

Developing and applying Care level change indicators in Special nursing home in Japan

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研究要旨

長寿社会である日本では、介護ニーズがますます増加している。核家族化の進展、家族介護者の高齢化に直面し、2000年に日本政府は介護保険制度を導入した。これにより、利用者自らが介護サービスを選べるようになり、介護事業者間での競争が展開されている。利用者のニーズに応じたサービスの多様化に伴い、ケアの質の向上が求められている。一方、日本における介護施設の介護サービスの質に関する研究は乏しく、厚労省の報告においても、介護サービスの質の評価の中でも、特にアウトカムの体系的な評価は実施されておらず、介護サービスの質の向上を目的とした介護サービスの質の評価を体系化することが大きな課題とされている。本研究では全国介護レセプトデータを用い、施設レベルでの要介護度変化からケアの質の評価における指標を開発し、全国レベルでの介護保険施設を比較検討することを目的とする。

A．研究目的

Japan has the highest proportion of older adults in the world and faces great changes with increasing needs of long-term care. To make sure the elderly can receive care, the Japanese government implemented a long-term care insurance (LTCI) system in April 2000. Since the implementation of the LTCI system, there has been a dramatic increase of the number of long-term care facilities. Because the elderly and/or their families can choose the type of services and facilities freely, competition between facilities has increased. However, at the same time, there was a lack of quality controls of long-term

care services. Therefore, the necessity of improving the quality of care has become a big issue in Japan. In 2015, the Ministry of Health, Labour and Welfare has made recommendations for the implementation of assessment indicators for measuring the quality of care. One of the key quality indicators as an assessment measure is residents' change of health status.

The purpose of this study was to develop and apply a long-term care facility quality indicator, in terms of care level change, with risk-adjustment methods.

B . 研究方法

We used national long-term care insurance claim data which consisted of 2935 special nursing homes and 389350 residents from Oct 2013 to October 2012 in Japan. We developed care-level adjusted deterioration rate, care-level adjusted sustainment rate and care-level adjusted improvement rate per facility respectively, and applied this indicator to all facilities in nation.

(倫理面への配慮)

C . 研究結果

Distribution of care level change in one year

Table 1 shows the results of care-level change by care level group and sex in one year.

There was a difference in deterioration between care level groups. The more severe the care level, the less deterioration. Female residents showed more deterioration than males in every care level group. In contrast, the more severe the care level, the higher the improvement rate and sustain rate was.

Sub-analysis of Care level adjusted deterioration rate by sex

Figure 1 shows the distribution of care-level-adjusted deterioration rates by sex. In order to avoid a small sample size to cope for a possible bias, we selected facilities with 10 or more male and female residents. Finally, 1723 facilities remained and a significant higher deterioration in female residents was found when compared to male residents ($p<0.001$).

Adjusted deterioration rates for the total of facilities and sub facilities were calculated, comparing sex differences respectively. The adjusted deterioration rate varied from

D . 考察

This study found that the less severe the care level, the more deterioration took place. More than one third in care level 1 deteriorated. Significantly higher deterioration in female compare to male is shown.

E . 結論

It is the first study to use a population based national representative data of LTCI claim, and compare all special nursing homes in Japan, and compare the outcomes in all prefecture. Knowing the position of facilities through outcome-based performance indicators may encourage special nursing homes to improve their quality of care.

F . 研究発表

1 . 論文発表

Submitted to a journal

2 . 学会発表

None

(発表誌名巻号・頁・発行年等も記入)

G . 知的財産権の出願・登録状況 (予定を含む)

1 . 特許取得

None

2 . 実用新案登録

None

3 . その他

None

Table 1. Care-level-change adjusted rate by sex in one year

	Total residents								Male residents						Female residents									
	deterioration			sustain		improvement			deterioration		sustain		improvement		deterioration		sustain		improvement					
Care level distribu									Total number o								Total number o							
tion in October 2									f male reside								nts							
012	N	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%			
Individual Level																								
care level 1	8278	2899	35.0	5379	65.0			1718	567	33.0	1151	67.0			6560	2332	35.6	4228	64.5					
care level 2	23156	7099	30.7	14616	63.1	1441	6.2	4866	1377	28.3	3176	65.3	313	6.4	18290	5722	31.3	11440	62.6	1128	6.2			
care level 3	53079	14456	27.2	35171	66.3	3452	6.5	11108	2623	23.6	7695	69.3	790	7.1	41971	11833	28.2	27476	65.5	2662	6.3			
care level 4	80573	14844	18.4	59845	74.3	5884	7.3	14518	2383	16.4	10842	74.7	1293	8.9	66055	12461	18.9	49003	74.2	4591	7.0			
care level 5	80499			74113	92.1	6386	7.9	11849			10656	89.9	1193	10.1	68650			63457	92.4	5193	7.6			
Facility Level																								
Care level adjuste																								
d rate per facility	245585		15.9		75.4		7.1	44059		12.3		71.3		7.7	201526		16.1		75.0		6.8			

Figure1. dereriation rate by sex (n=1723)

