

Health and Global Policy Institute (HGPI) Dementia Policy Project

Creating a Long-Term Care System for the Era of Healthy Longevity

Five Discussion Points Revealed by Current Circumstances and Three Perspectives For The Future

March 2022

Introduction

■ Introducing Health and Global Policy Institute (HGPI)

Health and Global Policy Institute (HGPI) is a Tokyo-based independent and non-profit health policy think tank established in 2004. In its capacity as a neutral think-tank, HGPI involves stakeholders from wide-ranging fields of expertise to provide policy options to the public to successfully create citizen-focused healthcare policies. Looking to the future, HGPI produces novel ideas and values from a standpoint that offers a wide perspective. It aims to realize a healthy and fair society while holding fast to its independence to avoid being bound to the specific interests of political parties and other organizations. HGPI intends for its policy options to be effective not only in Japan, but also in the wider world, and in this vein the institute is very active in creating policies for resolving global health challenges.

■ Introducing the Dementia Policy Project initiative, “Creating a Long-Term Care System for the Era of Healthy Longevity”

To consider the ideal long-term care system needed to support Japan’s super-aging society and to examine the direction to set for reforms, Health and Global Policy Institute (HGPI) conducted a project to discuss these topics from diverse perspectives. Those discussions were compiled in “Three Perspectives for Building a Long-Term Care System That Can Support an Era of Healthy Longevity,” which outlines a direction for the long-term care system in the era of healthy longevity.

Starting in the 1970s, issues associated with societal aging such as social hospitalizations and growing burdens in family caregiving have been central challenges for Japanese society. To address these challenges, institutional reforms were implemented according to needs of the times and included the formulation of the Gold Plan in 1989 and the enactment of the Long-Term Care Insurance Act in 1997. Over two decades have passed since the launch of the public Long-Term Care Insurance System in 2000. Japan’s system for long-term care centered on the Long-Term Care Insurance System has become a vital part of our society. As we age, we cannot avoid decline in various physical and mental functions. The long-term care system was designed so people can support each other across generations and throughout society so we can lead lives that bring us happiness as we age.

On the other hand, as average life expectancies continue to rise, the number of elderly people continues to grow. Alongside rising expenditures for healthcare and pensions, the continuous increase in demand for long-term care is a factor that threatens the sustainability of social security finances. Furthermore, in the 25 years since the creation of long-term care insurance, the demographic structure of society has transformed and household structures have shifted from the nuclear family structure. Dual-income households have become more common and employment practices have grown more diverse. These factors continue to reshape the identities of society, the family, and the individual surrounding the long-term care system. Rather than just minor revisions to the system, we need fundamental reforms which are suitable to the current era to respond to these changes. The current Long-Term Care Insurance System is well-received and widely accepted by society both from an international perspective and in the results of domestic public satisfaction surveys. At the same time, there are scattered issues that require changes in line with the needs of today which must be addressed as we move forward.

Based on our recognition of these issues, HGPI formed a task force for discussions from multifaceted, multidisciplinary perspectives aiming to establish a long-term care system that upholds dignity for all while allowing everyone to lead a life of happiness. This report summarizes discussion points and challenges for the future long-term care system crystallized from task force discussions. Additionally, from these diverse discussion points, HGPI has formulated the “Three Perspectives for Realizing a Long-Term Care System Appropriate for the Era of Healthy Longevity.” From FY2022, we will deepen discussions on specific reform proposals based on these perspectives.

■ FY2021 Task Force (In alphabetical order; titles omitted)

Motoi Fujisaki (Chief Risk Officer, Representative Managing Officer, Sompo Care Inc.)

Satoko Hotta (Professor, Graduate School of Health Management, Keio University; Representative, Designing for Dementia Hub; Board Member, HGPI)

Takashi Iguchi (Associate Professor, Social and Cultural Studies Division, Graduate School of Humanities and Sociology, The University of Tokyo)

Shinya Ishii (Specially-appointed Professor, Symbiotic Social Medicine Course, Graduate School of Medicine, Hiroshima University; Research Fellow, HGPI)

Shu Kinoshita (Lecturer, Faculty of Letters, Keio University)

Mie Morikawa (Professor, Department of Policy Studies, Tsuda University)

Yumi Shindo (Researcher, Center for Gerontology and Social Science, National Center for Geriatrics and Gerontology)

Masayuki Takahashi (Associate Professor, Graduate School of Humanities and Social Sciences, Saitama University)

Kiyoyuki Tomita (Manager, Value Unit, Integrated Dimension Strategy Department, Eisai Co., Ltd.)

Junichiro Toya (Director, Sakura Shinmachi Urban Clinic, Platanus Medical Corporation)

Advisor

Teruyuki Katori (Professor, Faculty of Human Sciences, Sophia University)

■ FY2021 Activity Schedule

From April 2021 to July 2021:

Form task force and conduct desk study and hearings to extract discussion points

August 12, 2021:

First Task Force Meeting on “Redefining ‘Long-Term Care’ to Create a Long-Term Care System for the Era of Healthy Longevity”

October 1, 2021:

Second Task Force Meeting on “Redefining ‘Long-Term Care’ to Create a Long-Term Care System for the Era of Healthy Longevity” and discussion points related to the future of the long-term care system

December 20, 2021:

Expert Meeting on “Looking Back on Twenty Years of the Long-term Care Insurance System: Examining the Ideal Long-term Care System For Meeting the Needs of a Society of Healthy Longevity”

March 3, 2022:

Third Task Force Meeting on “Discussion Points and the Future Direction of Creating a Long-Term Care System for the Era of Healthy Longevity”

Discussion points and future challenges for the long-term care system extracted from FY2021 task force discussions

In this project, we formed a multi-stakeholder task force for repeated discussions from multifaceted, multidisciplinary perspectives to identify discussion points and challenges. Discussion points and issues that emerged from task force discussions are summarized below.

Building a Long-Term Care System That Can Support an Era of Healthy Longevity

Five Discussion Points Revealed by Current Circumstances

1 Building a system that can uphold the dignity of each person while responding to changes among individuals, families, and in society

1.1 After reaching a shared understanding throughout society that individual dignity should be respected, careful discussion must be held on creating a system that upholds individual dignity

1.1.1 While the most important perspective is upholding dignity regardless of the ability of the person receiving long-term care to be independent and autonomous, the state of having one's dignity upheld varies greatly by individual, and the best methods of doing so have changed over time.

1.1.2 After reexamining general education that defines human rights the state in which people value themselves and respect others based on that self-value, education on the concept of the long-term care system as something that upholds dignity must be improved throughout society.

1.1.3 The desires of the person receiving long-term care may not coincide with what is desirable for them or for society, and a state in which the desires they express are being met does not always equate to a state in which their dignity is being upheld. There are times it is necessary to consider the ideal balance between personal wishes and scientific or social correctness on individual terms rather than in uniform terms, so further discussions throughout society will be necessary.

1.1.4 While respecting individual rights and dignity, it will be important to create an environment in which people receiving long-term care can plan, express, and achieve their own desires with peace of mind. This means it will be necessary to continue talking with them as an equal until the end, and to have a shared understanding that the progression of a disease does not mean the loss of one's spirit. Even when they find it difficult to express their desires, we must build a system that enables those around them to understand and support them in realizing those desires.

1.2 To advance initiatives aiming to maintain and reinforce the socialization of long-term care, society must first recognize activities from families and caregivers as well as their burdens

1.2.1 There has been an increase in households headed by elderly people, including single-person households, as well as changes in family and household structures, including an increase in dual-income households. These changes have lowered capacity for in-home caregiving. However, there are still burdens being placed on family members and caregivers. It is important for society to recognize and acknowledge the burden of long-term care and the value created by providing it, including the performance of invisible domestic labor and other everyday activities needed to maintain households.

1.2.2 To raise public awareness toward family caregiving and other forms of informal care, the societal impact of the informal care burden must be visualized by showing lost employment opportunities and other economic burdens caused by informal care.

1.2.3 Women continue to be the main providers of family care. The gender disparity in long-term care must be eliminated. To resolve various issues related to long-term care burdens, it will be important to heighten understanding and build a system in which both the providers and recipients of long-term care are supported by all of society.

1.3 The various types of disparities surrounding the long-term care system must be grasped and long-term care must be provided equally to each person who needs it

1.3.1 Disparities in society like economic disparity, information disparity, the digital divide, and poverty are widening and as the number of people living in single-person households or have non-regular employment continues to grow, so do loneliness and isolation. When examining the long-term care system's future, it will be important to understand which needs the long-term care system is meeting and which needs are going unmet.

1.3.2 Regional disparities in access to services provided through long-term care insurance are widening. This is due to the uneven balance of supply and demand in each region resulting from declining birthrates, population aging, and urbanization. These regions include urban communities with growing elderly populations and rural communities with rapid depopulation. A system must be established that allows all people in all regions to access the long-term care insurance services they need.

2 Positioning care in society and establishing a system to assess specialization and quality in long-term care

2.1 The social value of care must be assessed and social bias toward the care burden must be removed

2.1.1 It is difficult to adequately assess the quality of caregiving in both economic and political terms. There has been no social assessment of care. Discussions on assessing caregiving must be renewed.

2.1.2 Since the economic value of caregiving has not been assessed, there is still a strong tendency for care to be positioned as uncompensated and informal, and women continue to shoulder a disproportionate amount of the care burden. Together, the public must redefine the social position of care-related labor based on the common understanding that everyone may someday require care and that the burden of care must be shouldered by society as a whole.

2.2 The functions of long-term care must be sorted and the concept of long-term care must be systematized

2.2.1 Since the Long-Term Care Insurance System was established, the scope of long-term care has expanded to include monitoring for safety and wellbeing, independence support, and prevention. Coverage has also expanded to include mild and severe cases. Long-term care sometimes includes activities which are essential for trouble-free everyday living, yet are difficult to recognize and assess, like general housework. The concept of long-term care and the various functions it encompasses must be put in order.

2.2.2 The best way to structure support was examined during the transition to integrated care (which integrates healthcare and welfare) to explore topics like social inclusion, active welfare, promoting empowerment, social change, and social unity. It will be necessary to consider the ideal form of long-term care in line with changes in care competency that occurred alongside changes in attitudes.

2.2.3 Areas in long-term care where scientific methodologies can be established based on our individuality as living beings and the shared aspects of the human body must be identified and long-term care must be systematized.

2.2.4 It will be necessary to identify which tasks among those performed during long-term care should and should not be shifted to technology or optimized.

2.3 Standards for assessing long-term care quality must be established and used to properly evaluate

long-term care labor

- 2.3.1 In addition to providing physical assistance and similar forms of support, to improve QOL for elderly people receiving long-term care, it is crucial to support their ability to have everyday interactions and exercise autonomy, to create records of their daily lives, and to engage with them in a manner that draws out their individuality. Providing care like this requires a highly individualized response, and it is difficult to define what form of long-term care is best for the person receiving it. This makes it difficult to assess long-term care quality.
- 2.3.2 Methods of designing and institutionalizing broad criteria such as social care-related QOL must be examined to help popularize care practices that contribute to better QOL for elderly people receiving long-term care and to achieve equity.
- 2.3.3 To avoid making people conform to the long-term care system and while using it to help realize their desired lifestyle, in addition to assessing the quality of each service covered by long-term care insurance, it will be necessary to consider how to assess the quality of care management or the process for certifying people as requiring long-term care.
- 2.3.4 The highly individualized nature of long-term care limits which assessment criteria can be applied universally, so when thinking about assessment methods that contribute to better long-term care, personal assessments from each care recipient will also be important.

3 Boosting the social value of care and long-term care and creating an environment that facilitates participation from diverse stakeholders

3.1 An environment that facilitates care participation in communities must be established

- 3.1.1 To build momentum for mutual support in communities, it will be important to amplify senses of shouldering and participating in care throughout society. The challenge will then be determining how to design a caring society in which everyone gets involved in care at some time in life.
- 3.1.2 Conditions that help facilitate informal care must be created through initiatives that aim to restructure the relationships between social participation and employment, to reform labor, and to redefine what it means to make efforts to enhance employment flexibility.
- 3.1.3 Systems are needed that provide time resources so community members can focus on activities and financial resources so they can provide informal care.

3.2 Diverse stakeholder involvement in long-term care must be encouraged while promoting initiatives and systems for innovation

- 3.2.1 To encourage innovation, collaboration among industry, Government, academia, and civil society will be important. Collaboration among diverse stakeholders in long-term care must be reinforced.
- 3.2.2 To encourage participation from diverse stakeholders in long-term care, long-term care's negative image must be removed and its social position must be improved.
In the past, novel care practices developed in real-world care settings have been incorporated into the Long-Term Care Insurance System. The system's philosophy and care practices support each other, so issues raised during the actual provision of care must be accepted and the system must be reformed into a foundation for solving social issues.

4 Reinforcing the system and care provision for equity in long-term care that supports the lifestyles of people receiving long-term care

4.1 From the perspective of supporting the lifestyles of long-term care recipients, the entire system must be optimized with an integrated view of healthcare and long-term care

- 4.1.1 As Japan transitions to a society with a shrinking population, systems must be established in every region that provide seamless and continuous lifestyle support services and housing that reflect recipients' desires and living conditions. When thinking about community development, it will be

important for discussions to encompass the entire system centered around the healthcare and long-term care provision systems.

- 4.1.2 As the late-stage elderly population increases, so does the number of people with dementia and other comorbidities. To support their daily lives while responding to a shifting national disease profile and other changes, a system that provides healthcare and long-term care seamlessly with cooperation across professions must be built.
- 4.1.3 Basic interpersonal support education in healthcare and long-term care must be developed to promote multidisciplinary cooperation. Awareness toward the need to enable elderly people to maintain their lifestyles must be built and the skills required to do so must be disseminated.
- 4.1.4 Developing a shared evaluation scale for healthcare and long-term care as a foundation for cooperation between those fields and across professions and conducting bilateral assessments are likely to make both healthcare and long-term care more rewarding.

4.2 An environment in which the people providing care can build long-term careers must be created and the quality of long-term care must be improved

- 4.2.1 In the field of long-term care, the working environment is severe and there are high numbers of people entering and leaving the labor market. To promote the adoption of new care practices that emerge naturally from long-term care settings, it will be necessary to create a work environment and career development support system that allow care providers to have pride and fulfillment in their work and to build long-term careers.
- 4.2.2 We must transition away from older business models that were based on keeping salaries low by relying on a young labor force, as was the case during the era when local governments made judgements regarding disabilities and decided services provided, and instead adopt an administrative model that promotes career development for long-term care professionals.
- 4.2.3 Evaluation scales for objectively assessing expertise, quality of care, and caregivers' outcomes must be developed to increase caregiver motivation and to develop a compensation system that reflects their levels of skill.

4.3 To reinforce the long-term care provision system, broad-ranging issues surrounding long-term care as a quasi-market must be identified and addressed

- 4.3.1 While considering the unique characteristics of the long-term care market and after clarifying the roles of the public and private sectors, proper competition in this field must be encouraged so it can function as a quasi-market and improve provider and service quality. At the same time, to achieve equity, it will be necessary to examine how to design the system to address issues that cannot be addressed through the principles of competition.
- 4.3.2 Developing long-term care as an industry is likely to require a shift from a labor-intensive industrial structure to a knowledge-intensive one. Public-private cooperation will be necessary to energize the long-term care industry and strengthen its provision system so demand for long-term care can be met.
- 4.3.3 Steps like utilizing ICT and determining which regulations are best for flexible staffing will be necessary to enhance operational efficiency in long-term care settings.

5 Fostering momentum for mutual support to reinforce the financial base

5.1 A virtuous circle is necessary to stabilize long-term care finances to improve long-term care quality

- 5.1.1 To enhance the sustainability of the Long-Term Care Insurance System, while keeping its relationship with the health insurance system and other systems in mind, it will be necessary to consider how to best finance long-term care insurance and to encourage public discussions. When doing so, aspects to consider might include the ratio of social insurance to tax revenue used for

funding.

5.1.2 Service providers must make corporate efforts and attempt new challenges to provide services that achieve high satisfaction among users and the public to help insured people feel acceptance toward the increased burden.

5.1.3 Financial constraints are creating poor working environments for long-term care providers, which is impeding the adoption of new care practices that emerge from long-term care settings. A virtuous cycle must be created in which better care practices are developed in long-term care settings and societal recognition of these improvements help shape consensus toward the public burden.

5.2 **A fair and simple system of benefits and burdens that can provide a foundation for mutual support from all of society is necessary**

5.2.1 To create consensus regarding the public burden, the system must be made fairer so each person who shares in the burden can also feel they are gaining a benefit.

5.2.2 It will be necessary to establish a simpler system of benefits and burdens that helps people understand that the tax and insurance systems form the foundation of mutual support in society through the social security system.

Three Perspectives on Achieving a Long-Term Care System for the Era of Healthy Longevity

After discussion points were identified by task force members, HGPI conducted additional hearings and surveys and compiled three perspectives on achieving a long-term care system for the era of healthy longevity, presented below as recommendations independently formulated by HGPI.

Achieving a Long-Term Care System for the Era of Healthy Longevity Three Perspectives for the Future

1. Respond to the disparities inherent in society and appreciate the dignity of each person

1-1: The importance of respecting the dignity of each person, regardless of any disease they may have or condition that may affect them, must be shared throughout society, and the provision system that upholds dignity by providing various forms of support, such as for autonomy, must be reinforced.

1-2: Public consensus must be formed on how all of society can assess long-term care appropriately and share the burden of providing long-term care without forcing certain groups to shoulder unwanted long-term care burdens.

1-3: A system must be established that enables everyone who needs long-term care insurance services to receive the services they require without being affected by social or regional disparities like economic or information gaps.

2. Make effective and efficient use of limited resources so long-term care reaches the people who need it

2-1: In addition to the three main forms of long-term care (bathing, eating, and toileting), the various concepts that care encompasses must be identified and systematized. These include supporting autonomy to achieve self-realization, monitoring for safety and well-being, supporting independence, and prevention. An evaluation system for care quality and expertise based on these concepts must be established.

2-2: Among the various systems functioning in an integrated manner, a system must be created that provides opportunities for society to be involved in long-term care and that enables the public and private sectors, communities, families, and other stakeholders to strive to provide better long-term care.

2-3: To respond to the growing number of people with comorbidities due to population aging and a shifting national disease profile, discussions that encompass healthcare and long-term care in an integrated manner must be held.

2-4: An environment must be created that enables long-term care professionals to pursue high-quality care in real-world care settings and to develop long-term careers with pride and satisfaction.

3. Develop communities that foster opportunities for mutual support

3-1: To reinforce mutual support in communities through informal care among community members, community development that includes perspectives from fields like urban planning and housing policy will be necessary.

3-2: A simple, easy-to-understand system of benefits and burdens must be established to promote understanding toward the social security system as the foundation of mutual support.

3-3: A virtuous cycle must be created in which compensation for long-term care professionals is improved, quality of care is enhanced, and public consensus on the burden of high-quality long-term care is formed.

Acknowledgements

In preparing this summary, we have received input from many people in industry, Government, academia, and civil society since the beginning of FY2021. For their expert advice and support for the purpose of this summary, we express our deepest gratitude to all members of our task force, namely (in alphabetical order) Motoi Fujisaki (Chief Risk Officer, Representative Managing Officer, Sompo Care Inc.); Satoko Hotta (Professor, Graduate School of Health Management, Keio University; Representative, Designing for Dementia Hub; Board Member, HGPI); Takashi Iguchi (Associate Professor, Social and Cultural Studies Division, Graduate School of Humanities and Sociology, The University of Tokyo); Shinya Ishii (Specially-appointed Professor, Symbiotic Social Medicine Course, Graduate School of Medicine, Hiroshima University; Research Fellow, HGPI); Shu Kinoshita (Assistant Professor, Faculty of Letters, Keio University); Mie Morikawa (Professor, Department of Policy Studies, Tsuda University); Yumi Shindo (Research Coordinator, Planning and Strategy Bureau, National Center for Geriatrics and Gerontology); Masayuki Takahashi (Associate Professor, Graduate School of Humanities and Social Sciences, Saitama University); Junichiro Toya (Director, Sakura Shinmachi Urban Clinic, Platanus Medical Corporation); and Kiyoyuki Tomita (Manager, Value Unit, Integrated Dimension Strategy Department, Eisai Co., Ltd.); as well as to Teruyuki Katori (Professor, Faculty of Human Sciences, Sophia University), who served as advisor; and to the many experts who lent their cooperation by participating in our expert meetings and hearings.

Please note that affiliations and positions listed above are those from the time of our project meetings and may differ from current affiliations and positions. This proposal is a compilation of opinions shared at discussions held over the course of this project that were gathered by its author, Health and Global Policy Institute, and should not be taken to represent the opinions of any specific participant or organization.

Sponsors (In alphabetical order)

Gilead Sciences, Inc.
SOMPO Holdings, Inc.

Co-author (in no particular order)

Takahiro Sakauchi (Associate, HGPI)
Shunichiro Kurita (Manager, HGPI)
Yukiko Kawata (Senior Associate, HGPI)
Ryoji Noritake (CEO, Board member, HGPI)
Mikako Yoshikawa (Intern, HGPI)

HGPI Guidelines on Grants and Contributions

As an independent, non-profit, non-partisan, private think tank, Health and Global Policy Institute (HGPI) complies with the following guidelines relating to the receipt of grants and contributions.

Approval of Mission

The mission of HGPI is to improve the civic mind and individuals' well-being, and to foster a sustainable healthy community by shaping ideas and values, reaching out to global needs, and catalyzing society for impact. The activities of the Institute are supported by organizations and individuals who are in agreement with this mission.

Political Neutrality

HGPI is a private, non-profit corporation independent of the government. Moreover, we receive no support from any political party or other organization whose primary purpose is political activity of any nature.

Independence of Project Planning and Implementation

HGPI makes independent decisions on the course and content of its projects after gathering the opinions of a broad diversity of interested parties. The opinions of benefactors are solicited, but the Institute exercises independent judgment in determining whether any such opinions are reflected in its activities.

Diverse Sources of Funding

In order to secure its independence and neutrality, HGPI will seek to procure the funding necessary for its operation from a broad diversity of foundations, corporations, individuals, and other such sources. Moreover, as a general rule, funding for specific divisions and activities of the Institute will also be sought from multiple sources.

Exclusion of Promotional Activity

HGPI will not partake in any activity of which the primary objective is to promote or raise the image or awareness of the products, services or other such like of its benefactors.

Supporting organizations are asked to submit written agreement with HGPI's compliance with the above guidelines.

This report is copyright 2022 Health and Global Policy Institute.

特定非営利活動法人 日本医療政策機構

〒100-0004

東京都千代田区大手町 1-9-2

大手町フィナンシャルシティ グランキューブ 3 階

グローバルビジネスハブ東京

TEL: 03-4243-7156 FAX: 03-4243-7378

Info: info@hgpi.org

Website: <https://www.hgpi.org/>

Health and Global Policy Institute (HGPI)

Grand Cube 3F, Otemachi Financial City,

Global Business Hub Tokyo

1-9-2, Otemachi, Chiyoda-ku, Tokyo

100-0004 JAPAN

TEL: +81-3-4243-7156 FAX: +81-3-4243-7378

Info: info@hgpi.org

Website: <https://www.hgpi.org/en/>