

Research Center for Medical Sciences

Division of Clinical Epidemiology

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General Summary

Division of Clinical Epidemiology is promoting the activity of clinical research, clinical epidemiology and education concerning them. Our specific aim is to support clinicians to solve their own problems in daily practice by epidemiological/clinical research skills.

The research themes of our division are medical communication, quality assessment of medical care, behavioral medicine, outcome research, qualitative research as well as disease-oriented epidemiological research. In particular, we aim to produce evidence in the field of primary-care due to the lack of evidence although primary-care is a front-line of practice.

As a contribution to the undergraduate education, our division holds classes of “Evidence-based clinical practice (EBCP)” to make medical students a skillful doctor being able to employ evidence-based approach.

Our postgraduate education concentrates on the methodology of clinical/epidemiological research and biostatistics. “The educational program for primary-care on clinical research methodology”, which was started in 2007 by financial support of the Ministry of Education, Culture, Sports, Science and Technology in Japan was renewed as “Jikei Clinical Research Program for Primary-care” in 2009. Furthermore, as a subprogram of the project, “New Paradigms-Establishing Centers for Fostering Medical Researchers of the Future” supported financially by the Ministry of Education, Culture, Sports, Science and Technology in Japan, “Community Health and Primary Care Medicine” in the doctoral course was launched in 2014. The main aim of these programs is to make a primary-care physician a clinician-researcher.

Research Activities

EMPOWER-JAPAN study: Elderly Mortality Patients Observed Within the Existing Residence

Little is known concerning the prognosis of patients receiving home medical care in Japan. EMPOWER-JAPAN study was started as a multi-centered prospective cohort study to mainly describe in-home mortality and clarify its predictors. The cohort consisted of patients who have been newly introduced to home medical care at more than 10 teaching-clinics in Tokyo, Kanagawa, and Saitama. The follow-up period was until January 31st, 2017. This study was financially supported by Japan Society for the Promotion of Science.

Comparison of diabetes care between specialists and general practitioners by the chronic care model

The chronic care model was developed during 1990's in the United States to improve the

care of chronic illness by refining care-provider system, especially in a primary-care setting. The aim of the study was to compare the quality of diabetes care between specialists in diabetes and primary-care physicians as non-specialists by using the official Japanese version of the assessment form “Assessment of Chronic Illness Care”.

Cohort study of patient's complexity

As the size of the aged population increases, the patients' complexity on biomedical and psychosocial issues is thought to also increase. The aim of the study was to examine the effect of patients' complexity on length of stay in hospital by employing the “Patient Centred Assessment Method”.

Development of Japanese version of Patient Centred Assessment Method

We are developing the Japanese version of “Patient Centred Assessment Method” that evaluates the patient complexity. The process of translation, back-translation and verification by original authors has been done. As the next step, we plan to do pre-test (cognitive debriefing).

Ecology of medical care on an isolated island

The retrospective open cohort study in Iheya, an isolated island in Okinawa Prefecture was performed to describe the ecology of medical care. Due to the free-access medical system in Japan people can have access to advanced-care-medical facility without a referral letter by primary care physician. Thus, it is quite difficult to evaluate the gate keeping function by primary care clinic in Japan. To accomplish it, the frequencies of visits to the clinic in the island and referrals to medical facilities outside the island were calculated, and the comparison between the previous nationwide survey and our study was made.

Publications

Watanabe T, Matsushima M, Nagata T, Tomi-naga T, Yokoyama H (Jiyugaoka Medical Clinic), Fujinuma Y (Center for Family Medicine Development, Japanese Health and Welfare Co-operative Federation). Evaluation of the Diabetes Chronic-care System in Japanese Clinics. *Jikeikai Med J.* 2016; **63**: 63-70.

Dobashi A, Goda K, Yoshimura N, Ohya TR, Kato M, Sumiyama K, Matsushima M, Hirooka S, Ikegami M, Tajiri H. Simplified criteria for diagnosing superficial esophageal squamous neoplasms using Narrow Band Imaging magnifying endoscopy. *World J Gastroenterol.* 2016 Nov 7;

22: 9196-204.

Kaneko M, Matsushima M, Irving G (University of Cambridge). The ecology of medical care on an isolated island in Okinawa, Japan: a retrospective open cohort study. *BMC Health Serv Res.* 2017 Jan 14; **17**: 37.

Wakabayashi H (Yokohama City University Medical Center), Matsushima M, Ichikawa H, Murayama S, Yoshida S, Kaneko M, Mutai R. Occlusal support, dysphagia, malnutrition, and activities of daily living in aged individuals needing long-term care: A path analysis. *J Nutr Health Aging.* Epub 2017 Mar 1.