

## Invited Speakers

### Michio Kimura



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**Title of speech :**  
***Japan's Available Large Clinical Databases - Reimbursement claim data, Specialist qualification registry, and HL7 based standardized***

#### Abstract:

*In Japan, following four large healthcare databases are available. This presentation outlines these databases with personal evaluations.*

*1.National reimbursement claim data. About 10 years behind Korea, Japan Ministry started making reimburse claim data available only for researchers. They are thorough; almost all claim data are included. But they have no lab results, no clinical contents by doctors, bogus diagnosed disease names. 'Timeliness is poor, as they are available alter more than half year.*  
*2.DPC data and voluntary hospital data pool (DPC: disease-procedure, DRG of Japan). Cases are only of 1500 large hospitals, and only hospitalized cases. Disease classifications are not bogus. And they have some standardized clinical profiles, such as heait failure rate by NYHA. Doctors complain that coding input takes 15 minutes. 'Timeliness is same as claim data, but some hospitals gather earlier.*  
*3.Surgeons' clinical data. 17 surgeon societies allied and made one standardized form for operation case registration to be used for data analysis, and specialist accreditations for submitters. This database has almost all major operations, and they have many clinical items. But surgeons complain that it takes 30 minutes to submit a case. It is only available alter more than a year, and scale-wide analysis is only allowed to professional societies.*  
*4.HL7 standardized SS-MIX storage data. Recommended by Ministries, HL7 based standardized storages are now in operation at 518 hospitals(3/1/2015). They store prescriptions, lab results, and diagnoses. Some medical professional societies for, such as diabetes, renal diseases, hypertension, and hyperlipidemia, are using this nationwide infrastructure for their case data collections. PMDA (FDA in Japan) are starting to use this for early drug side effect detection. Because it is based on CPOE systems, last week epidemic can be detected.*

#### More Info:

*Michio Kimura is Professor and Director, Medical Informatics Dept. at Hamamtsu University, School of Medicine. Dr. Kimura received MS for information processing from Tokyo Univ. 1982, MD from Osaka Univ. 1986, and PhD for radiology from Tokyo Univ. 1990. Dr. Kimura*

*is a fellow of American Association of Medical Informatics, and of HL7 international, an ex-President of Japan Assoc. for Medical Informatics, an academic assoc. with 3000 members., a vice president of IMIA, former president of Asia-Pacific Assoc. of Medical Informatics, a regional charter of IMIA (Int'l Medical Informatics Assoc.).*

*Dr. Kimura is leading many healthcare standard activities, he is HL7 Japan chair, IHE international board, and ISO TC215 WG2 Japan team leader. Dr. Kimura is Japan's Ministry of Health's committee member for healthcare standards, and is receiving research grant-in-aid continuously from 1998, totaling 88 million yen.*

*Dr. Kimura's carriers on health informatics, standard, and healthcare policies naturally made many related authorities to recognize him as a precious source of expertise, including American Chamber of Commerce in Japan, Swedish Embassy of Japan, Korean Ministry of Health, and Academy of Health to join their meeting on international comparisons of health information technology and exchange strategies in six developed nations, called in order from Office of National Coordinator on Health Information Technology, DHHS.*