Dear friends and colleagues,

You are receiving this email because you expressed interest in hearing about my sabbatical travels. If you prefer not to get emails from me while I am away, let me know and I will take you off the list. I am not an avid travel writer, so I suspect I will not overwhelm anyone with emails!

My first trip was to Japan, where I visited Kameda Medical Center in Kamogawa (on the ocean east of Tokyo) and Tokyo Medical Center. Here is a photo of Kameda and a second photo of the lovely and rugged coastline of Kamogawa:
I was fortunate that a friend from UC San Francisco connected me with Dr. Sandra Moody Levin, a UCSF faculty member who has been Faculty in Residence at Kamogawa for the last few years. Sandra arranged a delightful visit for me, that included resident morning report, rounding in the hospital, doing home visits, attending talks, touring the hospital, and many other fascinating experiences. Some of the many things I learned during my stay were:

1. Kameda has 1000 beds (about twice as big as OHSU), and sees 3300 outpatients daily. John Wocher (who gave me the tour of Kameda) has been Executive Vice President for administration at Kameda for 26 years. In that time, Kameda has seen no gunshot victims, and only two stabbings. If only we could say this about OHSU!
2. Japanese people have an average of 15 doctor visits per year (compared to 3-4 for people in the US). Visit length is capped at 15 minutes. All of the doctors I met feel very challenged by the short visit length, and use frequent visits to accomplish good care. No one expressed concerns about difficulty getting to the doctor so frequently- it is simply part of the culture that everyone accommodates.
3. Health care is paid for by the state, but everyone age 6-70 has a 30% co-pay. Below and above that the co-pay is 10%. There is a sliding scale and a cap for low income people.
4. Japan has twice as many pharmacists per capita as other countries. Every medication has a pharmacist review before filling. Drugs are put in packets for individual dosing times (morning, evening, etc). At Kameda, drugs are in these packets and ready for pick up 20 minutes after the physician enters the prescription into the computer! The machinery used to complete this task is quite remarkable- but certainly replicable and think how helpful it would be for us to have this service available.
5. 27% of the Japanese population is over 65, and that number is increasing. There is a national holiday called Respect for the Aged (another national holiday is Adult Day when all 20 year olds receive their “adult responsibilities”).
6. Japan has had a culture of caring for parents (traditionally, the oldest son was expected to take his parents in, and his wife was expected to be their full-time caregiver). However, more recently, adult children have moved away to Tokyo and other large cities, leaving older adults on their own for the first time in Japanese history. This has resulted in the need for a whole new infrastructure to help care for older adults - one that is in very early stages so far. There are very few nursing homes and retirement facilities.

7. One of the most brilliant things I learned was that everyone age 40 and up pays into the home care program - a tax of about $30/mo. This funds a fantastic home care program - see below for a brief description of a patient and his wife that I saw when I did home visits.

8. Hospice is very rare, and for cancer only. The palliative care team at Kameda sees non-cancer patients occasionally but doesn’t get paid for this. They are trying to train all specialties to be more adept at end-of-life care, but Japanese people prefer to receive lots of care at the end of life and palliative care isn’t widely accepted yet. The doctors I spoke with are working hard to change this cultural perspective!

9. Japanese doctors tend to order lots of tests and prescribe lots of medications. They are reimbursed by the number of tests ordered/number of pills prescribed! Many people get an in depth yearly check-up that includes chest x-ray, pulmonary function tests, EKG, EGD, colonoscopy, extensive blood work, abdominal ultrasound, PET scans, and multiple other tests. This is paid out of pocket, but if something is found, it is managed separately and paid for by the state health system. The doctors I met recognize that all these tests are not evidence-based, but again, it is a cultural norm that is difficult to change!

10. Vision, hearing, dental, mental health, mobility aids are all a covered benefit under the national health insurance (unlike the US, where none are covered by Medicare). Patients and doctors expressed huge gratitude for these benefits.

One of the best parts of my visit to Kameda was visiting a number of older patients in their home. Here is a brief summary of one man I visited: Mr. H is a 71 year-old man who had a stroke 1 year ago, and is completely paralyzed on the right side. His wife had a stroke several years ago and is completely paralyzed on the left side (stroke is incredibly common in Japan - no one is sure why, but the thinking is their high salt diet is culprit - soy sauce, miso soup, etc, leads to very high blood pressure). Mr. H cared for his wife for years, and now she wants to care for him, and refuses to move to a care facility. They have no family. They are living in a traditional Japanese home, both are in wheelchairs and cannot leave the house. Their only contacts are Kameda home care team members. He gets PT once per week. A home aide comes 1-2 times daily with food, helps with household tasks and bathing. He transfers chair to bed slowly but safely (I am not sure how he gets on and off the toilet, we didn’t watch that). The home care team hopes to allow them to remain at home (their primary goal) for as long as possible. He looks noticeably depressed, has stopped talking. The doctor visits every 2 weeks - during our visit, he spent 1 hour talking with the wife, providing support and reassurance. He made no medication changes (he is on quite a few) or other changes to medical care but spent the entire visit focusing on function, mood, and ensuring they have the assistance they need.
Japanese doctors are uniformly very smart, motivated, caring, and attuned to medical and social/family needs of their patients. While I think our health system has some good things to offer (such as our strengths in palliative care) we would do very well to adopt some of the Japanese payment choices (special tax for home care program, coverage of vision, hearing, and other important needs of older people).

Here is a photo of some of the internal medicine residents and faculty I met at Kameda. I had just given my talk on Diagnosis and Management of Dementia and it was 8 pm (we had started at 8 that morning) but everyone was still asking great questions and willing to stay for a photo!

My second hospital visit was to Tokyo Medical Center, a large teaching hospital just outside of central Tokyo. There I spent time with Dr. Miwako Honda and her research colleague from France, Yves Gineste, who had developed a caregiving technique called “Humanitudes.” Yves brought the Humanitudes program to Japan, and Miwako has been helping to disseminate it broadly. Their research has been very positive so far, and I was enthralled by their approach. I was able to watch Yves and several nurses who had been trained in Humanitudes work with dementia patients and their caregivers and almost instantly improve their eye contact, reduce distress, and improve caregiver confidence. Here is a link to a newspaper article that describes Humanitudes a little further: [http://www.japantimes.co.jp/news/2013/11/20/national/elder-care-with-a-human-touch/#.WNkDghjIT8Q](http://www.japantimes.co.jp/news/2013/11/20/national/elder-care-with-a-human-touch/#.WNkDghjIT8Q). Here are photos of Tokyo Medical Center, Dr.
Miwako Honda with me outside the hospital, and 2 of the wonderful nurses who use the Humanitudes approach with patients:
I have been in Rome for a few days with my Mom and sister to celebrate my Mom’s 80\textsuperscript{th} birthday- will resume sabbatical activities with a conference on Aging and the Mediterranean Diet in Puglia this week!
Warmly,
Elizabeth