Needs of cooperation between medical care and nursing care of patients in their houses
- suggestion from New Orange Plan-
Takaki Shimura¹
¹BME research laboratory, Sosei Ltd.

Abstract: New Orange Plan proposed by Ministry of Health, Labor and Welfare shows the direction of care for the elderly with dementia should be done at their houses. In this presentation, needs of cooperation between medical care and nursing care of dementia patients are analyzed and discussed about the information technology in the future.

Keywords: New Orange Plane, The elderly with dementia, Cooperation between medical care and nursing care, Patients living in their houses

1. Introduction
New Orange Plan proposed by Ministry of Health, Labor and Welfare¹ is proposed as a new concept for 2025 when almost 7 million elderly will come down with dementia. It is said that the direction of care for the elderly with dementia should be done at their houses and rearrangement of the environment where they live their lives is should also be prepared sooner.

To make better treatment for them, BME technology can work in many situation for their living. In this presentation, needs of cooperation between medical care and nursing care of dementia patients living in their houses are analyzed and discussed about the information technology in the future.

2. Care path of the patient with dementia
The care path of the patients with dementia is shown at Fig.1. Dementia is progressed from PCD to MCI and finally to dementia. Prevention of PCD and MCI is not supported by any national insurance system. Instead, the prevention is entrusted to autonomies or people themselves. However, if they wander they may be dementia, the national insurance is available. Therefore the box of Medical insurance is stretched toward MCI.

After they are diagnosed dementia, both Medical insurance and Welfare insurance is supported by government.

Fig.1 Care path of dementia

Attention to care at their houses and care at the facilities. Although Ministry of Health, Labor and Welfare is proposed that care at their houses should be done, the family could not do so because that almost of them nowadays go to work and the patients with dementia have to wait alone for them coming home in the evening. So when the stage is moved along to middle, it may not be OK longer and the family want to use a short stay service or a long stay service of the facility. So, in the middle stage, care at their houses and care at the facilities are used simultaneously generally.

3. Care at the houses
During receiving care at their houses, they can be available not only Medical insurance but Welfare insurance. The detail services concerning them are shown Fig.2.

As for medical examination supported by Medical insurance is almost 15 minutes treatments generally once a month.

Whereas many kind of services supported by Welfare insurance are available. The short or long stay service supported by Welfare insurance is not shown because it is a kind of facility care. Welfare insurance services are arranged by care managers. As they must arrange under the consideration of medical and welfare status of the patients and also of their family, the wide knowledge and high humanity are required.

In Welfare insurance service, there are care manager service, nursing service and visiting nursing service. In care manager service, a care manager has an obligation to visit a patient house to examine his condition for one hour once a month. In visiting nursing service, a patient can stay a service center in the day time where they can get programs including the brain rehabilitation, the physical rehabilitation and so on. The time for the service is 3-9 hours a day. The frequency to stay is decided according to his nursing level of Welfare insurance by a care manager. In visiting nursing service, a nursing person visit the patient’s house to support his life, such as housekeeping, bathing, maintaining of good health and so on. The service is limited one hour a time. The frequency to get the service is also depend on his nursing level of Welfare insurance. A care manager arrange it.
in many situations for their living. In this presentation, the direction of care for the elderly with dementia should be done at their houses. In this presentation, the needs of cooperation between medical care and nursing care of dementia are discussed.

To make better treatment for them, BME technology can work for dementia. It is said that almost 7 million elderly will come down with dementia. The New Orange Plan proposed by the Ministry of Health, Labor and Welfare shows the direction of care for the elderly with dementia. The care path of patients with dementia is shown at Fig. 1.

2. Care Path of the Patient with Dementia

The care path of the patients with dementia is shown at Fig. 1. The care is divided into three stages: the early stage, middle stage, and late stage. In the early stage, care at their houses and care at the facilities are used simultaneously generally. In the middle stage, care at their houses and care at the facilities are still used, but the frequency of visits increases. In the late stage, it may not be okay to stay at their houses, and the family wants to use a place where they can receive care. The time for the service is 3-9 hours a day. The frequency to stay is decided according to his physical condition.

In Welfare insurance service, there are care manager service, visiting nursing service, and nursing service. The service is limited one hour a time. The service is arranged by care managers. The care manager has an obligation to visit a patient house to examine his condition for one hour once a month. In nursing service, a patient can stay a service center in the day time where they can receive care. During receiving care at their houses, they can be available for 15 minutes treatments generally once a month. The cost of the care is covered by the national insurance.

3. Communication Tool

As medical doctors, care managers, and nurses belonging the nursing service and the visiting nursing service, communication tool must be selected on the stand point of easy operation.

4. Requirement to Good Work

Understanding the detail of the support system for patients under care at their houses mentioned above leads us to the necessity of any network system to do good work. After delving the care system, main requirements can be pointed out below:

① Medical doctors do not have enough time to examine the patients because so many patients are waiting. They are anxious about the applied treatment to them and want to know the effectiveness or the side effect, especially for medicine sooner.

② Care managers want to know whether the arrangement works well or not. Essentially the information about the patients concerning ① should be informed by their families and they are expected to evaluate it. However, almost of Japanese families are working nowadays and tired people don’t have enough time to watch their patient. Instead of that, persons belonging the nursing service and the visiting nursing service are quite suitable for the role.

5. Specification of the Network

1. The objective of the network
   • The purpose is to offer the better care to the patients.
   • Cost benefit for relative care centers supplying the nursing service and the visiting nursing service are not obtained directly but can be obtained indirectly through the optimum treatment which is the result of well-informed relations with medical doctors and care managers.

2. The main flow of information

The main flow of information is shown at Fig. 3. There are two flows, one of them is from a medical doctor to the welfare service centers which is informed timely when any new treatment is done by a medical doctor.

Nursing service center or visiting nursing service center can observe patients for a long time with more trained skill than their family and they can catch the appeared change. The other flow is concerning this replying information.

As for care managers, all of these information should also be sent in order to keep the optimum welfare arrangement.

3. Communication tool

As medical doctors, care managers, and nurses belonging the nursing service and the visiting nursing service have so much things to do, communication tool must be selected on the stand point of easy operation.

6. Conclusion

Because the system requires the connection over different occupations, the consensus is very important. To establish this consensus governmental approach is necessary.

Reference