

Looking back at the 1st International Conference # 1

Shujitsu College

Professor Tatsuya Otomo

Introduction

I would like to thank many people as presidents of the Japan Medical Benefits Association before telling this report. It has only been two years since the birth of the Japan Medical Benefit association Association, but, I am very happy to be able to hold academic conferences overseas.

Dr. Chung-yi Park, Director of the Asian Community Research Institute, has received a great deal of cooperation in this realization. Dr. Haru Sukawa, Deputy Director of the Infection Control Division of Good Samsun Hospital, gave a keynote speech. And explained the medical service in the hospital, Dr. Jae Yong-kim, Quality & Patient Team Manager at Good Moonhwa Hospital. I would like to express my deep gratitude to all of you.

Presentation of research

In Japan, ICT is automating score calculations. ICT automation is changing the need for knowledge about medical expenses in medical affairs. In the past, knowledge of calculation methods was important, but in the future, we thought that we would shift to explaining the results of calculations. In this study, we apply the Otomo method, which is a calculation method, to the patient's explanation.

We explored the possibility of explaining patients in medical institutions using the Otomo-style calculation method of diagnostic imaging. It is a calculation technique, but in order to investigate the possibility that can be used to explain the patient, we interviewed the clinician sandand and conducted a questionnaire to examine it. The current conclusion is considered to be useful when an administrative staff at a medical institution uses a formula to explain medical expenses to patients.

Health care in South Korea

The influence of medical care in Korea was that hospitals are open overseas. We provide medical care to patients in Russia and Mongolia.

The meaning of internationalization is different from that of Japan. In the case of Japan There is a tendency to call it internationalization, with a focus on providing medical services to foreigners living in Japan. In fact, it is a problem in modern Japan. The number of foreign

workers is increasing in Japan as the labor force declines. In that sense, there is an urgent need.

With the acceptance of patients from overseas using the Internet, I think that Koreans are becoming more and more internationally medical care. It can be said that Japan accepts foreign patients from overseas, but it is not yet systematic. We learned a lot from visiting the hospital. I would like to thank the hospital staff and the people who explained it to me during the tour.

Looking back at the 1st International Conference # 2

Okazaki Women's Junior College
Associate professor Nobuko Kurono

The participation date and time : from 18 to 20 on August in 2019

Holding place : Busan University of Foreign Studies (Busan Metropolitan City, Korea), Good Moonhwa Hospital

I. Introduction

First of all, I am relieved that the meeting was completed with great cooperation from Dr. Jeong-yi Park, Director of the Asian Community Research Institute, for the first international conference of the Japan Receipt Society. I would like to express my gratitude to Dr. Gi-young Jung, the President, who gave me the congratulations, Dr. Su-hee Chun, Deputy Director of Infection Control Division, Good Samsun Hospital, who received the keynote speech, and Dr. Jae-yeon Kim, Good Moonhwa Hospital Team Manager.

In his congratulatory speech, Dr. Su-hee Chun, the president, learned the importance of internationalization from the viewpoint of educators and was able to use it as a reference for future academic society management. In the keynote speech by Dr. Su-hee Chun, we were able to know the details of the Korean medical security system and found many tips for comparative research with Japan. I have the same problems as in Japan, such as improving the treatment of medical staff, collaboration after discharge, and calculating medical expenses, and I felt the need to advance research on the Korean medical system.

II. Research presentation

Study on effectiveness of algorithmic medical cost calculation method in "Otomo formula"

In this presentation, the knowledge that medical clerks should understand is arranged and proposed as a new calculation method due to concerns about the decline in medical

profession's expertise due to the automation of score calculation by ICT and the internationalization of patient response. Originally, the subject group classified as medical fee claim tends to end with “score adjustment”, and there are many learners who do not understand the basis of the score calculation. However, with the development of the receipt computer and the electronic medical record, the conventional learning method of how to speed up the calculation has become meaningless.

This research was devised for the purpose of expressing the basis of the score with mathematical formulas, and we are convinced that it is a calculation method that should be incorporated into medical fee education in the AI era.

III. As an organizer of an international conference

In planning this international conference, I intend to break my heart so that the participants can gain as much knowledge as possible. However, I am convinced that there was no success without your cooperation. Thank you very much.

Dr. Park Masai spent a lot of time in arranging meetings, arranging banners and venues, and selecting keynote speakers. Dr. Su-hee Chun of Good Samsun Hospital, the keynote lecture, gave a valuable and interesting lecture. I would also like to thank Dr. Jae-yeon Kim of Good Moonhwa Hospital for planning a wonderful hospital tour. Thank you again.

I hope to see you all at the next international conference.

Looking back at the 1st International Conference # 3

Osaka University of Human Sciences

Department of Social Services

Associate professor

Yasuhiro HATA

Introduction

This time, I participated in the ASIAN COMMUNITY INSTITUTE(ACI) · JAPAN MEDICAL BENEFIT ASSOCIATION(JMBA) Co-Sponsored International Research Conference held at Busan University of Foreign Studies in Busan, Korea. This conference was the first international conference for the JAPAN MEDICAL BENEFIT ASSOCIATION(JMBA) that has been active since 2017, and it was a valuable and honorable experience for me.

Prior to the meeting, the congratulatory speech of Busan University of Foreign Studies President Gi-young Jung was very interesting. The ASIAN COMMUNITY INSTITUTE was originally Japan a research institution that study Japan. The president is a person who has been involved in research on Japanese education. As of August 2019, political tensions between Japan and Korea are increasing and instability is increasing. The words “cooperation over understanding” and “internationalism over nationalism” resonated with my heart. Many of the participants participated with various concerns. In fact, my colleague teacher seriously told me that You should not go to Korea now. The attraction that led me to Korea was because of attractive programs such as conference presentations at international conferences and hospital fieldwork.

In 2017, I had a great experience traveling alone in Korea. I have received great kindness from male junior high school students and omni. There was a clear gap between political tensions and the actual image of Korean people. I still can't forget the kindness of Koreans at that time. Probably because I feel the kindness that I can never forget for the rest of my life, I think I went to Korea for the second time.

My research presentation

My research presentation was “Revision of Long-Term Care Fee and Bankruptcy and Retirement of Nursing Care Service Establishments.” The Japanese long-term care insurance system was started in 2000. Nursing care fees were revised in 2003, 2005, 2006, 2009, 2012, 2014, 2015 and 2018, a total of 8 revisions. The revision rate for nursing care rewards in 2018 is + 0.54 percent overall. However, this is a figure as a whole, and it is not necessarily a good revision for all offices when we look closely at the types of services and the calculation standards for nursing care fees. As of 2018, there are 25959 service codes for calculating nursing care fees, and nursing care fees are becoming more complex.

The reason for this is related to the government's financial difficulties, demands from the medical and welfare industries, and the fact that the long-term care insurance system is a semi-free market. Nursing care costs in FY 2018 exceeded 11 trillion yen.

The proportion of nursing care in social security benefits is increasing, and the government believes that somehow it must be reduced. However, on the other hand, there are various requests regarding care rewards from the medical and welfare industries. As a result of these compromises, nursing care rewards are becoming increasingly complex, and at the same time, the amendment is disadvantageous for small establishments rather than large establishments. The number of nursing care service establishments is increasing rapidly, and most of them are home help establishments and day service establishments that are easy to enter.

The bankruptcy situation in the nursing care business since 2000 has been increasing. The

number of bankruptcies in the nursing care business in 2019 may reach a record high.

The number of business closures cannot be determined. Looking at the number of bankruptcies, 90 percent are small establishments. 60 percent are home helper establishments.

Conclusion

➤ Long-Term care fees have been revised to favor large establishments. Additional care reward, etc.

➤ The crisis of an unprecedented shortage of care givers hit small businesses.

➤ Small businesses have little capital and management know-how.

Future challenges

➤ Detailed analysis of Long-Term care rewards and scale benefits

➤ Is it really good for users to survive only in large-scale establishments? There are many wonderful small establishments.

➤ Accepting foreign care givers.

Participate in an international conference

This international conference was a great experience for me. All of the research presentations were great. The conference of research conferences centered on the reception is probably the first attempt in Japan. In addition, this time we had a rare opportunity to visit a Korean hospital in detail. I would like to thank Kim Manager of Choung Cultural Hospital. It was a guide full of hospitality.

In Busan, there seems to be little work at facilities for foreign care workers. This was a big surprise and harvest for me. In South Korea, there was a very difficult situation that the number of offices was rather reduced due to restraint on nursing care rewards. It is very interesting as a teacher teaching the field of welfare for the elderly. Caregivers' salaries are low and staff retention is very low. I felt strongly the need to first grasp the actual situation of the elderly welfare field in Seoul.

I would like to express my sincere appreciation to President OTOMO and Vice President KURONO for providing such an international conference.

Looking back at the 1st International Conference # 4

Kawasaki University of Medical Welfare

Yumi Kuroki

Finish the Pusan country training

It was hosted by Asian community Institute, receipt society conjugation in Japan, and, on

August 19, 2019, "a Japan-Korea receipt international conference" was held in Busan University of Foreign Studies.

The meeting theme is "Japan and a comparison between medical cost and system of Korea", and is a basic tone lecture; Good Samsun Hospital (좋은삼선병원)

We listened to "a Korean health insurance system and policy method" by Dr. Su-hee Chun of the deputy general manager.

● Medical security system of Korea

The types of the medical institution include an upper grade general hospital, a general hospital, a hospital, doctor's office, health organization (public health center).

About the medical security system, there was the place where we resembled Japan, but the details varied and were able to obtain the finding such as follows.

Korean medical insurance system is a universal care as well as Japan.

A lot of insurers were present at the time of the achievement in the universal care in 1989, too, but they unify insurers of the medical insurance in 1999 ten years later and realize a single insurer (National Health Insurance public corporation) system.

The fee-for-service system is performed in the reward payment (Free-For-Service) according to the act, an inclusion reward payment (Diagnosis Related Groups), 3 methods of the new inclusion reward payment, and "a person burden upper limit system" to correspond to high-priced medical expense reimbursement in Japan is established.

20% of self-pay (except the case using a major medical service instrument) in the hospitalized care is different from the location of the hospital in the money of copayment at the outpatient department by a scale.

Treatment costs (we exempt you for delivery encouragement) and tuberculosis, a cancer, the cases that the self-pay including severe burn treatment costs (for the security-related reinforcement of the severely affected patient 5-10%) is relieved such as natural childbirth costs, a premature baby or the premature baby are set as an exception.

We are similar about the medical benefit in Japan and Korea, but, in a range of the legal non-payment, "a choice medical fee to need when we choose a specific physician and nominate you" is present in Korea.

Also, mixed practice is found in Korea, and it is a major characteristic that private insurance for medical care spreads for medical cost burden reduction to be concerned with outside an insurance subject widely.

● Visit to hospital (a visit to hospital tour place: in the Good Moonhwa Hospital, afternoon)

It was the visit of the Good Moonhwa Hospital from the society afternoon of the day.

They received the utmost meeting of three staffs including a nursing director.

After having received the explanation such as the summary of the hospital or the original service, we had you guide inside the hospital.

Good Moonhwa Hospital was a hospital specialized in "pediatrics" and "obstetrics", and therefore we made much of the environment that was conscious of women, and inside the hospital was based on pink, and flooring was a building taken in.

In the visit, we were able to have you show it to the every corner that reached a medical examination receptionist, a medical examination room, a receptionist, an electronic chart screen and the operation in a hospitalization room (private room), a delivery room, nurse station, the outpatient department in the ward.

At first we confirm the basic information and medical insurance of the person for general affairs, and, for the initial diagnosis patients, a foreigner practice center is installed in the environment where patients family can confirm an electrocardiogram image by a monitor installed in the wall of a thing and the waiting room which a receptionist team accepts next and the receptionist counter side in that, and, as for the notation, Chinese, English are Japanese, and what was done remains in the impression.

We thank that we have you willingly consent to this request in the case of the visit and one by one had you reply it carefully for the trifling question.

In this international training, we could obtain a society, visit to hospital result to surpass far expectation together and were able to spend at all substantial significant time.

The aid of Mr. of the Director of Japanese receipt society Tatsuya Otomo, Mrs. Nobuko Kurono of the second chief director contributes, and this is caused entirely, too and is thankful. And we appreciate to the researchers of Busan University of Foreign Studies, the staffs of the Good Moonhwa Hospital about thanks.

Looking back at the 1st International Conference # 5

The prescription

— A big difference between Korea and Japan —

Sapporo International University Junior College

Yuka Shimomura

I participated in the overseas training of Japan Medical Benefit Association.

What impressed me most was the hospital tour. Since its opening in 1978, Good Moonhwa Hospital in Korea has opened 16 clinics. It is a general hospital equipped with 16 centers.

We observed the hospital and had a question-and-answer session with some hospital staff in the middle. Above all, a topic on the prescription issued by hospitals in Korea took my interest.

There was a big difference in handling prescriptions between Korea and Japan.

In Japan, pharmacies must collect all the prescriptions by all means.

If not, a patient can take the same prescription to other pharmacies and receive the ethical drug as many times as they want. It is very dangerous when the drug type is psychotropic or poisonous.

However, in Korea, hospitals issue two copies of the same prescription, then a patient and a pharmacy keep one each.

I heard that the prescription issued by a hospital works as the receipt for a patient.

Why is it possible?

South Korea has a resident registration number system.

The Korean government assigns each resident a number, centralizing and managing the personal information.

Hospitals and pharmacies can learn the history of medicine of each patient using this number.

Therefore, whichever pharmacy a patient go to, if the pharmacy staff enter the number, they can view all the medicine prescribed to the patient so far at hospitals.

They can immediately find the overlapped ingredients or the interaction of each medicine.

When a maladaptive situation is found, they cannot input the related medicine into the computer, nor dispense medicine.

In Japan, each pharmacy manages patient information individually by using a drug history book.

Pharmaceutical products have various risks.

In particular, diabetic and kidney disease patients are required to pay attention to medicine.

If a number system such as used in Korea is introduced in Japan, patients will be able to obtain pharmaceutical products more safely.

It deserves interest and consideration.

Looking back at the 1st International Conference # 6

Kansai Woman's Junior College

Satoshi KUBO (Lecturer)

First of all, thank you for the opportunity to make a presentation at an international conference. And I had a very fresh experience in the tour of Choung Cultural Hospital. I would like to thank everyone involved.

In the presentation, I was in charge of the chair and the presentation.

The presentation theme is “Survey on the Medical Fee for Clinical Examination Using NDB Open Data”.

Research and analysis using NDB has already been carried out, but in order to obtain analytical data, it is necessary to make a complex application with the Ministry of Health, Labor and Welfare, and I have not been able to tackle it at this time. For this reason, the NDB Open Data, which is open to the public, was used for this research. NDB data is considered to be highly reliable information that is a collection of information on medical fees, but this time we dare to verify whether it is really reliable or not flawed? It was aimed. In conclusion, I was able to find a clear flaw in the medical fee claim and clarify that NDB data is not reliable. (But it is an excuse ...) Since information can only be obtained by prefecture, and when the number of calculations is small, it is displayed in hyphens, so unfortunately the research theme was halfway I reflect on it.

In the hospital tour, I was able to observe details.

Choung Cultural Hospital was an interesting facility and the tour was very fulfilling.

In particular, the staff attending the meeting (sorry, forgot her name) gave me a polite explanation while translating it into Japanese using a smartphone that does not understand English.

I have never seen an overseas hospital before. Even hospitals in Japan have never had the time to explain them carefully. My area of expertise is medical informatics, and I am interested in electronic medical records and hospital infrastructure. For that reason, while I was being guided through the hospital, I was always paying attention to the ceiling and infrastructure, and it was clearly different from other participants, so it may have been a strange sight. (I was very sorry for shooting such a place)

These three days were very fulfilling days. If there are such opportunities in the future, I would like to participate. Next time, I would like to work on a survey on receipt data in the host country. (Receive data managed by NHIS in Korea)

Thank you all.

Looking back at the 1st International Conference # 7

Participate in a Japanese receipt society country congress (Pusan)

The Kumamoto school University department of commercial science

Special appointment lecturer Saiko Tokunaga

1. Preface

We participate in a Japanese receipt society country congress and at first want to thank Mr. Tatsuya Otomo and Mrs. of the chief director Nobuko Kurono of the second chief director. Pusan had various people take good care for the first time while the political situation of the two countries was less good.

In the international society, it was said hello in Japanese that Mr. Gi-young Jung which was the president of the Busan University of Foreign Studies of the host country was fluent.

Because it was the Japanese subject first graduate of the Busan University of Foreign Studies, and Mr. Cheng was an initial Asian community study director, Japanese was the enjoyment.

It was said hello in careful Japanese which it was easy to hear very much and was impressed.

Dr. Jeong-yi Park was interpreted for the keynote speech by Dr. Su-hee Chun, deputy general manager. I thought that the Japanese of Dr. Jeong-yi Park, director of community studies in Asia, was very wonderful.

2. Presentation of the results of the study

In the study of oneself, we announced it on a theme called "the carrier formation of the healthcare worker".

We easily introduce contents.

Example 1: A company special appointment supervisor A

(1) Profile

Mr. A is from Saga born in 53(1978) age July of the Showa era.

After graduation, we entered a school of higher grade in Asao medical welfare technical school and acquired the qualification of the care worker and graduated from a local high school in two years.

We worked as a care worker after graduation in a special elderly nursing home for seven and a half years.

We entered the company as an opening staff with the opening of the A company after graduation in the eighth year and worked as the care leader and care manager for three years and we got promotion with the institution head as the second institution head for a little less than one year and worked for seven and a half years.

It is the third year as a special appointment supervisor in the administration of the head office and we go around a high school and the university and hold a briefing session and are in charge of the adoption of the new employee, education, the training, education, the training of the foreigner skill trainee now.

(2) The experience that we applied appearance to

① It is to have become a manager, Mayor of institution at the age of the eleventh-year 31 years old after graduation.

Oneself bore all responsibility, and it was big that a sense of responsibility that we must judge based on every information was born.

② It is in the institution head to the 0-year-old age that the first children were just born and has not spent New Year holidays with children, and the second children come to act violently in a nursery school and are what we talked about with the president when we cannot continue working for the institution head two years ago.

It was a chance to think about a situation as mother and a viewpoint as oneself who worked deeply.

We were persuaded when we talked with the president when a family was important, and the post raised it and had you do suggestion to shorten it at time, and to work and, for a little less than one year, worked as Assistant supervisor.

Example 2: Sunshine center the care head Miwa Yano

(1) Profile

Yano is from Fukuoka born in 51(1976) age December of the Showa era.

We entered the West Japan junior college after graduation in a local high school and graduated from a social welfare law course in two years.

We found work after graduation in a hospital and worked as a care worker for one and a half years.

After having worked as a care person in the special elderly nursing home in the city for four years, we entered a sunshine plaza and worked as a care person subsequently for 13 years.

We worked to a sunshine plaza and were admitted into the first welfare university in the fourth year and entered a school of higher grade after graduation in the international medical welfare University graduate school in two years and completed Masters degree course, Doctoral degree course and acquired a medical welfare studies doctorate.

We move with opening of February, 2016 in the sunshine center and we work as the care head and are the third year.

We are engaged in unification and education, the training like 30 care people, overall administration of the sunshine center now.

(2) The experience that we applied appearance to

① Time when we acquired a doctorate was the most serious.

It is a major event a doctorate and the care worker who had have a series of vigil to aim at the specialist whom there will not be, and to have made an effort.

② It is to have taken an entrance examination for the study of the independence support care authorization lecturer.

The pressure that must teach 90 minutes in front of an expert was great to receive authorization.

3. Conclusion

We observed the Good Moonhwa Hospital after a society.

We had you show the institution which you could rarely look at and were able to know the summary of the hospital in detail.

We want to thank people concerned deeply.

The above

Looking back at the 1st International Conference #8

What I felt when I went to Korea

University of Shujitsu Kobayashi Yuki
(student)

I went to Korea first time. When I went to Korea, I felt many things. So I want to talk about two things.

First, this time presented about Japanese pharmacies. Most important points in this presentation was the trend of Japanese pharmacies under increasing medical expenses in Japan. This trend is an effective approach to decreasing medical expenses. But many people don't know that. So I think that it was good to present Korean people and Japanese people about that.

Second, it is often said that a relationship between Japan and Korea are bad. So I decided to go Korea. The government of both countries is not agreement about politics and economy. We get this kind of information from the media. But I think that it makes people difficult to have an opinion. So this time is a good chance. And my impression of Korea has changed. I felt a passion of Korean people when I experienced Korean life, food and culture. I was nervous before I went to Korea. But I thought that I want to come Korea again and don't want to go back to Japan. So I felt Korea is a fascinating country. Thus, unless I really go, I'm going to misunderstand in my life.

I knew friendship between the country and the country is made by people. And We should make these connection, make a strong this friendship. This time, the connection was presentation of Japan medical benefit association. So I would like to make a strong a relationship between Japan and Korea.

Looking back at the 1st International Conference #9

Shujitsu Junior College 1 Year

Aika Okuyama

(student)

I made the announcement at the International Research Conference. When I first visited Busan, everything was fresh and vivid. I went to Busan University of Foreign Studies, which is very spacious and beautiful, and I feel a little frustrated that I couldn't make such a good announcement because I was nervous just before the announcement. However, I was very glad that they clapped me a lot when I greeted them in Korean. Since I have never studied, I have heard the announcement from other teachers and found that each teacher has a different way of doing research and is free of format, so I will use this experience for the next study. Since I have only been in a junior college for five months, and I have not studied enough about medical matters, I thought I should be more aware of my future studies at school.

When I visited Chaun Bunka Hospital, I was very surprised to find that there were 14 floors. There are no hospitals on the 14th floor in Japan, so I felt that it was unique to Korea. And I was surprised that the articles of incorporation changed every year. "It was changed every year, and it was refreshing, and I felt that I could keep the staff's awareness high in the hospital." The first thing I saw in the hospital function was the elevator that only the staff could use. I was able to find out that using an elevator by holding the card held by the staff over the side wall of the elevator was preventing infectious diseases. What bothered me when I visited the hospital was the multilingual representation. I felt that they had a system to accept foreign patients.

Ms. Park was much more friendly than I had imagined and he wanted to know, so I enjoyed it. When I was talking to Ms. Jung, she kindly treated me to tell me in another way when I didn't understand Korean, and I learned Korean.

Thank you very much for giving me this opportunity. There are many different places from

Japan and there are many things to see for the first time, and I can't forget about it for the rest of my life.

I would like to express my sincere appreciation to president Otomo and Vice-President Kurono for providing such an International Conference. I would also like to express my sincere gratitude to Park and Jung.