

# Exploration and Research on the Model of Primary-Level Community Health Service Institutions Operating Elderly Care Institutions from the Perspective of Integrated Medical and Elderly Care: Postprint

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## Abstract

As China's population aging accelerates year by year, the issue of elderly care has become increasingly prominent. From 2013 to 2021, the General Office of the State Council has successively issued several opinions on promoting integrated medical and elderly care services, improving the quality of elderly care services, and strengthening elderly work in the new era. Consequently, primary-level medical institutions and elderly care institutions have placed issues such as how to cooperate and divide labor to ensure that the elderly are provided for and cared for on their important agenda. This article, starting from the importance and necessity of the model where primary-level community health service institutions operate elderly care institutions, discusses its existing advantages and faced challenges from five dimensions [25] of "service subject, service content, service form, service target, and operational effectiveness," with the expectation of gradually implementing capacity enhancement actions for integrated medical and elderly care, constructing high-quality community-based integrated medical and elderly care models, and promoting the concept of healthy aging.

## Full Text

### Abstract

As China's population aging accelerates year by year, elderly care issues have become increasingly prominent. From 2013 to 2021, the General Office of the State Council successively issued several opinions on promoting integrated medical-nursing services, improving elderly care quality, and strengthening aging-related work in the new era. Consequently, collaboration and division of labor between

primary medical institutions and elderly care facilities regarding how to provide both support and care for the elderly has become a critical agenda item. This article examines the importance and necessity of the model where primary community health service institutions operate elderly care facilities, discussing its advantages and challenges across five dimensions: “service subject, service content, service form, service target, and operational effectiveness” [25]. The aim is to gradually implement capacity-building initiatives for medical-nursing integration, construct high-quality community-based medical-nursing integration models, and advance the concept of healthy aging.

**Keywords:** medical-nursing integration; elderly care model; aging; medical resources; elderly care needs; service model; existing challenges; development strategies

## Foreword

“Providing support and medical care for the elderly” constitutes an important measure to address population aging, affecting the nation’s overall development and social harmony and stability. The key to advancing medical-nursing integration lies in implementing community-based capacity enhancement for medical-nursing integration and promoting healthy aging, which represents a priority task for deepening healthcare reform in 2022. Several guiding opinions issued by the General Office of the State Council propose that promoting medical-nursing integration requires particularly important communication between health and civil affairs departments. There is a need to optimize and integrate elderly care and medical and health resources [1], and create a batch of demonstration projects for medical-nursing integration. The introduction of this series of policies has enhanced the operability of the medical-nursing integration model. This article explores the positioning and development strategies of the model where primary community health service institutions operate elderly care facilities, providing reference for medical and elderly care workers to construct various innovative elderly care service models. It helps colleagues broaden their thinking and jointly contribute ideas for advancing the policy of combining medical and elderly care services.

In recent years, elderly care has become a major challenge facing China. According to the seventh national population census data from 2020, China’s population aging level exceeds the world average, with the elderly dependency ratio reaching 19.7% [2]. This has led to increased medical expenses and necessitates simultaneous improvement in existing medical resource allocation. How to address China’s population aging represents a tremendous challenge [3]. Traditional elderly care models cannot simultaneously meet the dual needs of elderly populations for both medical care and daily support. There is an urgent need to provide services that combine medical care with elderly support [4]. Based on years of practice by Beijing Yuetan Community Health Service Center in operating an elderly care facility under the medical-nursing integration model, this article elaborates on aspects including service subject, service target, service

form, and service content [25], summarizing advantages and difficulties while seeking breakthroughs. The aim is to explore and research how primary community health service institutions operating elderly care facilities can optimally allocate resources within China's current multi-tiered elderly care system, and how elderly individuals can receive both medical care and daily support under this model, thereby accumulating experience and contributing ideas for constructing an elderly health support system.

## 1. Theory and Models of Community-Based Medical-Nursing Integration

### 1.1 Theory of Medical-Nursing Integration

China's concept of "medical-nursing integration" first appeared in the "Several Opinions of the State Council on Accelerating the Development of the Elderly Care Service Industry," which proposed promoting the combination of medical care and elderly support [34] and exploring new models of cooperation between medical institutions and elderly care facilities [5]. As the primary carrier of this new medical-nursing integration business form, medical-nursing integration institutions are meeting the massive demands of the aging era [33].

### 1.2 Models of Medical-Nursing Integration

Medical-nursing integration is an elderly care model that effectively integrates medical care, daily support, and rehabilitation. "Medical care" includes preventive healthcare, disease diagnosis and treatment, nursing care, hospice care, and emergency services. "Daily support" encompasses psychological and daily life care, recreational activities, and humanistic care. "Rehabilitation" includes rehabilitation guidance, functional exercise, and adaptive training. Through comprehensive care measures, it meets the dual needs of elderly individuals for both medical care and daily support [6]. Currently, China's medical-nursing integration models are divided into six types: (1) medical institutions established within elderly care facilities, (2) elderly care facilities established within medical institutions, (3) contractual cooperation between medical institutions, (4) transformation of medical institutions, (5) newly established medical-nursing integration institutions, and (6) "Internet + elderly care" platforms [24].

### 1.3 Policies on Medical-Nursing Integration

Government guidance provided through top-level design serves as the driving force and support for developing the medical-nursing integration elderly care model.

1.3.1 The "Several Opinions of the State Council on Accelerating the Development of the Elderly Care Service Industry" proposes [19] promoting medical and health resources entering elderly care facilities, combining medical and elderly care services, and accelerating the development of the elderly care service

industry.

1.3.2 The “Guiding Opinions of the General Office of the State Council on Promoting the Integration of Medical and Elderly Care Services” proposes [7] that medical institutions established in elderly care facilities, if meeting conditions, can be included in the medical insurance designated scope [21]; strengthening talent team construction and encouraging medical personnel to practice in medical-nursing integration institutions [7].

1.3.3 The “Several Opinions of the General Office of the State Council on Fully Opening the Elderly Care Service Market and Improving Service Quality” proposes [8] establishing a green channel for approving medical-nursing integration institutions, and medical and health institutions within elderly care facilities can be included in medical insurance designated scope [25].

1.3.4 The “Opinions of the CPC Central Committee and the State Council on Strengthening Aging-Related Work in the New Era” proposes [11] promoting the development of medical-nursing integration models, with health and civil affairs departments establishing smooth communication mechanisms [26]. Medical insurance for institutions should be reasonably verified, and a batch of medical-nursing integration demonstration projects should be created [1].

1.3.5 The “Guidelines for Contractual Cooperation Between Medical and Health Institutions and Elderly Care Service Institutions (Trial)” jointly issued by the Beijing Municipal Health Commission, Beijing Civil Affairs Bureau, and Beijing Administration of Traditional Chinese Medicine proposes [9] ensuring professional title evaluation and reasonable salary treatment for medical personnel permanently stationed in elderly care service institutions [27].

1.3.6 The “Notice on Issuing the Implementation Plan for the Xicheng District Health Consortium” (005 Xicheng Government Office [2021] No. 5) issued by the Xicheng District People’ s Government Office of Beijing proposes [28] promoting the legal and compliant procedures for Yuetan Community Health Service Center to manage the Silver Age Nursing Home; improving salary levels and welfare benefits for medical personnel in the nursing home.

The government’ s top-level design for the medical-nursing integration elderly care service field provides practice guarantees for primary medical personnel and opens green channels for institutional establishment in terms of institutional setup approval, medical personnel practice environment, and basic medical insurance designated scope. This helps advance the development of medical-nursing integration and represents an important measure for optimizing elderly health and elderly care services [10].

## 2. Case Study: Yuetan Community Health Service Center Operating Silver Age Nursing Home

### 2.1 Case Overview

Since 2003, Yuetan Community Health Service Center has comprehensively managed the Silver Age Nursing Home, integrating medical and health resources with elderly care service resources. Residents enjoy both basic elderly care services and basic public health services [11]. With medical institutions as the leading entity, medical services and elderly care services are incorporated under a unified institutional framework with clear management and sound regulations. The two institutions coordinate with each other and demonstrate high execution capacity. The center has highly professional general practice, traditional Chinese medicine, rehabilitation, and nursing medical personnel, complete medical equipment, and high-quality staff with strong professionalism, ensuring service capacity. It is a high-quality medical-nursing integration institution combining medical care, rehabilitation, daily support, and care, achieving effective allocation of medical and care resources and demonstrating appropriate effectiveness in practice.

#### 2.2.1 Service Subject

With medical institutions as the main body, medical personnel are dispatched to form a management team, concurrently holding positions as legal person, chairman, director, supervisor, and administrative deputy director of the Silver Age Nursing Home. The service subject demonstrates strong participation, facilitating the implementation of medical-nursing integration [12]. The management departments are integrated, with weekly meetings following common operational logic, making it easy to reach consensus when problems arise [12]. A professional medical service team is dispatched to the elderly care facility, simultaneously meeting residents' dual needs for medical care and daily support (Figure 1 [Figure 1: see original paper]).

#### 2.2.2 Service Content

2.2.2.1 Doctors and nurses are arranged for 24-hour shifts to provide medical treatment, health education, rehabilitation therapy, hospice care, and emergency services for residents, ensuring timely and effective medical treatment when needed [7], and fully leveraging the accessibility of medical care resources.

2.2.2.2 Based on the "Elderly Ability Assessment Standard Form (Trial)" and "Elderly Syndrome Suffering Situation (Trial)" [29], elderly nursing needs assessment work is carried out [13]. According to assessment results and needs, elderly nursing services are provided. In accordance with national basic public health service content requirements, health records are established, traditional Chinese medicine health management services and chronic disease screening are provided, and health management services are provided for elderly individuals

over 65, including free health examinations and free vaccinations [22].

2.2.2.3 Elderly residents who are advanced in age, disabled, or partially disabled can enjoy comprehensive diagnosis and treatment, green channel referral, and other thoughtful services in medical-nursing integration institutions. The one-stop service provided by medical-nursing integration institutions both alleviates the phenomenon of elderly individuals occupying scarce medical resources through long-term hospital stays and reduces the care burden on their children and the need for travel. It strengthens professional supervision of elderly care facility construction and operation while maximizing the utility of primary medical institution resources.

### 2.2.3 Service Targets

The Silver Age Nursing Home houses 110 elderly residents. Analysis of their situation reveals: female residents outnumber males; those aged 80 and above constitute the vast majority; nearly half are Party members; residents admitted since the COVID-19 pandemic account for 28.2% of the total; nearly half have higher education; most suffer from multiple coexisting diseases; and residents have 15 types of diseases, with hypertension, coronary heart disease, osteoporosis, and diabetes being the most prevalent.

### 2.2.4 Service Form

Maslow's "Hierarchy of Basic Needs" mentions five levels of needs, including physiological, safety, social, esteem needs, and the highest level of self-actualization [14]. Based on analysis of 110 residents across gender, age, political affiliation, length of stay, education level, disease conditions, and types, the following conclusions were drawn: (1) females outnumber males; (2) elderly over 80 constitute the vast majority; (3) nearly half are Party members; (4) residents admitted since COVID-19 represent 28.2% of the total; (5) nearly half have higher education; (6) most have multiple coexisting diseases; and (7) residents have 15 disease types, with hypertension, coronary heart disease, osteoporosis, and diabetes being the most prevalent.

Based on Maslow's hierarchy of needs, managers adjust service forms and plans according to residents' specific situations. For example, given the high numbers of females, Party members, and highly educated elderly, activities include studying Party history, important speeches, and current affairs; organizing reading clubs and poetry recitation sessions to keep elderly intellectually engaged and enrich their spiritual lives. For the predominance of residents over 80, memoir writing is organized to preserve their life experiences, work expertise, and philosophical insights as social wealth, helping them feel their life value. For new residents admitted since COVID-19, strict infection prevention and standardized management are implemented according to civil affairs and health commission requirements. Based on disease condition analysis, medical staff knowledge is updated, nursing skills are strengthened, and personalized nutritional plans are

developed for elderly with different diseases. Given that residents have 15 disease types with multiple coexisting conditions, rich health education lectures are conducted, and experts in traditional Chinese medicine, rehabilitation, chronic disease management, and psychology regularly provide free clinics and health guidance.

### 2.2.5 Operational Effects

2.2.5.1 Satisfaction: Quarterly satisfaction surveys conducted regularly in 2021 showed satisfaction rates between 89%-95%. Suggestions focused on: (1) opening the back garden, (2) simplifying family visit procedures, and (3) increasing frequency of purchasing external food and vegetables. Analysis revealed these requests were related to strict pandemic prevention measures. New service methods are needed, such as video calls between residents and families and teaching elderly to use online shopping software.

2.2.5.2 Government Awards: In January 2011, the Beijing Civil Affairs Bureau and Human Resources and Social Security Bureau jointly awarded the institution as an “Advanced Unit” in elderly care facility construction [30]. In July 2021, the First Federation Committee of Beijing’s Elderly Care Field Social Service Organizations awarded third prize in a red song choir competition.

This article studies the elderly care model where medical institutions operate elderly care facilities, discussing its advantages across five dimensions— “service subject, service content, service form, service target, and operational effectiveness” [20]—demonstrating the operability of this medical-nursing integration model. By exploring the positioning and development strategies of primary community health service institutions operating elderly care facilities, this article provides reference for medical and elderly care workers to construct various innovative elderly care service models, helping colleagues broaden their thinking and jointly contribute ideas for advancing the integration of medical and elderly care services.

## 3. Challenges and Development Strategies

### 3.1 Scarcity and Training of Medical-Nursing Talent

3.1.1 Career Development for Medical Personnel in Elderly Care Facilities: To address the current shortage of medical personnel in elderly care facilities, it is recommended to strengthen talent team construction and accelerate training programs. Geriatric medicine, rehabilitation, and nursing personnel are all in short supply [23]. Emphasizing specialized training and management of medical personnel in elderly care facilities and cultivating interdisciplinary medical-nursing talent are key to enhancing institutional soft power [15]. Improving professional title evaluation incentive mechanisms and implementing the “multi-site practice” system facilitate the updating and improvement of professional technical capabilities and levels of medical personnel in elderly care facilities, ensuring career development prospects for dispatched medical staff.

3.1.2 Cultivating Specialized Medical-Nursing Integration Talent: Japan has established a complete training system for medical-nursing integration talent [16], cultivating large numbers of specialized nursing professionals with high-quality service concepts and multi-faceted professional knowledge and skills, supporting the development of the medical-nursing integration elderly care service industry. China's current nursing assistants are generally older, with uneven educational levels, technical capabilities, and service abilities. There is a need to strengthen professional skills training, advance professional skills certification for nursing assistants and other occupations [31], and improve standardized mechanisms for care connotation, service standards, and quality evaluation. Support for adding specialized courses in schools should be provided to centrally cultivate professionals in nutrition, psychology, and social work for elderly care services, building a specialized medical-nursing integration talent team to replenish new forces into medical-nursing integration service institutions.

### **3.2 Broadening Medical Insurance Policies and Developing Nursing Insurance**

Primary community health service institutions and their operated elderly care facilities cannot be recognized as the same medical insurance designated institution using the same medical insurance code for settlement. Medical insurance settlement and reimbursement standards and conditions are unclear, and pathways are not smooth. It is recommended to establish a unified medical insurance settlement system to integrate cost settlement between medical and elderly care institutions [32]. Issues such as some rehabilitation and nursing projects not being included in medical insurance reimbursement scope significantly constrain the development of medical-nursing integration institutions [20]. It is suggested to attempt broadening medical insurance policies. Additionally, to establish a multi-tiered long-term care security system, there is a need to explore the establishment of a nursing insurance system.

### **3.3 Information System Construction for Elderly Care Facilities**

Currently, information separation between medical-nursing and medical entities prevents data sharing of medical and elderly care resources [19]. Information construction can improve the operational efficiency of community elderly care services [14]. Information management of elderly care systems can promote standardization and structural dimensionality of elderly care facilities. The main business of nursing home information systems roughly includes six modules: bed inquiry management, admission management, cost management, elderly information management, elderly care management, and discharge management [17]. Establishing a health information sharing mechanism provides data security for developing medical-nursing integration [19].

### 3.4 Establishing and Improving Elderly Care Service Standards and Evaluation Systems

Canada uses the interRAI assessment tool for standardized evaluation of elderly individuals [19]. China currently needs to improve a unified standardized elderly care needs assessment system to accurately analyze elderly care needs and generate personalized elderly care service plans [18].

### 3.5 Multi-Headed Management and Difficult Policy Implementation

Community-based medical-nursing integration itself constitutes an organic system with multiple participating entities. Effective coordination of each entity's functions is a necessary condition for efficient system operation [20]. Civil affairs, medical insurance, health commission, and development and reform departments should strengthen inter-departmental coordination and communication mechanisms to actively promote participation in medical-nursing integration. To promote implementation, various policy systems have been introduced. A careful review of relevant elderly care policies issued by the state from 2013-2021 reveals a lack of formal legislative systems from government departments, with insufficient incentives and constraints for industry development [20]. Second, policy ambiguity leads to arbitrary and blind implementation in practice. Community-based medical-nursing integration is a new and complex systematic project requiring continuous optimization from both technical and institutional perspectives [20] to gradually mature.

In summary, effectively addressing China's population aging affects the nation's overall development and social harmony and stability. To implement the national strategy of actively responding to population aging [19] and enable hundreds of millions of elderly to "have medical care and support in old age" as a national priority, enhancing elderly happiness, sense of gain, and security to enjoy their later years represents a path with distinctive characteristics for actively responding to population aging. The medical-nursing integration model where primary community health service institutions operate elderly care facilities attempts to practice capacity-building actions for medical-nursing integration from perspectives of interest appeals, constraint conditions, dynamic mechanisms, and strategy selection, constructing high-quality community medical-nursing integration models, advancing the implementation of the national healthy aging concept, and contributing to the realization of the Healthy China strategy.

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