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I Would Like to Give a Cheer for Proactive Responses

Ichiro Innami (Professor, Faculty of Policy Management, Keio University) who presided as the chairman in the symposium "Vibrant Nation: Fostering Motivation in Life" co-hosted by the Japan Medical Association, AdvaMed and AMDD, contributed his article on "Value-based Payment."

During the recent symposium, it was emphasized that advanced medical technologies will lead to the fostering a purposeful life in addition to saving lives and improving the Quality of Life (QOL). It made me realize anew that creating a purposeful life is one of the true values that medical technologies offer to society. I would like to express my respects.

Also, I read various proposals based on "Value-based Health Care (VBHC)" that AMDD announced last year. It puts forth the idea that "a reimbursement price system in which the value of innovation is accurately measured and reflected in prices is required as well as a scheme in which resources are preferentially allocated to high-value medical devices and innovations", and in a manner that is attentive to the overall medical system, they propose specific measures to create a better scheme.

The health insurance system faces financial difficulties. Meanwhile, expensive advanced medical technologies are being developed one after another. It should be highly evaluated that these concerned parties proactively responded by making assertive and comprehensive proposals instead of reactively opposing to the ROI evaluation system that is currently being used experimentally. My personal opinions and requests are as follows.

More Cases Need to be Accumulated

As in the proposals by VBHC, innovation will continue to evolve and contribute to recovering the lost productivity of patients, reducing nursing costs, and extending healthy life expectancy. However, we need to accumulate cases in numerical form to make people

recognize its value in a convincing way. It will be useful to make calculations for each item and compare the results with the current system, in collaboration with academia. The proposals will be more convincing if overall financial effects, including those of items with lowered pricing, are presented.

Shift to the Value-based Payment should be Further Emphasized

I agree with the value-based payment per se and that it is time to shift to such payment systems. On the other hand, the current reimbursement system has a long history from long before the “Value Health Care” concept. It is a system refined through countless discussions among the concerned parties. Fundamental shifts from such a system is not easy. However, when reviewing the current drug price system and special medical material pricing system from that perspective, it can be said that these systems consider the actual market price as the “value” of the drug/medical device materials. For that reason, authorized prices are periodically reduced and the Foreign Price Adjustment Rule is justified. The ROI evaluation system is made part of the supplementary budget and mainly helps to reduce the prices. In order to improve the pricing system, it is necessary to accumulate evidence and hence, strongly insist on shifting to value-based payment.



Faculty of Policy Management, Keio University
Professor
Ichiro Innami, Ph.D.

Graduated from Faculty of Law, the University of Tokyo, M.P.P. from Harvard Kennedy School, Ph.D. from The Graduate School of Business, The University of Chicago. Appointed as Research Director, Institute for Health Economics and Policy in 2008 (concurrent role), as Member of Central Social Insurance Medical Council of Ministry of Health, Labour and Welfare in 2011, and as Special Member, Evaluation and Analysis Working Group of the Committee for Promoting the Integrated Economic and Fiscal Reforms, Council on Economic and Fiscal Policy in 2017.

Books published include “Rethinking healthcare cost containment: policy suggestions based on empirical analyses and justice theory,” Yuhikaku, 2016, “Healthcare policy for life-saving and freedom,” Toyokeizaishinposha, 2011, “Social hospitalization: how do we deal with the biggest problem in healthcare for the elderly,” Toyokeizaishinposha, 2009, “Medical cost decision structure and regional gaps,” Iryou-to-shakai, 1997

Simultaneous Revision of Medical Fee and Nursing-care Fee

Current Status in Japan and the 2025 Issue

Before explaining the details of the revision to medical fees and nursing-care fees, I would like us to confirm the current status of these fields in Japan. Compared to when I started working at the Health and Welfare Ministry about 30 years ago, it has largely changed with time.

I joined the ministry in 1987. At the time, elderly people covered 10.9% of the entire population, but the age group continued to increase and reached 26.6% by 2015. One out of every four is a senior citizen now. At the same time, the number of births continued to decrease, and it dropped to 1.01 million in 2015 from 1.35 million 30 years ago, and further

to 0.94 million last year. Figures clearly show that the declining birthrate and aging population trend is accelerating.

The term “helper” did not exist 30 years ago. They were called home service providers, and people considered elderly care to be a family task. Of all workers, only 5% were medical/welfare workers, and nursing care was not considered an agenda of the society. However, the ratio rapidly increased to 12.5%, or one in every eight people. The environment surrounding medical and elderly care has largely changed.

The year 2025 is the target year for us, when baby boomers will reach 75 years of age. How to face and overcome this historic year is a big issue.

Large-scale plans are included in the roadmap to 2025: implementation of local healthcare schemes and building a structure for community-based comprehensive care provision.

The local healthcare scheme simply refers to the restructuring in the number of hospital beds. The aim is to reduce the number of acute phase beds by 30%, increase the recovery phase beds by three times, and decrease the chronic phase beds by 20%.

Community-based comprehensive care refers to a system involving the entire community in which elderly people receive daily support in their home, nursing-care service when it becomes necessary, and then medical treatment when they fall sick. Today, hospitalization of elderly people for non-medical reasons is not seen so often. The current “sometimes in hospital, almost always at home” status needs to be supported by promoting community-based comprehensive care nationwide.

Outline of the Revisions Made This Year

A slightly upward revision was made to both medical fees and nursing-care fees this year. The revision rate for main medical fees was +0.55%. Medical was +0.63%, dental was +0.69%, and dispensing was +0.19%. For drug prices, however, a -1.65% revision was made due to a price reduction based on actual market prices and a revision to the drug pricing system. The nursing-care fee was +0.55%, in aims to secure necessary population of workers.

There were four big themes in the revisions this year. 1. Promoting community-based comprehensive care system and segregating, enhancing and coordinating medical functions, 2. Providing reliable, safe, and high-quality medical and nursing care services, 3. Securing necessary population of workers and work style reform, 4. Securing stability and sustainability in the system.

Of these four, the third theme, securing a necessary population of workers and work style reform, is a new one. It is said that if we are to maintain the current service level in medical treatment and nursing-care, nearly 10 million workers will become necessary in 2025. We are entering an era where one in every six workers will have to work in the medical/welfare field in order to maintain the system.

It will affect other industries and could result in the entire society failing. So, the use of robots and AI will be indispensable in the future.

In this revision, additional points were approved for monitoring equipment implemented in

special nursing homes, in consideration of the fact that such equipment require additional night-shift workers. To increase productivity with a limited workforce, ICT needs to be implemented aggressively.

For inpatient treatment, the bed occupancy rate is decreasing as the average length of hospital stay becomes shorter. Thus, we have less need for 7-to-1 wards. From the perspective of effectively allocating nurses, we will gradually increase the number of 9-to-1 and 8-to-1 wards in a flexible manner.

In outpatient treatment/home care, patients have had to bear certain degree of expenses when visiting large hospitals without a referral. In this revision, the criteria for these hospitals were reduced from 500 or more beds to 400 or more beds with the aim of easing the concentration of patients in large-scale hospitals. Also, an on-line treatment department has been created, and a special treatment fee structure has been authorized for the first time.

To alleviate the burden on medical institutions and their staff, the allocation of physicians and requirements regarding full-time assignments in team medical care were eased. At the same time, teleconferences and teleworking including on-line image diagnosis were approved as well.

The supportive trend for innovation is expanding to the field of drugs and medical devices. Drugs are evaluated mainly for their new action mechanism, but evaluating medical devices, particularly special medical device materials, is not easy because improvements and modifications are based on clinical experience. To solve this problem, a new “Challenge Application” system was created. Under this system, if the efficacy of an item cannot be accurately assessed at the time of its launch, a re-evaluation can be sought after accumulating additional evidence. If approved by the Central Social Insurance Medical Council (Chuikyo), price change will be possible. This is a large step forward for evaluating innovation.

The value of new healthcare needs to be identified to adapt to changes, but that value must be beneficial to medical companies, healthcare workers, and patients. The revision this time reflects such viewpoints and attempts to encompass new efforts.

Former Assistant Minister for Medical and Nursing Care Coordination
Ministry of Health, Labour and Welfare

Mr. Kazuhito Ihara



Graduated from Faculty of Law, the University of Tokyo in 1987. Joined the former Health and Welfare Ministry in the same year. Involved in creating the nursing insurance system in 1994 as an assistant chief in Nursing Care Services System for Elderly Division. Seconded to the U.S. as the Director of Medical Welfare Department of JETRO New York Center in 1997. Upon return to Japan, after taking on roles as a senior coordinator of Department of Health and Welfare for Persons with Disabilities of Social Welfare and War Victims' Relief Bureau and Director of Employment Environment and Equal Employment Bureau/Child and Family Policy Bureau, Abuse Prevention Office of Ministry of Health, Labour and Welfare, involved in

health insurance reform, countermeasures to the falling birthrate, new welfare system for the disabled Assistant Minister for General Policy (Social security), MHLW since August 2018.

Patient's Voice : Promotion of Uterine Cervix Cancer Screening and Health Education



Think Pearl
Ms. Michiyo Namba
Representative Director

Currently, the number one cause of death among Japanese women in their 20s is suicide, followed by cancer, and the most common cancer is uterine cervix cancer. The incidence of uterine cervix cancer has been increasing in the past 20 years. On an annual basis approximately 10,000 women (30,000 when including cancer in situ) develop uterine cervix cancer, and about 3,000 women die of the cancer. Women in their 20s and 30s are more susceptible to the cancer, and it has a large impact on Japan's rapidly aging society and economy with a declining population as these women are in the prime of their lives in terms of working, marriage, childbirth and child-rearing. However, measures taken by the government have not yet fully succeeded, and the ratio of women who receive the screening remains at slightly less than 40%.

Think Pearl is a general incorporated association working to promote uterine cervix cancer screening and health education. Our main activities include lectures and symposiums at universities, training programs for companies, and consultation services. I started Think Pearl when I developed uterine cervix cancer at age 35, and had to give up on bearing children forever because I underwent complete uterus removal at age 36. Despite the fact that most women face the risk of this disease as it is caused by HPV (human papillomavirus) found in about 80% of sexually active people, I do not recall learning about this life-threatening disease in educational sites, and I could not find reliable information as well. From such experience of devastation, I decided to start the association. Among women who visit Think Pearl, there was one woman who died at age 19. Many women who have had their uterus removed become negative about relationships, let alone marriage.

There are many issues that need to be addressed such as education, promotion, development of laws, and financing. However, our top priority is to improve the cancer screening rate which is very low despite the fact that accurate medical devices for examinations and excellent pathological specialists are available in Japan. Health literacy of individuals need to be improved, social structures that encourage them to receive the screening need to be established, and a cooperative scheme among industry, government, academia, and health care providers to build a roadmap for the development of preventive measures and validation of evaluations need to be implemented. Family doctors, with whom patients interact most, are particularly needed to prevent diseases and to help people live healthily, purposeful lives.

The Ministry of Health, Labour and Welfare's third basic plans for the promotion of cancer measures, in which I myself was involved, were approved by the cabinet on March 9 this year. From September, measures for passive smoking were deemed necessary in the evaluation criteria of "Healthy Company Operations" drafted by the Ministry of Economy, Trade and Industry. Additional health promotion measures for women were also approved as well, and

as such, we are making progress in various fields. We look forward to fostering a society where current and past cancer patients and their families are able to live with dignity, and preventive medicine and early treatment are available.

Supporting Patients with a Clinical Team: Volume 1 Clinical Engineer



Japan Association for Clinical Engineers
Takashi Homma, Director

Thanks to the advancement / enhancement of medical technologies and outstanding technical progress of devices in Japan, previously untreatable diseases have become treatable, helping patients to rehabilitate.

On the other hand, one of the issues that healthcare in Japan faces is the need of sufficient care for the increasing aging population and for the social / psychological aspects and lives of patients, both of which are issues that come along with medical advancement. Such issues require further “team-based medical care” among healthcare providers including physicians, nurses and clinical engineers.

We, clinical engineers have worked in clinical settings together with physicians and nurses as a team, providing authorized professional services that support the handling of life supporting systems such as hemopurification devices, artificial heart-lungs and inhalators. However, the purpose of a team-based medical care is to provide high-quality and efficient medical services by actively leveraging the skills and expertise of various professionals and promoting collaboration among them. To improve the quality of medical services, three points are important: communication among different professionals, sharing patient information, and team management.

To improve the quality of the team approach, which promotes team-based medical care, members need to respect each other’s expertise, make evaluations from their respective standpoints in light of a clarified goal, and efficiently provide expert skills. For that purpose, having good conferences is required. A conference is not just for exchanging information. It is a place of discussion and adjustment to provide the best support to patients. In team approach, the concerned professionals need to respond flexibly according to patients’ conditions or clinical settings instead of restricting particular tasks to certain members, since many tasks are shared in common.

Medical devices are indispensable for advanced medical care, and for this, safe operation of these devices is required of those who hold certifications, such as physicians, nurses and clinical engineers. Some incident and accident reports show that they are caused by inappropriate use of medical devices. From team-based medical care perspectives, we clinical engineers provide training programs for various professionals on appropriate operation of

devices and thus, promote safe operation.

The Japan Association for Clinical Engineers believes it is necessary to respond to the highly advanced operation and inspection of medical devices in advanced medical technologies going forward as well and to the rapid changes in Japanese medicine. We also feel it important to further practice team-based medical care with other professionals in new fields as well, to provide the best medical service to patients, and to improve their QOL (quality of life).

AMDD Co-sponsored a Symposium with Japan Medical Association / AdvaMed

The joint symposium entitled “Vibrant Nation: Fostering Motivation in Life. Economic Growth, Productivity Enhancement and Healthcare Cost Cut through Innovative Medical Devices and Technologies” co-hosted by the Japan Medical Association, Advanced Medical Technology Association (AdvaMed) and the American Medical Devices and Diagnostics Manufacturers’ Association (AMDD), was held on June 1 at the Capitol Hotel Tokyu in Tokyo.

Mr. Yoshitake Yokokura, the president of the Japan Medical Association and concurrently serving as the president of the World Medical Association said in his opening remarks, “Universal Health Coverage (UHC) largely contributes the longevity of Japanese people. Medical device innovations and technological advancement should be based on UHC as well.”

Mr. Masahiro Sano, Vice president of the National Federation of Health Insurance Societies, said in his speech, “Japan has long maintained UHC; however, it is at the risk of collapse due to the decreasing birth rates, aging society, and declining population. Fostering a purposeful life is a good theme to encourage young people to have dreams and hopes. I am looking forward to a lively debate.”

Next, a diet member and the representative Director of a Diet members’ league for rapid and safe delivery of good medical devices to people, Ichiro Kamoshita, said, “‘Fostering a purposeful life’ is an advanced theme, one step ahead of QOL improvement. This symposium is an excellent opportunity for people in various fields including medical, insurance, industrial and administration to interact. I hope to see more opportunities like this in the future.”

The themes, “Vibrant Nation” and “Fostering Motivation in Life” received much attention from many parties, and in the symposium where many diet members attended as well, each panelist addressed many issues and proposals.

(For details of the symposium, please refer to the special article in the attachment.)



Mr. Yoshitake Yokokura, President of the Japan Medical Association



Mr. Masahiro Sano, Vice President of the National Federation of Health Insurance Societies



Mr. Ichiro Kamoshita, Lower House Diet Member

AMDD Hosted Sales Woman Network in Osaka

On February 16, the American Medical Devices and Diagnostics Manufacturers' Association (AMDD) hosted the second "Sales Woman Network" in Osaka, an exchange party for women in sales divisions of AMDD member companies, in aims to improve diversity in the industry. A total of 27 sales women from 8 companies and 18 observers from 9 companies participated in the party, showing a high interest in the topic.

For starters, Dr. Emiko Kohno, Department of Digestive Surgery, Takatsuki Red Cross Hospital delivered her speech. She talked about how she has overcome many obstacles and difficulties in her career, about future support activities for female physicians, and about her involvement in improving medical devices specifically from a female viewpoint.

After her speech, group discussions were held on three topics: "Current Issues," "Motivation in Sales Activities," and "Proposals for Improvement."

While participants voiced, "It's many hours of work and physically hard," or "As we have no role model in our job, it's hard for us to learn how to build our career.", On the other hand, they seemed to have a positive attitude, finding sufficient motivation in their jobs and enjoying work. Many assertive remarks were made about how to create a better environment for working women, for instance, by having the whole industry seriously consider the issue and by eventually allocating women not only in sales but in administrative departments as well.

Dr. Kohno, Kosuke Kato Sc. D., Chairman of AMDD (Managing Director, Edwards Lifesciences Limited), Yusuke Naiki, Director of AMDD (President, Representative Director, Boston Scientific Japan K.K.) joined the respective groups in turn and earnestly listened to the discussions.



The joint symposium entitled “Vibrant Nation: Fostering Motivation in Life. Economic Growth, Productivity Enhancement and Healthcare Cost Cut through Innovative Medical Devices and Technologies” co-hosted by the Japan Medical Association, Advanced Medical Technology Association (AdvaMed) and the American Medical Devices and Diagnostics Manufacturers’ Association (AMDD) was held on June 1. The details of the symposium are as follows.

Opening Remarks: Kosuke Kato, Chairman of AMDD The Value of Medical Devices—Contribution to Improvement of Patients’ QOL and Fostering a Purposeful Life

Both PET-CT systems that are large enough to occupy a whole room and platinum coils that are smaller than 5mm used for cerebral vessels are medical devices. Diagnostic, therapeutic, and all kinds of medical devices that support medical care provide value to medicine and patients.

Diagnostic devices are used for the early detection of diseases and hence, early treatment. Therapeutic devices are used for radical therapy, helping people go back to a normal life after treatment. Continuous development of new technologies reduces medical costs, and provides treatment for previously untreatable diseases. In other words, medical devices contribute to extending healthy life expectancy.

Specifically, about 40% of patients with serious aortic stenosis could not receive surgery for various reasons in the past. However, Transcatheter Aortic Valve Implantation (TAVI) made surgery possible, helping patients go back to a normal life. Meanwhile, falls and fractures account for 10% of elderly people who start requiring nursing care. However, thanks to artificial joints now, people are able to return to a normal life, and their motor function and QOL are being improved. When patients can live without constant care, their family members will not have to leave their job to take care of them.

Promoting economic growth by investing in advanced medicine is another important point for the Japanese economy. New businesses and jobs will be created, and talents will be nurtured through the development of innovative medical technology. We believe that medical devices play an important role in balancing finance.

Although we are aware of the need to reduce medical costs, there is a strong demand for valuable medical care for patients due to the increasing medical costs and needs. We would like to support a sustainable social security system, while securing access to the latest medical technologies and devices. It will result in improving patients’ QOL and “Fostering a purposeful life.”

Keynote Dialogue / Mr. Fumiaki Ikeno, Dr. Robert Kowal Smaller Devices Ease the Burden on Patients, Promote Rehabilitation and Improve QOL

In the keynote dialogue, Mr. Fumiaki Ikeno, Program Director, Stanford University took on the role as moderator and discussed with Dr. Robert Kowal, DMSc, Vice President of Medical Affairs, Medtronic Inc., U.S. They exchanged opinions on the concept of the cardiac pacemaker developed by Medtronic Inc. First, Dr. Kowal explained how the company started developing cardiac pacemakers.

It was in 1957 that Medtronic succeeded in developing a battery-powered external pacemaker for the first time in the world. Later in the 1960s, the company made the world's first implantable pacemaker. Medtronic pacemakers advanced from external types to implantable ones, and in 2016, the company launched the innovative leadless pacemaker that can be used with MRI under certain conditions.

“This capsule-shaped product is about 2.5 mm long and weighs 1.75 g. It is hooked to the ventricle instead of being connected via a lead. The battery life is as long as 12.5 years. It has been used for many eligible patients in Japan, and the largest number of users is in Japan among countries where leadless pacemakers have been introduced.”

When Mr. Ikeno asked about the cost needed for this innovative product, Dr. Kowal replied, “Innovation surely costs. However, it is not too large considering the excellent results. Surprisingly enough, the total cost of this product can be lower than that of traditional pacemakers when considering the total duration of use. This pacemaker, 93% smaller than the previous ones, reduced the burden on patients, encouraged rehabilitation, and significantly improved QOL. Innovation actually contributes to creating purposes of life.”

Mr. Ikeno asked, “What do you think about the trend toward a borderless world?” Dr. Kowal shared views from the standpoint of a global company.

“It may be borderless, but there will still be different needs in different regions. Medtronic's mission is to “alleviate pain, restore health, and extend life”, but health has many different aspects. Many engineers have focused on how to reduce complications. However, we also have to learn what should be prioritized in different regions. We would like to manufacture products that can be easily modified according to the regional needs.”



(From left) Mr. Ikeno, Dr. Kowal

Panel Discussion — From Perspectives of Clinicians, Medical Administration Members, and Patients

In the second half of the symposium, a panel discussion was held with Professor Ichiro Innami from Faculty of Policy Management, Keio University as chairman. The five panelists were as follows: Ms. Shoko Kojima, ballet instructor, represented patients, and Dr. Hiroyoshi Yokoi, Director, Cardiovascular Center, Fukuoka Sanno Hospital and Professor, Cardiovascular Internal Medicine, International University of Health and Welfare, represented physicians. Meanwhile, Mr. Toshihiko Takeda, Director of Health Policy Bureau, MHLW, and Mr. Yoshihide Esaki, Deputy Director-General, Commerce and Service Industry Policy Group, METI, represented medical administration members. Mr. Fumiaki Ikeno, Stanford University also participated. (Positions and titles are current as of the time of the symposium)

Those That Receive and Deliver the Benefits of Medical Devices

Ms. Kojima, ballet instructor, has suffered from discomfort and pain in her hip joint for years, and was diagnosed as having hip osteoarthritis due to acetabular dysplasia. Her condition gradually worsened, and she underwent hip replacement arthroplasty in 2014.

She said, “Before surgery, I was disinclined to have an artificial device implanted and also afraid of revision surgery. However, my physician reassured me by saying that ‘artificial hip joints are improving year by year, so revision arthroplasty is just like changing the tire of a car.’ Reassured, I decided to undergo the surgery. Now I recommend the surgery to people who are suffering from the same symptoms as I had.”

Thanks to the latest medical technologies and devices and following rehabilitation programs, she was able to work again as a ballet instructor.

Dr. Yokoi, specialist of vascular treatment using catheters, is a user of medical devices. Stents were developed in the early 1990s, and in 2000, they were improved by a vascular-restenosis-preventing agent applied on the surface. Thanks to the device, vascular stenosis can be cured with only one surgery. However, there were issues in implementing this minimally invasive treatment.

He said, “Most of the medical devices were foreign-made, and the ‘device-lag’ remained for years. We have carried out projects in cooperation with FDA (U.S.), and reviewed and prepared applications or authorization processes appropriate for Japan. As a result of these efforts, the device lag in cardiovascular medical devices has been mostly eliminated. Now innovative devices can be delivered to Japanese patients earlier than before.

Improving medical care cannot be done by physicians alone. We would like to work together with medical device manufacturers, as a team.” He also said that it was necessary to create a collaboration cycle between physicians and medical device companies, and concluded with the remark, “We would like to ask medical device companies to support clinicians.”

Approach of the Government

Mr. Takeda said that medical costs will increase slowly from now following demographic

changes, instead of the rapid increase in the past.

“The number of those who contribute to the insurance system will decrease as the population declines. It remains to be seen how we will maintain high-quality medical services with less workers and cost. What’s required is to extend the healthy life expectancy, not just adding years to life. I believe that high-quality medical services are also excellent in terms of cost-effectiveness. The point is to see how we can appropriately utilize these services.”

He said that having a challenging mindset is important in promoting innovation, and public-private-academia partnerships are needed to encourage this mindset.

Mr. Ezaki made a sharp point about the weaknesses of Japan.

“Japan has various excellent technologies. Nevertheless, medical device makers cannot utilize these technologies in product development due to risks in being criticized in case of accidents. This could be crucial to a company's survival. Japan was in the front line of pacemaker development, but in the end, Japanese manufacturers gave up on such development due to the risks. Medical devices are developed through trial and error, while incorporating patients’ opinions in the process. This is difficult for Japanese manufacturers due to environmental constraints.”

Still, there are fields in which Japan can take the lead.

“In an aging society, fields such as slowing functional deterioration, early detection of changes in physical conditions, and support in daily activities will become important. Japan can take the lead in developing medical devices for these fields. “I think innovation does not mean technical development. It is more related to ‘challenging conventional concepts.’ For that purpose, the most important thing is to listen to patients’ opinions.”

Path Toward a Vigorous Nation

Mr. Ikeno, who had worked as a clinician in a rural doctorless town in Japan, was shocked when he moved to the U.S. In the U.S., not every medical college graduate will work as a physician. Once acting as the sole doctor in a town, Mr. Ikeno now works in the business world as an advisor, being encouraged by many surrounding role models in various fields.

“Three types of people are working in venture businesses. Namely, ‘young people, foreign people, and stupid people.’ Indeed, there are many young people and foreign people working in venture companies. Smart people refrain from taking a chance because they consider the risk of failure. However, stupid people look at the benefits of success.” He introduced the mindset of entrepreneurs.

“I hope that Japan will be more unique. Following the aging population, we will accumulate a huge amount of data. This big data is a gold mine, it is a valuable social resource. Japan should disseminate it to the world.

The panel discussion closed successfully with a proposal for a vigorous nation.



(From left) Mr. Innami, Ms. Kojima, Dr. Yokoi, Mr. Takeda, Mr. Esaki, Mr. Ikeno

Value of Medical Technology

Our mission is to make more people understand the unlimited potential of advanced medical technology and its contribution to the reformation of the Japanese medical care system

Note: All opinions in this newsletter are the personal opinions of the authors, and do not necessarily represent the opinions and activities of AMDD.