

HEALTH AT A GLANCE 2015 HOW JAPAN COMPARES?

Francesca Colombo
Head, OECD Health Division
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Key findings on Japanese health care system

- 1) Quality of care: Generally very good, but room to improve diabetes care to avoid unnecessary hospital use and improve acute care in hospital
- 2) Human resources: Low supply of doctors and high supply of nurses suggests opportunities to re-organise health service delivery to meet the needs of a “super-ageing” society
- 3) Health expenditure: Health spending in Japan has increased more rapidly than most OECD countries; a priority is to achieve efficiency gains



IMPROVING HEALTH CARE QUALITY



Quality of care is generally good in Japan

Top third performers.
 Middle third performers.
 Bottom third performers.

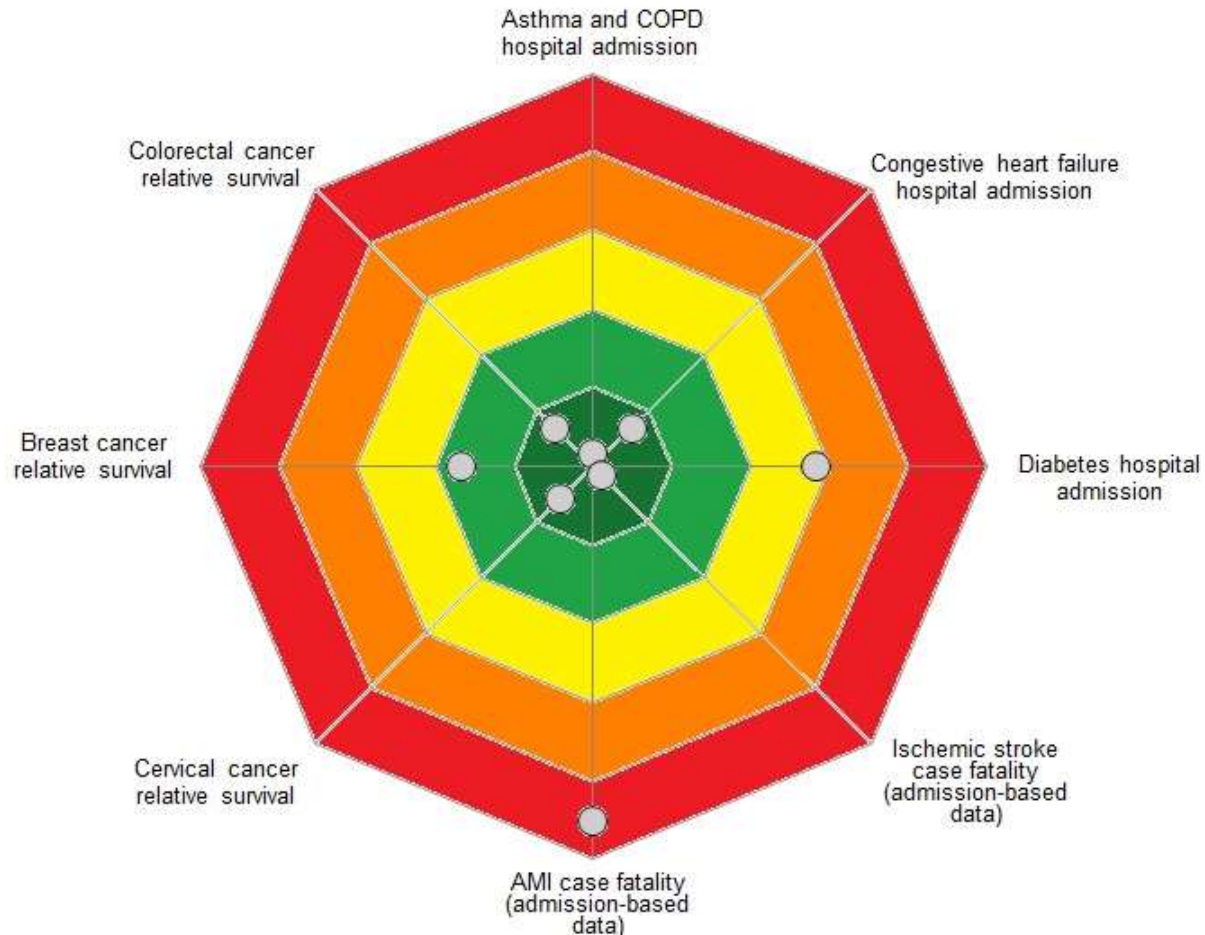
Note: Countries are listed in alphabetical order. The number in the cell indicates the position of each country among all countries for which data is available. For the indicators of avoidable hospital admissions and case-fatality rates, the top performers are countries with the lowest rates.

Indicator	Asthma and COPD hospital admission	Diabetes hospital admission	Case-fatality for AMI (admission-based)	Case-fatality for ischemic stroke (admission-based)	Cervical cancer survival	Breast cancer survival	Colorectal cancer survival
Canada	18	10	11	26	12	8	13
France	7	21	17	13	n.a.	n.a.	n.a.
Germany	21	25	25	8	15	15	10
Italy	2	1	5	7	3	15	12
Japan	1	18	29	1	4	9	4
Korea	24	30	24	2	2	14	1
Norway	17	7	11	5	1	2	13
Sweden	13	12	2	8	9	1	6
United Kingdom	22	5	20	19	22	21	20
United States	25	24	5	3	21	2	9

Source: *Health at a Glance 2015*.



Japan is in top performer group for many indicators of quality of care, but not all...



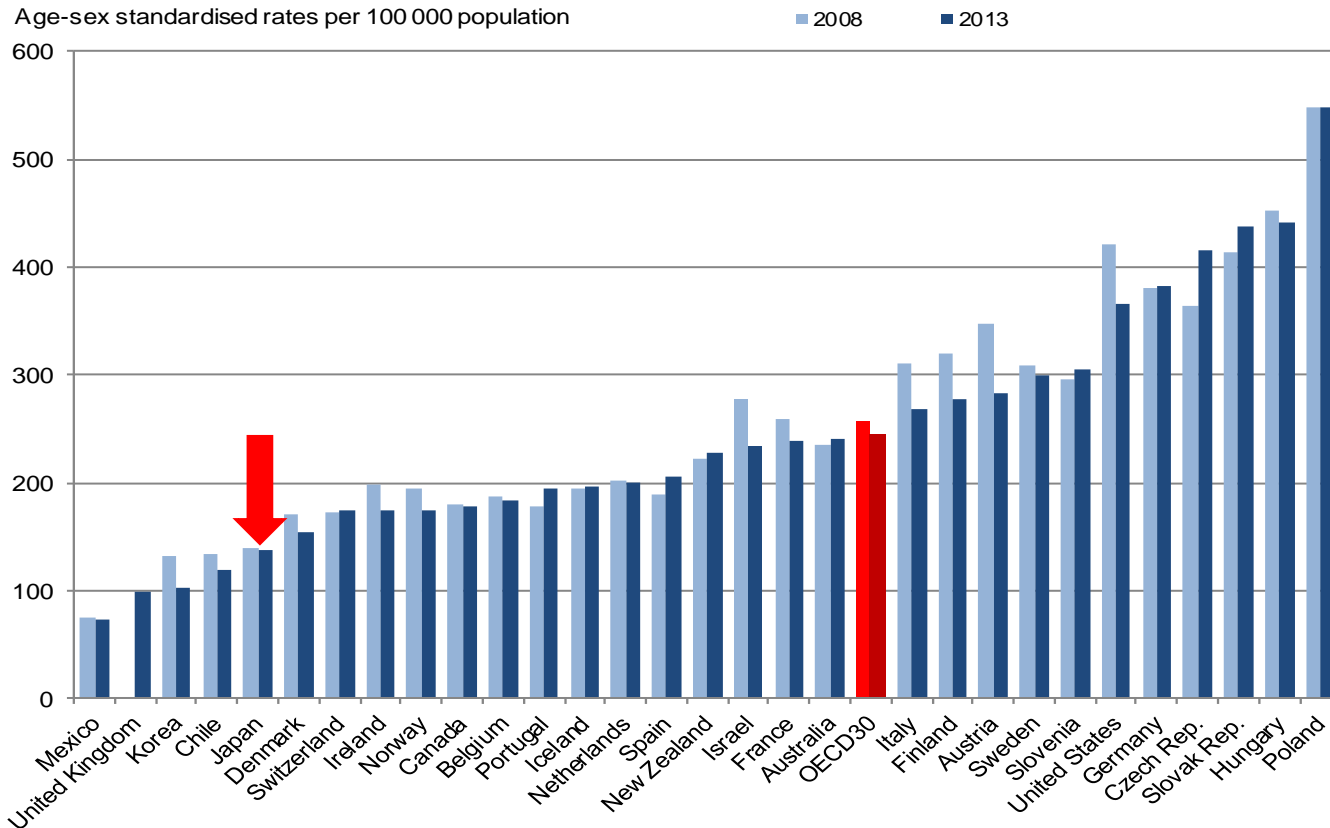
Note: The closest the dot is to the center “target”, the better the country performs. Cancer survival for Japan is based on the relative five-year survival data for the period 2000-2005 (older data than in most other countries).

Source: Health at a Glance 2015 (chart design: Laboratorio MeS)



Japan performs well in avoiding hospitalisation for some chronic conditions

Congestive heart failure hospital admission in adults, 2008 and 2013



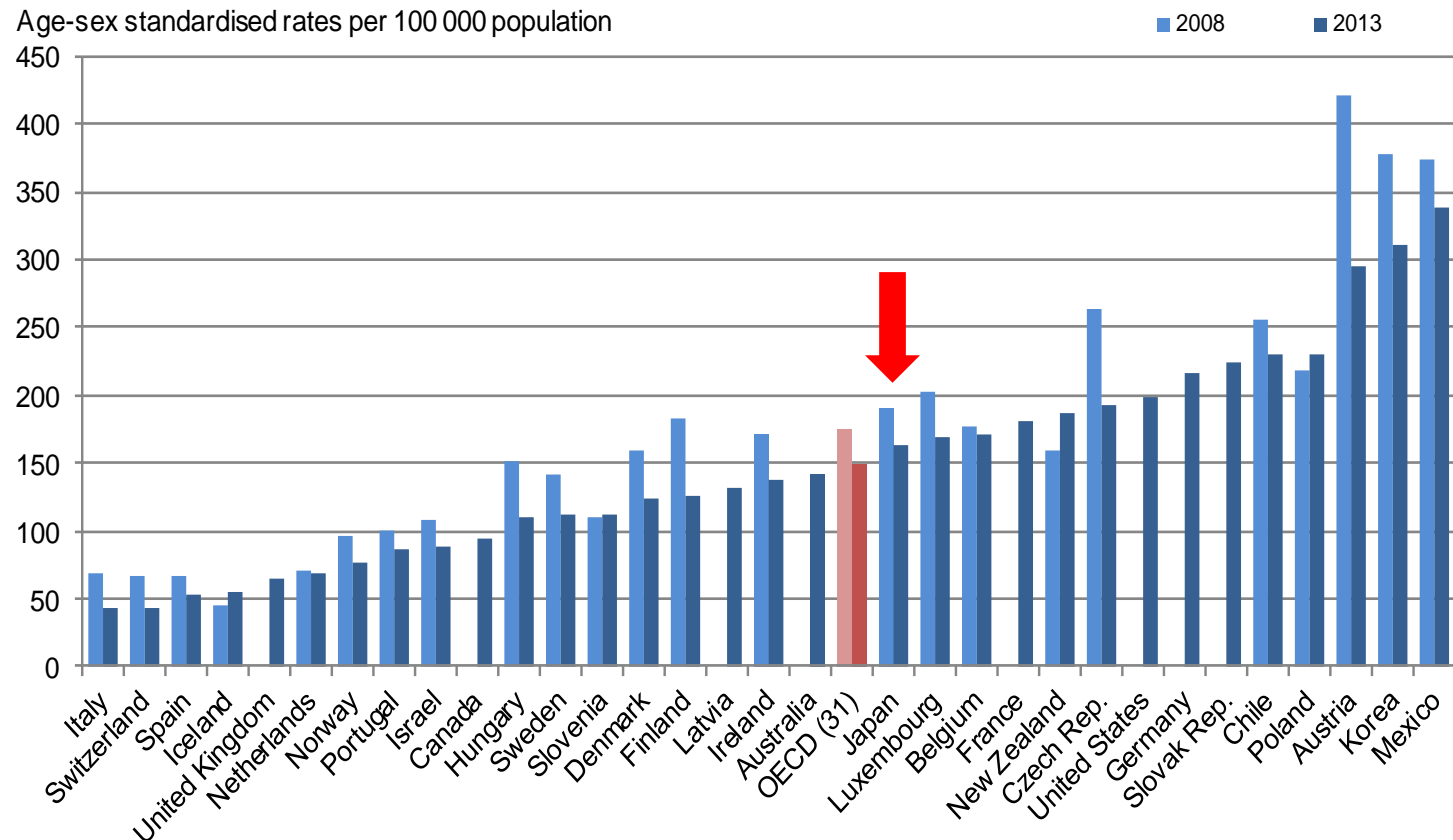
Note: Three-year average for Iceland.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



But room to reduce hospital admissions for diabetes care

Diabetes hospital admission in adults, 2008 and 2013 (or nearest years)



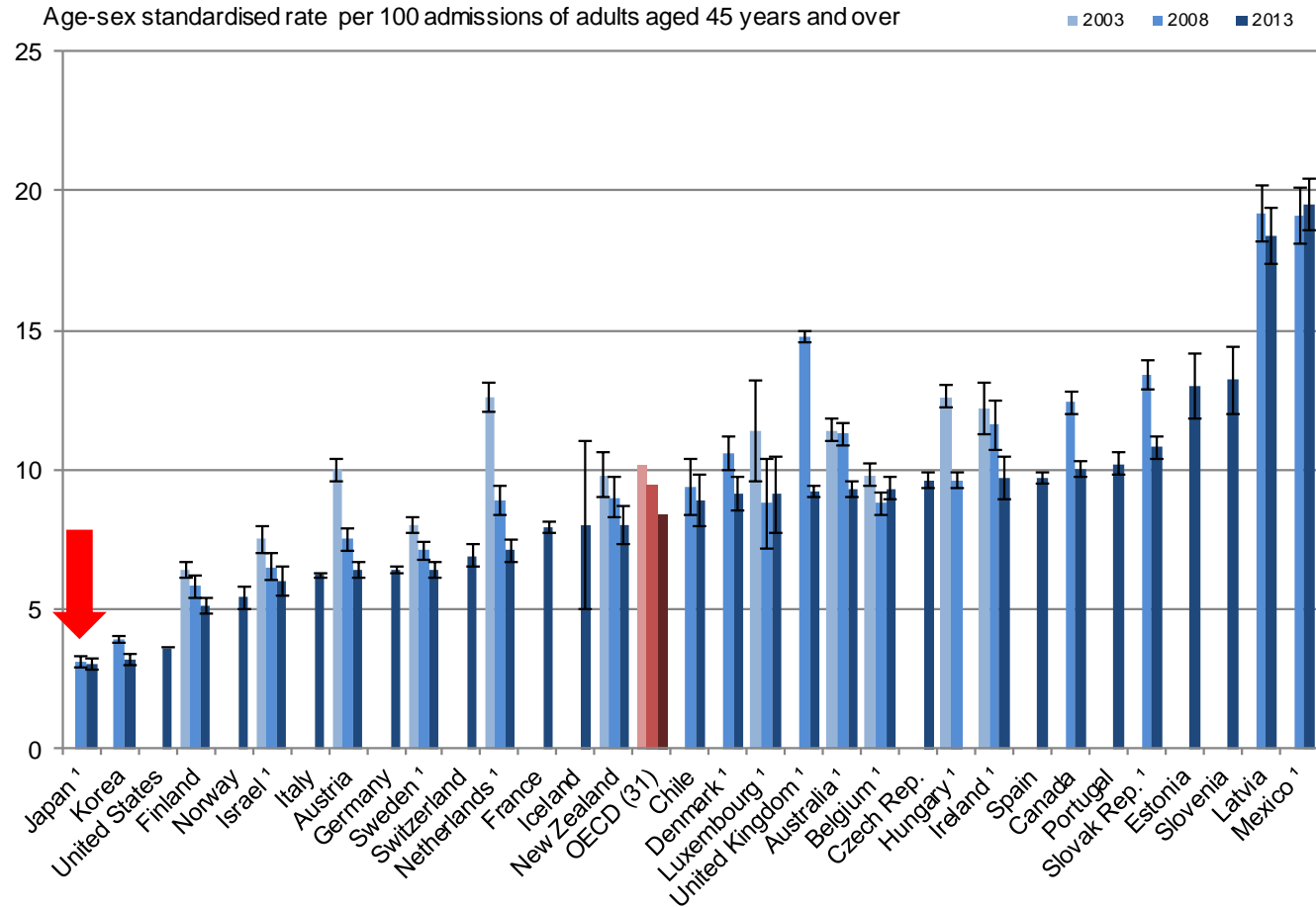
Note: Three-year average for Iceland and Luxembourg.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



Acute care for patients admitted to hospital for stroke is excellent (few are dying)...

30-day mortality after admission to hospital for ischemic stroke



¹ Admissions resulting in a transfer are included.

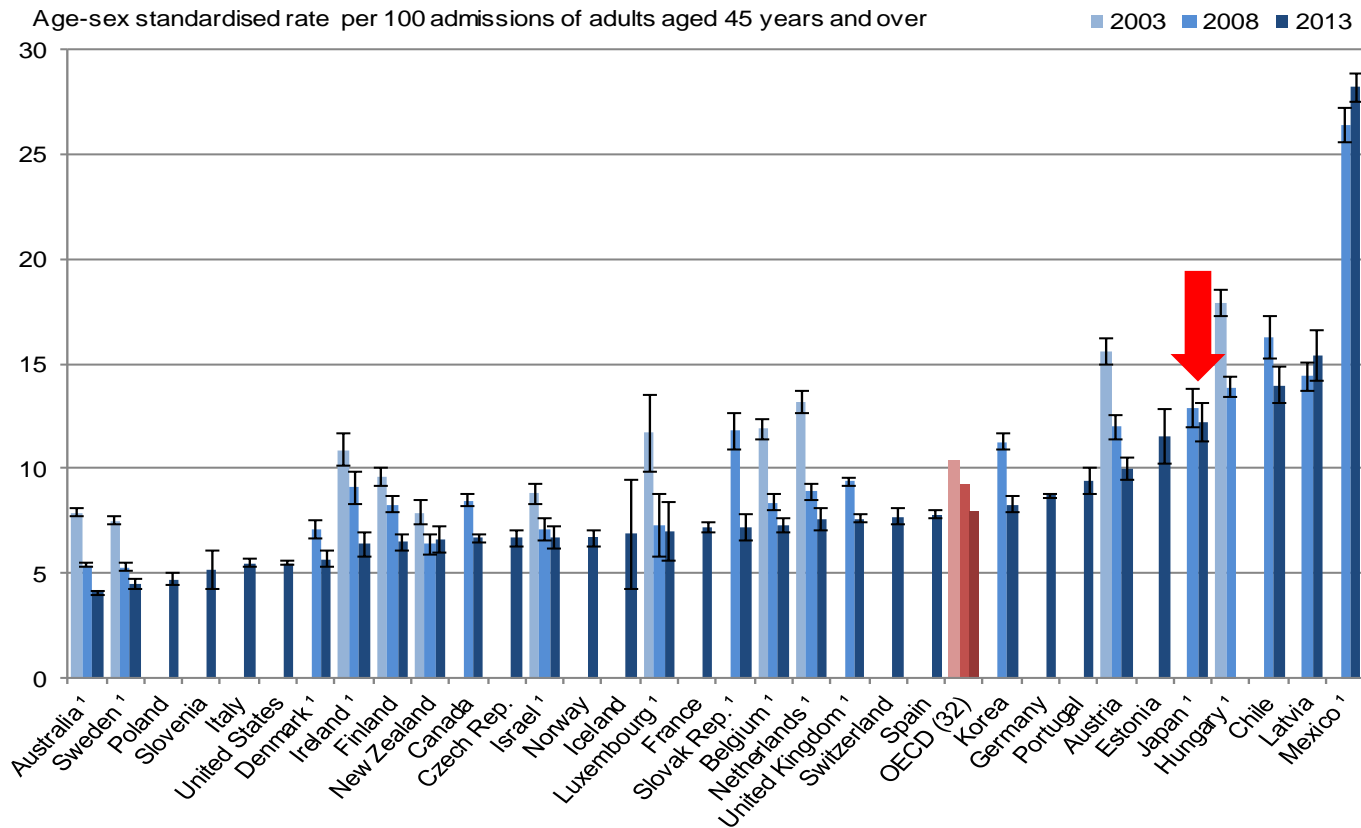
Note: 95% confidence intervals represented by H. Three-year average for Iceland and Luxembourg.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



But mortality for people admitted to hospital after heart attack (AMI) is high

30-day mortality after admission to hospital for AMI



¹ Admissions resulting in a transfer are included.

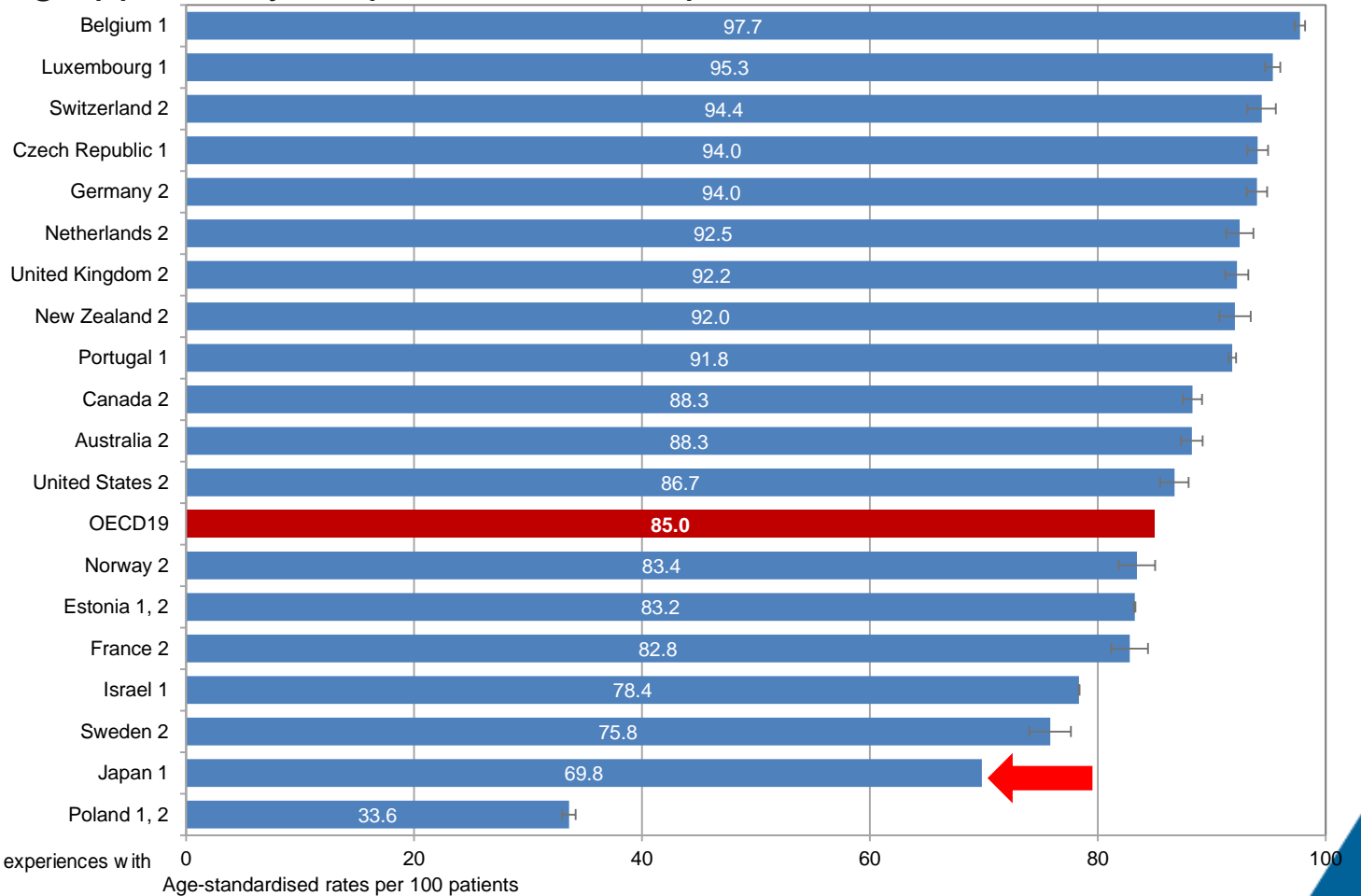
Note: 95% confidence intervals represented by H. Three-year average for Iceland and Luxembourg.

Source: OECD Health Statistics 2015.



Patient experience can be improved

Doctors giving opportunity for patients to ask questions or raise concerns, 2010



1. National sources. 2. Data refer to patient experiences with regular doctor.

Note: 95% confidence intervals represented by H.

Source: Commonwealth Fund International Health Policy Survey 2010 and other national sources.

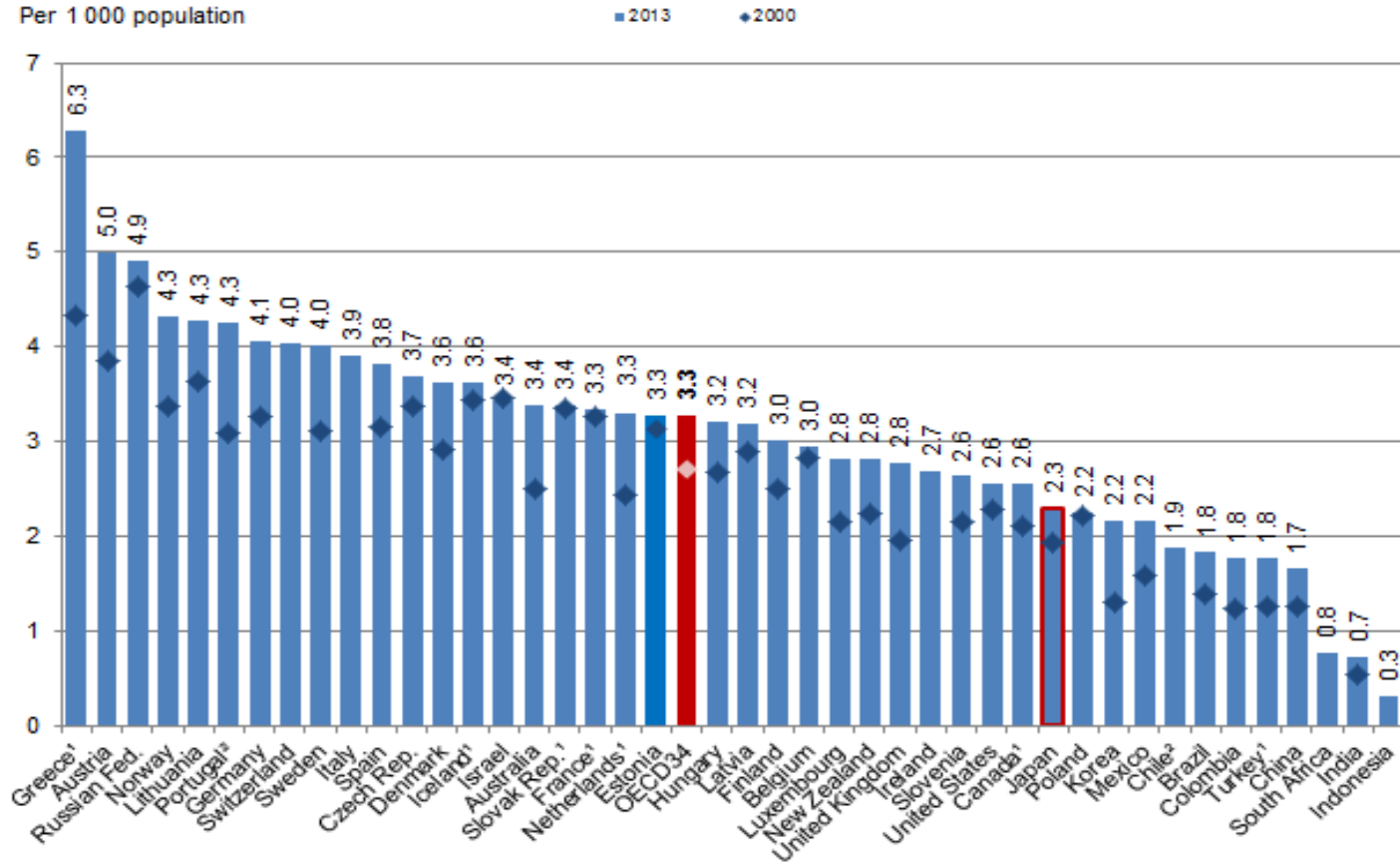


IMPROVING THE EFFICIENCY OF THE HEALTH WORKFORCE



Japan has much fewer doctors per population than most OECD countries

5.1. Practising doctors per 1 000 population, 2000 and 2013 (or nearest year)



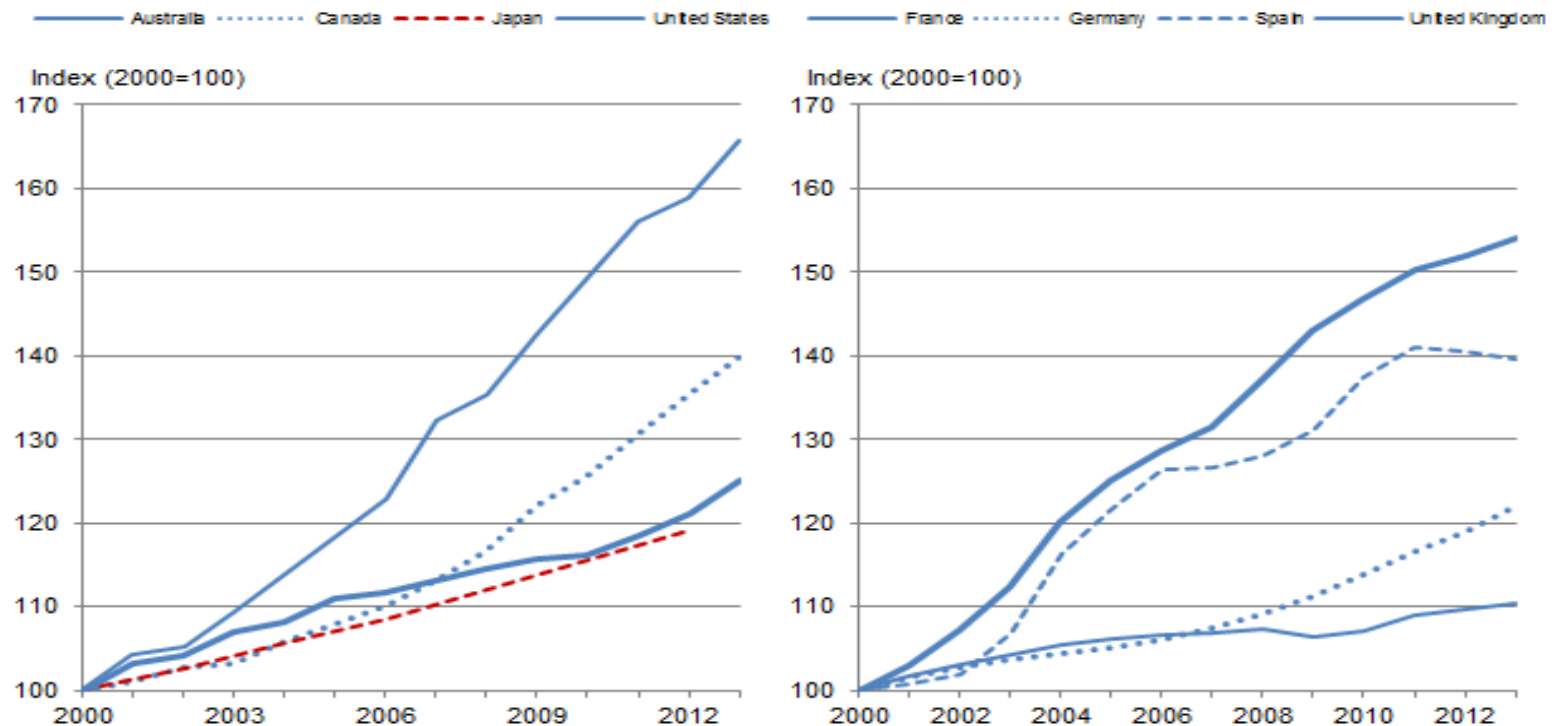
1. Data include not only doctors providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors). 2. Data refer to all doctors licensed to practice (resulting in a large over-estimation of the number of practising doctors in Portugal, of around 30%).

Source: OECD Health Statistics 2015.



The number of doctors has increased more slowly than in other countries

5.2. Evolution in the number of doctors, selected OECD countries, 2000 to 2013 (or nearest year)

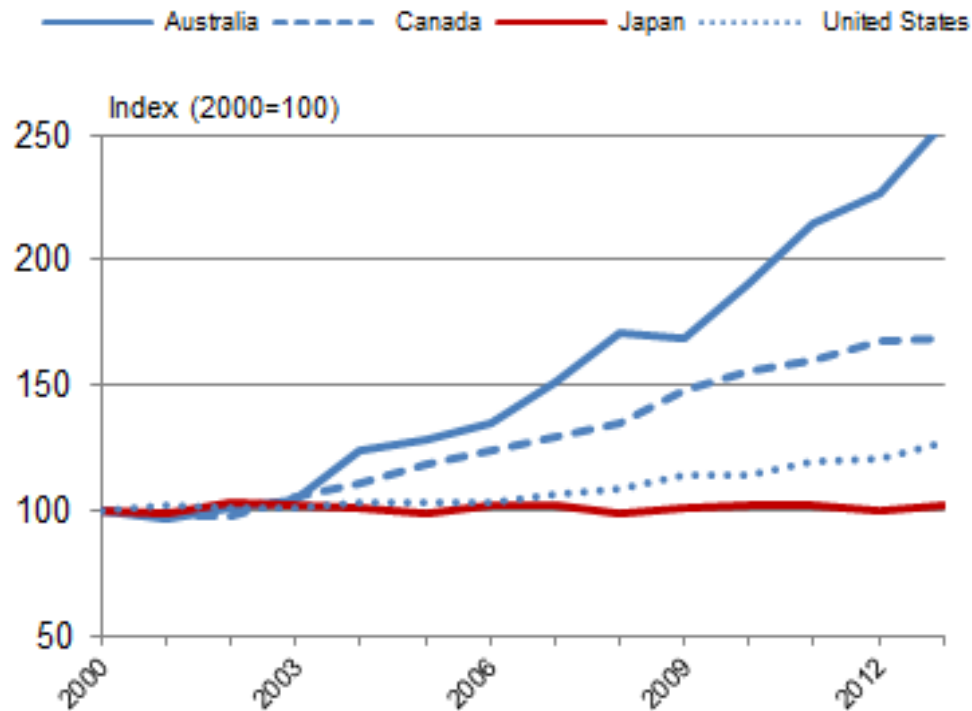


Source: OECD Health Statistics 2015.



Number of medical graduates in Japan has remained flat, while it went up elsewhere

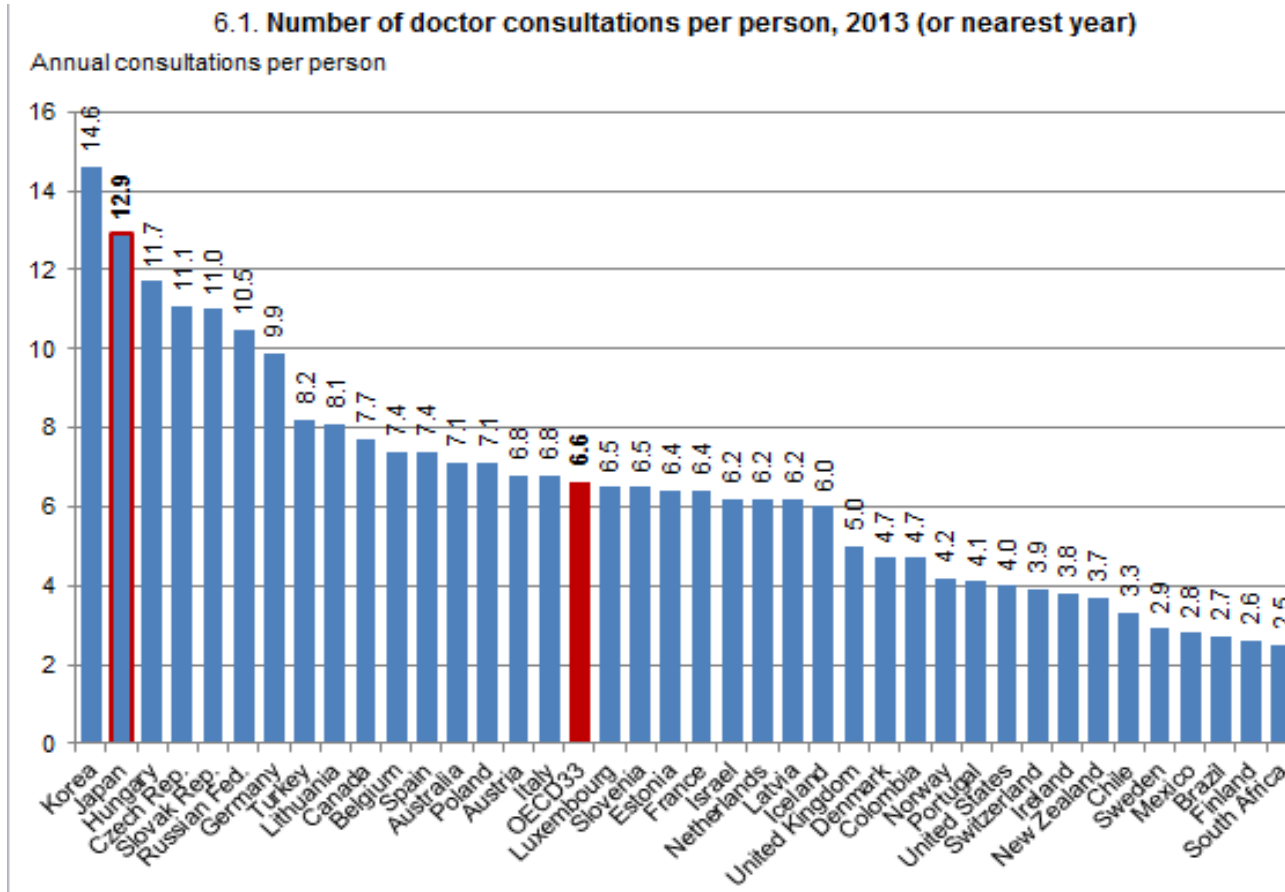
5.7. Evolution in the number of medical graduates, selected OECD countries, 2000 to 2013 (or nearest year) Non-European countries



Source: OECD Health Statistics 2015.



People in Japan consult doctors more often than in other countries...

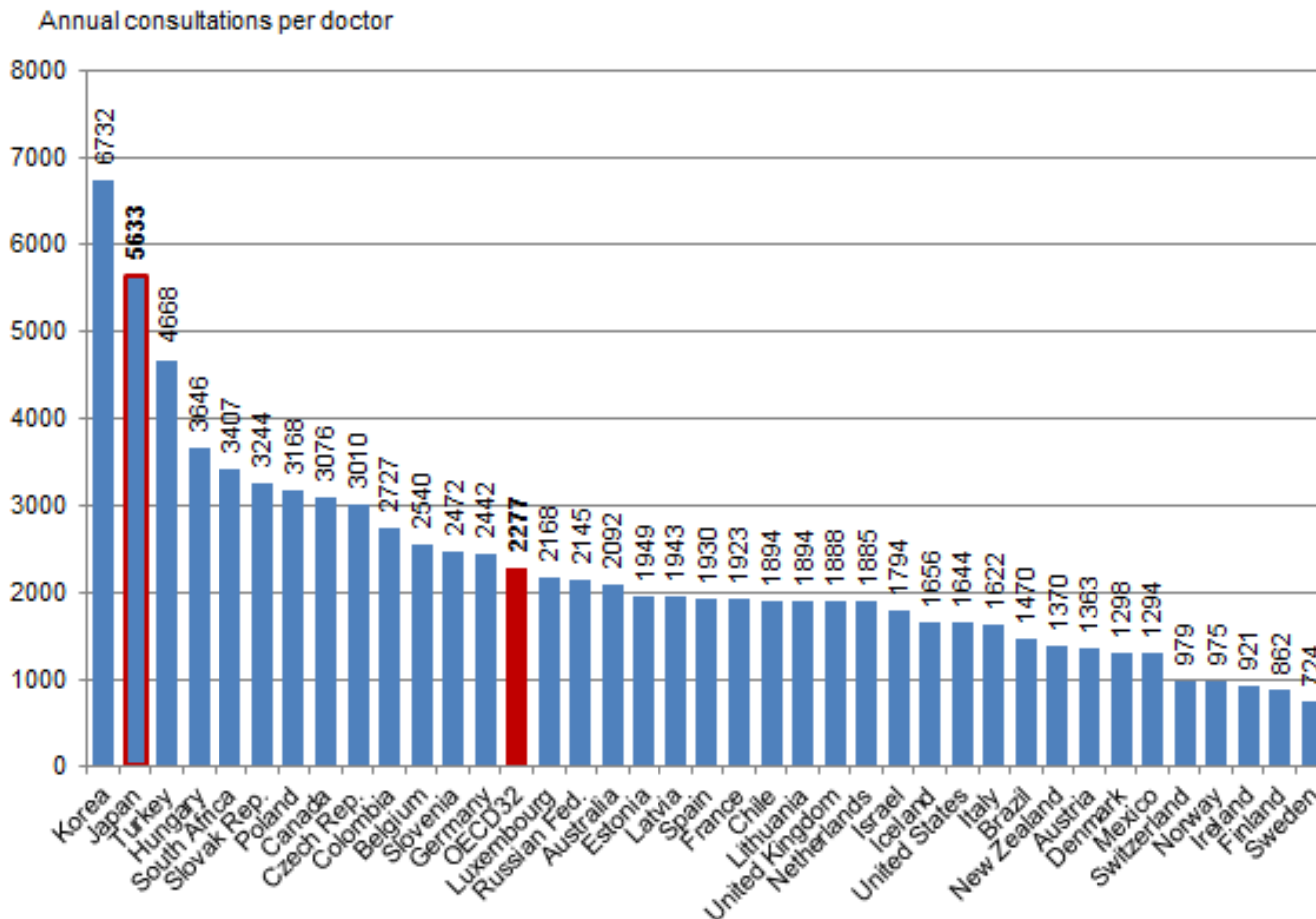


Source: OECD Health Statistics 2015, <http://dx.doi.org/>



... which means that doctors see a lot of patients each year (possibly for short visits)

6.2. Estimated number of consultations per doctor, 2013 (or nearest year)



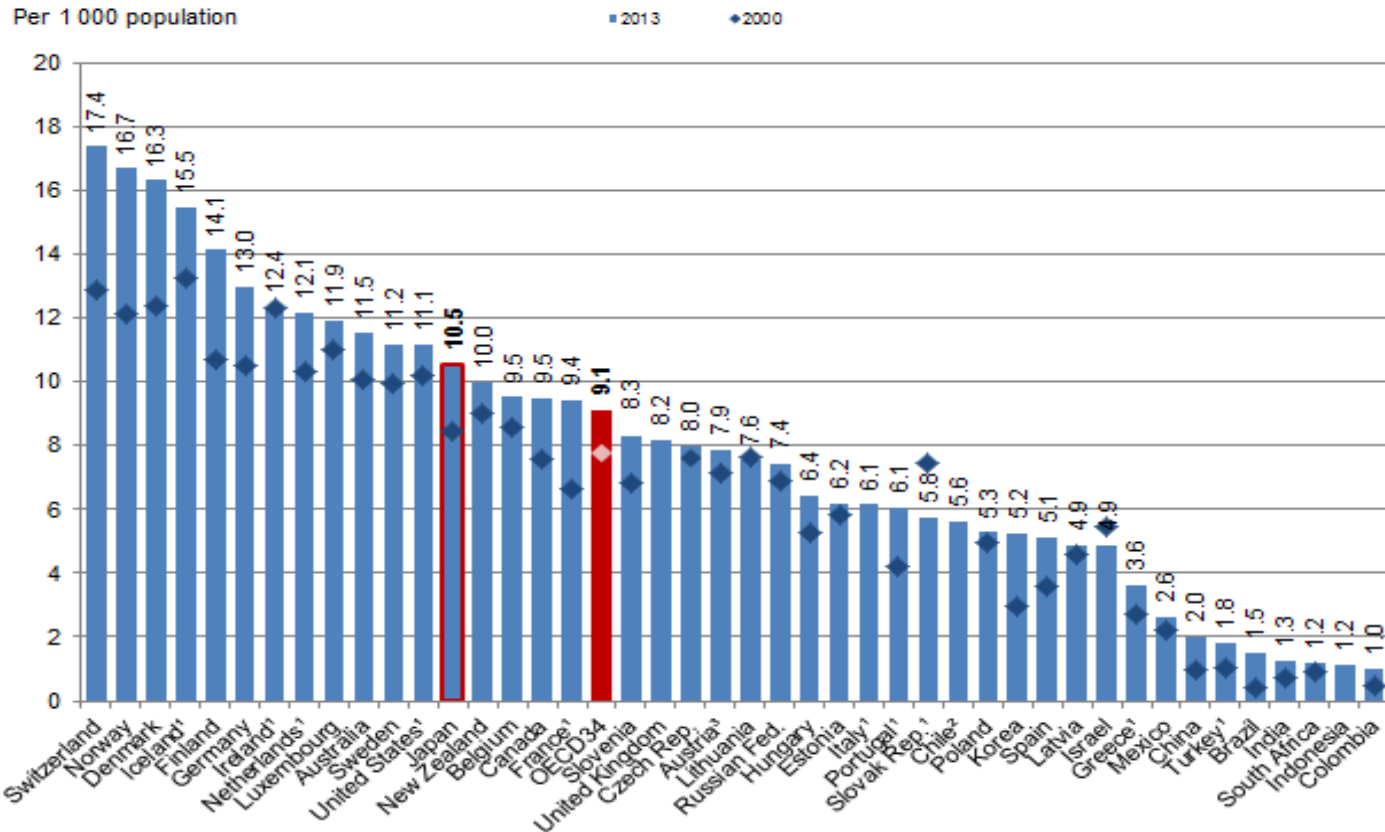
1. In Chile, data for the denominator include all doctors licensed to practice.

Source: OECD Health Statistics 2015, <http://dx.doi.org/>



Meanwhile, there is a high number of nurses in Japan

5.13. Practising nurses per 1 000 population, 2000 and 2013 (or nearest year)



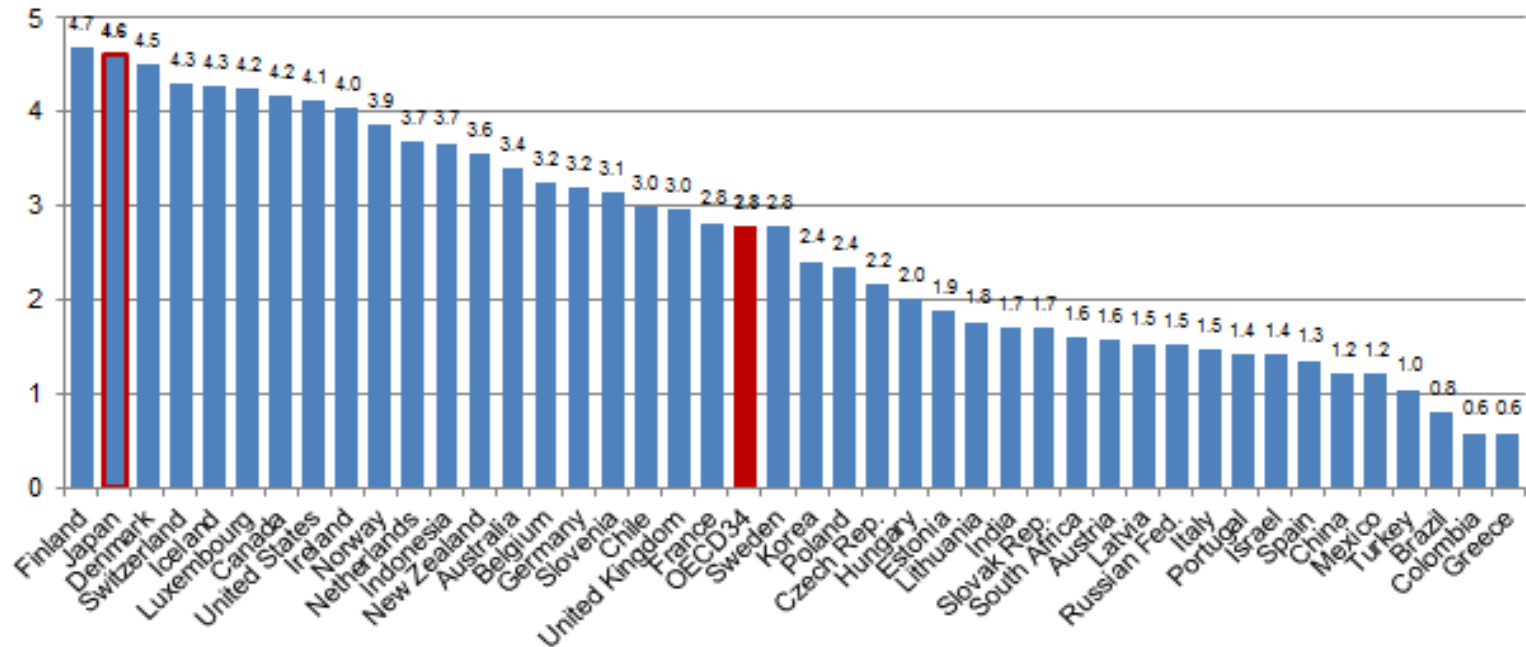
1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. 2. Data refer to all nurses who are licensed to practice. 3. Austria reports only nurses employed in hospital.

Source: *OECD Health Statistics 2013*. <http://dx.doi.org/10.1787/health-data-en>.



And the number of nurses per doctor is high: Explore opportunity to expand their role

5.14. Ratio of nurses to physicians, 2013 (or nearest year)



Note: For those countries which have not provided data for practising nurses and/or practising physicians, the numbers relate to the same concept ("professionally active" or "licensed to practice") for both nurses and physicians, for the sake of consistency. The ratio for Portugal is underestimated because the number of doctors includes all licensed to practise.

Source: *OECD Health Statistics 2015*, <http://dx.doi.org/>

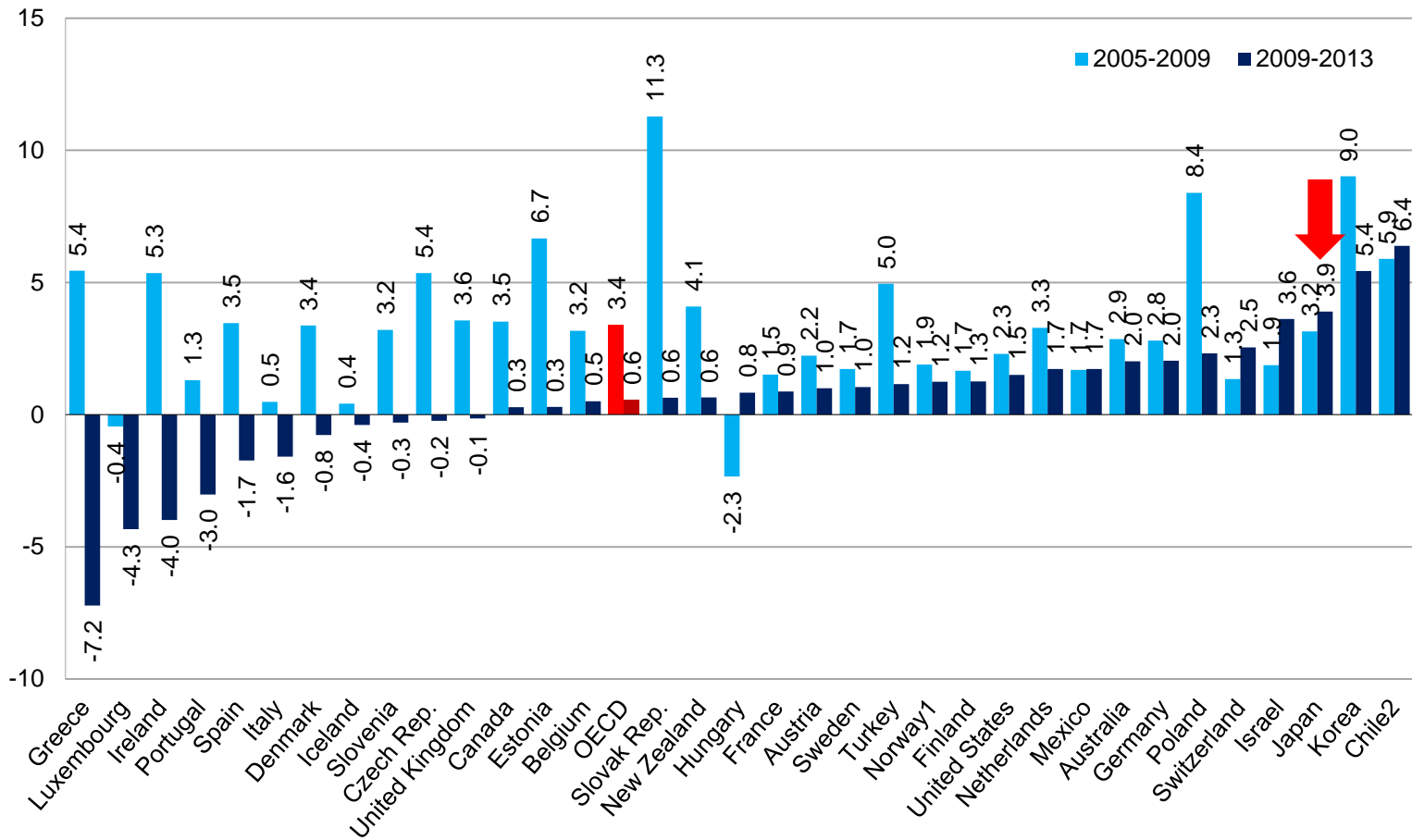


A CHALLENGE IS TO ACHIEVE
GREATER VALUE FOR MONEY



Health spending increased more rapidly than in most OECD countries since 2009

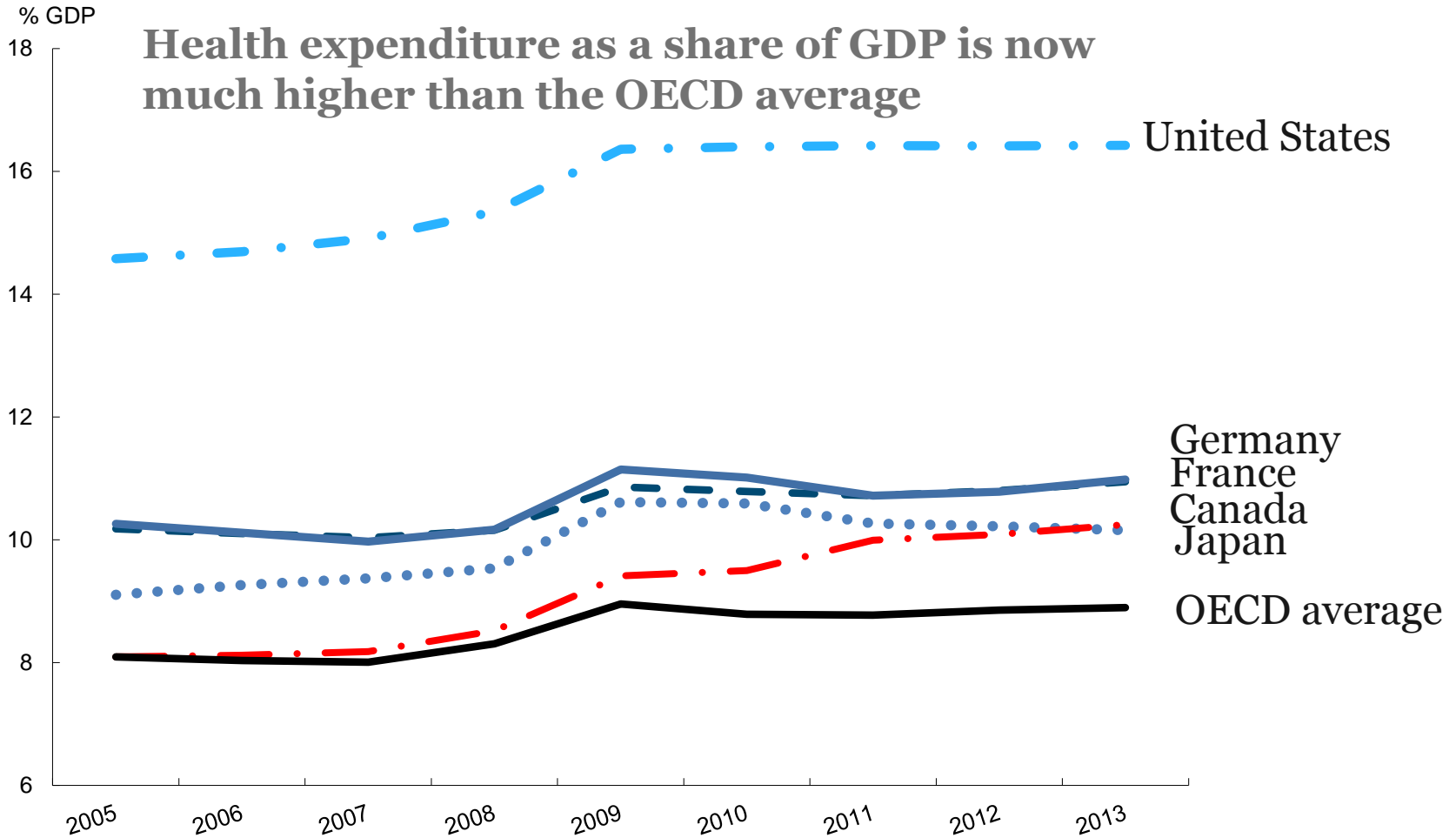
Annual average growth rate in per capita expenditure in real terms



1. Mainland Norway GDP price index used as deflator. 2. CPI used as deflator.
Source: OECD Health Statistics 2015.



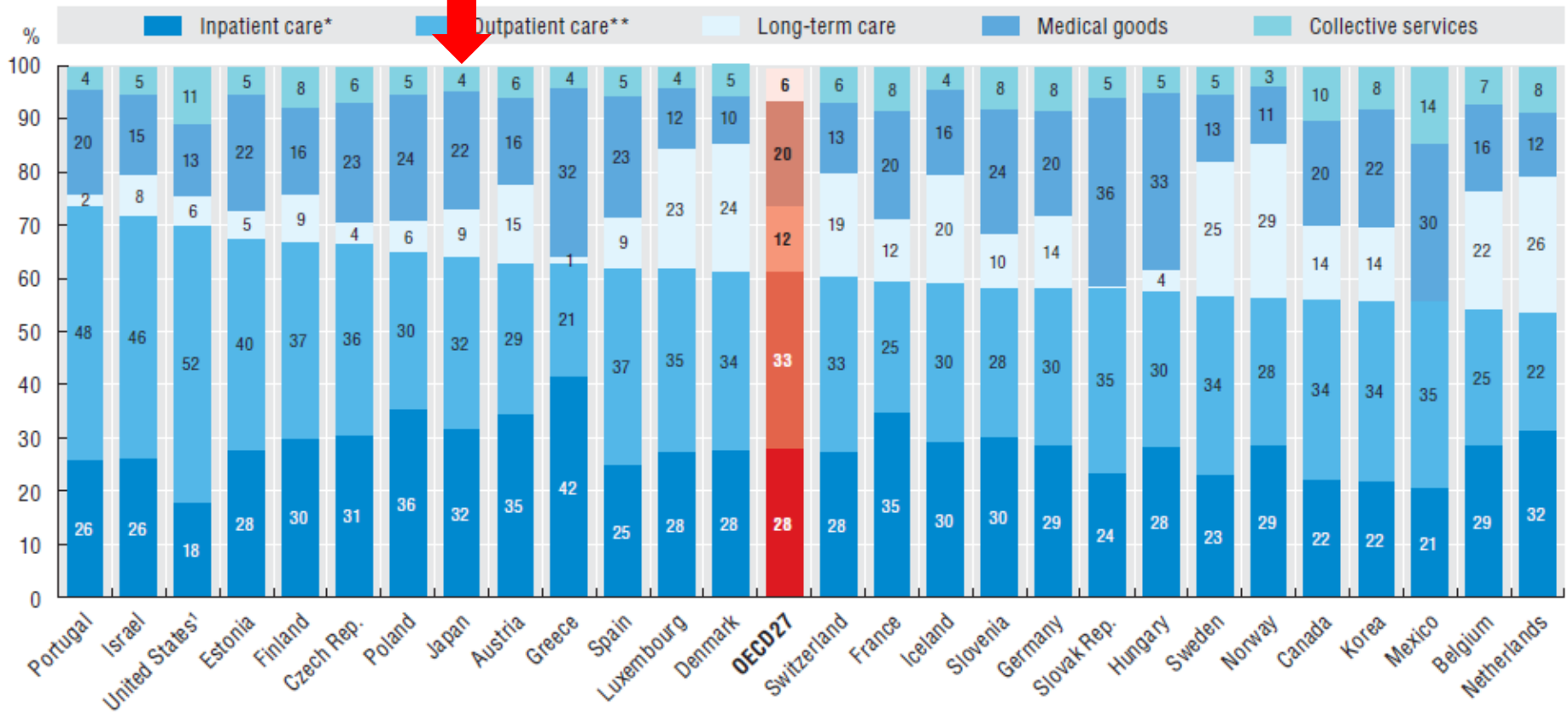
So that Japan is no longer a low spending country





Japan allocates a greater share of health spending to hospital and pharmaceuticals

9.6. Current health expenditure by function of health care, 2013 (or nearest year)



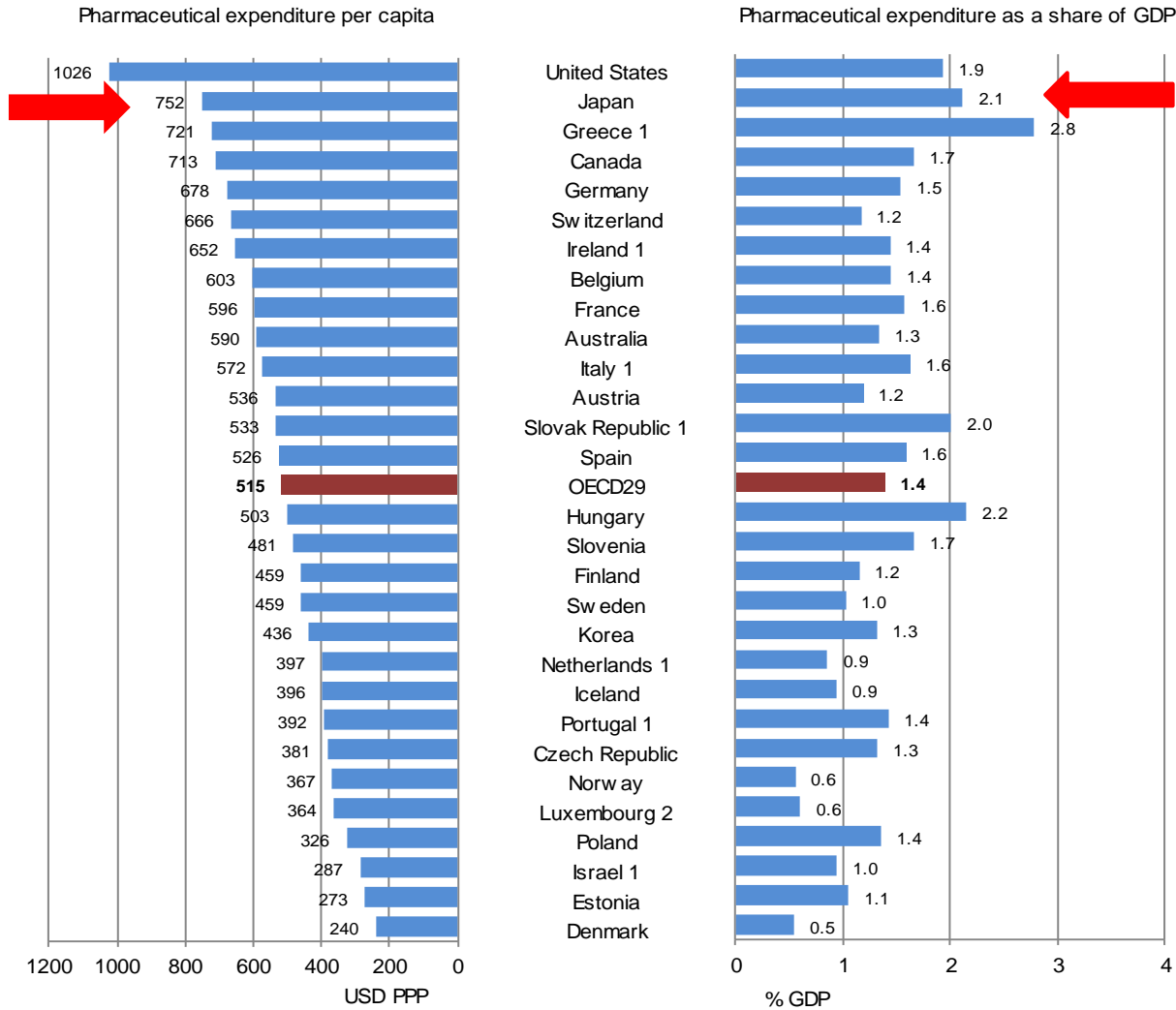
Note: Countries are ranked by curative-rehabilitative care as a share of current expenditure on health. * Refers to curative-rehabilitative care in inpatient and day care settings. ** Includes home-care and ancillary services.

1. Inpatient services provided by independent billing physicians are included in outpatient care for the United States.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



Japan is second highest spending country on pharmaceuticals after the United States

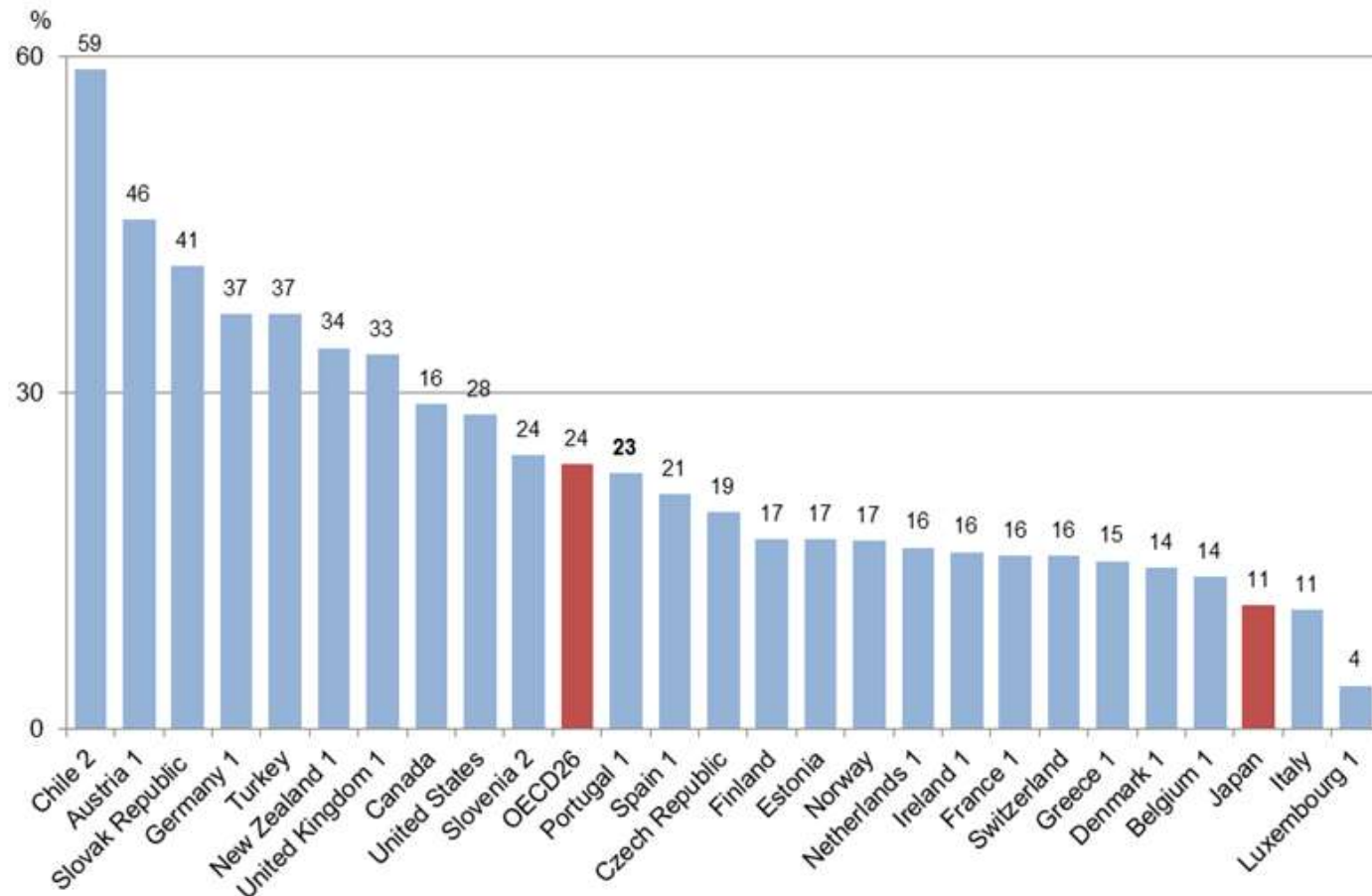


1. Includes medical non-durables. 2. Excludes over-the-counter drugs (OTC).
Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



Efficiency in pharmaceutical spending could be increased by promoting generics

Share of generics in total pharmaceutical market, 2013 (or nearest year)

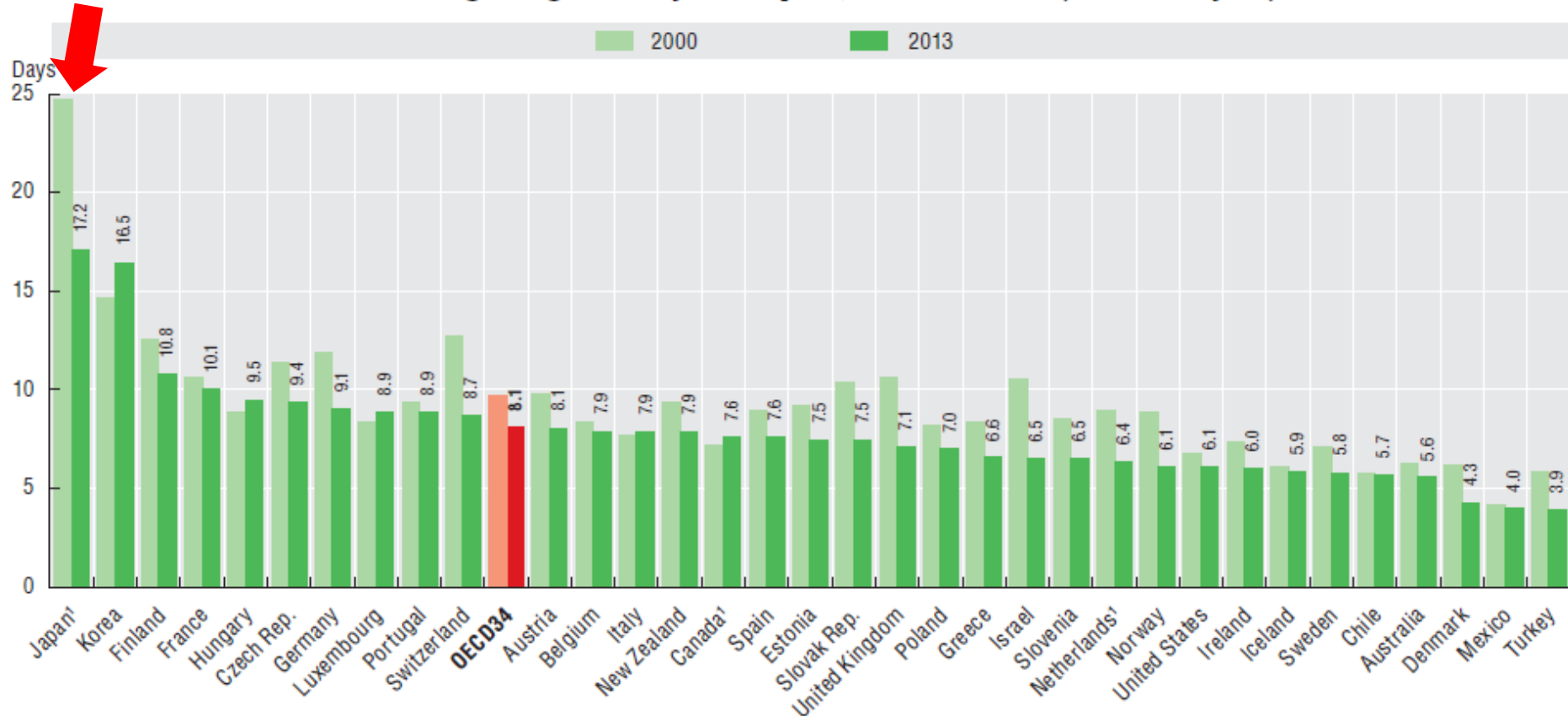


Note: 1. Reimbursed pharmaceutical market. 2. Community pharmacy market.
Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



Average length of stay in hospital has declined, but still remains very high

6.13. Average length of stay in hospital, 2000 and 2013 (or nearest year)



1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).

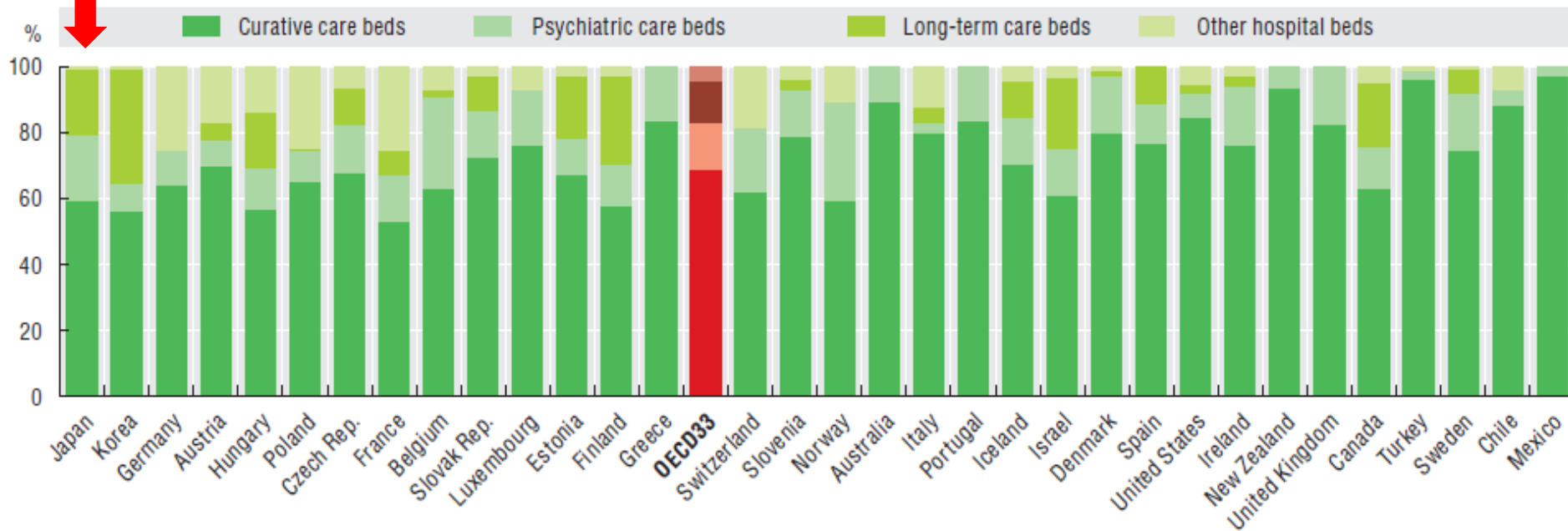
Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



Need to continue to develop capacity for long-term care outside of hospitals

Higher share of hospital beds for long-term care than most countries

6.8. Hospital beds by function of health care, 2013 (or nearest year)

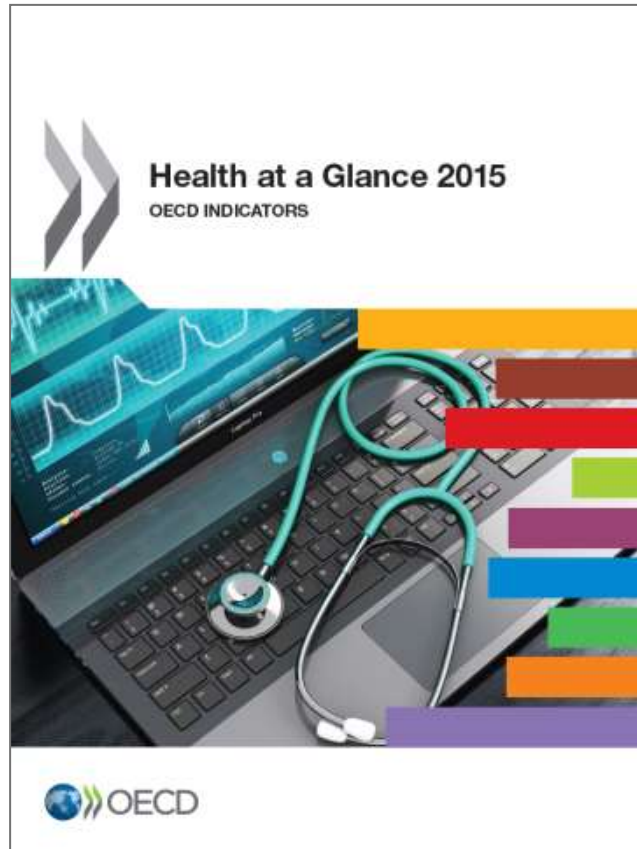


Note: Countries ranked from highest to lowest total number of hospital beds per capita.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.



For more information...



Report published on 4 November 2015 (under embargo until 11am, Paris time)

<http://www.oecd.org/health/health-at-a-glance.htm>