Exploring the Development Model of Regional Long-Term Care Alliances - A Reflection Based on the Medical Alliance Model

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ABSTRACT

The imbalance between the supply and demand of long-term care for the elderly is a problem associated with an ageing society, and one of the reasons for this problem is the lack of linkage between care institutions in the region. Based on the experience of the development of medical alliances, this paper explores the development model of long-term care alliances in the region from two aspects: the realistic background and the problem to meet the long-term care needs of the elderly and promote the comprehensive realization of the "Healthy China Strategy".

Keywords: Long-term care, care needs, care model, care alliance

1. INTRODUCTION

In 1999, China entered an ageing society and the degree of ageing has deepened year by year. In 2015, China released the "Proposal of the Central Committee of the Communist Party of China on Formulating the Thirteenth Five-Year Plan for National Economic and Social Development", which proposed to explore the establishment of a pilot long-term care insurance [1].In June 2016, China launched a pilot long-term care insurance scheme in an effort to meet the challenges of ageing more positively. After several years of exploration and development, various pilot cities in China have achieved certain results, but there are still problems such as insufficient linkage of care institutions, poor transfer of elderly people, uneven development of care institutions within regions, difficulties in circulation of care resources as well as insufficient professionalism of care institutions and shortage of highly qualified caregivers. The establishment of regional long-term care alliances to link multiple care institutions and improve the overall care level of care institutions in the region is an important way to solve the above problems.

2. REALISTIC BACKGROUND

2.1. Establishment of Medical Clusters

A medical consortium is a medical association, usually consisting of tertiary hospitals, secondary hospitals, community hospitals and village hospitals in a region, and is essentially a network of alliances for the development of medical care in the region. The aim is to solve the problem of people's difficulty in seeing a doctor, and to ease the

pressure on large hospitals and solve the problem of people's difficulty in seeing a doctor with the graded treatment model of "big diseases in the hospital, small diseases in the community", which has achieved the result of medical work in the new era of helping people to share their worries and reducing the burden for the government. The establishment of the medical association is an important step in medical reform and institutional innovation [2]. The medical association has a catalytic effect on the optimal allocation of medical resources and the sinking of medical resources, and effectively promotes the synergistic development of medical institutions in the region.

2.2. Deepening Ageing

By the end of 2019, the number of elderly people aged 65 and over in China was 176.03 million, accounting for 12.6% of the total population and approaching the 14% old age coefficient for an ageing society [3].The ageing trend is difficult to reverse and the problem of the elderly population continues to grow. The increase in the elderly population has brought about an increase in the number of elderly people who are disabled and mentally handicapped, as well as those suffering from chronic diseases, and the demand for elderly care has increased dramatically.

2.3. Weakening of the Family Care Function

Family care is the main unit of health care services carried out in the family. In modern society, the function of family care is gradually weakening. On the one hand, the implementation of family planning policies has brought about a reduction in the number of young people and a change in fertility attitudes, with family structures

becoming increasingly smaller. On the other hand, the accelerated pace of life and the increased feasibility of population mobility have led to a lack of energy for care by family members and a weakening of the family care function.

3. PROBLEMS

3.1. Poor Data and Information Interface between Regions

The essence of an intra-regional long-term care alliance is cooperation and sharing, which requires a close information interface. However, due to the imbalance in economic development between regions, there is a wide gap in the level of construction of care institutions in the region, and the data and information platforms of some care institutions are not perfect, and an institutional information network covering the whole region has not yet been built. In addition, the lack of a comprehensive information network is an important means of improving the efficiency of long-term care services, and this is one of the reasons why some elderly people's care needs are not met.

3.2. Low Level of Care in the Nursing Workforce

The nursing workforce is the endogenous driver of the long-term care service team and is concerned with the direct satisfaction of the demand side of care. Highly qualified nursing personnel can accurately and promptly determine the care needs of older people, meet their care needs with a high level of professional skills and professional theories, and thus provide them with high-quality care services. At present, China's nursing workforce suffers from the age of nursing staff, a lack of professionalism in nursing services and a shortage of nursing staff. These problems are caused by inadequate construction of nursing disciplines, low pay, low social recognition and high labour intensity.

3.3. Inadequate Construction of Primary care Institutions

Specialised social care institutions are an important vehicle for achieving efficient care. The imbalance in economic development between urban and rural areas fundamentally causes a lag in the development of primary care institutions, and this lag is particularly evident in the relative backwardness of primary care knowledge and nursing skills. The lack of nursing knowledge results in the inability to accurately identify the personalised care needs of the elderly and to quickly formulate personalised care service plans for the elderly; the lack of nursing skills

results in the inability to correctly use nursing equipment to serve the elderly and to use nursing techniques to alleviate the physical inconvenience of the elderly with disabilities and dementia. These conditions result in inadequate social care support for older people and make it imperative to accelerate the development of long-term care alliances in the region.

4. SUGGESTIONS FOR COUNTERMEASURES

4.1. Improve the Data and Information Platform

The mismatch of data and information is a major obstacle to the establishment of regional long-term care alliances. Establishing a big data information platform that integrates personnel information entry, personnel identification, personnel health status updates, care resource information, caregiver training, service process records, and service personnel tracking can facilitate the integration of regional care alliances and speed up the establishment of care alliances. The use of WeChat public numbers and care app to develop online business. The service can be accessed by the family members of the elderly or by the elderly themselves after they have completed the 'real name authentication' in the above two ways. The platform should include options for how to provide care, the content of the care service, the fee for the care service, and the duration of the care, etc. The service order is generated by placing an order, matching the nearby caregivers, and the caregiver completes the service and records it on the APP or public number. When carrying out offline services, the first step is to review the relevant information of the service provider, determine the nursing drugs and equipment required, determine the time of visit with the service recipient and record the entire service process, which on the one hand facilitates the follow-up of nursing work and on the other hand ensures the safety of the nursing staff themselves [4].

4.2. Building the Nursing Workforce

Salary is the primary means of attracting and retaining talent, and a reasonable increase in the salary level of nursing practitioners is conducive to expanding the talent pool. On the one hand, the government should increase its support for the nursing industry, promote the overall development of the nursing industry through subsidies and preferential policies, improve the treatment of nursing staff and retain nursing talents; on the other hand, nursing institutions should establish efficient incentive mechanisms to improve the welfare level of their staff, attract university graduates to take up employment and inject new blood into the nursing talent pool. Colleges and universities can increase the construction of nursing

disciplines and cultivate high-quality nursing talents through a combination of teaching comprehensive and professional theoretical knowledge in the curriculum and training nursing skills in practice [5].iii. Enhance the social recognition of the elderly care profession. The basic knowledge of the nursing profession can be popularised through lectures on nursing knowledge and nursing knowledge manuals; regular training on knowledge and skills for practitioners should also be strengthened, with higher-level nursing institutions driving lower-level nursing institutions to provide regular training on theoretical knowledge and practical operations to improve the nursing level of the nursing team on all fronts.

4.3. Establishing Urban and Rural Nursing Networks

The establishment of an urban-rural nursing network is an important step in linking urban and rural nursing institutions and coordinating the development of health care. To establish a nursing network with reference to the medical association model, we must first select a nursing institution with the best nursing strength in the region as the central point of the nursing network and play a radiating role. This central institution will coordinate the construction of the nursing network, including management philosophy, system construction, management mechanisms, staff training, nursing research and other aspects of joint upgrading [6]. At the same time, the care and management capacity of secondary care institutions and community care centres should be complemented. The central care institutions should regularly train the staff of these primary institutions by means of scientific lectures, special academic training and staff dispatch and exchange, so as to enhance the comprehensive care capacity of the primary institutions. In addition, in addition to the planning of nursing institutions, the network of nursing service tiers is also a focus of the nursing network. A hierarchical approach to nursing care in the medical association model can be adopted, with care being provided at different levels depending on the degree of loss of physical and psychological conditions. The criteria for assessing the level of disability developed by the team of Japanese academic Takako Tsutsui develop assessment criteria based on the collection of information on the physical and mental state of the sample elderly, the degree of dementia and the content and duration of care services utilized [7], Determine the level of disability of older people to provide a scientific basis for cascading care.

4.4. Improving the 'Medical, Nursing and Care' Trinity

The establishment of a regional long-term care alliance does not mean that the alliance exists independently of hospitals and families. The "medical, nursing and care" mechanism requires the cooperation of hospitals, nursing institutions and families. Hospitals are responsible for treating the illnesses of the elderly and are the minimum threshold for their health. The services provided by the care institutions are both home-based and institutional - home-based services are mainly provided to elderly people with severe dementia, who can use modern monitoring technology to detect abnormalities and respond in a timely manner[8]; Institutional care is mainly provided for older people with a low level of disability and dementia, and it is important for care institutions to provide a good care environment, advanced care facilities and professional care services for these older people who are admitted to or come to the institutions for care services, so as to raise the standard of care.

The trinity of "medical care" is unique. Unlike ordinary elderly people, those who are disabled and chronically ill are unable to carry out their daily activities. Therefore, the "medical care" model should be based on the principle of proximity, the location of the care points and the concept of "convenience for the elderly"; in addition, the privacy of the clients should be taken into account, their information protected and their legitimate needs respected. In addition, the privacy of clients should be taken into account, their information protected and their legitimate needs respected.

5. CONCLUSION

Healthy ageing is an integral part of the Healthy China Strategy, and the rapid and high-quality establishment of regional long-term care alliances is an important step towards achieving healthy ageing. In the age of ageing, integrating care institutions and promoting their integrated and professional development provides a channel for elderly people with disabilities and chronic diseases to enjoy quality care services, which has far-reaching implications for reducing family conflicts and building a harmonious society. To this end, all sectors of society should participate in the construction of long-term care alliances in the region on all fronts, and work together to provide higher protection for their own families and for their future selves.

ACKNOWLEDGMENT

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