

J-DOME

- JMA's Registry for primary care physicians -

Japan Medical Association
Japan Medical Association Research Institute
(JMARI)

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1. Why J-DOME

J-DOME: Japan medical association Database Of clinical Medicine

Healthcare Environment in Japan

- Urgent need to prevent lifestyle-related diseases including diabetes and hypertension.
- Role of primary care getting more important
 - 65% of diabetes patients go to clinics (, not hospitals)

But . . .

- Primary care clinical information is insufficient※



So . . .

JMA started primary care registry

- to understand Japanese PCP's diabetes and hypertension practice with real data
- to give feedback to the participants
- to provide a tool for reviewing own practice



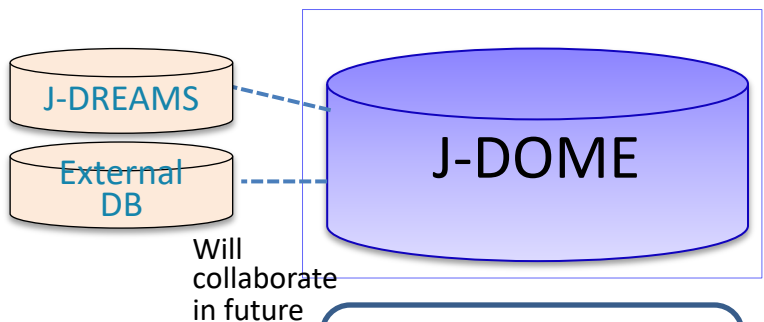
Strengthen PCPs' practice for
diabetic and hypertension patients



J-DOME Overview



Data reports  Case registration 



Cohort study
Research papers

Japan Medical Association

Category	Items
Basic information	Age, gender, height, weight, outpatient history, etc.
Characteristics Check <input checked="" type="checkbox"/>	Date of diagnosis, family history, smoking history, alcohol drinking frequency, lifestyle guidance, etc.
Other departments visits & complication from diabetes Check <input checked="" type="checkbox"/>	Regular dental/ophthalmic visits, retinopathy, nephropathy, neuropathy, foot lesions
Concurrent disease Check <input checked="" type="checkbox"/>	Dementia, stroke, cancer, coronary artery disease
Lab data	BP, blood sugar level, HbA1c, HDL, triglyceride, ALT, serum creatine, urine protein, etc.
Prescription drugs Check <input checked="" type="checkbox"/>	Diabetes drugs (DPP-4 inhibitors, biguanides, etc.), antihypertensive drugs, dyslipidemia drugs
Others Check <input checked="" type="checkbox"/>	Nursing care level, incidence of hypoglycemia, etc.

Participants and Case Registration

Participating institutions and physicians

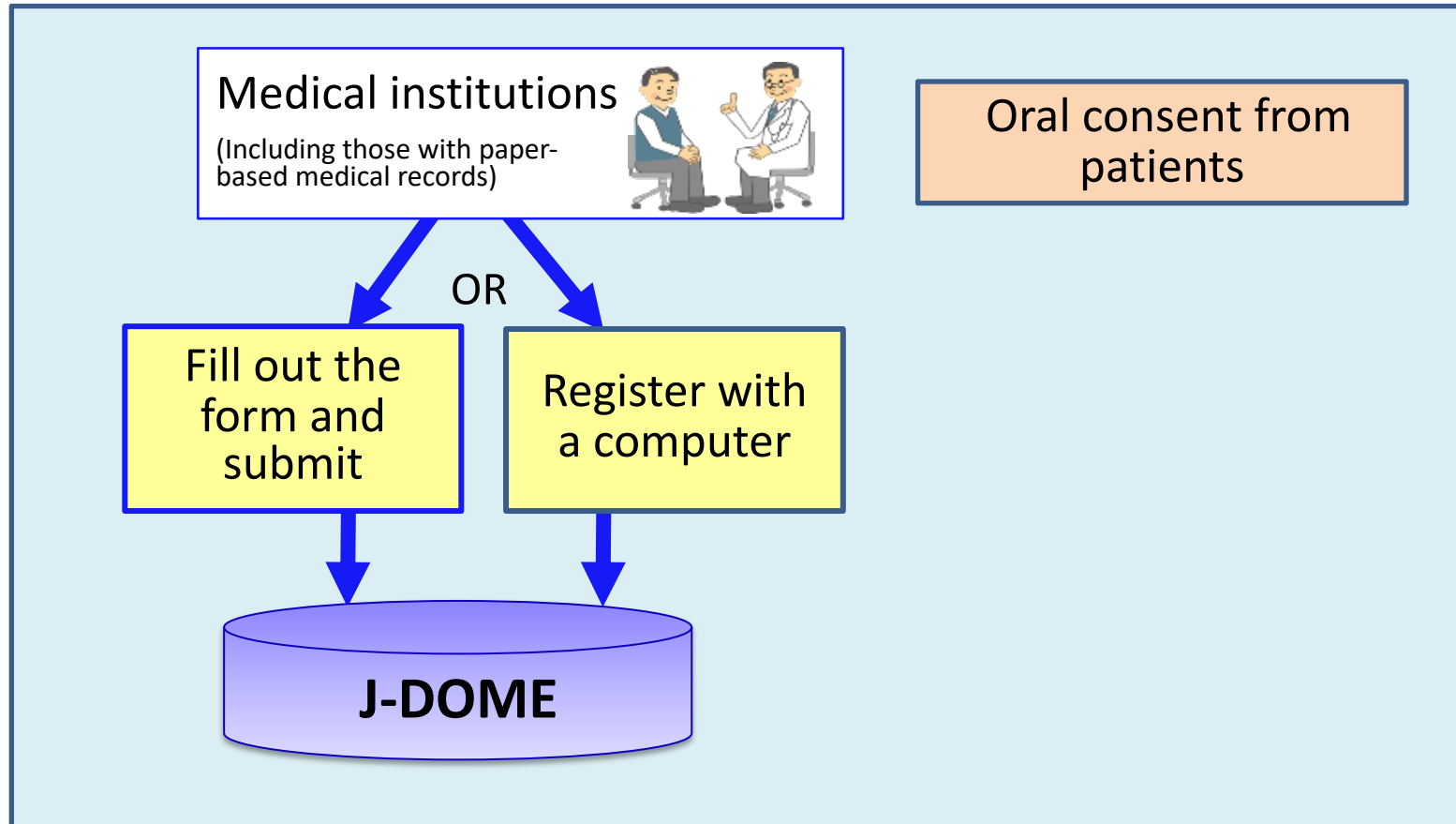
Specialists	General Practitioners
Clinics	Clinics
Small/medium hospitals	Small/medium hospitals
Large hospitals	Large hospitals

Registration methods

- Target: type 2 diabetes and hypertension patients
- Up to 50 patients, possibly 100
- On specific days, or during a specific period

*diabetes specialists are those who are accredited by the Japan Diabetes Society. Hypertension specialists are those who are accredited by the Japanese Society of Hypertension.

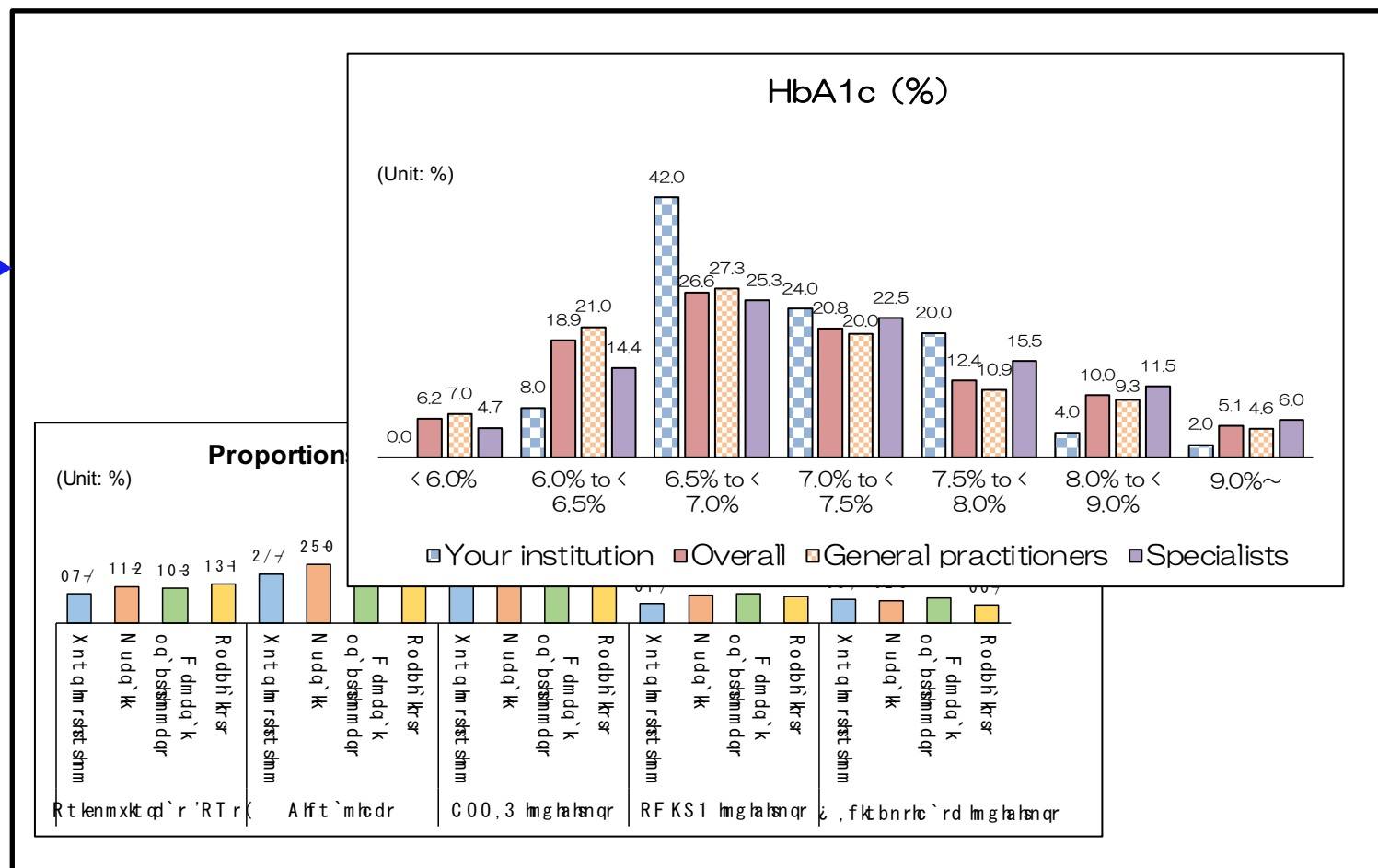
Case registration methods



J-DOME 1st Report

(published Aug. 2018) (Diabetes cases only)

- Case analyses for each medical institution
- Can compare own practice with other GPs and specialists



日本医師会 かかりつけ医 糖尿病データベース研究事業
J-DOME
Japan medical association Diabetes database Of clinical Medicine

第1回
J-DOME レポート

2018年7月

日本医師会総合政策研究機構

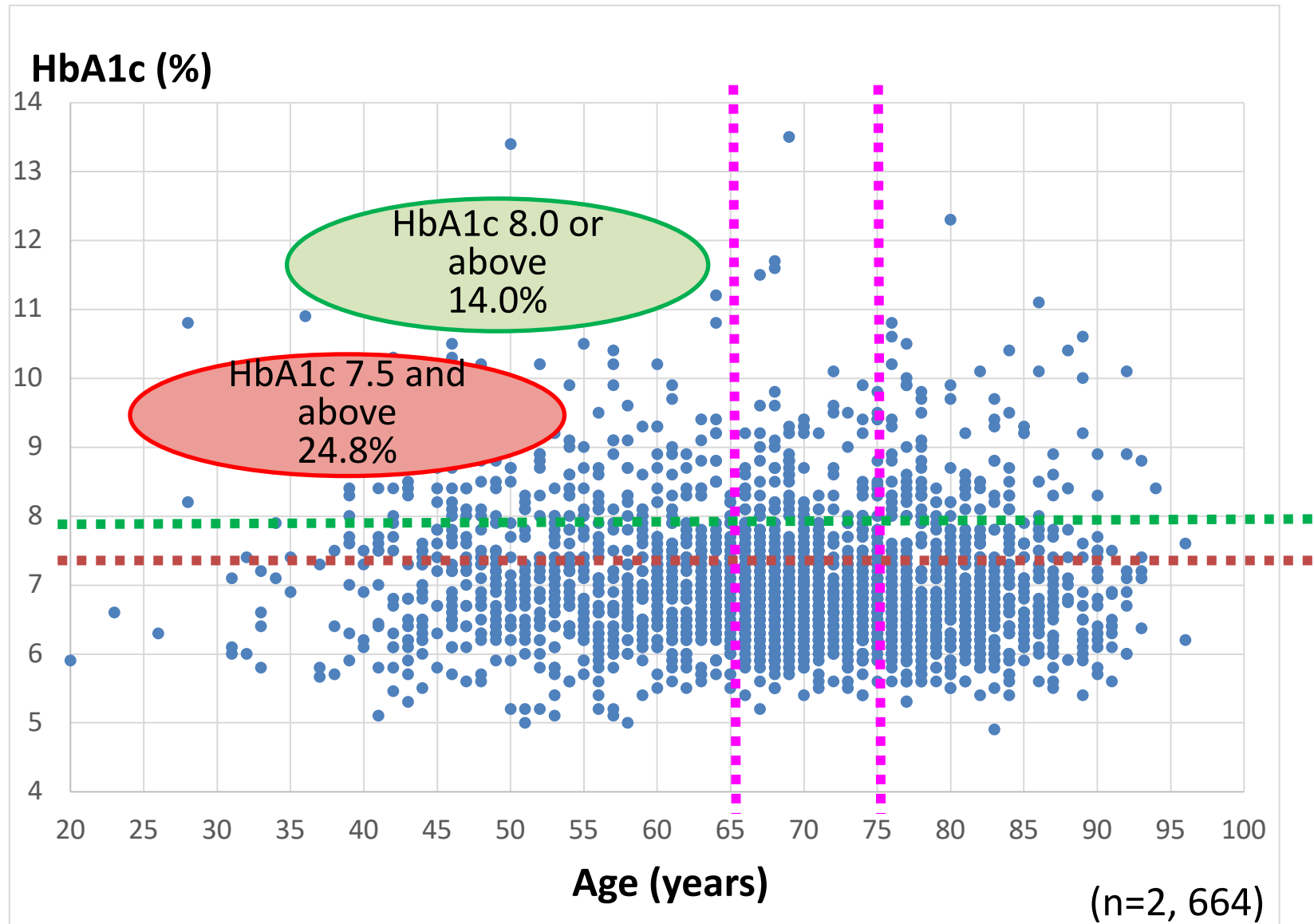
2. Cases of participating PCPs (diabetes)

Baseline (general practitioners(GP) and specialists)

- Average age of 68.7 for GP and 65.8 for specialists
- HbA1c is 7.04 for GP and 7.22 for specialists

	Overall (n=4,028)		General practitioners' cases (n=2,664)		Specialists' cases (n=1,364)		
	Mean	SD	Mean	SD	Mean	SD	
Age	67.7	11.89	68.7	11.77	65.8	11.91	P<0.01
Body weight	65.3	14.30	64.9	13.97	65.9	14.90	
BMI	25.1	4.37	25.1	4.28	25.0	4.53	
Systolic BP	130.3	15.15	131.0	14.87	128.7	15.58	P<0.01
Diastolic BP	73.1	11.16	73.3	10.51	72.7	12.34	
HbA1c (NGSP score)	7.10	0.98	7.04	0.97	7.22	1.00	
Serum creatinine	0.8	0.46	0.8	0.41	0.9	0.54	
eGFR	70.5	21.75	70.3	22.37	70.8	20.58	
Blood sugar (fasting)	130.1	35.11	130.2	33.85	129.7	39.26	
Blood sugar (at any time)	157.6	54.59	157.5	54.95	157.6	54.07	
HDL cholesterol	56.5	16.08	56.5	16.22	56.6	15.83	
LDL cholesterol	106.7	28.92	107.4	28.96	105.5	28.83	

High HbA1c patients among GPs' cases



* One of the criteria for referring a case to a diabetes specialist is “(1) when the blood sugar control target of a patient could not be met for over 3 months.” Source: *Essence of Diabetes Treatment* (Japan Anti-Diabetes Promotion Council), and *Referral Criteria From a Kakaritsuke Physician to a Diabetes Specialist or Specialized Institution* (Japan Diabetes Society). Different standards are also set for blood sugar control for diabetes of the elderly.

Diabetic Nephropathy Stages

Nephropathy stages	General Practitioners' cases	Specialists' cases
Stage 1	61.5%	66.1%
Stage 2	31.2%	27.7%
Stage 3	5.4%	4.4%
Stages 4 & 5	1.8%	1.7%

	n=1,035	n=697
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[Based on eGFR × (urinary albumin/creatinine ratio)]

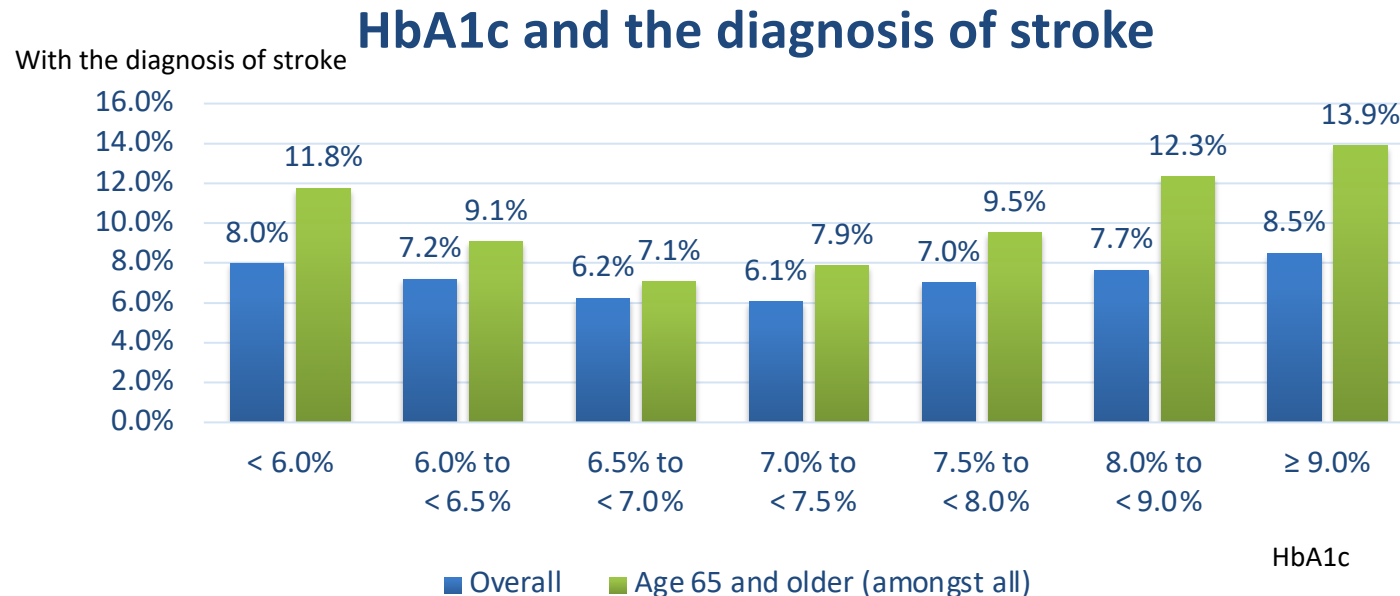
- 20.7% of the GPs' cases are subject to referral※
 - Low testing of urinary albumin/creatinine ratio
- ➔ Only 40.1% GPs' cases and 52.9% specialists' cases

* Referral criteria of Japan Society of Nephrology

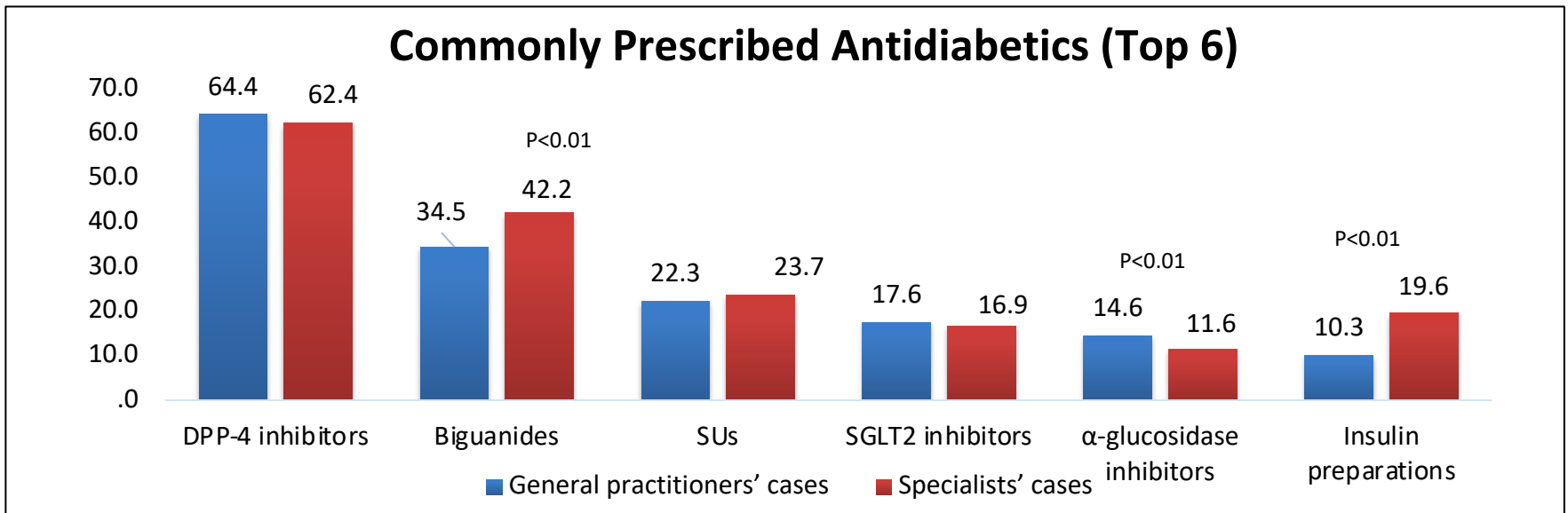
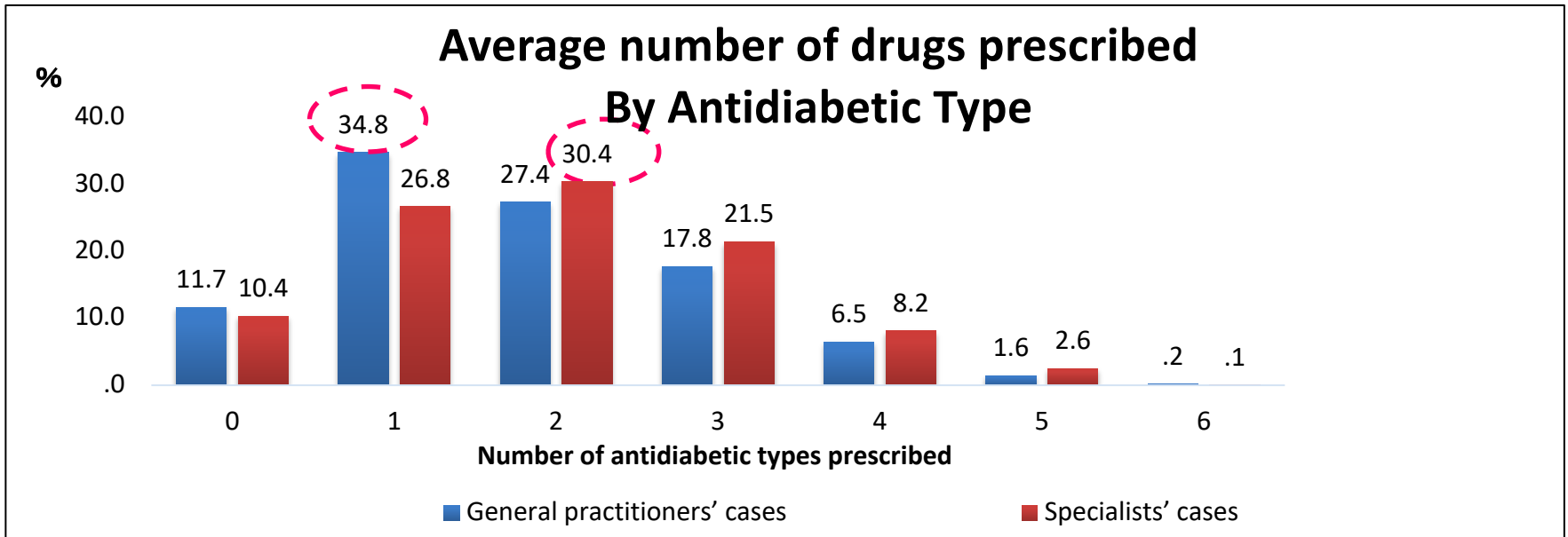
Family history, Complications and Comorbidity

	Family history of diabetes			Diabetic retinopathy			Neuropathy			Periodontal disease			Dementia (Age 75 and older)		
	Present	Absent	n/a	Present	Absent	n/a	Present	Absent	n/a	Present	Absent	n/a	Present	Absent	n/a
General practitioners' cases	39.2%	38.7%	22.1%	8.6%	58.8%	32.5%	10.1%	80.3%	9.6%	12.6%	41.6%	45.8%	10.4%	83.3%	6.3%
Specialists' cases	47.6%	41.7%	10.7%	19.4%	62.4%	18.2%	17.6%	74.0%	8.4%	16.8%	34.0%	49.2%	10.2%	88.3%	1.5%

Relationship between HbA1c and the diagnosis of stroke



Prescription



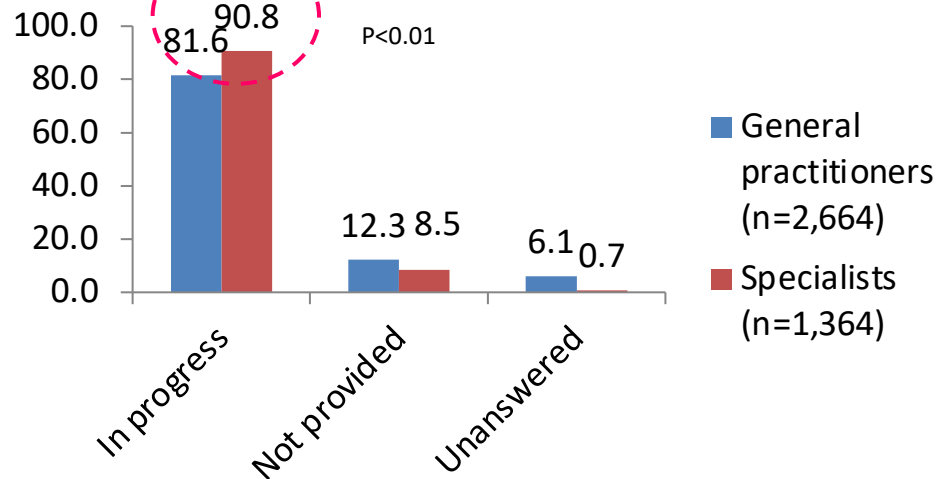
* A combination drug is registered under each ingredient

Diet and exercise therapy

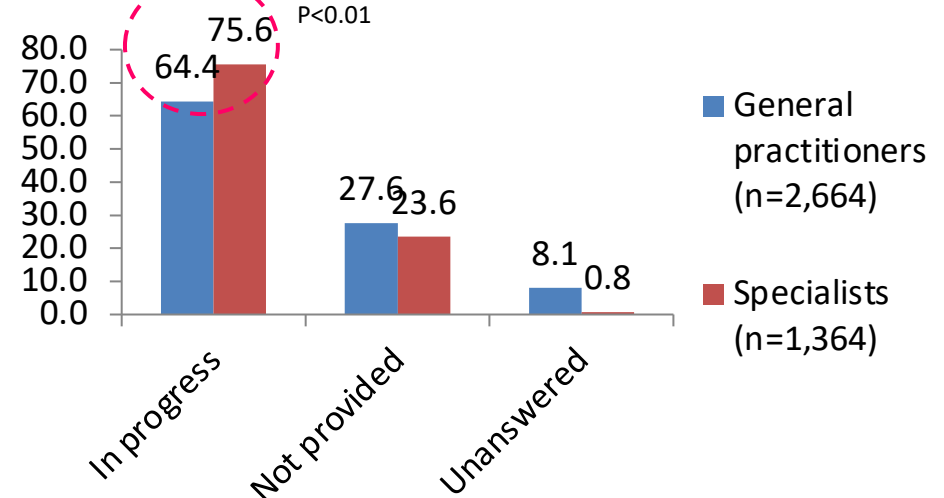
- Diet therapy instructions are well provided
- GPs' cases : 64% patients receive exercise therapy



Diet therapy

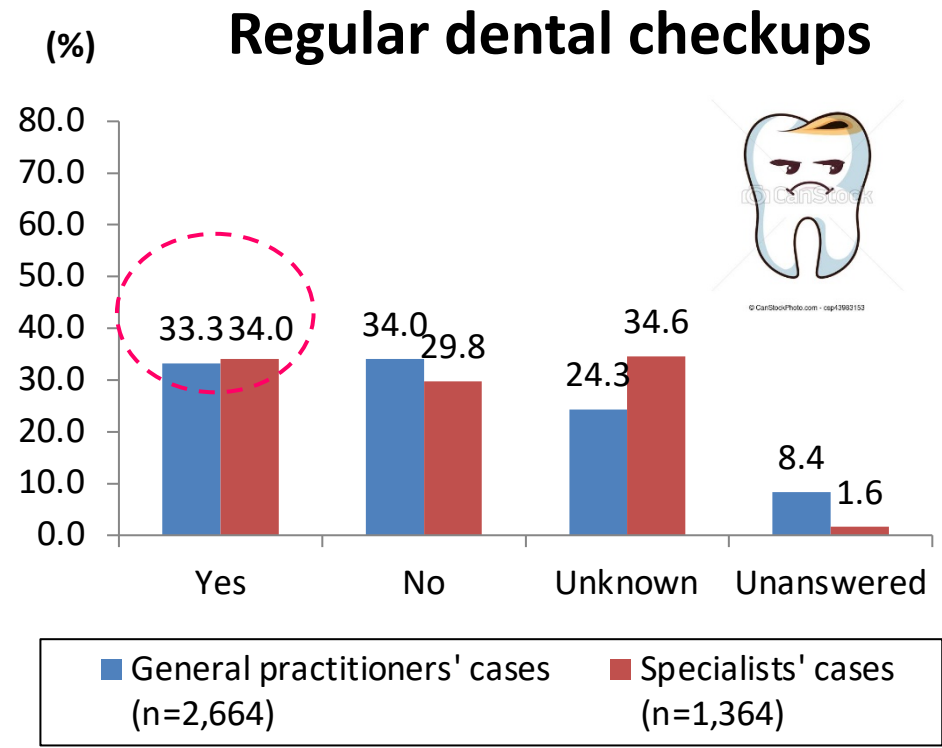
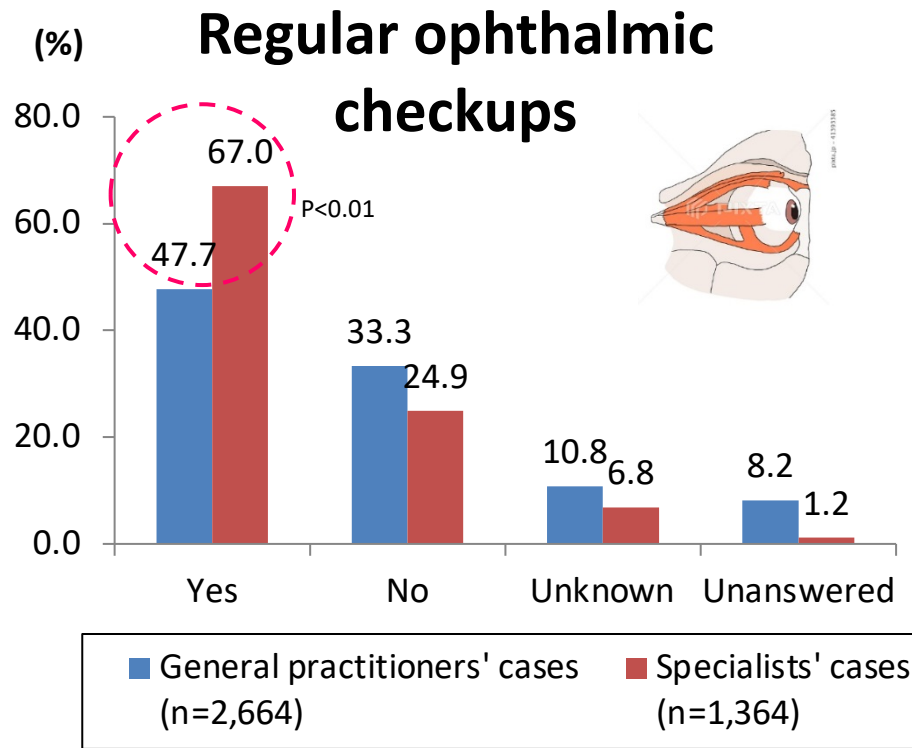


Exercise therapy



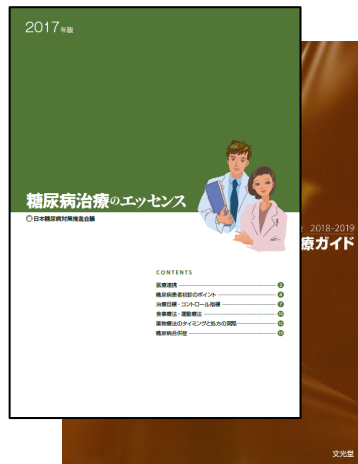
Collaboration with ophthalmologists and dentists

- Regular ophthalmic checkups - 47.7% of GPs' cases
- Regular dental checkups - 33.3% of GPs' & 34.0% of specialists'



Result

- General practitioners see many advanced diabetes
- Need to share more clinical information with PCPs



Diabetes Clinical Guidelines for PCPs



Hypertension Clinical Guideline

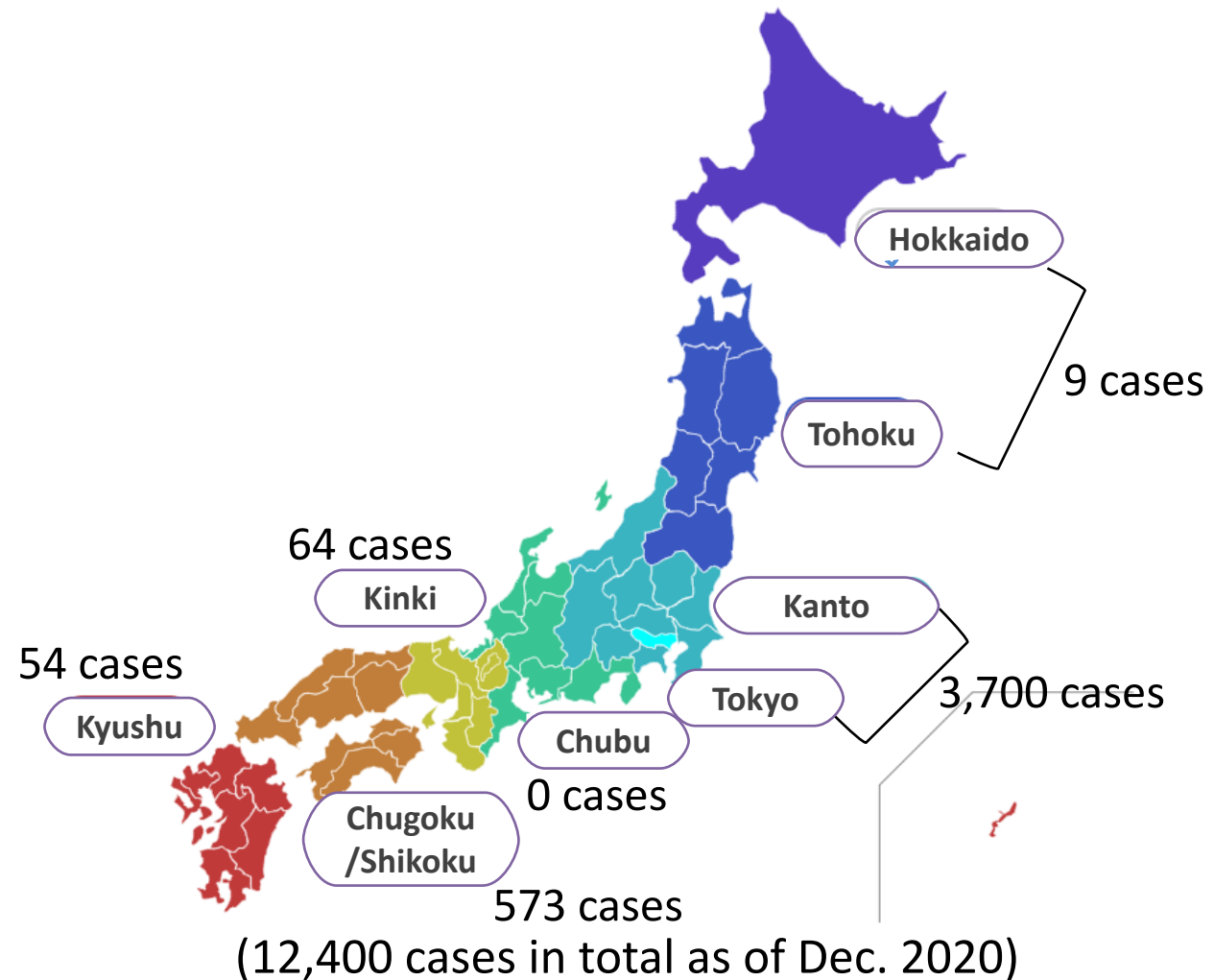
- Collaboration with specialists, ophthalmologists and dentists should be more promoted

3. From Now

- 1) Registry Expansion
- 2) Collaborate with related organization and local governments
- 3) Research and feedback

1) Registry Expansion

- Expecting more participation and case registration
- Started the 3rd round registration in 2020



2) Collaboration with related Organization and Local Government

- Collaboration with the Japanese Society of Hypertension (2020)
- Collaboration Agreement for the Promotion of Diabetes Care by PCPs and Prevention with Saitama Prefecture (2018)

3) Research and Feedback

- Case research using year-by outcome data
- Continue to provide feedback to participating PCPs to promote higher-level patient care



J-DOME Project Structure

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