

In the 2017 Local Public Enterprise Yearbook, approximately 62.7% of public hospitals that play a central role in community healthcare had a deficit on a current account basis. This is a result of including subsidies provided on the premise of carrying out policy medical care. In addition, for many public hospitals, which are local public companies, other accounts have been provided for other accounts. In 2008, the national total was 716.5 billion yen, and although there was a slight decrease to date, it was almost flat. In light of this situation, the government has been responsible for reforming public hospitals since fiscal 2008, and has formulated public hospital reform guidelines. At present, local governments, which run public hospitals, formulate and implement hospital-specific reform plans in line with these guidelines and are implementing them. The first public hospital reform was carried out from 2008 to 2013, and the "new" public hospital reform guidelines were formulated in 2015, and the second is the present. In order to promote steady progress in reforming public hospitals in the New Economic and Fiscal Revitalization Plan Reform Schedule, the government as a whole should consider the number of hospitals that have formulated reform plans and the current account balance of public hospitals as a management soundness indicator. "Payout" is set as a government KPI. In this way, regarding the sound management of public hospitals, which have a large awareness of issues as a national issue, it is important to examine the effects of public hospital reforms, taking into account confounding factors, focusing on the reforms that have been implemented so far. This project paper aims to verify the effects of public hospital reforms led by the Ministry of Internal Affairs and Communications from FY2008 to FY2013. Based on the actual figures for the fiscal year, we examined the effects of the policy and considered the formulation of a more effective reform plan. The explained variable is the increase / decrease value of "medical business balance" from 2008 to 2013, and the explanation variable is based on the increase / decrease value similarly to the explained variable. In selecting the explanatory variables, we referred to viewpoints that contribute to "efficiency in management" set forth in the Public Hospital Reform Guidelines and previous research. In addition, taking into account the feasibility of the policy proposals, we also examined the size and location of medical institutions. As a result, the formulation and introduction of the reform plan showed an increasing trend in the "medical balance", which indicates the status of pure medical services, and is an important indicator that replaces the "current account", which is adjusted by other accounts. It was suggested. In addition, it was confirmed that 16 items such as "medical income per patient per day (hospitalization)" had a significant effect on changes in the medical business balance, which could be helpful in setting KPIs when formulating reform plans. It is considered that the index group was presented. In addition, it is suggested that the size and location of medical institutions will affect the amount of change in the balance of medical services. In order to achieve sound management, rather than seeing all medical institutions from the same perspective, The importance of planning considering the location was suggested. Based on the above, this project paper proposes the following two points.

- ① Develop a logic model for public hospital reform and take up "medical balance" as one of the outcome indicators
- ② In formulating a reform plan, set KPIs that can be evaluated over time, and for those KPIs, select variables that will ultimately affect the "medical business balance"