

National Survey on the Sustainability of the Public Health Insurance System: Outline of Survey Results

Health and Medical Policy Consortium

(Secretariat)

The Japan Research Institute, Limited

Research Team for Establishing Sustainable, High-Quality Healthcare Provision Structure

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Survey Results: Key Findings

- Currently, **81% of the public in Japan are satisfied with their physicians' practices**. However, there are currently more than a certain number of physicians working beyond the work hour limit for death by overwork, and work style reforms for physicians are a pressing issue. To this, many Japanese are willing to cooperate toward reducing physicians' workload.
 - In particular, **many expressed willingness to reduce the workload on physicians by cooperating toward "health maintenance" and "sharing of medical information."**
 - To reduce physicians' workload, it is recommended that a person has a family doctor, a role that is advocated by the government, who can be also consulted on family member conditions. However, **it was revealed that most Japanese do not have such family doctors.**
- 71% of the respondents believe that in maintaining the public health insurance system, the **government may discuss increasing the burden on the public on the assumption that it will work to improve the efficiency of medical care** by "linking medical information," "promoting inexpensive treatment methods," and "promoting the prevention of worsening illness to serious conditions."
 - Many respondents expressed that, on the assumption that such efforts are being made to improve the efficiency of medical care, the increase in **burden should be assumed by the entire population, including the elderly**, and that the **burden on the elderly should be considered in light of their financial assets, including their savings accounts.**
 - Regarding the review of benefits, **about half of the Japanese believe that medications available over-the-counter, such as compresses, ointments and fever reducers, should be excluded from public health insurance coverage.**
 - **The percentage agreeing that drugs for rare diseases, cancer and other life-threatening illnesses should be covered by public health insurance exceeds 70%.**
- Although many Japanese wish to use the latest pharmaceuticals within the scope of public medical insurance without lagging behind other countries, it was revealed that **about 75% is unaware of the current issues of drug lag and drug loss.**

Survey Background and Purpose

Quantitatively identify and present the public's views to deepen discussions on the sustainability of the public health insurance system

- Through the COVID-19 pandemic, patients and the public experienced supply-demand imbalance in the healthcare delivery system.
The issue of **“drug lag/drug loss”** in which the launch of new drugs to Japan from overseas is delayed or new drugs are not be launched at all was also highlighted. In the process, the public and patients appeared to have become more aware on the issue of how the **“healthcare delivery system”** should be.
Furthermore, while the **burden rate** of public medical insurance premiums is rising, deficit-covering government bonds are being used to finance medical expenses and is putting the burden on future generations. In order to rectify this situation as soon as possible, it is necessary to keep examining the balance between **“benefits and burdens.”**
- Therefore, the research team conducted this survey to **quantitatively identify what the public expects from the standpoints of the “healthcare delivery system,” “benefits and burden” and “drug lag/drug loss,”** and to deepen discussions.

Survey Outline

Survey a broad range of generations on the perceptions and opinions regarding the “healthcare delivery system,” “benefits and burdens,” and “drug lag/drug loss”

Survey specifications

- **Survey name (displayed to respondents):** Questionnaire About Yourself
- **Surveyed area:** Nationwide
- **Survey respondents:** Men and women over 20 years old
- **Sample size and allocation:** 3,000
* Allocation and collection of sexes, ages, and places of residence based on the population distribution in the “Population Estimates (as of October 1, 2022)” by the Statistics Bureau of the Ministry of Internal Affairs and Communications
- **Survey method:** Online questionnaire
- **Survey period:** July 28 - July 31, 2023
- **Attribute information:**
 - Sex, age and prefecture of residence
 - Type of public medical insurance subscribed
 - Frequency of medical visits per month
 - Personal and family medical history
 - Annual household income
 - Total financial assets

Outline of survey questions

Healthcare delivery system

- How satisfied are you with the quality of care provided by physicians at the medical institutions you have visited most recently?
- The initiatives and actions in the example are believed to reduce the amount of work and workload of physicians. Which do you think you are willing to do or agree to do in the future?
- Do you have a doctor whom you can call a family doctor? What kind of person is this family doctor? If you do not have a family doctor, what kind of family doctor would you like?

Benefits and burdens

- What kind of initiatives by the government to reduce the cost of healthcare do you think would be acceptable to discuss increasing the burden on the public?
- If it is necessary to increase the burden on the public, what kind of measures do you think is best?
- For the elderly, do you think that the percentage of burden should be determined upon taking into account factors such as their financial assets?
- Do you think the drugs mentioned as examples should be covered by public medical insurance, where the patient pays for 10-30% of the cost?

Drug lag/drug loss

- Did you know that there is a term and issue called “drug lag/drug loss”?
- In the context of the rise in public health insurance expenditures (healthcare costs), do you think that expensive drugs that are superior to existing treatments should be covered by public health insurance?

Many are satisfied with their physicians' practices and are willing to help reduce their amount of work and workload

- **81% are satisfied with their physicians' practices**
- **Many are willing to contribute to reducing the amount of work and workload of physicians**, and as means of doing so, 48% responded they will “strive to maintain good health and be able to avoid having to visit medical institutions as much as possible” and 44% responded they agree to “share the results of medical examinations and tests received with all medical institutions I visit so the same tests do not need to be performed again”
- **About half of the respondents have a family doctor**, with the percentage increasing with age: 48% among respondents in their 50s, 60% of those in their 60s and 72% of those in their 70s
- Regarding their own family doctor, **17% of respondents think they “can discuss their family’s situation with them”** and **29% think their family doctors “are aware of their other medical visits and provide appropriate advice,”** both marking low percentages
- Of those who do not have a family doctor, **50% would like to have a family doctor who is “familiar and reliable”** and **40% would like a family doctor who would “refer a specialist or specialized medical institution when necessary”**

Summary of Survey Results (2) (Benefits and Burdens)

Many believe that if increasing burden on the public is necessary, it should apply to the entire population that includes the elderly, and not just the working-age population

- **45% believe that the government should promote “linking of medical information,” followed by “encouraging inexpensive treatment methods” and “promoting the prevention of worsening illness to serious conditions”** which marked 44% and 43%, respectively. On this basis, it is acceptable to discuss increasing burden on the public
- If it is necessary to increase the burden on the public, **67% of respondents believe that “the entire population that includes the elderly should bear the burden, and not just the working-age population,”** with 63% of those in their 60s and 68% of those in their 70s and older agreeing to this, which does not mark significant differences from the other generations
- **58% of respondents believe that if an increase in the burden on the elderly is necessary, the proportion of out-of-pocket expenses should be determined by also taking into account financial assets such as savings, in addition to income.** 59% of those who are in their 70s or older and possess total financial assets of 10 million yen or more share the same opinion.
- Regarding drugs available at drugstores without a physician’s prescription, **50% of respondents think that topical medicines such as compresses and ointments “should not” be covered by public medical insurance, while 44% think so for oral medicines such as fever reducers and cough medicines**
- Meanwhile, **71% of respondents believe that physician-prescribed drugs for rare and life-threatening diseases “should” be covered by public health insurance, and 74% for cancer drugs**

Summary of Survey Results (3) (Drug Lag/Drug Loss)

Many believe that public health insurance should cover state-of-the-art drugs so that they can be used even if national healthcare costs become higher, but 75% of people do not know about the issue of Drug lag/drug loss

- **About 75% of people do not know that there is a drug lag/drug loss problem**
- **58% believe that state-of-the-art drugs should be covered by public health insurance, even if national healthcare costs become higher. In particular, more people who experienced serious illnesses tend to believe that expensive drugs that are superior to existing treatments should be covered by public health insurance**

Implications from the Survey

Survey results indicated that linkage of medical information, implementation of the family doctor system, reviewing burden on the elderly, selection of drugs to be covered by insurance, and elimination of drug lag and loss should be pushed forward

Direction of discussion	Evidence based on survey results
Healthcare Delivery System	
(1) Promotion of linkage of medical information	<ul style="list-style-type: none"> • If discussing on increasing the burden on the public, 45% believe that the government should promote “linkage of medical information” • In addition, 44% of respondents responded they would agree to have the results of medical care and tests they receive be shared with all medical institutions they visit
(2) System development and dissemination of information that enable the family doctor system to function effectively	<ul style="list-style-type: none"> • Only about half of the respondents have a family doctor • Regarding their own family doctor, 17% of respondents think they “can discuss their family’s situation with them” and 29% think their family doctors “are aware of their other medical visits and provide appropriate advice,” both marking low percentages
Benefits and burdens	
(3) Reviewing the burden on the elderly that takes into account savings and other financial assets	<ul style="list-style-type: none"> • If necessary to increase the burden on the public, 67% of respondents believe that “the entire population that includes the elderly should bear the burden, and not just the working-age population,” with 63% of those in their 60s and 68% of those in their 70s and older agreeing to this, which does not mark significant differences from the other generations • 58% of respondents believe that for the elderly, the “percentage of out-of-pocket expenses should be determined by also taking into account their savings and other financial assets”
(4) Selection of drugs that should be covered by public medical insurance	<ul style="list-style-type: none"> • Regarding drugs available at drugstores without a physician’s prescription, 50% of respondents think that topical medicines such as compresses and ointments “should not” be covered by public medical insurance, while 44% think so for oral medicines such as fever reducers and cough medicines • Meanwhile, 71% of respondents believe that physician-prescribed drugs for rare and life-threatening diseases “should” be covered by public health insurance, and 74% for cancer drugs
Drug lag/Drug loss	
(5) System development to eliminate drug lag/drug loss	<ul style="list-style-type: none"> • About 75% of people do not know that there is a drug lag/drug loss problem • 58% believe that expensive drugs that are superior to existing treatments should be covered by public health insurance, even as healthcare costs increase. In particular, more people who experienced serious illnesses tend to believe this

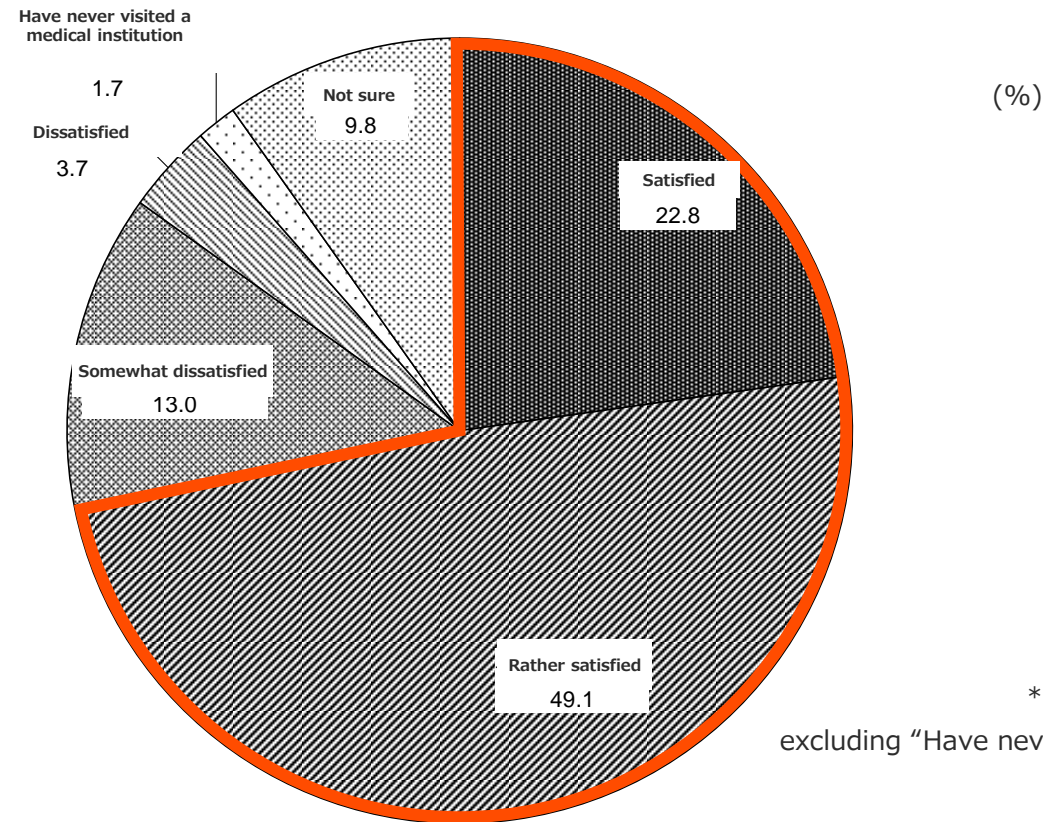
Survey Results

Q4. Survey Results (Simple Tabulation)

81%* are satisfied with their physicians' practices

Q4. How satisfied are you with the content* of your physician's practices (consultation and treatment) at the medical institution (hospital or clinic) you visited most recently? (Single answer)

*Does not apply to time spent waiting at medical institutions, patient care experience at the reception desk, etc.



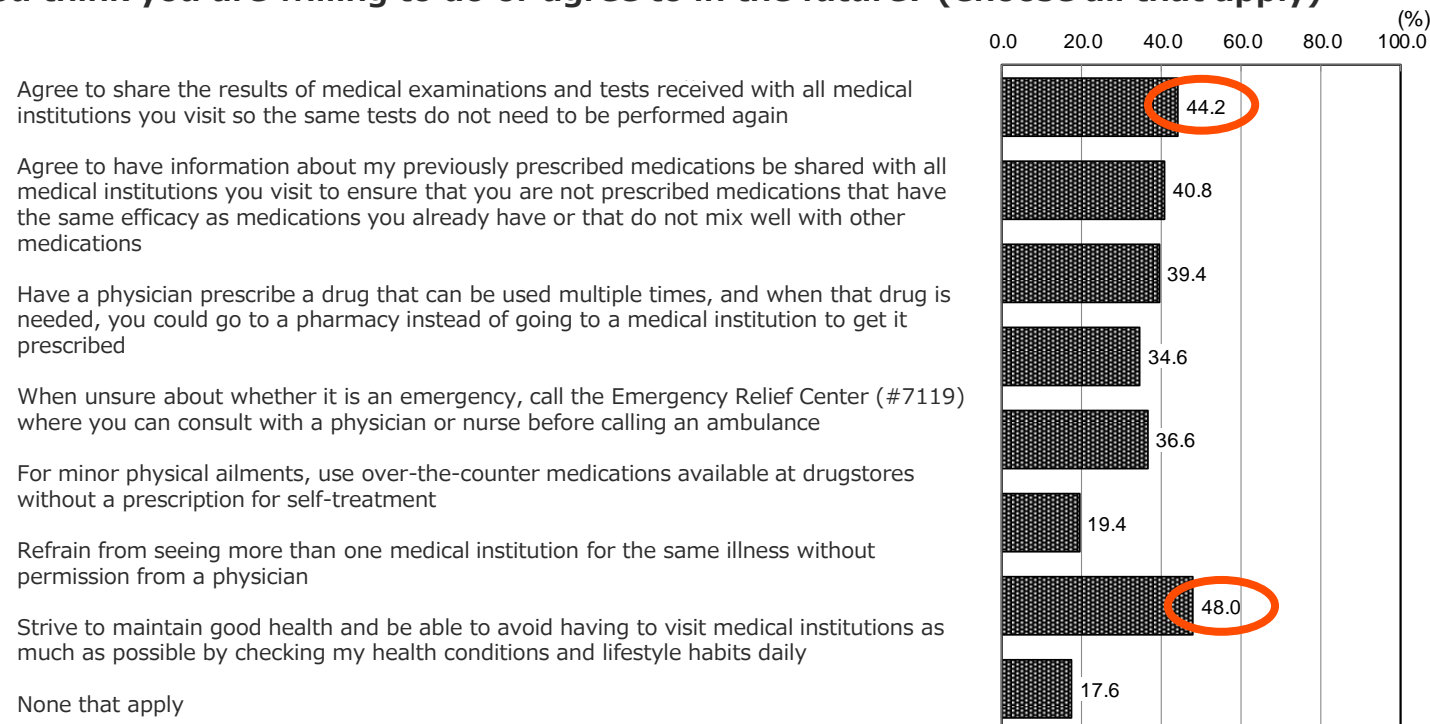
* Total of "Satisfied" and "Rather satisfied," excluding "Have never visited a medical institution" and "Not sure"

n=3,000

Q5. Survey Results (Simple Tabulation)

Many are willing to contribute to reducing the amount of work and workload of physicians, and as means of doing so, 48% responded they will “strive to maintain good health and be able to avoid having to visit medical institutions as much as possible” and 44% responded they “agree to share the results of medical examinations and tests received with all medical institutions you visit so the same tests do not need to be performed again”

Q5. The following initiatives and actions are perceived to reduce the amount of work and workload of physicians. Which do you think you are willing to do or agree to in the future? (Choose all that apply)



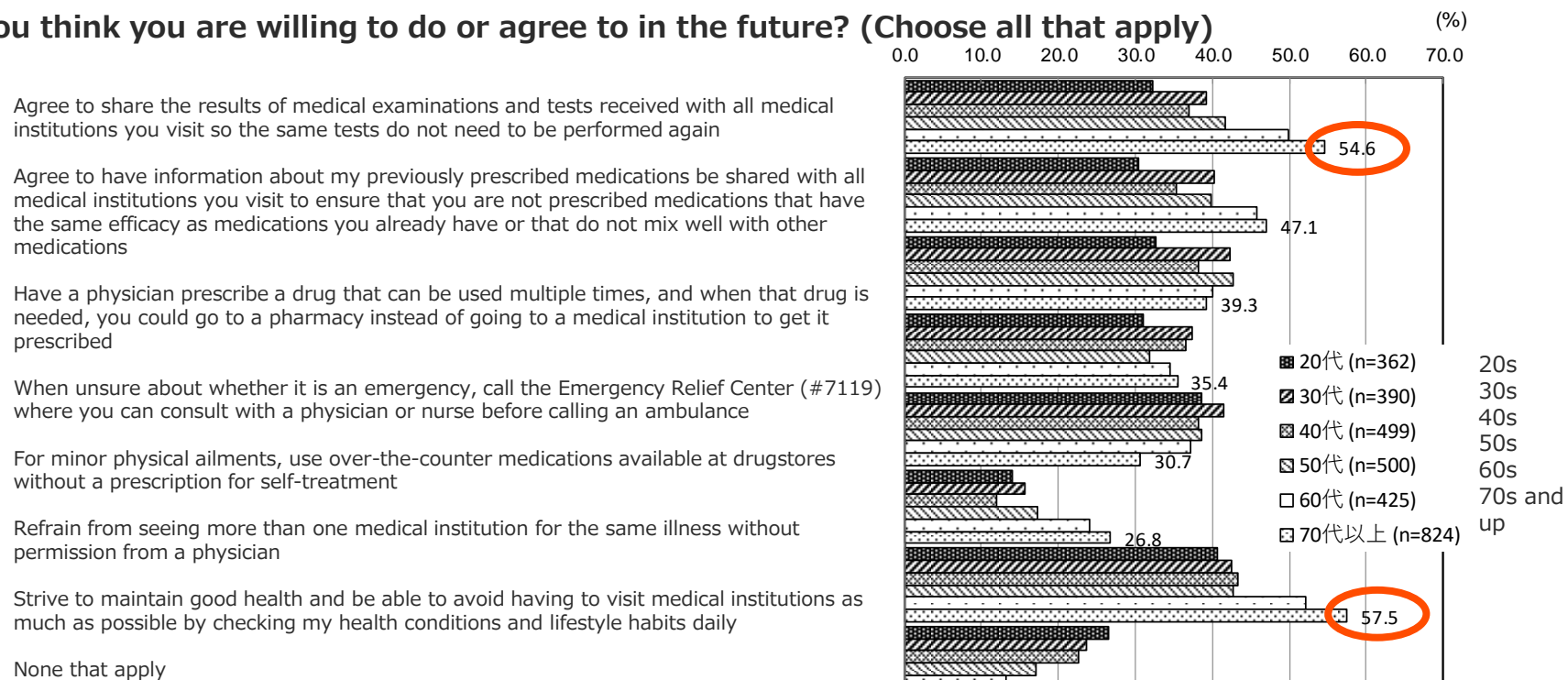
n=3,000

Q5. Survey Results (Cross Tabulation)

Especially among those in their 70s and older, 58% of respondents were willing to “strive to maintain good health and be able to avoid having to visit medical institutions as much as possible” and 55% selected “share the results of medical examinations and tests received with all medical institutions you visit so the same tests do not need to be performed again”

Q5. The following initiatives and actions are perceived to reduce the amount of work and workload of physicians.

Which do you think you are willing to do or agree to in the future? (Choose all that apply)

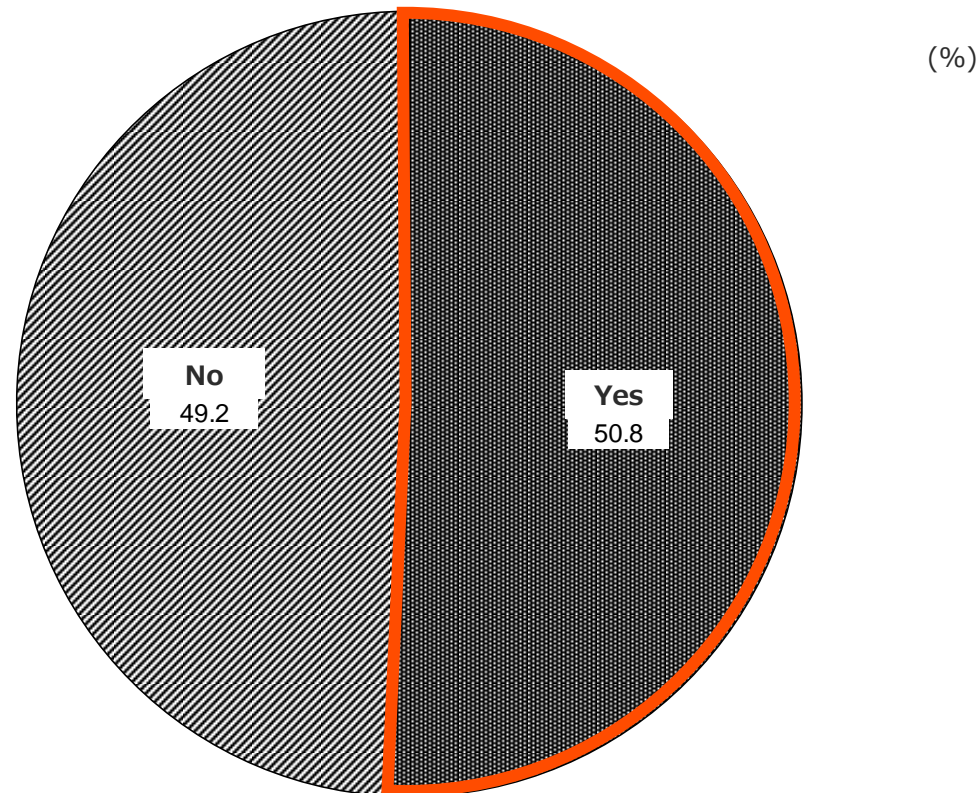


Q6. Survey Results (Simple Tabulation)

About half of respondents have a family doctor

Q6. Do you have a physician whom you can refer to as your family doctor*? (Single answer)

*A "family doctor" is "a doctor at a clinic or hospital near your home whom you consult when you feel unwell, such as a fever, fatigue, or loss of appetite"
(Source: "What is family doctor?", Tokyo Medical Association website)



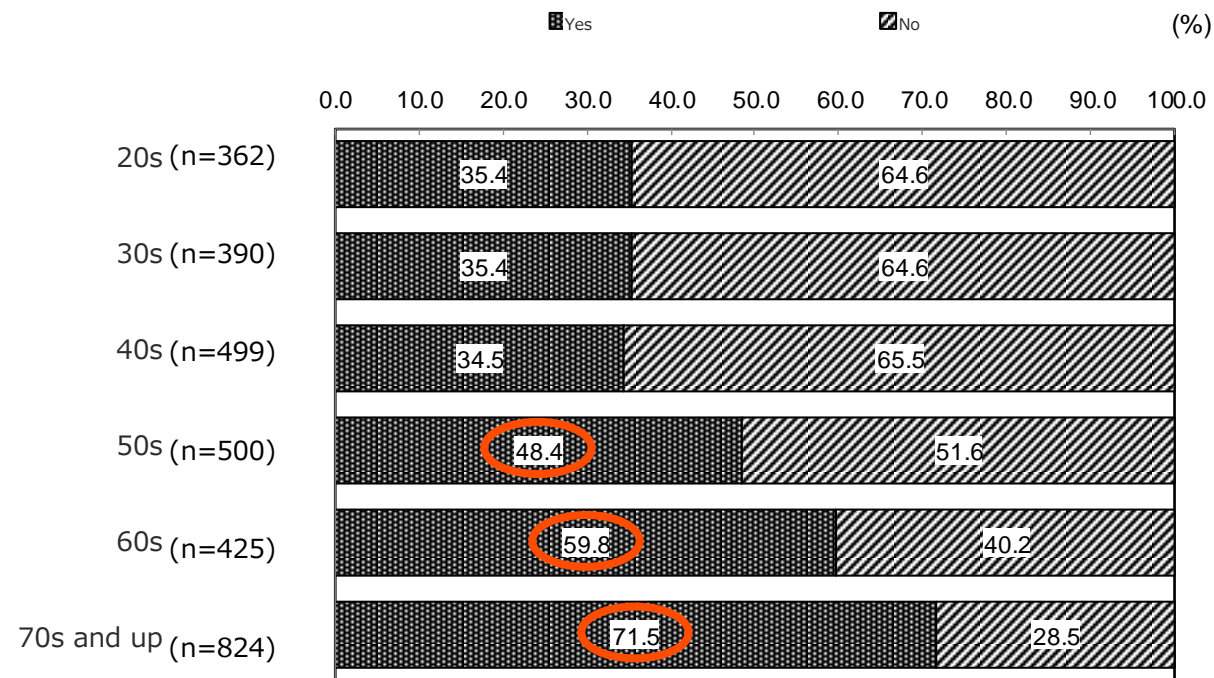
n=3,000

Q6. Survey Results (Cross Tabulation)

The percentage of those with a family doctor increases with age: 48% of those in their 50s, 60% of those in their 60s, and 72% of those in their 70s

Q6. Do you have a physician whom you can refer to as your family doctor*? (Single answer)

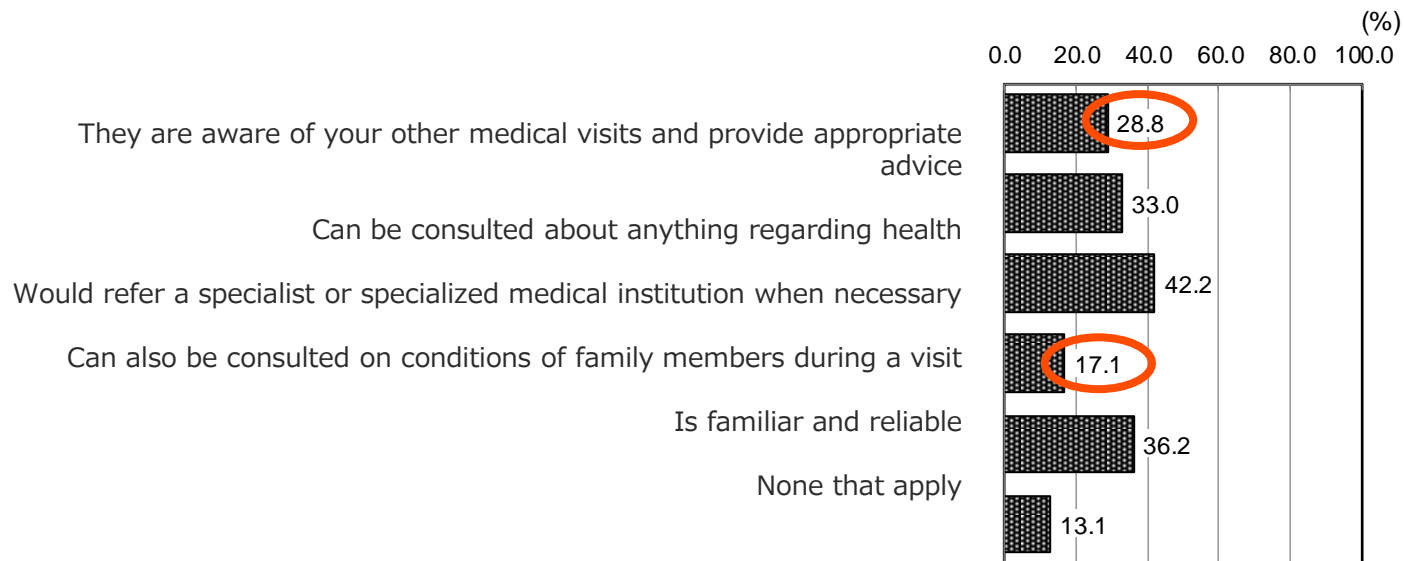
*A "family doctor" is "a doctor at a clinic or hospital near your home whom you consult when you feel unwell, such as a fever, fatigue, or loss of appetite"
(Source: "What is family doctor?", Tokyo Medical Association website)



Q7. Survey Results (Simple Tabulation)

Regarding their own family doctor, 17% of respondents think they “can discuss their family’s situation with them” and 29% think their family doctors “are aware of their other medical visits and provide appropriate advice,” both marking low percentages

Q7. (Only if answered “Yes” in Q6) What kind of person is your family doctor? (Choose all that apply)

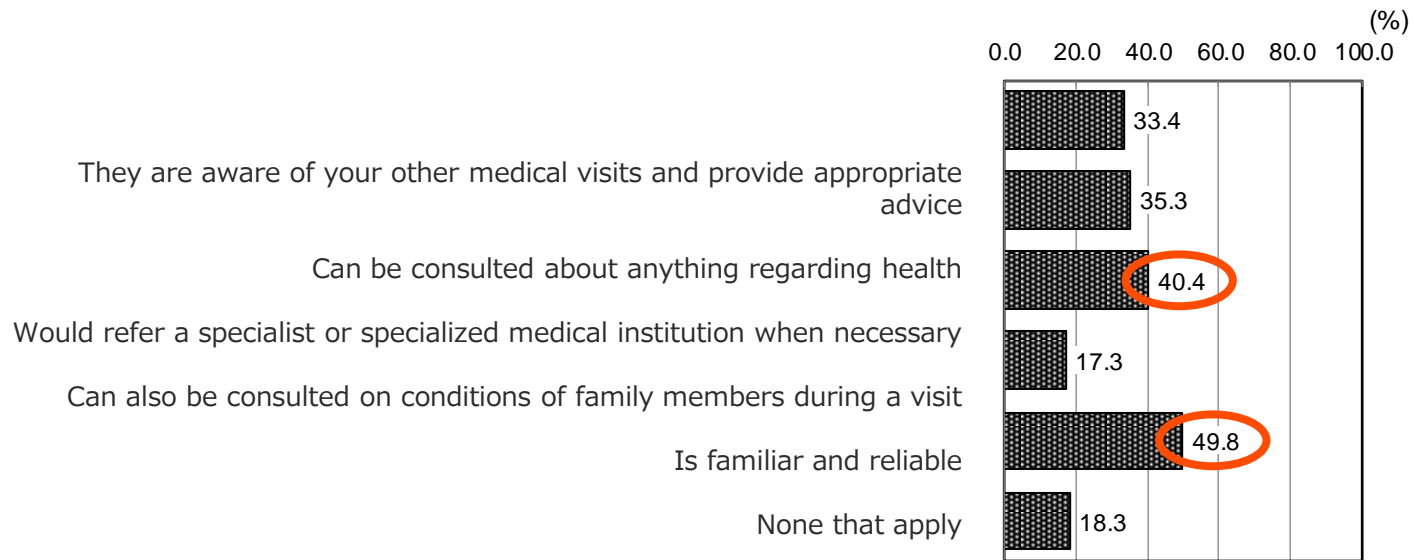


n=1,523

Q8. Survey Results (Simple Tabulation)

Of those who do not have a family doctor, 50% would like to have a family doctor who is “familiar and reliable” and 40% would like a family doctor who would “refer a specialist or specialized medical institution when necessary”

Q8. (Only if answered “No” in Q6) What kind of person would you like your family doctor to be? (Choose all that apply)

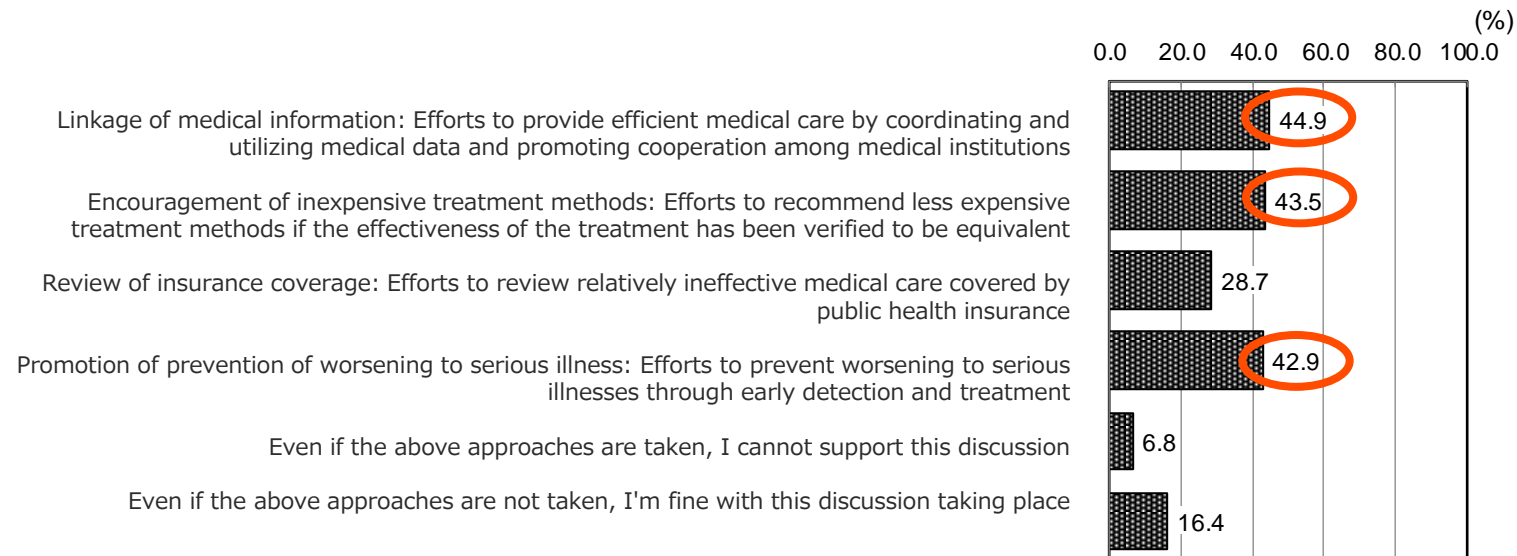


n=1,477

Q9. Survey Results (Simple Tabulation)

If discussing on increasing the burden on the public, 45% believe that the government should promote “linkage of medical information,” followed by “encouragement of inexpensive treatment methods” and “promoting the prevention of worsening illness to serious conditions” which marked 44% and 43%, respectively (71% of respondents chose one of the three options.)

Q9. In order to maintain the public health insurance system, it may be necessary to discuss increasing the burden on the public. What initiatives by the government to reduce the cost of healthcare would make you become willing to discuss increasing the burden on the public? (Choose all that apply)

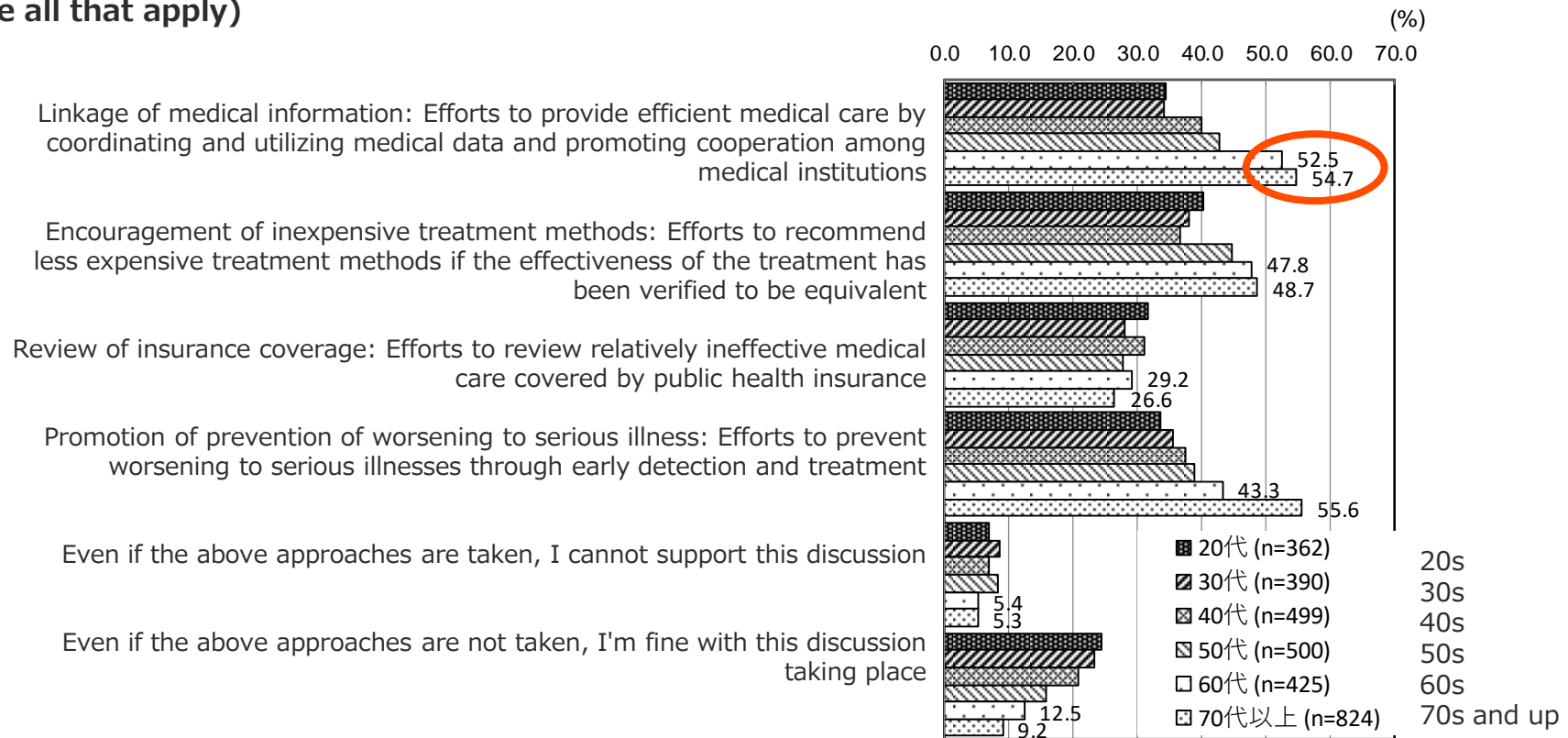


n=3,000

Q9. Survey Results (Cross Tabulation)

If discussing on increasing the burden on the public, 53% of those in their 60s and 55% of those in their 70s think that the government should promote “linkage of medical information,” and the percentage increases with age

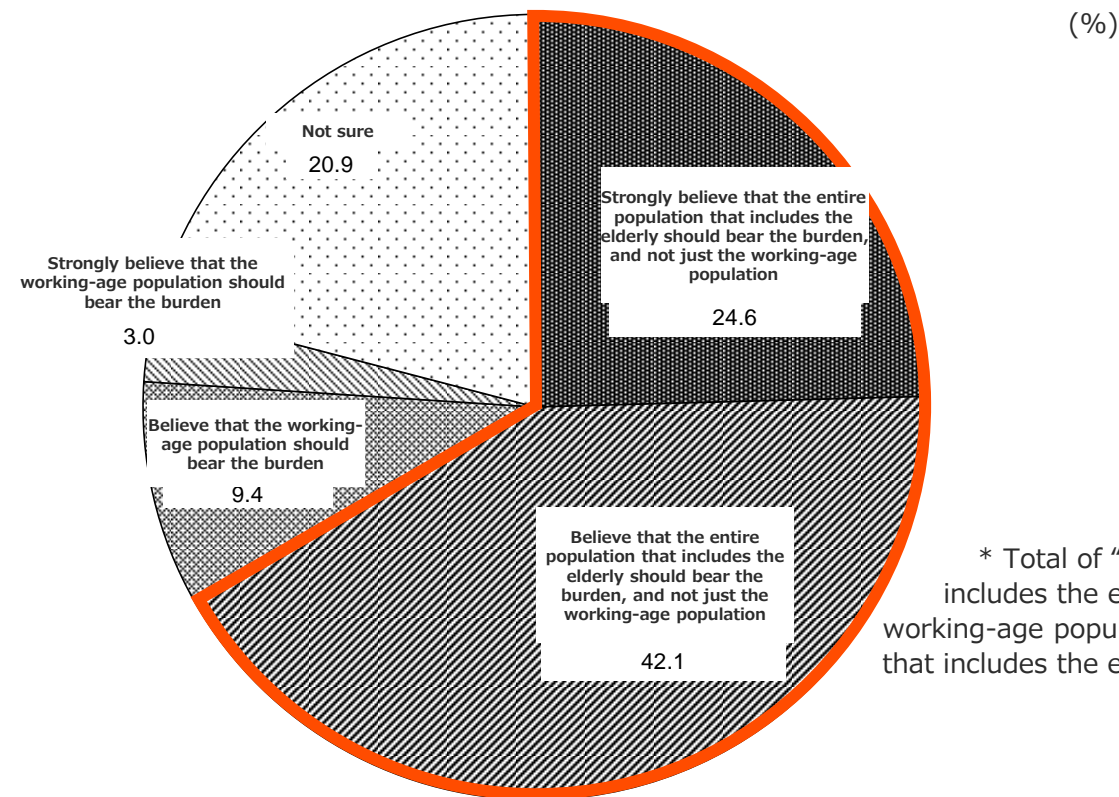
Q9. In order to maintain the public health insurance system, it may be necessary to discuss increasing the burden on the public. What initiatives by the government to reduce the cost of healthcare would make you become willing to discuss increasing the burden on the public? (Choose all that apply)



Q10. Survey Results (Simple Tabulation)

If necessary to increase the burden on the public, 67%* of respondents believe that “the entire population that includes the elderly should bear the burden, and not just the working-age population”

Q10. Assume that the initiatives selected in Q9 are being promoted by the government. On that basis, if it is necessary to increase the burden on the public to support the increasing healthcare costs, what do you think is the best way to deal with this situation? (Single answer)



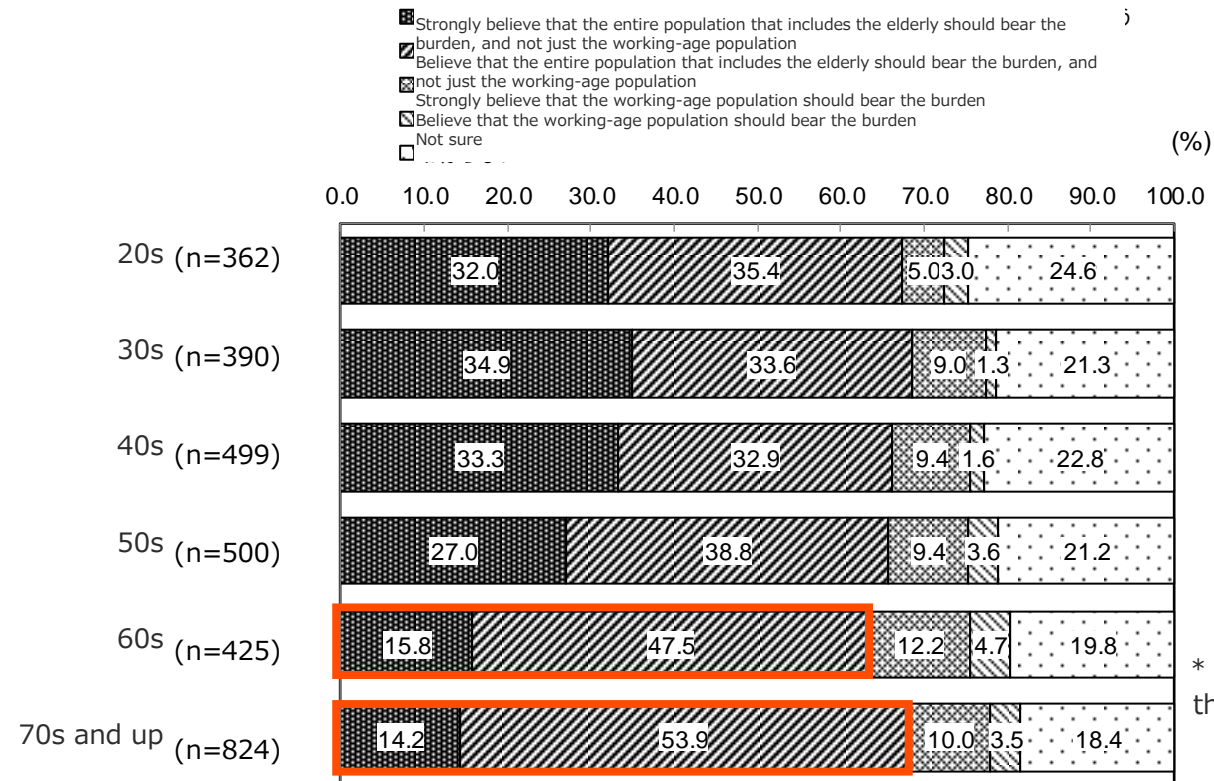
* Total of “Strongly believe that the entire population that includes the elderly should bear the burden, and not just the working-age population” and “Believe that the entire population that includes the elderly should bear the burden, and not just the working-age population”

n=3,000

Q10. Survey Results (Cross Tabulation)

If necessary to increase the burden on the public, 67% of respondents believe that “the entire population that includes the elderly should bear the burden, and not just the working-age population,” with 63% of those in their 60s and 68% of those in their 70s and older agreeing to this, which does not mark significant differences from the other generations

Q10. Assume that the initiatives selected* in Q9 are being promoted by the government. On that basis, if it is necessary to increase the burden on the public to support the increasing healthcare costs, what do you think is the best way to respond to this situation? (Single answer)

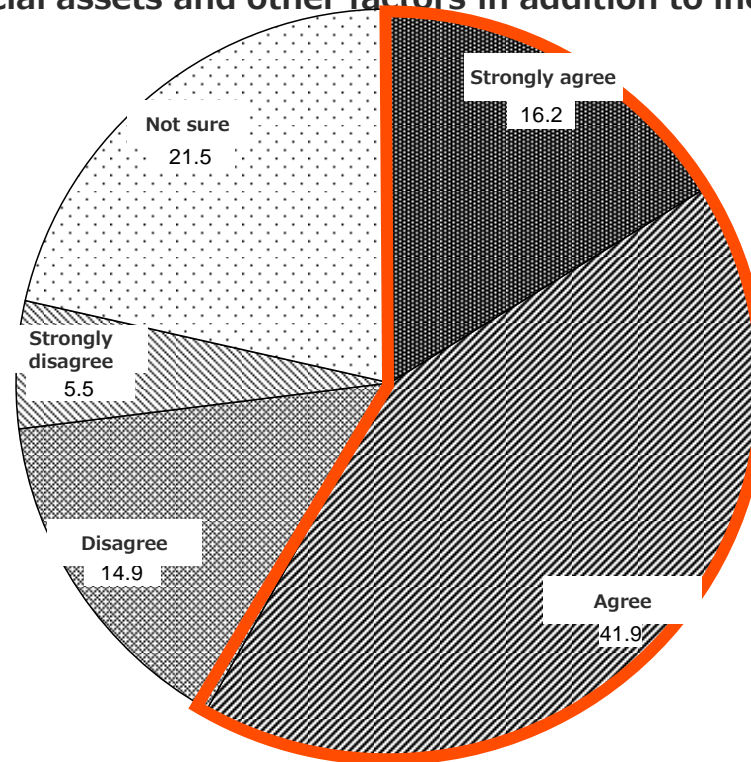


* Total of “Strongly believe that the entire population that includes the elderly should bear the burden, and not just the working-age population” and “Believe that the entire population that includes the elderly should bear the burden, and not just the working-age population”

Q11. Survey Results (Simple Tabulation)

If an increase in burden to the elderly is necessary, 58%* of respondents believe that the percentage of out-of-pocket expenses should be determined by also taking into account their savings and other financial assets, in addition to income

Q11. Assume that the initiatives selected in Q9 are being promoted by the government. If the government then needs to increase the burden on the elderly in order to reduce the increasing healthcare costs, do you think that the percentage of the burden should be determined by taking into account financial assets and other factors in addition to income? (Single answer)

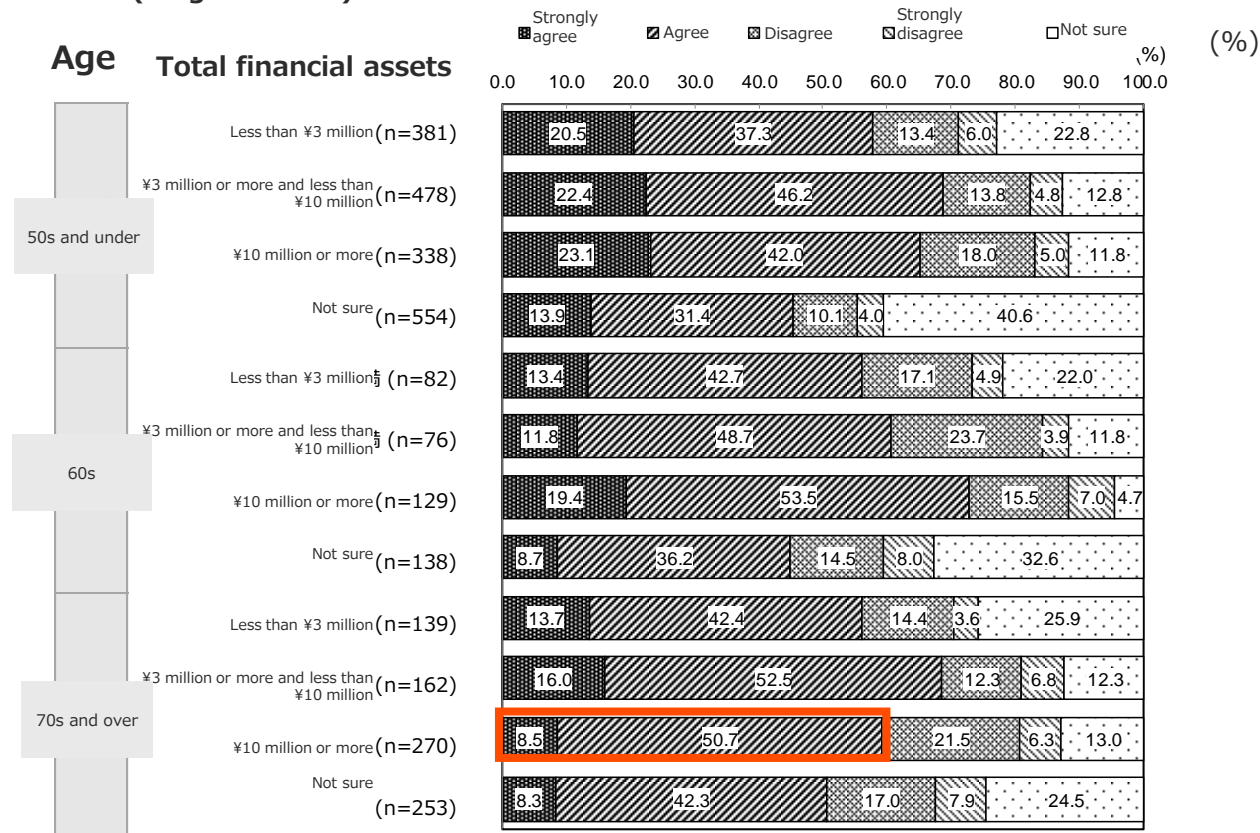


*Total of "Strongly agree" and "Agree"
n=3,000

Q11. Survey Results (Cross Tabulation)

59%* of those who are in their 70s or older and possess total financial assets of 10 million yen or more believe that the percentage of out-of-pocket expenses should be determined also by taking into account their savings and other financial assets, in addition to income

Q11. Assume that the initiatives selected in Q9 are being promoted by the government. If the government then needs to increase the burden on the elderly in order to reduce the increasing healthcare costs, do you think that the percentage of the burden should be determined by taking into account financial assets and other factors in addition to income? (Single answer)



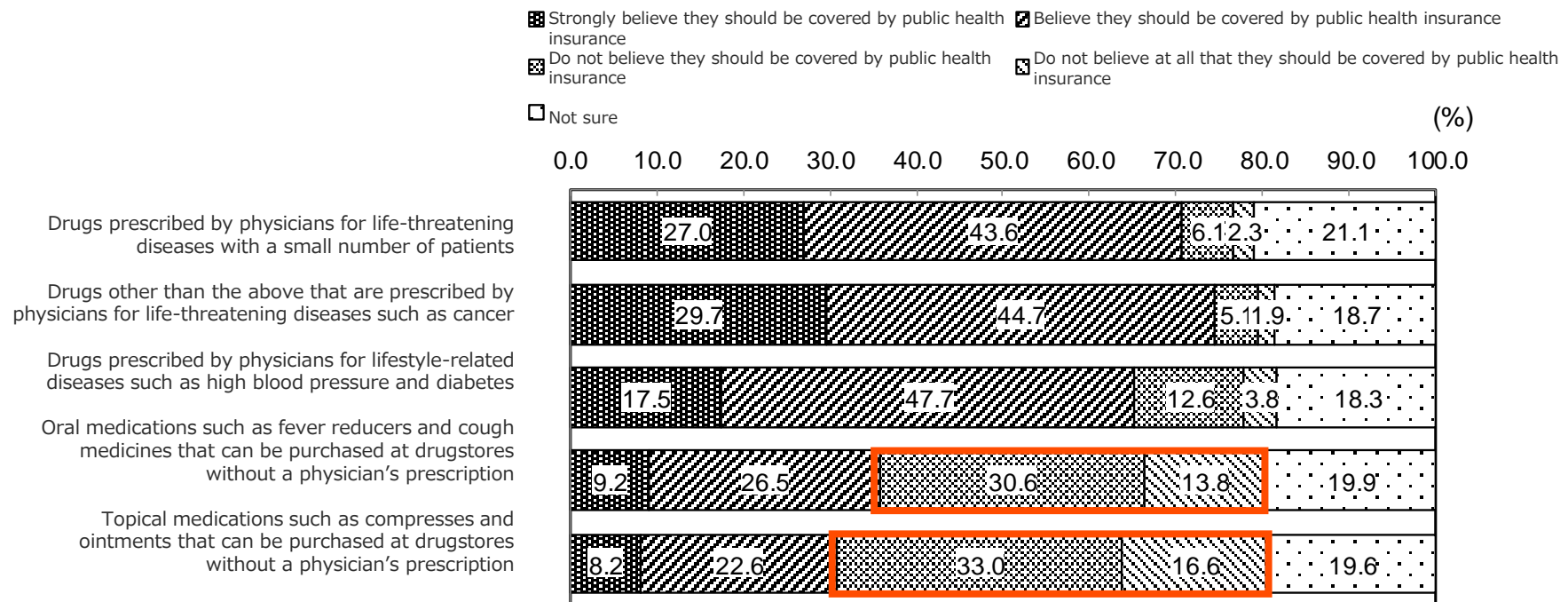
*Total of "Strongly agree" and "Agree"

Q12. Survey Results (Simple Tabulation)

Regarding drugs available at drugstores without a physician's prescription, 50% of respondents think that topical medicines such as compresses and ointments "should not" be covered by public medical insurance, while 44%* think so for oral medicines such as fever reducers and cough medicines

Q12. Do you think the following drugs should be covered by public medical insurance, where patients pay 10-30% of the cost? (Single answer for each)

*If a drug is covered by public medical insurance, the "high-cost medical expense benefit" can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.



*Total of "Do not believe they should be covered by public health insurance" and "Do not believe at all that they should be covered by public health insurance"

Q12. Survey Results (Cross Tabulation)

Compared to those who do not see a physician at all, those who visit at least once a month are more likely to think that drugs for life-threatening diseases such as cancer and lifestyle-related diseases should be covered by public medical insurance

Q12. Do you think the following drugs should be covered by public medical insurance, where patients pay 10-30% of the cost? (Single answer for each)

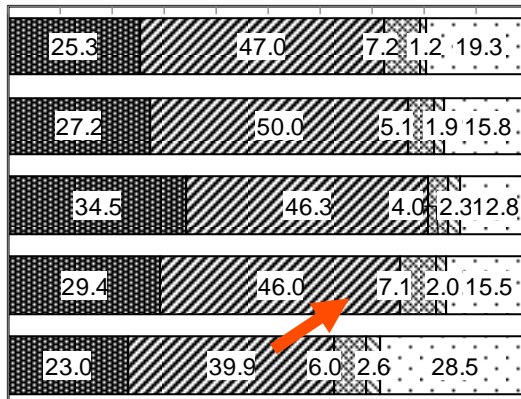
*If a drug is covered by public medical insurance, the "high-cost medical expense benefit" can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.

Frequency of visits to medical institutions

1. Drugs prescribed by physicians for life-threatening diseases with a small number of patients (Drug price: extremely expensive)

- Strongly believe they should be covered by public health insurance
- Believe they should be covered by public health insurance
- Do not believe they should be covered by public health insurance
- Do not believe at all that they should be covered by public health insurance
- insurance
- Not sure

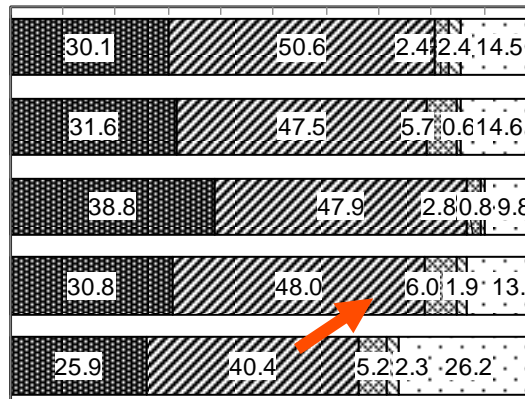
0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0



2. Drugs other than the above that are prescribed by physicians for life-threatening diseases such as cancer (Drug price: expensive)

- Strongly believe they should be covered by public health insurance
- Believe they should be covered by public health insurance
- Do not believe they should be covered by public health insurance
- Do not believe at all that they should be covered by public health insurance
- insurance
- Not sure

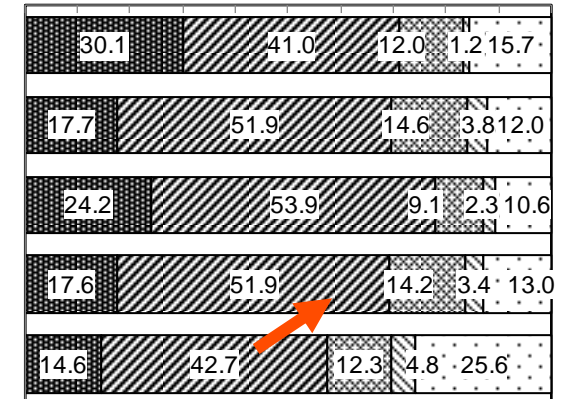
0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0



3. Drugs prescribed by physicians for lifestyle-related diseases such as high blood pressure and diabetes (Drug price: somewhat low)

- Strongly believe they should be covered by public health insurance
- Believe they should be covered by public health insurance
- Do not believe they should be covered by public health insurance
- Do not believe at all that they should be covered by public health insurance
- insurance
- Not sure

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0



Q12. Survey Results (Cross Tabulation)

The more frequently a person visits medical institutions, the more likely they think that drugs available at drugstores without a physician's prescription should be covered by public medical insurance. However, 31-34%* of those who visit medical institutions more than 2-3 days a week also think that they should not be covered

Q12. Do you think the following drugs should be covered by public medical insurance, where patients pay 10-30% of the cost? (Single answer for each)

*If a drug is covered by public medical insurance, the "high-cost medical expense benefit" can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.

4. Oral medications such as fever reducers and cough medicines that can be purchased at drugstores without a physician's prescription (Drug price: low)

- Strongly believe they should be covered by public health insurance
- Believe they should be covered by public health insurance
- Do not believe they should be covered by public health insurance
- Do not believe at all that they should be covered by public health insurance
- insurance
- Not sure

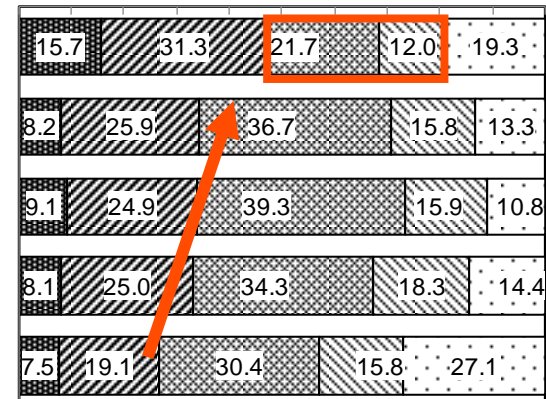
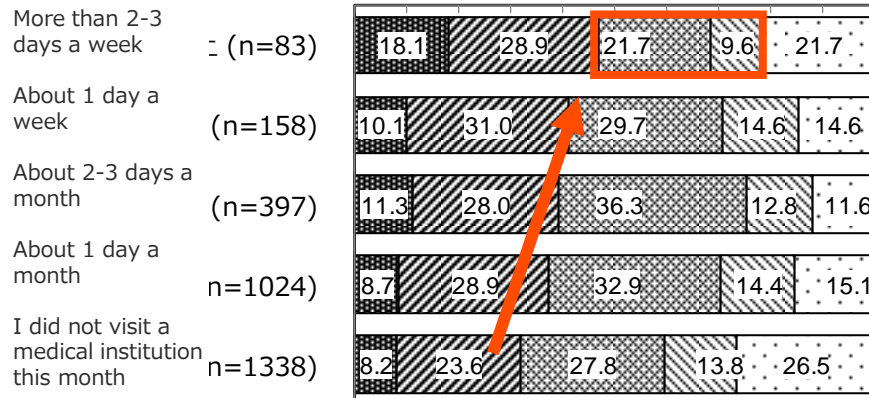
5. Topical medications such as compresses and ointments that can be purchased at drugstores without a physician's prescription (Drug price: low)

- Strongly believe they should be covered by public health insurance
- Believe they should be covered by public health insurance
- Do not believe they should be covered by public health insurance
- Do not believe at all that they should be covered by public health insurance
- insurance
- Not sure

Frequency of visits to medical institutions

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

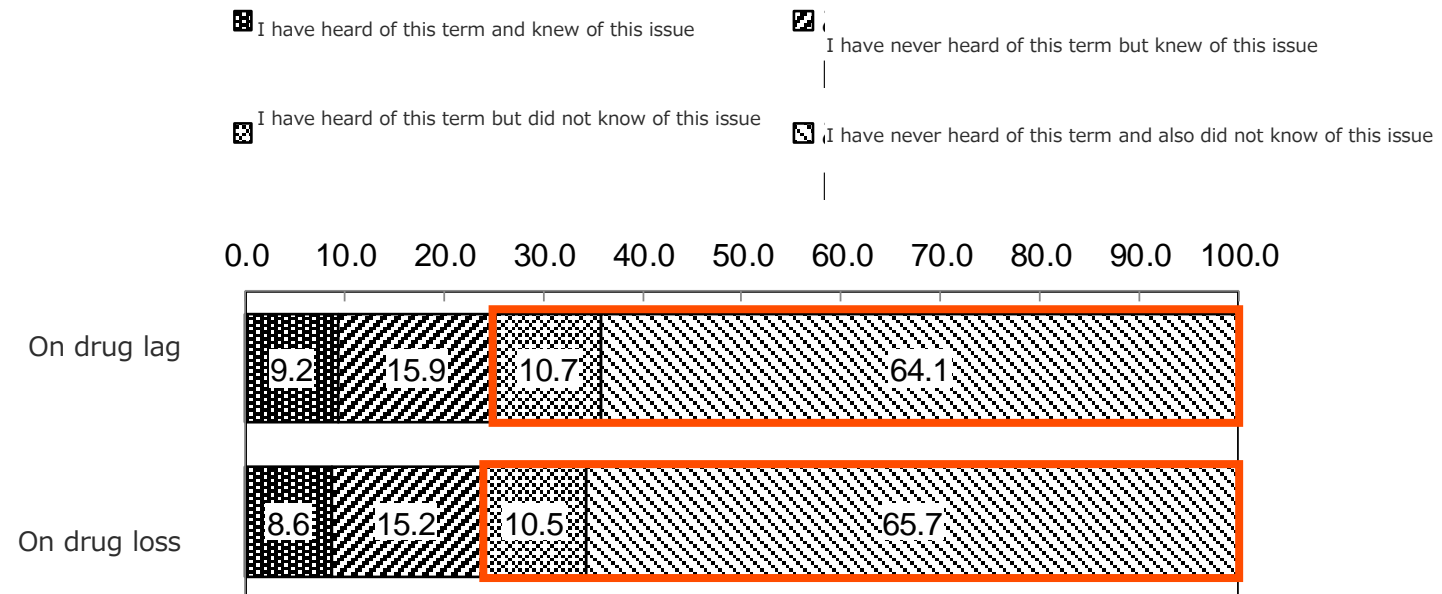


*Total of "Do not believe they should be covered by public health insurance" and "Do not believe at all that they should be covered by public health insurance"

Q13. Survey Results (Simple Tabulation)

About 75%* do not know that there is a drug lag/drug loss problem

Q13. Have you ever heard of the term drug lag/drug loss or know that there are issues of drug lag/drug loss? (Single answer)



* Total of "I have heard of this term but did not know of this issue" and "I have never heard of this term and also did not know of this issue"
n=3,000

Q13. Survey Results (Cross Tabulation)

People who experienced life-threatening illnesses with a small number of patients are more aware of the issue of drug lag/drug loss, but at only 34-36%*

Q13. Have you ever heard of the term drug lag/drug loss or know that there are issues of drug lag/drug loss? (Single answer)

- I have heard of this term and knew of this issue
 I have never heard of this term but knew of this issue
 I have heard of this term but did not know of this issue
 I have never heard of this term and also did not know of this issue

Respondent's medical history

A life-threatening illness with a small number of patients (n=50)

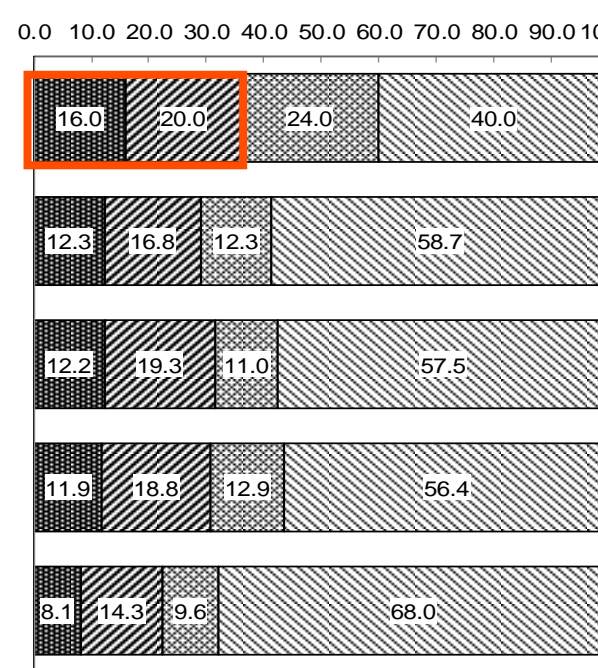
A life-threatening illness other than the above, such as cancer (n=155)

An illness that is not life-threatening but seriously interferes with daily activities (n=327)

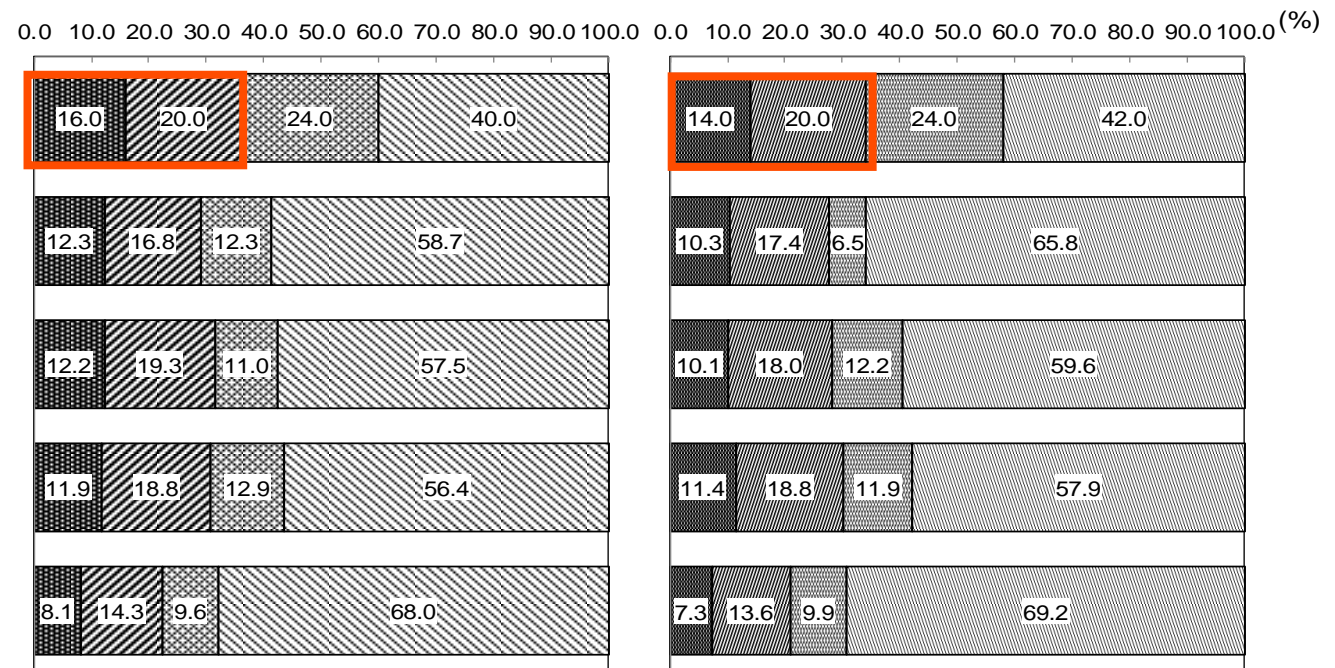
Lifestyle-related disease such as hypertension and diabetes
*Select 3 if its conditions seriously interferes with daily activities (n=596)

None that apply (n=1973)

About drug lag



About drug loss



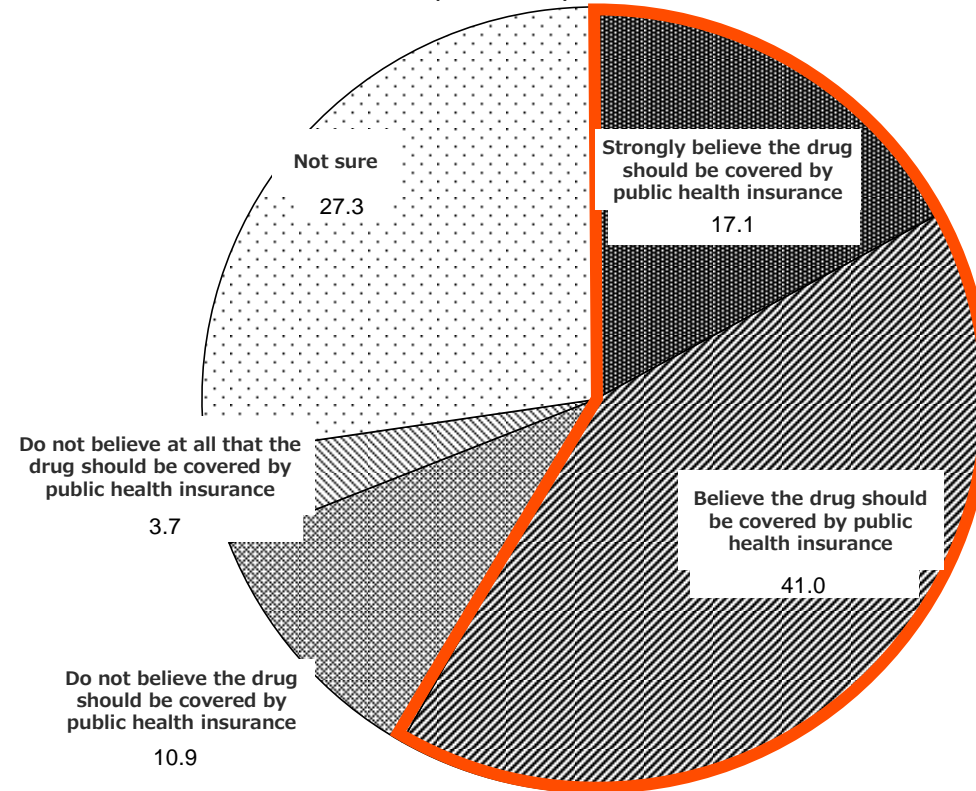
*Total of "I have heard of this term and knew of this issue" and "I have never heard of this term but knew of this issue"

Q14. Survey Results (Simple Tabulation)

58%* believe that state-of-the-art drugs should be covered by public health insurance, even if national healthcare costs become higher

Q14. Suppose that a drug that is superior to existing treatments for a certain disease is used overseas. However, that drug is not approved in Japan and is not covered by public medical insurance, so you would have to pay several hundred thousand yen to several million yen to use it in Japan. Under the circumstances where public medical insurance expenditures (healthcare costs) are increasing, do you think the drug should be covered by public medical insurance? (Single answer)

*If a drug is covered by public medical insurance, the "high-cost medical expense benefit" can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.



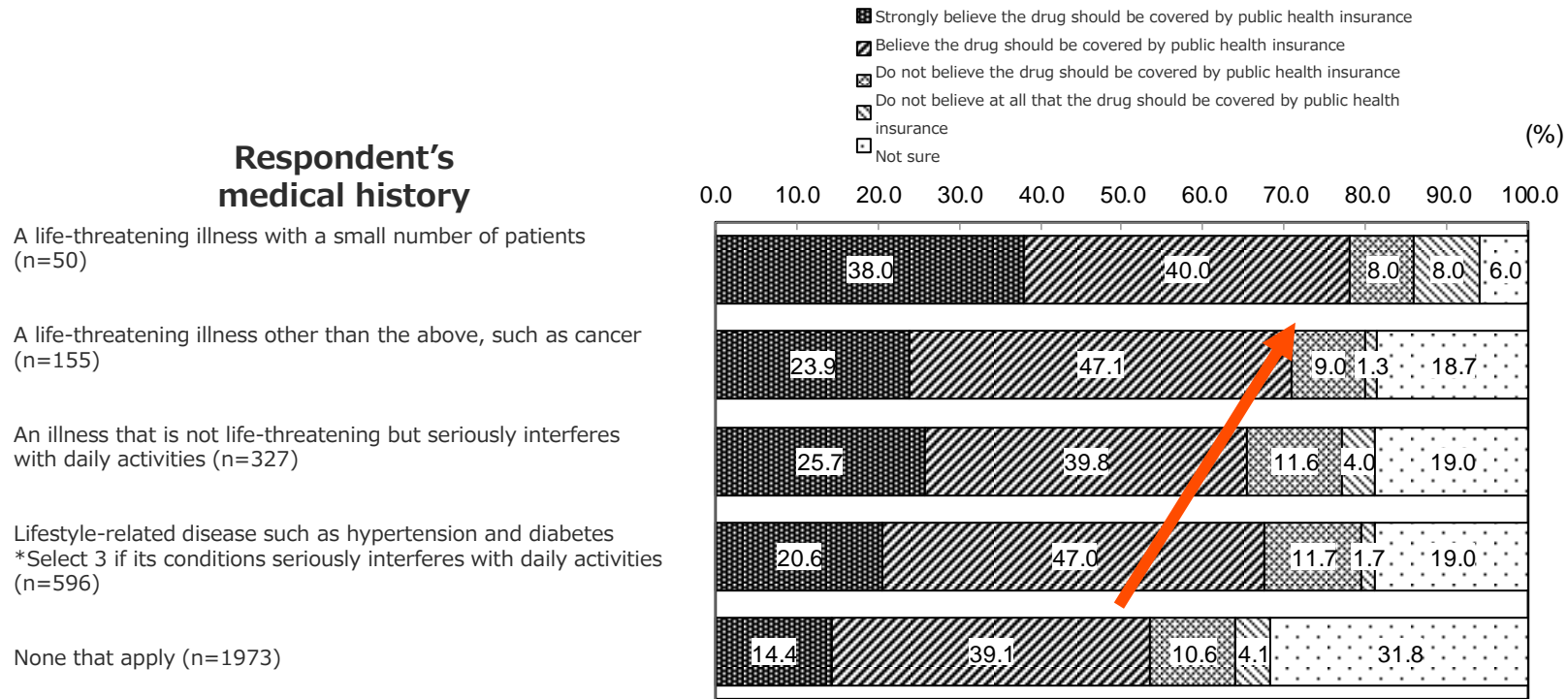
*Total of "Strongly believe the drug should be covered by public health insurance" and "Believe the drug should be covered by public health insurance"
n=3,000

Q14. Survey Results (Cross Tabulation)

People who experienced serious illnesses tend to believe state-of-the-art drugs should be covered by public health insurance more

Q14. Suppose that a drug that is superior to existing treatments for a certain disease is used overseas. However, that drug is not approved in Japan and is not covered by public medical insurance, so you would have to pay several hundred thousand yen to several million yen to use it in Japan. Under the circumstances where public medical insurance expenditures (healthcare costs) are increasing, do you think the drug should be covered by public medical insurance? (Single answer)

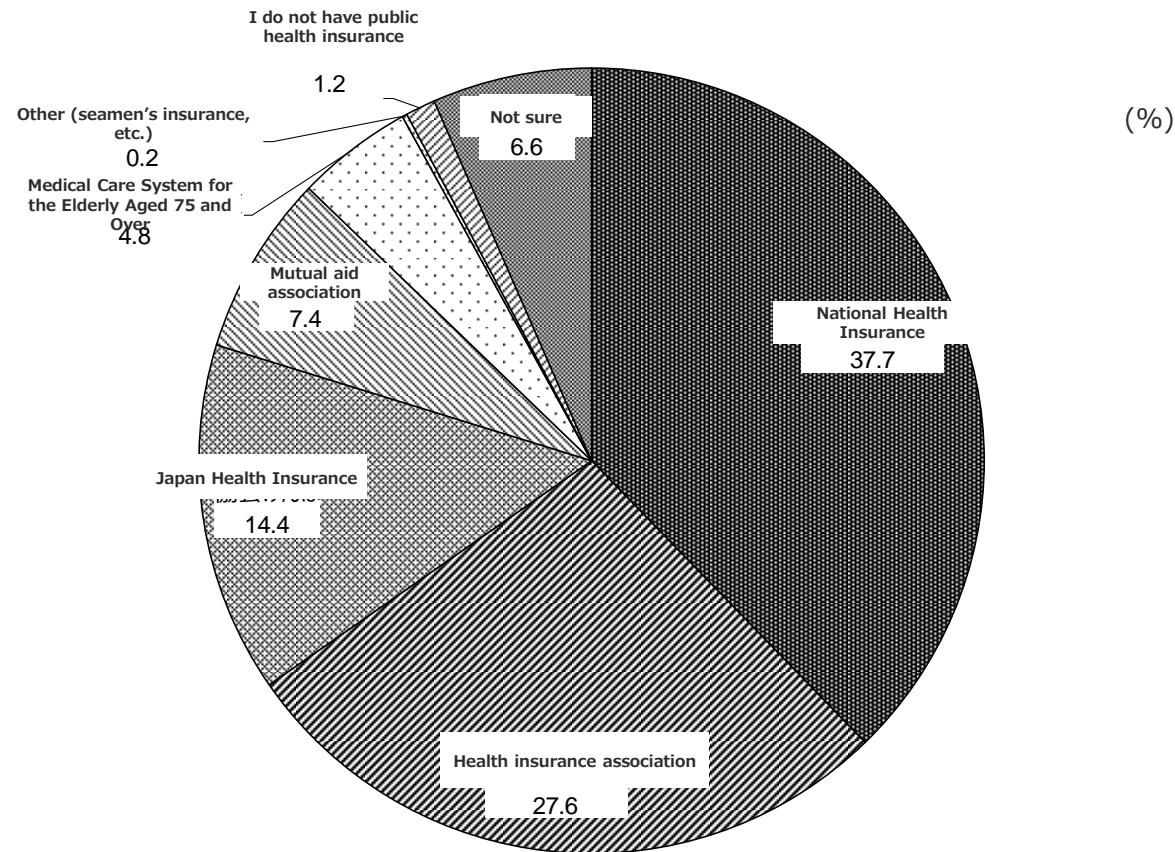
*If a drug is covered by public medical insurance, the "high-cost medical expense benefit" can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.



Respondent Attributes

Respondents subscribe to the following public health insurances:

Which public health insurance do you have? (Single answer)

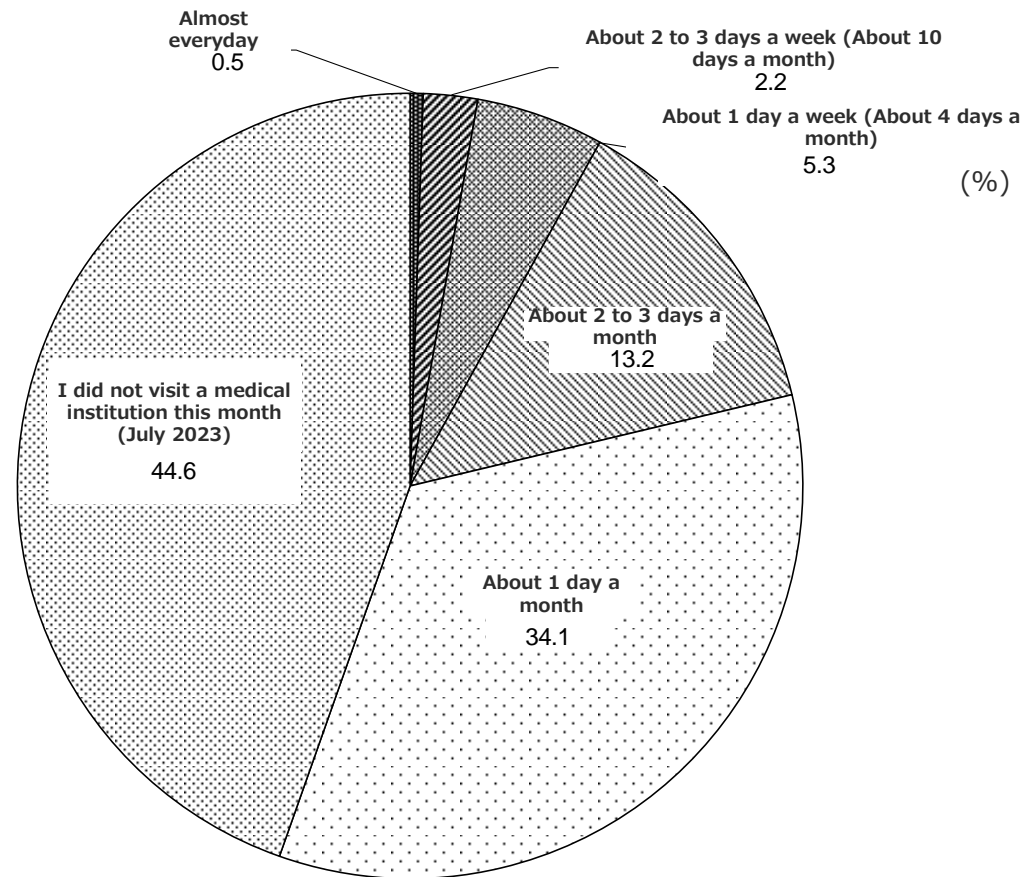


n=3,000

Respondent Attributes

Respondents visits to a medical institution in a month are as follows:

Q2. How many visits did you make to a medical institution (hospital or clinic) for treatment of illness or injury during this month (July 2023)? (Single answer)



n=3,000

Respondent Attributes

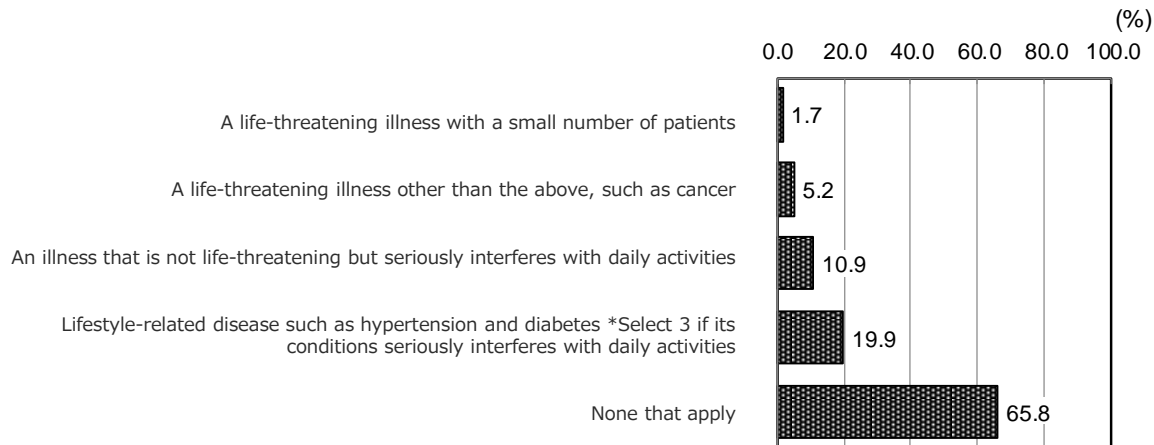
Respondents' and their family members' histories are follows:

Q3. Have you or your family* ever had or currently suffering from any of the following illnesses? (Choose all that apply)

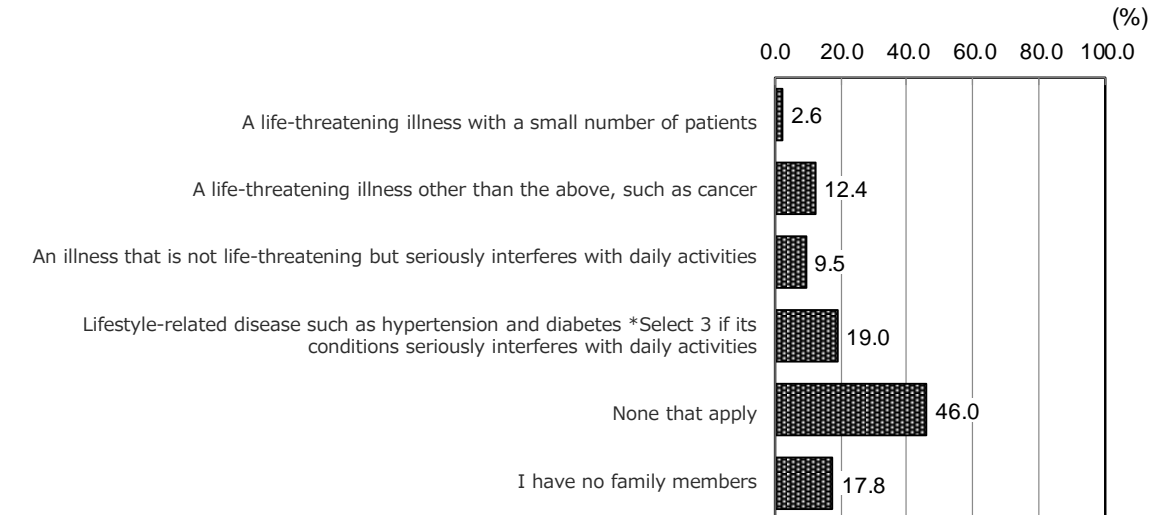
*Within second degree of kinship (your spouse, your and your spouse's children, parents, siblings, grandparents, grandchildren)

*If you do not know about your family, please select "None that apply" (Choose all that apply for each)

Respondents



Family members



n=3,000

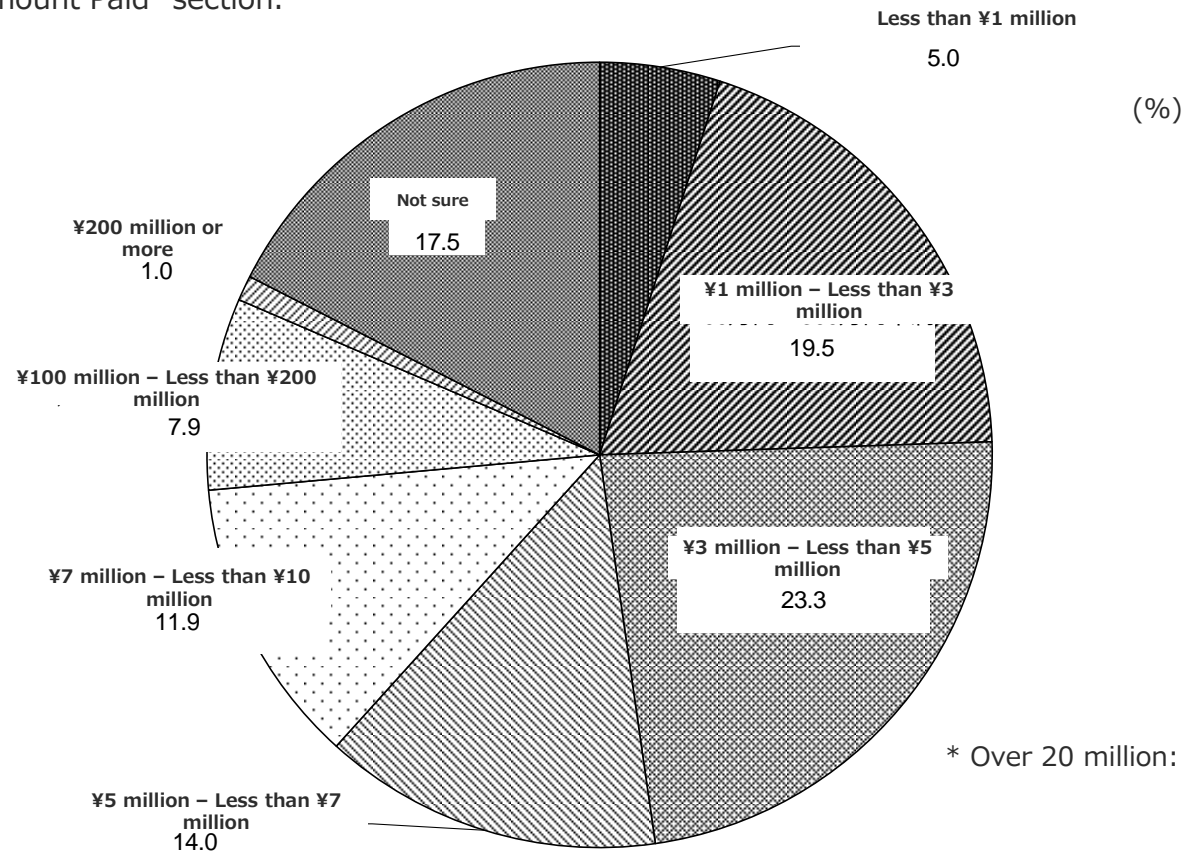
Respondent Attributes

The respondents' annual household incomes were as follows:

Q15. Which of the following is closest to your household's annual household income (before taxes) in 2022 (January-December)? (Single answer)

*Annual household income refers to the total annual income of the people who live together and make a living together.

*Annual income (before tax) refers to annual income including tax before taxes and social insurance premiums are deducted. In the withholding tax statement, this is indicated in the "Amount Paid" section.



* Over 20 million: Percentages were added, given the total was 1% for all over 20 million yen
n=3,000

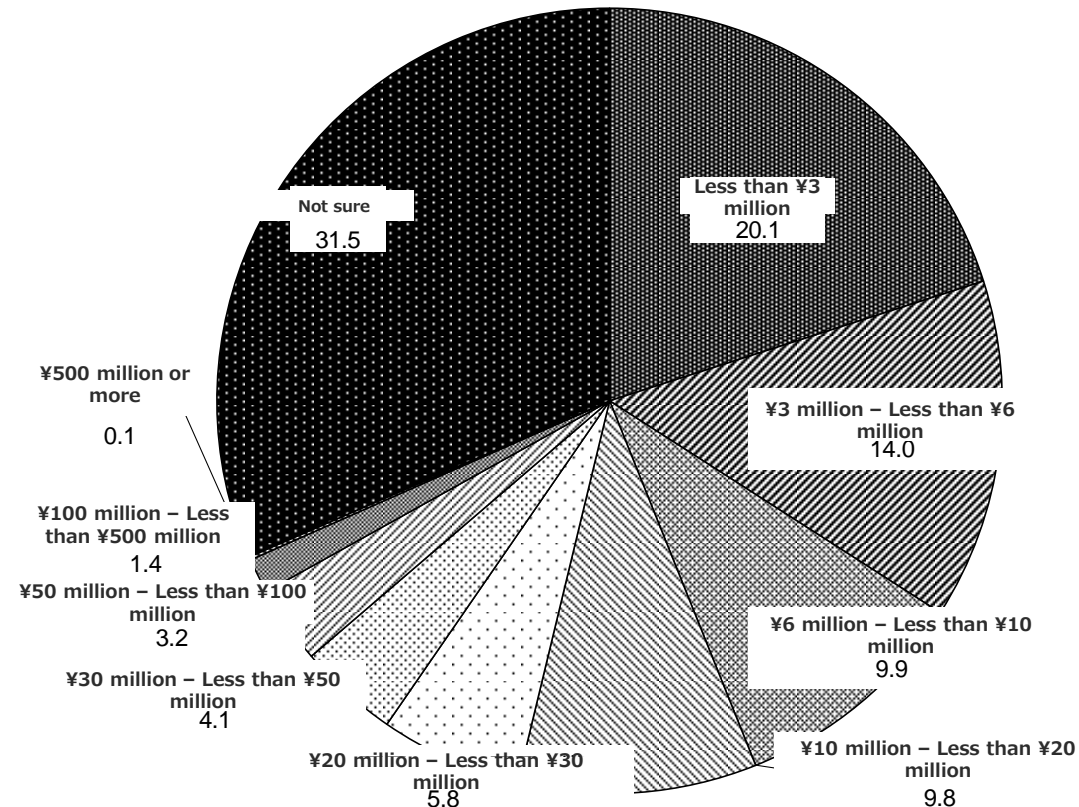
Respondent Attributes

The respondents' total household financial assets are as follows:

Q16. Which of the following is closest to your household's total financial assets? (Single answer)

*Total household assets refers to the total assets of the people who live and make a living together.

*Financial assets include cash, savings, and securities such as stocks, bonds, and mutual funds. Real estate such as land and housing are not included in financial assets.



n=3,000

Reference: Questionnaire Screenshots

SC1

Please indicate your sex.
Required

Your registered information is displayed for this question. If the information differs from your current information, please re-select.

Please correct your registered information from [here](#).

1. Male
2. Female

SC2

Please indicate your age
(In half-width digits)
Required

Your registered information is displayed for this question. If the information differs from your current information, please re-select.

Please correct your registered information from [here](#).

years of age

SC3

Please indicate your prefecture of residence.
Required

Your registered information is displayed for this question. If the information differs from your current information, please re-select.

Please correct your registered information from [here](#).

Select ▼

Q1 Which public health insurance do you have?

Required

- 1. National Health Insurance (subscribers include self-employed, farmers, housewives, pensioners, etc.)
- 2. Health insurance association (Subscribed by employees of mainly large companies and their dependents)
- 3. Japan Health Insurance (Subscribed by employees of mainly small to medium-sized enterprises and their dependents)
- 4. Mutual aid association (Subscribed by national and local government public employees, faculty staff, etc.)
- 5. Medical Care System for the Elderly Aged 75 and Over (Subscribed by persons over the age of 75 in principle with income below a certain level)
- 6. Other (seamen's insurance, etc.)
- 7. I do not have public health insurance because I receive public assistance, etc
- 8. Not sure

Q2 How many visits did you make to a medical institution (hospital or clinic) for treatment of illness or injury during this month (July 2023)?

Required

- 1. Almost everyday
- 2. About 2 to 3 days a week (About 10 days a month)
- 3. About 1 day a week (About 4 days a month)
- 4. About 2 to 3 days a month
- 5. About 1 day a month
- 6. I did not visit a medical institution this month (July 2023)

Q3 Have you or your family* ever had or currently suffering from any of the following illnesses?

Required

*Within second degree of kinship (your spouse, your and your spouse's children, parents, siblings, grandparents, grandchildren)

*If you do not know about your family, please select "None that apply" (Choose all that apply for each)

1. You ▲

- 1. A life-threatening illness with a small number of patients
- 2. A life-threatening illness other than the above, such as cancer
- 3. An illness that is not life-threatening but seriously interferes with daily activities
- 4. Lifestyle-related disease such as hypertension and diabetes *Select 3 if its conditions seriously interferes with daily activities
- 5. None that apply

2. Your family ▲

- 1. A life-threatening illness with a small number of patients
- 2. A life-threatening illness other than the above, such as cancer
- 3. An illness that is not life-threatening but seriously interferes with daily activities
- 4. Lifestyle-related disease such as hypertension and diabetes *Select 3 if its conditions seriously interferes with daily activities
- 5. None that apply
- 6. I have no family members

Q4

Required

How satisfied are you with the content* of your physician's practices (consultation and treatment) at the medical institution (hospital or clinic) you visited most recently?

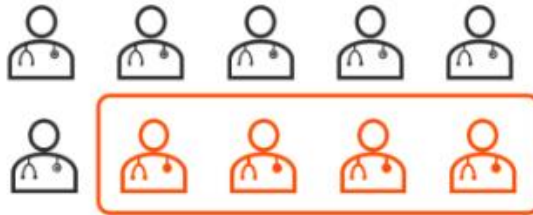
*Does not apply to time spent waiting at medical institutions, patient care experience at the reception desk, etc.

- 1. Satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Dissatisfied
- 5. Not sure

■ Please take a close look at the following diagram and answer the questions below.

In April 2024, a law pertaining to work style reform for physicians is scheduled to go into effect. It has been pointed out that reducing the amount of work and workload of physicians will help ensure the quality and safety of medical care.

About **40%** of physicians work beyond the work hour limit for death by overwork*



Physicians working at hospitals who work beyond the work hour limit for death by overwork*

*Overtime work equivalent to 80 hours per month/960 hours per year

Source: Ministry of Health, Labour and Welfare, Study Group on Work Style Reform of Physicians (2019), "Study Group Report on Work Style Reform of Physicians"

Q5

Required The following initiatives and actions are perceived to reduce the amount of work and workload of physicians. Which do you think you are willing to do or agree to in the future? (Choose all that apply)
*Click on [Enlarge image] to enlarge the image.

- 1. Agree to share the results of medical examinations and tests received with all medical institutions you visit so the same tests do not need to be performed again
- 2. Agree to have information about my previously prescribed medications be shared with all medical institutions you visit to ensure that you are not prescribed medications that have the same efficacy as medications you already have or that do not mix well with other medications
- 3. Have a physician prescribe a drug that can be used multiple times, and when that drug is needed, you could go to a pharmacy instead of going to a medical institution to get it prescribed
- 4. When unsure about whether it is an emergency, call the Emergency Relief Center (#7119) where you can consult with a physician or nurse before calling an ambulance
- 5. For minor physical ailments, use over-the-counter medications available at drugstores without a prescription for self-treatment
- 6. Refrain from seeing more than one medical institution for the same illness without permission from a physician
- 7. Strive to maintain good health and be able to avoid having to visit medical institutions as much as possible by checking my health conditions and lifestyle habits daily
- 8. None that apply

Q6

Required

Do you have a physician whom you can refer to as your family doctor*? (Single answer)

*A "family doctor" is "a doctor at a clinic or hospital near your home whom you consult when you feel unwell, such as a fever, fatigue, or loss of appetite" (Source: "What is family doctor?", Tokyo Medical Association website)

- 1. Yes
- 2. No

Q7

Required

What kind of person is your family doctor? (Choose all that apply)

- 1. They are aware of your other medical visits and provide appropriate advice
- 2. Can be consulted about anything regarding health
- 3. Would refer a specialist or specialized medical institution when necessary
- 4. Can also be consulted on conditions of family members during a visit
- 5. Is familiar and reliable
- 6. None that apply

Q8

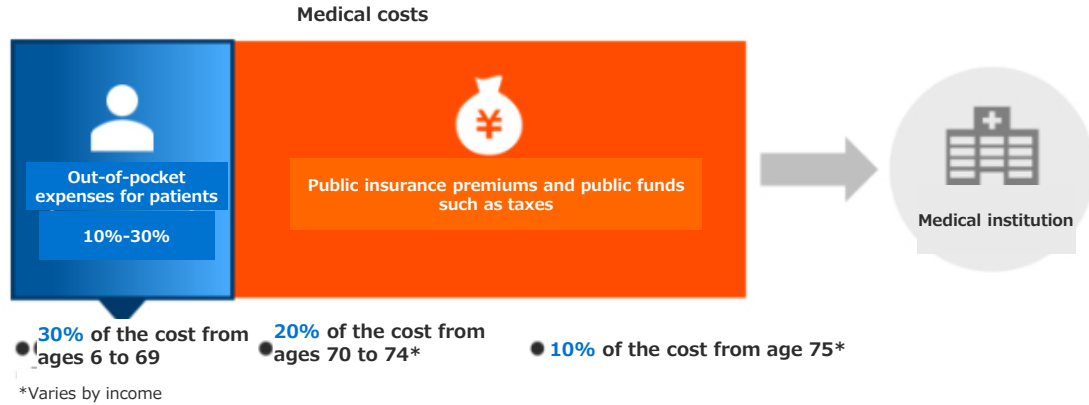
Required

What kind of person would you like your family doctor to be? (Choose all that apply)

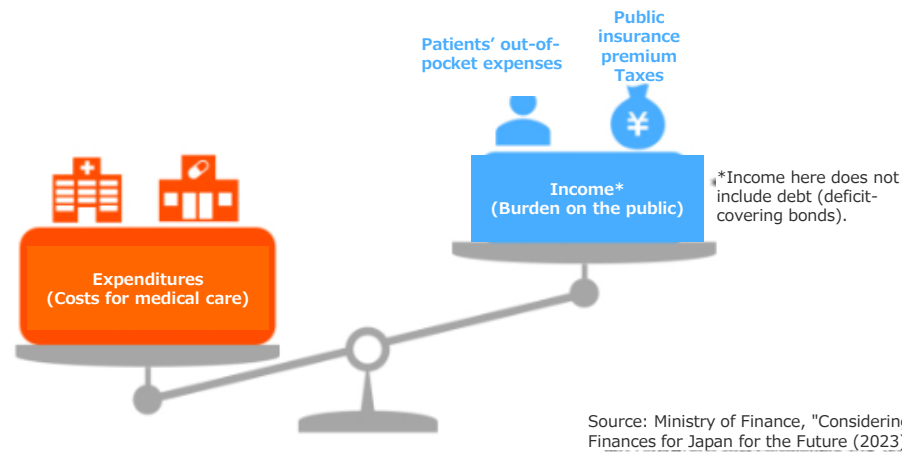
- 1. They are aware of your other medical visits and provide appropriate advice
- 2. Can be consulted about anything regarding health
- 3. Would refer a specialist or specialized medical institution when necessary
- 4. Can also be consulted on conditions of family members during a visit
- 5. Is familiar and reliable
- 6. None that apply

Please take a close look at the following diagram and answer the questions below.

The public medical insurance system is a medical insurance system that all Japanese citizens are required to subscribe to. Thanks to the public medical insurance system, we only need to pay 10-30% of our own expenses at the counters of medical institutions, and the rest is covered by public insurance premiums and public funds such as taxes.



In recent years, however, with the rapid aging of the population and declining birthrate, the public medical insurance system's expenditures (costs for medical care) have exceeded its income (the public's burden), making it difficult to maintain this system. The excess is being **borrowed (deficit-covering bonds)**, and the burden is being deferred to our children's and grandchildren's generations.



Q9 In order to maintain the public health insurance system, it may be necessary to discuss increasing the burden on the public.

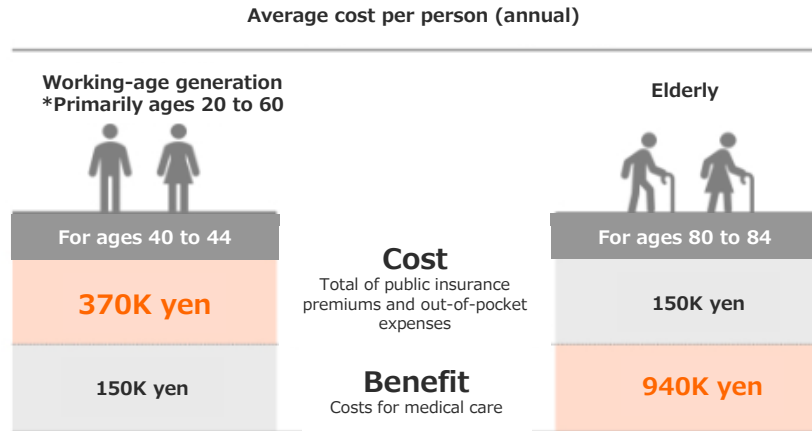
Required What initiatives by the government to reduce the cost of healthcare would make you become willing to discuss increasing the burden on the public? (Choose all that apply)

*Click on [Enlarge image] to enlarge the image.

- 1. Linkage of medical information: Efforts to provide efficient medical care by coordinating and utilizing medical data and promoting cooperation among medical institutions
- 2. Encouragement of inexpensive treatment methods: Efforts to recommend less expensive treatment methods if the effectiveness of the treatment has been verified to be equivalent
- 3. Review of insurance coverage: Efforts to review relatively ineffective medical care covered by public health insurance
- 4. Promotion of prevention of worsening to serious illness: Efforts to prevent worsening to serious illnesses through early detection and treatment
- 5. Even if the above approaches are taken, I cannot support this discussion
- 6. Even if the above approaches are not taken, I'm fine with this discussion taking place

Please take a close look at the following diagram and answer the questions below.

Under the current public health insurance system, public premiums from the working-age generations support the cost of healthcare for the elderly.

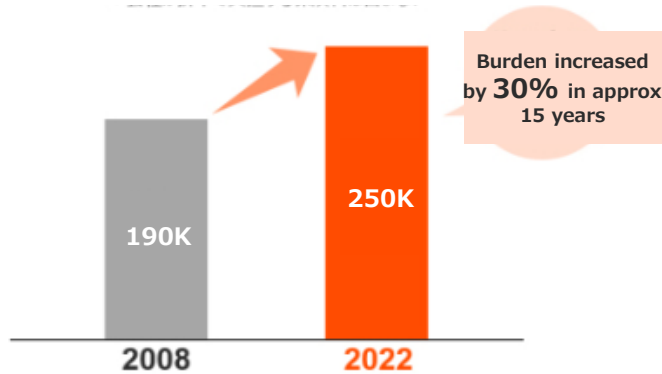


The above costs are per capita averages and vary by person depending on income and the frequency and prices of medical care

Source: Ministry of Health, Labour and Welfare (2022), "Basic Data on Medical Insurance: Status of Medical Expenses, etc. in FY 2019" Reference: Medical costs per capita by 5-year age group (FY2019) (for medical insurance)

Public insurance premiums borne by the working-age population are increasing year by year.

Annual premium paid per employee* (health insurance association)
*Does not include insurance premiums that the company halves and bears



The above costs are per capita averages and vary by person depending on income and the frequency and prices of medical care

Source: Federation of Health Insurance Associations (2022) "FY 2022 Budgeting for Health Insurance Associations: Report on Early Budget Aggregation Results for FY2022"

Q10

Required

Assume that the initiatives selected in Q9 are being promoted by the government. On that basis, if it is necessary to increase the burden on the public to support the increasing healthcare costs, what do you think is the best way to respond to this situation?

*Measures in Q9:

- Linkage of medical information:** Efforts to provide efficient medical care by coordinating and utilizing medical data and promoting cooperation among medical institutions
- Encouragement of inexpensive treatment methods:** Efforts to recommend less expensive treatment methods if the effectiveness of the treatment has been verified to be equivalent
- Review of insurance coverage:** Efforts to review relatively ineffective medical care covered by public health insurance
- Promotion of prevention of worsening to serious illness:** Efforts to prevent worsening to serious illnesses through early detection and treatment
- Support for physicians to improve skills:** Initiatives to assist physicians to acquire new knowledge and skills

*Click on [Enlarge image] to enlarge the image.

1. Strongly believe that the entire population that includes the elderly should bear the burden, and not just the working-age population
2. Believe that the entire population that includes the elderly should bear the burden, and not just the working-age population
3. Strongly believe that the working-age population should bear the burden
4. Believe that the working-age population should bear the burden
5. Not sure

Please take a close look at the following diagram and answer the questions below.

With regard to out-of-pocket expense percentages for those aged 75 and older, the report points out the unfairness to those who have high incomes but no savings, while those who have savings and therefore need no income.

There are thus opinions that suggest that it may be necessary to consider burdens based on the ability to pay, such as financial assets.

Out-of-pocket expense percentages for age 75 and older

Classifications for age 75 and older	Out-of-pocket-expense percentage
Working-level income earner	30%
Those with income above a certain level	20%
General income earners, etc.	10%

The unfairness to those who have high incomes but no savings, while those who have savings and therefore need no income has been pointed out.

There are thus **opinions that suggest that it may be necessary to consider burdens based on the ability to pay, such as financial assets.**

For example, in long-term care insurance, a system has been introduced whereby the maximum amount of food and housing expenses for nursing care insurance facility stays, etc. is determined based on the financial assets of eligible persons.

Q11

Required

Assume that the initiatives selected in Q9 are being promoted by the government.

If the government then **needs to increase the burden on the elderly in order to reduce the increasing healthcare costs, do you think that the percentage of the burden should be determined by taking into account financial assets and other factors in addition to income?**

*Measures in Q9:

Linkage of medical information: Efforts to provide efficient medical care by coordinating and utilizing medical data and promoting cooperation among medical institutions

Encouragement of inexpensive treatment methods: Efforts to recommend less expensive treatment methods if the effectiveness of the treatment has been verified to be equivalent

Review of insurance coverage: Efforts to review relatively ineffective medical care covered by public health insurance

Promotion of prevention of worsening to serious illness: Efforts to prevent worsening to serious illnesses through early detection and treatment

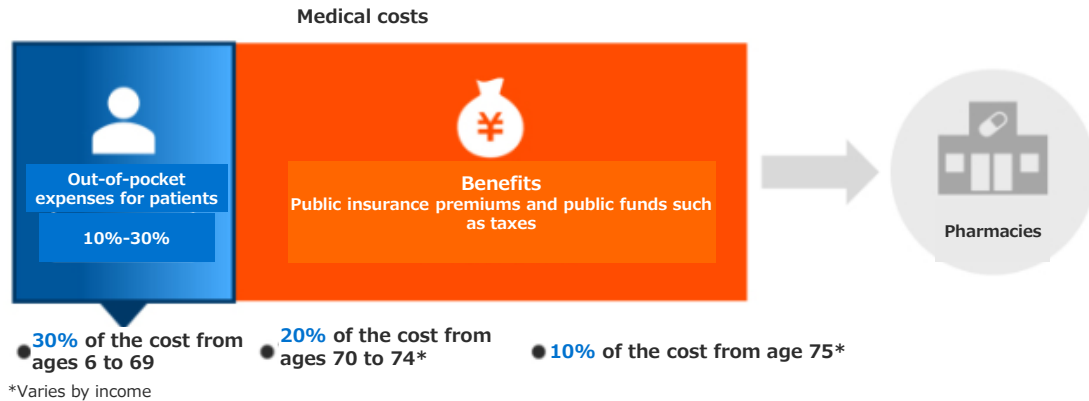
Support for physicians to improve skills: Initiatives to assist physicians to acquire new knowledge and skills

*Click on [Enlarge image] to enlarge the image.

- 1. Strongly agree
- 2. Agree
- 3. Somewhat disagree
- 4. Disagree
- 5. Not sure

Please take a close look at the following diagram and answer the questions below.

Thanks to the public medical insurance system, we only need to pay 10-30% of our own expenses at the counters of medical institutions, and the rest is covered by public insurance premiums and public funds such as taxes.



Q12

Do you think the following drugs should be covered by public medical insurance, where patients pay 10-30% of the cost?

Required

*If a drug is covered by public medical insurance, the “high-cost medical expense benefit” can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.

*Click on [Enlarge image] to enlarge the image.

1. Drugs prescribed by physicians for life-threatening diseases with a small number of patients (Drug price: extremely expensive) ▲

- 1. Strongly believe they should be covered by public health insurance
- 2. Believe they should be covered by public health insurance
- 3. Do not believe they should be covered by public health insurance
- 4. Do not believe at all that they should be covered by public health insurance
- 5. Not sure

2. Drugs other than the above that are prescribed by physicians for life-threatening diseases such as cancer (Price: expensive) ▲

- 1. Strongly believe they should be covered by public health insurance
- 2. Believe they should be covered by public health insurance
- 3. Do not believe they should be covered by public health insurance
- 4. Do not believe at all that they should be covered by public health insurance
- 5. Not sure

3. Drugs prescribed by physicians for lifestyle-related diseases such as high blood pressure and diabetes (Drug price: somewhat low) ▲

1. Strongly believe they should be covered by public health insurance

2. Believe they should be covered by public health insurance

3. Do not believe they should be covered by public health insurance

4. Do not believe at all that they should be covered by public health insurance

5. Not sure

4. Oral medications such as fever reducers and cough medicines that can be purchased at drugstores without a physician's prescription (Drug price: low) ▲

1. Strongly believe they should be covered by public health insurance

2. Believe they should be covered by public health insurance

3. Do not believe they should be covered by public health insurance

4. Do not believe at all that they should be covered by public health insurance

5. Not sure

5. Topical medications such as compresses and ointments that can be purchased at drugstores without a physician's prescription (Drug price: low) ▲

1. Strongly believe they should be covered by public health insurance

2. Believe they should be covered by public health insurance

3. Do not believe they should be covered by public health insurance

4. Do not believe at all that they should be covered by public health insurance

5. Not sure

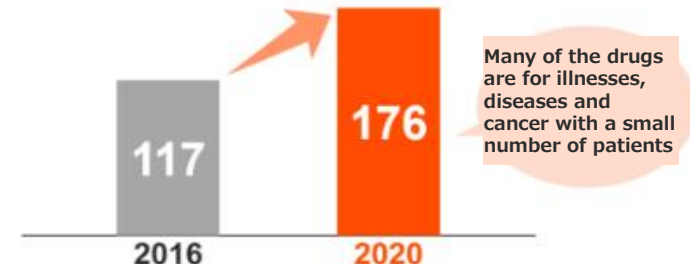
Please take a close look at the following diagram and answer the questions below.

Before a drug can be used in Japan, it must be approved by the government to be manufactured and sold.

Drug lag: A situation in which a drug is approved in Europe and the US but not in Japan

Drug loss: A situation in which among drugs with a drug lag, there are drugs that have not yet been initiated for development in Japan*1

Total number of drugs approved in Europe and the US but not approved in Japan*2



Source: *1 Ministry of Health, Labour and Welfare (2023), "Expert Panel Report Draft on Comprehensive Measures to Achieve the Rapid and Stable Supply of Pharmaceuticals" *2 Office of Pharmaceutical Industrial Research (2021) "Drug lag: Status and Characteristics of Unapproved Drugs in Japan"

Q13

Required

Have you ever heard of the term drug lag/drug loss or know that there are issues of drug lag/drug loss?

*Click on [Enlarge image] to enlarge the image.

1. About drug lag ▲

- 1. I have heard of this term and knew of this issue
- 2. I have heard of this term but did not know of this issue
- 3. I have never heard of this term but knew of this issue
- 4. I have never heard of this term and also did not know of this issue

2. About drug loss ▲

- 1. I have heard of this term and knew of this issue
- 2. I have heard of this term but did not know of this issue
- 3. I have never heard of this term but knew of this issue
- 4. I have never heard of this term and also did not know of this issue

Q14 Suppose that a drug that is superior to existing treatments for a certain disease is used overseas. However, that drug is not approved in Japan and is not covered by public medical insurance, so you would have to pay several hundred thousand yen to several million yen to use it in Japan.

Required

Under the circumstances where public medical insurance expenditures (healthcare costs) are increasing, do you think the drug should be covered by public medical insurance? (Single answer) *If a drug is covered by public medical insurance, the "high-cost medical expense benefit" can be used, which reimburses for the excess amount if the medical expenses you pay at the counter of a medical institution or pharmacy exceed a certain maximum amount in a month.

- 1. Strongly believe the drug should be covered by public health insurance
- 2. Believe the drug should be covered by public health insurance
- 3. Do not believe the drug should be covered by public health insurance
- 4. Do not believe at all that the drug should be covered by public health insurance
- 5. Not sure

■ Finally, here are questions that pertain to you again.

Q15 Which of the following is closest to your household's annual household income (before taxes) in 2022 (January-December)?

Required

*Annual household income refers to the total annual income of the people who live together and make a living together.
*Annual income (before tax) refers to annual income including tax before taxes and social insurance premiums are deducted. In the withholding tax statement, this is indicated in the "Amount Paid" section.

- 1. Less than ¥1 million
- 2. ¥1 million – Less than ¥3 million
- 3. ¥3 million – Less than ¥5 million
- 4. ¥5 million – Less than ¥7 million
- 5. ¥7 million – Less than ¥10 million
- 6. ¥10 million – Less than ¥20 million
- 7. ¥20 million – Less than ¥30 million
- 8. ¥30 million – Less than ¥50 million
- 9. ¥50 million – Less than ¥100 million
- 10. ¥100 million or more
- 11. Not sure

Q16 Which of the following is closest to your household's total financial assets?

Required

*Total household assets refers to the total assets of the people who live and make a living together.
*Financial assets include cash, savings, and securities such as stocks, bonds, and mutual funds. Real estate such as land and housing are not included in financial assets.

- 1. Less than ¥3 million
- 2. ¥3 million – Less than ¥6 million
- 3. ¥6 million – Less than ¥10 million
- 4. ¥10 million – Less than ¥20 million
- 5. ¥20 million – Less than ¥30 million
- 6. ¥30 million – Less than ¥50 million
- 7. ¥50 million – Less than ¥100 million
- 8. ¥100 million – Less than ¥500 million
- 9. ¥500 million or more
- 10. Not sure

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(Health and Medical Policy Consortium Director: Masaki Kawasaki)