



# The Implication of Japan's Combined Medical and Elderly Care Model for the Elderly Care Industry in Meizhou City

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**Abstract.** The issue of population aging is becoming increasingly severe, underscoring the importance of improving healthcare services for the elderly. Japan, being one of the most severely aging countries globally, boasts a well-developed system for elderly care. Using Japan as a case study, this research investigates Japan's elderly care system, particularly its Combined Medical and Elderly Care (CMEC) model, and delves into the lessons it offers. By examining the current state of elderly care services in Meizhou City and drawing insights from Japan's CMEC, this paper puts forth the following implications for the development of the elderly care industry in Meizhou City: expediting the establishment of a CMEC service system, optimizing the allocation of medical and healthcare resources, refining the design of the medical and elderly care system, bolstering financial backing, and nurturing a proficient medical care workforce.

**Keywords:** Japan; Combined medical and elderly care (CMEC); Elderly care service

## 1 Introduction

As of October 2022, a recent report from the Ministry of Internal Affairs and Communications of Japan reveals a significant milestone: the proportion of individuals aged 65 and older in Japan's total population has reached an unprecedented high of 29%. This statistic highlights the pressing challenge of population aging in Japan. Over the years, the Japanese government has dedicated substantial efforts to reforming its systems, streamlining resource allocation, and enhancing services to cater to the diverse needs of its elderly population, spanning medical care, elderly care, and nursing. Their success in developing a mature "medical care + elderly care" service system, which offers specialized, long-term care and support for the elderly, is a valuable experience that can serve as a reference for others.

China is also grappling with the challenge of population aging and ranks among the fastest-aging countries in the world. According to the results from the seventh national population census, the proportion of people aged 60 and above has increased by 5.44

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percentage points compared to the sixth national population census in 2010[1]. Projections indicate that by around 2035, China's elderly population aged 60 and above will surpass 400 million, accounting for over 30% of the total population, marking a significant stage of advanced aging. Meizhou City, often recognized as the "City of Longevity," exemplifies a quintessential aging city in China. The continuous expansion in the number of elderly residents in Meizhou City has posed challenges for the traditional family-centric elderly care model to fully meet the diverse needs of elderly care, medical care, and nursing services. Effectively amalgamating Meizhou City's elderly care resources with medical care resources can help mitigate deficiencies in medical resources and the inadequacy of medical nursing services in social elderly care institutions. This integration holds the potential to elevate the quality of life and overall well-being of the elderly population, ultimately augmenting their happiness index.

Hence, this paper, drawing from an in-depth examination of Japan's combined medical and elderly care (CMEC) model, along with an evaluation of the existing elderly care services in Meizhou City, seeks to elucidate the invaluable insights that can be gleaned from Japan's model to foster the growth of the elderly care industry in Meizhou City.

## 2 Analysis of Japan's CMEC Model

### 2.1 Development of Japan's Elderly Care Systems

Japan commenced its transition into an advanced aging society as early as the 1960s. Consequently, the Japanese government initiated a series of measures to bolster and refine the country's elderly care system. In 1958, 1961, and 1963, Japan enacted the *National Health Insurance Act*, the *National Pension Act*, and the *Welfare for the Elderly Act*, respectively, as part of these efforts. During this era, Japan witnessed the proliferation of numerous large-scale medical and elderly care institutions, with "institutional care" taking precedence. To meet the growing demands for elderly care services, Japan's Ministry of Health and Welfare officially introduced the "Golden Plan" in 1989, also known as the *Ten-Year Strategy for Promoting the Health and Welfare of the Elderly*. In 1995, the Japanese government undertook further revisions and enhancements, this plan underlined the delivery of comprehensive services with the overarching objective of fostering a society where local communities coexist harmoniously [2]. These transformations substantially expanded the purview of elderly care services. In 2000, Japan formally implemented the *Long-Term Care Insurance Act*. This insurance system operates in tandem with various other elderly welfare schemes in Japan and has given rise to a distinct Japanese social model of elderly care, characterized by its emphasis on community-based care, with institutional care serving as a supplementary alternative.

Japan is on track to enter a super-aged society by 2025. Presently, Japan grapples with the formidable challenge of ensuring the sustainable development of its medical and long-term care insurance systems [3]. In response to this pressing challenge, the Japanese government introduced a new initiative, the "Regional Comprehensive Care System." This initiative aims to establish a comprehensive regional service system that

seamlessly integrates “residence, medical care, nursing, and life assistance” to enable the coordination of a wide array of elderly care services within a 30-minute living radius. Additionally, several legislative acts have been passed to foster the development of a comprehensive community-based care system. Consequently, Japan’s approach to elderly care has progressively transitioned from the combination of “medical care” and “elderly care” to a scientifically grounded “combined medical and elderly care” model.

## 2.2 Status Quo of Japan’s CMEC Model

As of 2022, according to data from the Ministry of Health, Labour and Welfare, Japan boasts 15,928 registered paid elderly care facilities, along with an additional 626 unregistered facilities. The investment in medical and caregiving funds, distributed across various regions, has amounted to a substantial 155.54 billion Japanese yen. Remarkably, 100.714 billion Japanese yen has been dedicated to training and fostering caregiving personnel [4]. In the ongoing process of fine-tuning and enhancing Japan’s elderly care model, the CMEC model plays a pivotal role. This model prominently encompasses daycare centers, specialized nursing homes, and the long-term care insurance system.

In Japan, elderly care facilities are classified into nine categories based on the required level of care. Among these categories, the three most prevalent types of facilities are paid elderly care homes, collective rehabilitation homes, and specialized nursing homes [5]. Specialized nursing homes, in particular, see the highest utilization, with approximately 620,000 residents [6]. Care-oriented elderly care facilities in Japan are often overseen by government authorities and are typically operated by local municipalities, social welfare corporations, and medical corporations. Public elderly care homes in Japan typically cater to individuals with more extensive care and medical needs, and many of them do not impose upfront fees. Some even offer preferential treatment to low-income individuals, making them quite popular among the elderly.

The Japanese government hinges on the long-term care insurance system, which is financed through a blend of individual taxes and national contributions, with each funding source equally sharing the financial burden [7]. This approach effectively mitigates the economic strain placed on service users. The administration of the long-term care insurance system predominantly falls under the purview of local administrative agencies in the care recipient’s place of residence, with essential support furnished by both national and local governmental bodies. Under the Japanese long-term care insurance system regulations, individuals are obligated to contribute 10% to 30% of the costs, contingent upon their personal income. And the payment structure is contingent upon the level of care required. Accredited institutions evaluate individuals then recommending suitable elderly care facilities. This system has been instrumental in fostering the growth of medical and caregiving institutions in Japan.

Japan’s comprehensive array of care levels adeptly caters to the varied needs of its populace, consequently broadening the user base and enabling a more extensive populace to avail themselves of top-tier elderly care services. A sturdy legal framework stands as a pivotal cornerstone underpinning the progression of Japan’s CMEC model.

Nevertheless, certain lingering challenges persist. Specifically, several elderly care facilities uphold excessively stringent admission and discharge regulations and administrative protocols.

### 3 Status Quo of Meizhou City's Elderly Care Service Model

#### 3.1 Overview of Elderly Care Policies and Institutions Development in Meizhou City

According to data published in the *Seventh Population Census Report of Meizhou City* by the Meizhou Municipal Bureau of Statistics, as of November 1, 2020, the population aged 60 and above among Meizhou City's permanent residents had reached 776,300 individuals, comprising 20.04% of the total permanent population. This signifies a substantial increase of 5.73 percentage points in the proportion of individuals aged 60 and above when juxtaposed to the 2010 Sixth National Population Census. Additionally, the population of elderly individuals aged 80 and above, often referred to as the 'very elderly,' stands at 135,800, making up 17.49% of the permanent elderly population aged 60 and above [8]. Meizhou City, distinguished as the second "City of Longevity" in China, has officially entered a phase of profound population aging.

In recent years, the Meizhou municipal government has placed significant emphasis on addressing the needs of the elderly population. Efforts have been doubled on the integration of various aspects of elderly social security, social services, and specialized benefits. This approach aims to promote the sustainable and healthy development of elderly care services while continually enhancing the overall well-being, happiness, and sense of security among elderly residents. Meizhou has taken proactive steps to enhance the comprehensive subsidy and support system for the elderly. For instance, the city has achieved universal coverage of comprehensive accidental injury insurance through the "Silver Age Health Action," benefiting all registered residents aged 60 and above. Substantial subsidies are provided to individuals aged 80 and above, and "Hakka Longevity Awards" are conferred upon those who reach the age of 100 and beyond. Furthermore, Meizhou is actively working to diversify its elderly care services and consistently strengthen the elderly care service system. These initiatives encompass the development of high-quality elderly care facilities, the construction of supportive elderly care facilities within residential communities, and the establishment of "Elderly Dining Halls" as exemplary sites.

To further bolster the standardized management of elderly care institutions, the Meizhou Municipal Civil Affairs Bureau issued the *Guidelines for the Management and Registration of Elderly Care Institutions in Meizhou* in 2022. These guidelines comprehensively outline regulations for standardizing elderly care institutions in five key areas: basic requirements, building conditions, living space conditions, staffing criteria, and other pertinent conditions. In the most recent roster of star-rated elderly care institutions in Guangdong Province for 2022, as published by the Guangdong Provincial Civil Affairs Department, Meizhou City proudly claims 13 institutions on the list. Today, the city is home to 143 elderly care institutions with nearly ten thousand beds [9]. Despite the fact that, on average, there is one small elderly care institution in each rural

village in Meizhou, the occupancy rates remain relatively low due to prevailing public misconceptions. These misconceptions encompass concerns regarding service quality, basic facilities, and overall environmental conditions, contributing to reduced utilization rates [10].

### 3.2 Status Quo of CMEC Services Industry in Meizhou City

Meizhou City is actively exploring diverse approaches to enhance its CMEC service system. The *Special Plan for Elderly Care Facilities in Meizhou City (2021-2035)* proposes the advancement of “combined medical and elderly care” services and advocates for various models, including “medical care-driven,” “elderly care-driven,” “combined medical and elderly care,” and “home and community-based combined medical and elderly care.” The plan delineates the development of 42 institutional elderly care facilities, 544 home and community-based elderly care service facilities, and 25 other elderly care service facilities within the central urban area of Meizhou City, aimed at addressing the needs of the city’s aging population.

Taking Jiaoling County as an illustrative case, the county has proactively introduced social initiatives and embraced market-oriented approaches, including strategies like public construction with private operation and privately-run facilities with public assistance. The goal has been to actively encourage and guide private capital into the elderly care industry. Additionally, they have taken the initiative to explore models such as “charity + elderly care” and “social work + elderly care” to facilitate the growth of community-based elderly care services. In conjunction with local hospitals, they have pursued CMEC strategies, providing comprehensive services to the elderly and achieving notable successes in the regional context. Moreover, there are noteworthy examples of successful innovations in new CMEC models. For example, the Meizhou Yicheng Integrated Healthcare Hospital in the Meijiang District of Meizhou City serves as a pilot elderly care institution transformed from repurposed old schools and factory buildings. The institution houses various departments, including traditional Chinese medicine, rehabilitation, and internal medicine. It is rooted in elderly care principles, supported by healthcare services, and blends modern rehabilitation, traditional Chinese dietary practices, and cutting-edge technology. This integration results in a CMEC model that enables individuals to “stay at home for minor ailments, receive diagnosis and treatment for moderate ailments, and have a pathway for serious illnesses, even for those without ailments.” The hospital primarily caters to elderly individuals with age-related conditions and suboptimal health, representing a groundbreaking CMEC institution.

Currently, Meizhou City boasts an impressive roster of over 100 elderly care institutions, but the count of CMEC facilities remains comparatively modest, constituting less than 10% of the city’s total elderly care establishments. Furthermore, some of these elderly care institutions employ relatively straightforward CMEC approaches. While a few facilities have laid the groundwork for CMEC platforms, they have yet to harmonize with medical insurance policies effectively, and there is a shortage of premium medical resources. As a result, the CMEC services industry in Meizhou City is still in its nascent stages of development.

## 4 Conclusion

Analyzing Japan's CMEC model reveals several critical factors contributing to its success. Firstly, Japan has meticulously crafted a comprehensive framework of legal policies. Systems like medical, labor, and long-term care insurance effectively address the financial aspects of elderly care in Japan. Secondly, Japan boasts a mature CMEC service system. This encompasses the meticulous classification of care levels and the provision of a diverse array of complex caregiving services meticulously tailored to the actual needs of elderly individuals. This approach ensures the continuous and sustainable development of CMEC services. Thirdly, Japan has established a robust system for talent development and assessment. Stringent training and assessment protocols for nursing staff guarantee the high quality of caregiving services rendered to the elderly population, thereby enhancing the overall standard of care provided.

Given that the elderly care service system in Meizhou City has not yet attained the level of sophistication observed in Japan, there is a pressing need for the government to gradually bolster a multi-tiered long-term care support system. This system should seamlessly integrate long-term care insurance, social assistance, social welfare initiatives, charitable efforts, and commercial insurance to provide comprehensive coverage. Meanwhile, it's crucial to acknowledge that the provision of CMEC services in Meizhou City is still in its infant stage of exploration and has not been uniformly implemented throughout the city to establish a comprehensive service network. Moreover, the transition to CMEC services is unfolding at a measured pace, partly due to disparities in medical facilities and standards across different regions of Meizhou City. Addressing these variations necessitates significant adjustments over an extended period, impacting the transformation process.

Meizhou City has a significant proportion of the elderly population, and addressing prominent elderly care issues is of paramount concern. Therefore, continuous efforts are required to build a comprehensive medical and elderly care service system, optimize the allocation of medical and elderly care resources, and meet the elderly population's caregiving needs. On the one hand, the government must assume a central and leading role in providing elderly care services. This entails improving the design of medical and elderly care systems, optimizing financial support, streamlining the approval process for CMEC institutions, and increasing the number of such institutions. On the other hand, it is crucial to actively engage social forces and encourage private capital to engage in the CEMC industry. With adherence to the principles of government leadership and social participation and effectively amalgamating efforts between the government and private sectors, a synergistic effect can be harnessed. This dual approach can mobilize a coordinated effort across society to address elderly care issues comprehensively and holistically.

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