Tackling physician shortages for certain specialties and regions: the Japanese case

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Introduction

- Around the turn of the century, patients experienced difficulties to find physicians when they needed medical consultations. This have been the case, particularly when they needed to find pediatrician and obstetrician in northern rural areas .
- The government recognized physician shortage lead to those problem, and has taken various policies to tackle it.
- In this presentation, I will describe the problem of “physician shortages” and policy responses to them and give a short analysis on that.

The problem of “physician shortage”

- In the late 20c, physician supply were projected to be sufficient in the 21st century. In fact, the number of registered physicians have been and will be increasing gradually, although the number of physician per capita has been low in the OECD countries.
- Since the early 2000s, number of health care facilities providing pediatricians and obstetricians decreased in some areas. Consequently, patients who wanted to have consultations with such specialists reported difficulties. The difficulties was recognized as “physician shortage” and increasingly regarded as a political issue.

Challenges in policy making

- Policy objectives
  - Whether the problem is shortage or maldistribution has been controversial.
  - What is the right way of estimating physician workforce? Is self-learning a part of their jobs? ?
- Implementation.
  - Market mechanism solely does not work well. The current problem of physician supply seems concerned with changes in physician's career paths. Departing from traditional ones, they are becoming to choose more diverse paths. However its extent is still unclear.
  - There have been no mechanism to monitor “shortage” in each specialties.

Distribution of Physicians between regions differs

- See graphs at

http://wwwhakusyo.mhlw.go.jp/wpdocs/hpax200701/b0047.html

Shortage of obstetricians

- Obstetricians have face greater risks of litigation.
- Their number decreased since the 1990s and proportion of aged obstetricians increased.
- The number of hospitals and clinics providing baby delivery care decreased from ca. 4000 in 1996 to ca.3000.
- The proportion of female obstetricians increased to 21.8 % in 2004. Under the existing working environment, they had difficulties in making good work-life balance.

Shortage of pediatricians

- The number of pediatricians has gradually increased since the late 1990s.
- The number of hospitals providing pediatric care, however, decreased from ca. 3750 in 1997 to ca.3150 in 2005. Lower rate of return allegedly lead to the decrease.
- The proportion of female pediatricians increased to 31.2 % in 2004. Under the existing working environment, they had difficulties in making good work-life balance.
- With increased expectation and anxieties of parents, pediatricians face more physical and emotional stress.

Policy responses to the “physician shortage”

- Since 2003 the government has gradually developed policies to address the “physician shortages”.
- They can be put into the following three categories:
  - Macro-level policies, focusing the total number of physicians;
  - Meso-level policies, focusing regional coordination and programs; and
  - Micro-level policies, focusing individual behavior of physicians.
- New policies explicitly targeting shortages in certain specialties have been developed.

Macro-level policies

- The government
  - at first hesitated to increase the medical school enrollment, but in 2008 it decided a ten percent increase of the enrollment;
  - set up an inter-ministerial committee which made lists of measures that prefectures could take, which have been backed by subsidies or increased payments from health insurance.
  - developed a national physician dispatch system and a support center for female physicians;
  - urged medical schools to develop educational program on community medicine.

Meso-level policies

- The government urged prefectures:
  - To reorganize health care provision so that pediatrician and obstetricians can co-work efficiently and get better training and better collaboration between providers will be established;
  - To set up child health telephone consultation programs to decrease demands on physician; and
  - To support hospitals to develop pediatric training programs.
- Prefectures developed policies by themselves.

Micro-level

- The government
  - pays additional fees to physicians who provide baby delivery care (10 thousand yen/ 1 delivery);
  - increased fees for hospitals so that they pay more to hospital physicians;
  - support hospitals to introduce flexible working-time and establishes child care centers for physicians;
  - develop help centers to support physicians who want to get a new job;
  - subsidize physicians who work in rural areas.

What' happened

- Have been unclear because of lack of a formal review.
- Prefectures and hospitals have developed various measures.
- In some regions, hospitals were merged to establish new larger hospitals.
- The problems is apparently persisting....

Analysis

- Although the rationale of the policies have been controversial, various policies have been developed.
- Given the complexities of the problem, an underlying principle seems “what can be done shall be done”.
- The government have provided ideas and finance to prefectures for taking measures fit for local situations.
- Prefectures have involved local actors such as medical schools, local branches of the JMA, and hospitals, and developed various measures.

Conclusion

- In the last decade, a set of policies have been developed to tackle “physician shortage”. It consists of macro-, meso- and micro-level policies.
- The new government, coming in 2009, holds it. It seems, however, that its focus has shifted from “physician shortage” to “regeneration of regional health care”.
- Currently the government is collecting estimation of “necessary number of physician” by each hospitals. Although this data collection lead to new policy directions is not clear, it will facilitate local discussion on physician shortage.
- How national and local policy making can be coordinated?