

# Analysis of Nursing Needs of the Elderly with Disability and Dementia in Rural Areas of Anqing City under the Theory of Social Support

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**Abstract:** After the new century, the aging of the population, the aging of the population and the longevity of multiple health states are accelerating, and the long-term care of the elderly with disability and dementia is becoming increasingly prominent. China began the pilot of long-term care insurance in 2016, covering about 169 million people by the end of 2022, and home care is the first choice for most elderly families with disabilities and dementia. As the only pilot city in the province, Anqing currently guarantees the moderate and severe disability groups of urban workers, and does not cover other urban and rural disabled and semi-disabled residents, nor does it include the elderly with dementia, it is necessary to analyze the long-term care needs of these families. This paper uses comparative analysis to compare and analyze the implementation mode of long-term care insurance in Shanghai, Qingdao and Nantong, and finds the problems in the pilot process through comparative analysis, in order to provide reference for the improvement of long-term care insurance system in Anqing.

**Keywords:** Disabled and Dementia Elderly; Care Needs; Rural Areas.

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## 1. Introduction

Entering the 21st century, social and economic development has entered a new normal, and the issue of aging has become even more severe. In the next 30 years, China will enter a rapid aging stage characterized by aging, aging, and multiple health states and longevity, characterized by "gradually getting rich and aging quickly" (Mi Hong, 2016). Whether it can effectively alleviate the challenges brought by aging population is related to whether China's society can be harmonious and stable; Continuously improving the social medical security system is also a fundamental requirement for building a moderately prosperous society in all respects. China launched two rounds of long-term care insurance pilot projects in 2016 and 2018, respectively. However, based on the current situation, the scope of long-term care insurance pilot projects is limited, and the coverage is mainly for urban employees with moderate to severe disability. The social medical security system still has many drawbacks in caring for disabled and dementia elderly people, especially for disabled and dementia elderly people who are insured by urban and rural residents' medical insurance, The existing system policies are still unable to address their nursing needs. As of the end of 2022, the number of disabled elderly people covered was approximately 169 million. However, in that year, the population of disabled elderly people in China reached 52.71 million, of which 18 million accounted for about 13% of the population aged 65 and above, compared to about 15% in OECD countries. The basic livelihood of the elderly with dementia must rely on the power of others. Influenced by family relationships and traditional Chinese culture, the vast majority of the elderly with dementia in society mainly rely on family care. However, with the continuous development of social structure, coupled with the early one child policy and the subsequent opening up of two and three child policies, the informal care function of families has been weakened, and the pressure on family caregivers has become extremely great, making it difficult to provide

professional medical care services. This not only affects the quality-of-care services for the elderly with disabilities and dementia, but also affects the physical and mental health of family caregivers themselves. Therefore, more and more scholars are beginning to attempt to study how to rely on long-term care insurance to help family caregivers alleviate stress and better complete the task of long-term care for disabled and dementia elderly families, in the context of existing family models and social structures. To address this important issue that affects social development, research on social support for long-term care for disabled and dementia elderly families has become very important.

## 2. Literature Review

Foreign scholars have studied the long-term care guarantee system relatively early, focusing on the establishment of a long-term care insurance system, the role of the government in the long-term care guarantee system, and whether the insurance system can effectively solve the practical difficulties of disabled elderly families. These are all the focuses of foreign scholars' research. Martin (2019) believes that the level of public awareness will affect their willingness to purchase long-term care insurance, and suggests increasing publicity efforts to increase public awareness of long-term care insurance. At the same time, it is also necessary to prevent the impact of adverse selection on long-term care insurance. Morgan (2016) focused on the impact of gender differences in providing long-term care for disabled elderly people on their care needs. Scholar Morgan believes that women are generally older among disabled elderly people, and their care needs are also higher. Bridget (2016) believes that the lifespan of individuals with intellectual disabilities is gradually extending, coupled with their aging at the same time as their elderly parents, leading to difficulties in long-term care in the community. Soonman (2021) proposed that South Korea implemented public long-term care insurance in 2008, transforming it from a tax based long-term care for low-income elderly people to a public long-term care insurance

operated by a single public insurance company. After ten years of implementation, the system has continuously expanded its service scope, and the infrastructure of nursing services has gradually improved. In the future, we should grasp the sustainability of finance, the role of local governments, and the coordination of nursing services. Bertrand (2021) used a dynamic model to evaluate the impact of housing liquidity on the demand for long-term care insurance. Due to the fact that most retirees reduce their housing wealth when they move into long-term care institutions, the demand for long-term care insurance is reduced to some extent due to poor mobility in housing. Weston (2012) believes that because people cannot predict their future health status, they are less willing to accept long-term care commercial insurance when in good health. Meagher (2013) believes that although Sweden's long-term care insurance system is mainly funded by national taxes, the public has higher demands for the quality of long-term care. Recently, scholars have also shifted their perspective to the issue of long-term care services for elderly people with dementia in rural areas (Chuakhamfoo et al., 2020; Feng et al., 2020; Mushyimi et al., 2021; Du et al., 2021). Saunders&Groh (2020) found that informal care providers in households may experience physical deterioration after taking care of themselves, especially when their spouses experience Alzheimer's disease, which is more severe in rural areas.

The focus of Chinese scholars' research on long-term care services is to explore the establishment of the most suitable long-term care model and long-term care insurance system for China's national conditions based on the level of socio-economic development at different stages. Wu Danxian and Gao Xiaolu (2020) analyzed the needs of disabled elderly people from the perspective of spatial source linkage, and their research showed that whether there is an elevator in the living environment has a significant impact on the lives of the elderly. Zhou Lei and Wang Jingxi (2019) summarized the experience of 15 pilot cities in China and proposed policy recommendations for establishing a long-term fundraising mechanism, adopting multi-channel fundraising methods. Wang Rongrong and Xiao Mingchao (2020), based on relevant literature research and on-site household interviews, found that disabled elderly people are in a state of disability for a long time, and generally have certain mental and psychological problems. At the same time, disabled elderly people have the idea of not willing to burden their children, resulting in an underestimated or even ignored emotional care needs of disabled elderly people, which is worthy of special attention. Yao Hong (2020) explored the payment form of insurance benefits and believed that cash payment should be introduced as the payment form. Zhang Yinghua (2020) conducted an in-depth study on the sustainability of China's long-term care insurance system and believed that there may be some risks that may lead to funding difficulties. Liu Xiaomei and Zhang Hao (2020) proposed relevant suggestions for improving the sustainable operation mechanism of long-term care insurance in China, believing that a few cities should adjust the pilot implementation of nursing insurance systems and establish a unified long-term care insurance system nationwide. Lu Menghua and Lv Mingyang (2020) compared and analyzed the coverage and duration of long-term care insurance under the social insurance model and the commercial insurance model, and proposed the establishment of a dual model of "social

insurance+commercial insurance". Yang Jie (2019) conducted in-depth interviews to investigate the pilot situation of long-term care insurance in Anqing City, summarized the experience and strategy research of long-term care insurance pilot in Anqing City, and provided suggestions to promote the development of long-term care insurance work nationwide. Yu Qiaoping (2020) summarized and analyzed the work of the long-term care insurance pilot in Anqing City over the past three years, providing a theoretical basis for optimizing the pilot path and expanding policies in the later stage.

As a vulnerable group in society, the elderly should receive support and assistance from all sectors of society in the theory of social support. Social support enables individuals to feel the collective care and respect, thereby improving their self-esteem, gaining psychological satisfaction, and a sense of collective belonging (Cobb, 1976). Social support includes the subject of social support, that is, the subject providing material and spiritual support; There are also objects of social support, mostly those with support needs, mainly referring to vulnerable groups in society. The subject of social support provides material and spiritual assistance to the object of social support by providing content and services, forming a relatively close connection. Wei Bing (2017) proposed to establish and improve a three-dimensional long-term nursing service support system of "family community institution", and connect the nursing functions of family, community, and institution through the long-term nursing insurance system, so that the elderly can integrate into a complete social support network to meet basic needs such as daily care, health care, social interaction, and spiritual comfort.

### **3. Current Situation and Policy Comparison of Long-Term Care Insurance Operation in Anqing City**

#### **3.1. Current Situation of Long-Term Care Insurance Operation in Anqing City**

Anqing City, Anhui Province is one of the first batch of pilot cities for long-term care insurance, and the pilot work for long-term care insurance has been officially implemented since 2017. In 2022, the city will continue to expand the coverage of the insured population, including expanding the coverage of the new rural cooperative medical insurance and medical insurance in the city, and achieving the goal of fully insured coverage. For individuals who meet the severe disability level specified in the disability assessment criteria, after being evaluated by nursing institutions, they can receive long-term care services to better meet their daily life, medical and nursing needs. The promotion of long-term care insurance pilot work is a manifestation of the Chinese government's concern for the welfare and health of the elderly, and is also an important measure to alleviate elderly care issues. According to the survey by the Anqing Municipal Health Commission, by the end of 2022, the urban population aged 60 and above was 895600, accounting for 21.50% of the total population. Among them, the population aged 65 and above was 710600, accounting for 17.06%. In addition, 1616 people in Anqing City are currently receiving long-term care insurance benefits, including 1306 severe cases and 310 moderate cases; 30 people enjoy long-term care insurance benefits in contracted medical institutions, 329 people enjoy long-term care insurance benefits in contracted elderly care

institutions, and 1257 people enjoy long-term care insurance benefits in home care services. By the end of 2022, long-term care insurance in Anqing City covered 506900 employees, with a total of 81 long-term care service agreement institutions in the city, including 26 medical institutions, 45 elderly care institutions, and 10 home care services.

### 3.1.1. Scope of Guarantee

The long-term care insurance in Anqing City covers disabled individuals who are unable to take care of themselves for more than 6 months due to three reasons, including aging, illness, and disability. The insured must have the following characteristics: firstly, the insured must have purchased insurance; secondly, the insured must meet the disability level specified in the disability assessment criteria; thirdly, the reasons for the insured's disability must be age, illness, and disability. Compared to the Guiding Opinions on Pilots issued in 2016, the provisions on the coverage of long-term care insurance in Anqing City are basically consistent with the provisions of the Guiding Opinions. In addition, the main beneficiaries of protection are urban employees, namely residents who participate in urban employee medical insurance. The scope of personnel who can participate in long-term care insurance has been expanded from severe to moderate, and the level assessment is based on the provisions of the "Disability Level Assessment Method".

### 3.1.2. Funding Mechanism

Anqing City implements a city level coordinated long-term care insurance system, which means that the city will summarize the premium income of all insured individuals and distribute it according to the actual situation to ensure that all insured individuals should enjoy the necessary protection and treatment. In addition, by implementing separate accounting, the whereabouts of each premium can be more accurately calculated, avoiding financial waste and wastage caused by poor management. Incorporating the long-term care insurance fund into the social security fund means that the city can better utilize the scale and advantages of the social security fund, enabling the long-term care insurance fund to play a better role while ensuring the safety and stability of the fund. Anqing City's long-term care insurance adopts multiple financing channels and determined financing standards, aiming to ensure the fairness and sustainability of premiums. Specifically, an annual premium of 40 yuan is required, of which 15 yuan is borne by the medical insurance fund, 5 yuan is borne by the local finance, and individuals are required to pay a premium of 20 yuan. Through diversified financing channels and fixed funding standards, the premium of long-term care insurance in Anqing City can be reasonably allocated, ensuring that all insured individuals can enjoy corresponding nursing services, and improving the sustainability and management efficiency of the insurance fund.

### 3.1.3. Standards for Treatment and Protection

The nursing beds of designated medical institutions can receive a subsidy of no more than 50 yuan per day as stipulated; Nursing beds in elderly care institutions can receive a subsidy of no more than 40 yuan per day. According to the type of service provided, a monthly payment of 750 yuan will be made for on-site services provided by nursing institutions. Individuals who receive home care services will also receive a daily nursing allowance of 15 yuan, which will be distributed quarterly.

### 3.1.4. Application and Evaluation of Benefits

When disabled individuals who meet the insurance conditions apply to participate in long-term care insurance, they need to provide valid identity information, disability assessment standard level reports, medical information records, and other materials to make an offer to the long-term care insurance institution. After receiving the offer, the long-term care insurance institution should make a judgment within two months. After the initial review of the provided materials by the nursing institution, disability assessment experts will be randomly selected to evaluate the basic living abilities of insured individuals. During the disability assessment period of the insured, an investigation can be conducted on their basic living conditions within their living area as evidence of meeting the underwriting conditions. After the audit is completed, institutional personnel should score according to the disability assessment criteria table. If the score meets the criteria for severely disabled individuals, it can be considered as a protected object of long-term care insurance.

### 3.1.5. Payment of Benefits

There are currently three main nursing methods in Anqing City, namely hospital care, nursing home care, and home care. Disabled individuals choose appropriate nursing methods based on their subjective wishes and actual situation. The payment standards for different types of care methods also vary, as shown in Table 1.

Table 1. Nursing Methods

	medical institution	Elderly care institutions	Home Care
Daily/yuan	60	50	15

Data source: Anqing Medical Security Bureau

## 3.2. Comparison of Long-Term Care Insurance Policies in Other Pilot Cities

### 3.2.1. Shanghai Mode

There are two characteristics in the pilot implementation of long-term care insurance in Shanghai, one is government led. Shanghai adopts a completely government operated and implemented model, which categorizes long-term care insurance as social security. This model is rarely adopted in pilot cities for long-term care insurance. Secondly, long-term care is mainly focused on home based medical care. After the official pilot program in Shanghai, the system was positioned as "supporting the development of home care" and tilted towards home care in fund payments to a certain extent. In terms of specific implementation, public information from the Shanghai Municipal Human Resources and Social Security Bureau shows that long-term care insurance mainly covers two types of people. One is those who are over 60 years old, participate in resident medical insurance or employee medical insurance, and have received basic pension for urban employees in accordance with regulations; Secondly, personnel with a disability level of level 2 to level 6; In terms of service models, Shanghai mainly has three models: community home care, elderly care institutions, and inpatient medical care; In terms of payment standards, the home care model provides no more than 3 hours of service per week for elderly people who have reached level 2 and level 3 disability, no more than 5 hours per week for level 4 disability, and no more than 7 hours per week for level 5 and level 6 disability. The care mode of elderly care institutions charges a daily fee

of 20 yuan for elderly people who have reached the second and third levels of disability, 25 yuan for elderly people with the fourth level of disability, and 30 yuan for elderly people with the fifth and sixth levels of disability. The inpatient nursing model charges fees based on the reimbursement ratio of medical insurance; In terms of service items, there are over 40 items including facial cleaning and grooming, bathing, assisting in eating, and self-care ability training.

### **3.2.2. Qingdao Mode**

The pilot of Qingdao model long-term care insurance presents two characteristics: firstly, government management, with the participation of private institutions. Qingdao City mainly adopts a long-term care insurance development model led by the government and highly participated by private institutions, which has been relatively complete so far. The second characteristic is the full responsibility of the whole person, that is, the long-term care insurance model combines the concept of "medical, nursing, health, care, and prevention" with the "whole person" concept, aiming to provide timely and comprehensive services for the elderly with disability and dementia.

In terms of specific implementation, according to the information disclosed by the Qingdao Municipal Human Resources and Social Security Bureau, disabled and dementia individuals who cannot take care of themselves in terms of coverage can enjoy long-term care insurance benefits; In terms of service models, Qingdao adopts a "4+3" model, which combines specialized care, hospital care, home care, patrol care with long-term care, short-term care, and daytime care; In terms of payment standards, elderly people with disabilities at levels 3, 4, and 5 who enjoy specialized care, hospital care, and dementia zones spend 22 yuan, 35 yuan, and 50 yuan per day, respectively, of which 10% is paid by individuals themselves. Elderly people with disabilities at levels 3, 4, and 5 who enjoy home care and patrol services enjoy 3, 5, and 7 hours of care per week, respectively. The hourly settlement standard is 50 yuan per hour (including personal self-payment), and if it is less than half an hour, it will be calculated as half an hour, with 25 yuan per half an hour; In terms of service projects, Qingdao has a total of 60 home care services, including 25 basic care, 17 basic life care, 15 rehabilitation training, and 3 other services such as drug management and guidance.

### **3.2.3. Nantong Mode**

The implementation model of long-term nursing insurance in Nantong is entrusted to a third party and supervised by the government. The implementation mainly relies on market operation and service outsourcing. After being approved by government departments for public bidding, the winning commercial insurance company provides a complete range of services, including application acceptance, on-site evaluation, subsidy distribution, on-site care, and on-site inspection. In terms of population coverage, severe and some moderately disabled individuals who have been unable to take care of themselves after at least 6 months of treatment can enjoy long-term care insurance benefits; In terms of service models, there are mainly three modes: medical institution care, elderly care service institution care, and home care services; In terms of payment standards, elderly people who enjoy the care of medical institutions will receive daily subsidies of 50 yuan and 40 yuan respectively for severely disabled and moderately disabled individuals. Elderly people who enjoy the care of elderly care institutions will receive daily subsidies of 40 yuan and 10 yuan respectively for severely and

moderately disabled individuals. Elderly people who enjoy home care services will receive daily subsidies of 15 yuan and 8 yuan for those with severe and moderate disabilities, respectively.

## **4. Problems in Long-Term Care Services for Elderly People with Disabilities and Dementia in Rural Areas of Anqing City**

### **4.1. Small Coverage of Long-Term Care Insurance**

The coverage is small, so there is still room for improvement in policies. Currently, the long-term care insurance benefits in Anqing City are only limited to residents who have participated in urban employee medical insurance, and many people do not enjoy this treatment. In addition, further improvements should be made to the policy to make it more practical, feasible, and convenient in the implementation process. In many aspects, it is based on the experience of other pilot cities in Qingdao and Shanghai. Although Anqing City has expanded the coverage of long-term care insurance to urban employees throughout the city, there are still certain shortcomings, that is, long-term care insurance has not yet reached the concept of full coverage, and the coverage is not broad enough. Most urban and rural residents still cannot enjoy this policy. Therefore, investment in long-term care insurance should be increased to achieve better protection effects. Compared to cities, the economic development of rural areas is backward, and the management level of medical insurance and elderly care services is also relatively low. Farmers have more urgent requirements for long-term care insurance, but due to the limitations of the insured areas, the actual number of people who can enjoy this policy is relatively small.

### **4.2. Insufficient Sustainability of Funding Sources for Long-Term Care Insurance**

At present, the long-term care insurance fund in Anqing City cannot make ends meet, and its funding sources are divided into three parts. Among the sources of long-term care insurance funds, medical security funds and individual contributions account for the most significant portion. In this regard, it should be noted that: a. there is a shortage of medical insurance funds. Although in recent years, the government has conducted centralized procurement of pharmaceuticals and medical equipment, alleviating the payment pressure in Anqing City, due to the increase in medical costs, the payment pressure of the city's medical insurance pooling fund is also increasing. Therefore, relying solely on the allocation of medical insurance pooling funds cannot effectively supplement the long-term care insurance fund; b. Government subsidies are relatively insufficient. The spread of COVID-19 has greatly affected the economy of our country and also the economy of Anqing City. At the same time, in order to improve the living standards of the people, the Anqing Government also needs to increase some spending on people's livelihood, which has caused financial strain of the Anqing Municipal Government. Therefore, in this case, the subsidy of the Anqing Municipal Government for long-term care insurance cannot be increased in the short term. c. It is difficult to improve individual payment levels. The outbreak of COVID-19 has significantly affected the economy of

Anqing City, and the actual income of residents has also declined. At the same time, people have negative expectations for disease prevention and treatment, which makes the residents of Anqing City more cautious about disease prevention and treatment. Therefore, improving the payment standard of long-term care insurance is also a great challenge for Anqing City.

### **4.3. The Handling Mechanism Needs to be Improved, and the Institutional Process Needs to be Refined**

Generally speaking, the long-term care pilot program in Anqing City only provides a rough service process without a specific service deadline, such as submitting and reviewing relevant materials. During this process, the applicant's time is wasted, reflecting the slow and inconvenient work efficiency of the processing unit; In addition, due to the applicant's requirement to meet the six-month course of illness, some disabled elderly people have missed the best nursing opportunity due to not being treated in a timely manner, and therefore cannot enjoy the benefits brought by the policy.

### **4.4. Low Level of Treatment Payment**

The payment of benefits for long-term care insurance is a crucial aspect. Anqing City adopts a combination of service and cash payment method, but the cash payment is low and the service level is limited. The specific manifestations are as follows: a. The payment level of benefits is low. Among the insured elderly of long-term care insurance in Anqing City, the disabled elderly receives very little subsidies and can only pay half or less of the nursing expenses. Except for the disabled elderly themselves, their relatives can receive much lower cash subsidies than professional nursing staff. Under the dual pressure of time and economy, except for the severely disabled elderly, other disabled elderly is more willing to shift from home care to institutional care, in order to reduce the economic burden. The cash subsidy for disabled elderly people in Anqing City is too low, with a monthly subsidy standard of 450 yuan per person and a home service nursing package worth 500 yuan. However, most people report that the nursing package has fewer service items and low cost-effectiveness. b. The service level is relatively low. For the long-term care of disabled elderly people, it should be comprehensive, and in addition to daily life care, there should also be inpatient medical professional care. However, according to research, the services of long-term care insurance in Anqing City are mostly concentrated in basic life care such as diet, sleep, and cleaning, lacking professional care for disabled elderly people, and the service level cannot meet the diverse needs of disabled elderly people.

## **5. Countermeasures for the Long-term Care Service Needs of the Elderly with Disability and Dementia in Rural Areas of Anqing City and Improvement of the Long-term Care Insurance System**

### **5.1. Expanding the Coverage of Long-Term Care Insurance**

Long term care insurance is one of the "six insurances" in China's social security system, with "full coverage" ranking

first among the "six insurances". As for the pilot situation nationwide, there are still differences in qualification recognition, treatment standards, and other issues among pilot cities. Although the disability status of policyholders has been evaluated nationwide, the requirements for long-term care insurance benefits vary from region to region. Places like Nantong and Anqing can enjoy corresponding benefits as long as they reach a disability level in their daily lives and meet relevant insurance requirements. Shanghai requires 60 years old or above. The long-term care insurance in Anqing City has high requirements, mainly targeting elderly people with severe disabilities. Therefore, the conditions can be relaxed to include some elderly people with moderate disabilities, which can increase their care.

### **5.2. Improving Fundraising Standards**

At present, the gap in medical insurance funds in Anqing City is relatively large, and the funding standards are not high. During the pilot process, medical security and financial funds are mainly used as the main financing channels. If medical insurance premiums are difficult to surplus, in order to maintain the sustainable and feasible operation of the nursing insurance system, it is necessary to increase financial expenditures. With the further development of population aging, whether the financing channels need to be improved still needs further research. From the situation of pilot areas in China, some cities have solved their funding problems through channels such as lucky lottery. This approach is clearly very desirable. Of course, the current fiscal expenditure structure in China is unreasonable, with a large proportion of basic construction and a small expenditure on social welfare and livelihood. Therefore, it is necessary to continuously adjust and optimize this expenditure structure, which is the ultimate guarantee for long-term care insurance to achieve widespread coverage.

### **5.3. Optimize the Payment of Long-Term Care Insurance Benefits**

#### **5.3.1. Increase Investment in Disabled Elderly People**

In order to better take care of disabled groups, we should strengthen our support for them. When carrying out treatment, health care, and basic life care services, we should adopt a combination of material and service methods, and pay attention to psychological guidance and health education. In addition, we should also provide higher insurance benefits for disabled elderly people in need to enhance their spirit of self-improvement and survival confidence. In fact, some disabled elderly people find it difficult to endure the torment of illness, which may cause negative emotions and interfere with management and rehabilitation work. To prevent this phenomenon, the mental health of disabled elderly people is crucial.

#### **5.3.2. Strengthening the Construction of Competitive Mechanisms**

In order to improve the efficiency of the long-term care insurance system, the government should strengthen the construction of competitive mechanisms, especially the role of market mechanisms, in order to create more and richer services and care content. The government should also expand more nursing institutions and improve the professionalism of nursing staff, and expand the main functions of professional community and home care, guide and supervise organizations, and improve the payment level of home care benefits. Ultimately, establish a complete long-

term care insurance system to narrow regional differences.

### 5.3.3. Clarify the Scope of Nursing Insurance Benefits

The concept of "close integration of medical and nursing care" is an important one, aiming to clarify the definition and payment scope of various types of insurance such as long-term care, elderly care, and medical care, in order to ensure the effective use of funds. Once these definitions are unclear, it will lead to repetitive fund payments. Therefore, the introduction of "close integration of medical and nursing care" will help better ensure the effective implementation of nursing insurance. Currently, many disabled elderly people are facing the challenge of treating chronic diseases that are difficult, so they urgently need long-term rehabilitation and nursing services to help them. In order to solve this problem, we must determine the coverage and payment scale of various social insurances to improve the payment level of nursing services.

### 5.4. Improving the Quality of Long-Term Care Insurance Services

a. In order to ensure the quality of nursing services, we should strengthen the daily supervision of various entities within the system, including selecting qualified nursing service units, conducting quality monitoring, conducting inspections, audits, and performance evaluations. At the same time, we should also transform the government's regulatory approach from tough regulation to flexible regulation to ensure the effective implementation of long-term care insurance. b. Improve the market-oriented supply of long-term nursing services, improve service items and price management, promote the development and maturity of the long-term nursing service market, and overall improve the level of long-term nursing services. c. Encourage family and personal care. Increase investment in human capital for long-term nursing staff; Increase training efforts and establish job standards for industry practitioners; Encourage personnel to participate in professional skills competitions, promoting learning and skills through competitions. d. Establish a long-term integrity system for the nursing industry. By combining socialization and marketization, establish a blacklist system and supervise service institutions to manage nursing staff effectively.

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