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＜ Review ＞

Multi-layered health and welfare systems for provisioning rehabilitation for older people, adults, and children with disabilities in Japan

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Abstract

With aging of the population and the epidemiological transition from communicable to non-communicable diseases, rehabilitation needs have been increasing globally. In Japan, the provision of rehabilitation services to children, adults, and older people with disabilities has gradually expanded as related laws, policies, and systems were established since the end of the World Wars. This paper summarizes the multi-layered system for providing rehabilitation services in Japan.

The main frameworks for providing rehabilitation are the medical insurance system, the long-term care insurance system for older people, and the disability welfare system. Although users of rehabilitation services are required to pay a co-payment based on their income, these systems cover most of the costs.

Under the medical insurance system, rehabilitation is provided by rehabilitation professionals. Recovery rehabilitation wards have provided intensive and specialized rehabilitation from acute to recovery phase, especially for non-communicable diseases such as cerebrovascular diseases, musculoskeletal diseases, and cardiovascular diseases. The long-term care insurance system has provided rehabilitation for older people who are certified as requiring long-term care. Welfare services include vocational rehabilitation for persons with disabilities as well as functional training. Furthermore, long-term developmental support is provided to children with disabilities living in the community.

Training for rehabilitation professionals began in 1965 for physical and occupational therapists, followed by speech-language-hearing therapists in 1997. Educational programs for training professionals are primarily conducted at the undergraduate level, with the curriculum determined under the supervision of the Ministry of Health, Labor and Welfare and the Ministry of Education, Culture, Sports, Science and Technology, in consideration of the needs of the social situation. After graduating from training schools or universities, they are required to pass a national examination to obtain national licenses, which helps to ensure the quality of the workforce.

Current policies are taking the direction of promoting community living and social participation for older people, and adults and children with disabilities, and rehabilitation plays an important role in this regard. Related systems have been continuously improved through revisions to respond to the changing social needs of the times, which ensures an appropriate allocation of the workforce and a maximization of the performance of their professional responsibilities.

keywords: rehabilitation, service delivery, health and welfare systems; rehabilitation workforce
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I. Historical development in rehabilitation-related laws, policies and systems

1. Postwar period

In Japan, rehabilitation for persons with physical disabilities dates back to the pre-war period, with efforts to treat children with disabilities (CWDs) which originated in 1942 when Takagi (M.D.) opened the "*Seishi Ryogoen*" (currently, the National Rehabilitation Center for Children with Disabilities) for children with cerebral palsy and polio [1-2]. The origins of rehabilitation for mental illness (occupational therapy) started in the 1890s, when Kure (M.D.) prescribed occupations as a treatment for patients with mental illness [3].

While such practices were carried out both in Japan and overseas, the concept and term "rehabilitation" specifically appeared in programs for veterans with disabilities during World War I and II [1-2]. In Japan, the Military Security Institute (*Gunjihogoin*) and the Vocational Training Center for Veterans with Disabilities (*Shoigunjin Shokugyo Hodousyo*) were established in 1939. After the War, the National Rehabilitation Center for persons with physical disabilities (see Section 3) was established in 1949 under the Welfare Law for persons with physical disabilities, and rehabilitation was provided [2,4]. During this period, the Act on Welfare of Persons with Physical Disabilities (Act No. 283 of 1949) [5], the Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities (Act No. 123 of 1950) [6], and the Act on Welfare of Mentally Retarded Persons (Act No. 37 of 1960) [7] were enacted to provide support for daily living and vocational rehabilitation.

2. Integration of rehabilitation into the health and welfare system

The 1960s was a period of milestones in the development of rehabilitation in Japan. Incidentally, 1961 was the year that National Universal Health Insurance was introduced, and is therefore regarded as the year that Universal Health Coverage (UHC) was achieved in Japan [1-2,8]. The White Papers published by the Ministry of Health, Labour and Welfare (MHLW) describe the trends in social security, such as health and welfare in the country during this period. The guiding principles of policies for 1959 and 1960 were "Welfare Planning and Investment for People's Welfare" and "The Road to a Welfare State," respectively [9,10]. According to the explanation in the white papers, Western countries began to build welfare states rapidly after the end of World War II, and Japan also aimed to build a welfare state as its highest political goal, and promoted related policies. Survey data and measurements were presented in the papers in the context of the need for support for persons with mental and physical disabilities [9,10].

The 1950s was also the time when the World Health Assembly adopted an agenda for international cooperation to promote the provision of rehabilitation and welfare care for persons with all types of disabilities worldwide [11]. Chapter on Japan's public health in the 1961 White Paper noted that although the mortality rate from tuberculosis had decreased with the implemented measures, the social reintegration of recovered patients and the increasing number of non-communicable diseases were becoming problems, as postwar trends. These issues might be potential factors for the growing momentum for rehabilitation during this period [12].

In 1960, the government established a Rehabilitation Technician Training Center for children with physical disabilities (*Shitai-fujiyu-ji Ryoiku Gijutsusya Youseijo*) to develop rehabilitation workers. A two-month retraining course was provided for functional and vocational trainers nationwide in 1962 [2]. In 1963, a short-term training course for vocational trainers was held at the National Rehabilitation Center for persons with physical disabilities, with a WHO consultant as the instructor. In addition, educational programs for workers were held at tuberculosis sanatoriums, psychiatric hospitals, etc. [2]. At the same time, interest in medical rehabilitation also increased due to information from overseas by WHO officials and medical surgeons who had visited rehabilitation sectors in other countries [2]. Concurrently, the University of Tokyo Hospital expanded its physical therapy department to establish a rehabilitation department, and the Japanese Association of Rehabilitation Medicine was founded [1].

Amidst these developments, the Tokyo National Sanatorium Hospital Rehabilitation College (*Kokuritsu Ryoyojo Tokyo Byoin Fuzoku Rehabilitation Gakuin*) established in 1963, as the first training school for physical and occupational therapists (PTs and OTs) in Japan [2]. Subsequently, in 1965, the Physical Therapists and Occupational Therapists Act (Act No. 137) was enacted, and the first national examinations were held in 1966, resulting in the creation of qualified candidates [2]. National licensed PTs and OTs were born, and their respective associations were established in 1966 [2].

In 1974, rehabilitation provided by these therapists became approved treatments covered by the National Insurance, according to a system reform [8]. From that time until the present, as rehabilitation needs increased due to population aging and an increase in non-communicable diseases (NCDs), rehabilitation has continued to expand in the related fields. Recovery (i.e., convalescent) rehabilitation wards were introduced, medical fees for rehabilitation were increased, and a long-term care insurance (LTCI) system

that includes rehabilitation services was launched [8].

In the field of welfare for persons with disabilities (PWDs) and CWDs, the aforementioned welfare laws concerning physical, mental, and intellectual disabilities were consolidated into the Services and Supports for Persons with Disabilities Act (Act No. 123 of 2006) in 2006 [13]. This act aimed to realize an inclusive society and independence for PWDs and CWDs, and promote their living within the community. It included a vocational rehabilitation program for PWDs to enable them to obtain general employment (to be employed by private companies or public institutions in general positions) [14]. Furthermore, in 2013, the Services and Supports for Persons with Disabilities Act was amended, and the Act on Comprehensive Support for Persons with Disabilities in their Daily and Social Lives was enacted [13,15]. In this act, "dignity as an individual with fundamental human rights" was clearly stated. Based on this act, rehabilitation and habilitation/developmental support have been provided in each community, to PWDs and CWDs living in their homes.

II. Current policies and systems related to rehabilitation

Rehabilitation services in Japan are primarily provided through three frameworks: medical (i.e., health) insurance services, LTCI services for older people, and disability welfare services. Although rehabilitation service users are required to pay a co-payment based on their income, these systems cover the most of costs for services [8,16-18]. Further, rehabilitation is provided throughout life under these systems. An explanation of each of these systems is provided below.

1. Rehabilitation under the medical insurance system

Japan has achieved Universal Health Insurance, and all medical services are provided under the National Medical Insurance scheme (for both public and private medical institutions). Therefore, rehabilitation provided under the scheme covers the entire population, and anyone who requires rehabilitation can receive it as an inpatient or outpatient by the nationally licensed PTs, OTs, and speech-language-hearing therapists (ST/SLHTs) [8,16]. The provision of rehabilitation under the scheme includes intensive and non-intensive rehabilitation in general hospitals, recovery rehabilitation hospitals, and psychiatric hospitals [8,16].

Intensive rehabilitation at general and recovery rehabilitation hospitals focuses on Cerebrovascular disease, Musculoskeletal disease, Cardiovascular disease, Respiratory disease, and Disuse syndrome, and provides one-on-one treatment to patients every day, for a maximum of 2 hours per patient per day, for a period from 90 to 180 days depending on the disease. Rehabilitation provided in recovery rehabilitation hospitals and recovery rehabilitation wards accounts for the majority of all rehabilitation provided in the country [19]. Recovery rehabilitation was introduced in 2000 with aiming of restoring patients' independence as much as possible and supporting their return home by continuing intensive and specialized rehabilitation after the acute phase [16,19]. Since its establishment the number of recovery rehabilitation beds has been increasing steadily [19].

On the other hand, non-intensive rehabilitation services provided in general hospitals include rehabilitation for PWDs, CWDs, and patients with incurable diseases. The national regulation allows to provision of these rehabilitation services not only by rehabilitation professionals but other professionals such as nurses [16]. For patients with psychiatric disorders, psychiatric occupational therapy is provided by OTs on an inpatient and outpatient basis. This is provided one-on-one or to groups of patients [16]. OTs and other professionals such as nurses and psychiatric social workers are also involved in psychiatric day care, psychiatric home visit (i.e., home-based) care, and support for returning to work for psychiatric patients [20].

2. Rehabilitation under the long-term insurance system for older people

The long-term care insurance (LTCI) system was established in 2000 as a system for the entire society to support older persons, in response to an increase in the number of older people requiring long-term care for longer periods due to the aging of society, as well as changes in the situation of families' capacities to provide support for older people [21]. Rehabilitation is essential for maintaining and improving the independence of older people requiring long-term care, and included in the LTCI services since its launch. LTCI services are provided locally by municipalities (cities, towns, and villages), and currently, the construction of a Community-based Integrated Care System is underway with the aim of enabling older people to live in their familiar communities, as much as possible [21-22]. The LTCI system provides care, nursing, rehabilitation, and other services for people aged 65 or older who are certified as needing long-term care [21,23].

LTCI services consist of residential care, day care, and home visit care [16,21]. Geriatric health facilities, which are one type of residential care facility, are intermediate facilities for returning older people to their homes through rehabilitation by PTs, OTs, and STs [16,21]. The purpose is to improve the functions of patients who cannot return home directly after being discharged from a hospital, or those who have difficulty continuing living at home, so that they are

able to return home. Services for older people who require long-term care while living in their homes include daycare rehabilitation and home visit rehabilitation [16,21].

For all services, a care manager who coordinates the LTCI services for each user designs a care plan, while taking into consideration the user's and family's wishes, as well as the user's functional conditions [24-25].

The Community-based Integrated Care System that is currently established emphasizes the prevention of functional declines for healthy older people, and encourages the involvement of rehabilitation professionals in related programs. Accordingly, an increasing number of rehabilitation professionals are engaged in the implementation of preventive programs every year [19,26-27].

3. Rehabilitation under the disability welfare system

Rehabilitation services are provided in disability welfare systems for PWDs and CWDs, as stipulated in the Act on Comprehensive Support for Persons with Disabilities in their Daily and Social Lives and the Child Welfare Act.

Services for CWDs are roughly divided into residential services and day care services [18]. Child development support (i.e., habilitation) is provided for preschool children with disabilities in related sectors in their communities, which includes therapeutic training. Currently, an increasing number of rehabilitation professionals are working in this field [18]. After-school day care services are day care services for CWDs who are school age to promote independence used after school or during holidays [18]. A certain number of after-school day care service centers employ rehabilitation professionals although it is not mandatory. In addition, there are home visit services to support children with severe disabilities, as well as services in which experts visit daycare centers, kindergardens, elementary schools, etc. where CWDs are attending. In any case, rehabilitation professionals are involved.

Regarding services for PWDs, functional training programs to support their independent daily living and vocation are provided under the welfare systems. Functional training programs are provided by rehabilitation professionals such as PTs, OTs, and STs, for persons with physical and mental disabilities who have been discharged from hospitals or facilities, or persons with intellectual disabilities who have graduated from special needs schools, to maintain and improve their functions and living abilities for a certain period of time (1-2 years) [17,28]. There are also several types of vocational rehabilitation programs for finding general employment, programs of welfare employment that provide employment opportunities, and support programs for continuous working for PWDs who have already started general employment [17,28]. These programs involve vocational trainers, social workers, OTs, etc. All types of disabilities are covered, including individuals with physical, intellectual, and mental disabilities, as well as developmental disabilities.

4. Assistive technology, prosthetics and orthotics

The prosthetic device subsidy system and the lending welfare equipment system under the LTCI are applied to provide assistive technology, prosthetics, and orthotics. [29-33].

The prosthetic device subsidy system provides prosthetics to PWDs who need them, and is covered by medical insurance, labor compensation insurance, and the welfare system depending on the situations of the users [29-31]. Under this system, prosthetic devices are defined as "equipment that supplements or replaces missing or impaired bodily functions to ensure the mobility required for daily life, improves efficiency in the workplace, and fosters and promotes a foundation for children with disabilities to live independently as members of society in the future." This system covers prosthetics, orthotics, wheelchairs, hearing aids, and communication devices [29,30,34]. With regard to prosthetics and orthotics, in order to ensure safety, parts approved by MHLW must be used. In cases where parts are not on the approved list, approval must be obtained for each part from designated centers or institutions in local governments, after which prosthetists and orthotists (POs) can make products using those parts and deliver them to the users [35-36].

The rental of welfare equipment system under the LTCI, like other LTCI services, is basically available to persons aged 65 or older who have been certified as needing long-term care [21]. Welfare equipment under this system refers to equipment supporting the convenience of people who need long-term care in their daily lives and equipment for functional training, which helps them to live independently in their own homes [32-33]. Items eligible for rental include wheelchairs, walkers, reclining beds, handrails, and dementia wandering detection devices. Subsidies are provided for the purchase of toilet seats and bathing aids, which are not suitable for rental [33,37].

III. Resources of rehabilitation activity

1. Human resources

Rehabilitation professionals such as PTs, OTs, and STs, are stipulated by law in Japan [38, 39]. Education for PTs/OTs/STs is mainly offered at universities and colleges for high school graduates. It generally takes 3-4 years to complete each program. Exceptionally, in the case of STs, some institutions offer a 1-2 year program for university/college

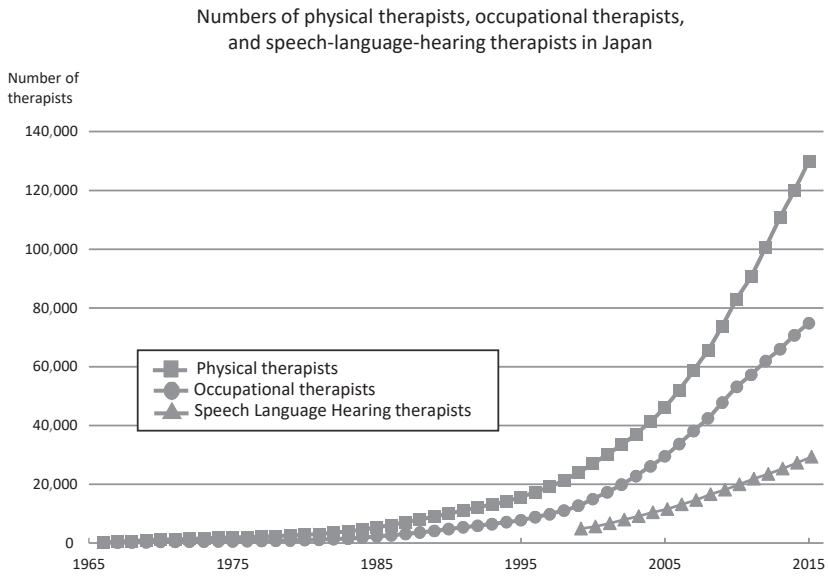

Figure 1. The number of physical therapists (PTs), occupational therapists (OTs), and speech-language-hearing therapists (ST/SLHTs) in Japan from 1966 to 2015. The numbers show a rapid increase after 2000 in PTs and OTs (Note: Modified from the figure in [19] with data in [46]).

graduates [40-42]. All of these educational programs are recognized by either the Ministry of Education, Culture, Sports, Science and Technology or MHLW. Detailed curriculums are provided via ministerial ordinances.

Individuals who have completed accredited education programs can apply to take the National License Examinations for PTs/OTs/STs, which are held once a year. Successful examinees can obtain a National License, and register officially with the MHLW as PTs/OTs/STs. The number of schools offering training for each profession is 275 for PTs, 203 for OTs (as of 2023), and 75 for STs (as of 2018) [43-45].

As of 2023, the current number of certified rehabilitation professionals is 213,735 PTs, 108,885 OTs, and 41,657 STs. The trends in the number of each type of professional are shown in Figure 1 [43-44,46]. The number of PTs and OTs increased slightly after the 1980s and then dramatically after 2000, while the number of STs has continued to increase gradually since the start of training [19]. Trends in the number of professionals are closely related to reforms of the system (e.g., when medical fees for rehabilitation are newly established or expanded, the number of professionals increases accordingly). Since 2000 was the year when recovery rehabilitation wards were newly established, and LTCI was introduced, they could be suggested as a background for the increasing number of professionals [8,19]. The majority of the workforce is working in medical institutions, followed by the long-term care field [43-44,46].

2. Physical resources

First, regarding medical institutions that provide medical insurance services, rehabilitation is provided at general hospitals that meet standards for the placement of professionals and rehabilitation rooms, as well as at recovery rehabilitation hospitals and psychiatric hospitals. Recovery rehabilitation hospitals account for 1,134 of 8,238 medical institutions nationwide, with a total of 64,964 beds [47]. Regarding the numbers by prefecture, there are an average of 24.1±19.1 hospitals (range: 6-86), and an average of 1,382.2±1,155.8 beds (range: 296-4,777), so every prefecture has at least six rehabilitation hospitals [47].

Information regarding LTCI-related facilities that provide LTCI services is available from the results of a 2022 survey [48]. Among the LTCI facilities for older people, there are 4,273 geriatric health facilities nationwide, which serve as rehabilitation facilities aimed at returning people to their homes, employing a total of 14,615 PTs, 9,192 OTs, and 2,622 STs [48]. In addition, there are 8,234 facilities that provide day rehabilitation care, which employ a total of 25,232 PTs, 10,639 OTs, and 2,942 STs, respectively (however, this includes overlapping counts due to rehabilitation professionals who also belong to the aforementioned geriatric health facilities). Home visit rehabilitation is mainly provided by hospitals, geriatric health facilities, and visiting nursing service sectors. Although home visit rehabilitation centers/facilities have not specifically been established, for reference, there are 14,829 visiting nursing services sectors with 101,139 nurses, 23,650 PTs, 10,160 OTs, and 2,999

STs. The insurer of LTCI is a municipality (in some areas, several cities, towns, or villages are united to form one insurer), and systems are in place to allow older people to receive the services they need in the areas where they live [21].

Welfare service facilities are under the jurisdiction of local governments: residential facilities are under the prefectures and daycare centers/facilities are under the municipalities in general. Rehabilitation in welfare services is the area with the smallest number of rehabilitation provisioning and workforce, compared to medical and LTCI services. The following are all values from the survey results in 2022 [49]. There are 401 facilities nationwide that provide functional training programs (provided by rehabilitation professionals), and 1,583 facilities that provide training for independent living. A total of 109 PTs and OTs are involved in functional training programs. There are 3,393 facilities that provide vocational rehabilitation aimed at general employment, and 20,017 facilities that provide vocational rehabilitation given employment opportunities. Although there are no available national statistics by professionals, more than 100 OTs are involved in vocational rehabilitation programs according to data from the professional association [44]. There are 11,803 child development support facilities and 19,408 after-school day care facilities. Statistics of the professional associations have presented 460 PTs, 576 OTs, and an unknown number of STs working in this field [43-45]. This is an area where the need has been increasing in recent years, among the various welfare services [49].

3. Public rehabilitation center

In Japan, there are public rehabilitation centers such as the National Rehabilitation Center for persons with disabilities under the MHLW and rehabilitation centers managed by local governments.

There are three stages of rehabilitation:

1) Medical rehabilitation: This is rehabilitation aimed at restoring functions and improving independence. It is mainly carried out in hospitals.
2) Social rehabilitation: This stage includes learning about disabilities and support systems, learning ways to compensate for weaknesses and disabilities, and preparing to return to daily life. It is mainly carried out in welfare facilities.
3) Vocational rehabilitation: This stage focuses on preparing to return to work or find employment. It is mainly carried out in employment support facilities.

The notable point is that rehabilitation centers provide comprehensive rehabilitation services that cover all stages of rehabilitation [4]. When individuals become disabled due to illness or an accident, they first visit a rehabilitation center and are taken to a hospital. There, they receive medical rehabilitation, including physical therapy, occupational therapy, and speech-language-hearing therapy. Once their condition stabilizes, they are transferred to a disability support facility (welfare facility). At the disability support facility, they undergo social rehabilitation, receiving training in daily activities such as moving around, bathing, changing clothes, going out, and shopping. Creative activities such as making postcards and sports help them adjust their daily rhythm, develop physical strength, and improve manual dexterity. Interactions with other residents prepare them for life after leaving the facility and reintegration into society. Families can also consult with the facility to alleviate their anxiety. For those wishing to return to work or find new employment, vocational rehabilitation is also provided. This includes computer training for tasks such as data entry and sorting work, simulating actual job roles, after which they return to work or seek employment through services like "Hello Work." Even after finding employment, the Rehabilitation Center staff continue to support residents with work-related concerns and coordinate with employers, as necessary. This integrated approach ensures comprehensive and consistent rehabilitation services.

IV. Utilization of services: patient journey

Figure 2 presents examples of patient journeys during rehabilitation service use for three focus cases: Children with congenital disabilities (Down syndrome, developmental disabilities, etc.); Adults with acquired disabilities (working-age spinal cord injuries, etc.); and older persons with NCDs.

In the case of congenital disabilities such as Down syndrome, the disability is often already known at birth. In such cases, the child often receives rehabilitation at a hospital after birth, or is referred by a doctor to welfare rehabilitation in their living communities [4]. Disabilities that can be diagnosed or have symptoms in childhood, such as neurodevelopmental disorders (e.g., Autism Spectrum Disorders or Attention-Deficit Hyperactivity Disorder) are often detected during developmental health checkups conducted by local governments, and are connected to welfare services within the same municipality. Currently, the number of municipalities that involve rehabilitation professionals in developmental health checkups is increasing [4]. Medical and welfare habilitation services are often used from the early stages. In either case, the service is used infrequently (e.g., a few times a week or a month), but on a long-term basis [4,16,18,50]. When using welfare services, both children and adults first apply to their local government (municipal) office to request services [51]. Afterwards, depending on

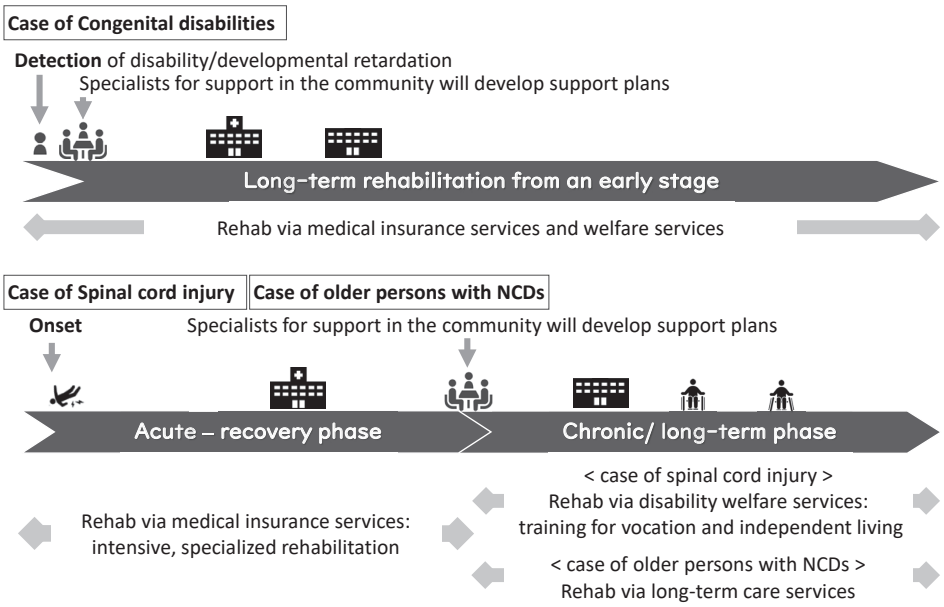

Figure 2. Patient journeys for receiving rehabilitation

the service used, the disability support level is certified, a service plan is created, and services are determined [51].

Regarding rehabilitation for working-age people with disabilities such as spinal cord injuries, the five steps below are mainly taken after the onset of injuries, in Japan [52].

1) Initial diagnosis and treatment

When a spinal cord injury occurs, emergency treatment is provided first. This includes surgery to relieve spinal cord compression and treatments to minimize spinal cord damage.

2) Hospitalization and initial rehabilitation

After emergency treatment, hospitalization is required. During this period, initial rehabilitation is conducted, including exercises to promote muscle recovery and training to restore sensory functions.

3) Post-acute and recovery rehabilitation

After acute phase rehabilitation, continuous rehabilitation is necessary. This includes treatments at specialized rehabilitation facilities and local rehabilitation centers.

4) Social reintegration support

Patients with spinal cord injuries need support for social reintegration, including vocational training, employment support, and housing support [53-54]. When using these services, local support specialists develop support plans based on the user's needs, ensuring a smooth transition from hospital treatment to life in the community.

5) Long-term follow-up

Long-term follow-up is necessary for spinal cord injury patients. This includes regular medical check-ups and rehabilitation sessions.

These steps are crucial to providing comprehensive support, ensuring that spinal cord injury patients can adapt to society and lead as independent a life as possible.

The flow of rehabilitation for older people, particularly those with disabilities due to NCDs such as stroke, heart disease, and fractures, is basically the same as for working-age people with acquired disabilities. Treatment for the disease or injury is provided, followed by acute, post-acute, and recovery rehabilitation. After this point, it differs from that for the working generations. Working-age people with disabilities often receive welfare services such as support for home living and vocational support. However, older people, especially those in their later elderly stages have retired from work, often receive LTCI services for support for returning to and continuing to live at home rather than vocational rehabilitation. When using LTCI services, recipients should first apply to municipalities for long-term care certification. They cannot receive services unless they are certified as eligible and their level of care is determined. After receiving certification as needing long-term care, a service plan (care plan) is created and use of the services begins [25]. The condition of older people who require long-term care is monitored regularly. A required level of care is assigned according to their condition, and they can continue to receive the needed services at any time, within the range of their required level.

V. Current issues

1. Data collection, analysis, and interpretation

The use of databases in health administration and related research is currently being promoted both internationally and in Japan [55-57]. The following are examples of available data including data on rehabilitation in the medical and long-term care fields in Japan.

1) Routine information by national surveys

Nationwide surveys routinary collect information such as the number of patients, the facilities, and the workforce [47-48]. They are annually conducted by the MHLW every 1 to 3 years, depending on the survey.

2) National Database of Health Insurance Claims and Specific Health Checkups and Long-term Care Insurance Comprehensive Database

The reimbursement claims databases of medical and long-term care insurance contain huge amounts of real-world data on the provision of all services, including rehabilitation [8,58-59]. The National Database of Health Insurance Claims and Specific Health Checkups (NDB) contains information on provided services for almost all population and the Long-term Care Insurance Comprehensive Database (*kaigo* DB) contains information on provided services for entire older people who have been certified as requiring long-term care [8,58-59]. These databases are used for research with strictly regulated processes [60-62].

The *kaigo* DB also includes data from the Long-term care Information system For Evidence (LIFE), which began in 2021. This database includes information on the condition of older people who receive services (health status, physical and mental functions, activity and participation, etc.) and information on interventions provided by services, including rehabilitation, and is expected to be used for analyzing the effectiveness of services enrolling large populations [8,63]. Furthermore, discussions have currently begun regarding the creation of a database for welfare services for PWDs and CWDs and its secondary uses for research [64-65].

The following are statistical surveys related to welfare for PWDs. All of these surveys are conducted by the MHLW. In the first and second surveys below, the Washington Group Short Set on Functioning (WG-SS) [66] was introduced in 2022, making it possible to compare the relationship between the presence or absence of disability and living conditions internationally.

3) Survey on difficulty in living [67]

This survey aims to understand the living conditions and needs of PWDs and CWDs living at home, including those who are not covered by the existing support systems. It targets PWDs and CWDs living in approximately 2,400 areas covered by the National Census.

4) Comprehensive survey of living conditions [68]

This survey aims at gaining a comprehensive understanding of the living conditions of the population. It covers various aspects, such as:

- Health: Health status and utilization of medical services.
- Medical Care: Usage of medical institutions and medical expenses.
- Welfare: Utilization of welfare services.
- Pensions: Status of pension receipt.
- Income: Income and savings status.

The survey offers crucial data for the planning and management of health and welfare policies. In addition, it serves as a foundation for selecting samples for other statistical surveys. Conducted on a large scale every three years, the survey also includes simpler versions in intervening years.

5) Survey of Social Welfare Institutions [69]

This annual survey aims to gather basic data for promoting social welfare administration by understanding the number, status of residents, and staff of social welfare facilities across the country. It targets stratified randomly-selected facilities for daycare centers and paid nursing homes (excluding service-included senior housing), and includes all other facilities and businesses.

These data are being used in policy-related research [70].

2. Integrated community care

Currently, Japan's government has promoted to development of a system that allows people to live in their local communities while receiving the necessary services, not only for older people but also for PWDs and CWDs [71]. One of the points emphasized in developing the system is coordination of services among different schemes such as medical insurance, LTCI, and welfare service schemes in order to respond to the complex needs of people in their community lives [72-73]. Fiscal year 2024 is a year for simultaneous service fee revisions, including medical insurance service fee revision (every 2 years), LTCI service fee revision (every 3 years), and disability welfare service fee revision (every 3 years). Incentives for coordination among different schemes of services related to rehabilitation are common responses to these three schemes [74]. This is aimed at promoting information sharing at the time of discharge and providing continuous, high-quality rehabilitation promptly after discharge through the participation of rehabilitation professionals in conferences held at other

facilities, and the sharing of rehabilitation intervention plans with other facilities [74].

VI. Conclusion

This article has provided an overview of Japan's rehabilitation provision system, focusing on the main frameworks of medical insurance services, long-term care insurance services, and disability welfare services. This multi-layered system provides medical, social, and vocational rehabilitation throughout all stages of life. In addition, rehabilitation professionals with the necessary knowledge and skills are trained and standardized through regulated programs and national examinations, ensuring the quality of the workforce. In order to respond to possible changes in the needs of society in the future, appropriate professional allocation will be necessary. The system will be further improved to promote the community lives and social participation of older people, PWDs, and CWDs, while responding to the changing needs of society.

Conflicts of Interest

The author declares that there are no conflicts of interest regarding the publication of this article.

References

[1] 緒方徹．リハビリテーションの歴史と変遷．月刊地域医学．2022;36(9):709-713．Ogata T. [Rehabilitation no rekishi to hensen.] Gekkan Chiiki Igaku. 2022;36(9):709-713. (in Japanese)

[2] 日本作業療法士協会．戦後の我が国のリハビリテーション．日本作業療法士協会五十年史．東京：日本作業療法士協会；2016．Japanese Association of Occupational Therapies. [Sengo no wagakuni no rehabilitation. In: Nihon Sagyo Ryohoshi Kyokai 50 nenshi.] Tokyo: Nihon Sagyo Ryohoshi Kyokai; 2016. (in Japanese)

[3] 日下部修．近代日本における精神科作作業療法の歴史的考察：榊俶を中心に．日本医史学雑誌．2013;59(3):365-377．Kusakabe O. [A historical study of psychiatric occupational therapy in modern Japan.] Journal of the Japanese Society of Medical History. 2013;59(3):365-377. (in Japanese)

[4] National Rehabilitation Center for Persons with Disabilities. For independent life and social participation. https://www.rehab.go.jp/english/pdf/pamphlet.pdf (accessed 2024-12-06)

[5] 身体障害者福祉法．昭和二十四年法律第二百八十三号．1949．[Act on Welfare of Physically Disabled Persons. Act No. 283 of 1949.] 1949. https://laws.e-gov.go.jp/law/324AC1000000283 (in Japanese) (accessed 2024-12-06)

[6] 精神保健及び精神障害者福祉に関する法律．昭和25年法律第123号．1950. [Act on Mental Health and Welfare for Persons with Mental Disorders or Disabilities. Act No. 123 of 1950.] 1950. https://laws.e-gov.go.jp/law/325AC0100000123 (in Japanese) (accessed 2024-12-06)

[7] 精神薄弱者福祉法．昭和三十五年法律第三十七号．1960. [Seishin hakujakusha fukushiho. Act No. 37 of 1960.] https://www.mhlw.go.jp/web/t_doc?dataId=00ta9453&dataType=1&pageNo=1 (in Japanese) (accessed 2024-12-06)

[8] Yamaguchi K, Nakanishi Y, Tangcharoensathien V, Kono M, Nishioka Y, Noda T, et al. Rehabilitation services and related health databases, Japan. Bull World Health Organ. 2022;100(11):699-708. doi: 10.2471/BLT.22.288174

[9] 厚生省．厚生白書．昭和34年度版．1959. Ministry of Health and Welfare. [Kosei hakusho showa 34 nendoban.] https://www.mhlw.go.jp/toukei_hakusho/hakusho/kousei/1959/ (in Japanese) (accessed 2024-12-06)

[10] 厚生省．厚生白書．昭和35年度版．1960. Ministry of Health and Welfare. [Kosei hakusho showa 35 nendoban.] https://www.mhlw.go.jp/toukei_hakusho/hakusho/kousei/1960/ (in Japanese) (accessed 2024-12-06)

[11] WHO. Rehabilitation of the physically handicapped co-ordinated international programme. 1952. https://iris.who.int/bitstream/handle/10665/101862/WHA5_10_eng.pdf?sequence=1 (accessed 2024-12-05)

[12] 厚生省．厚生白書．昭和36年度版．1961. Ministry of Health and Welfare. [Kosei hakusho showa 36 nendoban.] https://www.mhlw.go.jp/toukei_hakusho/hakusho/kousei/1961/ (in Japanese) (accessed 2024-12-06)

[13] 障害者の日常生活及び社会生活を総合的に支援するための法律．平成17年法律第百二十三号．2006. https://laws.e-gov.go.jp/law/417AC0000000123 (in Japanese) (accessed 2024-12-6)

[14] 厚生労働省．障害者自立支援法の概要．Ministry of Health and Welfare. [Shogaisha jiritsu shienho no gaiyo.] https://www.mhlw.go.jp/topics/2005/02/tp0214-1a.html (in Japanese) (accessed 2024-12-06)

[15] 厚生労働省．障害者総合支援法が施行されました．Ministry of Health and Welfare. [Shogaisha jiritsu shienho ga shiko saremashita.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/shougaishahukushi/sougoushien/index.html (in Japanese) (accessed 2024-12-06)

[16] 本橋隆子，金沢奈津子，永田修．リハビリテーション診療報酬＆介護報酬マニュアル：制度のしくみと算定のきほん．東京：医歯薬出版；2022．Motohashi T, Kanazawa N, Nagata O. [Rehabilitation shinryo hoshu

& kaigo hoshu manual: Seido no shikumi to santei no kihon.] Tokyo: Ishiyaku Shuppan; 2022. (in Japanese)

[17] 厚生労働省．障害福祉サービスについて．Ministry of Health, Labour and Welfare. [Shogai fukushi service nit suite.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/shougaishahukushi/service/naiyou.html (in Japanese) (accessed 2024-12-6)

[18] こども家庭庁．障害児通所支援・障害児入所施設の概要．Children and Family Agency. [Shogaiji tsusho shien / shogaiji nyusho shisetsu no gaiyo.] https://www.cfa.go.jp/policies/shougaijishien/shisaku/ (in Japanese) (accessed 2024-12-06)

[19] Yamaguchi K, Makihara Y, Kono M. Rehabilitation professionals for the aging society in Japan: their scopes of work and related health policies and systems. J Natl Inst Public Health. 2022;71(1):35-44.

[20] 南庄一郎．精神科デイケアのリワーク支援における生活行為向上マネジメントの試み-適応障害を呈する対象者への関わりから-．作業慮法．2020;39:503-510. Minami S. [A trial of using the Management Tool for Daily Life Performance in the rework support of psychiatric daycare: From the relation to the client of adaptation disorder.] The Journal of Japanese Occupational Therapy Association. 2020;39:503-510. (in Japanese)

[21] 厚生労働省．介護保険制度の概要．[Kaigo hoken seido no gaiyo.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/kaigo_koureisha/gaiyo/index.html (in Japanese) (accessed 2024-12-06)

[22] Tsutsui T. Implementation process and challenges for the community-based integrated care system in Japan. Int J Integr Care. 2014;14(20):1-9.

[23] Tsugihashi Y, Hirose M, Iida H, Hayashi S, Yasunaka M, Shirahige Y, et al.; ZEVIOUS group. Validating care-needs level against self-reported measures of functioning, disability and sarcopenia among Japanese patients receiving home medical care: the Zaitaku Evaluative Initiatives and Outcome Study. Geriatr Gerontol Int. 2021 Feb;21(2):229–37. doi: http:// dx .doi .org/ 10 .1111/ ggi .14124

[24] 厚生労働省．介護職員・介護支援専門員．Ministry of Health, Labour and Welfare. [Kaigo shokuin / kaigo shien senmonin.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000054119.html (in Japanese) (accessed 2024-12-06)

[25] 厚生労働省．サービス利用までの流れ．Ministry of Health, Labour and Welfare. [Service riyo made no nagare.] https://www.kaigokensaku.mhlw.go.jp/commentary/flow.html (in Japanese) (accessed 2024-12-06)

[26] 厚生労働省．介護予防．Ministry of Health, Labour and Welfare. [Kaigo yobo.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/kaigo_koureisha/yobou/index.html (in Japanese) (accessed 2024-12-06)

[27] 厚生労働省．一般介護予防事業等の推進方策に関する検討会．専門職の効果的・効率的な関与の具体的方策について．Ministry of Health, Labour and Welfare. [Ippan kaigo yobo jigyo to no suishin hosaku ni kansuru kentokai. Senmonshoku no kokateki / koritsutekina kanyo no gutaiteki hosaku nit suite.] https://www.mhlw.go.jp/content/12300000/000558773.pdf (in Japanese) (accessed 2024-12-06)

[28] 厚生労働省．自立訓練（機能訓練・生活訓練）に係る報酬・基準について．2020．Ministry of Health, Labour and Welfare. [Jiritsu kunren kino kunren / seikatsu kunren ni kakaru hoshu / kijun ni tsuite.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/shougaishahukushi/service/naiyou.html (in Japanese) (accessed 2024-12-6)

[29] 厚生労働省．補装具費支給制度の概要．Ministry of Health, Labour and Welfare. [Hosoguhi shikyu seido no gaiyo.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/hukushi_kaigo/shougaishahukushi/yogu/aiyo.html (in Japanese) (accessed 2024-12-06)

[30] 国立障害者リハビリテーションセンター．補装具の支給制度について．National Rehabilitation Center for Persons with Disabilities. [Hosogu no shikyu seido ni tsuite.] https://www.rehab.go.jp/innovation/system/ (in Japanese) (accessed 2024-12-06)

[31] 国立障害者リハビリテーションセンター．支給制度の選択．National Rehabilitation Center for Persons with Disabilities. [Shikyu seido no sentaku.] https://www.rehab.go.jp/innovation/system/choice/ (in Japanese) (accessed 2024-12-06)

[32] 厚生労働省．福祉用具・住宅改修．Ministry of Health, Labour and Welfare. [Fukushi yogu / Jutaku kaishu.] https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000212398.html (in Japanese) (accessed 2024-12-06)

[33] 厚生労働省．介護保険制度における福祉用具，居宅介護支援について．Ministry of Health, Labour and Welfare. [Kaigo hoken seido ni okeru fukushi yogu kyotaku kaigo shien ni tsuite.] https://www.mhlw.go.jp/content/12300000/000921892.pdf (in Japanese) (accessed 2024-12-06)

[34] 厚生労働省．補装具種目一覧．Ministry of Health, Labour and Welfare. [Hosogu shumoku ichiran.] https://www.mhlw.go.jp/content/12200000/000957689.pdf (in Japanese) (accessed 2024-12-06)

[35] 国立障害者リハビリテーションセンター．義肢，装具及び姿勢保持装置の完成用部品の指定申請．National Rehabilitation Center for Persons with Disabilities. [Gishi, sogu oyobi shisei hoji sochi no kanseiyo buhin no shitei shinsei.] https://www.rehab.go.jp/innovation/application/ (in Japanese) (accessed 2024-12-06)

[36] 厚生労働省．補装具評価検討会．Ministry of Health,

Labour and Welfare. [Hosogu hyoka iinkai.] https://www.mhlw.go.jp/stf/shingi/other-syougai_141301.html (in Japanese) (accessed 2024-12-06)

[37] 厚生労働省．介護保険における福祉用具．Ministry of Health, Labour and Welfare. [Kaigo hoekn ni okeru fukushi yogu.] https://www.mhlw.go.jp/content/12300000/001292030.pdf (in Japanese) (accessed 2024-12-06)

[38] 理学療法士及び作業療法士法．昭和四十年法律第百三十七号．1965. https://laws.e-gov.go.jp/law/340AC0000000137 (in Japanese) (accessed 2024-12-09)

[39] 言語聴覚士法．平成九年法律第百三十二号．1997. https://laws.e-gov.go.jp/law/409AC0000000132 (in Japanese) (accessed 2024-12-9)

[40] 日本理学療法士協会．理学療法士になるには．Japanese Physical Therapy Association. [Rigaku ryohoshi ni naruniwa.] https://www.japanpt.or.jp/about_pt/aim/ (in Japanese) (accessed 2024-12-09)

[41] Japansese Association of Occupational Therapists. Occupational therapy education programs. https://www.jaot.or.jp/en/school/ (in Japanese) (accessed 2024-12-09)

[42] Japanese Association of Speech-Language-Hearing Therapists. 5）Education. https://www.japanslht.or.jp/english/education.html (in Japanese) (accessed 2024-12-9)

[43] 日本理学療法士協会．統計情報．Japanese Physical Therapy Association. [Tokei joho.] https://www.japanpt.or.jp/activity/data/ (in Japanese) (accessed 2024-12-06)

[44] 日本作業療法士協会．トピックス災害作業療法の確立に向けて．日本作業療法士協会誌．2023;第 138 号．Japansese Association of Occupational Therapists. [Topics saigai sagyo ryoho no kakuritsu ni mukete.] Journal of Japanese Association of Occupatiional Therapists. 2023;No.138. https://www.jaot.or.jp/files/page/kankobutsu/pdf/ot-news2023/2023-9.pdf (in Japanese) (accessed 2024-12-6)

[45] 日本言語聴覚士協会．言語聴覚士養成教育ガイドライン．2018. Japanese Association of Speech-Language-Hearing Therapists. [Gengo chokakushi yosei kyoiku guideline.] 2018. https://files.japanslht.or.jp/upload_file/kyoiku_guideline_20181027.pdf (in Japanese) (accessed 2024-12-06)

[46] 日本言語聴覚士協会．会員動向．Japanese Association of Speech-Language-Hearing Therapists. [Kaiin doko.] https://www.japanslht.or.jp/about/trend.html (in Japanese) (accessed 2024-12-6)

[47] 厚生労働省．2020 年医療施設調査（静態・動態調査）．2022. Ministry of Health, Labour and Welfare. [2020 nen iryo shisetsu chosa seitai / dotai chosa.] 2022. https://www.e-stat.go.jp/stat-search/files?page=1&toukei=00450021&tstat=000001030908&tclass1=0000011651071 (in Japanese) (accessed 2024-12-06)

[48] 厚生労働省．令和 4 年介護サービス施設・事業所調査の概況. Ministry of Health, Labour and Welfare. [Reiwa 4 nen kaigo service shisetsu / jigyosho chosa no gaikyo.] https://www.mhlw.go.jp/toukei/saikin/hw/kaigo/service22/index.html (in Japanese) (accessed 2024-12-06)

[49] 厚生労働省．社会福祉施設等調査の概況．Ministry of Health, Labour and Welfare. [Reiwa 4 nen shakai fukushi shisetsu to chosa no gaikyo.] https://www.mhlw.go.jp/toukei/saikin/hw/fukushi/22/index.html (in Japanese) (accessed 2024-12-06)

[50] 河野眞，編．ライフステージから学ぶ地域包括リハビリテー ション実践マニュアル．東京：羊土社；2018. Kono M, edited. [Life stage kara kangaeru chiiki hokatsu rehabilitation jissen manual.] Tokyo: Yodosha; 2018. (in Japanese)

[51] 全国社会福祉協議会．障害福祉サービスの利用について．2018. Japan National Council of Social Welfare. [shogai fukushi service no riyo nit suite.] 2018. https://www.mhlw.go.jp/tenji/dl/file01-01.pdf (in Japanese) (accessed 2024-12-06)

[52] 国立障害者リハビリテーションセンター．脊髄損傷者，頸髄損傷者のリハビリテーション．国リハニュース 361. National Rehabilitation Center for Persons with Disabilities. [Sekizui sonshosha, keizui sonshosha no rehabilitation.] https://www.rehab.go.jp/rehanews/japanese/No361/2_1_story.html (in Japanese) (accessed 2024-12-06)

[53] Cabinet Office. Chapter 5 Building a foundation for daily life. Annual Report on Government Measures for Persons with Disabilities (Summary) 2021. https://www8.cao.go.jp/shougai/english/annualreport/2021/index-pdf.html (accessed 2024-12-06)

[54] 国立障害者リハビリテーションセンター．受傷・発症から社会参加までに関連するサービス．National Rehabilitation Center for Persons with Disabilities. [Jusho / hassho kara shakai sanka madeni kanrensuru service.] https://www.rehab.go.jp/brain_fukyu/rikai/service/ (in Japanese) (accessed 2024-12-06)

[55] WHO. The global health observatory. https://www.who.int/data/gho (accessed 2024-12-06)

[56] WHO. Information. https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/rehabilitation/information (accessed 2024-12-06)

[57] WHO. Strengthening rehabilitation research and evidence. https://www.who.int/activities/strengthening-rehabilitation-research (accessed 2024-12-06)

[58] 厚生労働省．今後のNDBについて．2024. Ministry of Health, Labour and Welfare. [Kongo no NDB ni tsuite.] 2024. https://www.mhlw.go.jp/content/12401000/001225211.pdf (in Japanese) (accessed 2024-12-06)

[59] 厚生労働省．匿名介護情報等の提供について．2024. Ministry of Health, Labour and Welfare. [Tokumei kaigo joho to no teikyo ni tsuite.] 2024. https://www.mhlw.go.jp/content/12401000/001225211.pdf (in Japanese) (accessed 2024-12-06)

[60] Ohtera S, Kato G, Ueshima H, Mori Y, Nakatani Y, Ozasa N, et al. A nationwide survey on participation in cardiac rehabilitation among patients with coronary heart disease using health claims data in Japan. Sci Rep. 2021 Oct11;11(1):20096. doi: 10.1038/s41598-021-99516-1

[61] Tsuchiya-Ito R, Ishizaki T, Mitsutake S, Hamada S, Yoshie S, Iijima K, et al. Association of household income with home-based rehabilitation and home help service utilization among long-term home care service users. BMC Geriatr. 2020 Aug 28;20(1):314.

[62] Yamaguchi K. Data analysis relevant to rehabilitation: utilizing health and long-term care information systems in Japan: Reports from the Field. UN Decade of Healthy Ageing Progress Report -The Platform -. 2023. https://www.decadeofhealthyageing.org/find-knowledge/innovation/reports-from-the-field/detail/data-analysis-relevant-to-rehabilitation-utilizing-health-and-long-term-care-information-systems-in-japan (accessed 2024-12-06)

[63] 厚生労働省. 科学的介護情報システム (LIFE) について. 2024. Ministry of Health, Labour and Welfare. [Kagakuteki kaigo joho system ni tsuite.] 2024. https://www.mhlw.go.jp/stf/shingi2/0000198094_00037.html (in Japanese) (accessed 2024-12-06)

[64] 厚生労働省・子ども家庭庁．障害福祉サービスデータベースにおける仮名化情報の第三者提供について．2024. Ministry of Health, Labour and Welfare / Children and Family Agency. [Shogai fukushi service database ni okeru kameika joho no dai 3 sha teikyo ni tsuite.] 2024. https://www.cfa.go.jp/assets/contents/node/basic_page/field_ref_resources/9d2742bd-7fb9-4261-ab75-6c1ac6b19867/0c46ef97/20241017_councils_shingikai_shougaiji_shien_9d2742bd_02.pdf (in Japanese) (accessed 2024-12-06)

[65] 厚生労働省・子ども家庭庁．第１回匿名障害福祉及び障害児福祉情報等の提供に関する専門委員会の開催について．2024. Ministry of Health, Labour and Welfare / Children and Family Agency. [Dai 1 kai tokumei shogai fukushi oyobi shogaiji fukushi joho to no teikyo ni kansuru senmon iinkai no kaisai ni tsuite.] 2024. https://www.cfa.go.jp/assets/contents/node/basic_page/field_ref_resources/9d2742bd-7fb9-4261-ab75-6c1ac6b19867/add71ef3/20241017_councils_shingikai_shougaiji_shien_9d2742bd_01.pdf (in Japanese) (accessed 2024-12-06)

[66] Washington Group on Disability Statistics. WG Short Set on Functioning (WG-SS). https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/ (accessed 2024-12-06)

[67] 厚生労働省．生活のしづらさなどに関する調査（全国在宅障害児・者等実態調査）．Ministry of Health, Labour and Welfare. [Survey on difficulty in living]. https://www.mhlw.go.jp/toukei/list/seikatsu_chousa_list.html (in Japanese) (accessed 2024-12-06)

[68] Ministry of Health, Labour and Welfare of Japan. Comprehensive Survey of Living Conditions. https://www.mhlw.go.jp/english/database/db-hss/cslc-index.html (accessed 2024-12-06)

[69] 厚生労働省．社会福祉施設等調査．Ministry of Health, Labour and Welfare. [Survey of social welfare institutions]. https://www.mhlw.go.jp/toukei/list/seikatsu_chousa_list.html (in Japanese) (accessed 2024-12-06)

[70] 高橋秀人，大矛賀政昭，山口佳小里, 重田史絵．ICD-11 V 章を活かした生活機能の既存統計への活用に関する検討．厚生労働科学研究費補助金政策科学総合研究（統計情報総合研究）「ICD-11 の適用を通じて我が国の死因・疾病統計の向上を目指すための研究」（研究代表者：林玲子．202302004）令和 5 年度分担研究報告書．2024. Takahashi H, Otaga M, Yamaguchi K, Shigeta F. [ICD-11 5 sho o ikashita seikatsu kino no kizon tokei eno katsuyo ni kansuru kento. Research on Statistics and Information, Health, Labour and Welfare Sciences Research Grants. ICD-11 no tekiyo o tsujite wagakuni no shiinn / shippei tokei no kojo o mezasu tameno kenkyu.] (Kenkyu Daihyosha: Hayashi R. 202302004) Report on Fiscal Year Reiwa 5. 2023. p.117-132. https://mhlw-grants.niph.go.jp/system/files/report_pdf/202302004A-buntan13_0.pdf (in Japanese) (accessed 2024-12-06)

[71] Otaga M. Community-based inclusive society and integrated care in Japan: Concepts and challenges for practice. J Natl Inst Public Health. 2024;73(1):32-41

[72] 厚生労働省．在宅医療・介護連携推進事業の取組について．2023. Ministry of Health, Labour and Welfare. [Zaitaku iryo / kaigo renkei suishin jigyo no torikumi ni tsuite.] 2023. https://www.mhlw.go.jp/content/10802000/001237291.pdf (in Japanese) (accessed 2024-12-06)

[73] 厚生労働省中央社会保険医療協議会．医療・介護・障害福祉サービスの連携．2023. Chuo Shakai Hoken Iryo Kyogikai, Ministry of Health, Labour and Welfare. [Iryo / kaigo / shogai fukushi service no renkei.] 2023. https://www.mhlw.go.jp/content/12404000/001158841.pdf (in Japanese) (accessed 2024-12-06)

[74] 厚生労働省．令和６年度診療報酬改定の概要：同時報酬改定における対応．2024. Ministry of Health, Labour and Welfare. [Survey of social welfare institutions]. https://www.mhlw.go.jp/toukei/list/seikatsu_chousa_list.html (in Japanese) (accessed 2024-12-06)

＜総説＞

日本における障害児者・高齢者に対する重層的なリハビリテーション提供体制

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抄録

今日，高齢化や非感染性疾患（NCDs）への疫学的移行に伴い，世界的にリハビリテーションニーズが高まっている．日本において，障害児・者・高齢者へのリハビリテーション提供は，戦後から関連する法律・制度が整備され徐々に拡大してきた．本稿では，本邦において，医療，介護，福祉など異なる複数のシステムを基盤に重層的に整備されているリハビリテーション提供体制について整理する．

今日の日本におけるリハビリテーション提供にかかる主たる枠組みは，医療保険制度，介護保険制度，そして障害福祉に関する制度である．リハビリテーションサービスの利用者は所得に応じた自己負担は生じるものの，費用はこれらの制度の中で支給される．医療保険制度下では，リハ専門職による医学的なリハビリテーションが提供され，回復期病棟の創設により，特に脳卒中などの脳血管疾患，骨折などの筋骨格系疾患，心疾患などのNCDsに対しては，急性期から回復期までの間，集中的で専門的なリハビリテーションが提供される．介護保険制度では，要介護状態となった高齢者に対して，リハビリテーションが提供される．障害福祉においては，機能訓練のほかに，就労関連のリハビリテーションが提供される．また，地域に暮らす障害のある児に対する発達支援も長期にわたり提供される．

国家資格としてのリハビリテーション専門職の養成は，理学療法士・作業療法士の養成が1965に始まり，言語聴覚士の養成が1997年に開始された．専門職養成のための教育プログラムは主として高校を卒業した者を対象に大学レベルの教育で行われ，そのカリキュラムは社会的なニーズを反映したものとして，厚生労働省および文部科学省の監督のもとで決められている．資格を得るためには，養成校を卒業後，国家試験に合格する必要があり，これが労働力の質の担保に繋がっている．

高齢者，障害児・者の施策は，地域生活・社会参加を促進する方向で進められえており，これにおいてリハビリテーションは重要な役割を果たす．変化し続ける社会のニーズに応じるため，労働力が適切に配置され，求められる役割を最大限果たせるよう，改定を重ねながら制度が構築されている．

キーワード：リハビリテーション; サービス提供; 医療・福祉制度; リハビリテーション労働力