

LETTERS—CONCISE RESEARCH REPORTS

Ecology of Medical Care



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Aoki and Matsushima used the ecology of medical care model to visualize changes in health care utilization during the COVID-19 pandemic in Japan.¹ While this study showed that the pandemic has had an important impact on medical care in Japan, we have three concerns.

First, we are concerned about the generalizability of patient selection. The older adults in this study were defined as people aged 65–75 years, which includes less than half of the total older adult Japanese population.² In addition, home health care is a common modality for delivering health care in Japan; about 80% of patients who use home health care are over the age of 75.³ Therefore, it is possible that increased use of home health care during the pandemic may have been overlooked.

Second, longer intervals between outpatient visits in recent years may have contributed to a decrease in the number of such visits. The authors used data from 2013 and 2021, and the intervals between outpatient visits have become longer over this 8-year period.⁴ The decrease due to the pandemic may have been overestimated.

Third, although home health care use and complementary and alternative medicine (CAM) use were included in the text and table describing health care utilization, these were not delineated in Figures 1 and 2. Since the number of outpatient visits decreased remarkably in other categories of care delivery, we would like to know if there were changes in both home health care and CAM use.

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Declarations:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. Aoki T, Matsushima M. The ecology of medical care during the COVID-19 pandemic in Japan: a nationwide survey. *J Gen Intern Med.* 2022 7:1-7. <https://doi.org/10.1007/s11606-022-07422-7>.
2. Statistics Bureau Home Page. Result of the Population Estimates. September 1, 2021 (Final estimates), February 1, 2022 (Provisional estimates). Available at: <https://www.stat.go.jp/english/data/jinsui/2.html> Accessed March 1, 2022.
3. Ministry of Health, Labour and Welfare. Summary of patient survey. Available at: <https://www.mhlw.go.jp/toukei/saikin/hw/kanja/17/index.html> Japanese. Accessed March 1, 2022; 2017.
4. Kubo S, Noda T, Kawado M, et al. Changes in the average interval since last visit and the number of repeat outpatients in the Patient Survey of Japan. *Nihon Koshu Eisei Zasshi.* 2017;64(10):619-629. Japanese. <https://doi.org/10.11236/jph.64.10.619>.

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