Manabu Ikeda
Department of Neuropsychiatry, Kumamoto University
Medical service network with cultivating human resources for dementia in Japan

The Kumamoto Model

Manabu Ikeda
Department of Neuropsychiatry, Kumamoto University
International comparison of aging

However, the data for Japan are estimated from the "Population Census" by the Ministry of Internal Affairs and Communications up to 2005 and the data on assumed median births and median deaths in the "Projected Population of Japan (estimated in December 2006)" (National Institute of Population and Social Security Research) since 2010.

(Note) The advanced regions consist of North America, Japan, Europe, Australia and New Zealand.
The developing regions consist of Africa, Asia (except for Japan), Central and South America, Melanesia, Micronesia and Polynesia.

Number of people with dementia in Japan

Population over 65 years old: 30.79 million people

- Healthy people
- MCI 4 million people
- Dementia 4.62 million people (15% of elderly people over 65)
- People certified as requiring long-term care (daily life independence rated II or higher) 3.05 million people

Survey method: Specialist dementia doctors carried out interview surveys nationwide. The data used in this survey comes from the 5,386 people interviewed in the 8 regions which had the highest rates of response in the interview surveys.

Specialists for dementia

The Japanese Psychogeriatric Society
• Years of foundation: 1986
• Number of members: 2,598
• Number of psychogeriatric specialist: 1,497

Japan Society for Dementia Research
• Years of foundation: 1982
• Number of members: 3,150
• Number of dementia specialist: 890

Specialists for Dementia: Patients with dementia = 1 : 2000
Challenges faced by dementia treatment

1. Early diagnosis (differential diagnosis)
2. Provision of specialized medical care
3. Treatment for BPSD
4. Management of concomitant physical symptoms
5. Regional cooperation (Education for GP, care stuffs, and caregivers)
   - Widespread use of a standardized treatment for dementia
   - Coordination with long-term care
6. Manpower development (Enrichment of the training system)
7. Prefecture-wide distribution of specialized medical care
Example of the Dementia-related Medical Center operation project (Kumamoto Model)

The entire area of the prefecture is covered by the double structure model where Kumamoto University Hospital is regarded as the “core center”, with 9 medical institutions with a Department of Psychiatry as “community-based centers”.

Core center

Main roles of the core center
① Provision of expert consultation
② Care for complications, early diagnosis
③ Manpower development (Enrichment of the training system)

Community-based center

Main roles of community-based centers
① Provision of expert consultation
② Differential diagnosis and early care (especially for BPSD) based on the diagnosis
③ Care for complications
④ Establishment of community alliance system for the medical care of dementia

Textbook for Dementia (edited by Japan Society for Dementia Research, Chugailgakusha), p208.
10 Dementia-related Medical Centers in Kumamoto (mean time for receiving treatment)

Yamaga Kaisei Hospital (21min)
Arao Kokoronosato Hospital (16min)
Kumamoto Seimei Hospital (15min)
Kumamoto Shinryyo Hospital (23min)
Amakusa Hospital (29min)

Aso Yamanami Hospital (31min)
Mashiki Hospital (24min)
Kumamoto University Hospital (35min)
Heisei Hospital (19min)

Yoshida Hospital (22min)
Kumamoto Shinryo Hospital (23min)

(n = 845)
Provision of specialized medical care for dementia

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<tbody>
<tr>
<td>Consultation (No. of times)</td>
<td>143</td>
<td>471</td>
<td>571</td>
<td>578</td>
<td>647</td>
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<tr>
<td>New outpatients (n)</td>
<td>106</td>
<td>203</td>
<td>223</td>
<td>194</td>
<td>229</td>
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<td>Total outpatients (n)</td>
<td>2,777</td>
<td>3,200</td>
<td>3,876</td>
<td>3,982</td>
<td>4,245</td>
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<tr>
<td>No. of Medical care centers</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>10</td>
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**Monthly average of ten centers in 2013**

- Consultation cases: 621
- New outpatients: 221
- Total outpatients: 2,679
- Hospitalized patients: 52
Core center: Manpower development for community-based centers

- Early diagnosis
- Treatment for complications
- Safety assessment for patients who live alone

Enrichment of the training system for stuffs in the community-based center

Community-based center

- Resident
- Co-medical
- Dementia outpatients clinic

Dispatch of a specialist
Psychiatrist in the C-B center
Difficult case-study conferences are held by the core center. The aim of this conference is to improve multi-disciplinary stuffs’ skill. 33 conferences are held by now (6 times per year).

Multi-disciplinary participants: Dr, Ns, PSW, CP, OT, local government stuffs (Stuffs of call center & Community general support centers as observers)
Basic program of dementia care for General family doctors

Original program

Advanced program I

Advanced program II

Government program

Training programs for General family doctors

Attending a lecture: 425 GP

Certification by Kumamoto prefecture government on the Website
Training programs for dementia support doctors

- Basic program of dementia care for Dementia support doctors
  - Attending a lecture: 136 support doc.

Basic program of dementia care for Dementia support doctors

Original program

Advanced program for medical network for dementia

- Certification by Kumamoto prefecture government on the Website
- Obligation to attend the case conferences by Community-base center

Government program

Attending a lecture: 84 support doc.
Case conferences prepared by the community-based centers

Difficult-case-study conferences are held by the community-based center. The aim of this conference is to support the care for difficult dementia cases in the community. 30-40 conferences are held per year.

Multi-disciplinary participants: Dr (specialist, GP, & dementia support doctor), Ns, PSW, OT, PT, ST, CP, care worker, home helper, care manager, local nurse, policeman, and so on from community-based centers, community general support centers, clinics, general hospitals, psychiatric hospitals, group homes, nursing homes, police station, and so on.

(Stuffs of local government & the core center as observers)
Outreach services for dementia before discharge from the core center

Aim: Guarantee safety and high QOL life after discharge from the university hospital

• Visiting patient’s home between April 2012 and September 2014

• Subjects: 40 patients (M/F 13/27) (patients living alone 17 (M/F 1/16名)

• Multi-disciplinary visiting team: OT, PSW, Ns, ST, CP, Dr
Case  Mrs. K

Check points
★ Handrail in the bathroom
★ Chair in the bathroom
★ Her movements when taking a bath
★ Install handrail
  (lengthwise direction)
★ Purchase a chair for bathroom
★ Training for taking a bath

78yr Female  DLB
MMSE 22/30
Living alone in the apartment  care lank 1
Visiting with her care manager and daughter

Preparation for safety life
The brand-new Kumamoto model
Three-layered system with GP, care stuffs, & dementia supporters