

The logo of the Japan Medical Association (JMA) is a large, light blue stylized 'V' shape. Inside the upper right part of the 'V' is a stylized face with a single eye and a smiling mouth. The letters 'JMA' are written in a bold, light blue sans-serif font above the face.

JMA



CMAAO

Country Report

2020

Japan Medical Association



The 20th JMA President Dr. Toshio Nakagawa

Dr. Toshio Nakagawa was elected as the 20th JMA President at the Presidential Election held in the 147th Regular General Assembly of the JMA House of Delegates on June 27th, 2020.

He graduated the Sapporo Medical University in 1977. His specialty is neurosurgery. He earned his Ph.D. from Sapporo Medical University in 1994, and served as its Clinical Professor in Department of Neurosurgery and then in its Graduate School of Medicine.

In 1988, he established Shinsapporo Neurosurgical Hospital and started the world's first service of "brain dock", in depth inspections of brain. In 1992, he launched the Japan Brain Dock Society.

He was serving as an Executive Board Member of the Hokkaido Medical Association in 1997 to 2007. He was also working as an Executive Board Member of JMA in 2006 to 2010 and as a Vice-President of JMA since 2010. Then he was elected as the 20th JMA president in June 2020.

He has been also serving as a core member of many important committees of the Ministry of Health, Labour and Welfare including the Central Social Insurance Medical Council, the Health Sciences Council and the Social Security Council. He served as a captain in the school soccer team during his medical school years. Since becoming a physician, jogging has become his daily exercise routine.



Toshio Nakagawa, MD, PhD.
President,
Japan Medical Association



Three Vice Presidents Supporting the New President

In addition to Dr. Satoshi Imamura and Dr. Kenji Matsubara who served as the Vice Presidents in the last administration, the new Board of Executives welcomes a new Vice President, Dr. Yuji Inoguchi, who is a President of the All Japan Hospital Association (AJHA). AJHA is a hospital organization, mainly privately owned, with the membership of roughly 2,500. With his addition, the board aims to become a “**New and Strong Medical Association**” in which hospitals and clinics will work as one. He is expected to contribute to the following two targets.

- As COVID-19 management, take leadership in prompt re-building and maintaining of a healthcare system for accepting COVID-19 patients with moderate/mild symptoms at community-based small/medium-sized hospitals.
- Encourage hospitals to support *Kakaritsuke* physicians* as the practice of ideal community medicine in which clinics and hospitals work as one.



Vice President Vice President President Vice President
Yuji Inoguchi Satoshi Imamura Toshio Nakagawa Kenji Matsubara
(AJHA President)

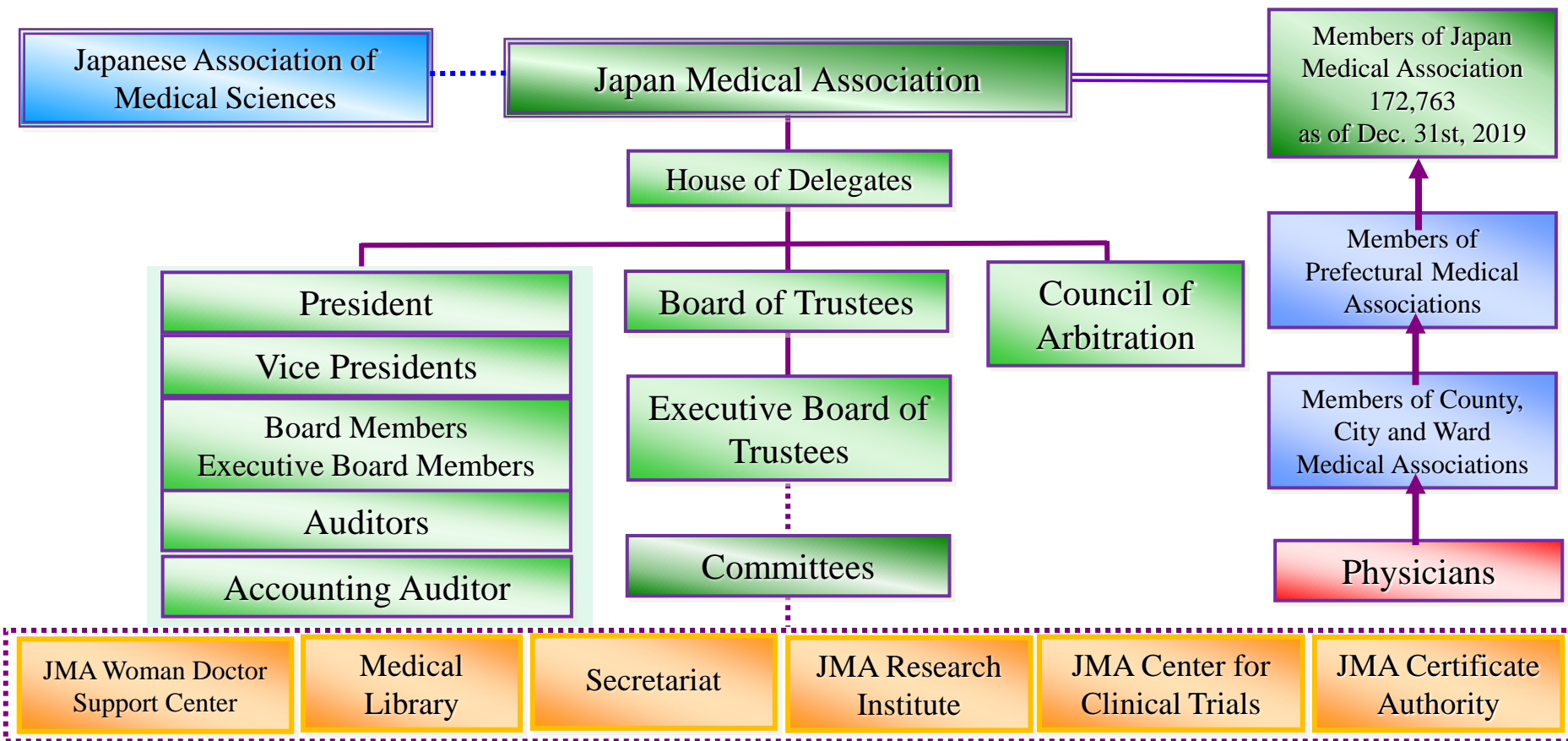
**Kakaritsuke* physician is ... (Definition)

A physician who people can consult on any issues, is well-versed with regard to up-to-date medical information, can refer a patient to a specialist or specialized medical institution when needed, and is a trustworthy and familiar figure with comprehensive capabilities entrusted with community medicine, health, and welfare.

The Way Healthcare Delivery System Should Be (Aug 8, 2013), Joint Conference of JMA and Council of Four Hospital Organizations



Organizational Chart of Japan Medical Association



First Meeting with Prime Minister Yoshihide Suga 1/2

October 1, 2020



Prime Minister, Yoshihide Suga

On October 1, 2020, Dr. Nakagawa, together with the three Vice Presidents, visited the Prime Minister's official residence for their first meeting.

They reaffirmed the cooperation between the government and JMA such as the ongoing COVID-19 management.



First Meeting with Prime Minister Yoshihide Suga 1/2

During the meeting, Dr. Nakagawa expressed his congratulations on Mr. Suga's appointment as Prime Minister, and Prime Minister Suga expressed his gratitude for JMA's continuing cooperation in COVID-19 management. Mr. Suga also mentioned that some medical institutions have not received the subsidy from the second supplementary budget. "I am sorry that the places that are working the hardest have not received the subsidy," he said, and suggested to expedite the granting process.

Dr. Nakagawa also explained the recent difficulty in staying in business for medical institutions including those that are not accepting COVID-19 patients and requested for help.

Mr. Suga showed a certain understanding and informed the president "to consult the Minister Norihisa Tamura of Health, Labour and Welfare in depth."

In addition, Mr. Suga said that "the President Nakagawa is welcome anytime if anything happens," reassuring that the government and JMA will continue to work together in COVID-19 management.



First Meeting with Chief Cabinet Secretary Katsunobu Kato

October 1, 2020

Before meeting Prime Minister Suga, Dr. Nakagawa and vice presidents also met Chief Cabinet Secretary Katsunobu Kato.

The issue of digitization currently promoted by the government was raised at the meeting, and Mr. Kato requested Dr. Nakagawa to “please propose not from the narrow perspective of healthcare but from a broad perspective with unprecedented ideas.” As for the online medical consultation, he said “I would like to continue to confer with you.”

In relation to this issue, Vice-President Imamura mentioned the digitization of death certificates that JMA has been working to introduce and asked for help, and Mr. Kato showed a certain understanding.

Moreover, Dr. Nakagawa requested support for medical institutions in crisis to Mr. Kato as well. Mr. Kato stated that he has been repeatedly explaining the need for support to the Ministry of Finance, and suggested that the medical fee schedule as well as the concept on ideal medical practice in the post-COVID-19 may need to be evaluated.

First Meeting with Mr. Norihisa Tamura Minister of Health Labour & Welfare

September 23, 2020

On September 23, 2020, Dr. Nakagawa, together with the three vice presidents, visited the Ministry of Health, Labour and Welfare and had the first meeting with a member of the House of Representatives Norihisa Tamura, who was appointed Minister of Health, Labour and Welfare in the newly established Suga Cabinet.

Dr. Nakagawa repeated his congratulations to Minister Tamura and explained the JMA's ideas on "online medical consultation" that Prime Minister Suga mentioned at the press conference for his inauguration.

Dr. Nakagawa explained the JMA's basic stance that online medical consultation should be made adequately available for patients who cannot easily visit physicians in person due to limited accessibility because, for example, they live in remote areas or islands or they suffer from incurable or chronic pediatric diseases.

He then emphasized that the "online medical consultation for new patients," which is currently made available as an emergency measure in time of need, should be made to ensure its safety and effectiveness in the future after verifying the results of various special cases currently taking place.

Mr. Tamura showed a certain understanding to the JMA's position that highlights safety and effectiveness and stated that this issue is not to be concluded by the Ministry of Health, Labor and Welfare alone and that other ministries and agencies involved will work together to consider the issue.



Minister of Health, Labour and Welfare
Norihisa Tamura

COVID-19 in Japan 1/2

- COVID-19 had a major influence on how healthcare should be delivered to people all over the world. In Japan, local PCR testing systems, securing inpatient beds, and the stockpiling of PPE became major issues. In addition, due to the fear of becoming infected, people refrained from going to a hospital/clinic. The reduced number of patient visits caused a serious financial crisis for medical institutions.
- In order to protect national health and the sustainability of healthcare, JMA is proposing to add emerging and re-emerging infectious diseases to the scheme of 5 Diseases and 5 Services* in the national healthcare plan collaboration network and to radically re-develop a healthcare system in order to be prepared for any outbreak.

*5 Diseases and 5 Services

5 diseases: cancer, stroke, acute myocardial infarction, diabetes, and mental illness

5 services: emergency medicine, disaster medicine, medicine in remote areas, perinatal medicine, and pediatrics (incl. pediatric emergency medicine)

COVID-19 in Japan 2/2

- The aging rate in Japan is 28.7%, which is the highest in the world. Naturally, there are many elderly people who need medical consultation on a regular basis. Many people refrained from going outside and stayed at home, which brings up a concern for progression of frailty and decline of cognitive function.
- It is essential to prevent the onset of an underlying disease and its subsequent progression among the elderly by encouraging the general public to maintain a healthy lifestyle and to remain healthy as getting older.
- It has been pointed out that the COVID-19 mortality rate in Japan remains low. The healthy life expectancy of Japan, which is one of the highest in the world, is mainly made possible by universal health coverage and *Kakaritsuke* physicians.
- This COVID-19 outbreak will drive JMA to maintain and further develop both universal health coverage and the *Kakaritsuke* physicians' proficiency.

JMA Countermeasures against COVID-19

JMA announced “the urgent proposals to further enhance and enrich the accessibility of PCR and other tests in anticipation of future COVID-19 outbreaks.”

For further promotion of COVID-19 management, JMA proposes the following to ensure the availability of PCR and other tests to be provided as deemed necessary by physicians.

The government is urged to secure the funding and realize such scheme.



August 5, 2020;
JMA Regular Press Conference

JMA Urgent Proposals for future COVID-19 Outbreaks 1/2

1. Clarify the insurance coverage on the PCR and other tests

It should once again be clarified that PCR and other tests covered by insurance can be performed even when there is no consignment agreement for administrative testing. In addition, the co-payment paid by patients, including the fees for tests and reports, should be paid at public expense.

2. Prepare transportation systems for collected samples

Sample transportation systems, with human and material resources sufficient enough to accommodate the expansion of PCR and other testing facilities, should be established.

The costs relating to sample packing and transportation should be subsidized.

3. Equip devices relating to PCR and other tests

Considering the urgency of COVID-19 management, the number of PCR testing devices should be significantly increased to improve accessibility all across the country.

JMA Urgent Proposals for future COVID-19 Outbreaks 2/2

4. Place clinical laboratory technicians adequately

Clinical laboratory technicians should be adequately made available at PCR and other testing facilities to accommodate the need for testing.

5. Increase the number of public testing facilities

Increase the number of public testing facilities in addition to private ones to improve the testing capacity.

6. Establish a system to manage those who undergo PCR and other tests

Prepare designated places for tested individuals to wait for their results.

In addition, recovery facilities designated for those who were tested positive (but have mild or no symptoms) should be prepared.

7. Add the emerging and re-emerging infectious disease management to the national healthcare planning

The emerging and re-emerging infectious disease management should be promptly added to the 5 Diseases and 5 Services scheme in the healthcare planning that each prefecture formulates.

Everyone can feel safe Sign

During a COVID-19 outbreak, some people refrain from going a hospital/clinic or postpone it due to the fear of becoming infected even though they have regular appointments or start to feel ill due to drastic changes to their lifestyles.

JMA will issue the “Everyone can feel safe Sign” to medical institutions with thorough anti-infection measures so that patients can feel safe about going there.



「みんなで安心マーク」
はじめました

院内における新型コロナウイルス感染症対策チェックリスト

- ☒ 職員に対して、サージカルマスクの着用、手指衛生を適切に実施しています。
- ☒ 職員に対して、毎日（朝、夕）の検温等の健康管理を適切に実施しています。
- ☒ 職員が身体の不調を訴えた場合に適切な対応を講じています。
- ☒ 患者、取引業者等に対して、マスクの着用、手指衛生の適切な実施を指導しています。
- ☒ 発熱患者への対応として、事前に電話での受診相談を行う、または対応できる医療機関へ紹介する等の対策を講じています。また、発熱患者を診察する場合には、時間的または空間的に動線を分けるなどの対策を講じています。
- ☒ 受付における感染予防策（遮蔽物の設置等）を講じています。
- ☒ 患者間が一定の距離が保てるような必要な措置を講じています。
- ☒ 共用部分、共有物等の消毒、換気等を適時、適切に実施しています。
- ☒ マスク等を廃棄する際の適切な方法を講じています。

日本医師会 協力：厚生労働省

Liaison Council for COVID-19



The 17th Liaison Council for Prefectural Medical Association Directors for COVID-19 was held on September 24 as a virtual conference from the JMA Building.

In his opening remarks, Dr. Nakagawa pointed out that “Now that the restriction on mass gathering – professional baseball games, movie theaters, and so on – is relaxed and people are going out more, an outbreak can happen anytime, anywhere. It is essential to have more correct understanding of a situation, quickly identify a sign of outbreak, and take adequate response.”

He stated that JMA will continue to confer with the Ministry of Health, Labour and Welfare and others involved regarding various challenges relating to COVID-19 to take prompt response, and asked for further support.

JMA's Basic Stance

- With the results of technological innovations such as ICT and digital technology, we agree to improve the safety, effectiveness, and productivity of medical care.
- In the event of restricted access to medical institutions due to difficult factors, we will support to supplement with online medical care.
- The study group is already verifying the timed and special measures for online medical care under the spread of the new coronavirus infection, nevertheless we request it to be thoroughly and repeatedly verified.

JMA's View

About timed and special measures of current online medical treatment

- Online medical care from the first visit is an urgent response during an emergency.
- Future measures should be considered while confirming the safety and efficacy based on the repeatedly verified results of this special case. The results obtained from this verification are compared with the risk of infection during an emergency. It should also be noted that it is difficult to compare them with face-to-face medical care in regular times.



Approach to Online Medical Care 3/3

Appropriately supplementing online medical care when access to medical institutions is restricted due to difficult factors.

Geographical access to remote islands and remote areas is restricted.*¹⁾

Medical institutions that can diagnose intractable and chronic pediatric diseases are limited, and difficult to access. *¹⁾

*¹⁾ The promotion of online medical care service is encouraged but with care so that it will not impede the elimination of uneven distribution and shortage in community medicine.

Access to medical institutions is difficult due to under home health care and various circumstances.

It is temporarily difficult to access a hospital pre and post childbirth.

Consulting with a Kakaritsuke physician about one's health*²⁾ is recommended (procedures in the future will be taken into consideration).

*²⁾ Here, it refers to a medical care service provided by a Kakaritsuke physician. It will be necessary to define "health counseling" and create guidelines for online health consultation.

Due to work-related time constraints issues, continuous hospital visits are difficult.



Engaging in the support for treatment and work balance is important. It can be responded by popularizing reserved medical care under the current system. Expansion of online medical care, which solely prioritizes convenience, is unacceptable as it can lead to a decline of medical care quality.



New Secretary General of CMAAO

Dr. Sho Hashimoto

With the launch of the JMA's President Toshio Nakagawa Cabinet, Dr. Sho Hashimoto who was newly appointed as the officer in charge of international affairs will temporarily assume the role of Secretary General of CMAAO.

This is a measure to manage the CMAAO Secretariat under the responsibility of the Japan Medical Association.

The Secretary General shall be appointed by the Council (item 8. Chapter5, Articles & Bylaws).

However, the above procedure will not be followed, due to the one year postponement of the General Assembly Taipei caused by the influence of the novel coronavirus pandemic.

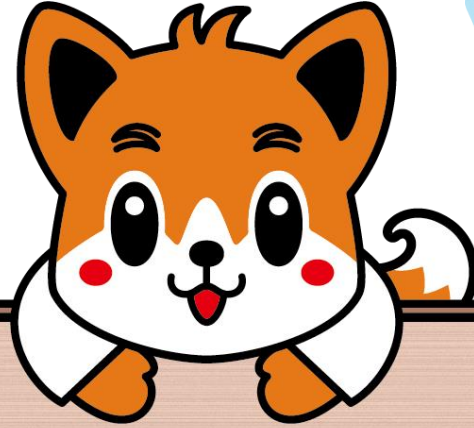
This position has been fulfilled by the International Officer of the Japan Medical Association since 2000.



Dr. Sho Hashimoto
Executive Board Member
Japan Medical Association



NICHII-KUN



**Thank you for
your attention.**