

Taking Japan's Quality of Care to the World: Implementing the Japan-Style Medical Inbound Model

By Kayoko Beppu



Author Kayoko Beppu

Introduction

A global expansion in demand for medical inbound tourism is also affecting Japan. While medical tourism rebounded sharply after the Covid-19 pandemic, with foreign visitors and total travel expenditure reaching unprecedented levels in 2024,^{1,2} the number of international patients visiting Japan specifically for medical treatment remains limited. Despite Japan's strong international reputation for clinical quality and safety, the mechanisms for conveying these strengths to patients in a way that allows them to "understand in advance, compare, and choose with confidence" remain inadequate. This article therefore proposes a roadmap for implementing a Japan-style model of medical inbound tourism, centered on Medical Excellence JAPAN (MEJ), a platform that connects government, industry, academia, and healthcare. The structure of this article is as follows: Section 1 introduces MEJ and the MExx concept; Section 2 provides the rationale for advancing medical inbound tourism within current policy; Section 3 clarifies objectives; Section 4 analyzes comparable systems; Section 5 identifies obstacles throughout the international patient journey; and Section 6 outlines an operating model based on platform-to-platform ("network-to-network").

MEJ & the MExx Concept

MEJ is a general incorporated association established in 2011. It operates as a public-private partnership platform connecting medical institutions, industry, government, and academia, with the goal of promoting Japan's medical services internationally. The MExx Initiative is central to this effort. This initiative represents a model for international collaboration that establishes frameworks similar to MEJ within both Japan and its partner countries, connecting government, industry, academia, and medical institutions not as isolated "points" but as platform-to-platform networks. The initiatives have already begun in Vietnam, Thailand, India, and elsewhere. By leveraging the MExx framework, outbound (overseas expansion) and inbound (acceptance of international patients) efforts can be advanced in a unified manner, enabling diverse program development.³

MEJ promotes inbound medical care by implementing the Japan International Hospitals (JIH) accreditation system to evaluate and recommend hospitals equipped to receive international patients, certifying medical-travel support companies, and operating the

multilingual Japan Hospital Search portal. Japanese healthcare maintains globally high standards in clinical quality and safety; cost-effectiveness; patient care; complication management; infection control; and precision in diagnostic imaging. However, mechanisms for effectively communicating this value to international patients in a way that allows them to understand, compare, and confidently choose in advance remain inadequate. Therefore, MEJ is accelerating its efforts to provide transparent information and enhance visibility through certification systems, enabling international patients to confidently choose Japanese healthcare and experience higher value.

Why Medical Inbound Tourism Now?

Domestically, Japan faces low fertility, an aging population and overall demographic decline. Healthcare demands, ranging from acute to chronic care, are becoming increasingly complex and diverse, while rising medical costs pose a significant fiscal burden. Furthermore, deficits at medical institutions, particularly acute-care hospitals, are widening, making the sustainability of the healthcare delivery system a major challenge. Meanwhile, the number of inbound foreign visitors to Japan reached an unprecedented 36.87 million in 2024, with travel expenditure totaling 8.1 trillion yen.^{1,2} Amid an expanding middle class in Asia and the weakened yen, demand for medical travel and wellness services is projected to continue its growth over the medium-to-long term. To harness these trends, revitalize regional economies, and safeguard the healthcare delivery system based on universal health coverage, it is essential to establish new markets for medical services beyond public insurance.

In 2025, the Phase III Healthcare Policy was implemented. For the first time, this operational phase explicitly positioned medical inbound tourism as part of international expansion, alongside existing outbound initiatives.⁴ In June 2025, the Cabinet approved the New Capitalism 2025 Revised Edition, embedding medical inbound tourism within the nation's growth strategy and establishing a cross-governmental promotion framework.⁵ To date, the Ministry of Health, Labour and Welfare (MHLW) has been responsible for strengthening the capacity of medical institutions to accept foreign patients. It has established the necessary foundation for internationally accessible information through multilingual manuals, implementing the Japan Medical Service Accreditation for International Patients (JMIP) certification system and refining medical advertising guidelines. In parallel, the Ministry of Economy,

Trade and Industry (METI) has led system design and market environment development from an industrial policy perspective. Against this backdrop, 2025 is positioned as the first year of implementing a Japan-style medical inbound model.⁶

The Purpose of Medical Inbound Tourism

In this article, “medical inbound” refers to travel-based care centered on non-insurance (private) services, including treatment, health check-ups, second opinions, and selected wellness services. With this institutional foundation now taking shape, it is crucial to clearly define the purpose of promoting medical inbound. These objectives can be broadly categorized into three key points.⁶

- (1) For patients: To provide safe, high-quality, and valuable treatment options for international patients.
- (2) For medical institutions: To enable medical institutions to reinvest revenues from private medical services, thereby improving the quality of healthcare, research and development, and human resource development.
- (3) For regions: To generate foreign currency earnings, create employment opportunities, and stimulate related industries in local communities, thus enhancing the international competitiveness of Japanese healthcare.

In this paper, “medical inbound” refers to cross-border medical services. The desired direction is to maximize the overall experience value throughout the patient’s journey, not only through medical quality but also through ancillary services such as managing the

required time, procedures, payment, and information provision. The quality of medical inbound is not guaranteed by isolated promotional efforts; it is achieved only when policy, operations, and information are properly aligned. Presenting the necessary information concisely and in a comparable format, along with seamless continuity of services before and after treatment, is essential for revitalizing medical inbound.⁶⁻⁹

Comparison with Initiatives in Other Countries

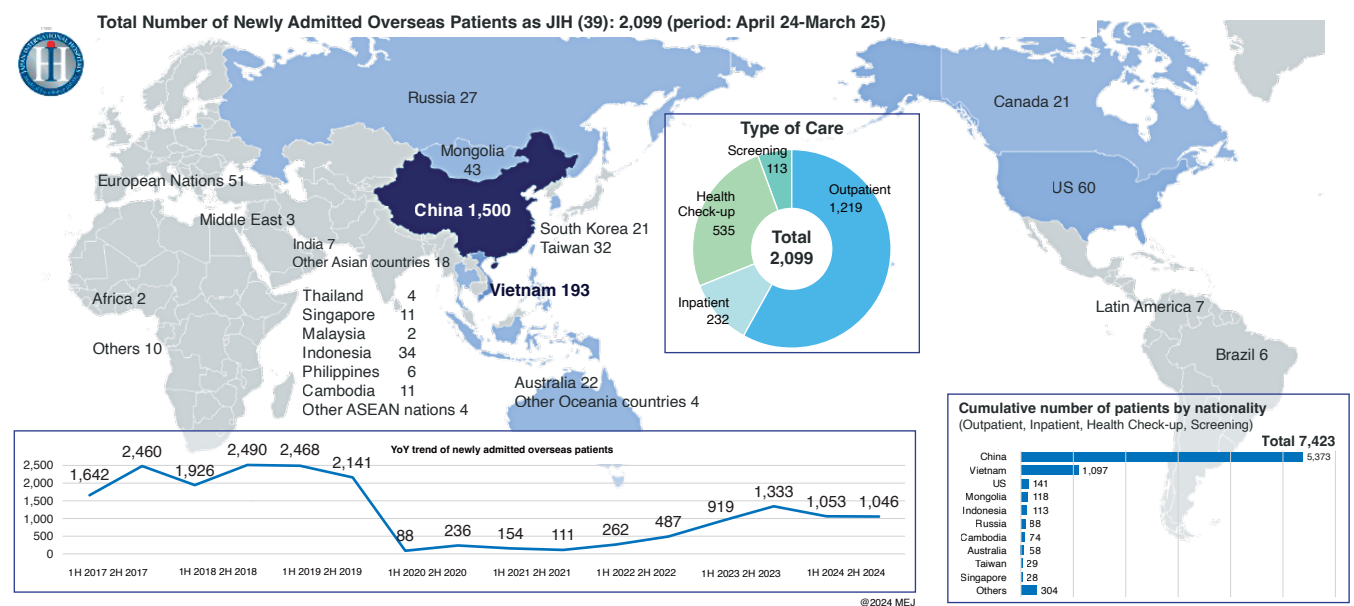
While Japan’s tourism inbound is recovering rapidly, the growth of medical inbound remains limited. Due to statistical constraints, Japan faces challenges in accurately determining the total number of medical tourists. However, based on the annual hospital-based statistics from JIH, the number of new international patients in fiscal year 2023 was 2,262 across 39 hospitals, and this number remained at 2,099 in fiscal year 2024.¹⁰ By nationality, China had the highest number of patients. By disease category, malignant neoplasms (cancer) accounted for approximately 30%, followed by cardiovascular and gastrointestinal diseases (Chart).

This section focuses on factors contributing to disparities in patient experience value, by organizing the systems of South Korea, Thailand, and Singapore under the following four perspectives:

- Operational Integration: Are statistical disclosure, system operation, and the roles of support agencies clearly defined institutionally?
- Information Integration: Can international patients access in

CHART JIH admissions of overseas patients by nationality

Overall: Compared with last year (FY2023: 2,262 patients, 39 hospitals), the number of patients did not increase.
Nationality: Chinese patients made up 70%, a higher share than last year. Vietnam fell below 10%, showing a slowdown after the Covid-19 period. Patients from the US continued to increase, as they did last year.
Type of Care: More than 70% of patients received outpatient or inpatient treatment. Slow growth in health check-ups affected the total number of patients.



Source: MEJ

advance what services are available, when, and at what cost?

- Predictability: Can patients obtain an overall outlook before travel, including fee benchmarks and expected length of stay?
- Digitalization and Standardization: Are processes like visa applications, progress tracking, and payments standardized online?

Below, we organize each country's system along these four perspectives to identify bottlenecks within Japan's system. The purpose of this comparison is not to rank the systems, but rather to understand how each country institutionally ensures a user-centric approach that allows medical tourists to plan without confusion.

(1) South Korea

South Korea has integrated the publication of statistics with the operation of its patient acceptance system, doubling the number of medical tourists from 600,000 in 2023 to 1.17 million in 2024.^{11, 12} The primary countries of origin for these patients are Japan, China, the United States, Thailand, and Taiwan, with particularly significant increases from Taiwan (+550.6%), Japan (+135.0%), and China (+132.4%). Treatments are heavily weighted toward cosmetic surgery, internal medicine, and health check-ups. Clinics account for 82.0% of facilities, and the metropolitan area handles 85.4% of patients, making it the core reception area.¹¹ Institutionally, the "Act on Support for Overseas Expansion of Medical Services and Acceptance of Foreign Patients" provides an institutional foundation for the management of statistics and information, as well as for entrusting support to agencies (such as KHIDI). Medical institutions accepting foreign patients are also required to register as medical institutions and subscribe to medical malpractice liability insurance.^{13, 14} Furthermore, medical visas are clearly categorized into short-term (C-3-3: 90 days) and long-term (G-1-10: up to 1 year), with specific requirements and provisions for accompanying people explicitly defined. This ensures high predictability for medical tourists.^{15, 16} Thus, by rigorously implementing the system and registration requirements, South Korea has established a comprehensive framework from pre-consultation to treatment, creating an environment where international patients can easily compare and choose options. This approach is highly instructive.

(2) Thailand

In Thailand, the Bureau of Medical Hub Industry Promotion located within the Department of Health Service Support, Ministry of Public Health, leads the promotion of policies related to medical and wellness hub. Specific initiatives include:

- Certification and Recognition System (Thailand Wellness Awards/TiWA)
- Development of a Database for Medical and Wellness-Related Communities
- Management of Human Resource Development Curricula
- Centralization of Public Relations

Through these measures, the country is actively advancing quality assurance and visibility. For travel procedures, the Ministry of Foreign Affairs' e-Visa portal enables online applications and

progress tracking, achieving digitalization and standardization of visa processes.^{17, 18} This has led to reduced processing times and, by allowing real-time application tracking, is highly innovative in reducing uncertainty and enabling smoother trip planning.

(3) Singapore

The Ministry of Health consistently updates its hospital bills and fee benchmarks to ensure transparency and predictability of medical costs. These benchmarks link procedure codes to the fees charged by hospitals, surgeons, and for anesthesia, while also publishing the expected length of stay.¹⁹ Patients can view fee ranges and expected length of stay in advance and access historical data. The latest update covers 21 procedures with detailed benchmark data, institutionalizing predictability in pricing and billing.

In summary, operational and information integration (South Korea), digitized procedures (Thailand), and cost/time predictability (Singapore) all reduce pre-travel uncertainty and support informed decision-making. A common element across all these systems is the clear definition about who does what, when, and how, through public frameworks such as statistics and benchmarks. For Japan, the objective is not to imitate but to structure its own systems to present its unique strengths – safety, minimally invasive techniques, imaging precision, and team-based care – in comparable, accessible formats.

Current State of Japan's Medical Inbound Industry

The international comparison in the previous section revealed that Japan's challenges are primarily concentrated in its institutional and operational design. Building upon the outcomes of the MExx local platform pilot project commissioned by the METI in fiscal year 2024, we have organized the international patient journey into the following five stages and analyzed the challenges at each stage of the four perspectives (operational centralization, information centralization, predictability, and digitalization/standardization).

(1) Information Gathering and Consultation

Japan lacks a single "entry point" where patients can instantly confirm treatment details, costs, and duration, forcing them to navigate multiple websites. Advertising regulations also restrict disclosure of basic information such as treatment outcomes, timeframes, and total costs. Furthermore, available statistics focus on the number of medical stay visas, obscuring the full market scale. In contrast, South Korea's "Medical Korea" initiative centralizes processes from medical visa applications to patient reception, creating a smooth pathway. Japan requires a design that provides visibility into the market size and a unified "entry point" that international patients can access without confusion.^{15, 17, 18, 20, 21}

(2) Acceptance Decision & Preliminary Estimate

Japan currently does not stipulate Service Lead Time for acceptance decisions or cost estimates. Internal coordination often delays responses and widens estimate ranges. Singapore's benchmarks visualizing the costs and length of stay suggest that

Japan should publish disease-specific standard flows, fee ranges, and SLTs to improve transparency.^{8, 19, 22}

(3) Visa and Payment

Although Japan has a formal medical stay visa system, it still relies on traditional operational practices such as requiring guarantors and paper documentation. These practices result in significant procedural burdens and delays. Also, the JAPAN eVISA is not applicable for medical purposes. A system similar to the Thailand's system, enabling electronic applications and progress visualization, is desirable.²⁴

(4) Visit and Treatment

Post-arrival examinations and treatments often fail to align with pre-departure information, frequently requiring re-examination or adjustments. This leads to uncertainty regarding the expected length of stay. In contrast, countries such as Singapore and South Korea clearly define necessary preparations before arrival, enabling smoother treatment processes. Japan needs to present disease-specific pre-departure preparation requirements and standard workflows to improve the predictability of the duration of stay.^{7, 20, 21}

(5) Post-Return Follow-Up

Information flow often breaks down after patients return home, and mechanisms for continuous care are weak in Japan. This is where MExx's local platform, with its platform-to-platform, plays a crucial role.³

While Japan possesses high international competitiveness in treatment outcomes and cost-effectiveness, challenges remain in mechanisms linking these strengths to the patient experience value. There is significant room for improvement particularly in the four areas: (1) centralized operations, (2) centralized information, (3) predictability, and (4) digitalization and standardization. The current system fails to fully leverage the patient experience value, ultimately leading to patient outflow to other countries.

Conversely, Japan's (with correct apostrophe) true strengths lie in:

- High-quality techniques, particularly advanced safety management for severe cases and complications
- Early detection and minimally invasive treatments (endoscopy, IVR, etc.)
- High-precision imaging diagnostics and team-based medicine
- Cost-effectiveness
- Robust preventive care and screening systems.

While individual hospitals ("points") achieve world-class standards, international patients often perceive fragmented information, procedures, payments, and workflows, viewing them as a collection of disconnected "points". Japan's medical inbound strategy must evolve this quality into integrated platform-to-platform operations, transforming it into experiential value. This year 2025 marks the first operational year for moving from "points" to "platform operations". Establishing systems and operational standards is the most direct path to conveying the quality of

Japanese healthcare as a seamless experience.

The MEJ & MExx Concept: Public-Private Partnership Platforms

To overcome the bottlenecks outlined in Section 5, Japan must link MEJ and overseas MExx in a platform-to-platform manner, so that international patients can proceed under the same information, procedures, payment, and care pathway regardless of country of origin.^{3, 22} Here, a "platform" is not a top-down, centralized apparatus but a distributed, interoperable framework in which domestic and overseas stakeholders coordinate under common rules. Point-to-point collaborations lack scalability and platform-to-point links are asymmetrical and hard to sustain. Only platform-to-platform collaboration, with aligned baselines, can deliver a uniform experience across origins.

Role Division

(1) MEJ (Domestic-Japan)

Serves as the institutional foundation guaranteeing the quality of medical institutions receiving the patients, enhancing trust through certification and multilingual communication. Furthermore, it consolidates necessary information on a single website, clearly stating "who, what, when, and how". It standardizes the displays, terminology, and handling of SLT to ensure consistency in domestic standards.^{20, 21}

(2) MExx (Overseas)

Collaborates with local medical institutions, academic societies, Key Opinion Leaders, etc., to coordinate the entire process – from patient referrals to treatment and post-return follow-up – in accordance with local languages and customs. Standardizes the handling of referral letters, image data, discharge summaries, etc., to stabilize the quality of handover by avoiding excessive intermediation and information bias.¹

Basic Policy (Correspondence with the 4 Pillars)

- Operational Integration: Standardize market-level statistics, information sets, contact points, and processing times for acceptance and estimates.
- Information Integration: Present the same information, procedures, payment, and pathway concisely at a single, unified entry point.
- Predictability: For representative conditions, show fee ranges and expected LOS in comparable formats.
- Digitalization and Standardization: Digitize applications, status tracking, and payments to move away from paper, including the adoption of tools such as JAPAN eVISA where applicable.²³

It is effective to first establish a disease-specific information framework in areas where Japan's strengths are easily leveraged (e.g., cancer, cardiovascular, neurology, gastrointestinal endoscopy). This creates a pathway that is easier for international patients to compare, that is less confusing and more convincing. By having MEJ

standardize the domestic criteria and MExx synchronize the overseas operations, systems, operations, and information are unified into a single experience. We are confident that Japan's medical inbound sector will grow into a sustainable model, chosen for its quality and retained through its robust systems.

The future of Japan's medical inbound sector extends beyond merely accepting foreign patients. It involves presenting the Japanese model – combining advanced medical technology and systems – to the world from both “quality” and “experience” perspectives, establishing it as an internationally comparable standard. This positions Japan to become a trusted “medical hub” not only in Asia but across a broader region, including Europe, America, and the Middle East. Today, in 2025, the primary objective is to implement the mechanisms to communicate the quality of Japanese healthcare to a global audience. This is crucial for unlocking the next decade.

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Kayoko Beppu is head of business department at Medical Excellence JAPAN (MEJ), overseeing more than 20 international healthcare projects across five countries and leading Japan's initiatives in global healthcare deployment, medical inbound promotion, and international medical exchange. She spearheaded the establishment of the “Medical Excellence Vietnam (MEV) – MEJ Office” and launched pilot projects for medical travel. She has also advanced multilateral healthcare cooperation by organizing a public-private forum in Thailand, forging strategic partnerships with industry associations in India, and building new frameworks for collaboration with China. Her specialties include international medical coordination, medical inbound promotion, and global deployment of healthcare.