

Problems and Countermeasures of the Development of Medical -Nursing Combined Elderly Care Services in Sichuan Province

Li Bing,^{1,a}, Yang Dongqiong^{2,b}

^{1,2}School of Public Affairs and Administration, University of Electronic Science and Technology of China.China, Sichuan, Chengdu, 610000

^a1065810507@qq.com, ^b610802546@ qq.com

Keywords: Medical-nursing combined service;Elderly care service development;Healthy old-age service system.

Abstract. The aging of the population in Sichuan Province is characterized by an increase in the size of the elderly population, an increase in the dependency ratio of the elderly, an increase in aging and disability. Responding to the aging of the population is a major task facing Sichuan Province.Through investigation, interviews and literature analysis, this paper explores the main problems of the development of medical -nursing combined elderly care services (MNCECS) in Sichuan Province, and puts forward the countermeasures of developing the medical-nursing combined elderly care service in Sichuan Province. It is pointed out that in order to make the medical-nursing combined service (MNCS) develop rapidly and steadily, it is necessary to build a solid basis in three basic projects of medical institution for the elderly, medical association and family doctors team, strengthen the infrastructure of the community health service center, accelerate the development of smart medical care, jointly play the role of the government and the market to enhance the combined development forces of old-age service, and build a healthy old-age system of “MNCS” combined with traditional Chinese medicine.

1. Introduction

In October 2018, the Sichuan Provincial People's Government issued the "Notice on Printing and Distributing the Development Plan for the Integration of elderly care and medical services in Sichuan Province (2018-2025)"¹, and it shows that as of the end of 2017, the number of elderly people aged 65 and over was 11.57 million, accounting for 13.94% of the resident population, which is 2.55 percentage points higher than the national level. According to the data provided by the “13th Five-Year Plan for the Development of the Aged Undertaking and the Aged Care System in Sichuan Province”², by 2020, the number of elderly people

¹ Sichuan Provincial People's Government, Notice on Printing and Distributing the Development Plan for the Integration of elderly care and medical services in Sichuan Province (2018-2025). <http://www.sc.gov.cn/> 2018.3.01

² Sichuan Provincial Civil Affairs Office Portal, 13th Five-Year Plan for the Development of the Aged Undertaking and the Aged Care System in Sichuan Province.<http://www.scmz.gov.cn/> 2018.31

over the age of 60 in the province will reach 18.6672 million, accounting for 22.66% of the total national population. the Civil Affairs Department further predicted that by 2050, the number of elderly people aged 65 and over will reach 21.2466 million. The demand of the elderly for preventive health care, medical care, life care, spiritual comfort, and hospice care will continue to grow. It is shown in “the Plan for the Development of the MNCS in Sichuan Province (2018-2025)”³ that as of the end of 2017, there were 80,492 medical and health institutions with 563,400 beds in the province, accounting for 8.09% and 7.17% of the country respectively, ranking the second; 3,400 community day care centers have established cooperative relationships with medical institutions, and the number of MNCS institutions and beds have been continued to increase. There are 2.77 registered nurses per 1,000 population, which is 0.04 nurses more than the national average. The number of beds per 1,000 population is 6.82, which is 1.17 more than the national average. The coverage rate of urban and rural home care services is 90% and 50% respectively. The coverage level is in the forefront of the western region. The healthy elderly care service system based on home-based, community-based, institution-supported, and MNCS service combined has been initially formed. However, in the rapid development of MNCS, there are also aspects which need improvement. This paper proposes countermeasures and provides advice for reference.

2. Analysis of the problems in the development of MNCECS in Sichuan Province

2.1 There is a certain deviation in the understanding of "MNCS"

First of all, the understanding of the nature of MNCS is relatively shallow. MNCS is not simply a geographical proximity. Its essence is the seamless connection of medical resources and the establishment of a series of rapid response mechanisms, meaning the corresponding medical services can be conveniently obtained by the elderly. Secondly, the understanding of medical is too narrow. The “medical” in the MNCS refers not only to the medical treatment of diseases, but also to the medical under the concept of big health, which is the escort of the whole life cycle. Finally, there is a problem of “shortsighted” in the understanding of the goal of MNCS. The goal cannot be limited to the number of MNCECS institutions, but should focus on the long-term, and more emphasis should be put on the rational layout in function and space of various types of medical and health institutions at all levels, extending quality medical services to community families.

2.2 Smart old-age care is still in the stage of blueprint construction

Most smart communities in Sichuan Province are in the pilot stage, the virtual nursing homes have not implemented the services behind, and the types of smart old-age products are single. There are still problems of smart development being “scarce”, “scatter” and “impractical”. “Scarce” refers to the imperfections of the elderly's demand information, professional talent information, and service organization resources, making people's dream of improving the quality of old-age service through the new generation of information

³ Sichuan Provincial People's Government, Notice on Printing and Distributing Plan for the Development of the Integrated elderly care and medical services in Sichuan Province (2018-2025), <http://www.sc.gov.cn/> 2018.3.01

technology such as internet of things, cloud computing, big data, and intelligent hardware become unrealistic. “Scatter” means that the construction of MNCS big data platform is still in the initial stage of decentralized data collection and storage. It lacks diversified applications such as data processing, health assessment and treatment intervention. Family, hospital, old-age care institutions and communities are all in information islands, and there is insufficient information linkage, which has hindered the scale development of the smart old-age service industry. “Impractical” refers to the disconnection between smart old-age technology and real-life services. The smart old-age industry mainly serves the platform products and lacks the support of offline services. It is difficult to realistically meet the service needs of the elderly.

2.3 The problem of difficulties in two-headed care is not effectively solved

Sichuan Province has built a “15-minute old-age service circle” with four levels to strengthen the care of the elderly who are disabled and semi-disabled. However, the development momentum within the circle is insufficient, and the two-headed care problem has not been effectively solved. First of all, it is difficult to care for the elderly with disability, semi-disabled and mentally handicapped. Family doctors in the second circle are difficult to change from “unit person” to “social person”, and doctors are difficult to practice in multi-sites. Most family doctors stay in the contract stage, and the on-site inspection service cannot be provided. Secondly, it is difficult to care for the elderly in the home community. The community medical institutions in the third circle have insufficient motivation to provide medical services. The quality medical resources have not been closely linked with the family and the community. The accessibility and availability of medical services from home community is insufficient.

2.4 The potential of characteristic traditional Chinese medicine (TCM) technology and services extending to the MNCS has not been effectively activated.

Due to the imperfect pricing and charging mechanism of TCM diagnosis and treatment services, the prices of existing TCM medical services are seriously low, which makes it difficult to reflect the value of TCM technical services and constrain the development of TCM in terms of MNCS. In 2017, Sichuan Province has made structural adjustments to the prices of medical service projects, but only one special TCM service was adjusted in the price⁴, which does not effectively activate the extension of the characteristic TCM technology and services in MNCS. In 2018, the General Office of the People's Government of Sichuan Province issued the "Implementation Plan for Further Deepening the Reform of Basic Medical Insurance Payment Methods", stating that the Chinese medicine non-pharmaceutical treatment technologies such as acupuncture and therapeutic massage will be gradually included in the scope of medical insurance payment. However, the current TCM health care and preventive health care have not been implemented in the scope of medical

⁴ Sichuan Provincial Health and Wellness Committee “Sichuan Provincial Development and Reform Commission, Sichuan Provincial Health and Family Planning Commission, Sichuan Provincial Bureau of Human Resources and Social Security, Sichuan Provincial Administration of Traditional Chinese Medicine on Promoting the Structural Adjustment of

insurance reimbursement. TCM is mainly in the provision of “public welfare” service stage, and the process of TCM promotion is hindered.

2.5 Inadequate professional talents resources for the MNCS

The Sichuan Provincial People's Government issued “the Notice on Printing and Distributing the Development Plan for the Combination of medical cares and elderly care services in Sichuan Province (2018-2025)”, showing that by the end of 2017, 28,000 old-age care workers in Sichuan Province had obtained qualifications. The ratio of certified old-age care workers to those who need treatment or care is 1:23, while one care worker cares for up to 12 elderly people. There is a serious shortage of elderly care staff in Sichuan Province. The reason is firstly that the talent training lacks systematicity⁵. The training of the nursing care talents mainly relies on the spontaneous training of the old-age institutions; the public education system is not continuous, and the the profession of elderly care lacks an access system. Secondly, the incentives are single. At present, the main guarantee is basic wages and five social insurance and one housing fund. There is a lack of cultural edification of employees and support for graduate employment policies, which leads to the loss of many nursing students. Furthermore, the evaluation criteria lack standardization, and the performance appraisal of elderly care staff lacks the support of relevant standards system.

3. Suggestions on speeding up the promotion of the development of MNCECS in Sichuan Province

3.1 Clarify the essence of MNCS, and make efforts on three basic projects which are the elderly medical institutions, medical associations, and family doctor teams

It is suggested to systematically promote the layout of “3-2-1” third-grade elderly medical care institutions that are mainly organized by the society and supplemented by public organizations on the macro level. To be specific, to drive the overall medical research and teaching of geriatrics based on three bases of nursing institutions, nursing stations, built-in medical institutions, two major supports of geriatric specialist and regional geriatric medical center, and one leading guild of Sichuan Geriatric Medical Center. On the middle view, it should build a medical association with regional and specialist as the main form, and promote all third-tier hospitals, secondary hospitals, community health service centers and social medical institutions to participate in the construction of medical associations. The members of the medical association will radiate medical resources to old-age institutions, nursing homes, rehabilitation centers, community embedded old-age care institutions, etc., so as to connect the isolated pattern to be organically integrated. At the micro level, importance should be attached to the construction of family doctor team. The general practitioners, community nurses, public health doctors, etc., can form a family doctor team to provide continuous and

the Price of Medical Service Projects of Provincial Public Hospitals” ,
http://www.scwst.gov.cn/wj/zcwjjjd/zcwj/201712/t20171225_14397.html 2018.03.01

⁵ Sichuan Provincial People's Government, Notice on Printing and Distributing the Development Plan for the Combination of medical cares and elderly care services in Sichuan Province (2018-2025)<http://www.sc.gov.cn/> 2018.03.01

comprehensive health services for the community residents, and promote the transformation of doctors from unit person to social person.

3.2 Strengthen the foundation for the community health service center to take the lead

First, it must vigorously develop the aged care services for the home communities, implement the requirements for the construction of old-age residential service facilities in new residential quarters, carry out appropriate aging renovations for the old communities and elderly families that are included in the special hardship and support, and support the old-age institutions to operate community elderly service facilities⁶. Second, basing on the needs of the elderly and relying on graded diagnosis and treatment system, family doctor system, and the family bed system to provide a multi-level, seamlessly linked full-cycle health service for the elderly, so as to form an orderly elderly care and medical services pattern with sinking resource. The third is to take the family doctor contract service as the main body and extend medical service to families through community MNCS platform. According to the service radius and population, scientifically divide the contract responsibility area and reasonably allocate the number of people signed to family doctors. On the principle of “classified service and service on demand”, it is suggested to establish a contractual service relationship with elderly families, make an electronic health record for the elderly, and provide normalized health management services.

3.3 To accelerate the development of smart elderly care and medical services to help the intelligentization of the old-age care service industry

The first is to build a "one network and three resource pools." On the basis of complete data collection, Sichuan pension network, the elderly information pool, the service organization resource pool, and old-age professional talent pool should clarify the data sharing principles, standards, scope, and content, etc., and improve data processing technology to realize mutual sharing of elderly care information resources between governments, institutions, communities and residents by Internet technologies and blockchain technologies. The second is to form a benign system of “government led - enterprise join in - market operation - social participation”, promote the MNCS through public welfare platform model. The government provides subsidies as regulators and responsible person, and third-party organizations provide services as operators to jointly build a new ecological circle for the MNCS. The third is to integrate social old-age industry resources, government resources, and information resources, and provide information such as call assistance, home care, health monitoring, and remote consultation to the elderly and their families through information technology and intelligent terminals, so that online service needs and offline services are connected, the needs of the elderly and the market capabilities are connected, and the technology and services that support the elderly in a smart way are connected.

⁶ State Council: the quality and safety of the service of the old-age care institutions will make mandatory national standard [J]. Chinese Business, 2019 (01): 88.

3.4 To play the role of government and market, build a multi-level long-term care fund support system, and solve the payment problem of the disabled and half-disabled elderly

The first is to play the role of the government to speed up the popularization of the long-term care insurance system and establish a long-term care insurance fund in the form of individual payment, government subsidies, and commercial insurance companies to reduce the medical burden of the elderly. The second is to open up the long-term care market. To join hands with commercial insurance companies to establish a long-term care mutual insurance system, which requires commercial insurance to be more mature and perfect in scale and category, so as to form a more complete and reliable elderly payment system.

3.5 To build a healthy elderly care system of “MNCS” combined with TCM to promote healthy aging

Firstly, it should improve the top-level design, and clarify that the functional orientation of TCM health care services is an emerging service system and emerging business mode under the guidance of a big health concept. It should establish Chinese medicine pricing, service standard mechanism and supervision mechanism, improve the reimbursement system of Chinese medicine medical insurance, and strengthen its linkage with policies such as medical insurance and long-term care insurance. Secondly, to promote the infiltration of Chinese medical resources into institutions, communities and families, support TCM hospitals to open green channels for the old-age institutions, bid for or undertake old-age service institutions, and regularly provide services for the elderly through contracting services.

3.6 To strengthen the construction of the personnel team served for MNCECS

The first is to establish a elderly care nursing personnel training supply system based on “government-led, institutional-supported, and social-powered” to achieve public hospital guidance training, school-enterprise docking, education internationalization and other innovation and integration, so as to create a integrated training mechanism of “production - study - research - application”, establish an education system combining pre-job education, post-training and continuing education. The second is to build an overpass for career advancement. To design career planning in a flexible manner through institutional construction and humanistic care, give opportunities for nursing staff to be promoted to management team, from ordinary elderly care institutions to tertiary hospitals, government and other industries, aiming at retaining talents with career prospects. The third is to promote the performance evaluation of the elderly nursing practitioners. Relying on industry associations, provincial medical associations, provincial charity associations and other organizations of respecting the elderly,, conducting performance evaluation in terms of the professional skills, professional qualities, service attitudes, and value orientation, so as to improve the social recognition of the industry.

4. Conclusion

Up to today, the MNCS in Sichuan Province has been developed to a healthy old-age care system based on home, community, institution, and the combination of medical and elderly care. However, the problems in the process have posed new challenges to hospitals, nursing homes, communities, and governments. The countermeasures and suggestions given in this paper provide advisory opinions for Sichuan provincial government, medical institutions and old-age care institutions, as well as MNCS institutions, enterprises and community service centers in terms of systems, personnel training, and old-age service system construction. Sichuan Province can use the above-mentioned countermeasures as a reference for the future development of MNCS.

References

- [1]Zhang Chong, Wu Yuxi. Research on the status quo and countermeasures of MNCS in Chengdu[J]. Journal of the Party School of Chengdu Municipal Committee of the Communist Party of China, 2017(05): 76-80.
- [2]Luo Limei. The construction and empirical study of the "MNCS" old-age service model under the perspective of social governance——Taking Luzhou City as an example[J]. Reform and Openness, 2017(19): 98-99.
- [3] Li Shengjun. Analysis and Trend of Smart Old-age Development [J]. Software and Integrated Circuits, 2019 (Z1): 31.
- [4] State Council: the quality and safety of the service of the old-age care institutions will make mandatory national standard [J]. Chinese Business, 2019 (01): 88.
- [5] Luo Ming. Research on the Development of Medical Service System and Service Model in the Context of Healthy Sichuan [D]. Chengdu University of Traditional Chinese Medicine, 2018.
- [6] Dai Fumin, Zhang Xi, Wan Qilin, Cao Junling, Chen Yurong. The Willingness and Influencing Factors of High Period of Service Nurse Engaged in Long-term Care Services for the Elderly[J].Chinese Journal of General Practice,2014,17(24):2880- 2884.
- [7] Tian Tian. Investigation on the Demand for MNCS and Community Health Resources Guarantee in Chengdu [D]. Chengdu University of Traditional Chinese Medicine, 2017.
- [8]WU kan, Cao Peiya, Qian Jiahui, Luo Huiqiang, Liu Danping. Perceptions and Attitudes of Chengdu Residents toward "Medical and Aged Care" Integrated Models[J].Journal of Sichuan University(Medical Science) Edition), 2017, 48 (03): 455-459.

[9]Zhang Yanan,Chen Weiwei.An Analysis on Development Path of Shanghai's Smart Community Care for the Elderly ——Based on PSR Model[J].Journal of Anhui Administration Institute,2017,8(04):64-71.