

Long-Term Care Model in China under the Background of Integrated Elderly Care and Medical Services

Chia-Yung Liu^{1,*} Sijie Tong²

¹ Putian University

² Putian University

*Corresponding author. Email: hubertliuliu@sina.com

ABSTRACT

With the increasing number of elder population and the deepening degree of aging society, elderly care has become the main demand of the public. Integrated elderly care and medical services has entered China's old-age model system, which provides a new direction for the development of China's old-age model. This paper focuses on contemporary China's home care, community care, and institutional care models for the elderly under the background of the integrated elderly care and medical services, in order to explore the perspective development of the three models. In this research, the authors adopted comparative study method to draw lessons from the international experience regarding the three elderly care models, and thereby, provides new ideas for the development of the integrated elderly care and medical services in China. In conclusion, it is necessitated to enhance official governance, financial support, and professional personnel for increasing workforce in health care market to promote the integrated elderly care and medical services in China.

Keywords: *Integrated Elderly Care and Medical Services, Home Care, Community Care, Institutional Care*

1. INTRODUCTION

1.1. Research Backgrounds

According to the seventh national census of population (No. 5) issued by the China Bureau of statistics (2020), there are 264,018,766 people aged 60 and over, accounting for 18.74% to total population. In which, there are 190,635,280 people aged 65 and over, accounting for 13.50% to total population. Compared with the elder population in 2010, the proportion of elder people over the age of 60 increased by 5.44%, and the proportion of people aged 65 and over increased by 4.63%[1]. Figure 1 shows the tremendous increasing trend of elder population from 2011 to 2020 in China. According to this trend, it is predicted that the population aged 60 and over will account for more than 20%, and China will become a moderately aged society during the coming five years.[2].

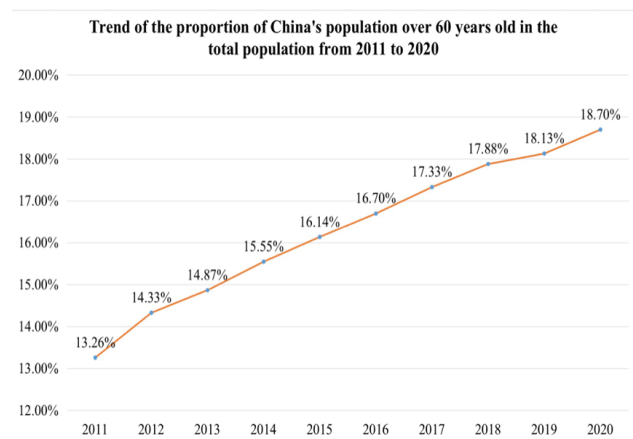


Figure 1 Increasing trend of population over 60 years old in China, 2011-2020

Source: National Bureau of Statistics (2022). China Statistical Yearbook 2012-2021.

Corresponding to the needs of aging society, long-term care service is spontaneously taken account of a significant social policy in China. Typically, home care, community care and institutional care for the elderly are

the three major models widely implemented in China. However, with the progress of the social development, the previous care models cannot meet the further needs of the elderly for "health promotion" and "life quality" at the same time. Most of the elderly care models focused on the basic life maintenance, rather than the elder people's diversified needs to promote their health, including physical, mental, and spiritual aspects. Therefore, either the instruction of health promotion or the guidance of "medicine" is necessary to the elder people[3]. For this sake, integrated elderly care and medical services seems to be a solution for connecting the gap between elderly care and medical care in order to achieve to the goal of healthy aging.

1.2. Research Questions

In this research, the research question is how to furtherly develop China's long-term care model under the background of integrated elderly care and medical services? The main research content of this paper is to analyze the current situation of the three elderly care models in China, and explore how integrated elderly care and medical services can affect the long-term care models in China.

1.3. Research Method

This comparative study adopts the literature research method. Through referring to a large number of literature, the authors explore, analyze and summarize the current situation of China's three elderly care models, they are home-based elderly care, community-based elderly care and institutional elderly care. In addition, we adopt the descriptive research method, drawing on the experience of foreign experience of long-term care, to grasp relevant lessons for references to China. In this way, we can manifest a proper way to promote integrated elderly care and medical services in China in order to comply with the urgent trend of aged society. Meanwhile, it also puts forward reasonable suggestions and provides new ideas for the implementation of integrated elderly care and medical services in China. The research structure is shown in Figure 2.

1.4. Research Significances

Although the development of long-term care system has been recognized as an pivotal national policy in China, particularly under the rapid increase of aging population, it is difficult to clearly clarify the way of developing integrated elderly care and medical services in three models of elderly care respectively. The significance of this research is to validate successful experiences in different countries, including Japan, the U.S., and Germany, to illustrate their integrated elderly care and medical services in home care, community care, and institutional care respectively.

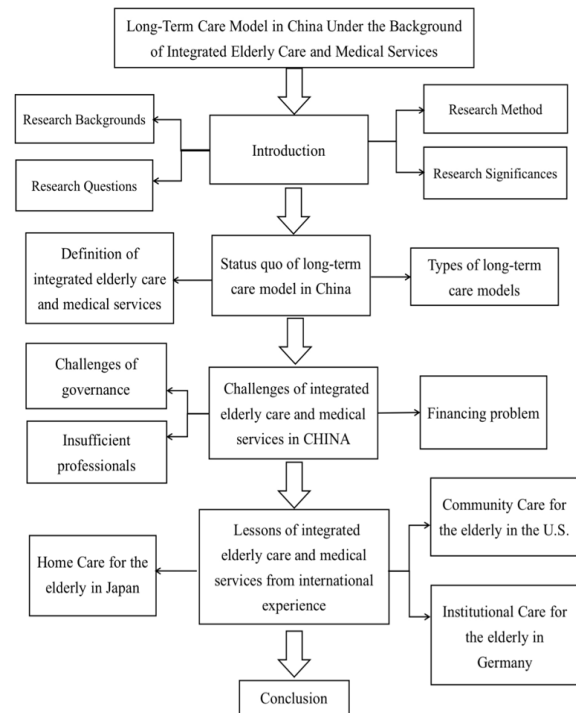


Figure 2 Research structure

2. STATUS QUO OF LONG-TERM CARE MODEL IN CHINA

2.1. Definition of integrated elderly care and medical services

Integrated elderly care and medical services is an effective combination of medical services and elderly care services, focusing on the healthy elderly care for the elder people. In addition, integrated elderly care and medical services combined social and medical resources, which provided miscellaneous services, such as physical examination, health promotion, disease prevention, and physical rehabilitation, etc. for the elderly. In other words, integrated elderly care and medical services does not only provide medical services, but general care of daily life for the elderly in order to promote their life quality. Consequently, integrated elderly care and medical services break the barrier between "life care" and "medical care" to provide an integrated services, which cover the elder people's holistic health status.

2.2 Types of long-term care models

2.2.1. Home Care for the elderly

Influenced by Chinese traditional concepts, home-based elderly care is still the first choice for most elder people and their families nowadays.[4] Home care services is mainly provided at the elder clients' home, in which the elderly with certain self-care ability choose to live with their families. In this case, community care and institutional care are compensative services because most

of daily care can be covered by the elderly and their families. In home-based care model, those who provide elderly care services for the elderly can be family members, community and institutional professional nurses [5]. The combination of medical care and home-based care can effectively prevent diseases [6]. At the same time, the physician play the role of "family doctor" can help the elderly obtaining professional and personalized health management services. Home care for the elderly can also meet the emotional needs of the elderly.

2.2.2. Community Care for the elderly

Community care for the elderly refers to letting the elderly live in their own homes. While taking care of the elderly by their families, relevant service institutions and professionals in the community provide door-to-door services and elderly care services for the old-aged people. The service institutions can be public elderly care institutions and medical institutions in the community, or private elderly care institutions and medical institutions. In this case, community care can provide personalized services for the elderly in the community, especially the disabled or partially disabled elderly. At the same time, with the cooperation of medical institutions, community elderly care institutions establish health management files for the elderly in the community, which is conducive to better systematic management of the elderly in the community [7].

2.2.3. Institutional Care for the elderly

Institutional care refers to an institution that provides comprehensive services for the elderly, such as food and daily life, cleaning and hygiene, life care, health management, sports and entertainment activities. In general, the elderly are the residents who are living in the elderly facilities, separately living from their families. In this way, institutional care provides total care for the old aged people and reduce the caring pressure for the families. However, the cost of institutional care is usually higher than home care and community care, so it often relies on public subsidies from government or social insurance payments. In this sense, the development of institutional care is closely related to government's policy and legislations. In addition, due to the nature of institutional care, it is inclined to be "medicalized" and its scale becomes larger. Therefore, to balance the cost and quality of care, government needs to give a clear direction for the qualification and development of institutional care for the elderly [8].

3. CHALLENGES OF INTEGRATED ELDERLY CARE AND MEDICAL SERVICES IN CHINA

3.1. Challenges of governance

The effective integrated elderly care and medical services is not just a simple combination of the medical care and elderly care. On the contrary, it requires a solid base of elderly care system and sound medical service system to work independently. On this base, the two service systems can be cooperated with each other for providing integrated services for the elderly. Therefore, the government plays a significant role to coordinate and integrate the elderly care system and medical service system. However, the operation of the integrated elderly care and medical services is failed to gear up because the different status between governments' departments. It is a challenge of governance to integrate elderly care and medical services for the elderly because there is no specific bureaucratic department charging of a higher-level position to combine elderly care and medical services for the elderly.

3.2 Insufficient professionals

The integrated elderly care and medical services needs comprehensive talents who are proficient in both medical knowledge and elderly care skills. However, the amount of professionals are not enough to meet the needs of demand in various regions of China. For example, "family doctors" do not only need to do their original medical work, but also need to carry out the health promotion and education furtherly outreaching to the home care and community care for the elderly. It is impossible to take account of so many tasks with limited medical personnel. Moreover, integrated elderly care and medical services is seen to increase the workload of general practitioners. In addition, there are limited professional elderly care nurses and the amount of nursing staff in elderly care institutions is insufficient to provide door-to-door care services for the elderly. Due to the insufficient professionals, some of nurses do not possess licenses or relevant nursing certificates. Therefore, the professional abilities and caring skills are different from one place to another place. In a word, insufficient professional is an eminent challenge to implement integrated elderly care and medical services in China.

3.3 Financing problem

The financial sources of the three models of long-term care in China, including home care, community care, and institutional care, significantly rely on the government subsidies and elderly families' savings. Lacking of diversified financial sources leads to financing problem in the long-term care system. Business

insurance and social security system can share the financial burden for the elderly care, but they are in the burgeoning stage and are not full-flagged mature yet in Chinese society. Moreover, the social investment is low because the capital turnover is difficult and slow in elderly care field. Consequently, social investment is insufficient to put into the financial resources to develop the integrated elderly care and medical services, and thereby, the integrated elderly care and medical services confronts to financial problem.

4. LESSONS OF INTEGRATED ELDERLY CARE AND MEDICAL SERVICES FROM INTERNATIONAL EXPERIENCE

4.1. Home Care for the elderly in Japan

The long-term care model in Japan is a regional based elderly care service model, which integrates medical and health resources, implemented by public services and medical insurance system. Regarding home care, eligible clients for nursing care firstly submit an application for appraise their "grade of nursing care" (grade I ~ V) to obtain different supports and resources from long-term care system. After the government makes evaluation and grading, the nursing institutions in the region will formulate personalized nursing care plans for them, and then carry out nursing services [9-10]. The nursing care service will provide them with a full range of services such as life care, medical care and spiritual comfort

Learning from nursing services can provide new ideas for the development of China's integrated elderly care and medical services. Using evaluation tools to carry out risk assessment and personalized scheme management for the elderly is necessary to categorize different needs for the elderly. In this way, it is useful to formulate the grade standard of long-term care needs of the elderly in China, and this standardized grade is able to classify the various supports for the elderly. Integrated elderly care and medical services can be built and work smoothly according to the standardized assessment tools, particularly for the elderly who live in their own residences.

4.2 Community Care for the elderly in the U.S.

Program of All-inclusive Care for the Elderly (PACE) is a community care for the elderly, which provides home-based care and moderate medical assistances in community, carried out by Medicaid and Medicare in the United States [11]. The plan aimed at the low-income, seriously ill, disabled or semi disabled elderly aged 55 and over who live within the scope of the plan, as well as the elderly who have medical needs in the community but are unwilling to leave home for dwelling nursing homes and other institutions. PACE program provides personalized medical care services including

medical treatment and rehabilitation, family health care, personal care and day care services for the elderly participating in the plan in the community through a multidisciplinary team (i.e. a team composed of general practitioners, specialists, nurses, pharmacists, nutritionists, rehabilitators, social workers and other professionals). As a result, the number of hospitalizations, length of stay and time in nursing homes of the elderly in hospitals have decreased, and the health status of the elderly have also improved significantly [12-14]. PACE enlightens us that we can set up a group of multidisciplinary and professional teams for China's integrated elderly care and medical services for enhancing elderly care resources. In other words, integrated elderly care and medical services should be operated accompanying with the miscellaneous resources in community.

4.3. Institutional Care for the elderly in Germany

Regarding financial problem, it is the "Achilles heel" to the institutional care because of its higher cost. In Germany, "time bank" is a mechanism to transform the nature of "time to a sort of service, which based on the concept of mutual help in the community, makes voluntary services becoming public welfare. Time bank provides exchange function similar to real bank, yet only the voluntary services would be saved and withdraw. Volunteers can save their service time into the time bank and withdraw them when you need others' assistances. In addition, the saving time of voluntary services can be transferred to your families or relatives. In this way, time bank provides a mechanism of mutual assistance, and reduce the cost of caring through voluntary works. like money, and takes it out when necessary. The German government stipulates that German citizen who is 18 years old providing voluntary care services to the elderly, the accumulation of caring time will be recorded by the community and relevant institution. The stored time can be used in the future. In particular, for the young healthy elderly, it becomes a positive motivation to provide care services for the elderly because they may receive the reciprocal care and services in the future [15]. "Time bank" is an alternative way to provide mutual care and assistance without market mechanism. Rather, it is a de commodification to compensate the lack of private care and public care. For the elderly in institutional care, time bank can improve the residents' ability to care for other cohabitants, and alleviate the workers' pressure of caring [16].

5. CONCLUSION

In this research, we examined the current development of long-term care in China. Obviously, there are several weaknesses in home care, community care and institutional care respectively. In order to

develop integrated elderly care and medical services, we referred to international experience from several countries, including Japan, the U.S. and Germany. Finally, we proposed three suggestions according to our findings. Firstly, regarding the problem of governance, it is necessary to build up a heading bureau, or at least a task force to charge of the responsibility for promoting an assessment system for the elderly. Secondly, in order to operate the integrated elderly care and medical services in China, to form a group of multidisciplinary and professional team is significant in long-term care. In this way, the multidisciplinary team enhances the team work for caring the elderly can alleviate the problem of insufficient professionals. Thirdly, regarding the institutional care, “time bank” enlightens us another way to care the elderly in a mutual helping system. It promotes voluntary services and good will for each other and reduced the cost of caring for the elderly. In conclusion, the integrated elderly care and medical services in China can be adopted to modify the problems in long-term care models and its challenges bring further studies in the future.

AUTHORS’ CONTRIBUTIONS

Chia-Yung Liu conceived of the study and instructed the process of research. Sijie Tong participated in the literature search and firstly drafted manuscript. Both authors contributed to discussing the results and writing the final manuscript.

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