

Rehabilitation Liaison from Convalescent to Maintenance Stage in Cooperation with a Municipal Medical Association and Administration: An attempt in Sumida City, Tokyo

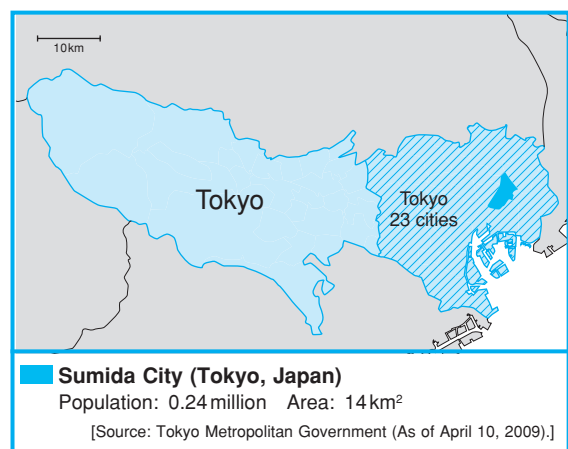
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Abstract

In Sumida City (Tokyo, Japan), a “In-home Rehabilitation Support Physician System” has been in operation since Fiscal Year 2008, under Sumida City In-home Rehabilitation Support Project conducted by Sumida Medical Association, municipal administration, and a community rehabilitation support center (namely Tokyo Rehabilitation Hospital) in cooperation. The aim of this system is resolve the problem of so-called “rehabilitation refugees” that stems from a lack of social resources for supporting rehabilitation services from the convalescent to maintenance stage. Tokyo Rehabilitation Hospital, serving as the contact channel, supervises in-home rehabilitation programs for each patient, while patients are regularly evaluated by Support Physicians registered with Sumida Medical Association. Costs are born by Sumida City, enabling users to receive rehabilitation support free of charge. Between the end of September 2008 and May 2009, a total of 25 patients made use of this system. One future issue is to promote the knowledge this system among the residents of Sumida City so that the number of users would increases. Furthermore, for the system to expand, collaboration of various occupations that are involved in long-term care is vital, in addition to hospital-clinic liaison.

Key words In-home Rehabilitation Support Physician System, Convalescent to maintenance rehabilitation, Community rehabilitation liaison



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Introduction

In Sumida City (Tokyo, Japan), a “In-home Rehabilitation Support Physician System” (hereinafter referred to as Support Physician System or the system) has been in operation since Fiscal Year (FY) 2008, under In-house Rehabilitation Support Project conducted by Sumida Medical Association, municipal administration, and a community rehabilitation support center (namely Tokyo Rehabilitation Hospital). The aim of this project is to enhance rehabilitation services from the convalescent to maintenance stage.

This paper presents the current status and problems of a medical liaison system for stroke from the standpoints of the municipal administration, community rehabilitation support center, and municipal medical association, by addressing the purpose of Support Physician System, the reality and performance records of its operation, and future issues and possible measures to be taken from each point of views.

From the Standpoint of the Municipal Administration (Sumida City)

Sumida City has a high number of elderly residents compared to its overall population, with 49,562 residents aged 65 years or older, and its population ageing rate of 21.2% is higher than the average for the 23 Tokyo cities.¹ The number of elderly residents is expected to rise further in the future, and demand for rehabilitation support service is anticipated to increase tremendously. Sumida City has therefore set its goal “to enable city residents in need of rehabilitation due to residual disabilities from illness or injury to live their daily lives actively and independently, by allowing them to continue their rehabilitation without anxiety in the area they live.”

Rehabilitation service is facing a problem. Based on the philosophy that rehabilitation expense from the acute to convalescent stage should be covered by national healthcare insurance while maintenance rehabilitation should be covered by long-term care insurance, Japanese Ministry of Health, Labour and Welfare set a limit for the duration of rehabilitation service in the 2006 amendment of the medical fee schedule. This amendment created so-called “rehabilitation refugees,” the people who cannot continue their rehabilitation after being discharged from hos-

pital because they are no longer eligible under long-term care insurance coverage or because of other reasons such as insufficient social resources to support rehabilitation service.

These realities made it apparent that the local administration must take the lead in offering medical services to support rehabilitation service in the area. With this awareness, we started Sumida City In-home Rehabilitation Support Project in 2008.

One of the major characteristics of this project is that the users (Sumida City residents) are able to receive rehabilitation service free of charge because all costs are born by Sumida City. Another characteristic is that the project was made possible by the cooperation of local administrative agencies, a community rehabilitation support center, and a municipal medical association. Of these, the role of the local administration is to construct and operate Support Physician System conducted under the project (securing funding for operation, publicity activities, forming collaboration with related organizations, monitoring of status of the project, etc.).

Sumida City has cosigned the operation of Support Physician System to a community rehabilitation support center, namely Tokyo Rehabilitation Hospital (designated manager: Tokyo Medical Association), which is leading the project activities. Physicians called “Support Physicians” (SPs) who are recommended by Sumida Medical Association are in charge of supervising in-home rehabilitation programs. With regard to operating costs, for being the very first attempt in the nation, Tokyo Metropolitan Government has agreed to provide with a financial aid sufficient to cover the entire amount, on the condition that the upper limit of aid would be 10 million yen (for the maximum period of 3 years).

Despite its potentially high need among the Sumida City residents, many are unaware of this system. Thus, promotional activities will be extremely important so that those in need of in-home rehabilitation service can take advantage of the system. Currently, Support Physician System is being advertized through official city newsletters, official homepage of Sumida City on the Internet, and cable television programs. In addition, leaflets, location maps of SPs, and other printed materials are also widely distributed. However, considering the number of patients in Sumida City who are expected to benefit from

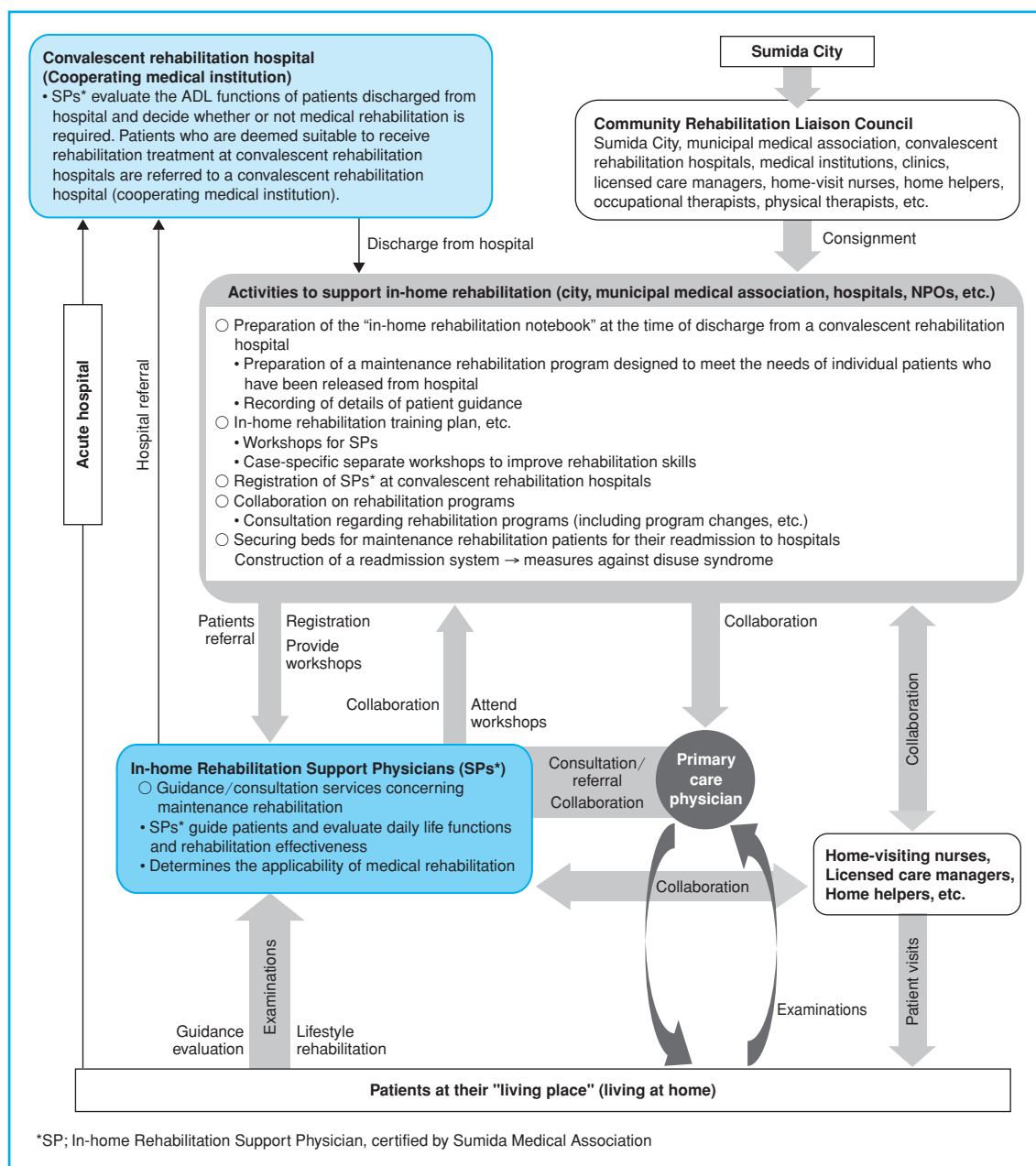


Fig. 1 Sumida City In-home Rehabilitation Support Project

this system, these efforts do not suffice. Other methods for further publicity promotion, such as the use of private-sector care service centers, acute hospitals outside of Sumida City, and other municipal government offices, should also be considered.

Another future issue is the strengthening of cooperation within the municipal administrative

agencies. Currently, various divisions are operating elderly-related services based on multiple laws and regulations involved. What we need is an integrated system to support rehabilitation service in a cross-sectional manner. In future, by verifying the service performance of these various divisions, gathering the opinions of the users and SPs, and conducting reviews in each involved

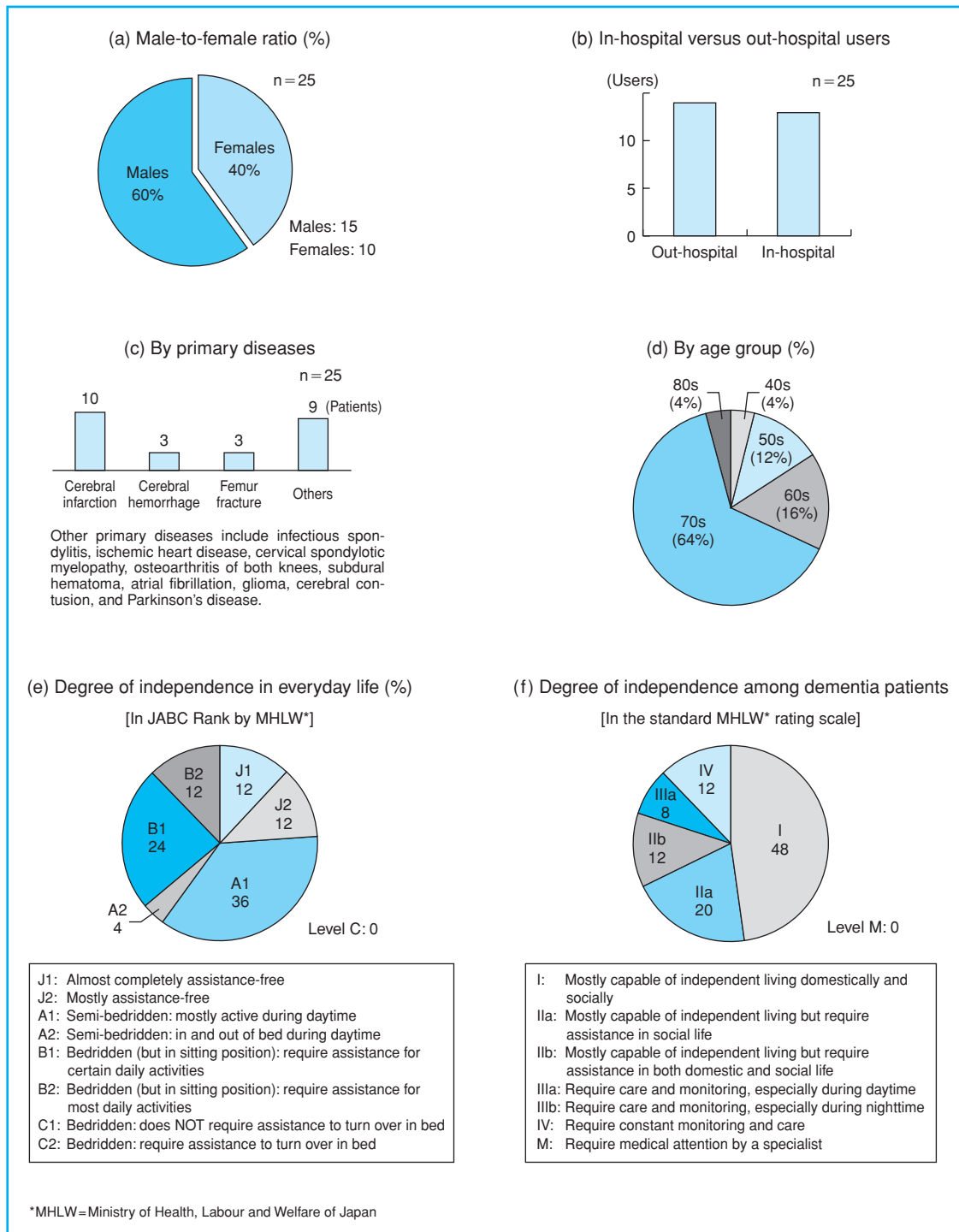


Fig. 2 Users of Sumida City In-home Rehabilitation Support Physician System

organization in the Support Physician System, we hope to develop our Sumida City In-home Rehabilitation Support Project even further to

be able to provide solid, high-quality rehabilitation service.

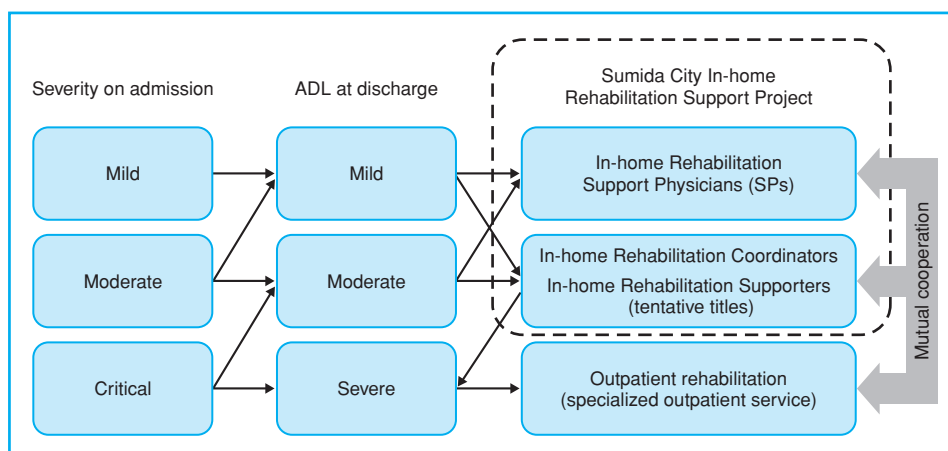


Fig. 3 Role of In-home Rehabilitation Support Project

From the Standpoint of a Community Rehabilitation Support Center (Tokyo Rehabilitation Hospital)

The executive board of Sumida City Community Rehabilitation Liaison Council has identified several problems with regard to maintenance rehabilitation in the area. First, there are only a few maintenance rehabilitation services available, which quality was not guaranteed. In the secondary healthcare district that Sumida City and its two adjacent cities belong to (called Tokyo Eastern Wards Medical District), there are 179 therapists as of 2009, of which only 52 are at long-term care insurance institutions. Considering the expected need, this figure was not likely to suffice. Additionally, people who work closely with long-term care insurance services expressed an opinion that there is a tendency to tolerate physical deterioration of the people in need of care. The people involved in home-visit rehabilitation, too, voiced their concern about handling the rehabilitation needs when the infrastructure of rehabilitation service was not yet fully in place.

Resolving these issues cannot be achieved through the efforts of just one hospital—rather, community-wide efforts are imperative, and a system that does not rely on rehabilitation specialists was believed necessary. Sumida City In-home Rehabilitation Support Project started from these standpoints.

An overview of the project is shown in Fig. 1. Support Physician System was its core, and vari-

ous efforts were made in FY 2008 to introduce this system.

SPs are physicians who follow up with the patients discharged from convalescent rehabilitation hospitals, who have rehabilitation knowledge as well as perspective and willingness to collaborate with the staff involved in long-term care insurance services. A briefing was held through Sumida Medical Association, and those physicians who volunteered were registered as SPs. The main role of SPs is to monitor the patients' ability of ADL (activities of daily living) through regularly scheduled functional assessments. A patient using Support Physician System is provided with the "in-home rehabilitation notebook" as a communication tool, in which a patient writes down the status and progress of his/her in-home rehabilitation program that has been prepared by Tokyo Rehabilitation Hospital.

Of the Sumida City residents who require continuing rehabilitation after being discharged from hospital or long-term care facilities, those who can visit SPs approximately four times a year for evaluations are eligible to enter Support Physician System. Tokyo Rehabilitation Hospital prepares in-home rehabilitation programs for each user and provides the details to SPs and primary care physicians. A guidebook is sent to SPs along with evaluation forms, which they are required to complete on regular intervals for each patient and submit to the secretariat of Support Physician System.

Registration to Support Physician System

opened at the end of September 2008. As of May 2009, there are 25 users (15 male, 10 female), of which 13 were through referral from other medical institutions. The average age of the users is 69.2 years, and their primary diseases include cerebral infarction (10 patients), cerebral hemorrhage (3), femur fracture (3), and others (9; including 1 Parkinson's disease, 1 subdural hematoma, 1 cerebral contusion, and 6 others) (**Fig. 2**).

During FY 2008, the target of Support Physician System was limited to those with relatively mild disabilities because it was the first year to implement the system. Therefore, one future issue is the need to prepare a support system for patients with moderate to severe disabilities (**Fig. 3**). To this end, we are considering enhancing the skills of SPs. Ultimately, SPs would be expected to be able to deal with a wide range of disabilities, so we hope to offer workshops that include practical training for treating dysphagia, higher cerebral dysfunction, and other disabilities in future.

Another issue in consideration is to train In-home Rehabilitation Coordinators (tentative title) who have the ability to manage rehabilitation in daily living, mainly from those occupations related to long-term care insurance services. The intent is to have them learn a broad range of basic and practical therapy methods, such as physical therapy, occupational therapy, speech therapy, and social welfare systems, to support in-home rehabilitation in cooperation with SPs. At the same time, we hope to offer study sessions to care givers, namely family members and home-care helpers whom we would refer to as In-home Rehabilitation Supporters (tentative title), on how to approach and deal with disabilities, in order to provide an environment in which they can be more proactively involved in in-home rehabilitation.

From the Standpoint of the Municipal Medical Association (Sumida Medical Association)

When this system was first introduced, Sumida Medical Association had the following three concerns from the perspective of primary care physicians.

First issue concerns the duration of rehabilitation services available under healthcare insurance coverage. Following the amendment of the

medical fee schedule, outpatient rehabilitation services in both the convalescent and maintenance stages under healthcare insurance was partially approved. This amendment also set a limit on the duration of rehabilitation services, meaning a patient cannot continue rehabilitation under healthcare insurance once his/her eligibility period expires. This raised a concern among interested parties on behalf of patients who require extended period of rehabilitation, demanding medical associations to improve the situation. Support Physician System, which uses long-term care insurance, had a potential of further limiting the duration of rehabilitation services available under healthcare insurance, since the conventional understanding of these two insurance plans was that a patient could not receive rehabilitation services from both plans to treat the same primary disease.

Second issue was that the requirement for SPs was set high, that it would have been difficult for a primary care physician who practices general medicine to become certified. This meant that an SP and a primary physician may be different for a given patient, which led to a concern of imposing a burden of visiting multiple hospitals/clinics for examinations on some system users.

The third issue was the accessibility of Support Physician System for the Sumida City residents. To enable any and all residents to use this system, we, Sumida Medical Association, has requested to construct a liaison system between Tokyo Rehabilitation Hospital and other hospitals within Sumida City.

The above issues were discussed at the preliminary meeting of Sumida City In-home Rehabilitation Support Project. Regarding the first issue, the insurance coverage, the municipal government confirmed that a user of Support Physician System may use its service and still receive treatment under healthcare insurance on the same day. This enabled the concurrent use of Support Physician System and healthcare insurance for rehabilitation.

For the second issue, certification of SPs, we developed a concise rehabilitation evaluation method based on FIM (Functional Independence Measure, an 18-item index for evaluating ADL) to enable general physicians who do not normally manage rehabilitation programs to conduct assessments. In addition, the focus of certification workshop for SPs was placed on

explaining the system rather than covering professional topics related to rehabilitation.

With regard to the third issue, the accessibility of Support Physicians System for the Sumida City residents, a special inquiry counter was set up at Tokyo Rehabilitation Hospital for the system users and the people who wish to enroll. This inquiry counter is also open for SPs for their questions.

At first, the plan was to have two SPs for each of the eight local centers for a total of 16. But following two certification workshop, 37 physicians were approved as SPs, which was fortunate from the standpoint of patients since it considerably improved the system accessibility. There were also concerns initially that the newness of the system may cause troubles between patients and SPs. However, thanks to the solid contents of a referral form from Tokyo Rehabilitation Hospital to each SP (called “In-home Rehabilitation Support Physician Chart”), Sumida Medical Association has received no complaints thus far.

One issue for the future is to gather data on the process that stroke patients in Sumida City undergo from the acute stage to the return home, in order to increase the number of system users. Additionally, to enable SPs to fully perform their

function as community primary care physicians, collaboration among various occupations—in the fields of medicine, long-term care, administration, etc.—is also imperative, in addition to hospital-clinic liaison.² Sharing patient information among those involved in a patient care is vital to achieve this goal, and thus we would like to recommend revising the “in-home rehabilitation notebook” to allow anyone involved to enter and check information in the notebook.

Conclusion

This paper discussed In-home Rehabilitation Support Physician System, which has been in operation under Sumida City In-home Rehabilitation Support Project (Tokyo, Japan). This system operates through collaboration of three parties; Sumida Medical Association (as a municipal medical association), Sumida City Government (administration), and Tokyo Rehabilitation Hospital (community rehabilitation support center). In order for this system to expand in future, hospital-clinic liaison as well as collaboration of many occupations in the fields of medicine, long-term care, administration, etc., is also imperative.

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