

*Looking back at the 5st International Conference
This is a report on the abstract presented in Taiwan*

AIoT Kick Off : Total Data Management from bedside to Health Insurance Claims

Ryoma Seto(Tokyo Healthcare University)

AIoT Kick Off : Total Data Management from bedside to Health Insurance Claims

The conference theme is "AIoT Kickoff" with a subtitle "Pure straight," a term originating from Mahjong, symbolizing completeness. Health data, starting with the patient and reaching administrative departments, varies in representation based on job types. Primary use involves patient care, while secondary use includes billing, deemed important in countries like Japan and Taiwan with universal health insurance. The National Database of Health Insurance Claims in Japan aids policymaking and research. Private databases, more accessible, vary in data richness. Electronic medical records (EMR) and claim data complement each other, with IoT technology potentially advancing standardization and aiding in data collection. IoT data, collected effortlessly, is preferable for analyzing healthcare quality. Standardization challenges exist, addressed by creating industry standards like Japan's "Nursing data-set Apply Guides." In healthcare, AIoT, including IoT, facilitates "Pay for Performance" through comprehensive data management.

Tatsuya Otomo (Shujitsu College)

2 Characteristics of health self-management

Tatsuya Otomo, Nobuko Kurono

Introduction

It is important to think about how to self-manage your health.

How do people self-manage their health? The purpose of this study is to explore the actual situation. The purpose is to discover its characteristics. the strength of weak ties (Granovetter, Mark 1973)His research shows that weak ties give people important information.

Research on strong ties is also active in Japan.We cannot ignore the strong ties with family

and friends we come into contact with in our daily lives. In Sato et al.'s research, the influence of family and friends is investigated. Sato (2017), Kawaguchi (2022)

However, the following points are not taken into account. For example, how people collect and self-manage health information in their daily lives. There is also a lack of regional difference research. As the nature of the activity, a survey of the actual situation of planning, continuity, and effectiveness is necessary. As such, research on health self-management is insufficient.

1 Characteristics of activity differences based on regional difference survey

We surveyed two regions, Sendai and Hiroshima (2017-2021).

In the previous study, many people in Hiroshima go to the hospital, while many people in Sendai do not go to the hospital. The difference between these two cities is very large.

This time, we conducted an interview survey of 14 people and analyzed it using M-GTA. The results showed that there are several types of communication states of people involved in health self-management. For people who are married and live with their families, there are types where communication is mainly with friends and types where communication is with family. There are also types where both friends and family are balanced. And there are also types where no communication is made with anyone at all.

2 Unplanned cycle

There is a PDCA cycle in communication when consulting with a doctor. It is managed by the doctor during treatment.

However, there is no PDCA cycle in health self-management.

There is a DCA cycle without the P. They have a vague "health" goal. It is a trial and error process, and no goals are set. All communication types were DCA cycles.

Conclusion

Many of them act daily without planning. It is difficult for them to make a health self-management plan. They act without expecting a clear result. They act easily when they have an idea

They communicate with their family and friends.

But they do not manage each other's health goals. Free health self-management is unplanned, but it is easy, so it is thought that they can continue it.

The Current Shortage of Nursing Care Workers in Japan

-Focusing on Special Nursing Homes for the Elderly

Osaka Otani University Faculty of Human Sociology Department of Human Sociology Social Welfare Course Professor HATA Yasuhiro

In Japan, there is a situation known as the "2025 Care Problem" and the "2040 Care Problem," stemming from the rapid decline in the working-age population. In the midst of this, the article provides micro-level examples to illustrate the impact. It proposes that a serious shortage of caregiving personnel has arisen from three perspectives: a decline in service quality due to understaffing, difficulties in recruiting caregiving staff, and challenges in sustaining operations due to deteriorating business conditions.

Specific instances of service deterioration in caregiving facilities, as identified by the Care Ombudsman, include inadequate responses such as the use of four-point bed rails and insufficient clothing changes for users who eat with their hands. The article also highlights the difficulty in recruiting caregiving personnel, the increasing turnover rate, and the deteriorating business conditions in caregiving facilities. The financial challenges have led to the selling off of special nursing homes, making it difficult to establish new facilities.

The article concludes by addressing the employment situation of foreign caregiving personnel. It notes that new recruitment and deployment of foreign workers are progressing, with both positive evaluations and challenges in utilizing foreign workers. In summary, the resolution of the caregiving personnel shortage requires increased wages for caregiving staff, the utilization of ICT, the introduction of caregiving robots, and the crucial task of incorporating foreign caregiving personnel.

Quantum Leap Experience of Care Worker

Saiko TOKUNAGA

Kumamoto Gakuen University

The Purpose of this study is to find out what kind of quantum leap experiences care workers have had in their career development to reach their current positions. The survey consisted of identifying three experiences that they feel helped to make them become a better person, each of which in more details including when and how they happened, and what those experiences meant for their growth as individuals.

President Mr.A

He was born in 1979. He is 44 years old. He manages his own company. He works as a president of his company. His business content is consultant of nursing care.

quantum leap experiences

In 2007 when He was 28, an encounter with a professor at a training workshop changed the way he thinks about work as well as the course of his life. He ended up going to the training workshop for a year, and the sessions required reporting their achievements to each other. He was able to develop confidence through the course of setting goals, such as "eliminating fecal incontinence," "zero diapers," and devising ways to improve the residents' diet and exercise habits to achieve those goals. Since then, He started getting invites to speak at various academic conferences and for events with local governments.

Special elderly nursing home Facility director Mr. B

He was born in 1977. He is 46 years old. He works as a facility director at special elderly nursing home.

quantum leap experiences

Working experience up until midnight at a home care service as a manager of contract employees when he was 25, second year in the workforce, meant a lot to him. He was in charge of site management, user contracts, and mostly worked on the computer. At times, He also prepared flyers and brochures for care managers and went out to conduct sales activities. Preparing extensive number of documents and resources to submit to the Federation of National Health Insurance Associations helped me grow both physically and mentally.

COVID-19 Safety Management Assessment of Local Governments in Japan

–Using Himeji City Public Health Center Health Data

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Takaaki Shimizu¹ Kiyomi Inoue¹² Yoshitaka Mouri³

1.Himeji Dokkyo University Professor, 2.Himeji Dokkyo University President

3.Himeji City Health Center Director

Himeji City is COVID-19 cluster infection early in Japan. This event had a big impact in Japan. In this research using Himeji city Public health center health data. Tried COVID-19 safety management assessment of local governments in Japan, for future improvement of public health level. Target data is Himeji city Public health center health data of 2020-2021 and Materials provided by public health centers. Subsidy: Himeji city development research subsidy. Ethics Committee Review Board provided approval: November 29, 2021 review agency name: Himeji Dokkyo University Bioethics Committee, approval number: HIMEDOKUSEI21-13. Number of cases: 90. Of these, 14 cluster cases The duration of transmission of infection and the response of Himeji City were analyzed. Measures to address issues related to the operation of public health center medical record data. The challenges include the enormous amount of information, the accuracy of the data, and the enormous workload of the data. Countermeasures include focusing on important items due to the large volume of information, weighting and evaluating data items, predicting workloads and outsourcing. To make use of data at municipal level. It is important to set specific database creation objectives. Such as predicting the number of isolation days, understanding patient outcomes, and helping to plan for the preparation and termination of hotels and temporary beds. It is also important to envisage, in advance, the scope of effectiveness and areas of utilization of utilization outcomes. In this study, a database using health center medical record data accumulated at health center was created from the perspective of community health safety and risk management measures in municipal administration by a public-academic collaborative research group, and an attempt was made to utilize data related to novel coronaviruses. As a specific outcome, by analysing the data from the cluster outbreak, the duration of infection transmission could be predicted and the number of isolation days could be ascertained. This suggests that the government may be able to respond to the required

number of temporary hospital beds and isolation hotels before the peak of the outbreak of infections. In the future, based on the results of this study, data from health center medical records can be used in the event of a new, unknown pandemic outbreak to strengthen public health in Himeji City through rapid administrative response.

Kaede Kamakura

The necessity of medical expense deductions for welfare recipients

Kaede Kamakura

Summary : I feel that many people who work in the medical industry have a negative impression of the deduction of medical expenses by welfare recipients. Therefore, at the 6th Annual Meeting of Japan held in October 2023, we presented the contents of medical expense assistance under the Public Assistance System and the Public Assistance Act, the number of welfare recipients, and the population of Japan. In addition, when I looked into how much welfare recipients receive, I found that there was not much difference between my monthly salary and my take-home pay, and that they could live without inconvenience. On top of that, I thought that it would be important to make it easier for all citizens to receive medical care equally, regardless of whether they receive welfare or not, because it is a medical expense deduction. Based on the results of a questionnaire conducted among five healthcare professionals, this report clarifies the burden on medical institutions and their requests to the government for welfare recipients. In it, it shows what the government should do first and what benefits it will be.

Kampo Treatment in a Metropolitan Clinic: An Analysis of Medical Fee Claims Data

Reri INOUE, Tatsunari OMIYA, Shion MAEDA

This study analyzes M Clinic's provisional data from January and February 2023 in Taiwan, focusing on patients using Chinese herbal medicine. In Excel, monetary conversion analysis reveals an average expenditure of 11,769.64, with the largest group (43 people) spending between 10,001 and 12,500. Notably, no cases fall within the 0-2,500 or over 20,000 range. The most frequently used herbal treatment is Tsumura Koshibakitou plus Kikyo Gypsum extract, nearly twice as popular as the second choice. Percutaneous arterial blood oxygen saturation measurement is the most common procedure, followed by nasal and pharyngeal fluid collection. Despite high expenses, patients using herbal medicine receive better value. Tsumura Koshibako-touka Kikyo gypsum extract is mainly used for tonsillitis and peritonsillar inflammation. Herbal medicine is often employed for throat-related issues, considering the prevalent use of nasal and pharyngeal wipe collections and tablets. Chinese medicine, aimed at symptom suppression, proves advantageous over antibiotics due to its cost-effectiveness in treating coronavirus symptoms.

However, it is necessary to take into account that the survey was conducted during the COVID-19 epidemic period, which may limit the generalizability of the survey results.

Case analysis of health insurance programs for smoking cessation treatment

Taishi OGATA, Tatsuya KOIZUMI, Miki Arimura, Misaki OTA

【Introduction】

The purpose of this study is to Investigate and examine the current status of smoking cessation treatment in Japan and other countries' insurance-covered medical care in recent years.

【Methods】

Conducted research using the internet on smoking rates and smoking cessation measures

from 2000 to 2020 in four countries with low smoking rates and advanced smoking cessation efforts (New Zealand, Australia, Sweden, and the United Kingdom).

【Results】

For the proactive countries in smoking cessation support (New Zealand, Australia, Sweden, and the UK), various measures such as gradual lifetime smoking bans through legislation, significant restrictions on smoking areas, and the prohibition of tobacco advertising and unique packaging were identified. However, it was found that only Australia and the UK among these four countries provide smoking cessation treatments under insurance coverage. In contrast, Japan allows public smoking cessation outpatient services, providing fundamental treatment for tobacco dependence through five counseling sessions and the prescription of patches or medications.

【Discussion】

Smoking cessation treatment and support are global trends contributing significantly to the decline in smoking rates. However, smoking cessation treatments covered by insurance have not yet permeated widely. It is essential to incorporate not only compulsory smoking bans through laws and regulations but also fundamental treatments for nicotine addiction in addressing this issue.

online presentation

Joji ONISHI

Analyzing Regional Disparities in Long-Term Care Certification Applications Among Inpatients Using Open Data from the Kaigo Database

JOJI ONISHI

Department of Geriatrics, National Center for Geriatrics and Gerontology

[Background] This study aims to comprehend the prefectural differences in the rate of new

applications for care certification during hospitalization and investigate associated factors.

[Methods] Analysis was conducted using open data from the database of Long-term Care Insurance (Kaigo DB) for the fiscal year 2019. Data from aggregated prefectural statistics, including data on care locations, basic activities of daily living, dementia, medical procedures, and certification results, were the focus of the analysis.

[Results] The application rate during hospitalization ranged from 28.1% in the lowest-performing prefecture to 40.0% in the highest-performing prefecture, with a prefectural average of 32.9% and a standard deviation of 2.9. Significant correlations were found between the application rate during hospitalization and peripheral intravenous drips ($r=-0.433$, negative) and dementia ($r=0.310$, positive).

[Discussion] Factors influencing the application rate during hospitalization included the pre-hospitalization condition, the severity of the illness requiring hospitalization, discharge destination, duration of hospitalization, and the attitudes of the medical team and patient consciousness. Higher prevalence of dementia was associated with more discharges to care facilities or home, while the need for peripheral intravenous drips was linked to prolonged hospitalization.

[Conclusion] Analysis of prefectural aggregates from the open data of Kaigo DB revealed regional disparities in the rate of new care certification applications during hospitalization. Factors such as peripheral intravenous drips and dementia showed significant associations with the application rate, emphasizing the need for a nuanced understanding of these regional variations.

Regarding medical care in remote areas in an era of declining birthrate and aging population - Considering the current situation and issues -

Ayumi OMORI

In today's world of declining birthrates and aging populations, the population is declining and there is a shortage of medical personnel, and this tendency is particularly strong in rural areas.

In this study, interviews were conducted to explore the following two points: (1) the management status of medical institutions in remote areas, and (2) future issues. In the three regions of Hino in Tottori, Niimi City and Maniwa City in Okayama, about 10 questions were asked at six remote clinics, and the results were summarized in a table. From there, the discussion focuses on the management status and functionality of each clinic and presents a diagram that classifies it. From the figure, there are no single-type clinics that are profitable, and that there is only one clinic that is profitable. At the same time, we analyzed and examined the responses regarding the addition of medical fees and online medical care. At present, many clinics in remote areas are managed by the government and the local community, and it is expected that this type of clinic will become common in other regions in the future. In addition, there are three issues to be addressed in the future: manpower, infrastructure, and caregiving.

The Possibility of Online Medical Consultation

MATSUMOTO Reina, HORIKAWA Ririn

We thought about the possibility of online medical treatment. The purpose of the study is to explore modern medical problems and the possibilities of online practice created by digitalization. I interviewed 22 people to get a lot of feedback. We asked everyone, "Do you want to receive online treatment?" and "Do you think it will spread?" and why. The result was that there were many people who wanted to receive online medical treatment and those who thought it would spread, but in the interview answer, "I don't think online medical treatment will spread because I don't think most elderly people can use electronic devices well." So when we looked into the penetration rate of smartphones, we found that online medical treatment may be difficult to spread to senior citizens aged 60 or older. From this study, we believe that online medical treatment will become widespread. The results of the interview showed that many people wanted to receive online medical treatment, and 90% thought it would become popular. However, it is thought that online medical treatment will be difficult for elderly people with low smartphone penetration rates.

Current Status and Challenges of AI in Healthcare in Japan

Akane KAWAHARA

It is said that the introduction of AI is progressing in overseas medical care, but how far behind is it in Japan, what is the current situation, and what are the challenges in the future?

The delay in the introduction of AI, which is examined in this study, covers electronic medical records and medical DX, including digitalization.

Through the Internet, we investigated the progress of AI in Japan, the status of the introduction of digitalization in medical institutions, and the future policy of the Ministry of Health, Labour and Welfare regarding the introduction of AI, and conducted an interview survey of people currently working at medical institutions.

Even in the medical field, AI medical devices are hardly widespread, and there is a tendency for many medical institutions to not digitize, and on the other hand, the introduction of AI is expected to significantly change Japan society in the future.

One of the reasons for the delay in the introduction of AI (digitalization) is the lack of knowledge and interest in AI, such as the fact that the introduction of AI does not have an idea of what kind of effect it will have on both improving the quality of medical care and hospital management.

In the future, it is desirable to actively work to improve the quality of medical care and to increase knowledge about AI.

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Financial Transition due to COVID-19 Impact

Toshikazu Arakawa, Eishi Kanazawa, Yuuki Yamaoka,

Moena Yanai, Kyou Umeda, Hiromu Iida, Kazuki Akiyama, Sora Tsubota,

Iku Okamoto

Himeji Dokkyo University

Using data from three medical institutions in Hyogo Prefecture, we analyzed changes in the

situation over a five-year period (2017 to 2021), In terms of business revenue and profit, all three hospitals have been on a downward trend since 2018, but only S hospital has been on an upward trend since 2019. Furthermore, since business revenue has been gradually increasing since 2019, it is COVID-19 that the management of the new business has been successful. Hospital H has had a series of years in which the difference between business revenue and business expenses has been small, so it is thought that the nature of new business has been affected by the COVID-19. It was.

Regional Retention Rate of Schizophrenia

Naito Ayaka Morita Yuka Than Thi Thoa
Himeji Dokkyo University

The purpose of this study is to analyze the progress of community retention rates and clarify the actual situation, since schizophrenia is a disease that requires repeated admissions and hospitalizations. We analyzed DPC data from April 2015 to March 2022 from the Okayama Prefectural Psychiatric Medical Center. Focusing on patients with the highest number of hospitalizations, we compared the number of days spent living in the community and examined changes in the number of days spent in the hospital and number of days living in the community over a 5-year period. The basic pattern is that most patients are hospitalized for one day and then live in the community for a month. The overall trend was that the longer the treatment period, the higher the community retention rate, confirming that adherence is important. During the period when the number of days spent living in the community was high, the number of days until readmission was longer, so the number of days spent living in the community increased. In contrast, during the period when the number of days spent living in the community was small, the number of days spent living in the community was reduced due to sudden long-term hospitalizations. The findings suggest that if we can understand why sudden long-term hospitalizations occur, we may be able to take countermeasures.

Finally, here are the impressions of those who participated in Taiwan

1 Creating an Environment that Facilitates the Benefits of Information Use

Prof. Ryoma Seto, Tokyo Healthcare University

We were privileged to have the opportunity to participate in the 3rd International Scientific Congress on November 10-12, 2023. I would like to thank Dr. Liu and everyone involved in Taiwan.

Now, since I don't need to talk about the positives of information utilization in Taiwan, I would like to examine in my own way why this is possible.

In conclusion, I would like to say that the benefits of data utilization have permeated the lives of the Taiwanese people. For example, there is a system in outpatient clinics that displays the name of the patient whose turn it is to see the doctor next, with the first letter of the patient's name displayed in black and white, which is unlikely to be implemented in Japan. This is because the Japanese people have a strong sense of aversion to any invasion of their privacy. Taiwanese citizens would probably give priority to the smooth progress of outpatient care over the trivial issue of privacy. This is not a matter of which is right, but rather a matter of public sentiment. The situation in Japan, where there is so much trouble over the absorption of the health insurance card function into the personal number card, may now be seen as a comedy by Taiwanese people.

The challenge for Japan is that it does not necessarily have enough trust in those who manage data (public or private aside). The same is true for health insurance claims data. However, this situation can be taken as a positive story for our society, with many opportunities to contribute to society.

What surprised me about public medical insurance billing is that Taiwan does not do "monthly billing". Conversely, "Why do they bill by the month in Japan?" we could not come up with a reasonable explanation. It is because the remnants of the paper-based system are still in place. I think that many of the things we thought were common knowledge in Taiwan turned out to be nothing more than assumptions.

Again, there is little point in discussing which health care system (including, of course, the medical insurance system) in Taiwan or Japan is superior. This is because each country has its own background, and that background cannot be ignored. However, we should take these differences into consideration and absorb the good systems of each country. I am convinced that the conference was extremely meaningful because it provided an opportunity for the

conference members to exercise their brains through this academic conference in Taiwan.

2 Report

Yasuhiro Hata(Osaka Ohtani University)

In 2019, following a hospital visit to Busan, South Korea, I had the opportunity to visit a hospital affiliated with Taiwan's Show Chwan Health Care System in 2023. The medical administrative staff at this facility is obliged to meet with patients at least twice during their hospitalization, a practice that deeply impressed me. I believe such a commitment is crucial in the field of healthcare administration in Japan as well. Exposure to foreign experiences, including excellent medical information management systems and the application of ChatGPA, has provided valuable insights into the current state of Japan and my own position. Elderly Care Home, which accommodates 125 residents, operates with a daily care ratio of 7 residents per day and two night-shift staff, all covered by complete self-payment. It seems that Taiwan lacks a comprehensive public long-term care insurance system and formal regulations for elderly care homes. Care staff here hold nursing qualifications, and there are also foreign care workers from Indonesia providing assistance. The monthly cost is approximately 35,000 New Taiwan Dollars, equivalent to about 160,000 Japanese Yen. Due to a shortage of personnel, the second floor is not open. Taiwan's shortage of caregiving personnel appears to be even more severe than in Japan.

Currently, Japan is facing a serious labor shortage, leading to a decline in the quality of services. However, the significant difference between having and not having a social security system has been reaffirmed as the most significant outcome of this experience. While systems like medical insurance may sometimes feel like they are being managed on a subconscious level, the appreciation for the existence of such systems has been once again realized. I express my gratitude to Professor Seto, Professor Ohtomo, the secretariat, and all participants.

3 What I learned from the hospital tour in Taiwan

Kaede Kamakura

The most surprising thing about this hospital inspection was the flow of outpatient care.

First of all, the medical examination is a system in which you come to the hospital by appointment in advance from the Internet, and you hold your insurance card over the machine.

By holding up the insurance card, the hospital will know that the patient has come to the hospital. Then, the blood pressure, height, and weight measured after coming to the hospital are reflected in the medical record. In order to prescribe medicine, blood pressure, height, and weight must be measured before the medical examination. Height and weight can be measured together, and height can be measured with infrared rays, so no one needs to do anything just by getting on the measuring machine. Currently, at hospitals in Japan, patients are examined with their health insurance card or My Number Card and medical examination ticket. If you forget or lose your medical examination ticket, some medical institutions charge a reissue fee. In addition, if you use the My Number Card promoted by the government as an insurance card, you must read it with a card reader every time you visit the hospital. It takes time to verify your identity with a PIN or face recognition, and then choose consent to obtain information. In addition, since vital input such as blood pressure is done by the staff, it is clear that there is a difference in time outside of medical examination.

I was also shocked to learn that in Taiwan, it takes less than one minute from the medical examination end of the consultation to the decision of payment. Since the amount of each person's burden is fixed, it is not the flow of the medical affairs section staff calculating after the examination and paying the bill as in Japan. Of course, the payment is an automatic payment machine. Medication prescriptions are basically provided in the hospital, and after the second time, out-of-hospital prescriptions will be issued if the patient wishes. It can be seen that by making it an in-hospital pharmacy, it is possible to reduce the travel time of patients and the dispensing time by reflecting the data. From this, it was found that Taiwan is far more advanced than in Japan in reducing not only the time for patients but also the burden on medical professionals in outpatient consultations. I felt that the number of elderly people in Japan will increase more and more in the future, and in order to prevent a shortage of medical professionals, a system similar to that of Taiwan will be necessary.

4 Participating in International Academic Conferences

Mayumi Ito

I was certified as a "Receipt Manager" in the examination held in February of this year, and this is the first time I have participated in an international academic conference.

From the beginning, I was extremely interested in the information that there was an overseas training program.

When the application guidelines were announced, I was determined to participate and was

eagerly awaiting the invitation.

I received an e-mail with information, and when I checked the contents, I was told that the destination I was visiting was Taiwan, and I wondered why Taiwan.

According to the schedule, a visit to a local hospital was scheduled for the second day, and the theme of the conference, "Toward integrated data management from bedside to receipts," was remarkably interesting to me as a medical administrator.

When I arrived at the Xiu den Memorial Hospital, I was at first overwhelmed by the size of the building.

There was a big Christmas tree at the front door, and it was an atmosphere that made me think that this was a shopping center. According to the interpreter, there is a tendency to erase the colors of hospitals in Taiwan, and shops and sales wagons are arranged facing a large aisle, and I was surprised by the significant difference from Japan.

Next, we were guided to the outpatient booth.

In Taiwan, the "My Number Card" in Japan is widespread, and various information such as height, weight, blood pressure, medication history, and test results are recorded directly on the card, as well as information on the insurance card, and it also serves as a hospital examination ticket. There is no general reception counter in Japan, and patients who have made an appointment for an outpatient consultation online by the day before will have their height, weight, and blood pressure measured by themselves, and then insert their My Number Card directly into the reception machine in front of the examination room.

It is a Confucian country and respects the elderly, and when an elderly person over 80 years old comes to the outpatient reception, he or she is guided to the examination room earlier than people up to 79 years old who have been waiting until then. No one complains about it. Medical institutions and patients can use the app to check the test results of other medical institutions recorded on the My Number Card and the medication history.

In Taiwan, the electronic system of medical office work is progressing, and the online billing rate has reached almost 100%.

The outpatient account is 50 yuan ~ 450 yuan (about 200 yen ~ 2130 yen), 50 yuan for dental and Chinese medicine, and 150 ~ 450 yuan for emergency medicine, depending on the grade of the medical institution. There is no co-payment for childbirth, serious illness, or prevention insurance. AI creates and confirms the amount of outpatient accounting, and instead of paying on the day, the patient will come to the hospital the next day or later and settle at the automatic payment machine.

The electronic medical record system is fully utilized in both outpatient and inpatient care,

and the function of automatically filling in medical records using a voice input system was introduced.

In Taiwan, when you are hospitalized, you will be responsible for 5% to 30% of the cost depending on the number of days of hospitalization and the hospital room (acute / chronic room). In addition, the DRG method is adopted for hospitalization accounting, and the patient's clinical path is first ready, and the income and expenditure for the patient is instantly calculated by comparing it with the contents of the electronic medical record. As a result, it alerts you when you deviate from the path. At the same time, they create receipts and cover insurance claims. In Japan, insurance claims are supposed to be submitted by the 10th of every month, but in Taiwan, there is no restriction, and the sooner you submit your claims, the sooner you will be paid.

AI is also used for medical checkups, and it is used to reduce the burden on doctors by performing image diagnosis for ultrasound examinations. The accuracy rate is 90%, and there was a comment that he would like to get closer to 100% in the future.

As part of the welfare program, there is a rest area for staff in the hospital, where meals and tea are prepared, and staff can come and go freely.

It is said that if you increase the satisfaction of the staff, the patient service will be generous, and as a result, patient satisfaction will increase. Is that really the case?

What I learned from this visit was that medical DX was much more advanced in Taiwanese hospitals than in Japan. Now you know why Taiwan was chosen as the host city for the International Scientific Conference.

Although it is speculation, I thought that the future image of Japan hospitals, which are stumbling due to the spread of My Number, is in Taiwan.

To be able to see the information recorded on the My Number Card in Taiwan, including the information at other hospitals, it is necessary to unify the electronic medical record system, which the Ministry of Health, Labour and Welfare is trying to start, and to abolish the health insurance card. Consolidate insurance information into My Number Cards. If this is done, the penetration rate will increase because all citizens will have to have a My Number Card. If you use your medical examination ticket at each hospital as your My Number Card, you can obtain information on each disease, and it will be useful for disease control. It also makes it easier to identify individuals. Is it something like that?

If this is the case, I think the government should explain it more carefully to the people.

Why do we promote the use of My Number Cards? and why is it necessary to abolish the

health insurance card? a.

I thought I would wait and see how many years it would take for Japan to catch up with Taiwan's medical DX.

5 Report

Yoshihito Nakahara

I had the pleasure of attending The 5th World Congress of Medical Insurance and Health Care held in Taiwan. This was the first conference for me since I became a Certified Receipt Manager last year, so I was very interested to see what kind of presentations would be given. On the first day of the conference, there were research presentations by Japanese speakers, which covered a wide range of topics from medical data analysis to job satisfaction for medical staff and human resource development issues in the field of long-term care insurance, giving me a bird's eye view of the various themes surrounding medical care. It was very meaningful to be able to exchange information with people with whom one would not normally have the opportunity to interact, including university faculty members specializing in medical information, dentists, and people working in the medical affairs departments of medical institutions.

On the second day, we visited Show Chuan Medical Group's Memorial Hospital in Lugang, Changhua County. First of all, we were overwhelmed by the scale of the hospital standing side by side on a vast site and its advanced medical system utilizing the IoT. During the tour of actual scenes in the outpatient reception area, accounting system, pharmacy, dentistry, etc., information disclosure and educational information for patients were shown everywhere in a very easy-to-understand manner, and we were able to see the ideal form of how information should be shared through thorough patient-first principles and technology. In addition, the hospital offers excellent benefits not only to patients but also to the medical staff who work there, which made me rethink what kind of environment is conducive to good medical care. The international surgical training facility is equipped with many world-class instruments and is the only facility of its kind in Asia that is visited by doctors from all over the world, giving us a sense of the high level of integration of the three pillars of clinical care, education, and research. In the lecture given by Vice President Liu Li, I was very impressed by the future prospects of the Show Chuan Group's national-level business and the founder's message that "all staff, including the administrative staff, are the staff who treat the patients.

I would like to make use of the experience and personal connections I gained this time to

devote myself to the future development of the medical care field.

I would like to express my sincere appreciation to the president and board members of this conference, as well as to the people involved in the Show Chuan Medical Group and all the participants.

6 5th International Academic Congress Report

Shiho Okada

There are three things I learned from my participation in the 5th International Academic Congress in Taiwan. The first is that blood pressure, weight, and height measurements in Taiwan are automatically reflected in the medical record after the measurements are taken using my number card, and doctors can check the results in real time. This is a point that we will be able to do something similar in Japan in the near future. At present, there are several thermometers and blood pressure monitors in Japan that are linked to medical records through the Internet. However, I thought that if the results of blood pressure measurements, etc., could be reflected in medical records using a my number card, it would be more accessible to patients. The second is about medical charting at the time of hospitalization. I think it would be very useful to use ChatGPT to simplify the writing of the admission record and discharge summary, thereby reducing the burden on physicians. Third, the calculation of medical costs is performed by AI. Our job as medical clerks is mainly to calculate medical expenses. But already in Taiwan, this task has become less important and more about making sure that there are no errors in the calculations. I was shocked to learn that AI is calculating medical costs. It has been said for some time that AI will eventually take over the calculation of medical costs performed by medical clerks, and I felt like I was witnessing it firsthand. In the near future, medical office work will rarely be just performing calculations. Instead, I realized that a more in-depth understanding of reimbursement scores would be required, including final confirmation of receipts and preparation and analysis of data.