Healthcare New Frontier Fund Vol.4

2021

Impact Report

Capital Medica Ventures

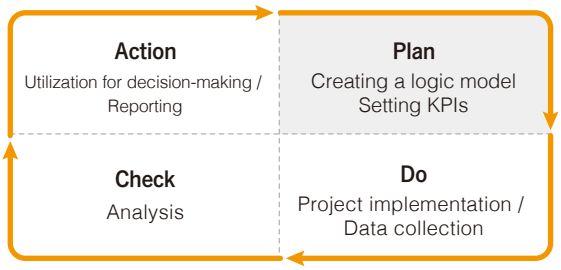
Clarify the social value of the company

Social Impact Assessment

As global interest in building a sustainable society grows, companies are also being demanded to take a stand. Social impact assessment is an attempt to visualize the non-economic value of companies and organizations by objectively evaluating their actual impact on society and the environment of their deliberate activities to solve social issues and how they are involved in, improved, and solved various social issues facing humanity and the planet. Traditionally, when determining a company's value, emphasis has been placed on financial and quantitative (factors that can be converted into numerical values) evaluations.
However, in social impact assessment, qualitative factors (factors that cannot be expressed numerically), such as the impact on people's psychology, are also evaluated. This approach captures tangible and intangible positive changes (outcomes) resulting from the technologies, products, and services (outputs) provided by a company.
Social impact management aims to create further social impact by making improvements through impact evaluation. Impact investment in companies has a social impact, with the expectation of both economic and social returns. Recently, it has been proposed that an impact evaluation should be conducted and disclose the results in a report to avoid investing in companies that engage in "impact wash" (pretending to have an impact).

Social Impact Assessment Process

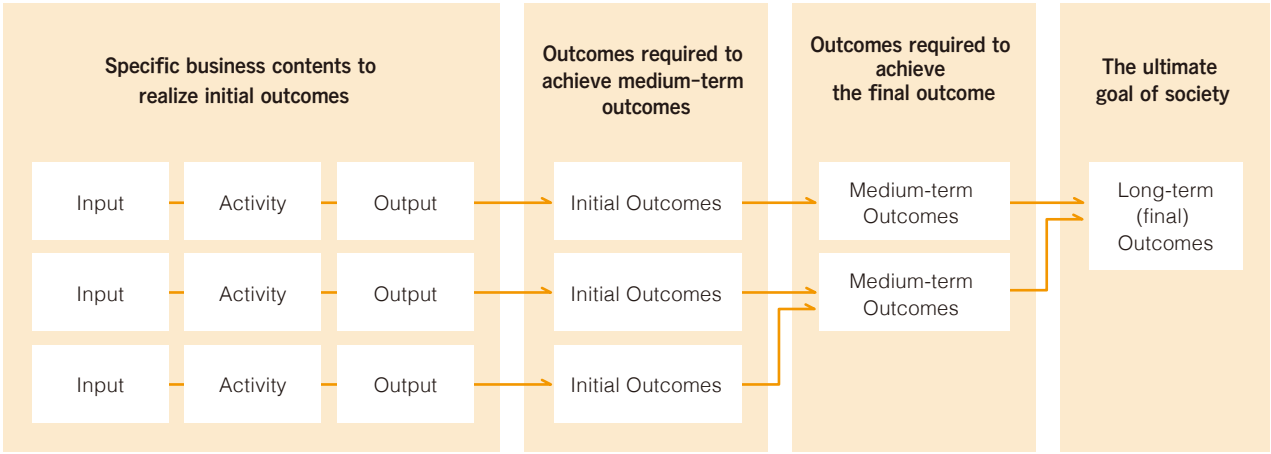
Social impact is evaluated in the context of the Plan-Do-Check-Act (PDCA) cycle, which is a process of continuous improvement of business efficiency of operations. First, the company determines its ultimate goal, which is the future it wishes to have. The strategy to reach this goal is presented using tools such as logic models, and objective evaluation indicators are set at each point as much as possible. Implementation status is then continuously monitored. The results will be analyzed and used for decision-making and improvement of future operations, as well as for reporting to stakeholders.



Logic Model

The logic model is a systematic diagrammatic representation of the path toward the realization of "the future that the company is aiming for," and can be likened to a "blueprint for the impact that the business will create." It represents a hypothesis or strategy for how a business intends to achieve its objectives. The logic model is organized by applying the company's activities to the four components of "inputs," "activities," "outputs," and "outcomes." Taking a bird's-eye view of the business in this way makes it easier to identify the activities and outputs necessary to achieve the ultimate goal of long-term outcomes, the kinds of beneficiaries to expect, and the indicators that should be developed to monitor the implementation status.

Logic Model Structure



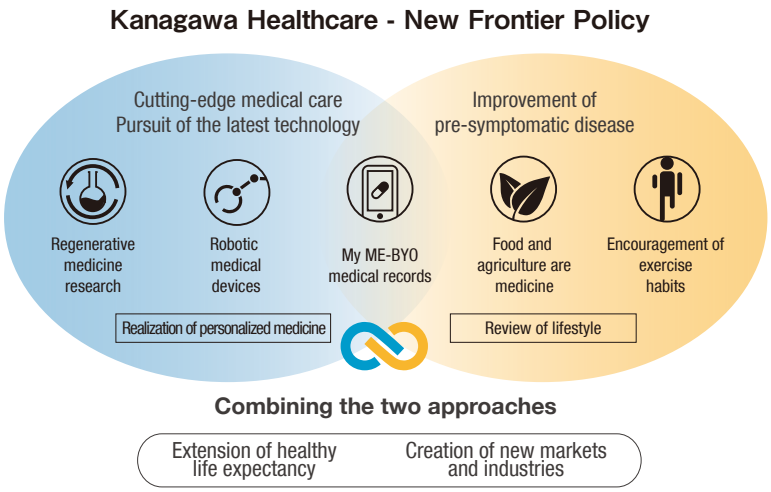
Introduction of Healthcare New Frontier Fund

Fund Overview

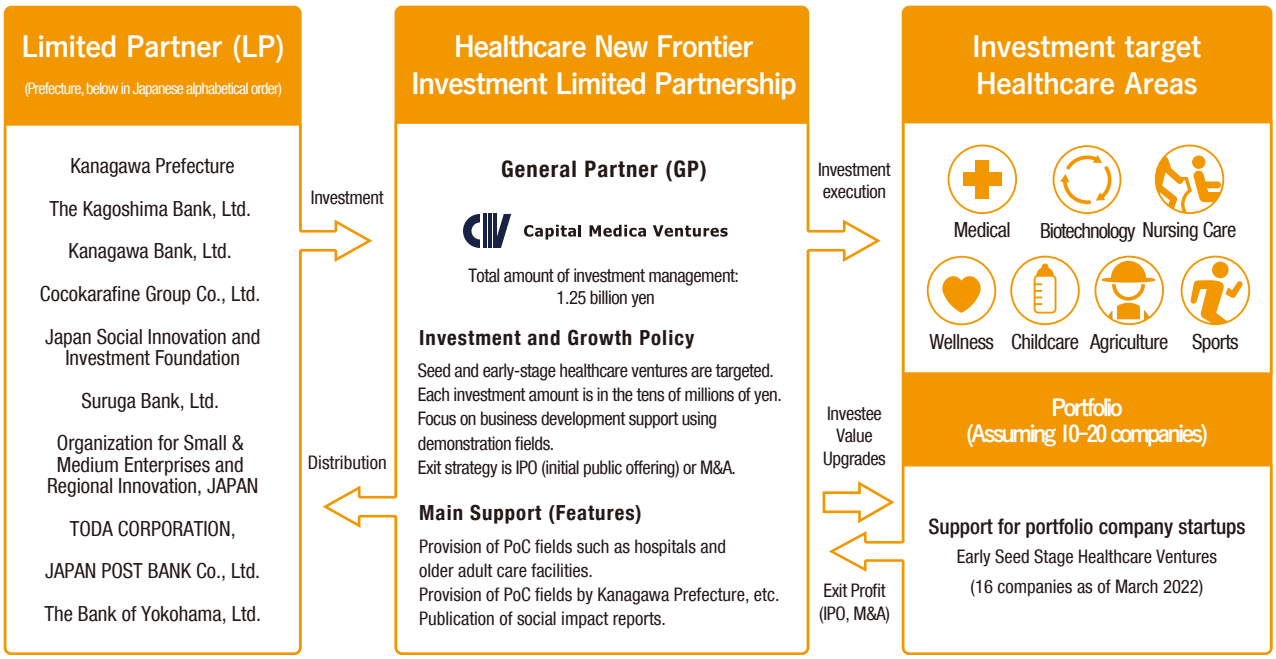
The Healthcare New Frontier Fund (HNF) is a venture capital (VC) fund managed by Capital Medica Ventures (CMV), a VC firm specializing in healthcare. Japan is facing a super-aging society ahead of the rest of the world, and the government's growth strategy, "Future Investment Strategy 2017," aims to promote impact investment initiatives in companies, especially in the health and welfare sectors. In response to this national policy, the fund was planned as part of Kanagawa Prefecture's Healthcare New Frontier Policy*.

The fund is unique, in that, it specializes in the healthcare domain, and invests in seed to early-stage startups in the broadly defined healthcare domain (medical, biotechnology, nursing care, wellness, childcare, agriculture, sports, etc.). The investment criteria focus on the value of products and services in terms of quality, cost, delivery (QDC).

*Healthcare New Frontier Policy: Kanagawa Prefecture's policy of extending healthy life expectancy and creating new business models, such as the pre-symptomatic disease industry and the cutting-edge medical industry through the two approaches of "improving pre-symptomatic diseases" and "pursuing cutting-edge medical care and the latest technology" in response to the advent of a super-aging society.



Name of fund	Healthcare New Frontier Investment Limited Partnership
Amount of investment	1,250,000 thousand yen
Investors (Prefecture, below in Japanese alphabetical order)	Kanagawa Prefecture, The Kagoshima Bank, Ltd., Kanagawa Bank, Ltd., Capital Medica Ventures Co., Ltd. Cocokarafine Group Co., Ltd., Japan Social Innovation and Investment Foundation, Suruga Bank, Ltd. Organization for Small & Medium Enterprises and Regional Innovation, JAPAN, TODA CORPORATION, JAPAN POST BANK Co., Ltd., The Bank of Yokohama, Ltd.
Establishment Date	March 30, 2018
Duration	March 30, 2018–December 31, 2027 (with a possible extension of two years by mutual agreement)
Investment Target	Early stage venture companies that solve social issues in the healthcare field and lead the field.
Unlimited liability partnership (Operating company)	Capital Medica Ventures Co., Ltd.



Aillis, Inc. Aillis

[Established] November 2017
[Capital] 100,000,000 yen
[Employees] 75
[Impact Reporting History] 4 years

Representative Director
Sho Okiyama, MD

Business Overview

Sharing of all medical skills, information, and knowledge including tacit knowledge

Aillis aims to form a society in which not only medical professionals but also the general public can collaborate voluntarily toward the development of healthcare with the mission of “Bring forward open healthcare by uniting for co-creation.” As a first step toward creating a society in which people recognize the significance of sharing healthcare-related technologies, information (data), and knowledge, including tacit knowledge, and in which “actions driven by one's own motivation will naturally lead to medical advances,” Aillis is developing and providing AI medical devices that improve the accuracy of diagnosis based on patient information.

Influenza Diagnostic Camera “nodoca”

Aillis has developed "nodoca," an AI diagnostic camera that uses AI to determine the characteristics of influenza patients based on the vast amount of image data of the pharynx of past influenza patients and diagnose influenza based on the patient's pharyngeal image taken with a dedicated endoscope camera and information such as body temperature (approved by PMDA in March 2022). The identification of influenza-specific pharyngeal conditions has not been established as a diagnostic method because it requires many years of experience. In addition, the conventional influenza test involves collecting mucus from the back of the nose, which is painful for the patient, and it takes about 30 minutes to obtain the results.
The "nodoca" test is easy for anyone to perform, is virtually painless, and can significantly shorten the time required to determine the results, to a fraction of seconds. In addition, the more tests using "nodoca" are performed, the more data will be, and the accuracy of diagnosis will be improved further.

Societal Challenges: What will it take for humankind to unite for better healthcare?

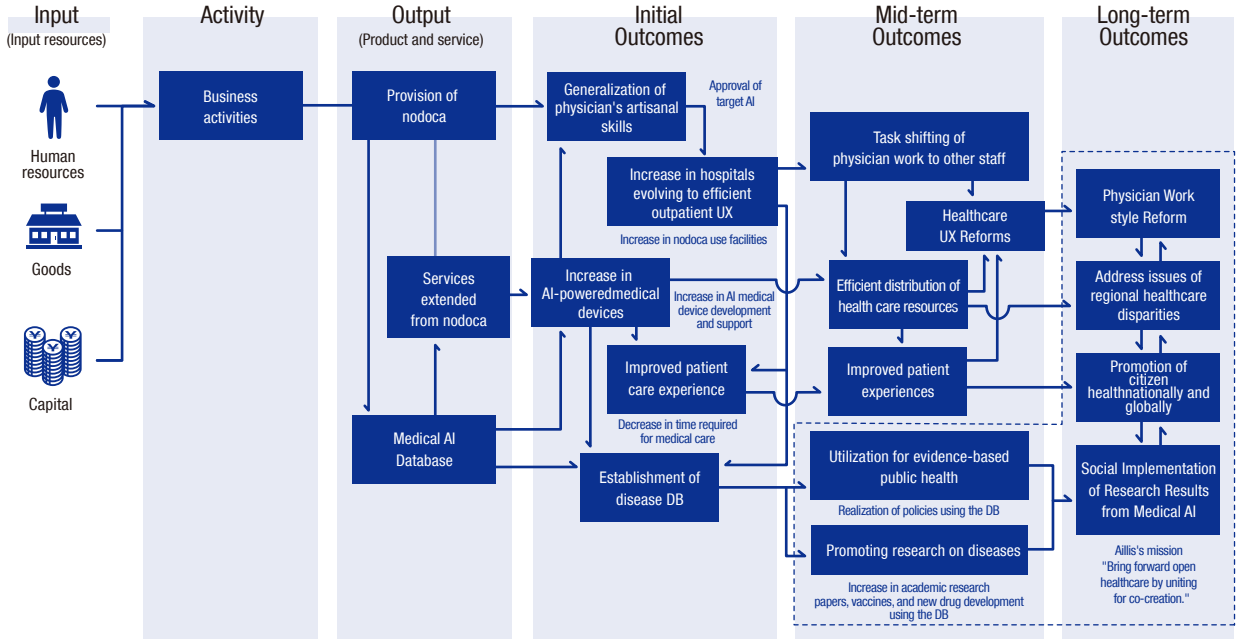
Medical science has made remarkable progress, making it possible to treat many injuries and diseases. With the advent of the Internet, medical papers from around the world can be viewed at any time. According to a recent report*1, it is estimated that over a million, medical papers were submitted in 2021, and based on this number alone, it is clear that the sharing of knowledge is progressing. However, this progress has been limited to academic papers. Moreover, currently, many stakeholders including medical professionals, and institutions, pharmaceutical companies and medical device manufacturers, government bodies such as the Ministry of Health, Labour and Welfare, universities, medical associations, and academic societies are estranged and sometimes at odds with each other, useful information held by each organization (e.g., database) is shared only on a fragmentary basis. Furthermore, the sharing of “tacit knowledge” (i.e., technology, experience, and intuition) has not been technologically realized, and the present situation is still far from ideal in terms of medical care, which can only be attained if the wisdom of mankind is brought together. The need for collaboration among various stakeholders has been pointed out in the research and development of medical devices and associated human resource development*2 *3, but we have yet to reach our goal of overcoming the barriers of organization, country, and interest on a large scale and across borders.

Injuries and illnesses are inherently a challenge that mankind must face together. In the treatment of COVID-19 infection, there has been some cross-sectional sharing of knowledge, which has led to the establishment of rapid treatment methods. However, these efforts are still only a partial and transient movement and have not been extended to other diseases. We need to build on these successes and spread awareness of the benefits of humanity working hand in hand across all barriers.

By including the perspectives of many stakeholders in the management team, including medical professionals and those from government agencies, medical associations, and universities, Aillis aims to share healthcare knowledge, technologies, and information on a large scale in the future, while cooperating with each related organization with a common language, and to build a society in which “medical development is naturally realized.”

*1 Citations added to MEDLINE® by fiscal year. National Library of Medicine. NIH. May 2022. https://www.nlm.nih.gov/bsd/stats/cit_added.html *2 Ministry of Health, Labour and Welfare. The 2nd Study Group on Promotion of Research, Development and Dissemination of Medical Devices to Improve the Quality of Medical Care Received by the Public, “Basic Plan (Draft) on Promotion of Research, Development and Dissemination of Medical Devices to Improve the Quality of Medical Care Received by the Public” (April 2022) *3 PwC Consulting LLC. FY2020 Ministry of Health, Labour and Welfare, Medical Policy Bureau, Economic Affairs Division, Commissioned Project, “Report on the Overseas Status Survey of the Medical Device Industry” (March 2021. Survey period: September 2020-February 2021)

Value provided by the busine



Aillis' Strategies to achieve the ultimate goal

STEP 1 … Develop and provide the influenza diagnostic camera "nodoca" to ensure accurate diagnosis, reduce the pain of testing, reduce the burden on patients and healthcare providers by shortening the testing time, and further improve the accuracy of diagnosis by accumulating patient data.

STEP 2 … Develop AI-based diagnostic devices for other diseases to increase the diagnostic accuracy of each disease.

STEP 3 … Build a database and make it open-access so that various stakeholders in healthcare can utilize it for healthcare administration, drug discovery, writing papers, etc.

STEP 4 … Organically connect the output of data utilization in a way that will allow various stakeholders to co-create healthcare.

STEP 5 … Build a society in which actions taken by stakeholders based on their own motivation and will, even without Aillis' intervention, will naturally lead to the advancement of medical care.

Activity Highlights for FY2021

In March 2022, "nodoca" (endoscopic telescope), an influenza diagnostic camera developed by Aillis, has been approved by PMDA (clinical trials were conducted based on a database of more than 500,000 pharyngeal images collected from a cumulative total of 100 medical institutions with more than 10,000 subjects).

Influenza Diagnostic Camera
nodoca
approved by PMDA in 2022

VOICE

Medical care is undergoing unprecedented changes due to technological innovation. For example, diagnosing diseases through AI cameras not only improves the accuracy of diagnosis, but may even allow the acquisition of new information about health that cannot be discovered by the human eye. The Aillis initiative is one of the few areas and approaches that can be expanded from Japan to the rest of the world, starting with pharyngeal imaging, and is expected to create a new kind of healthcare in which everyone involved in healthcare can update medical care through data.

— Yusuke Tsugawa, Associate Professor, School of Medicine, University of California, Los Angeles

KNOCK ON THE DOOR Inc.

[Established] July 2018
[Capital] 176,376,803 yen
[Employees] 25 (including part-time and subcontractor employees)
[Impact Reporting History] 2nd year

Representative Director
Hiroomi Hayashi

Business Overview

Providing a Clinical Platform

Knock on the Door provides the clinical platform “nanacara” under the philosophy of “Support people with intractable diseases and their families to be enlightener to the world.” Working with patients with intractable epilepsy, many of whom have rare and intractable diseases, and their families, we have identified issues that can improve the quality of life of patients and their families and the effectiveness of treatment. The solution was released in March 2020 in the form of a recording-support application.

nanacara
The app can record seizure frequency and severity, type of seizure, medication status, and so on.

nanacara: A seizure recording application for family members

The "nanacara" smartphone application for patients and their families records various information related to epilepsy, such as the type and frequency of seizures, medication status, and physical condition, and shares this information with family members and doctors. Seizures can be easily recorded with a single tap, and detailed information can be recorded with videos, timers, notes, and so on. Medication status can be recorded using the QR code on the dispensing slip received at the pharmacy, thus reducing the burden on the patient's family. This information can be shared not only among family members but also on the doctor's computer at medical institutions where “nanacara for Doctor” is installed, during, before or after the consultations.

nanacara for Doctor for doctors and medical institutions

This service allows doctors to view information recorded by patients and their families using nanacara, such as videos of seizures and their frequency, on their computers and other devices during, before, and after consultations. As epilepsy patients or their families authorize to share their data with their doctors via the nanacara application, doctors can view the data on the nanacara for doctor web screening during consultations. It can also be linked to electronic medical records using the output as a PDF file. Telemedicine functions were added to the app in 2022.

Social Issues: Difficult to accurately record seizures

The incidence of epilepsy is 0.5% to 1.0% of the population*1, and it is estimated that there are approximately 1 million*2 patients with epilepsy in Japan. Approximately 64%*3 of these patients are able to control their seizures with medication, while the remaining 36%*3 are patients with refractory epilepsy whose seizures are difficult to control even with medication.
Patients with intractable epilepsy constantly worried about seizures have difficulty leading normal lives. In addition, as epilepsy often develops in infancy, frequent seizures can lead to developmental problems and cause anxiety in family members. To control seizures, the combination and dosage of the 24 approved antiepileptic drugs*4 should be adjusted according to the type and situation of the patient's seizures. This requires the doctor to obtain accurate information regarding the patient's seizures.
However, it is difficult for patients and their families to keep accurate records while dealing with seizures, which may occur at any time, thereby making it difficult to provide sufficient information to doctors. Doctors are also at risk of making medical decisions without accurate patient information.
In addition, since epilepsy specialists are concentrated in urban areas, regional disparities in treatment are an issue. In rural areas, patients are unable to receive appropriate and early medical care.

*1 Anderson VE, Hauser WA: Rich SS. Adv Neurol 44:59,1986 *2 Calculated from *1 *3 Kwan P, Brodie MJ. Early identification of refractory epilepsy. N Eng J Med. 2000;342(5):314-319 *4 Japanese Society of Neurology, Guidelines for the Clinical Practice of Epilepsy 2018, X. Table 1 “Approved antiepileptic drugs” *5 *1 and calculated from “Population Estimates” (March 2021), Statistics Bureau, Ministry of Internal Affairs and Communications *6 *7, calculated from “Population Estimates” (March 2021) *7 *2, calculated from *3

Breakdown of epilepsy patients
(estimated values)

Number of pediatric epilepsy patients	160K *5
Number of epilepsy patients in Japan	1M *2

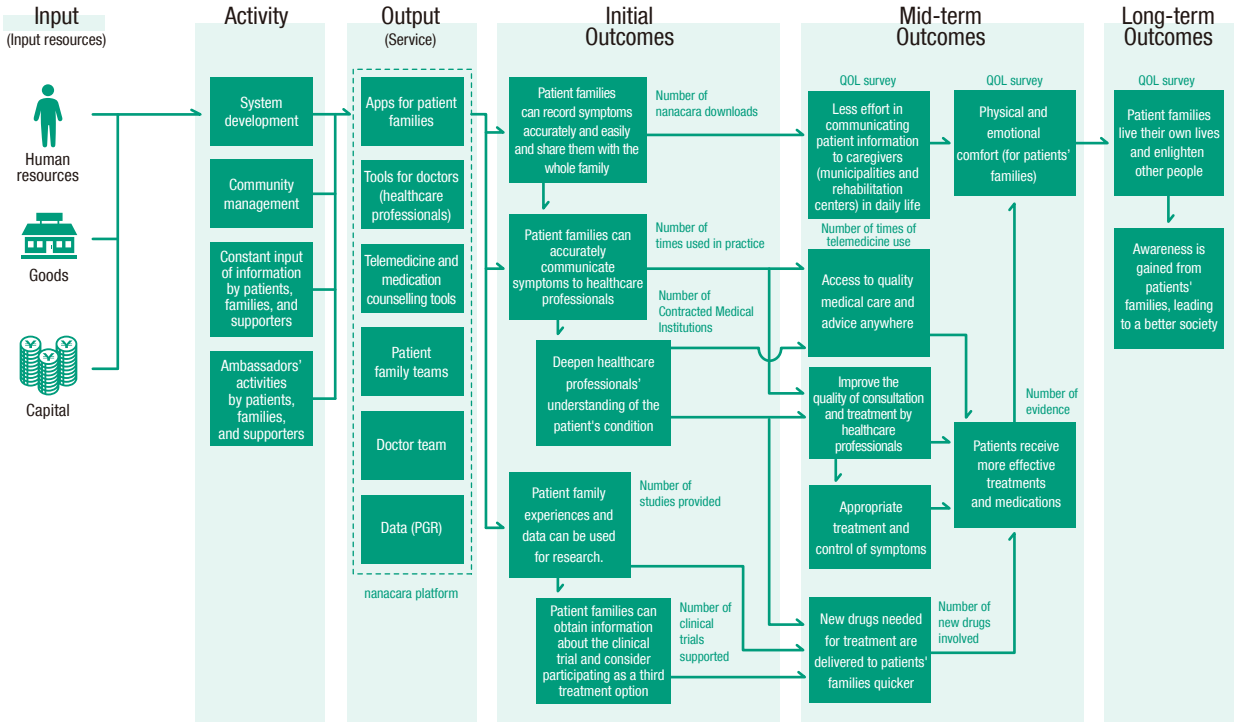
Number of pediatric intractable epilepsy patients	60K *6
Number of intractable epilepsy Patients Number of patients Approx.	360K *7

Value provided by the business

Patient family members: nanacara makes the daily recording of seizures accurate and easy, and reduces the burden on certain family members as information can be shared within the family. nanacara information can be shared with the designated doctors anywhere. Clinical trial information can be also obtained.

Doctors and medical institutions: Obtaining accurate patient information not only helps in medical care but also provides a statistical picture of the treatment results of the doctor in charge. In addition, telemedicine is expected to improve the quality of epilepsy care throughout Japan.

Pharmaceutical companies: The needs of patients and their families and clinical issues can be obtained efficiently from a database that keeps personal information confidential. In addition, information can be accurately delivered to relevant parties, and smoother drug development can be expected.



Activity Highlights for FY2021

March 2022: 2nd anniversary of the release of the nanacaraapplication

Three research papers and two clinical trials use nanacara data

Number of nanacara users
15,697 users

Number of Contracted Medical Institutions using nanacara for Doctor
115 Facilities

Number of times used for medical treatment
300 times/month

All figures are as of March 31, 2022.

VOICE

My son, a child with severe mental and physical disabilities, has been suffering from intractable epilepsy since the age of 2.5 and is now 10 years old. He has approximately 10 seizures every day, so handwritten records are difficult to keep, and the huge amount of recording paper over a long period of time is a burden to carry around. With nanacara, I just open my smartphone and touch it even with sleepy eyes, during a midnight seizure. As this is a phone application, I never forget to carry it with me. I appreciate the fact that I can save only the seizure videos with this app, as it used to be hard to watch the seizure videos mixed in with other fun photos. My son has been treated at three epilepsy-related medical facilities: by a neurologist, neurosurgeon, and home health-care provider, and it is helpful to be able to share the records with each doctor using the app.

— nanacara user

Pharma Cloud Inc.

[Establishment] December 2016
[Capital] 100,000,000 yen
[Employees] 15
[Impact Reporting History] 4 years
[Representative Director] Go Shimizu

Business Overview

Pharma Cloud aims to reduce the burden on community pharmacies and pharmaceutical wholesalers by improving the efficiency of pharmaceutical distribution using IT, and to build a sustainable and stable pharmaceutical distribution network in Japan.
Based on issues raised by community pharmacies and pharmaceutical wholesalers, we have developed MedShare, an inventory sharing service, and MedOrder, an AI-based pharmaceutical ordering system. MedShare supports inter-pharmacy sale and purchase of medicines that are no longer in demand at a pharmacy and have become candidates for non-stock inventory, helping to reduce the disposal of expired drugs and the associated economic losses. MedOrder is linked to a receipt computer to automate the management of incoming and outgoing stock, and its AI learns prescription data to make more accurate order-timing suggestions, which not only shortens the ordering process, but also reduces the number of deliveries, thereby lowering costs. The installation of such a system is expected to reduce the administrative workload of pharmacists, allowing them to spend more time on patient care tasks, and reduce the number of urgent deliveries and frequent orders. The company plans to continue to explore issues based on feedback from the field and develop new services in the future.

Social issue: Preventing the Collapse of Pharmaceutical Distribution

Urgent and frequent deliveries are burdensome

In the pharmacy industry, urgent deliveries of inadequate drugs and frequent deliveries of drugs multiple times a day are common, and these inefficiencies put pressure on the labor of both community pharmacies and pharmaceutical wholesalers, leading to exhaustion. A 2018 survey by the Ministry of Health, Labour and Welfare (MHLW) found that 24.1% of total deliveries were urgent deliveries*1, indicating that urgent deliveries have become routine.
MHLW has also taken measures such as issuing distribution improvement guidelines*2, which are somewhat effective; according to a survey conducted in March 2020, 46.2% of wholesalers felt that urgent deliveries had increased compared to before the guidelines were applied, and 97.5% said that improving urgent deliveries was important. In addition, 98.1% of wholesalers answered that optimizing delivery frequency to improve the distribution of medicines is important*3, indicating that urgent and frequent delivery are particularly pressing issues for wholesalers in the pharmaceutical distribution industry.
In a 2021 survey by Nippon Pharmacy Association, 56.5% of community pharmacies responded that they "rarely" make urgent deliveries per day, more than half, but 27.3% responded once and 16.2% responded twice or more*4, indicating that urgent deliveries more than once per day are not unusual. However, the most common reason for urgent delivery was new prescriptions (90.7%), followed by unexpectedly large prescriptions (62.2%); 79% of the drugs requested for urgent delivery had not been used for three months and had not been adopted*4. This is difficult to avoid through the efforts of community pharmacies and wholesalers alone, and requires industry-wide information sharing and awareness building involving medical institutions.

Urgent delivery increases even after the introduction of distribution improvement guidelines
46.2 *3 %
(Wholesale, n=39)

Improvement of urgent delivery is important
97.5 *3 %
(Wholesale, n=39)

Responding to a variety of prescriptions

In the community-based comprehensive care system promoted by the government, community pharmacists are required to engage with patients more deeply, in a more integrated manner, and continuously as "family pharmacists," but operational efficiency for attentive patient care services should be improved. As a family pharmacy, it is necessary to respond to a variety of prescriptions from an unspecified number of medical institutions, which increases the risk of immobilization of the inventory it holds to accommodate a variety of drugs, making inventory management even more important.

At least once a day Urgent delivery request
43.5 *4 %
Community pharmacy, n=4,348

*1 Ministry of Health, Labour and Welfare, "Sample Survey Results on the Actual Condition of Emergency Delivery," material from "Roundtable Conference on Improvement of Distribution of Ethical Drugs (29th Meeting)" (June 2019. (Survey period: July 1-31, 2018, surveyed 16 wholesalers) *2 Ministry of Health, Labour and Welfare, "Guidelines to be Followed by Distribution Personnel to Improve Distribution of Prescription Drugs (Distribution Improvement Guidelines)" *3 Toshihiko Miura (Professor, Faculty of Commerce, Chuo University), Katsuhide Edo (Professor, Graduate School of Business Administration, Prefectural Hiroshima University), Kazuo Ishikawa (Professor, Faculty of Commerce, Senshu University). FY2019 Subsidy for Research Project to Promote Health and Labour Administration (MHLW Science Special Research Project), "Survey Research on Actual Conditions of Drug Development and Distribution Environments in Relation to Fundamental Reform of the NHI Drug Price System" (March 2020. Survey period: February 26 to March 11, 2020; number of valid responses from wholesalers:39) *4 Nippon Pharmacy Association, "Survey on Community Pharmacist Services and Drug Distribution" (March 2021. Survey period: January 20 to February 15, 2021; number of valid responses:4348 member pharmacists managing pharmacies)

Value provided by the business

Value provided to customers (Pharmacies)

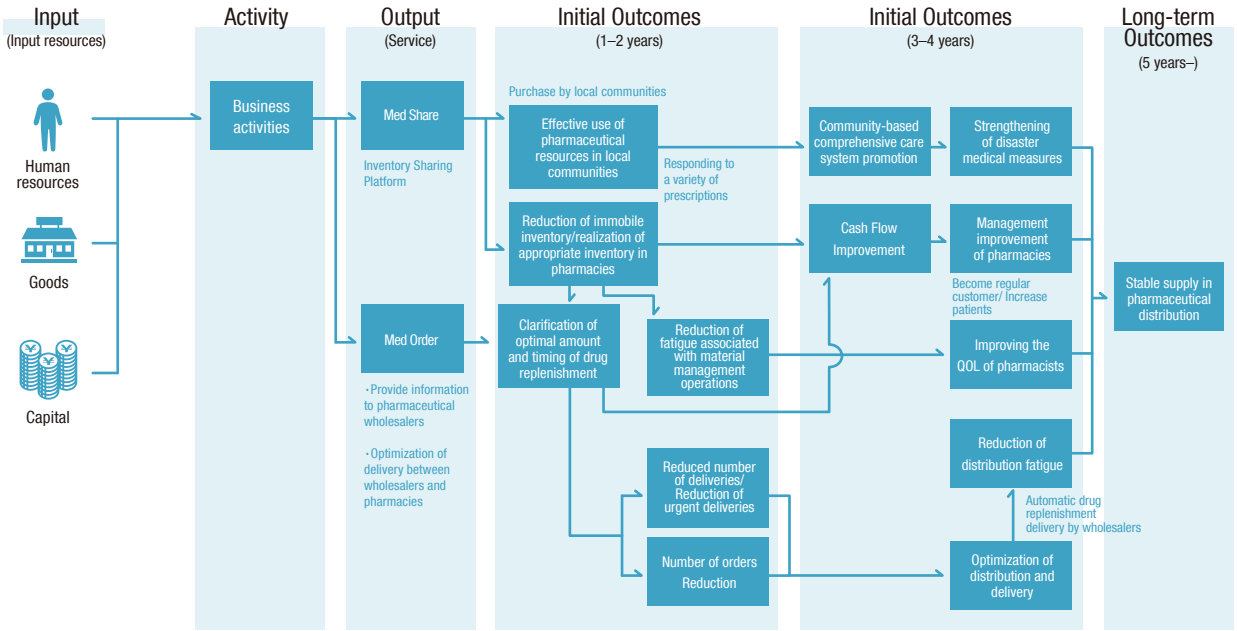
Sharing an immobile inventory with other pharmacies can reduce the economic losses associated with pharmaceutical disposal, and more time can be spent on patient care services by reducing administrative work time through automated ordering and other systems.

Value provided to partners (Pharmaceutical wholesalers)

Optimization of orders from community pharmacies reduces the burden of urgent and frequent deliveries.

Value provided to the local community

Reducing the burden on pharmacies and pharmaceutical wholesalers promotes comprehensive community care, and helps realize a sustainable and stable drug distribution network, ensuring that necessary drugs can be delivered without shortages or delays, even in times of disaster.

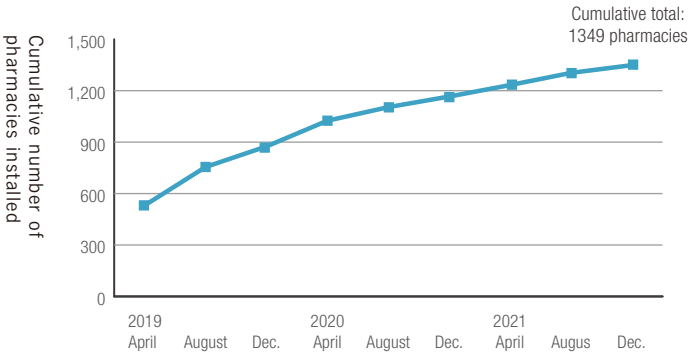


Activity Highlights for FY2021

During the COVID-19 pandemic from 2020–21, many applications were made by referral among pharmacies.

Installed

Over **1,300** pharmacies



VOICE

The effects of MedOrder were beyond our imagination. After one month of installation, the medicine stock began to decrease visibly, and six months later, inventory counts showed a 40% reduction in value. As the inventory status of group pharmacies can be shared, more cases of loss of medicines due to immobility were avoided. By delegating inventory management and ordering tasks, which used to take up a large amount of time, to the system, the time can be used to perform patient care tasks such as home care services and patient counselling, thereby improving the quality of services. MedOrder is an excellent tool for management and operational efficiency, and we look forward to its new features

— Nobuyuki Sakurai, Honmachi Pharmacy Inc.

Rehab for JAPAN Inc.

[Establishment] June 2016
[Employees] 40
[Capital] 618,000,000 (including capital reserve)
[Impact Reporting History] 4 years

President and Representative Director
Ryo Okubo

Business Overview

Beyond Business Efficiency

Rehab for JAPAN is a startup company with the vision of "bringing dreams and inspiration to everyone involved in nursing care" and aims to realize "evidence-based scientific nursing care" by collecting real data from nursing care facilities for a world where more older adults can live healthily and happily for longer-term (extension of healthy life expectancy).

"Rehaplan," rehabilitation support software for nursing care facilities

Rehaplan is “rehabilitation support software for day care services” that enables anyone to perform functional training operations easily, safely, and effectively. that enables anyone to perform functional training operations easily, safely, and effectively. It automatically proposes optimal plans and training from 2,200 types of goals and exercise programs based on the latest database of older adults. It has all the functions necessary for rehabilitation operations, reduces the paperwork burden on staff, and helps nursing care facilities differentiate themselves and increase revenue.

Social issue: Shortening the gap between healthy life expectancy and average life expectancy

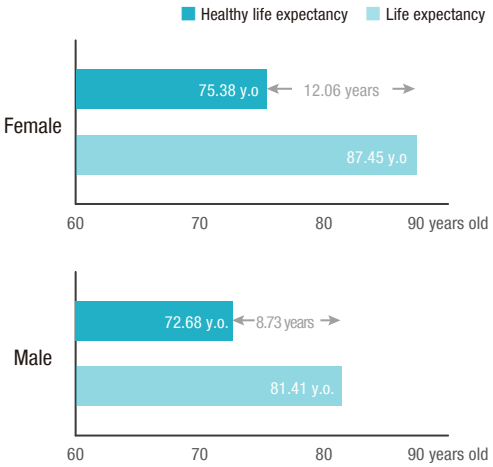
Accumulating data and providing scientific care

The gap between average life expectancy and healthy life expectancy (the period during which people have no limitations in daily living) is a major challenge facing Japan, one of the countries with the longest life expectancies in the world. The average life expectancy in 2019 is 81.41 years for men and 87.45 years for women, while the healthy life expectancy is 72.68 years for men (difference is 8.73 years) and 75.38 years for women (difference is 12.06 years) *1, a large gap. In FY2018, the cost of long-term care in Japan was 10.4 trillion yen*2, 1.9% of GDP, an increase of 2.89 times since 2000, when the long-term care insurance system began*3. As the cost of long-term care increases as unhealthy life expectancy (the period of limited daily living for those requiring long-term care 2 or more) increases, preventing those who require long-term care from becoming more severe is essential from the perspective of the well-being of older adults and their families, as well as the sustainability of the long-term care insurance system.

In 2013, the Ministry of Health, Labour, and Welfare (MHLW) set a goal to extend healthy life expectancy in “Healthy Japan 21 (the 2nd),” and has been developing various measures. There is a shift in nursing care reimbursement from the traditional emphasis on the number of services provided to outcome evaluation (such as improvement in the condition of older adults). Scientific care based on data is necessary to efficiently produce outcomes; however, there is still a lack of systematic data, and the environment is far from ready.

Rehab for JAPAN focuses on a large number of people certified as requiring long-term care (support) and on those who are easily approachable for rehabilitation (37.5% of the total) *4; it supports the provision of rehabilitation at day services, thereby contributing to the prevention of the progression of severe conditions. Simultaneously, we are building a data platform after normalizing information related to older adults, rehabilitation, and preparing it for analysis. We also promote this idea so that the revenue structure of long-term care shifts to a value-oriented one that sparks an independent and voluntary long-term care and prevention movement, incorporating incentives for quality of life and satisfaction of older adults, incentives for individual prevention and quality improvement on the part of care providers (labor productivity, facility utilization rates, and uninsured services).

2019 Difference between life expectancy and healthy life expectancy



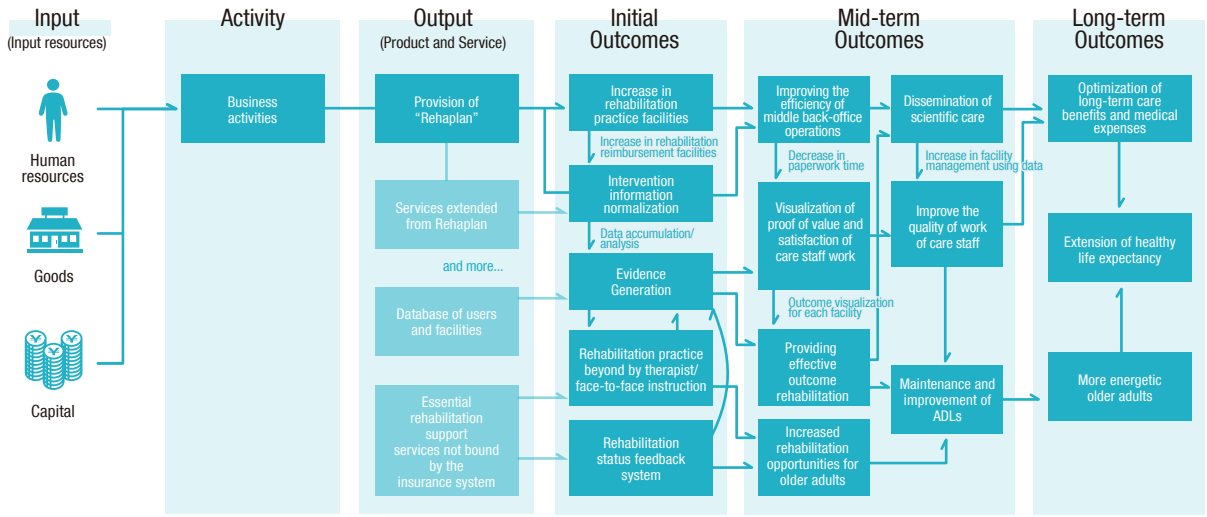
Ministry of Health, Labour and Welfare, “16th Expert Committee for the Promotion of Healthy Japan 21 (the 2nd), ‘Healthy life expectancy in 2019” (December 2021)

Proposal by Rehab for JAPAN
Pay for VALUE

$$\text{Value} = \frac{\text{Outcomes + Care Beneficiary Perspective + Perspectives of care providers (including facilities)}}{\text{Cost}}$$

*1 Ministry of Health, Labour and Welfare “The 16th Expert Committee on the Promotion of Healthy Japan 21 (the 2nd) “Healthy life expectancy in 2019” (December, 2021) *2 Long-term care insurance benefit costs plus co-payments. Calculated based on Reference Material 2 of the Long-Term Care Insurance Subcommittee of the Social Security Council (89th meeting), Ministry of Health, Labour and Welfare, “Report on the Status of Long-Term Care Insurance Business,” and “National Accounts” of the Cabinet Office. *3 Calculated based on *2. *4 Ministry of Health, Labour and Welfare, “FY 2019 Long-Term Care Insurance Business Status Report (Annual Report)

Value provided by the business



Activity Highlights for FY2021

1.Number of installed facilities exceeded 1,000

The cumulative number of user sites of Rehapan increased by 170% year-on-year to 1,143 (as of March 31, 2022).

2.User data exceeds 100,000 users

The cumulative older adult population data in the Rehaplan database exceeded 100,000. The accumulated data entered by each facility and hold over 300,000 plan sheets of data (as of March 31, 2022). This is converted into data that can be analyzed.

3.More than 88% user facilities said it saved time

According to the results of a survey of Rehaplan users, more than 88% reported a reduction in the time required to prepare plans compared to before the use of Rehaplan. The average time to prepare a plan was reduced from 33 min to 14 min, a 58% reduction. The NPS score (a measure of customer trust and loyalty) received a high overall score of 10.38 points. (24.5% of detractors and 34.9% of promoters)

4.Started to build a data platform

As a platform for analyzing care and rehabilitation data of persons requiring nursing care, we are building a data warehouse that normalizes and stores International Classification of Functioning, Disability and Health (ICF), International Classification of Health Interventions (ICHI), and rehabilitation information of persons aged 75 and above requiring nursing care.

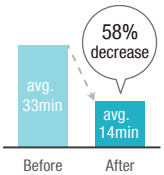
Cumulative user facilities

1,143 facilities

＊As of March 31, 2022

Time to prepare individual functional training plans

＊Marrch 18-29, 2022
n= 106

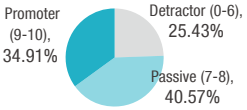


NPS Score

(% of detractors - % of promoters)

10.4 points

＊As of March 31, 2022



VOICE

The installation of the Rehaplan has greatly reduced the time required for preparing plans and other paperwork. The evidence for the plans is clear, and we can make proposals for functional training suited to each customer, which has been appreciated. Furthermore, there is no duplication of input regarding the addition to the scientific care promotion system reimbursement, which is very efficient. The biggest advantage is the support of Rehaplan. We can always get answers to our questions with rationales; this is also used by the head office. We use the time gained to share knowledge internally to improve our services.

— Miyo Kuji Director of Compliance Department, Care Division, Solasto Corporation

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