

## 令和6年度診療報酬改定に関する声明

令和6年度診療報酬改定において、通院在宅精神療法が指定医で330点→315点、非指定が315点→290点と大幅な減点となった。それを補うものとして早期診療体制充実加算が新設されたものと思われたが、診療所における算定要件として、「初診における60分以上の通院・在宅精神療法を一定期間内に所定の回数行うこと」等の厳しい基準が設けられ、当該算定要件は、長時間の精神療法を一定回数、一定期間内に求めるものであり、診療所で勤務する医師の就業時間を初診の精神療法という特定の業務に重点的に割り当てるよう誘導するものである。

しかし、診療所に勤務する医師は常態的に多数の患者を診療しており、地域によっては初診の予約に一定期間の待機を要する事態も発生しているほどである。また、自院の外來診療時間以外に国家行政・地域行政の公務等に出務する医師も多く、地域の診療ニーズに対応するだけの診療時間を確保しながら同時に公的業務への時間を捻出している現状がある。そのような中、医師の限られた就業時間を初診の精神療法という特定の業務のみに誘導することは、外來精神科診療所に通院する患者の療養環境を悪化させるだけでなく、精神科診療所に勤務する医師の公的業務への積極的貢献を阻害するものである。

また、仮に今回の診療報酬改定の意図が、外來診療ニーズへの対応ならびに公的業務への協力と、初診時精神療法の長時間化の両立を、医師の就業時間の延長によって実現しようとする”こと”であるとするならば、精神科診療所における医師の働き方改革をなおざりにするものと受け取らざるを得ない。医師の就業時間の適正管理が、診療の質や医療安全の確保において必要不可欠であることは言うまでもなく、それは精神科診療所においても例外ではない。精神科診療所に勤務する医師が医療の質と安全を担保するために、公的業務への協力を自粛せざるを得ないという事態も発生し得るだろう。

「早期診療体制充実加算」の算定要件は、600万人以上と言われる我が国の精神科外來通院患者の療養環境悪化、診療所に勤務する医師の地域医療や公的業務への協力自粛、医師の働き方改革の形骸化を招くものであり、我が国の精神科医療や労働行政が目指す方向性と完全に逆行するものである。ひいては我が国全体の精神科医療の質の低下と入院から地域へという地域の保健医療福祉体制の脆弱化を招くものであり断固反対する。

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Statement concerning FY2024 Revision of Medical Reimbursement In the 2024 revision of medical fees. Outpatient home psychotherapy was significantly reduced from 330 to 315 points for designated physicians and from 315 to 290 points for non-designated physicians. However, the calculation requirements for clinics were set to strict standards, such as "the prescribed number of outpatient and in-home psychotherapy sessions of 60 minutes or more for the initial visit within a certain period of time," etc. These calculation requirements require that long-duration psychotherapy be provided a certain number of times and within a finite period. This requirement is intended to induce physicians working at clinics to allocate their working hours to a specific task, namely, psychotherapy for initial consultations. However, physicians working at clinics routinely treat a large number of patients, and in some areas there is a situation where patients must consequently wait a certain period of time for their first appointment. In addition, many physicians are engaged in official duties for national and regional governments while also fulfilling their own outpatient clinic hours, and hence have to make time for their official duties while ensuring that they have enough clinic hours to respond to the medical needs of the community. Under such circumstances, directing physicians' limited working hours to a specific service, such as initial psychotherapy, will not only worsen the medical care environment for patients attending outpatient psychiatric clinics, but will also discourage physicians working at psychiatric clinics from actively contributing to public services. If the intention of the revision of medical fees is "to realize a balance between responding to the needs of outpatients, cooperating with public services, and extending the length of initial psychotherapy by extending the working hours of physicians," this would be seen as a neglect of reforming the working styles of physicians in psychiatric clinics. If this is the case, we must accept it as an attempt to neglect the reform of doctors' working hours in psychiatric clinics. It goes without saying that proper management of physicians' working hours is essential for ensuring the quality of medical care and medical safety, and psychiatric clinics are no exception. In order to ensure the quality and safety of medical

care, doctors working in psychiatric clinics may be forced to refrain from cooperating with public services. The "additional fee for early treatment system" requirement will lead to the deterioration of the treatment environment for Japan's estimated 6 million outpatients, the voluntary refusal of doctors working at clinics to cooperate in community medicine and public services, and the dismantling of the doctor's work style reform. This is completely contrary to the direction that Japan's psychiatric care and labor administration are taking. We are firmly opposed to this policy, as it will lead to a decline in the quality of psychiatric care in Japan as a whole and the weakening of the regional health and welfare system, which has shifted from inpatient to community-based care. Japan Association of Neuropsychiatric Clinics Chairman Kazuhira Miki