Study on the actual status of medical care provided at geriatric health services facilities

[Summary]

[Background]

The role of geriatric health services facilities (hereinafter referred to as Roken facilities) is pivotal to establish community -based integrated care systems.

However, there are Roken facilities that have difficulties to accept patients wth certain medical service, such as patients with "tracheostomy" or "oxygen therapy." Also, each Roken facilities have different criteria on accepting severe of dementia with behavior problems.

Further, there is a possibility that use of Roken facilities is restricted since intractable disease medical expenses subsidy system are not applied to those who enter Roken facilities, which leads for Roken facilities to burden the high pharmaceutical cost of intractable diseases.

[Purposes]

Roken facilities provide medical services. Therefore, this study examines the provision of medical services and acceptance of elderly person in each Roken facility.

Also, this study examines the current simple diagnostic criterion to classify patients to understand the case-mix activities of the Roken facilities.

[Method]

The following exhaustive survey was conducted targeting 3,604 regular member facilities of Japan Association of Geriatric Health Services Facilities as of October 2016.

This study includes the following survey:

Types/Names of Survey	Respondents	Response Rate
Survey A: Facility Basic Survey	898	24.9%
Survey B: Survey for Facility Management Doctors	870	24.1%
Survey E: Facility Survey on Medical Treatment for Roken Facilities	895	24.8%

Subjects with "no answer" or "invalid answer" were excluded from the aggregation and analysis.

[Results]

1. Medical care provision.

The acceptance of medical treatment and condition varied depending on the facility. For the 28 items set up for status and medical treatment and condition (hereinafter referred to as "medical treatment"), the number of medical treatment that "acceptable and have conducted" or "will conduct if requested" in the facility was 17 for median (interquartile range: 13- 19 items), There were variation in acceptance from the smallest 0 item to largest 27 items. The rate of returning home was higher in the Roken facilities accepting more than 19 items of medical treatment.

2. Admission declined cases

At 58% of the facilities, there was more than 1 case in 3 months where they declined the admission. Although there was no difference in ratio between the types of facilities, the facilities accepting more medical treatment declined fewer patients.

"High dependence on medical care" was the highest with 29% as for a reason for refusing the admission. Also, in facilities with more number of available medical treatments, there was less tendency to refuse admission due to "high dependency on medical care" or "time-consuming of treatment and management." As major obstacles to acceptance, oxygen therapy, and sputum suction were relatively high among the total, with 5% and 4%, respectively. The same tendency was observed regardless of facility types or number of available medical treatments.

On the other hand, regarding the acceptance of patients with intractable diseases, the proportion of designated intractable disease patients among users of all facilities were low with 1.5% and 1.9% for admission and short-term stay, respectively. The proportion of designated intractable diseases did not change by facility type or sum of available medical treatments. In the additional phone-call survey conducted on the facilities that had a case which refused admission due to the high price of medications, some respondents answered that the acceptance would be difficult if the total medication cost of users exceeds 10,000 to 20,000 yen/month.

3. Cases in which users left facilities for hospitalization

In 98% of the facilities, there were cases where users left the facilities in 3 months for hospitalization. These cases per 100 people tended to be less in facilities with on-call doctors. Pneumonia was the most common cause of hospitalization at 29%, followed by fracture by 10% and acute exacerbation of chronic heart failure by 8%. The order of pneumonia and fracture did not change, even if the number of available medical treatments was large.

The most frequent reason why the case could not be handled within the facility was “no equipment for treatment”, which accounted for 60%, and it was the same result when looking at the top 5 diseases or events of the cause such as pneumonia or fractures. On the other hand, “the corresponding disease is outside the facility physician’s specialty” or "family’s choice” accounted for 37% and 25% respectively for reasons for hospitalization that cannot be handled in the facilities. The proportion of cases of

hospitalization due to “no equipment for treatment” differed more by the sum of available medical treatments than with the facility type.

As for the outcome of hospitalization, 53% of them were “recovering/ recovered and re-entered the facility.”

[Discussion]

Medical care provision at geriatric health services facility was found to vary in number and types of available medical treatments by facilities. Particularly, the sum of available medical treatment tended to be larger in the return-to-homecare in reinforcing type compared to the conventional Roken type. On the other hand, the rate of declining the admission due to having medical dependency and rate of being hospitalized due to lack of treatment equipment were not found to be different by facility type but had a correlation with the sum of available medical treatments.

The individual medical treatment to note is oxygen therapy. Oxygen therapy has been the greatest inhibitors in abandoning acceptance to facilities. Also, approximately 30% of the cause of hospitalization is pneumonia, and 80% and more of pneumonia occurring in facilities applied the prescribed disease medical expense. It is assumed that most of them were cases that could not be remedied within seven days. Since facilities with experience of oxygen therapy are as low as 50% or less, it is considered that there is a high possibility that “no equipment” or “no sufficient oxygen therapy can be done” has been the reasons for hospitalization. Meanwhile, oxygen therapy is a medical treatment that can be applied during admission and at home. This result suggested that the number of facilities that can accept oxygen therapy could increase by introducing a reimbursement for the cost of the equipment.

On the other hand, in the factors such as patients with designated intractable disease are accepted less, oxygen therapy and sputum suction has been obstacles to acceptance, or pneumonia is the frequent event and disease requiring hospitalization, there were no clear differences by facility type or numbers of available medical treatment in the facility. These situations are thought common across types etc. It was assumed that high medication fee would affect these cases. It is also suggested that possibility of having criteria of acceptable drug costs within the range of 10,000 yen to 20,000 yen a month in cases where the admission was refused because of high medication cost. It is desirable to deepen further the high-priced drugs by different study, along with responding to designated intractable diseases, etc.

[Conclusion]

Medical care provision at geriatric health services facility was found to vary among facilities. The rate of declining the admission due to having severe medical dependency and rate of being hospitalized due to lack of treatment equipment had strong correlation with number of available medical treatments at each facility. Especially, facilities with experience of oxygen therapy are as low as 50% or less, and is important to increase the number by notifying facilities that the oxygen therapy is a medical treatment that can be increased by introducing reimbursement system for the equipemt.

The fact that the patients with designated intractable disease are accepted less, is common among facility types. The management could be compressed when the total cost of drugs exceeds 10,000 to 20,000 yen per month. Further study on high-priced drugs along with responding to designated intractable diseases is suggested.

-Suggestions from this Study

1. Regardless of the facility type, less people were declined due to "high dependency on medical care" or "time-consuming of treatment and management" in the facilities with more possible medical treatment.
2. It is necessary to increase the opportunities for facility staff and doctors to learn techniques and knowledge by enhancing trainings in order to increase available medical treatments in each facility. It is desirable to design a system that value the participation to doctors workshops etc.
3. Regardless of the facility type, “oxygen therapy” and “sputum suction” were the obstacles to acceptance. As for “oxygen therapy”, policies to apply the material cost could increase in the number of acceptable facilities.
4. There are voices saying the drug costs over the range of 10,000 yen to 20,000 yen a month per person for designated intractable disease patients compresses the managing the facility. Therefore, it is desirable to revise the system for designated intractable diseases so that the public expenditure can be applied to Roken facility users.