

DIALYSIS TREATMENT LANDSCAPE IN JAPAN AND INDIA: A COMPARATIVE STUDY

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AGENDA

- Background
- Purpose of study
- Dialysis patient's journey in India
- Dialysis patient's journey in Japan
- Cost of treatment
- Quality of care
- Accessibility of care
- Recommendations

INTRODUCTION

- Dialysis is a life saving treatment for people with ESRD.
- It can be performed in two ways:
 1. Hemodialysis
 2. Peritoneal dialysis
- About 200,000 patients are on chronic dialysis in India.
- About 340,000 patients are on chronic dialysis in Japan.
- There are 1.9 nephrologists per million population in India.
- In Japan, there are 34 nephrologists per million population.



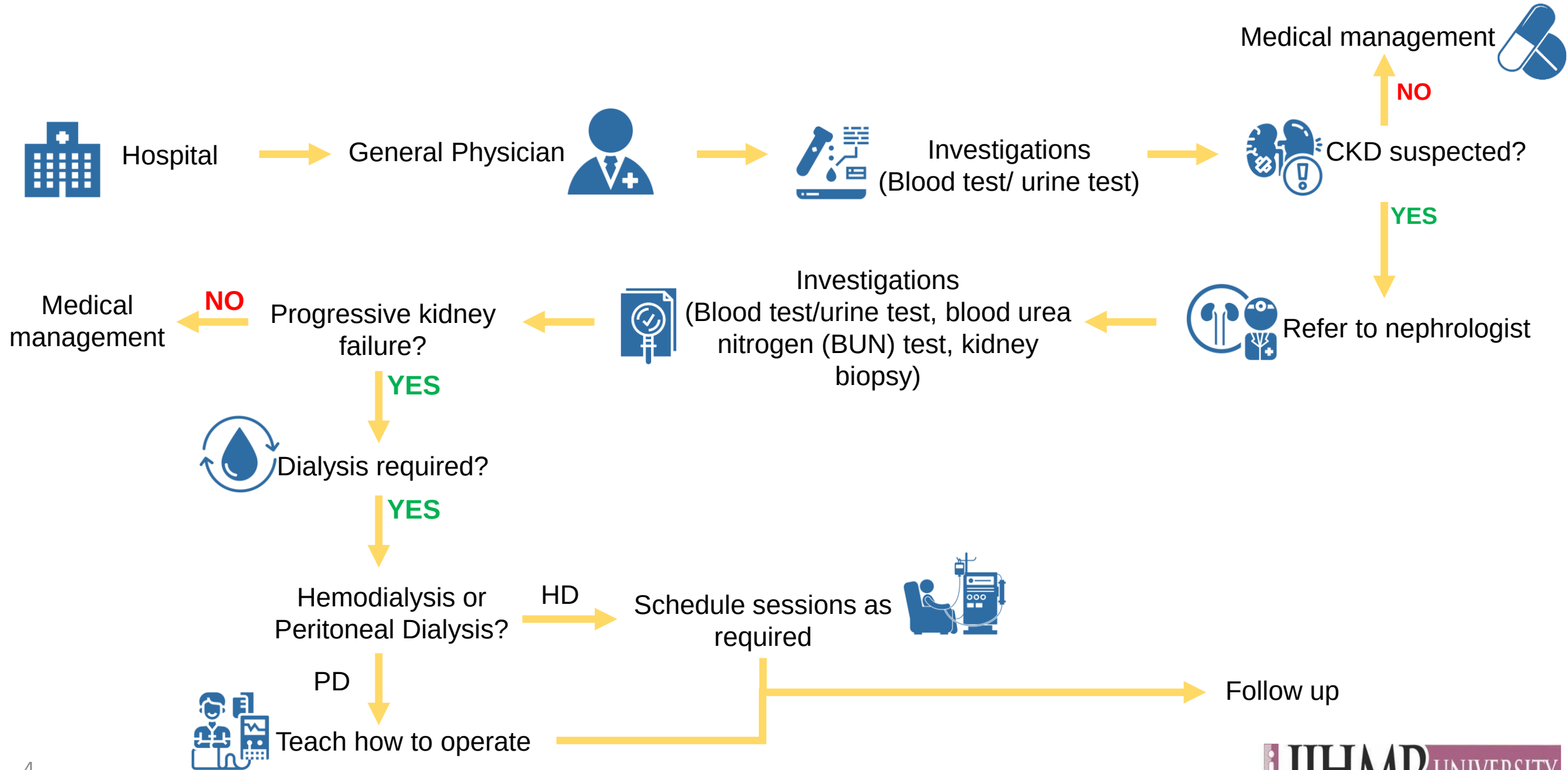
PURPOSE OF STUDY

The purpose of this study is to compare the dialysis treatment landscape in Japan and India; and to unearth insights from which India can learn from Japan to improve the treatment and reduce disease burden in India.

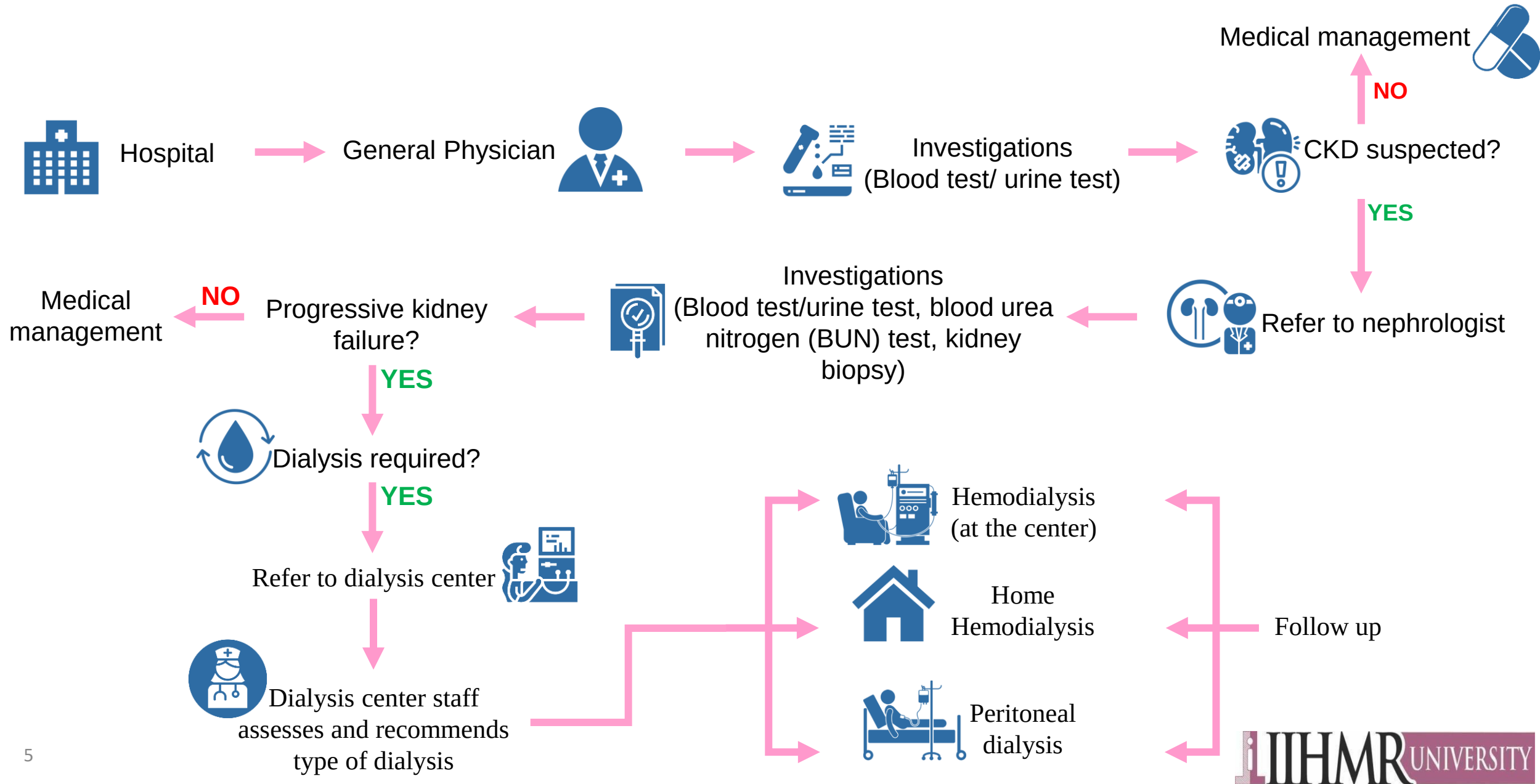
The following variables can be used for the comparison:

1. **Quality:** Japanese healthcare system is strict and mandates accreditation. Dialysis facilities in India may not be essentially accredited. Therefore, standards of quality can be compared between the two.
2. **Cost:** Out of pocket payment in Japan is minimal due to the Co-payment system. Whereas, in India, out of pocket cost is higher.
3. **Access:** The universal healthcare system aids accessibility of treatment for the people of Japan. On the contrary, Indian healthcare insurance system does not cover dialysis treatment, affecting accessibility for the patients.

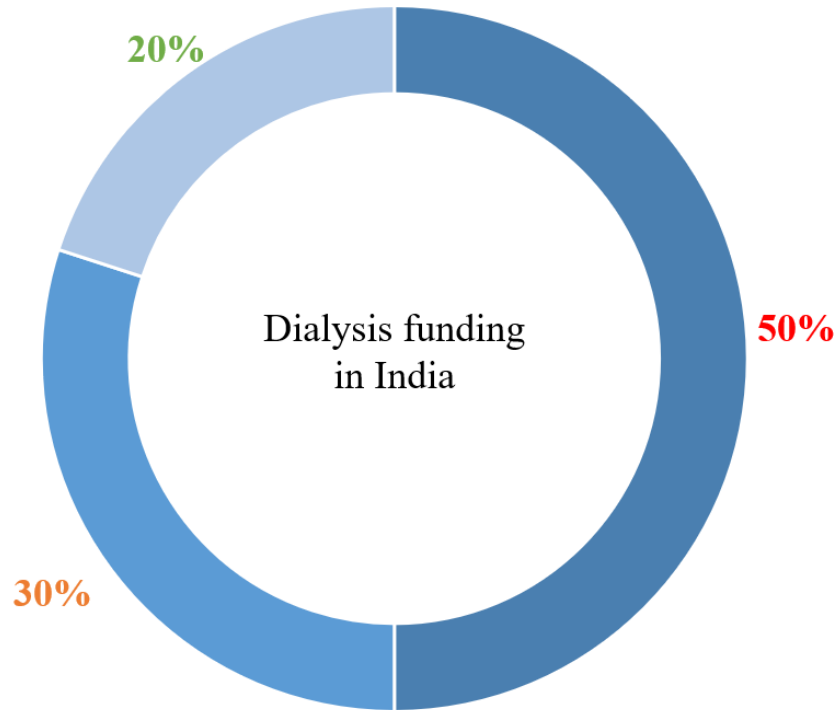
PATIENT CARE PATHWAY- INDIA



PATIENT CARE PATHWAY- JAPAN



COST OF DIALYSIS IN INDIA

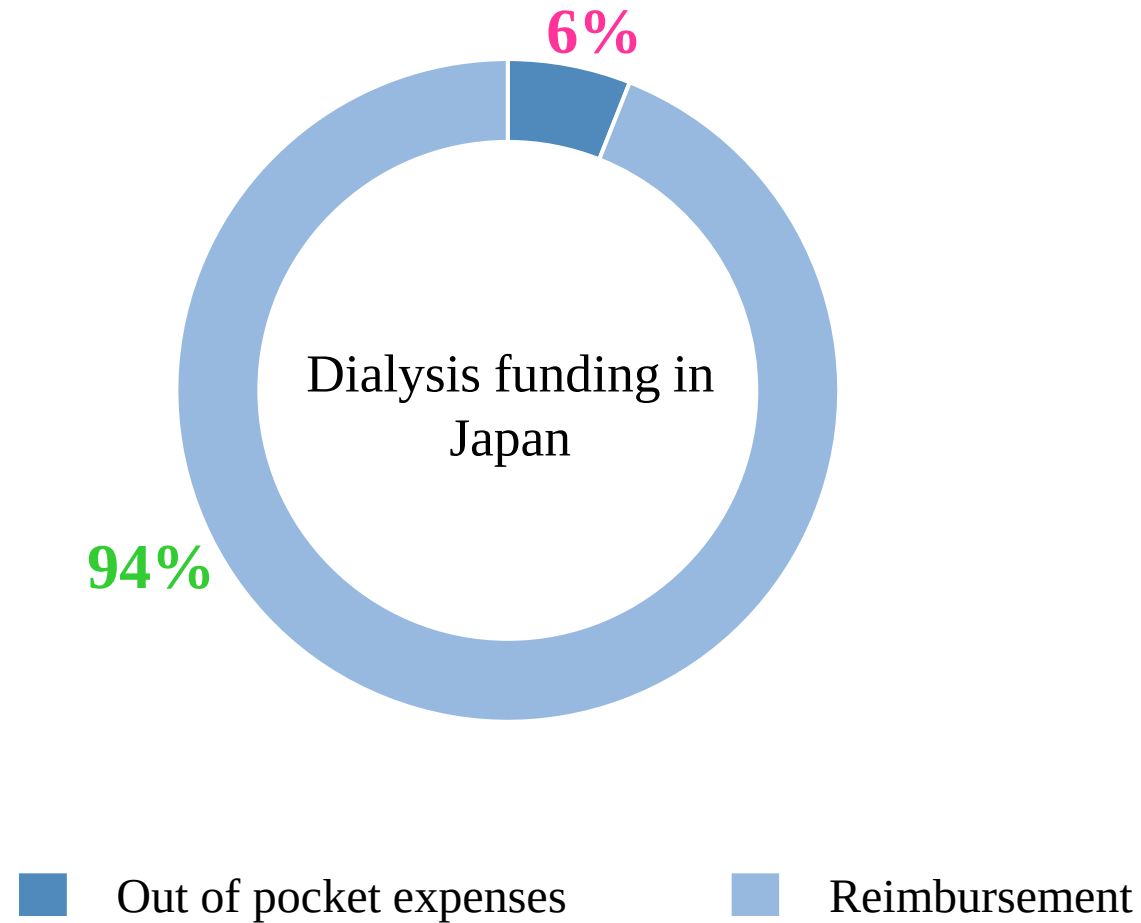


- Out of pocket expenses
- Reimbursement
- Others



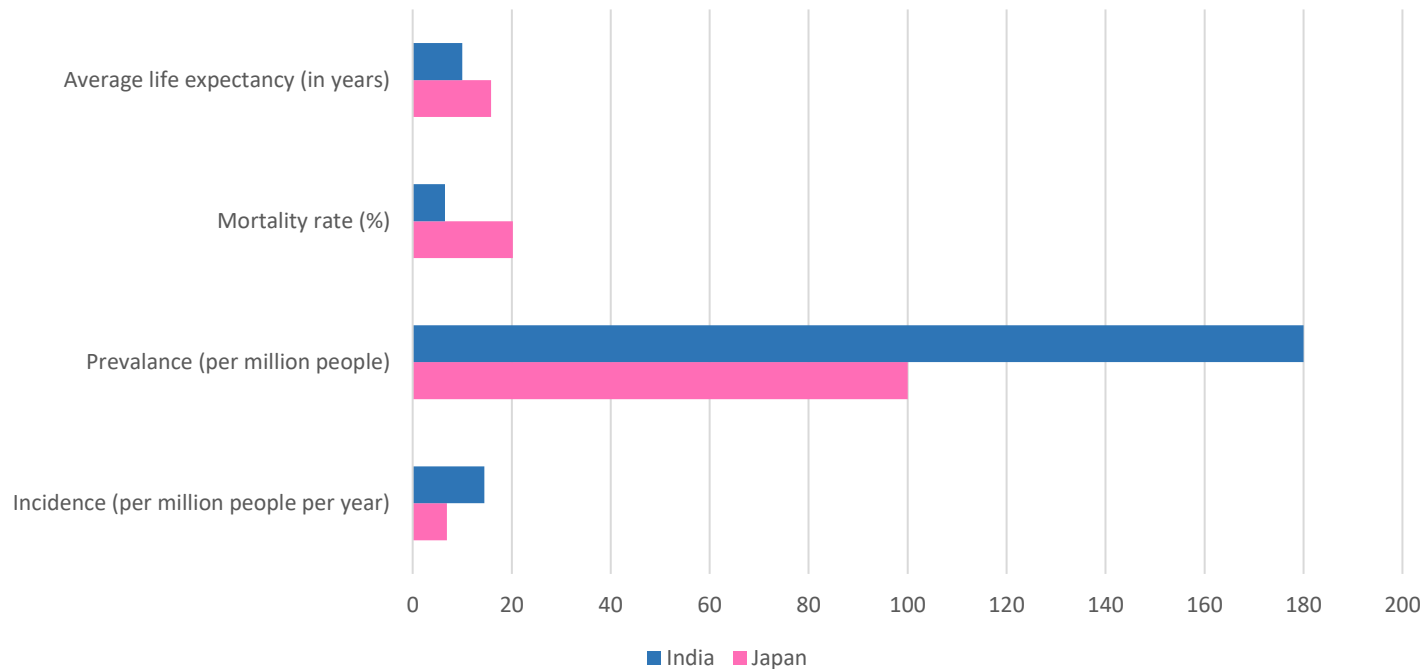
- 50% of the cost is paid by the patient
- In some cases, the patient may get a larger reimbursement and about 30% of the cost may be reimbursed.
- NGOs and other sources may provide financial aid and cover 20% of the cost.

COST OF DIALYSIS IN JAPAN



- Only 6% of the cost is paid by the patient- these cases are the people who are employed and earn a good amount
- 94% of the cost is reimbursed by the government; in some cases, even 100%

QUALITY OF CARE

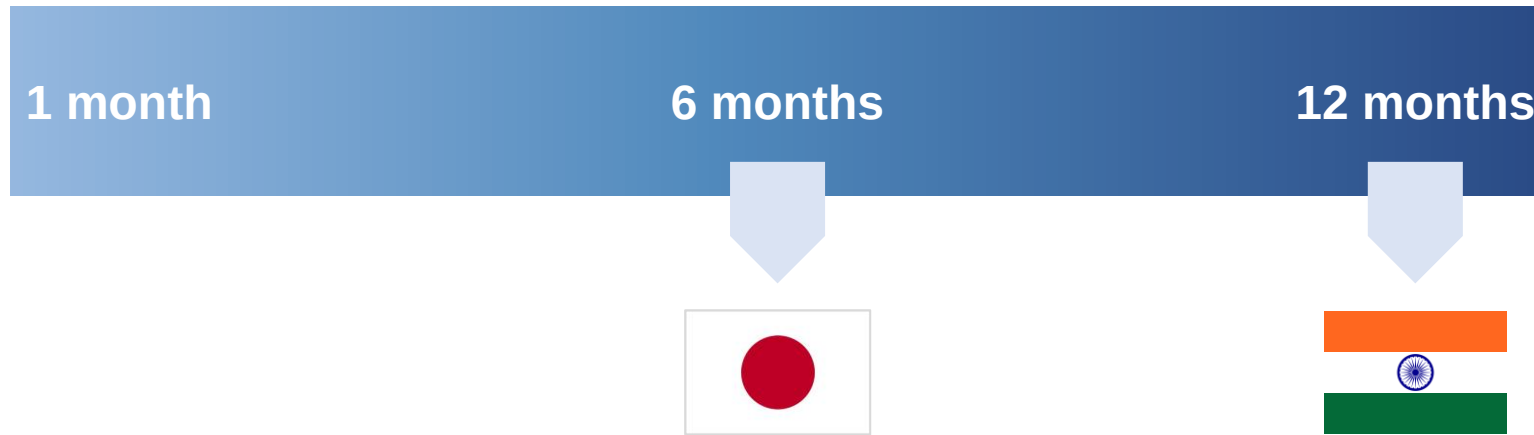


- The quality of care highly differs between Japan and India.
- In Japan, the physicians are highly and efficiently trained; they have access to excellent infrastructure and quality technology
- Between India and Japan, the ethics of the doctors and mission of the government differs too. The Japanese believe in providing the best healthcare regardless of the patient's ability to pay.
- Although both the countries face a healthcare personnel shortage, India is struggling more.
- Another issue in India is patient compliance- patients miss their sessions and some do not even get diagnosed.

Characteristic	India	Japan
Minimum educational requirement	5-year MBBS degree	6-year MD degree
Length of residency	3 years	4 years
Length of fellowship	2 years	3 years
Content of training	Tropical nephrology	Dialysis and transplantation

ACCESSIBILITY OF CARE

Patient access to dialysis



- Receiving dialysis care in India is complicated as patients in the rural areas are not aware of the treatment options and some do not avail the treatment due to taboo.
- In Japan, receiving care is relatively simple. Although, Japan also lacks awareness amongst its people related to dialysis.
- Japan provides a pick and drop facility for their patients, to make sure that the patients avail the care.
- The low density of population allows Japan to take such measures, however, in India it is a bit difficult due to high population density.

RECOMMENDATIONS

- **Establishing a universal health system:** India could establish an equivalent system to the Japanese universal health care to ensure that all Indians, regardless of money or social class, have access to dialysis therapy.
- **Promoting government participation:** The Japanese government is heavily involved in providing dialysis therapy. The government subsidizes dialysis centers and establishes quality-of-care criteria. India should boost its engagement in dialysis treatment provision in order to improve care quality and make it more affordable.
- **Investment in training and education:** Japan spends extensively on healthcare professional training and education. This has contributed to Japan having a large pool of competent dialysis providers. To increase the quality of care, India may engage in comparable training and teaching programs.
- **Financial aid:** Aid is provided by the Japanese government to persons who require dialysis therapy. India might provide its residents similar financial aid to make dialysis treatment more accessible.

THANK YOU