectures started formulating plans (in 2021 or 2022) to their revision (the end of 2023), progress on individual measures has not been made. It is also difficult to conduct plan assessments or the surveys needed to conduct plan assessments.
- The periods for reviewing many administrative plans related to medicine, welfare, and health will overlap in FY2024. This is likely to result in insufficient manpower for reviewing plans for CVD control and other individual diseases.
- Although one prefecture created a basic logic model while referring to recommendations from academic societies and other organizations, it does not give sufficient consideration to CVD countermeasures that are based on consultations with stakeholders, which is the original objective. That logic model is now only presented in reference materials.
- Due to the nature of CVDs, Plans for the Promotion of CVD Countermeasures are closely related to Medical Care Plans and other plans, especially in terms of prevention and awareness-building. However, in several prefectures, different departments are responsible for each plan and efforts to manage progress in a coordinated manner are not progressing.
- Prefectural Councils for the Promotion of CVD Measures have different members than Prefectural Councils for Acute Myocardial Infarction and Stroke described in Prefectural Medical Care Plans. This can sometimes make it difficult to reconcile differences in opinion even within a prefecture.
- In the operation of study groups, it is difficult to increase efficiency for the administrative duties that accompany each study group. This is due to factors like the difficulty of coordinating schedules for plan formulation meetings or the use of slightly different formats in reference materials.

Key points and future initiatives

> We found three points in common related to formulating Prefectural Plans for the Promotion of CVD Countermeasures: (1) securing human resources, establishing management positions, and building systems for cross-departmental collaboration at prefectural governments; (2) building systems for collaboration with external stakeholders; and (3) planning methodologies.

Securing human resources, establishing management positions, and building systems for cross-departmental collaboration at prefectural governments

At some prefectural governments, staff numbers are falling while workloads increase. This makes the formulation of administrative plans a major burden. In the Basic Policy on Economic and Fiscal Management and Reform 2022 approved by Cabinet Decision in 2022, the section titled, "A new division of duties between the national Government and local governments" mentions that laws and regulations should keep the formulation of new plans to the bare minimum. It also states, "As long as there are no particular obstructions, then plans, etc. should in principle be integrated with plans, etc. that have already been completed or be developed jointly with other organizations." In a March 2023 notification titled, "Regarding the Integrated Formulation of Medical Care Plans and Other Plans," the MHLW also encouraged efforts to formulate Medical Care Plans and other plans in an integrated manner. While progress is being made in the effort to lighten the burden of plan formulation, it has also become clear that efforts to integrate plans face many practical barriers, such as when jurisdiction for each plan belongs to a different department.

Many people – including both those who serve in administrative settings and community members – would like to see the burden of plan formulation-related tasks lightened so more effort can be devoted to services for citizens. In addition to standardizing the details of formats used for each plan and coordinating formulation schedules, another necessary initiative will be to establish management positions (as described in the previous section, "Good examples").

Building systems for collaboration with external stakeholders

The administration plays a key role in both policy-making and in policy implementation. However, in an era when social issues that require a response are growing increasingly diverse, collaborating with stakeholders outside of the government has become an essential part of carrying out policies. In particular, policy fields that demand a high level of specialized knowledge for implementation (such as health, medicine, and welfare) also require collaboration with professional associations, universities and other academic and research institutions, and the people who are the beneficiaries of the policies in question, such as patients and other affected parties.

Furthermore, one goal in the movement toward New Public Management (NPM) is to improve efficiency in administrative operations with an emphasis on public-private partnership-based initiatives in all policy areas. In practical terms, utilizing private sector resources and engaging in public-private collaboration have become essential for a Government that is faced with an ever-increasing number of projects to implement and that lacks the option of expanding its manpower. In the field of health policy, we can look forward to seeing the creation of higher quality, more effective administrative services through the proactive utilization of private sector ideas and know-how in areas like system development and information collaboration, particularly for efforts to build awareness among and provide information to citizens.

Planning methodologies

One item being advanced under Prefectural Plans for the Promotion of CVD Countermeasures is the use of logic models to systematize plan formulation and evaluation. Logic models were invented in the U.S. in the 1970s and have since been adopted to promote Evidence-Based Policy Making (EBPM) around the world. In recent years, EBPM has been incorporated into policy decision-making at many ministries and agencies in Japan, as well. In the field of healthcare, EBMP is being utilized in Medical Care Plans and in the Basic Plan to Promote Cancer Control Programs.

In the area of CVD control, a civil society organization called the Regional Health PLAN Evaluation Network (RH-PLANET) provides one example of a basic logic model. The Japanese Circulation Society and the Japan Stroke Society have created and presented detailed logic models in each field, and many prefectures are now developing their own logic models based on their recommendations. However, many of the target outcomes included in these prefectural logic models overlap with those of other related plans. There are also gaps between prefectural project output and outcomes designated by academic societies and other organizations. In many cases, the development of logic models has become an objective in and of itself, and the logic models that are developed are only being utilized as additional reference materials. In other words, some of the logic models being created are not in line with the intended purpose of utilizing them in policy making.

While it will be important to continue promoting the use of logic models nationwide, given current circumstances, we must also point out that it will also be important to ensure the burden of developing logic models should not fall too heavily upon the prefectures that have been obligated with formulating plans. The development of logic models is not the goal; rather, they are a method for advancing plan formulation in an effective and efficient manner. In light of this fact, in the early formulation stages, it is safe to say that it will be necessary to allow for some discrepancy among individual project outputs and ideal outcomes, to avoid setting too many evaluation indicators, and to consider limiting what items logic models are used for or making selective use of logic models when formulating plans. There are also high expectations for prefectures to prevent these efforts from ending at the discussion table by collaborating with local healthcare institutions, universities and other research institutions, professional associations, and patient advocacy organizations; and to focus on building consensus early on in the plan formulation process, particularly when setting outcomes.

02 Building an integrated support system centered on "Model Projects for Integrated Centers for Stroke and Heart Disease Support" (hereinafter "integrated support center projects")

Under the Japanese National Plan for Promotion of Measures Against Cerebrovascular and Cardiovascular Disease, integrated support centers are supposed to help establish systems to deliver care for stroke, myocardial infarction, and other CVDs (duties which were originally outlined in prefectural Medical Care Plans) as well as to provide a broad variety of information on topics like palliative care, employment support, and items that require consideration during childhood and young adulthood. This means it will be important for integrated support centers to collaborate with prefectures and play central roles in providing information in a manner that reflects past initiatives made at each facility as well as to enhance patient support systems for their entire region. In FY2022, the first year of "Model Projects for Integrated Centers for Stroke and Heart Disease Support," integrated support center projects were carried out in ten prefectures and at twelve facilities. Fifteen new prefectures and sixteen new facilities were selected for model projects in FY2023, and they are currently preparing to launch their initiatives. When there were no existing examples to refer to in FY2022, each facility and prefecture established a model project framework through mutual cooperation among facilities, centered on academic societies. This helped lay a foundation for their future activities. Expectations are high for the experience and knowledge accumulated over the course of these model projects to be utilized when other prefectures and facilities establish new integrated support centers in the future. To this end, the Japanese Circulation Society and other organizations are now working to compile case studies, mainly from healthcare institutions. The MHLW also plans to establish a platform that will share best practices for reference. Centered on joint action and initiatives from prefectural governments and healthcare facilities when implementing integrated support center projects, the following section summarizes good examples, challenges, and key points for achieving equity in integrated support center projects.

Good examples

- Discussions on formulating Prefectural Plans for the Promotion of CVD Countermeasures and efforts to advance model projects are serving as a foundation for collaboration among government, academia, and the health sector. In addition to prefectural governments and university hospitals and other central healthcare institutions, this collaboration also includes local medical associations.
- To reach out to both citizens and healthcare professionals and inform them of the significance of integrated support centers, one integrated support center is providing lectures that are open to the public as well as workshops for healthcare professionals.
- One center is working to expand its consultation service user base by publicizing the availability of the service online and in newspapers, leaflets, digital advertisements in applications, and other forms of media.
- Officials from one prefectural government are participating in project management meetings at the integrated support center every month, facilitating cooperation and leading to more active communication with healthcare institutions.

- One integrated support center is being operated without a significant expansion in manpower by having staff members including nurses, social workers, and clerical staff hold concurrent positions at existing cancer consultation services and other consultation services.
- Because time was short between the establishment of the integrated support center and its evaluation, one center was not assessed by number of consultations for its first-year evaluation. Rather, the prefecture conducted a qualitative evaluation that focused on enhancing consultation support services and gathering users' voices.
- In one prefecture, multiple healthcare institutions applied to take part in the model project. Facilities were selected based on an equal evaluation that included comparing facilities using the plans they submitted as well as by providing opportunities for them to give presentations.
- One prefecture built awareness toward the importance of collaboration among facilities other than those selected to conduct integrated support center projects. With support from the facility taking part in the model project, which served as an "Integrated Stroke and Heart Disease Support Desk," a list of contact information for related facilities was created and a consultation desk was established to promote the creation of an integrated CVD healthcare provision system in the prefecture.

Challenges

- Each prefecture must secure a budget on its own if it is to continue operating integrated support centers after the model project period ends, but making arrangements with financial departments has been difficult.
- Integrated support center projects are supposed to be operated jointly with prefectural governments, but the roles of administrative bodies are unclear and each region is searching for methods to collaborate.
- Integrated support center projects are positioned to be able to provide an extremely broad range of functions, making it difficult to achieve a shared understanding of the direction of these projects within healthcare institutions as well as among prefectures and healthcare institutions.
- Problems related to securing human resources resulted in cases where the introduction of integrated support center projects was delayed or in which applications to participate in the model project were denied.
- Too little collaboration among central healthcare institutions and prefectural governments has resulted in cases where applications to launch model projects were rejected or did not proceed in a smooth manner once approved.
- In regions with many small- to medium-scale healthcare institutions, little progress has been made in providing support for patients who have completed acute care and are transitioning to chronic care. Expectations are high for integrated support centers to help support smoother transitions to chronic care.

Key points and future initiatives

We identified four common points among integrated support centers that are currently being operated as model projects: (1) clarifying the functions of integrated support centers; (2) promoting collaboration among Government, civil society, academia, and medicine; (3) building systems for continuous operations; and (4) fostering mutual collaboration among major hospitals.

Clarifying the functions of integrated support center projects

With the goal of enhancing patient support throughout each prefecture, ongoing integrated support center projects are being utilized to provide a broad variety of support. This includes transitional support from the acute phase to the chronic phase, psychological support, and employment support. However, a number of drawbacks have emerged due to the scope of these operations. For example, some have said that undefined support targets have resulted in a lack of focus in project operations at healthcare institutions where there is no shared understanding toward the direction of the model project. While seemingly contradictory to the concept of "integrated," overcoming this issue requires maintaining the view that the broad range of support defined in the model project is ideal and comparing the prefecture's priorities with the resources at the facilities where the integrated support center will be established is to identify which services should be the focus of the integrated support center. For example, centers can provide consultation services to the general public; play central roles in integrated community care, including in cooperation among healthcare institutions; and, for difficult cases only, provide specialized services. Identifying the priority of the integrated support center and setting a direction beforehand is likely to foster common understanding, promote multidisciplinary cooperation within facilities, and encourage cooperation among healthcare institutions.

Promoting collaboration among government, civil society, academia, and medicine

To successfully build an integrated healthcare provision system for CVDs through integrated support center projects, it is vital for there to be collaboration among each stakeholder, including healthcare institutions in communities in addition to the institutions that implement integrated support center projects. However, upon reviewing feedback from people serving at the centers, there were cases in which stakeholders did not possess a common understanding of the functions and objectives of integrated support centers, meaning community-wide support systems were not established. First, consensus and common understanding must be fostered among institutions and prefectural officials conducting integrated support center projects and other relevant stakeholders, such as cooperating healthcare institutions, as well as among patients and other affected parties, who are the primary users. Given that efforts to separate hospital care beds by function will progress in the future, expectations are high for healthcare institutions taking part in model projects to cooperate with healthcare institutions experiencing manpower shortages, such as small- and medium-sized institutions, and play central roles in supporting patients during the transition from the acute phase to the chronic phase. In addition to providing medical and long-term care, there are also high expectations for the creation of systems that provide continuous support for patients and other affected parties who are vulnerable to isolation by building connections among patients and other affected parties through activities like providing information and holding patient gatherings.

Building systems for continuous operations

While integrated support centers will be established in each prefecture in the future, in order for them to function as an infrastructure for CVD control, it will be essential to build a system that allows them to operate in a sustainable manner. However, the national Government only provides financial support for operational expenses for a single fiscal year. While partial support from the national Government will continue after that year, prefectural governments and facilities will have to secure budgets on their own. Securing budgets in prefectures will require persuading financial departments, which means the projects must generate as many results as possible over very short timeframes. In addition to quantitative evaluation indicators such as the number of times consultation support is provided, it will be necessary to include indicators that are based on qualitative assessments, as well. While it depends on establishing integrated support center projects in each prefecture, it may also be possible to assign staff on other projects to concurrent roles to provide consultation support programs. Another option is to improve consultation support systems to the greatest extent possible within existing systems. For example, specialists at healthcare institutions designated as core cancer hospitals could be appointed to concurrent roles as consultation support providers for the areas where their expertise overlaps. These specialists might include counselors like nurses or medical social workers as well as certified psychologists, clinical psychologists, or clerical staff. Another option might be to establish a framework for developing specialist human resources like heart failure treatment counselors. It will also be necessary to create a framework for encouraging creativity and ingenuity in building sustainable systems, such as by establishing additional support for the aforementioned initiatives.

Fostering mutual collaboration among major hospitals

As a general rule, integrated support center projects are being implemented at an extremely limited number of facilities in each prefecture – in most cases, only one. This means that when a single large-scale healthcare institution applies to launch an integrated support center project, the number of people who can lead the project after it is adopted is limited. Many said that this allows efforts to establish integrated support centers to proceed relatively smoothly, such as when communicating with prefectural governments. Meanwhile, when multiple healthcare institutions applied to launch a project, one prefecture created a fairer selection process by providing opportunities for them to give presentations in addition to document screening. When utilizing such a process, it is also important for prefectural governments to lead efforts to encourage role-sharing and cooperation by building better understanding from the institutions that were not selected and by having them participate in regional networks after projects are launched. Expectations are high for the successful establishment of systems that enable collaboration among multiple large-scale healthcare institutions when integrated support center projects are implemented in major metropolitan areas in the future. Flexible collaboration that leverages the unique strengths of each healthcare institution will also be necessary. For example, this might include dividing roles among facilities for heart disease and cerebrovascular diseases. It will also be important to maintain an awareness that creating systems that are truly significant for patients and other affected parties is of the utmost importance, and that establishing an integrated healthcare provision system will require devoted efforts from every related party.

03 Promoting Patient and Public Involvement (PPI) in the processes for formulating and implementing CVD countermeasures

In recent years, patients and other affected parties who are the recipients of medical and long-term care services have become increasingly involved in the policy formulation process, particularly in the fields of cancer and dementia. As for CVD control, Articles 20 and 21 of the Basic Act on CVD Measures stipulate that Councils for the Promotion of CVD Measures established at the national and prefectural levels must involve patients and other affected parties. These parties are now participating on councils in many prefectures, where the opinions they express drive discussions from the perspectives of those most affected and are later reflected in policies and measures. However, there is great information asymmetry between these parties and healthcare providers, who are generally specialists in medicine. This lack of specialized knowledge prevents adequate discussions from being held. To further promote CVD countermeasures from the perspectives of those most affected, the following section compiles key points for the future that are based on good examples and issues from each prefecture and that are related to collecting and reflecting the voices of patients and other affected parties.

Good examples

- Involvement from patients and other affected parties on Prefectural Councils for the Promotion of CVD Measures made it possible for meetings to cover points that only those most affected would notice. This led to the formulation of plans that placed greater emphasis on the perspectives of those most affected.
- Patients and other affected parties were not accustomed to speaking up at Council meetings and other meetings. To help them fully express their opinions and participate, detailed explanations and consultations were provided in advance.
- In addition to getting patients and other affected parties involved in the Prefectural Council for the Promotion of CVD Measures, one prefecture is working to implement patient- and patient advocate-centered measures by collaborating with an awareness-raising initiative.
- One useful method of reflecting the opinions of patients and other affected parties in an effective manner is to issue an open call for applications for patient council members. Efforts to build awareness toward the council were undertaken with physicians and other council members and successfully increased the number of applications.

Challenges

- While it would be desirable to have patients and other affected parties who took part in the plan formulation process also be involved in other initiatives like public awareness programs, in some cases, this is difficult due to the need to make arrangements around their work schedules and daily lives.
- CVD countermeasures target a broad variety of diseases and patient populations, which makes it difficult to crystallize opinions that are representative of those most affected and reflect them in plans. For example, people in different stages of treatment have different needs. Furthermore, issues vary by region. It also can be difficult to identify patient advocacy organizations, and many of the affected parties are not members of patient advocacy organizations.
- While issuing an open call for applications increased the total number of applications, setting selection criteria was difficult.

Key points and future initiatives

> We found three key, common points regarding the promotion of PPI: (1) identifying people living with CVDs and other affected parties and encouraging their involvement; (2) providing support and consideration to facilitate participation in discussion forums; and (3) securing diverse methods of involvement and opinion gathering.

Identifying people living with CVDs and other affected parties and encouraging their involvement

Before Prefectural Plans for the Promotion of CVD Countermeasures can be formulated and promoted, it is first necessary to recruit patients and other affected parties who are the target of those plans so they can be involved. Many Prefectural Councils for the Promotion of CVD Measures already have patient advocate council members, many of whom were recruited by physicians who are also council members. Ideally, it would be most effective if each region had patient advocacy organizations that could participate in council meetings and serve as a resource for gathering opinions. In the modern era, however, people can access the information they need over the internet without joining a patient advocacy organization. This is said to be a factor that is causing membership and formation rates for patient advocacy organizations to decline. Furthermore, many CVDs are acute diseases, so it is more difficult to form patient advocacy associations compared to chronic diseases, which people live with for long periods of time.

Given this backdrop, more diverse methods of recruiting people for PPI should be considered. Some prefectures have already started using open recruitment to find members of the general public who can serve as patient advocate council members. While using open recruitment is a fair method of recruiting council members, the number of applications can be influenced by the amount of publicity these efforts are given as well as the methods used. It can also be difficult to determine selection criteria.

Providing support and consideration to facilitate participation in discussion forums

Various discussions on topics like healthcare provision systems and academic research are being held at Prefectural Councils for the Promotion of CVD Measures. For council members to be able to participate in discussions and provide appropriate comments, they must be familiar with specialized knowledge from each field. However, compared to specialists who have been serving in their fields for many years, it is difficult for patient advocate council members to acquire adequate knowledge to participate in these discussions. To help address this, some prefectures are providing support for patient advocate council members so they can fully participate in discussion forums, such as by holding briefings for them before council meetings. However, some of the personnel responsible for council operations have said that it was difficult for patient advocate council members to fully participate, even after such opportunities were provided. While some civil society organizations are making progress in training patient advocate council members, such efforts will also require public support. Moving forward, expectations are high for each prefecture to undertake various efforts to support patient advocate council member training, and it is desirable that they share such efforts with each other to improve the quality of PPI. In addition to efforts from patients and other affected parties as well as prefectural governments, it will also be important to promote more significant PPI through efforts from all council members. For example, this might include asking other council members to use language that is easy to understand for patient advocate council members in attendance.

Securing diverse methods of involvement and opinion gathering

Participation in the policy formulation process is not necessarily limited to council meetings and other discussion forums. The "Guidelines for Formulating Prefectural CVD Control Promotion Plans" also point out the need to provide various methods for PPI, saying, "Efforts should be devoted to reflect the opinions of patients and community members by holding town meetings, conducting hearings and surveys among patients and community members, and by gathering public comments." CVD countermeasures target an extremely broad range of diseases and patients, so crystallizing opinions that are representative of those most affected is likely to be difficult in the short amount of time available for consensus-building at council meetings. As these opinions might not fully represent the opinions of those most affected, such discussions should be supplemented with increased diversity.

When formulating their Prefectural Plans for the Promotion of CVD Countermeasures, many prefectural governments also gathered public comments, which is a representative example of one method for people to participate in the policy-making process outside of joining council meetings. A few advanced prefectures also held town meetings. When utilizing measures like these, there is a great amount of knowledge that can be learned by referring to when they were used in other fields such as cancer and dementia. In the future, it will also be important to gradually expand initiatives to introduce various methods of gathering opinions. Quality is likely to improve as know-how is accumulated.

HGPI has conducted a project on the theme of achieving patient-centered health policy. For more information on topics related to PPI in the policy formulation process, such as initiatives in other disease areas and enhancing support for councils, please refer our recommendations titled, "Further Promoting Patient and Public Involvement in the Policy-Making Process: Steps for Achieving Healthcare Policies That Are Truly Centered on Patients and Citizens" (presented on July 1, 2022).

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Regarding the independent nature of these recommendations

This report is based on discussions at meetings HGPI held for this project and has been compiled in HGPI's capacity as an independent health policy think-tank. It does not, in any capacity, represent the opinions of any participating expert, speaker, related party, or organization to which those parties are affiliated.

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MEMO

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