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Current Status, Challenges, and Recommendations for the Integration of Medical and Elderly Care Services in Chinese Urban Communities

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Abstract: Since the onset of the 21st century, China has been grappling with an aging population. The continuous increase in the number of individuals aged 65 and above in recent years has intensified this aging trend. To alleviate the challenges of an aging society and promote healthy aging in China, the development of integrated medical and elderly care services was formally proposed in 2013. This initiative has led to the establishment of four integrated service models, which have achieved commendable results over the past few years. However, China's foray into integrated medical and elderly care services began relatively late, and several challenges persist. These include a mismatch between the supply and demand of services, limited financing channels for these services, overlapping management by multiple government departments, and a shortage of specialized professionals in the field. Based on this analysis, this paper suggests enhancing the match between supply and demand for integrated services, diversifying financing channels, strengthening collaborative governance of these services, and actively recruiting and cultivating professionals specialized in integrated medical and elderly care.

Keywords: Integration of Medical and Elderly Care Services; Urban Communities; Challenges; Recommendations.

1. Introduction

According to data from the National Bureau of Statistics, the number of elderly people aged 65 and above in China has been steadily increasing for several decades. From 93.77 million in 2002, the figure rose to 209.78 million by the end of 2022. The proportion of the elderly population to the total population increased from 7.3% in 2002 to 14.9% by the end of 2022. Concurrently, the elderly dependency ratio also grew from 10.4% in 2002 to 21.8% by the end of 2022, as illustrated in Figure 1. Compared to 2002, these statistics have doubled, indicating the increasingly severe aging issue China faces. Compared to those under 65, the elderly population has a higher incidence of illnesses, and this rapid increase in numbers has led to significant consumption of health resources. Both societal and familial demands for elderly medical care and services have surged.

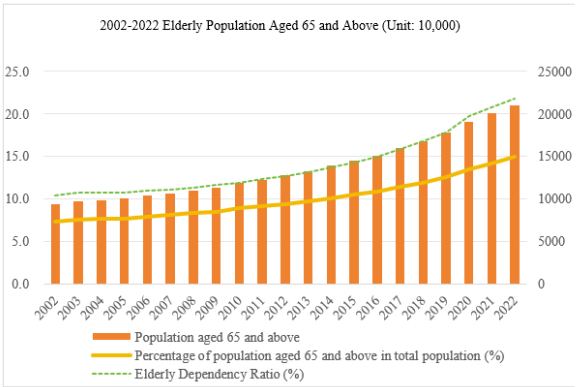

Figure 1. Population Trends of People Aged 65 and Above in China from 2002 to 2022

Faced with the mounting challenges of an aging population and pressures on healthcare and elderly care, traditional models of home-based care, community care, and institutional care are no longer adequately meeting the needs. The integration of medical and elderly care has thus emerged in practice to adapt to their health requirements. Data from the National Health Commission reveals that China's current elderly care model follows a "90-7-3" pattern: 90% of the elderly opt for home-based care, 7% rely on community-supported care, and 3% choose to move into care institutions. The majority of China's elderly population resides and engages in community settings, making community-based medical and elderly care the predominant form of integrated care. This model is both a result of policy direction and a choice that aligns closely with the current familial circumstances in China.

The initiation of integrated medical and elderly care services in urban Chinese communities was relatively recent. With the support of several national policies in recent years, notable progress has been achieved. However, there remain pressing issues that need to be addressed. It's imperative to continue vigorously developing integrated medical and elderly care services in urban communities to realize China's vision of healthy aging.

2. Current Status of Integrated Medical and Elderly Care Services in Chinese Urban Communities

2.1. Policy Evolution of Integrated Medical and Elderly Care Services in Communities

Since September 2013, when China formally proposed the promotion of the integration of medical and elderly care in the "Several Opinions on Accelerating the Development of the Elderly Care Service Industry", a series of related policy documents promoting this integration have been released frequently in recent years. Details of these policies can be found in Table 1. These policy documents encompass both the

macro-level design and the micro-level operational aspects of medical and elderly care integration. They transition from emphasizing policy guidance on integrated care to the execution of key tasks. The combination of policy guidance and social practice has led to the creation of demonstration areas at various levels, encouraging these areas to play a leading and radiating role in promoting integrated care.

Table 1. Relevant Policies on Community Medical and Elderly Care Integration Services

No.	Policy Document	Approval Month	Policy Content
1	Opinions on Accelerating the Development of the Elderly Care Service Industry	September 2013	For the first time, it clarifies the development of integrated medical and elderly care services.
2	Notification on Guiding Opinions for Promoting the Integration of Medical and Health Services with Elderly Care Services	November 2015	Proposing the development goals and key tasks of integrating medical and elderly care services.
3	Opinions on Further Promoting the Development of Medical and Elderly Care Integration	October 2019	Proposing to perfect the service system of medical and elderly care integration based on homes and relying on communities.
4	Notice on Issuing the Work Plan for Medical and Elderly Care Integration Demonstration Projects	April 2022	Guidance on establishing national demonstration provinces (regions, cities) for medical and elderly care integration, demonstration counties (cities, districts), and demonstration institutions.
5	Guiding Opinions on Further Promoting the Development of Medical and Elderly Care Integration	July 2022	Placing the development of home-based and community medical and elderly care integration services as the top priority in the opinions.
6	Notice on Issuing the Key Tasks for the Deepening of Medical and Health System Reforms in the Second Half of 2023	July 2023	Proposing the implementation of community medical and elderly care integration capability enhancement actions and the demonstration projects for medical and elderly care integration.

In the evolution of China's integrated medical and elderly care policies, taking into account the social reality that the vast majority of the elderly in China choose community-based and home-based care, the government has progressively shifted the focus of implementing integrated medical and elderly care services to communities and homes. Integrated medical and elderly care services at the community level will be the primary direction for enhancing China's capability in this field in the future. The frequent release of related policies in recent years has provided ample support and guidance for both theoretical research and practical application of integrated medical and elderly care in communities, pointing the way to realizing healthy aging.

2.2. Primary Models of Integrated Medical and Elderly Care Services in Communities

Integrated medical and elderly care services in communities refer to a unified approach where the government acts as the central responsible entity, exercising its administrative functions[1]. This involves coordinating various resources, such as medical care, elderly care, funds, and manpower within a certain scope. The aim is to provide elderly individuals in the community with integrated services that encompass both medical and elderly care in nature[2]. This includes disease treatment, daily living care, preventive health care, and rehabilitative nursing. The goal is to meet the basic living needs of the elderly and improve their quality of life[3]. The primary recipients of these services are individuals aged 65 and above. The main providers of these services are community health service centers, community elderly care institutions, and other related medical and elderly care institutions within a certain area.

Based on the different ways of providing integrated care services, China has primarily established four models of community medical and elderly care integration:

1.Medical Institutions with In-built Elderly Care Facilities: This model is led by medical institutions that incorporate elderly care facilities within them, emphasizing medical care as the primary service and elderly care as secondary.

2.Elderly Care Institutions with In-built Medical Facilities: In this model, elderly care institutions take the lead, integrating medical departments within them, with the focus being primarily on elderly care and secondary on medical care.

3.Collaborative Model Between Medical and Elderly Care Institutions: This model is realized by establishing cooperative relationships between medical institutions and elderly care institutions within the community, providing integrated medical and elderly care services.

4.Radiating Model with Participation from Higher-Level Medical Institutions: This model is centered around community health service centers providing elderly care services and certain medical services. They collaborate with nearby higher-level medical institutions that offer doorstep medical services and priority hospital admission services.

Comparisons and classifications of these models can be found in Table 2.

Table 2. Four types of comparison table

Type	Advantages	Disadvantages
Medical Institutions with Integrated Elderly Care Facilities	Enhance medical institution's capability for elderly care services	High operational cost
Elderly Care Facilities with Integrated Medical Institutions	Enhance elderly care institution's medical service capability	Difficult to ensure service quality
Collaboration between Medical and Elderly Care Institutions	Rational resource allocation	Unclear responsibility boundaries
High-Level Medical Institutions Participating in a Radiating Model	Effective resource integration	Limited service targets

3. Issues with Integrated Medical and Elderly Care Services in Chinese Urban Communities

3.1. Mismatch of Supply and Demand in Integrated Services

The elderly in communities demand integrated medical and elderly care services spanning various areas like disease treatment, psychological counseling, preventive health care, rehabilitative nursing, daily caregiving, and chronic disease

management. However, the majority of communities currently offer only basic medical and elderly care. Some specialized senior medical service institutions target only the disabled or semi-disabled elderly with poor health conditions, and the costs for these services are often high. Elderly individuals with poorer health find it challenging to afford these high service fees, while the facilities of community integrated services are rudimentary, struggling to cater to the specific needs of the fully or semi-disabled elderly [4]. The services provided by community integrated institutions are categorized into residential and daytime caregiving. The residential type is more expensive, making it accessible mostly to affluent families, leaving most seniors unable to benefit due to the high costs. In contrast, the more affordable daytime caregiving option is preferred by many, but it poses challenges when emergencies occur during the night, compromising the elderly's health.

3.2. Single Funding Channel for Integrated Services

Currently, the primary funding source for implementing integrated services in China largely relies on the government. However, elevating the quality of community integrated services requires substantial investment in professional equipment and talent, and the current government support is insufficient. The elderly care industry demands significant initial investments and a prolonged payback period, leading to a lack of incentive for private capital to invest in community integrated services[5]. Though the long-term care insurance system is a crucial initiative to support these services, it hasn't been implemented nationwide. Many services in medical institutions, elderly care institutions, and cooperative models face restrictions from the current medical insurance policies, making it challenging for seniors to get reimbursements or financial support for integrated services[6].

3.3. Fragmented Management Across Multiple Government Departments

The primary providers of community integrated services are community medical and elderly care institutions. However, the management of these entities, including potential cost settlements, involves several departments like health, civil affairs, and medical insurance, which currently lack coordination[7]. This fragmented management results in unclear responsibilities and poor synergy, lowering the efficiency of community integrated services[8]. Providers face challenges in enhancing the efficacy of initial medical consultations and proper referrals for the elderly, and proactive collaboration from administrative departments is required. Fragmented management hinders timely and unified allocation of resources, leading to insufficient cooperation between medical and elderly care institutions and underutilization of integrated service resources.

3.4. Shortage of Professional Talent

The key personnel in community integrated services include community general practitioners, elderly disease care profes, leading to significant talent gaps and high turnover [9]. Given that seniors, especially the fully osionals, integrated care specialists, and caregivers. Community medical staff, as grassroots health professionals, have long faced challenges like inadequate compensation and limited career advancement opportunitiesr semi-disabled, require continuous care and possess unique communication needs, providing integrated services demands highly skilled and comprehensive professionals. Currently, especially among caregivers responsible for elderly care at home, there is a lack of adequate professional training. Coupled with their low social status and high work intensity, there's a severe shortage of qualified caregiving personnel.

4. Suggestions for Enhancing Integrated Medical and Elderly Care Services in Chinese Urban Communities:

4.1. Enhancing the Match between Supply and Demand of Integrated Medical and Elderly Care Services

Develop community health information technology to enhance the management of elderly health records within the community through the internet. Regularly update the health information of the elderly in the community to accurately identify their various integrated medical and elderly care service needs. Classify the elderly according to their health status, coordinate community integrated medical and elderly care resources, and provide various types of integrated services based on different needs. Provide regular health check-ups for healthy elderly; offer health monitoring and medication guidance for those with chronic illnesses to prevent condition deterioration; psychological counseling services for elderly living alone to ensure their mental well-being; and caregiving and home check-up services for disabled and semi-disabled elderly to maintain their normal lives. Enhance the management of elderly health information on the demand side and offer diversified services on the supply side to increase the match between supply and demand.

4.2. Diversifying Financing Channels for Integrated Medical and Elderly Care Services

Firstly, increase government funding support for community medical institutions and elderly care facilities to ensure sufficient foundational resources. Secondly, incentivize private capital participation through tax incentives to vitalize the market and establish a virtuous cycle. Thirdly, accelerate the promotion of long-term care insurance systems nationally, making it a stable mechanism for long-lasting elderly healthcare security. Lastly, progressively incorporate certain integrated services into basic medical insurance, set up a reimbursement system for elderly health check-ups, and prevent disease outbreaks among the elderly. Lead with government efforts, actively involve private capital, enhance community resources, promote health security systems for the elderly, and widen financing channels.

4.3. Strengthening Collaborative Governance of Integrated Medical and Elderly Care Services

Achieving collaborative governance aims at rational allocation of resources through coordinated and unified actions from multiple stakeholders, ensuring clarity in roles and responsibilities. Firstly, identify the core management department for integrated services, ensuring unified management of community medical institutions, elderly care facilities, etc. Secondly, under unified management, define

specific roles for each department to prevent responsibilities from being shirked. Thirdly, enhance coordination and communication between management departments and participating institutions for rational resource allocation. Lastly, establish coordination mechanisms among management departments, participating institutions, health management departments, and society to resonate at both policy and practical levels, fostering community integrated service development.

4.4. Actively Introducing and Cultivating Professional Talent for Integrated Medical and Elderly Care

Initially, improve salary packages for community medical and health professionals, creating clear career advancement paths to attract and retain talent. Next, emphasize the cultivation of multi-skilled talents for integrated services, integrating this training process into the higher education system, ensuring a steady supply of such professionals. Additionally, focus on training healthcare professionals specializing in elderly care, emphasizing disease prevention, treatment, management, caregiving for disabled elderly, and communication skills tailored to the elderly. Finally, improve the working environment for elderly caregivers, enhance their salaries, benefits, and societal status, and attract higher quality talent to the profession.

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