Recent Problems of Medical Rehabilitation Service in Japan

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Background
The Japanese Government has strictly informed us that the Japanese Medical Insurance Fund has already faced financial crisis and will worsen definitely in the near future. Especially in the field of Rehabilitation, the Government has forcibly changed the rules to save the insurance fund since April 2006. Both we the medical staff and patients have been tossed in much confusion behind closed doors. Just 10 years ago, the same situation occurred in the USA. This new rule means an easy way of diminution of the Medical Rehabilitation Service in the Fund. Like the USA, Japan made the same mistake.

Purpose
I will analyze this chaos and confusion in Japan from the view point of a Physiatrist.

Problems of the new system
1. New restrictions enable rehabilitation services for acute phase patients but neglect patients with chronic disease from the medical rehabilitation program.
2. Shut down the rehabilitation specialized hospitals and nursing institutions and encourage home care in order to decrease the numbers of inpatients.
3. Ignore small rehab teams and set a standard for complicated stages, indicating small is low quality.
4. Permitting alternative medicine specialists such as a massagist, an acupuncturist, in place of RPT, OTR, STR, thus lowering their usefulness.
5. Depend too much on a digital data of ADL evaluation, BI or FIM rather than actual data.

Considerations from new systems
1. Quick measures should be taken for the elderly baby boomers in 20 years time.
2. The burden of less insurance but more charge will worsen from now onwards.

Consideration
Those who know the economy very well will win this game, but the real winner is not an economist but also a field overseer. The idea of good medical service never differentiates acute from chronic. A Physiatrist considers a patient in the chronic phase as important same as an acute phase patient.