

An Overview of The Implementation Status and Development Path of China's Policy on The Integration of Medical Care and Elderly Care

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Abstract. At present, the aging trend of China's population is accelerating, but there is still a particular mismatch in the level of medical care for the aging trend. The medical team and rehabilitation are independent of each other. If you are sick, you have to go back and forth frequently between your family, hospital, and rehabilitation institution, which delays treatment and increases the financial burden on family members. The separation of medical care and rehabilitation has also led to many elderly patients who have recovered from serious illnesses or need long-term recuperation and will find various reasons to refuse to leave the hospital once they are admitted to the hospital. Therefore, the development of the integration of medical care and nursing needs to be accelerated. At present, several comparative paradigms of medical and elderly care integration models have initially formed in various parts of China: "institutional", "community", and "home" and other integrated medical and elderly care models. According to the research, in the process of practice, there are still imperfections in the integration of medical care and elderly care, such as supply and demand, service, supervision, and institutional cooperation, which can be improved by improving the supervision system, integrating medical care resources, standardizing industry standards, and cultivating service personnel.

Keywords: Combination of medical care and elderly care, policy system, industry service, pension.

1. Introduction

Combining medical and nursing care is a new way of delivering care that seamlessly combines medical and nursing resources to meet the diverse needs of older adults. It is an ongoing, professional approach to service delivery. The in-depth integration of multi-levels, service capabilities, and professional talents realizes the accessibility and continuity of medical services in the elderly care process, and expand the development model of the combination of medical care and elderly care. The research of this article is to analyze the specific practice of the policy, summarize the main problems, and propose corresponding improvement methods.

2. An overview of the status quo of policy design for the combination of medical care and elderly care in China

In China, the experimental work on the combination of medical care and elderly care began in 2005, and research has been gaining momentum since 2013. Since 2013, my country has started to promote the construction of a combined medical and elderly care service system, and many regions have continuously launched comprehensive medical and elderly care services for the disabled. Since then, the General Office of the Director of the National Health and Family Planning Commission and the General Office of the Director of the Ministry of Civil Affairs have identified the first (2016) and second (2016) batches of national pilot units for the integration of medical and health care. A variety of experiences have led to initial results that have their own characteristics. Categorized according to the basic elements of integration of medical and nursing care, they are, in descending order, nursing care, disease prevention, health care, rehabilitation and education, specialized medical care, diagnosis and treatment of chronic diseases, and hospice care. Nursing care was the highest concern at 32%; chronic disease counseling and hospice care were the lowest concerns at 15% and 6% respectively.

In terms of the content most frequently addressed in each year, nursing services and health services were the main focus in 2013; professional medical services in 2014; nursing services and health services in 2015, 2016, 2017 and 2019; and nursing services and disease prevention services in 2020, with nursing services receiving the most attention. Comparing the main service elements of healthcare integration, there are more policies related to nursing services that run throughout the healthcare integration process. In contrast, existing policies related to hospice services are the most recent and have only been mentioned since 2015, with a small number of policies covered each year [1-2].

2.1. Policy design and development from a top-level perspective

In order to actively respond to the aging population and meet the growing demand for medical and nursing care services for the elderly, the State has issued more than 60 policy documents, making clear arrangements for the integration of medical and nursing care, and providing integrated services in more than 90 cities. Pilot projects and a series of pilot projects on the integration of medical and nursing care have been launched, along with a series of pilot projects to promote the integration of medical and nursing care in terms of protection systems, information technology support, talent protection, and various financing models. At the local level, each pilot region has formulated plans and supporting policies according to its own characteristics, set specific targets and detailed plans, and promoted the development of the integration of medical and health care in an orderly manner. Through the guidance of government policies, the vitality of social participation is stimulated, and the key role of the market is brought into play to form a win-win development pattern [3].

2.2. Promotion of existing local policies

For example, Guizhou Province aims at healthy aging, starting from the needs of the elderly's health and medical care services, focusing on "care for the elderly" and "care for the elderly", actively exploring the service path of medical care and elderly care, and promoting the integration of medical care and elderly care in policies. The organic integration of resources, services and other aspects allows the elderly to enjoy high-quality medical care services. On October 1, 2021, the first local regulation in the field of elderly care services in Guizhou Province - the "Regulations on Guizhou Province Elderly Care Services" came into effect. The "Regulations" broke through many bottlenecks that have plagued the construction of the elderly care service system in Guizhou Province for many years, and initially established an elderly care service system based on laws, policy documents of the State Council, and supported by departmental special policies and standards. In addition, Guizhou Province has successively issued the "Implementation Plan on Accelerating the Integration and Development of Medical and Health Services and Elderly Services", "Implementation Opinions on Establishing and Perfecting Guizhou's Elderly Health Service System", "Special Action Plan for Elderly Health Services" and so on.

On February 26, 2018, Shandong held a kick-off meeting for the establishment of a national demonstration province integrating medical and elderly care. According to the "Shandong Province Work Plan for Establishing a National Demonstration Province of Integrated Medical and Elderly Care", by the end of 2020, a home-based, community-based, and institution-based service system combining supplementation and medical care has been fully established. On August 26, 2018, the "Shandong Province Medical Care and Health Industry Development Plan (2018-2022)" was issued. It also successively published documents such as "Several Opinions on Further Promoting the Development of the Integration of Medical Care and Elderly Care", and "Implementation Opinions on Further Promoting the Development of the Integration of Medical Care and Elderly Care". Taking Weihai City as an example, the "Regulations on Weihai City Residents' Pension Security Services" was promulgated and implemented, and a special chapter was stipulated for the service guarantee of the combination of medical care and elderly care. A series of documents such as the Development Plan for the Integration of Medical, Health and Elderly Care Services (2022-2024) provide policy support for the steady advancement of the integration of medical care and elderly care, and insist on

promoting the integration of medical care and elderly care as an important starting point for the transformation of old and new growth drivers and ensuring the improvement of people's livelihood.

The Hunan Provincial Health Commission conscientiously implements the national strategy of actively responding to the aging population, regards the integration of medical care and elderly care as a livelihood project for the construction of a healthy Hunan and an important part of comprehensively deepening medical reform, and adopts a number of measures to fully promote the development of the combination of medical care and elderly care, and establish a perfect elderly care system. The health service system continues to meet the healthcare needs of the elderly. It took the lead in promulgating the "Implementation Opinions on Doing a Good Job in the Examination and Registration of Medical and Nursing Institutions", which further simplified the approval procedures for medical and elderly care institutions, optimized the handling process, and supported the deployment and construction of medical and elderly care institutions in all parts of the province according to local conditions. Printing and distributing the "Notice on Strengthening the Service Management of Medical and Nursing Institutions", "Notice on Carrying out Actions to Improve the Service Quality of Medical and Nursing Institutions", "Notice on Strengthening and Standardizing Medical and Nursing Contracted Health Services" and other documents, clearly promoting the integration of medical and elderly care specific measure.

3. Current status of the implementation of the policy of combining medical care and elderly care in China

3.1. Types of Institutional Establishment and Setup

At present, the establishment status of China's elderly care institutions and medical institutions is as follows: the independent establishment is perfect and the mixed establishment is insufficient. From the perspective of establishment and setting of institutions, there are four types as follows.

First, the model of "emphasizing pensions and ignoring medical care". Set up small medical institutions, such as clinics, etc. inside the nursing home. This type of model is based on pensions, supplemented by medical care, and only provides relatively simple outpatient medical services. If you encounter more serious medical problems, you still need to go to a regular hospital for treatment.

Second, the model of "emphasizing medical care and ignoring pensions". Large-scale medical institutions (such as secondary and tertiary hospitals, etc.) establish small elderly care institutions or geriatric care wards internally, and provide certain elderly care services for the elderly by increasing corresponding equipment and related service staff. Such services are mainly medical, supplemented by elderly care, with more advanced medical facilities and a relatively more comfortable living environment.

Third, the "combination of medical care and pension" model. Generally, newly-built medium and large elderly care institutions cooperate with secondary and tertiary hospitals, equipped with professional equipment and personnel, and realize the simultaneous development of elderly care and medical care. There are also some medical institutions with relatively idle medical resources, which are directly transformed into elderly rehabilitation centers or nursing homes, and the idle medical resources are used for elderly care services, and the combination of medical care and elderly care is also realized.

Fourth, the "elderly care institution + medical service outsourcing" model. Elderly care institutions do not build medical-related buildings internally, but sign service agreements with nearby large hospitals. Elderly care institutions outsource the overall medical services they need to medical institutions, and medical institutions send medical staff to elderly care institutions for medical services. Send to a medical institution for treatment [4-5].

3.2. Community and family healthcare

Medical services are extended to communities and families, forming a pension system that combines medical care and elderly care without leaving home. Relying on grassroots community health services and taking the opportunity of the national basic public health service project and the implementation of the family doctor system, all localities have established health records for the elderly and provided health management services for the elderly aged 65 and over. The grassroots medical and health institutions set up a professional service team to provide home visits, family hospital beds, community nursing, regular physical examination, health management, and other services to the elderly in need within the jurisdiction. For example, the community health service center in Xuhui District, Shanghai has established a "community-center-family" model, signed a family doctor contract system with the elderly, equipped general practitioners according to the physical condition and needs of the elderly, and provided regular door-to-door services for the contracted elderly. Provide health checks, health care and other services for people, regularly carry out health consultation, health lectures, general practitioner visits and other community activities [3].

Relevant models include the model of "community health service institution + daycare center for the elderly", the model of "community comprehensive elderly care service institution and community health service institution signing an agreement", the model of "family pension (or with a nanny) + family doctor contracted service", "Family pension + 'home care' service in long-term care insurance" model, etc [5].

4. Practical problems existing in the current situation of the combination of medical care and nursing care in China

4.1. Supply and demand problem

In terms of service content, due to imperfect infrastructure, many institutions can only meet the low-level daily care needs of the elderly, and it is difficult to provide higher-level services such as knowledge popularization, health education, cultural and sports activities, and psychological comfort. At present, the medical services for the elderly in my country are mainly acute medical services, lacking the concept and practical experience of long-term rehabilitation training and psychological care, resulting in an obvious dislocation between medical care and rehabilitation services, which is not conducive to comprehensively improving the health of the elderly [6]. On the other hand, public high-end institutions are high-quality and low-priced. Because of their high-cost performance, it is often "hard to find a bed". Except for the three guarantees and five guarantees provided by the government, most of the other public pension medical institutions are for elderly people from wealthy families [7].

4.2. Service problem

Many grass-roots medical and health institutions and small and medium-sized elderly care institutions do not have the conditions to build medical institutions, which leads to poor service quality for the elderly even if grass-roots medical institutions carry out the model of combining medical care and elderly care for the aged. Most medical institutions are public welfare institutions, fully funded by the government, they lack the due performance reward mechanism and management autonomy, and the elderly are prone to medical disputes and low profits in the pension industry. Most of the grassroots medical and health institutions, due to operating difficulties, problems of not being able to hire professional doctors and nurses, lack of job incentives, etc., make service personnel unable to provide services wholeheartedly.

4.3. Regulatory issues

The standards for nurses to care for patients and nurses to care for the elderly are not uniform. Nurses' care takes basic vital signs as the main content of nursing services, while nurses' care takes

basic living conditions as the main content of care. The two cannot meet all the nursing needs of the elderly [4]. The market-oriented operation in the practice of medical-nursing integration is insufficient, and formalism is serious. Generally speaking, the current promotion of medical-nursing integration work is still "thunderous and rainy", with few effective support policies; more government-led, less market-oriented operations; There are many "superficial articles" signed agreements, few substantive cooperation and coordinated development, and there are still problems such as "signing but not signing".

4.4. Cooperation problem

The development of the combined medical and elderly care service industry requires the deep integration of the two fields of medical care and elderly care, not only the integration of hardware such as professional equipment, but also the deep integration of software such as management concepts and professionalism of service personnel. The focus of the two is different, and it is easy for nursing homes and hospitals or families and communities to fail to coordinate the progress of cooperation. For example, the hospital can provide relatively advanced medical technology and personnel, but because of the management problems and medical concepts of the nursing home itself, there will be information gaps between the two institutions.

5. Development Countermeasures and Suggestions

5.1. Adapt existing policies to utilize resources

Utilize the existing idle resources of medical and elderly care institutions to develop the combination of medical care and elderly care, implement a hierarchical diagnosis and treatment system, give full play to the role of basic health care institutions and contracted doctors, and use relevant measures to reduce the cost of the elderly, such as disabled and semi-disabled families in need. For the elderly, the "One Belt, One" approach can be implemented, that is, when the elderly live in an elderly care institution, their children are allowed to engage in nursing work in the institution, which not only facilitates the care of their own elderly, but also increases part of their income to alleviate family difficulties. At the same time, it encourages the development of "home care" service.

5.2. Cultivate professional service personnel and introduce talents

Comprehensively coordinate the medical and nursing manpower, standardize the multi-site practice of professionals, and realize the horizontal flow and vertical development of medical and nursing talents. On the one hand, fully release and utilize existing health human resources, and improve the service capabilities of primary medical and health institutions [8]. On the other hand, it will drive mutual complementarity and two-way improvement of medical and nursing manpower in medical care institutions, reduce social costs such as patients' financial burden and institutional operating expenses, and absorb more talents with professional medical level.

5.3. Establish a sound regulatory mechanism and implement industry standards

Improve the supervision mechanism, rationally configure and standardize the supervision of the business scope, scale equipment, personnel qualifications, entry and exit mechanism, and routine management of medical care service institutions. Establish and improve the quality supervision system, evaluate and reward and punish the software and hardware indicators such as the service quality of medical care institutions, facilities and environmental sanitation, nursing rehabilitation standards, and service satisfaction. According to professional opinions, uniformly standardize the service content, service quality, and service management of the combination of medical care and elderly care, determine industry standards, regularly evaluate the effectiveness of policy implementation and service quality, and establish a reasonable reward and punishment system to ensure the reliability of the combination of medical care and elderly care service industry. In addition,

ensure the operability of policies, fully grasp relevant information and makes scientific predictions and plans, provides a reliable basis for decision-making, promotes the guidance and application value of policies in practice, and avoids "fake" policies.

5.4. Integrate resources and work together

Broaden the supply channels for the combination of medical care and nursing care, encourage multiple participants to combine their own conditions and positioning, face the service needs of different groups of people, fully integrate medical care resources, realize complementary functions and advantages, and improve supply efficiency. Local governments should increase financial support for the combined medical and elderly care service industry, provide credit guarantees for the transformation and upgrading of medical institutions or elderly care institutions to medical and elderly care institutions, and encourage financial companies to provide convenient financing channels for the construction of medical and elderly care service institutions. Increase operating subsidies for elderly care institutions, speed up the construction of periodic integrated care project management systems and integrated management methods, and minimize the pressure on the development of medical care and elderly care service institutions [9]. Based on giving full play to the advantages of "family care for the elderly", resources such as basic public health service items, family doctor contract services, property management, housekeeping and other resources are included in the "home care for the aged" service.

6. Conclusion

As a model innovation of socialized elderly care, the "combination of medical care and elderly care" elderly care model combines modern medical care technology with elderly care, meets the multi-level elderly care service needs of the elderly, and is conducive to revitalizing existing health and elderly care service resources and expanding Domestic demand, and creating new economic growth points are the long-term solutions to deal with the aging crisis and build my country's elderly care service system, which must be given sufficient attention [10].

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