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COMMENTARY

A conference report of the interprofessional satellite symposium in Uonuma, Japan: an international exchange on the future of community care

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Introduction

The All Together Better Health VI, the sixth international conference on interprofessional practice and education was held in Kobe, Japan on 6–9 October 2012. The Satellite Symposium in Uonuma was held on 11 October 2012 at Uonuma-shi Koidego Cultural Hall. The purpose of the symposium was to inform and discuss with four leading participants in interprofessional education from the United Kingdom (UK) on the current status of interprofessional collaborative practice between health care professionals and the administration in Niigata Prefecture where a shortage of doctors is significant, particularly in the Uonuma region where the shortage is the most acute. In addition, the symposium aimed to promote health maintenance for community-based medical care of residents, in order to find a path to international exchange in relation to community care in the future.

The symposium was held in three parts. Part 1 included public seminars for community residents with the theme of ''Nurture Medical Care in Uonuma''. Part 2 offered posters and presentations by health and social care professionals under the theme of ''Practice of Interprofessional Collaboration and Education in the Aging Society''. Part 3 included seminars and discussions with four guest speakers from UK focused on the theme of ''Interprofessional Education and Interprofessional Working in the Future''. This commentary provides a summary of the work presented in second part of the symposium, focusing on the practice of medical care, social welfare and education in three representative communities in both rural and urban regions of Niigata Prefecture. It also offers a discussion of these presentations and includes an afterword from a symposium participant.

Paper 1: The challenges of health and social care professionals for better health in Uonuma – self-learning using community-based professional and interprofessional education

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Background

Japan entered a ''super aging'' society that the world has not seen, with a 25.1% aging rate (ratio of people aged 65 and older) as reported in the October 2013 Census. The current universal health insurance system which was formed in 1951 and has continued for more than 60 years, has significantly contributed to the health promotion of Japanese people. While various economic issues have been arising as a result of increased medical costs for the elderly, the health insurance system is still playing a major role in health maintenance of the citizens. To help this situation, the long-term care insurance (LTCI) began in 2000, and its need has been increasing in the progress of aging.

Uonuma has one of the heaviest annual snowfalls in the world, and snow accumulation can be nearly four meters deep during winter. The total population of Uonuma City is approximately 39 000 with a 31.2% aging rate (as of 2013), which is higher than the average of Japan overall, though the aging rate is still progressing. The number of doctors in the Uonuma medical district is 1.2 per 1000 people, indicating that it is one of the most precarious areas in Japan in regards to the deficiency of doctors.

Medical services

In Uonuma there are two medical hospitals and one psychiatry hospital. Niigata Prefectural Koide Hospital (350 beds) and Uonuma Municipal Horinouchi Hospital (100 beds) – both accept patients for primary care. Honda Hospital (100 beds) is specialized in psychiatry and neurology and accepts dementia of the elderly, accommodating almost all psychiatric inpatient care in the community. There is a shortage of medical staff, with only approximately 30 doctors in these institutions. There are also 16 private clinics, serving the needs of community medical care, among which only six clinics can handle home medical care including home visits. Many doctors in these clinics are also elderly, reflecting the ageing community.

The Uonuma enjoy sports club

The ''Enjoy Sports Club Uonuma'' was established in 2003, mainly for health promotion, providing a number of exercise

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programs for children and the elderly. As a result of inactivity of old people in winter due to snowfall, the club planned a care prevention project. The project started with 100 people in 2003, and grew into a program in which 400 senior people aged from 65 to 88 participated. Its achievements are significant, bringing results in the areas of physical strength, reduction of depression and prevention of dementia.

Uonuma School for Community Health and Social Care

Under the leadership of Uonuma Medical Association, the Uonuma School for Community Health and Social Care was established. The formation of this school in 2011 was also due to a cooperation with the Uonuma City government, Niigata University and community residents, with funding from the Japanese government. The goal of this school is for many medical professionals involving in health promotion activities to learn and develop together, considering ''residents as medical resources''. As there is no school building, a local hub in the community becomes a classroom. Anyone interested in community healthcare and health promotion activities can participate in this school. All participants can be involved in these activities as a part of life-long education with no graduation or progression system.

The School offers three courses. The first is focused on interprofessional collaboration where medical care, nursing care and welfare are offered to medical students and clinical interns. In this course, participants are able to understand the importance of interprofessional collaboration as well as activities that promote nursing care and health in an aging community. The second course targets professional groups of each specialty by offering learning activities that aim to understand the care duties of each profession. This course is designed to enhance understanding of the culture among different professions, in particular, their different terms and various clinical duties. Approximately 50 medical professionals from various fields are actively involved each year. The third course focuses on decreasing the smoking rate and is aimed for community residents, night schools, and all elementary and junior high schools.

Clinical clerkship for medical students in community health care

In 2007, the importance of home medical care including home visits in medical education was indicated in the core curriculum of the medical education model presented by the Ministry of Education. It was required to be included as part of the clinical training for all medical schools. Interprofessional collaboration with the areas of nursing care and welfare is listed as a mandatory item of clinical training for community medical care. It was seen as a great advantage for all medical students to experience how care is delivered in the real world to help inform their future career choices.

Because the Uonuma region may represent the near future of Japan, demographically, medical care and education delivered in this region was felt to appropriate to inform future Japanese medical care. Niigata University stipulated the Uonuma region as a field of community medical education with its maintained training facilities. This development was supported by good relations among medical associations, the local government and the University.

Since 2010, all fifth-year medical students of Niigata University (approximately 100 students per year) have been attending clinical training in Uonuma, spending four days and three nights in the region. During this course, the students experience different elements of home medical care including home visits. By experiencing something that is difficult to learn at advanced medical institutions, such as university hospitals, students are able to understand not only about medical care but also about the importance of welfare as well as interprofessional collaboration. It is only through these experiences that medical students are eventually able to think about how to engage in community medical care. Medical students who received this training have more awareness in their career directionality when they graduate in regards to being a specialist or general physician.

Clinical training for young doctors in community medical care

While most of the clinical training for interns was designed for specialists in the medical departments in the university hospital, the new training system introduced in 2004 contained training for ''community medical care'' in addition to the fundamental training for the clinical department such as internal medicine, surgery and emergency medicine. In accordance with this new system, all young doctors are now provided primary care learning experiences in handling common diseases and simple injuries in daily clinical practice.

Prior to the start of this new system, the Uonuma Medical Association supported training for technical officials and doctors from the Ministry of Health, Labor and Welfare. As most doctors in Japan are concentrated in urban areas, in specialized fields, the doctors working in community medical care are in short supply. Under such circumstances, it was considered that the importance of community medical care could be understood only through actual practice. This training was well acknowledged, and the Medical Association has begun to accept initial interns from the Tokyo Medical Center since 2004.

In the rural areas, besides medical services, various roles of health and social care are carried out in this region, such as medical checkups, vaccinations, as well as services by school doctors, industrial doctors, medical examiners, reviewers for long-term care insurance qualification and others. As a result, of these arrangements, it is essential for health and social care professionals to collaborate with the local government.

In addition to doctors, many professionals were involved in education of interns, including public health nurses, visiting nurses, pharmacists, physical therapists, care-managers, and caregivers to realize enriched training to clarify the total picture of medical, health and social care. This means the structure was developed for the community medical care to learn together in post-qualification interprofessional education. As these efforts were highly evaluated, a four-week training course for community medical care was also accepted for initial interns from Jikei University and Nagaoka Red Cross Hospital from 2010 and 2011 respectively; and a total of 30 interns are trained in the Uonuma region every year.

Teaching means learning – the infrastructure of education in the community was strengthened by being involved in the ''training for community medical care''. ''Nurturing doctors by doctors'' was changed to ''nurturing doctors by the community'', and further efforts to ''nurture medical care by the community'' are in progress.

Results

While longitudinal studies to measure the effects of this project have not yet been conducted, a number of effects are expected in the future, including the reduction of rates of smoking, accompanying reduction of chronic respiratory diseases and further reduction of medical costs. However, a slight decrease of an annual number of ambulance services from 2009 to 2013 in Uonuma City, may suggest a change of attitude of residents how to preserve their health, although the number of ambulance

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services has increased in Niigata Prefecture as well as in an entire country.

Discussion

In the community where an ageing population with a reduced birthrate, depopulation and shortage of physicians is occurring, not only increasing medical supply but also affecting demand to the exhaustion of medical resources. Thus, it seems important to correct the demand-supply balance of medical care in the overall community. As a result of our activities, the Uonuma region has been functioning as a field of good medical education in regards to medical supply, while successfully reducing demand by maintaining the good condition of the residents' health. It is also expected that these activities will contribute to development of good social capital through revitalization of the community such as local sports clubs, leading to enhanced vitality of the overall community. In addition, medical professionals in the community greatly benefit from being directly in charge of education of medical students. When young people arrive in the community and receive education at medical institutions, the overall community is revitalized.

Training for community medical care is one of the few training areas that provide opportunities to interact with many professionals other than doctors. Although not all medical students show interest in this area. However, medical professionals in Uonuma feel pride raising medical professionals through providing guidance to the younger workforce. Doctors are nurtured not only by doctors but also by the community. Acceptance of education on community medical care also seems to significantly contribute to health promotion of residents in the community.

The regional medical district will go through major reorganization in the Uonuma region from 2015. Several hospitals (with 200 beds) dispersed across the region will be consolidated, and a large-size highly advanced medical institution (with 454 beds) will be established in the central area with the aim of achieving region-based total medical care throughout the district. At this time, the New Koide Hospital (with 130 beds) will be opened, with a size smaller than the current hospital in Uonuma City. This hospital will not only aim to enrich functions as a hospital (i.e. personal medical care), but also serve as a place to develop medical resources where both residents and medical professionals learn about the medical system by being united with the Uonuma School for Community Health and Social Care (opened in 2011). In addition, this institution will be an environment to raise children, provide preventive medicine, as well as activities to promote health. Learning the medical system means that both residents and medical professionals work together – mutually learn about medical resources and medical systems in the community, and learn how to use these resources to enhance the level of medical care for the overall community.

Paper 2: Establishment of a community-based comprehensive care in Nagaoka-City

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Background

Nagaoka is the second largest city, locates in the middle of Niigata prefecture with a population of approximately 280 000, and an ageing rate of 27.1% (as of 2013) for those aged over 65 years. Welfare policy for the elderly in Japan has changed rapidly since the establishment of the Welfare Act for the Elderly in 1963. The introduction of the Long-Term Care Insurance (LTCI) in 2000 was totally different system – reorganizing the former system in relation to health care institutions and general consciousness about the needs of the elderly.

Former services, both home help and day care, were additional services for established and domestic self-care. Such home services were segmental and only offered a few times a week. As a result, these services were unable to support clients who need continuous home care. Often clients were sent to nursing care homes or hospitals to receive their welfare and medical care. However, when the senior citizens who did not need medical treatment were hospitalized, unnecessary inspection and treatment were often performed on them – spending almost all of their time in bed for their medical treatments. This meant clients' original medical needs were overlooked and they lost a number of needless days in hospital, rather than being at home.

In early 1980s nursing care homes were encouraged to build in suburban parts of the city. During this time, the elderly had to stay in nursing care homes to receive care. In one sense these institutions were similar to refuges (like public halls or gymnasiums) where senior citizens housed temporarily during a disaster, where they need to live without any of their belongings.

The introduction of LTCI aimed at ''independence support'' and ''home care oriented'' based on clients' own participation and responsibility. LTCI tried to change commitment to nursing care homes and contradict hospitalization with priority on welfare care over medical treatment. It was therefore suggested ''dispersion of nursing care home functions'' was needed, which has meant the separation of ''accommodation'' and ''continuous care'', and in turn, scattering of these services into the community.

The foundation of "support centre" and its network

Since the foundation of a nursing care home in Nagaoka with 100 beds in 1982, we have challenged creation of various home helping. In the first period, services to support home care were in shortage in our area. We therefore tried to prepare a ''self-concluded short-stay''. We are operating 80 beds now – these beds are operated for the purpose of extending clients' at-home life, not for the purpose of a waiting place for nursing home commitment, which has been a common practice in Japan. However, as we cannot finish supporting at-home life only with short stay, we established 24-h home help services and visiting nursing station all through the year. In succession, we constructed wide-time day service and meal delivering service three times a day all throughout the year. We now offer these continuous services to the nursing care homes.

Of course these services cannot function alone. They need an integrated supply of services to improve quality. We have therefore integrated and networked each functionally isolated service to offer comprehensive care services. We found that a clients' need was not being accommodated in large-scale collection type nursing home, so we ensured they receive a continuous level of support. To realize this, we needed to reduce loss of geographical movement through limiting the area in which services can be delivered.

Community-based comprehensive care support centers help to integrate many care functions. Currently, each support center has advanced differently according to the local needs in their area, and is classified as follows: ''convenience store type'', ''network type'', ''collaborative type'', and ''disaster support type support center''.

The next development of community-based comprehensive care

In 2006, LTCI was revised and community based care services were institutionalized. The support center was institutionalized

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for ‘‘small scale with multi functions type home care’’ and the dispersion of nursing care home functions was institutionalized as ‘‘satellite type accommodation’’. This change has meant we have entered into new stage.

This new type of care facility is small scale (25 person capacity) but with multi functions. Clients can chose with fixed price per month multi functions from the same one facility like ‘‘to stay in only daytime temporally’’, ‘‘to stay as their care home for short period’’ or ‘‘to demand delivery care services’’. Now as ‘‘night correspondence type home care’’ was institutionalized to ‘‘community-based care service’’ we can offer 24-h per day, 365 d per year home care services. Our model of a community-based comprehensive care in Nagaoka-City was well accepted and has gradually spread to the entire country.

Paper 3: Community-based health and social care with collaborative practice at Aga-machi Town

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Niigata University Graduate School of Medical & Dental Sciences

Background

Aga-machi is a town, located in the mountainous area in Niigata Prefecture, 952 km^2 in size with heavy snowfall in winter. It has a population of about 13 000, with and an aging rate of 43.1% (65 years or older) as reported in 2013. The author served as a director at Niigata Prefectural Tsugawa Hospital (as one of number of five doctors) who practiced the community medicine from 2003 to 2012. The hospital has 67 beds, and accepts in-patients from the town, supports community health care, and together with a medical clinic (made up of two doctors). Health care professionals, care workers and social care facilities were in short supply in comparison with the urban areas in Japan. However, there are 13 public health nurses (PHN) working at Aga-machi, which is much more than Japanese average.

Collaborative practice at the hospital

A mission of health and social care at the Tsugawa hospital for management set up to support ‘‘home medical care’’ does not keep patients at home waiting only for admission to the hospital, but it provided visits to their home with a team consisting of a doctor, a nurse, a pharmacist, a dietitian and other staffs. As a result, a number of team-care visiting per year has increased from 840 visits in 2003 to 3297 in 2012, of which nurses' visits increased from 883 to 3019. In Aga-machi, visiting nurse stations were set up in and out of the hospital, and successfully formed ‘‘a good face-to-face relationship’’ among professionals.

Aga-machi cooperation notebook

The notebook, originally developed by PHN in Aga-machi, became the key communication tool between residents and health and social care staff. The tool is a simple flat file containing paper-based information of health, which is kept by a resident or family member. The tools were distributed to all service-users of nursing care receiving long-term insurance in Aga-machi – made available in health and social care and in a case of emergency.

The notebook was more useful when inserted with a summary of medical history by a doctor and also care-service information inserted by a care manager. The most important function of the tool is as ‘‘an exchange diary’’ between patients and health care providers. When staff visit a patient's home, patients, or the family members, make a note chronologically about what they have done in the day (e.g. recording patient's vital signs, adding comments about the patient). It is important for maximal usage that a patient always carries the notebook with them to ensure good relationships of mutual trust between patients and staff.

A ‘‘night school’’ for health care education to the residents of 120 small villages in Aga-machi has opened by voluntary staff with health and social care staff. The school has opened 79 times, with a total of 2594 residents participated from 2008 to 2013. We believe that it is important to examine any issue with care delivery.

Discussion

The challenges in three communities of Niigata Prefecture were described above, illustrating how we are practicing collaboration in health and social care. Uonuma and Aga, both rural communities, located in mountainous areas and Nagaoka located in urban area in the plains of Niigata Prefecture. It is not only to challenge an increase of supply of doctors, but also to reduce life-style diseases and to vitalize the communities. We are aiming to generate outcomes related to these projects, as through careful evaluation further improvement can be achieved.

As outlined above, it is indispensable in the community-based health and social care for improvement of QOL (quality of life) of service users to have a strong leader with a passion and collaborative practices among residents, health/social care professionals and policy makers. Above all, it is the most important collaboration between independent (self-supportive) residents and professionals with love for the community.

The symposium reported our developments and also our challenges with health and social care professionals in three communities. When the community in either rural, mountainous area or urban, our activities could serve as a model for other regions of Japan or other countries with similar issues related to a high rate of elderly people.

Afterword

Hugh Barr, Westminster University, London, UK

It was an honor and a privilege to be invited with fellow UK delegates – Liz Anderson, Mike Saks and Brendan Noble – to join civic leaders, practicing professionals and community members in conference in Uonuma following the All Together Better Health VI conference in Kobe. Ours was a unique opportunity to relate global to local, to ground the rhetoric of the international conference in the realities of everyday life for ordinary Japanese people. Not so ordinary as we soon discovered for Uonuma was far from typical. Here was a city where everyone from grassroots volunteers to elected representatives was committed as one to improve quality of life for all, a city with the fastest ageing population in Japan yet underprovided with doctors. Here was a community which set out to welcome and support students on placement in the confident expectation that some would not only opt to return after qualifying but also to enter fully into its life; a community that made us equally welcome as we practiced their handicrafts in the day centre and got down on the mats to join in their fitness exercises!

Declaration of interest

The authors declare no conflicts of interest. The authors alone are responsible for the content and writing of the paper.