



Editorial

Inaugural address by the new president of the Japan Prosthodontic Society—Promoting prosthetic dental practice as a contributor to society

1. Introduction

The health-care system of our country now faces a serious crisis. Medical costs rise along with the change of disease structures. A good example is the increase of costs for treatments of the many diseases caused by obesity. These costs also rise as social structures change, the aged population being perhaps foremost among such groups. In comparison with past medical costs for the treatment of diseases caused by the aging population, today's costs have spiraled upward at a high rate—and continue to—as this population increases.

Furthermore, because the economic base of dentistry has been hit by government health-care cost-containment measures, the provision of high-quality dental care is now in jeopardy.

Among these critical situations, the Japan Prosthodontic Society (JPS) must contribute to society in efforts to better quality of life and to enhance healthy living habits through activities directly related to health promotion and the dissemination of high-quality academic information.

2. Changes in the population structure of Japanese society

According to the demographics of Japan this year, our population of 2012 was 127.515 million people. The peak was 128.08 million in 2009, and a decline has since begun. Year-on-year, the total is down by 284,000, a decline surpassing all declines before 2009. Births totaled 1.047 million, which is the lowest annual total ever recorded. As a result, elderly people over the age of 65 reached 30.793 million, topping 30 million for the first time. In other words, the total population has become a superaged society in which one person in four is considered elderly. The ratio of the elderly population over the age of 65 to the production population aged 15–64, which was 11.2:1 in 1960, has become 4:1 this year, and this is expected to be 3:1 in 2035 and 1.5:1 in 2055. In Japan, a truly superaged society with a declining population is sure to accelerate rapidly in the future.

Dependence of people on social security costs will thus be greater because of changes in population structure, and

resources to meet expanding social security costs will become much more difficult to generate. The burden of medical costs that weigh on the working population is expected to become increasingly heavy over time.

Few doubt that for the elderly to live longer in good health is the most-effective way for the nation to maintain its strong financial health as the population structure of the Japanese society undergoes these changes. Because oral health is strongly believed to play a strong role in the health and longevity of the elderly, JPS must play an increasingly strong role in the nation's health program.

3. Entity of dental decay

When the number of people with the same kind of occupation becomes excessive, usually the principles of competition become established, such as improved services and lowered prices. However, because dental payments are determined by insurance points, the principles are hard to function. If the earnings of a dental clinic worsen, it may strive to reduce costs and increase profits through inconsistent safety management of hygiene, excessive business practices, excessive insurance claims, or a suppression of staff personnel expenses, which will lead to a decline in the quality of dental care.

The stagnation of dental health-care costs is also serious. These costs have not changed for almost 30 years, but the growth of national medical expenses is soaring. As a result, the proportion of dental health-care costs as a percentage of national health-care costs has continued to fall, to 7.0% in 2010 (up to 2 trillion and 6020 billion yen), from 13.0% in 1955. To add insult to injury, because of the prolonged recession of dental visits by number of patients have reduced, and insurance points per person have also decreased. An excessive number of dentists, stagnation of dental care expenses, and a decrease in the number of patients have led to a significant decrease in the revenues of dental clinics. The income gap between doctor and dentist has now become crucial.

As a result, a decline in quality of dental school students and a decrease of prospective students for dental universities and

schools of dentistry have occurred. The admissions magnification of national university schools of dentistry has fallen up to substantially three times, and real-capacity cracking has occurred in several private dental universities.

4. Current assessment of the most recent dental field

The collapse of dental care can be serious, but signs are emerging that because of the Abe Cabinet, which was born by governmental regime change, the situation is becoming better little by little. Judging from such information as the slowdown in increase of number of dentists, a slight increase in the number of examinees for dental schools, an increase of the revised rate of insurance benefits, and an improving trend of trade balance of dental equipment in the past few years, it seems that a downturn in the dental field has already bottomed out.

The current Abe administration is able to run new policies one after another with the goal of highest priority being reconstruction of the economy to power after winning, so-called Abenomics. It consists of three arrows, namely, (1) bold monetary policy, (2) flexible fiscal policy, (3) growth strategy that evokes private investments. For growth strategy, the third arrow, a strengthening of the competitiveness of the health and medical industries is positioned at its core, and aggressive measures have already been hammered out.

One of them is the “medical export.” More than 20 medical device manufacturers and over 50 medical institutions have started to work together. They have established an incorporated association, New Medical Excellence Japan, to support the sales of medical equipment to overseas buyers and to perform the acceptance of international medical students. Moreover, the government plans to establish a Japan version of NIH (National Institute of Health) to centralize the medical budget of government and to develop new treatments of disease, new drugs, and new kinds of medical equipment.

The second is the practical application of regenerative medicine. A budget of 1100 billion yen is supposed to be submitted over the next 10 years in iPS research and to promote commercialization and industrialization of regenerative medicine. Furthermore, it is becoming established as a system to accelerate pharmaceutical and medical device approvals and to be able to rank the practical application of regenerative medicines throughout the world.

Realization of a “health and longevity society” is also listed in one of the growth strategies of Abenomics. JPS must contribute to the society’s realization by revealing valid prosthodontic measures that will narrow the gap between healthy life expectancy and life expectancy, which is currently 9.13 years for men and 12.68 years for women.

5. The roles of the Japan Prosthodontic Society

5.1. Contributions to dental practice stability

To lead sluggish dental practice in the direction of stability, the total costs of dental health care must be increased. These costs in fiscal 2010 were about 2.5 trillion yen in health-insurance

practice and about 500 billion yen in outside health-insurance practice. Dental health-care costs of about 4 trillion yen are now believed necessary to stably provide this care to the public, and dental health care costs of about 1 trillion yen is lacking. What the JPS must first address is the need to affect a tilt of the collective effort to create medical technology assessment proposals on the basis of research carried out in the area of prosthodontics and to realize the introduction of as many prosthetic dental technologies as possible to health insurance. JPS must also work to promote cooperation between the medical and dental fields. Many regions still remain in which dentistry can expand its role, such as a dental-care system in the boundary region between medicine and dentistry or dentistry in a home health-care system. Undoubtedly, prosthodontic treatment is a core dental field within the expandable region.

5.2. Contributions to the commercialization of research results and the promotion of industrialization

The commercialization of research results is one of the chief missions imposed on JPS. A need remains to be addressed by the entire JPS membership in the development and dissemination of advanced dental technologies that people want (such as implants, CAD/CAM, digital dentistry, regenerative medicine, and dental adhesive technology). If we could develop advanced prosthodontic technologies that directly relate to the health of people, JPS can contribute not only to the realization, which is one of the growth strategies of Abenomics, of the “health and longevity society”, but it can also add new technologies to health insurance against the background of public support.

Moreover, promotion of the industrialization of research results is also important. I want to strengthen partnerships between JPS and the dental industry and to promote joint technology development and joint research by all means. In doing so, I find it important to work closely with specific common goals for the development of technology between manufacturers and JPS.

5.3. Contribution to the realization of a “health and longevity society”

The role of dental prosthesis specialists as contributors to the realization of the health-longevity society is great [1]. First I want to start creating the educational content of specialist training in training facilities that until now has not been developed. Moreover, for the purpose of sharing and exchanging information about high technologies in clinical prosthetics, I plan to hold a scientific meeting specializing in the cutting edge of prosthodontics (tentative name ‘Prosthodontics 14’) that will be presented to prosthetic dental specialists and members who are aiming at its acquisition.

5.4. Accumulation and publication of clinical evidence

JPS has the very important responsibility of accumulating clinical evidence and widely publishing it as public information. A high-quality review paper is published in every issue of

the Annals of the Japan Prosthodontic Society. The *Journal of Prosthodontic Research (JPR)* is now in great shape and continues to grow [2,3], the number of submissions is increasing steadily and the rejection rate in 2012 reached about 73%. The number of downloads of the publication in 2012 reached 49,000; therefore it has established itself as a top journal in Asia. *JPR* is currently being investigated as a candidate journal to be indexed in Journal Citation Reports by Thomson Reuters Co., and I strongly believe that we will receive the Impact Factor.

Furthermore, we can be proud that JPS has already published six kinds of clinical guidelines, and of the six, three are listed on a home page of “Minds.” JPS is expected to further continue creating new clinical guidelines, and former ones that are now more than five years past their publication will be revised.

I newly established the epidemiological study committee in this term. To prove that prosthodontic treatment will contribute to health and longevity, a large-scale prospective cohort study will be carried out as the central role of the committee.

5.5. Contributions to strengthen the public insurance system

Contributions to strengthen the public insurance system are also being imposed on the JPS. Only 5 dental technologies have currently been recognized as “advanced dentistry,” and a resin-bonded fixed partial denture is the only technology so far that has been adapted to health insurance from “advanced dentistry.” I want to encourage the application of “advanced dentistry” from the hospital and university and to expand the opportunities for advanced dental technologies to be covered by health insurance.

5.6. International contributions

I will promote preparations for the acceptance of foreign students so that JPS can play a central role in Asia. More

specifically, we are planning to support Asian international students by putting in place a study-aid system. Conversely, I will also prepare the study-support system for young JPS members to study in Western countries. Short-term study in Japan from the Indian Prosthodontic Society will be continued as before.

6. Conclusion

As of July 2013, the word “dental” is not emerging at all in the growth strategy of the Abe Cabinet, as reported by the mass media. Therefore dentistry should be positioned on one of the main poles of the growth strategy through activities that all societies belonging to the Japanese Association for Dental Science may use to prove how greatly dental care serves the good health of the public and to inform the public of this. Leadership with a wide field of view must be taken so that the Japan Prosthodontic Society can play a central role in the association’s activities.

References

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