

Increasing effectiveness of home health care in Japan

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One of the ironies of old age is that the more care and support we need, the harder it can be to access it, given increasing limitations on mobility and independence. Now, research from Japan reports that a governmental initiative to shift health care from hospitals into the community is alleviating this burden for an increasing number of

patients, as well as the health care system.

In a study recently published in the *Journal of the American Geriatrics Society*, researchers from the University of Tsukuba have revealed that home health care clinics provide better end-of-life care than general clinics.

To meet the increasing demand for home health care in Japan, the national [health care system](#) introduced home care [support](#) clinics/hospitals (HCSCs) in 2006. HCSCs were designed to provide emergency house calls in case a patient's condition suddenly deteriorates and to play a central role in end-of-life care at home.

"Despite this innovation in home health care, a study in 2012 found that roughly 10% of HCSCs in the Tokyo prefecture did not provide adequate in-home care, and almost half had never provided end-of-life care at home," says lead author of the study Assistant Professor Yu Sun. Yet multiple physician practice HCSCs were more successful in achieving these goals. Thus, the government introduced enhanced HCSCs in 2012.

"We sought to assess the current effectiveness of the three types of home care services (general clinics, conventional HCSCs, and enhanced HCSCs) at a national level," says Assistant Professor Sun.

To do this, the researchers compared the outcomes of home health care services among the three models of care, focusing on emergency house calls (as opposed to visits to the [emergency room](#)), hospitalizations, and end-of-life care. The analysis included more than 150,000 [elderly patients](#) whose information was retrieved from a national database.

"The results were very encouraging," explains Associate Professor Masao Iwagami, second author of the study. "Compared to general

clinics, the use of HCSCs was associated with an increased likelihood of emergency house calls and a decreased likelihood of hospitalizations."

In addition, HCSCs provided support for more in-home deaths with a physician present compared to general clinics. The rates of emergency house calls and in-home [end-of-life care](#) were slightly higher for enhanced HCSCs than conventional HCSCs.

"These results suggest that HCSCs (especially enhanced HCSCs) are more successful at supporting home health care than general clinics," says Professor Nanako Tamiya, senior author of the study.

While more than half of Japanese people would prefer to die at home than in the hospital, only 13% achieved this goal in 2017, suggesting that measures to increase the number of HCSCs are required. Given that more than 70% of physicians at conventional, single-physician HCSCs feel burdened by the 24-hour system, policymakers should consider strategies to increase the number of enhanced HCSCs, which employ three or more full-time doctors.

More information: Yu Sun et al, Association between types of home healthcare and emergency house calls, hospitalization, and end-of-life care in Japan, *Journal of the American Geriatrics Society* (2023). [DOI: 10.1111/jgs.18268](#)

Provided by University of Tsukuba

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