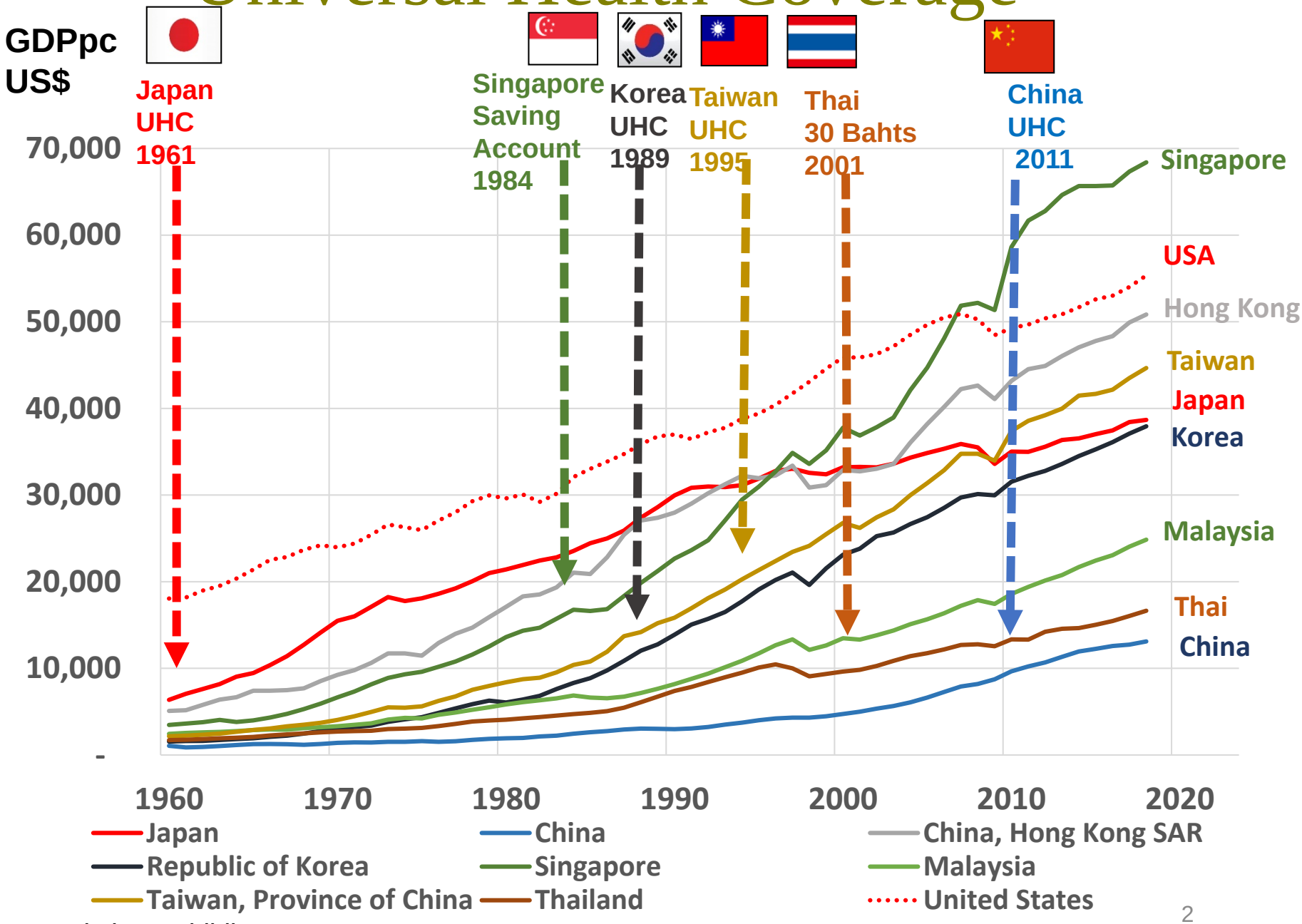
Redesigning Universal Health Coverage for an Aging Society: Perspectives from Policy, Health Economics, and Quality of Care

CPCE Health Conference 2026

Tomonori HASEGAWA, M.D., Ph.D.

Toho University School of Medicine

Universal Health Coverage



Made by Toshihiko Hasegawa

Characteristics of Aged Society

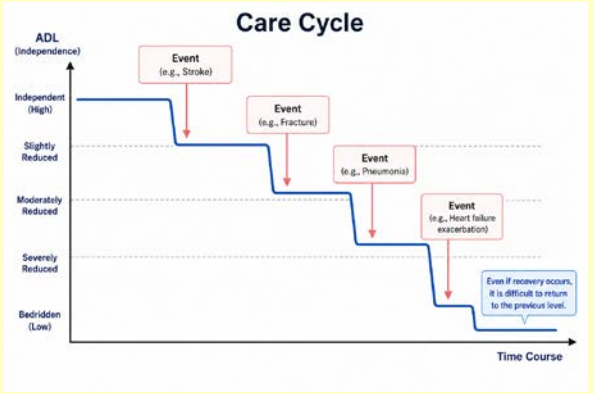
- Regional disparities
- More older adults, fewer workers
- Increasing diversity of needs and values
- Limited resources
- Shift from national standards to community-based care

Trends of TFR in Asia

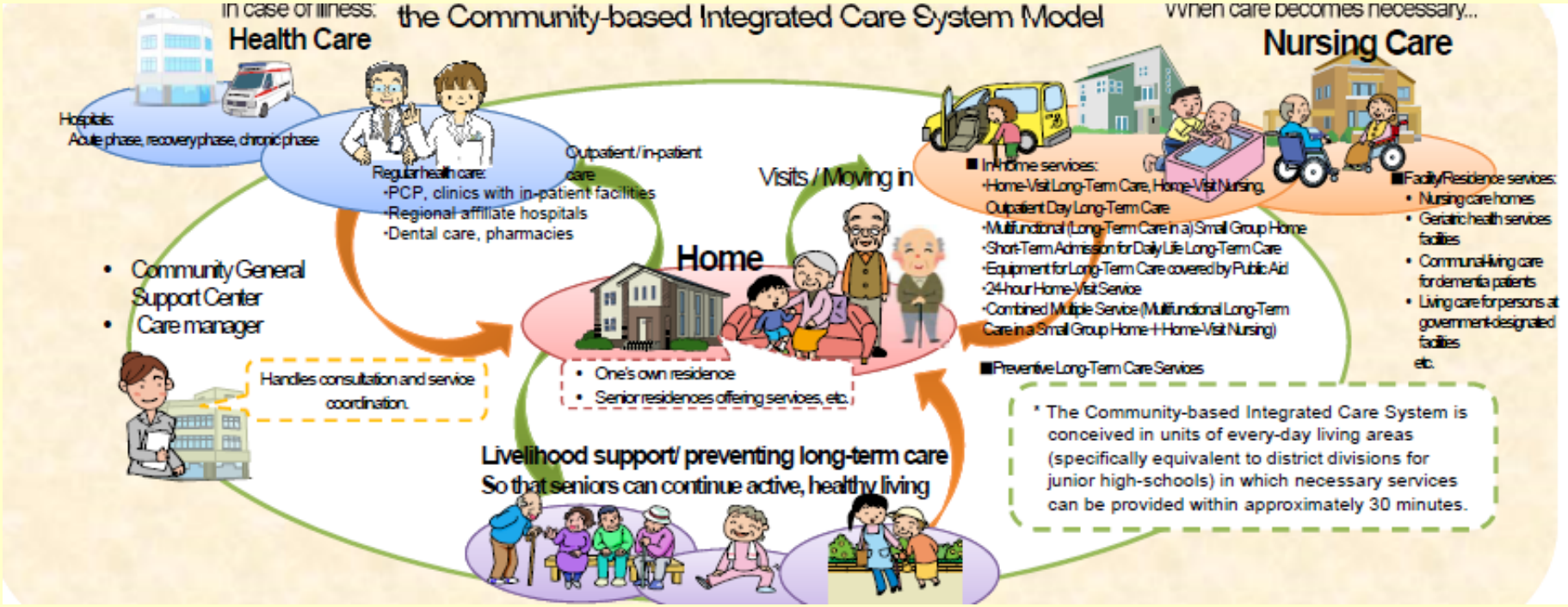
Country	1997	2002	2007	2012	2017	2022	2024
China	1.80	1.70	1.51	1.55	1.62	1.15	1.01
Hong Kong	1.20	0.93	1.07	1.25	1.13	0.90	0.73
Indonesia	2.65	2.44	2.34	2.26	2.33	2.19	2.11
Japan	1.39	1.32	1.34	1.41	1.43	1.33	1.15
Korea R	1.53	1.17	1.25	1.30	1.05	0.81	0.75
Singapore	1.60	1.37	1.29	1.29	1.16	1.04	0.96
Taiwan	1.76	1.47	1.12	1.17	1.13	1.08	0.86
Thailand	1.80	1.77	1.75	1.55	1.53	1.52	1.46
Vietnam	2.70	2.32	2.09	2.05	2.06	2.03	1.96
UK	1.71	1.64	1.90	1.92	1.74	1.65	1.57
US	2.05	2.01	2.12	1.88	1.80	1.64	1.62

Clinical Course of Older Adults

- Multiple causes of illness and death
- Repeated admissions
- Progressive ADL decline
- Long-term care
- End-of-life care
- Physicians as community care coordinators



Community-based Integrated Care System (2016)



Home-based independent living
Integrated medical and long-term care
Four support principles
Medium-sized hospitals
Home care support
Geriatric emergency care

Hospital Functions toward 2040

- Acute Care Hub Function
- Emergency and Community Acute Care Function for Older Adults
- Home Healthcare and Care Coordination Function
- Specialized Care Function

Paradigm Shift in Health Care

	Traditional	2040
Aim of care	Cure	Healthy longevity
Target of care	Acute disease, Trauma	Chronic disease
No of disease conditions	Single	Multiple
Treatment options	Choose one most effective treatment	Multiple treatments according to patients' preference and timeline
No of providers	Single One facility	Multiple Cooperation necessary
Role of physician	Sole person responsible for treatment	Care coordinator Team building Specialist for treatment
Evidence generation	Randomized controlled trial	Big data

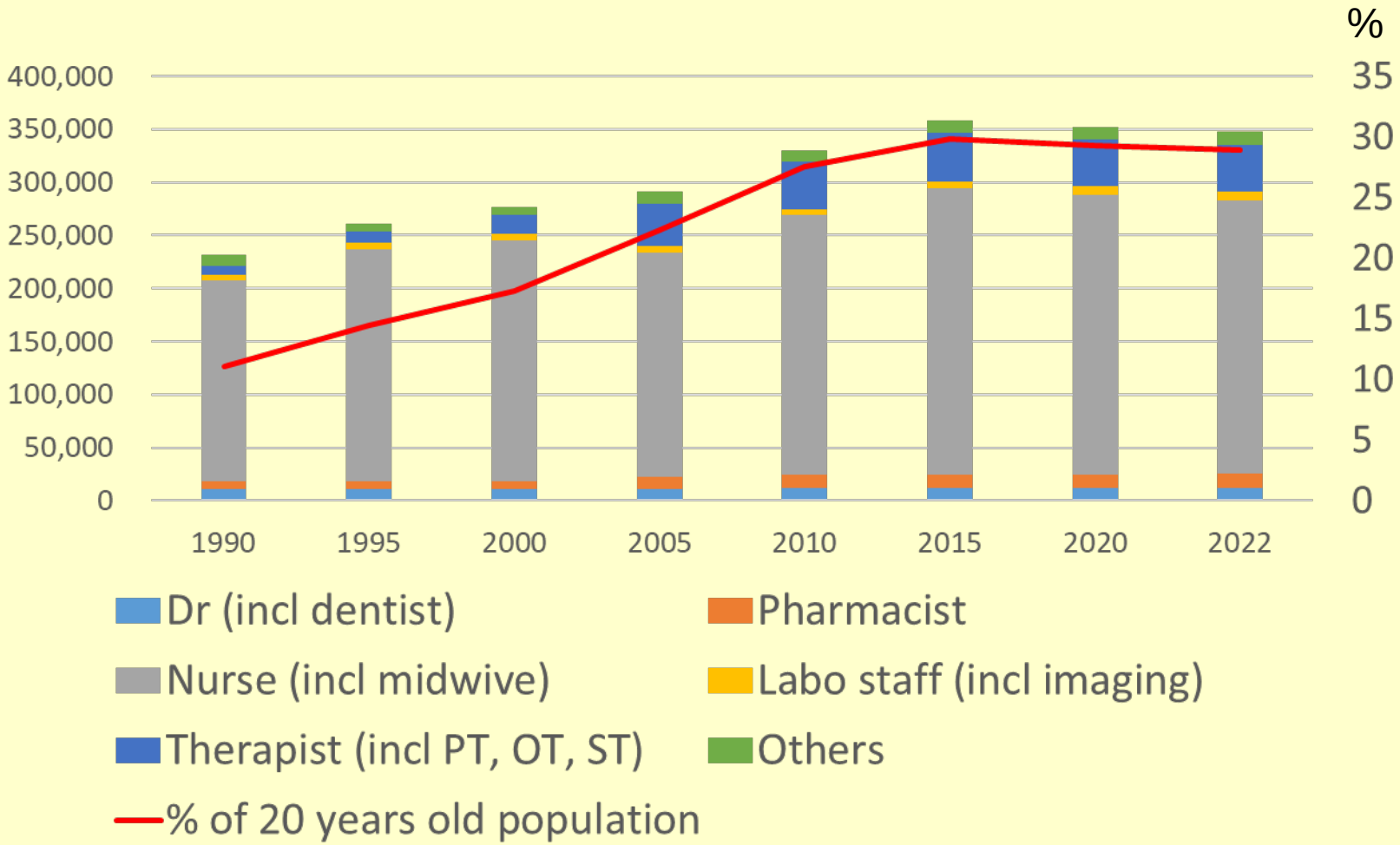
Limiting factors for the sustainability of UHC

- Resources
  - Finance
  - Medical products
  - Information
  - Workforce
- Finance:
  - Current focus: accountability and acceptability
- Medical Products:
  - Strategic resource
  - Supply-chain security
- Information:
  - Digital transformation
  - Traceability
  - Patient-centered care.

Human Resources

- Demand ↑
  - Population aging
  - Two baby-boomer generations
- Supply ↓
  - Workforce shortage
  - Longer training
  - Aging professionals
- Regional imbalance
  - Rural: workforce shortage
  - Urban: demand surge
- Challenge
  - Competition with other industries
  - Public funding limits

Admission Quotas for Healthcare Stuff
(% of 20 years old population)



Where is Health Care Delivered?

- Traditional
  - Hospital-centered care
- Future
  - Home and community care
- "Home“
  - Private homes
  - Assisted living
  - Nursing homes
- Challenge
  - Ensure quality and safety outside hospitals

Characteristics of Elderly Care

- Challenges
  - Frailty
  - Multiple diseases
  - Multiple providers
  - More home care
  - Frequent emergencies
- Solutions
  - Gatekeeping
  - Advanced Care Planning
  - Step-down care

Home Healthcare Increases with Age

(Patient Survey, 2020)

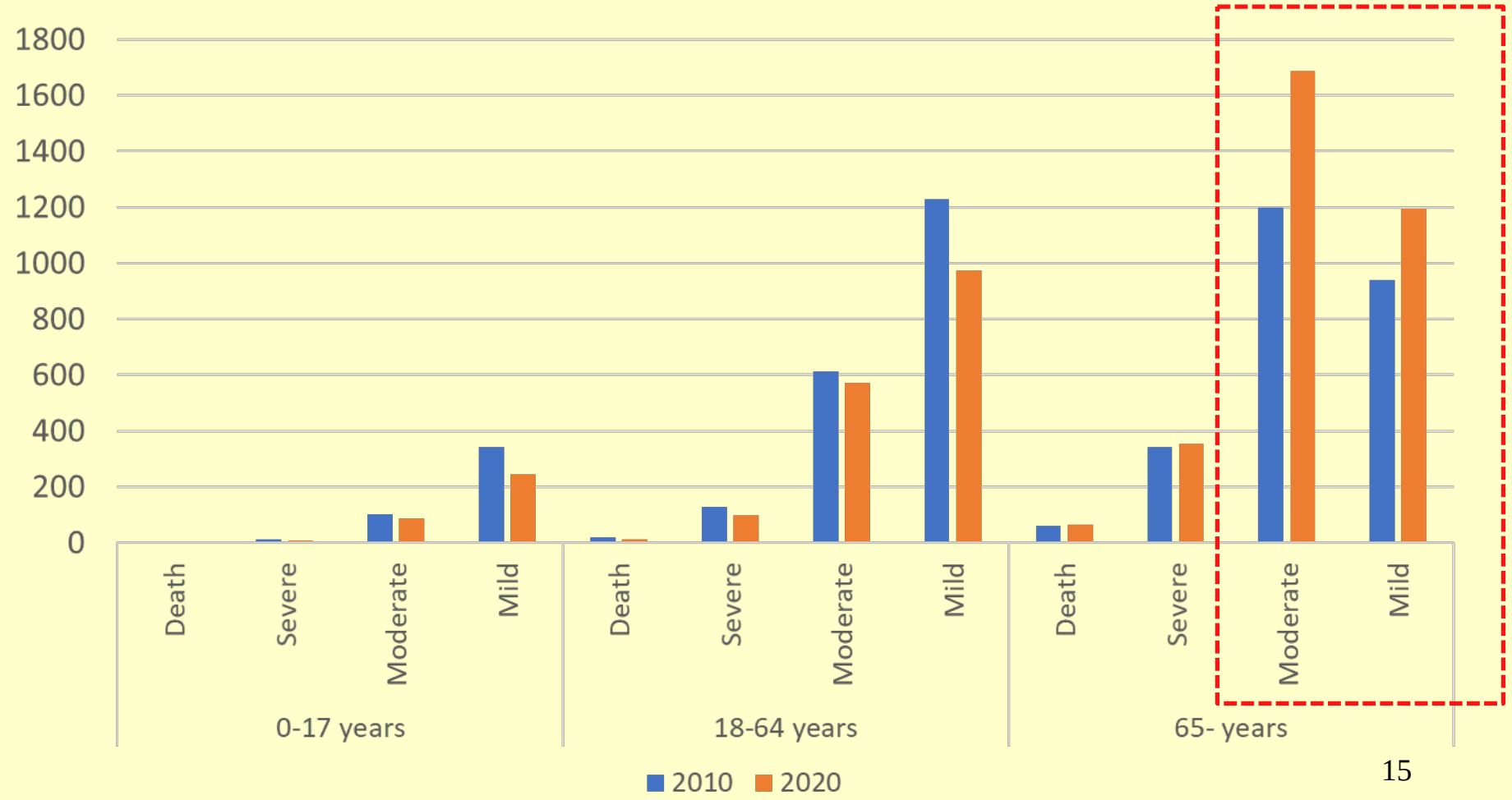
	OP	HHC	HHC/OP
All age	7,138	174	2.4%
70+	2,964	153	5.2%
75+	2,077	142	6.9%

X1000 persons

Emergency Medicine

Number of patients transported by age group

x1000



Emergency Medicine

No of patients transported by ambulance by disease group in 2020

X10,000

	0-17 years	18-64 years	65- years
CVD	3	57	204
Hearts	1	59	238
GI	10	113	187
Respiratory	15	55	228
Mental	4	72	21
Sensory	13	60	77
Urology	1	58	73
Neoplasm	0.1	12	48
Others	37	195	392
Not identified	87	378	756

Emergency Medicine for the Elderly

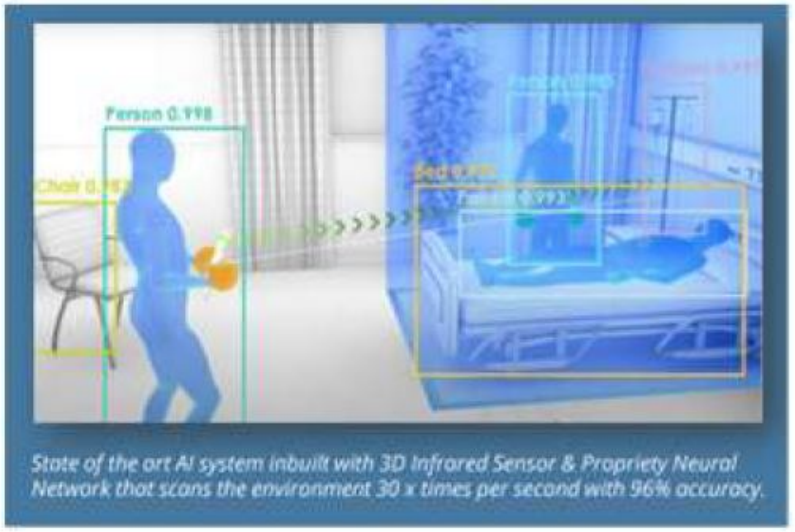
- More older emergency patients
- Mostly mild-to-moderate conditions
- Diagnosis often uncertain
- Limited medical history
- Heavy ER burden

Medical Innovations Driving Transformative Changes in Healthcare

- Precision medicine
- XR
- AI
- Advanced devices
- Remote care

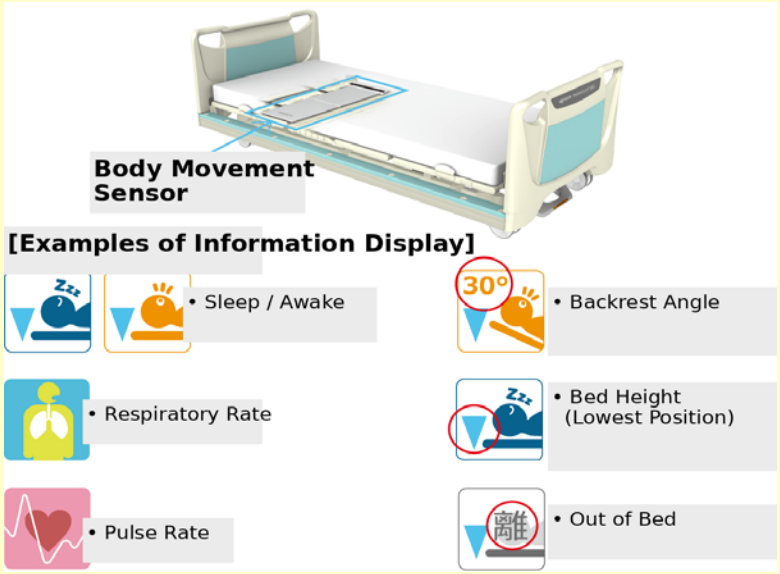
Smart Sensors

An example: Predictive perceptual intelligence



LUMENIX

Smart Beds



- Monitor body movements, breathing, and pulse rates
- Automatically transmit data to EMRs
- Can be used at home

Regional Bed Control System
（Omi Medical Consortium）

Future Image
「医療情報のコマンドセンター」と「施設情報の中央制御」を融合させた、将来のコマンドセンターのイメージ

Conclusion

- Healthcare is shifting from hospitals to communities.
- People-centred collaboration is the foundation of future healthcare.
- Regional healthcare systems must continuously learn and improve.
- Technology should strengthen healthcare—but people must always remain at its centre.
- The future of UHC is not simply about financing healthcare. It is about redesigning the entire healthcare system to meet the needs of ageing societies.

多謝晒

ありがとうございます

Thank you very much