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Topics: Recent topics in public health in Japan 2023

＜ Reviews ＞

Community Health Care Vision: Toward realizing the desired medical service system

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Abstract

Given the changes in Japan's demographic structure, specifically the declining birthrate and aging population, as well as the declining working-age population that includes medical personnel, the construction of an efficient medical service system has become an urgent issue, necessitating the promotion of functional differentiation and cooperation of medical institutions. In order to promote such differentiation and cooperation the "Community Health Care Vision" is formulated based on estimates of the medical demand and number of beds required in FY2025 by medical care function (advanced acute phase, acute phase, convalescence phase, and chronic phase) in each region/community. Efforts in this direction began in all prefectures by 2017, until the COVID-19 outbreak in 2020 shifted the focus of medical institutions toward the infected. In December 2020, the Health Policy Bureau of the Ministry of Health, Labour and Welfare compiled the "Concept for building a future medical service system based on the novel coronavirus disease," which includes ideas and means to advance the Vision. In March 2021, the Health Policy Bureau Notification, "How to advance the Community Health Care Vision" was issued, which stated that "The significance of functional differentiation of hospital beds and collaboration was recognized again, having faced the Covid-19 pandemic," and as one of the three reforms in anticipation of the medical service system in 2040 (realization of optimal placement and cooperation of medical facilities; work style reform of doctors and medical staff; and effective measures against uneven distribution of doctors), continuous efforts are being made.

keywords: Community Health Care Vision, demographic structure, Community Health Care Vision Committee, Bed Function Report, training

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I. Background: From "Rapid increase in older adults" to "Rapid decline in working-age population"

Japan's total population (population of Japanese nationals + population of foreign nationals) declined below the previous year's level in 2005 for the first time since World War II; peaked in 2008; and has been declining for 11 consecutive years since 2011[1]. As of October 1, 2021, the total population of Japan stands at 125,502,000, which is a decrease by 644,000 (-0.51%) in the one-year period from October 2020 to September 2021. This decline was the largest since 1950, when comparable data are available. Additionally, the population of Japanese nationals was 122.78 million—a decrease of 618,000 (-0.50%) from the previous year—and the rate of decline has been increasing for 10 consecutive years.

By 2025, the population of older adults, especially those

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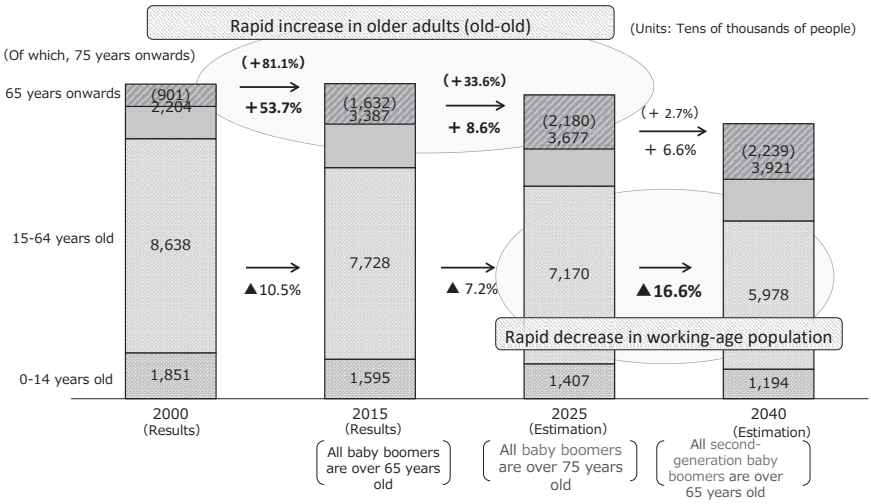


Figure 1 Changes in Demographics – Demographic Structure

(Source) Ministry of Internal Affairs and Communications "Population Census" and "Population Estimates," National Institute of Population and Social Security Research "Population Projections for Japan, 2017 Estimates"

aged 75 and over, will rapidly increase and then slow down, but the population aged 65 and over is estimated to continue increasing until around 2040 and peak. In contrast, it is estimated that the decline of working-age population will accelerate from 2025 onward (Figure 1).

Consequently, Japan's future medical care context will not only witness an increase in medical demand in certain regions because of increase in the population of older adults, but also reduced medical demand in regions where the older adult population will not increase, demonstrating how changes in medical needs due to declining birth rate/aging population and changes in disease structure will vary by region, and that a uniform response will be difficult to achieve. Furthermore, owing to the shortage of medical personnel, it is necessary to allocate medical resources more efficiently and build an efficient medical service system.

Given these circumstances, the Ministry of Health, Labour and Welfare has stated that it is necessary to promote the following three initiatives in an integrated manner as reforms that look toward the medical service system in FY2040:

1. Optimal placement and cooperation of medical facilities (Realization of the Community Health Care Vision: By FY2025) [2]
   ①Form a consensus on the specific response policies among all public medical institutions.
   ②Verification of specific response policies and further efforts toward realization of the Community Health Care Vision.
2. Work style reform of doctors and medical staff (Upper limits on doctors' overtime work: From FY2024) [3]
   ①Optimization of working hours management and management reform in medical institutions.
   ②Dissemination and enlightenment for good medical care and support for patients and families.
3. Effective measures against uneven distribution of doctors (Target year for correction of uneven distribution: FY2036)
   ①Measures against uneven distribution of doctors between regions and clinical departments.
   ②Responding to primary care needs such as securing general practitioners.

The first initiative of the Community Health Care Vision will be discussed in greater detail below. In a 2013 report by the National Council on Social Security Systems [4], a government panel of experts tasked with examining the future of social security described the following key requirement: "Prefectures need to formulate their own Community Health Care Vision indicating how much medical care is needed for each medical care function, which is appropriate and balanced for each of its regions, based on predictions of their respective future medical needs made based on objective data." Subsequently, the Medical Care Act was amended in response to the 2014 "Draft Act on Amendatory Law to the Related Acts for Securing Comprehensive Medical and Long Term Care in the Community" to require prefectures to formulate a Community Health care "vision" (i.e., ideal future implementation of their regional medical service system) in their Medical Care Plans based on this provision. In March 2017, a Community Health Care Vision was established in every prefecture. To realize the first initiative of the Community Health Care Vision by FY2025,

it is necessary to form a consensus within the community regarding specific response policies, including public and private medical institutions. As for the second work-style reform for doctors and medical staff, upper limits on working hours for doctors are expected to be implemented starting FY2024. The third initiative, namely effective measures to correct the uneven distribution of doctors by FY2036, is seeing efforts to correct the uneven distribution of doctors between regions and clinical departments, as well as response to primary care needs, such as securing general practitioners.

II. What is the Community Health Care Vision?

In Japan, every prefecture is mandated to create a "Medical Care Plan" based on the Medical Care Act in order to build effective and efficient medical service systems in its constituent regions (Article 30-4, Paragraph 1). Such plans include many components—promoting information provision on hospital bed functions and healthcare frameworks for different diseases and projects; securing physicians, other healthcare personnel, patient safety, and systems for delivering outpatient care; and specifying secondary/tertiary medical care zones, development goals for healthcare facilities, areas with abundances/shortages of physicians, and standard numbers of hospital beds—but one of the most important is realizing the Community Health Care Vision.

To build an efficient system to provide high-quality medical care in the context of changes in the quality and quantity of medical needs and a decline in the labor force due to the above-mentioned population decline and aging, it is necessary to differentiate the functions of medical institutions and encourage collaboration between them. The Community Health Care Vision is the idea formulated to estimate the medical demand and number of beds required in FY2025 by medical care function (advanced acute phase, acute phase, convalescence phase, and chronic phase) in each region to promote such differentiation and cooperation of medical institutions. Here, the current situation and future direction of each medical institution are "visualized" through "Bed Function Reports," and the "Community Health Care Vision Coordination Committee" set up in each vision area (the regional unit tasked with hospital bed provision) holds discussions on the functional differentiation and coordination of hospital beds.

The Bed Function Report System is a system for each medical institution (including clinics with beds) to report to the prefectural government the "Current status" and "Future direction" of its choice of medical function in units of hospital beds every year. There are four medical functions to choose from: advanced acute phase, acute phase, convalescence phase, and chronic phase, which are each defined as follows:

- Advanced acute phase function: A function of providing medical care where the density of medical care is especially high to patients at the acute phase to stabilize the condition of those patients early. Examples of wards that may be regarded as handling advanced acute functions include wards where the density of medical care is particularly high for acute phase patients, such as critical care wards, intensive care units, high care units, neonatal intensive care units, neonatal convalescence units, pediatric intensive care units, and general perinatal intensive care units.
- Acute phase function: A function of providing medical care to patients at the acute phase to stabilize their condition early.
- Convalescence phase function: A function of providing medical care or rehabilitation to patients who have proceeded from the acute phase. In particular, this includes a function of intensively providing rehabilitation (convalescence phase rehabilitation function) for the purpose of improving ADL with the goal of returning home for those patients with such diseases as cerebrovascular diseases or femoral neck fractures who have proceeded from the acute phase.
- Chronic phase function: A function of hospitalizing patients who require medical treatment over a long period. It is a function to hospitalize severely disabled persons (including persons with severely disturbed consciousness), patients with muscular dystrophy, or patients with intractable diseases, who require medical treatment over a long period of time.

The most recent Bed Function Report (FY2021) is shown in Figure 2. The graph shown on the very right is an estimation (as of the end of FY2016) of the medical demand in FY2025 calculated as the number of beds required in FY2025 according to the Community Health Care Vision, based on the hospitalization rate and projected population.

The number of hospital beds was expected to decrease by approximately 40,000 to 1.21 million in FY2021 from approximately 1.25 million in FY2015. In the FY2021 Bed Function Report, the number of beds reported by each medical institution as "scheduled bed functions as of July 1, 2025" is expected to reach approximately 1.2 million beds in FY2025. Looking by bed function, compared to the required number of beds in FY2025 on the far right, there are more in the advanced acute phase, acute phase, and chronic phase, and less in the convalescence phase. Therefore, regional medical institutions are expected to hold discussions at the Community Health Care Vision Coordination Meeting and voluntarily proceed with functional differentiation

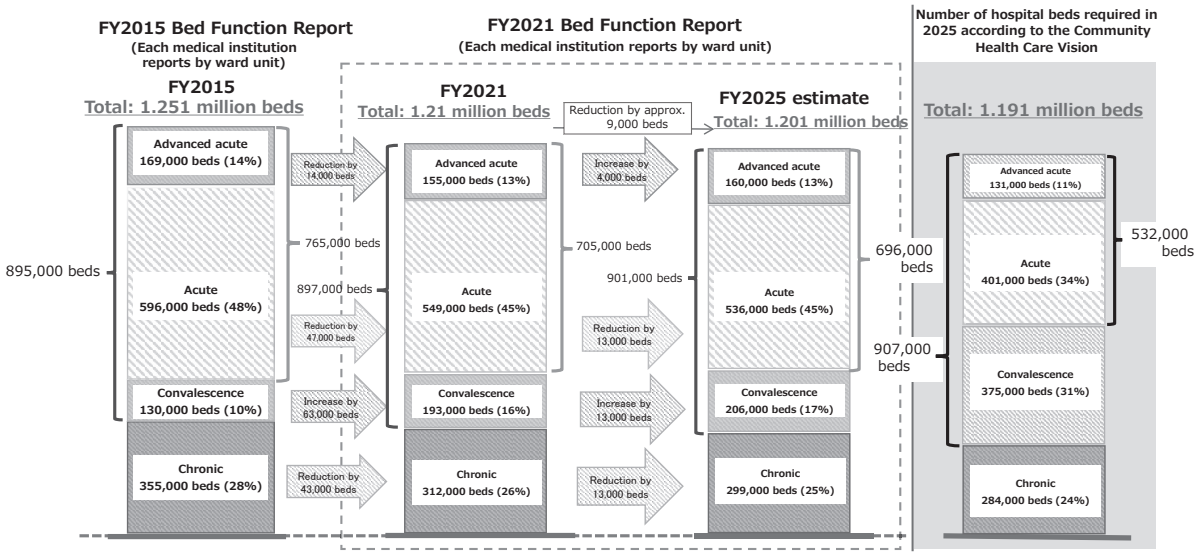


Figure 2　Bed Function Report
Source: FY2021 Bed Function Report

and cooperation. Presently, prefectures utilize the "Fund for Medical and Long-Term Care" to support the functional differentiation and coordination of medical institutions, and to subsidize the improvement of facilities and equipment associated with the conversion of hospital bed functions. However, if the differentiation and cooperation of functions do not progress, it is also required that prefectural governors appropriately exercise their role stipulated in the Medical Care Act; the following items are listed as specific authority:

[Prefectural authority stipulated in the Medical Care Act]

①Orders (public medical institutions, etc.) and requests/recommendations (private medical institutions) to stop conversion of medical institutions attempting to convert to medical facilities that are already in excess in the region.

②Instructions (public medical institutions, etc.) and requests/recommendations (private medical institutions) to assume medical functions that are lacking in the region in cases when consultations are unsuccessful.

③If there is an application for permission to open a hospital, etc., conditions are attached to the permission for opening, etc. so that the hospital fulfills the medical functions lacking in the region.

④Orders (public medical institutions, etc.) and requests/recommendations (private medical institutions) to reduce the number of unused hospital beds.

III. Community Health Care Vision Coordination Meeting

The Community Health Care Vision Coordination Meeting is a forum for consultation as stipulated in the Medical Care Act, and is stipulated as follows:

The Medical Care Act Article 30-14: 1) The prefecture is to establish a place for consultation with organizations of academic experts on medical treatment, other medical experts, medical insurers, and other related parties, and in cooperation with related parties, hold consultations on measures to achieve the future requirements for the number of beds specified in the Medical Care Plan and other particulars necessary to promote the achievement of the Community Health Care Vision. 2) When related parties are requested by the prefecture to participate in a consultation conducted by the prefecture pursuant to the provisions of the preceding paragraph, they are to endeavor to cooperate by participating, and must also endeavor to cooperate in the implementation of particulars that related parties have agreed upon at the place of such consultation.

As specific matters for discussion, the following items were stipulated regarding responses to specific response policy decisions for individual medical institutions:

○Each fiscal year, prefectures should compile a specific response policy that was agreed upon at the Community Health Care Vision Coordination Meeting. The following content should be included in the compilation of the specific response policy:

①Role as a medical institution that should be played in the vision area looking ahead to FY2025

②Number of hospital beds for each medical function in FY2025

○Public hospitals, public medical institutions, etc. should formulate the "New Public Hospital Reform Plan" and

"Public Medical Institutions FY2025 Plan" and discuss them during FY2017.

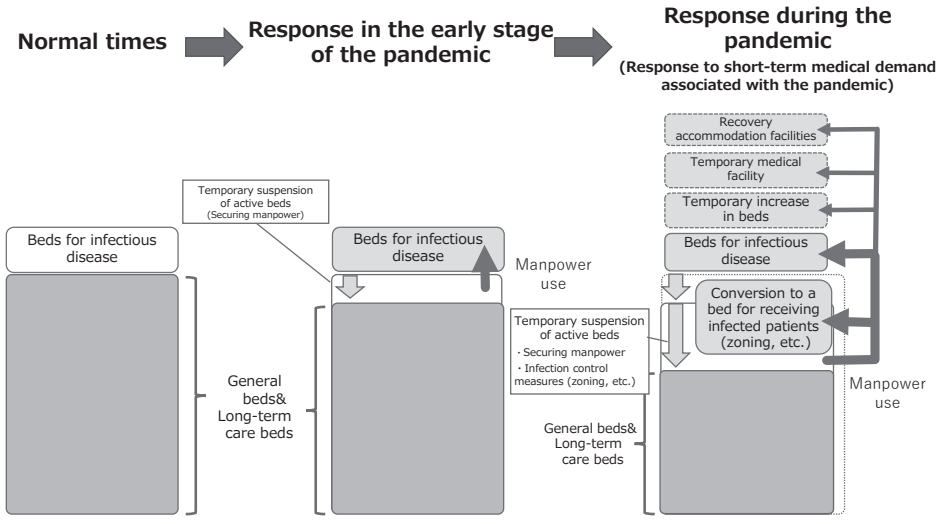
○ Among other medical institutions, those hospitals that will significantly change their role should formulate a future business plan and promptly consult.

○ Medical institutions other than the above should be consulted by the end of FY2018 at the latest.

It has been indicated that it will take a lot of time to coordinate the reorganization of hospital bed functions because there are so many stakeholders involved in the Community Health Care Vision and each stakeholder has different priorities. In fact, by March 2017, all prefectures had formulated Community Health Care Visions. In September 2019, the clinical performance data of public medical institutions was published by the "Working Group on Community Health Care Vision (WG)" of the Health Policy Bureau, Ministry of Health, Labour and Welfare because of the need for re-validation of the Visions formulated by the prefectures. However, various critical opinions were expressed against this, and the Ministry of Health, Labour and Welfare was required to respond by holding individual meetings to exchange opinions one after the other in response to requests from prefectures, and set up multiple forums for national and local consultations on securing regional medical care.

In January 2020, the Director-General of the Health Policy Bureau issued a notice titled "Regarding re-validation of specific response policies for public medical institutions, etc." to prefectures, and together with this, provided the "Analytical results of clinical practice data from public medical institutions, etc.," and clinical practice data from private medical institutions. Additionally, the Covid-19 pandemic broke out while work was in progress to further promote efforts by selecting priority support areas (i.e., areas receiving financial and technical aid from the national government at a prefecture's request), forcing medical institutions nationwide to respond to the outbreak and making it difficult to promote the Community Health Care Vision. The pandemic necessitated securing manpower by temporarily ceasing the operation of general beds and long-term care beds; converting a certain number of beds to COVID-19 infection beds; and temporarily increasing the number of beds to respond to increasing patient demand (Figure 3).

In December 2020, the "Study Group on Reviewing Medical Care Plans" of the Health Policy Bureau of the Ministry of Health, Labour and Welfare held a meeting to discuss the Vision and how to proceed, including "Ideas toward building a future medical service system in light of the COVID-19 pandemic." Specifically, "Medical care at the time of spread of infection such as emerging infectious diseases" is added to the description of Medical Care Plan such that the conventional "Five tasks" (emergency medicine, disaster medicine, remote area medicine, perinatal medicine, and pediatric medicine including pediatric emergency medicine) increase to "Six tasks." It was decided that in the future, the Ministry of Health, Labour and Welfare will conduct a detailed review of the contents of the plan (measures, initiatives, numerical targets, etc.), and will review the "Basic Policy" (Minister's Notification) and "Medical Care Plan Preparation Guidelines" (Director-General's Notification), after which each prefecture would formulate plans by adding a response to the spread of infection from the 8th Medical Care Plan (FY2024–FY2029). Although COVID-19 measures continue, the medium- to long-term situation and outlook that form the background of the Community Health Care Vision have not changed. In other words, the popula-



Document 6, the 28th Community Health Care Vision Working Group (November 5, 2020)

Figure 3 System for patient acceptance during the Covid-19 pandemic (image)

tion is steadily declining and aging, the quality and quantity of medical needs are gradually changing, and manpower constraints are becoming more severe. As such, to maintain a high-quality and efficient medical service system in each region, efforts to differentiate and coordinate medical functions were deemed essential. Based on the premise that the short-term medical demand during the spread of infection will be dealt with flexibly based on the "Medical Care Plan" of each prefecture, it was decided to promote the initiatives while maintaining the basic framework of the Community Health Care Vision (estimation of the required number of hospital beds/ideas, etc.).

In March 2021, the Director-General of the Health Policy Bureau issued a notice titled "How to proceed with the Community Health Care Vision," and the basic idea was as follows: "In the future, when the 8th Medical Care Plan (FY2024–FY2029) is to be formulated in each prefecture until FY2023, each region will have to conduct studies toward adding items to be described (response to emerging infectious diseases) and discuss the functional differentiation of hospital beds and collaboration. The response policies of each medical institution, including private medical institutions associated with the Community Health Care Vision in FY2022 and FY2023 should be formulated and validated/reviewed as well. In doing so, the fact that the spread of Covid-19 has reaffirmed the significance of functional differentiation and coordination of hospital beds in each prefecture should be considered." Furthermore, regarding the publication of the status of discussions, it was indicated that "The status of deliberations will be made public on a regular basis. Specifically, in FY2022, the Ministry of Health, Labour and Welfare will monitor the status of 'agreed and verified,' 'under consultation and verification,' and 'not started consultation and verification' as of the end of September 2022 and the end of March 2023. Additionally, each prefecture will publish the content of the report on its website, etc." All medical institutions, including private medical institutions, are required to formulate a response policy for FY2025.

IV. Initiatives toward realizing the Community Health Care Vision (general picture)

The Ministry of Health, Labour and Welfare will provide support according to local needs through the following initiatives:

1) Technical support for stimulating discussion
   ①Provision of data and information
      ・Bed function reports, etc.
      ・Specific examples such as priority support areas
   ②Hosting of workshops, etc.
      ・Health policy workshops (for prefectural government staff)
      ・Community Health Care Vision Advisory Meeting
      ・Top management workshop (for hospital administrators)
   ③Support according to the needs of the region/medical institution
      ・Implementing needs-based technical support (data analysis, etc.) for "priority support areas" selected by the national government based on requests at the prefectural level
   * In the future, detailed support will be provided in response to requests from prefectures to further revitalize local consultations
      ・Support for data analysis based on consultations within the prefecture (within the area)
      ・Support for holding briefings, etc. for medical institutions, chiefs, and residents in the prefecture (within the area)
2) Financial support, etc. for efforts to reorganize hospital bed functions

Based on the agreement at the Community Health Care Vision Coordination Meeting, the following financial support will be provided for efforts to reorganize hospital bed functions

・Financial support for the development of facilities and equipment necessary for the reorganization of hospital bed functions and financial support for dealing with various issues associated with the decrease in hospital beds (hospital bed function reorganization support project) are provided by the Fund for Medical and Long-Term Care
・Generous financial support (addition of hospital bed function reorganization support project) is provided for "priority support areas" selected by the national government based on requests at the prefectural level
・Implementation of preferential tax treatment (registration and license tax) for real estate acquired based on the "reorganization plan" approved by the Minister

At the regional level, with the support of the Ministry of Health, Labour and Welfare: 1) Regular hosting of Community Health Care Vision Coordination Meetings (at the level of vision areas, at the prefectural level), 2) Provision of Bed Function Reports, etc., and 3) Revitalization of discussions by Community Health Care Vision advisors will be performed for revitalization of discussions at the prefectural level. Furthermore, stimulating discussions at Community Health Care Vision Coordination Meetings will promote: 1) understanding and sharing of regional medical needs and medical functions, 2) determining the direction of efforts at individual medical institutions, and 3) utilization of "pri-

ority support areas" and "reorganization plan," etc. Consequently, initiatives based on specific hospital bed function reorganization agreements have been materialized, and it is expected that studies will be conducted on bed function reorganization in multiple medical institutions using technical support, etc. of ① "Priority support areas" and initiatives using the ② Fund for Medical and Long-Term Care (including hospital bed function reorganization support projects) and tax incentives.

Furthermore, the upcoming reversal of Japan's demographic aging, with the elderly population predicted to peak around 2040 and subsequently decline, was brought up at the "21st Study Group on the 8th Medical Care Plan, etc." held in December 2022. With this trend in mind, the Ministry of Health, Labour and Welfare stated that from 2025 onward, it will be necessary to update and re-organize medium- and long-term issues, including ones that became strikingly apparent due to the coronavirus pandemic, and formulate new Community Health Care Visions. For these reasons, they committed to examining and specifying issues relevant to the formulation of new Community Health Care Visions while continuing with current initiatives.

V. Efforts at the National Institute of Public Health [5]

Since 2019, the National Institute of Public Health—a Research and Development institute of the Ministry of Health, Labour and Welfare—has been conducting "Top Management Training (for hospital administrators)," which is one of the initiatives of the Ministry of Health, Labour and Welfare. To implement effective training, interviews were conducted with local governments and medical institutions that have actually worked on the reorganization and integration of medical institutions (local social and geographical background, reasons and background for hospital reorganization and integration, relationship with the university hospital responsible for dispatching doctors, status and issues of functional differentiation and cooperation with surrounding medical institutions, treatment of staff when reorganizing and integrating, etc.) to reflect these in the training.

The trainees include hospital executives or hospital administrators of medical institutions that play a central role in regional medical care recommended by prefectural governments. Considering the busy schedule of the trainees, two-day workshops were conducted for up to 50 people to facilitate their participation. However, owing to the COVID-19 pandemic, it has become difficult to hold on-site training, and therefore, from FY2020 onward, two-day online workshops have been conducted—half-a-day each—for up to 30 participants. Roughly 250 people participated in these workshops in the four years from FY2019 to FY2022, including attendees not only from public hospitals but also private and university hospitals. The goals of the training workshops are as follows:

[Goals] To acquire knowledge and skills related to hospital management, such as the medical system, hospital reorganization/integration, data analysis, and human resource management, to advance the differentiation and collaboration of medical functions based on the Community Health Care Vision:

1. To be able to explain trends in the Community Health Care Vision and related healthcare policies.
2. To be able to explain the data analysis method for promoting the Community Health Care Vision.
3. To explain the ways to study the reorganization and integration of medical institutions.

Most recently, workshops were held on January 24 (Tuesday) and 25 (Wednesday) 2023 according to the below-mentioned schedule:

[Workshop schedule]
Day 1
13:00-13:10 (10 minutes) Welcoming ceremony/orientation
13:10-14:00 (50 minutes) (Exercises) Group work based on pre-arranged assignment
14:00-14:10 (10 minutes) Break
14:10-14:40 (30 minutes) (Pre-viewing and question-and-answer session of the lecture) Current status of the Community Health Care Vision
14:40-14:50 (10 minutes) Break
14:50-17:00 (130 minutes) (Case study) Reorganization and integration of medical institutions (10-minute break in between)
Day 2
13:00-14:00 (60 minutes) (Lecture) Method of data analysis for the Community Health Care Vision
14:00-14:10 (10 minutes) Break
14:10-15:10 (60 minutes) (Lecture) Process of realizing the Community Health Care Vision in Nanwa area, Nara prefecture
15:10-15:20 (10 minutes) Break
15:20-15:40 (20 minutes) (Pre-viewing and question-and-answer session of the lecture) Work style reform for doctors
15:40-16:20 (40 minutes) (Lecture) Case reports on work-style reform for doctors (from two hospitals)
16:20-16:30 (10 minutes) Break
16:30-17:20 (50 minutes) (Exercise) Workgroup on problem-solving
17:20-17:30 (10 minutes) Closing address

To make the training effective in a limited period, participants (1) watched and listened to pre-recorded lectures

from the Ministry of Health, Labour and Welfare officials (one about Community Health Care Vision, another about work style reform of doctors, lasting approximately 30 minutes and 20 minutes, respectively) and focused on the question-and-answer session on the day of the workshop, 2) exchanged opinions employing the case method, using actual cases as teaching materials, and (3) submitted problems faced in their own medical institutions in advance, and summarized hints for solving the problems through lectures and opinion exchanges in small groups (four people per group) during training. In the response to the post-workshop questionnaire of the most recent training workshop, 15 out of 32 participants (approximately 47%) responded that their overall level of satisfaction with the training workshop was "Generally good," and 15 others (approximately 47%) mentioned that it was "Very good." Even in the free comments section, there were many positive comments about the workshop, including "The workshop itself provided an environment that facilitated discussion, and raised my level of understanding," "The content of the lecture was a reference for current hospital issues without anything missing," "I had opportunities to exchange opinions with people in areas and hospitals that I had no daily contact with before, and I learned a lot about the situation," "I underwent training on the Community Health Care Vision and work style reforms for doctors, which are common issues for medical institutions, using case studies," "The training workshops increased my motivation," and "The workshop broadened my horizons." These comments suggested that the training at the National Institute of Public Health contributed to the specific efforts of each medical institution responsible for building a sustainable medical service system in the region/community.

VI. Conclusion

Responding to changes in the demographic structure in anticipation of FY2040, specifically maintaining medical functions in areas with a declining population, securing manpower, and reforming the workstyle of doctors to respond to the declining working-age population, including medical workers, is the urgent issue that merits attention. Additionally, the changes in inpatient/outpatient medical needs, collaboration between medical care and long-term care, and the need to respond to increase in regional end-of-life care due to super-aging society and rapid decline in population have been highlighted. In fact, the COVID-19 outbreak has reaffirmed the significance of division of roles and cooperation among medical institutions that support regional medical care, including strengthening outpatient care and home care by teams. It is hoped that the Community Health Care Vision Coordination Meeting will serve as an opportunity to consider these issues in the region and contribute to the building of a sustainable medical service system in each region/community, considering the situation of each region/community.

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＜総説＞

地域医療構想
―目指すべき医療提供体制を実現するために―

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抄録

本邦における人口構造の変化，具体的には少子高齢化，医療者を含む労働者人口の減少を踏まえて，効率的な医療提供体制を構築することが喫緊の課題となっており，医療機関の機能分化・連携を進めていく必要がある．これを推進するために各地域における2025年の医療需要と病床の必要量について，医療機能（高度急性期・急性期・回復期・慢性期）ごとに推計し，策定されるのが「地域医療構想」である．2017年には全ての都道府県において地域医療構想が策定され取組みが始まったが，2020年の新型コロナウイルスによる感染拡大により，医療機関は患者対応に追われた．同年12月に厚生労働省医政局「医療計画の見直し等に関する検討会」において，構想の考え方・進め方の議論を含めた「新型コロナウイルス感染症を踏まえた今後の医療提供体制の構築に向けた考え方」がとりまとめられた．2021年３月には，医政局長通知「地域医療構想の進め方について」が発出され，「今回の新型コロナウイルス感染症の感染拡大により病床の機能分化・連携等の重要性が改めて認識された」として，2040年の医療提供体制を見据えた３つの改革（医療施設の最適配置の実現と連携，医師・医療従事者の働き方改革，実効性のある医師偏在対策）の１つとして，継続した取組みが進められている．

キーワード：地域医療構想，人口構造，地域医療構想調整会議，病床機能報告，研修