

Diagnosis Procedure Combination as a tool for health reform in Japan

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Since late 1990's, Japanese government has been suffering a large amount of negative primary imbalance that motivated the government to fiercely rationalize health expenditure in early 2000s. Strange combination of government cut-back on medical care and consumer's increasing expectation for high-tech high-quality care pushes healthcare providers onto tight financial edge, and overburdens health care workers into serious moral crisis. The debate between the financial sector who requires further cutback and the health sector who requires increase in healthcare investment hardly seem to converge. Apparently the solution for quality and efficiency in healthcare system is hard to reach, but it is evident that scientific management based on standardized information system is a necessary condition to make health policy open, and to overcome conflict of interests for sustainable healthcare system in this country. For this purpose the Japanese Ministry of Health Labor and Welfare has developed a new casemix classification system, namely DPC system (Diagnosis Procedure Combination) since 2002.

To the contrary to prevailed misconception that DPC was introduced for cost containment through per-diem payment, one of the most important missions of the DPC project was to provide a standardized information platform that ameliorates the transparency of hospital activities. By making hospital services measurable, the DPC system was expected to provide a common ground for discussion over healthcare reform. It should be emphasized that by introduction of DPC, benchmarking data across a large number of acute-care hospitals, as presented in this presentation, become available in public for the first time in the Japanese history of health policy. With these data derived from DPC database, we can objectively analyze the performance of hospital services and health care systems. Standardization, transparency and accountability are the keywords that the DPC project aimed for.

It should also be noted that the application of DPC classification system has gone beyond traditional casemix-based payment, but further to regional health planning, quality assurance activities, clinical-epidemiology study, and post-marketing survey. Through the presentation and following discussion with the floor, the potentials of patient classification system beyond reimbursement management should be explored during the 25th PCSI conference in Fukuoka, Japan.