การส่งเสริมธรรมมาภิบาล
ในประเทศญี่ปุ่น

ภญ.สุกานต์ดา เด่นจันตา
กลุ่มงานเภสัชกรรม โรงพยาบาลเชียงรายประชานุเคราะห์
NCGM
National Cancer Center
Community Pharmacy
Showa University Hospital
National Center for Child Health and Development
Community Pharmacy
Japanese Healthcare System

• Universal health insurance coverage system
• Co-payment: Patients pay 10-30% of the charges

• “Bungyo” – The separation of drug prescribing and dispensing in hospitals and clinics:
  1. Physicians issue prescriptions to outpatients.
  2. Patients bring the prescriptions to any drugstore they like outside the medical institutions.
  3. Pharmacists at the drugstore dispense drugs to patients.
Bungyo System

- **1874**: The first medical law called for “Bungyo”
- **1889**: Status and function of “pharmacists” were stipulated in the Japanese legal system.
- **1956**: Law amendment, physicians are able to dispense drugs when patients request to receive from physicians.
- **1961**: Initiation of universal medical insurance system
Bungyo System

• **1973:** The cost of drugs accounted for 46% of the total health care cost (increased from 25% in 1961)
• **1974:** The turning point of national policy about Bungyo:
  - Raised the prescription fee and dispensing fee
  - Decreased the official drug prices (↓ profit margin)
• **1982:** The ratio of drug stores receiving prescriptions increased from 22% (in 1974) to 48%
• **1999:** The ratio of drug costs dropped to 21%
Measures to promote Bunkyo:

- Decreased the official drug prices
- Increased prescribing fee
- Increased technical fees when pharmacists give consultation to patients on prescribed drugs
- Increased quality of drugstores and convenient services
Merits of Bungyo

• Physicians & pharmacists provide services at their own discretion as professionals independent of each other.
• Physicians can prescribe drug unfettered by their stock of drugs. (decreased drug promotion)
• Bungyo promotes appropriate drug use and suppress drug costs.
• The contents of prescriptions are opened to patients.
Promotion Use of Generic Drugs

• Medical care expenditure in 2009 was over 36 trillion yen (↑ 20% over 10 years)

• Causes:
  - Advances in medical technologies
  - Increasing of aging population

• Generic volume share of the market replaceable by generics = 40% in FY 2011

• Target volume share of generics in FY 2018: > 80%
Promotion Use of Generic Drugs

Action programs of the government:

1. Stable supply
2. Ensuring confidence in quality
3. Provision of information by generic manufacturers
4. Improvement of environment for promotion of generic medicine use
5. National Health Insurance related matters
   (Additional premium for medical institutions and pharmacists, revision of the prescription form)
Revision of the Prescription Form

The current space for a “signature in case all prescription drugs cannot be changed to generic drugs” is removed; the possibility of changing is clearly stated for each individual prescription drugs.
Upon patient request, the pharmacist provides information regarding generic equivalency and changes the prescription to a generic medication if a brand name is written on the order.

---

### Table 5. Factors Included in the Japanese Pharmacy Counseling and Administration Fee

<table>
<thead>
<tr>
<th>Category Service Provided</th>
<th>Points/Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Patient history and counseling</strong></td>
<td></td>
</tr>
<tr>
<td>1. Pharmacist assessment of patient adherence and medication counseling$^b$</td>
<td>17</td>
</tr>
<tr>
<td>2. Pharmacist assessment of patient adherence and medication counseling for the second time in same month</td>
<td>30</td>
</tr>
<tr>
<td>3. Narcotics counseling and administration$^c$</td>
<td>25</td>
</tr>
<tr>
<td>4. Physician contacted regarding duplication of therapy or drug interaction and prescription changed</td>
<td>20</td>
</tr>
<tr>
<td>5. Physician contacted regarding duplication of therapy or drug interaction and prescription not changed</td>
<td>10</td>
</tr>
<tr>
<td><strong>B. Drug information</strong></td>
<td></td>
</tr>
<tr>
<td>1. Drug information fee 1$^d$</td>
<td>15</td>
</tr>
<tr>
<td>2. Drug information fee 2$^a$</td>
<td>10</td>
</tr>
<tr>
<td><strong>C. Chronic medication (medication that lasts = 14 days)</strong></td>
<td></td>
</tr>
<tr>
<td>1. Chronic medication drug information 1$^f$</td>
<td>15</td>
</tr>
<tr>
<td>2. Chronic medication drug information 2$^a$</td>
<td>25</td>
</tr>
<tr>
<td><strong>D. Drug information provided on drug quality$^h$</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>E. Home care counseling</strong></td>
<td></td>
</tr>
<tr>
<td>1. First time in the month</td>
<td>500</td>
</tr>
<tr>
<td>2. Second time and thereafter in the month</td>
<td>300</td>
</tr>
</tbody>
</table>

$^a$ Upon patient request, the pharmacist provides information regarding generic equivalency and changes the prescription to a generic medication if a brand name is written on the order.
National Center for Global Health and Medicine: NCGM

- 781 beds, 25 wards
- Pharmacist 46, Assistant 6
- OPD 1,774 visits/day
- 761,125 prescription/year
- 1,705 drug items (generic:original = 77:23)
- 85% of OP prescriptions are dispensed by external pharmacies.
Drugs Purchasing and Inventory System

- Wholesale system
- Pharmacist check the drug stock everyday and purchase by returning order to wholesale suppliers.
- One-day drug shipments to medical institutions
Medical Representative (MR)
Medical Representative (MR)

- Provide and collect the information about efficacy and safety of drugs.
- Provide of urgent safety information (yellow letter) and flash safety report (blue letter).
- Collect the results of post-marketing surveillance (ADRs) for new drugs.
- Provide other notifications about drugs.
Rules for Hospital Visit of MR

• Determined by hospital executive committee to control the issue of drug promotion to doctors.
• MR can not meet healthcare professionals without permission.
• All MR must register themselves before working.
• All MR must meet chief of DIC firstly every time of hospital visit.
• Time for MR meeting : 15.00-17.00 on Monday, Wednesday, and Friday (average 7-8 MR/days)
Registration Area for MR
Name Tag of Registered MR
JPMA Code of Practice

(JPMA Code of Practice)

(Established January 16, 2013 Enforced April 1, 2013)

Japan Pharmaceutical Manufacturers Association (JPMA)

[Preamble]
The member companies of Japan Pharmaceutical Manufacturers Association (JPMA) consider it their moral responsibility to improve the health of people not only in Japan but also throughout the world, and therefore, society, the terms of international cooperation and relationships. To fulfill these moral commitments, we have made various efforts to develop a mutual relationship of trust with researchers, healthcare professionals, and patient organizations under an appropriate alliance with industry and academia so that medical care can be offered ethically and optimally from the patient’s viewpoint.

To avoid inappropriate presentation, false claims, and other misleading practices for ethical drugs, JPMA drew up its “Code of Practices for Promotion of Ethical Drugs” in 1976. Then, in March 1993, JPMA established the more developed “JPMA Promotion Code for Prescription Drugs,” which meets the International Federation of Pharmaceutical Manufacturers & Associations’s (IFPMA) “IFPMA Code of Pharmaceutical Marketing Practices” and has since been revised several times to accommodate revisions in laws, etc.

Moreover, in order to ensure a high degree of ethicality throughout all corporate activities, not limited to promotional activities, “JPMA Code of Conduct” was drawn up in November 1997 as a set of industry self-regulations adopted by the member companies. In April 2001, “JPMA Compliance Program Guideline” was issued to promote more thorough compliance on the part of member companies and were then revised in March 2011 to reflect the changing times.

In addition, to fulfill its responsibilities regarding public disclosure and accountability for payments from pharmaceutical companies to healthcare professionals, medical institutions, etc., including the issue of conflicts of interest, JPMA established the “Transparency Guideline for the Relation between Corporate Activities and Medical Institutions” (hereinafter referred to as the “Transparency Guideline”) in January 2011. In accordance with their own guiding principles based on this Transparency Guideline, member companies will begin public disclosure of such information in fiscal year 2013 with the consent of healthcare professionals, medical institutions, etc. Similarly, with respect to relationships with patient organizations, “Guideline for "JPMA Code of Practice for Ethical Channel 10th Edition, 2016" Pharmaceutical Research & Manufacturers Association
<table>
<thead>
<tr>
<th>ลำดับ</th>
<th>ชื่อสินค้า</th>
<th>จำนวน</th>
<th>ราคาต่อหน่วย</th>
<th>รวมราคา</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>กล้วยนิยม</td>
<td>100</td>
<td>30</td>
<td>3,000</td>
</tr>
<tr>
<td>2</td>
<td>ยางพารา</td>
<td>200</td>
<td>25</td>
<td>5,000</td>
</tr>
<tr>
<td>3</td>
<td>ซิลิโคน</td>
<td>50</td>
<td>50</td>
<td>2,500</td>
</tr>
<tr>
<td>4</td>
<td>น้ำตาล</td>
<td>150</td>
<td>45</td>
<td>6,750</td>
</tr>
<tr>
<td>5</td>
<td>แป้งพัฟ</td>
<td>120</td>
<td>35</td>
<td>4,200</td>
</tr>
</tbody>
</table>

หมายเหตุ: รวมราคาจะได้ 16,850 บาท
Thank You どうもありがとうとうござい