

Exploring the Mode of Community-based Aged Care and Health Care and Its Development Path

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Abstract: With the rapid development of China's social economy in recent years, the problem of population aging has become more prominent. In this situation, the development of community-based home-based care and medical care services has become a strategic choice to actively respond to the aging of the population. It not only plays an important role in solving this problem, but also better meets the development requirements of China's pension industry. However, at this stage, there are still some problems in the existing community-level medical care and old-age care service model. The problems such as the maintenance of no doctors and the separation of medical care are particularly obvious. This paper briefly introduces the related concepts and theories of the combination of population aging and social medical care. Based on the current situation of community-based care for the elderly in our community, this paper mainly studies and analyzes the characteristics and contents of the community-based old-age care service model. Through research, it is found that the lack of ability and motivation of home-based medical care combined service model, the lack of incentives for basic medical insurance, and the "path dependence" of elderly medical treatment choices are the main factors that restrict the development of home-based care and pension model. Studies have shown that improving the ability and motivation of home-based medical care services in primary medical institutions, improving the incentives and restraint mechanisms for basic medical insurance, and scientifically guiding older people to change irrational medical treatment behaviors are promoting the development of community-based care for the important countermeasures.

1. Introduction

With the deep development of population aging, traditional family pension and institutional pension methods are difficult to meet the growing pension needs of the elderly. Under the background of increasingly severe aging, the Chinese government attaches great importance to the basic status of home-based care for the aged and the construction of a comprehensive pension service system[1]. The health and medical problems of the elderly have become increasingly prominent. Taking the road of "healing and nurturing" is an inevitable choice for China's pension model[2]. The community-based home-based care and medical care service is based on the family, relying on the community, realizing the integration of medical and old-age service resources, and integrating modern care services such as medical care, rehabilitation, health care and old-age care[3]. In reality, the elderly choose home-based care methods. The "health-care combination" service at the community level should be the focus of the government's promotion of the development of the old-age care industry[4]. The community home care service model formed under the combination of medical and nursing has an important influence on improving the utilization rate of social resources and improving the level of social pension services[5]. At the same time, it also plays an important role in improving the quality of life and quality of life of the elderly. It not only helps the elderly to be more confident in life, but also achieves the goal of the elderly to enjoy their later years.

2. Overview of concepts and theories related to aging and community health care

2.1 The concept of population aging

The concept of population aging refers to the dynamic growth of the proportion of the elderly population caused by the relative decrease in the number of young people as the number of older people increases[6]. The United Nations proposed in 1956 that the standard for aging in a country or region is that the proportion of elderly people over 65 years old exceeds 7%. Subsequently, at the Vienna Conference on Ageing held in 1982, relevant scholars suggested that when a country or region over 60 years old accounted for more than 10% of the population in the region, it also indicates that the country or region has entered an aging. Therefore, the aging of the population involves two levels of content, one of which is the increase in the absolute population of the elderly and the increase in the proportion of the elderly. The second is the aging of the demographic structure (see in Table 1 for details).

Table 1 Changes in the age structure of China's population

Aging standard classification	International standard			Census data				
	Young type	Adult type	Old age	the year1953	the year1964	the year1982	the year 1990	After 2000
Juvenile coefficient	>40	30-40	<30	36.28	40.69	35.86	27.69	22.90
Old age coefficient	<4	4-7	>7	4.41	3.73	4.95	5.58	6.96
Aging index	<15	15-30	>30	12.15	8.74	13.85	20.73	31.02

2.2 The concept of community home care and medical care

“Combination of medical care” refers to the combination of medical resources and old-age resources, re-examining the relationship between the content of old-age care services, and placing health care services for the elderly in a more important position to distinguish traditional simple living needs for the elderly[7]. Pension service. It includes traditional life care services, mental and psychological services, senior cultural services, and more importantly, medical rehabilitation services, including medical services, health consultation services, health check services, disease diagnosis and treatment services, major illness rehabilitation services, and dying services. Caring services, etc. Based on the change of medical concept and old-age concept, the current mode of medical integration is divided into two categories: the combination of medical care and medical care, and the combination of medical care and maintenance[8]. Considering the status quo of the country's national conditions, the combination of medical care at the community level must rely on existing medical resources. Therefore, this paper focuses on the combination of medical and health care facilities.

Community home care was first proposed by Hong Kong. Community home-based care is based on the concept of home-based care, based on the community pension service network, with the national system policy and legal management as a guarantee, family pension and social pension. The purpose of this service is to help elderly people who are not cared for by the family to properly support the elderly, and not to replace the status and role of the family. Family care and community care are complementary[9]. This kind of care, including the establishment of old-age facilities, day-care centers, on-site services, etc., is different from the institutional care model, which greatly reduces the government's financial pressure, cuts the cost of institutional pensions, and helps relieve the elderly. Internal psychological dilemma.

2.3 Related theoretical basis

The concept of welfare pluralism was first proposed in 1978 by the future report of the British Volfind Volunteer Organization. The welfare of welfare pluralism is a social output, which is composed of the coordination and cooperation between the government and the whole society. The

state is not the only source of welfare, but the main welfare producer, which is partly responsible for welfare production. The family assumes the most basic role of providing benefits. However, in the context of social and economic development, relying solely on the family can no longer meet the needs of social development, and the phenomenon of diversification of supply is becoming more and more obvious[10]. Under the current national conditions, the situation of China's old-age care service supply completed by the family has become weaker and weaker. The government's policy of community-based aged care services is constantly strengthening, and the pension market is constantly opening up and maturing. Non-governmental organizations are playing a role in the old-age care. The role is also becoming more and more obvious. These have created a development space for the diversification of welfare supply, thus promoting the diversified development of the pension model.

2.4 The characteristics of community-based care service model

The combination of home-based medical care and old-age care model refers to health-centered, promoting the deep integration of health care and home-based care services, providing disease prevention, treatment, nursing, rehabilitation, health care, health management, hospice care, etc. Integrated healthy pension model. It re-examined the relationship between health care and home-based care services, and achieved synergy between “home”, “health care”, “medical care”, “care” and “nursing”, providing comprehensive and comprehensive support for the elderly at home. This combination of medical and health care mode combines old-age care, health care, and medical and health service resources to provide a new type of health care service with the goal of providing services for the elderly. The community-based community care service is a community-based service platform that respects the living habits of the elderly and the way they support their old age so that they can spend their old age in the family environment (see in Figure 1). In the community environment, the integration of various service resources, the development of various old-age service channels, such as the establishment of old canteens, organization of old-age activities, etc., so that our traditional old-age service model can be innovative and reformed, based on respect for the wishes of the elderly The content of old-age services, improve the level of community-based care for the elderly and the quality of services.

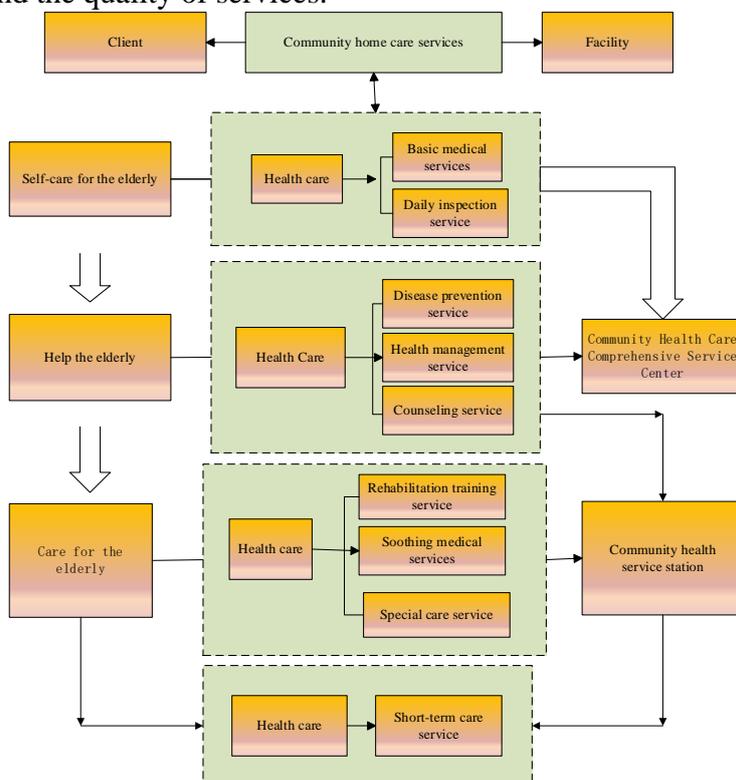


Figure 1 Composition of community home care medical service system

3. The Necessity Analysis of the Community-based Aged Care Service Model in China

3.1 The current situation of the community-based old-age care model in China

The situation of China's aging population is becoming more and more serious, which has brought tremendous pension pressure to China's national pension. Therefore, it is an urgent problem to be solved to seek a way of providing old-age care that is in line with China's national conditions and can be promoted. The contradiction between the development of home-based medical care and the old-age model is mainly the contradiction between supply and demand of medical services. The lack of motivation for the supply of home-based health care services is mainly reflected in the unwillingness of public grassroots medical institutions to provide on-the-spot medical services for the elderly at home. The root cause is that the personnel compensation system of public primary medical institutions lacks an incentive mechanism to provide home-based health care services for the elderly. The medical staff provided on-site services for the elderly at home without pay, and eventually no one was willing to take the risky and hard-working home care service, further aggravating the state of poverty and weakness of the primary medical institutions. Due to the lack of motivation to provide home-based health care services in public grassroots institutions, home-based elderly people can only obtain medical care services from hospitals regardless of major illnesses, and the separation of medical care and home-based care services makes it impossible to optimize the allocation of limited medical resources. The current old-age model of "separation of medical care" can no longer meet the long-term medical service needs of the elderly. Therefore, building a "health-care combination" pension model is an inevitable choice for achieving healthy aging in the future.

3.2 Problems in the mode of community home care for the elderly in China

3.2.1 The government is not promoting enough

In the context of increasing aging, the current supply of community-based aged care services is no longer able to meet the needs of the elderly. From the government's point of view, the human resources and financial resources of community home care services have shown a certain downward trend in growth rate, and the laws and regulations have not been fully implemented, and the scale of construction has also been reduced. Obviously, governments at all levels have not invested enough manpower, material resources and financial resources in the development and construction of community home care, and the level of promotion and attention is still insufficient.

3.2.2 Extremely scarce community pension funds

Investing a large amount of funds is an important material basis for developing and supporting a new model of community-based care for the "medical and nursing" community. In terms of personnel training, system construction, and mechanism improvement, it is necessary to invest a large amount of financial funds. At present, the capital financing channels are still very simple, basically all are decided and implemented by the government, which leads to the selection of service targets for community home care services, the development of service content and the operation of service models. The investment in service funds is determined.

3.2.3 The professional level of old-age care services is low

At present, the professional quality of the service staff of the community home care service is still relatively poor, and it can even be said that there is no quality at all. Many community practitioners are composed of laid-off workers and migrant workers who have not been trained and trained. Even in some areas, there are cases of abuse of the elderly. As we all know, the new model of "health-care combination" is highly specialized and needs related medical services. However, some communities are unable to provide high-quality and high-quality nursing services for the elderly, so they leave the medical care for the elderly. Service will be very difficult to be welcomed by the elderly.

4. The development path of the model of medical care and community-based care for the elderly

4.1 Relying on the community, we will develop a model of multiple medical care

The promotion of pension from a departmental behavior to government behavior, the Ministry of Human Resources and Social Security, the Ministry of Civil Affairs, the Ministry of Finance and other departments should work together to coordinate the relevant reform plans and policies of relevant departments and participate in the endowment insurance business. The government should first construct a “health-care combination” type of old-age care institutions or medical service institutions, giving priority to ensuring the service needs of the elderly, the disabled, and the elderly who meet the needs of the elderly and the elderly, and solve their basic medical care, nursing care and other needs. On this basis, the government should vigorously open up the social pension service market, support the participation of social forces, and promote social forces to become the protagonist of the “health-care combination” home-based care service industry, to meet the multi-level needs of the “medical support” community as a The most efficient and comprehensive platform for service resources is the best choice for achieving “health and health combination”. By integrating the service functions of community health service stations and old-age service stations, it is expected to achieve an organic combination of life care and medical care for the elderly. Overall planning and development of community pension service facilities, new urban and residential areas to build old-age service facilities as required, old-aged and built-up residential areas without old-age service facilities or existing old-age facilities fail to meet the planning requirements, through purchase, lease, replacement, etc. The way to complete the construction (see in Figure 2). Strengthen the integration and utilization of community pension service facilities and community integrated service facilities. Integrate medical resources near the community and the resources of the day care center for the elderly to create an integrated care center for medical care.

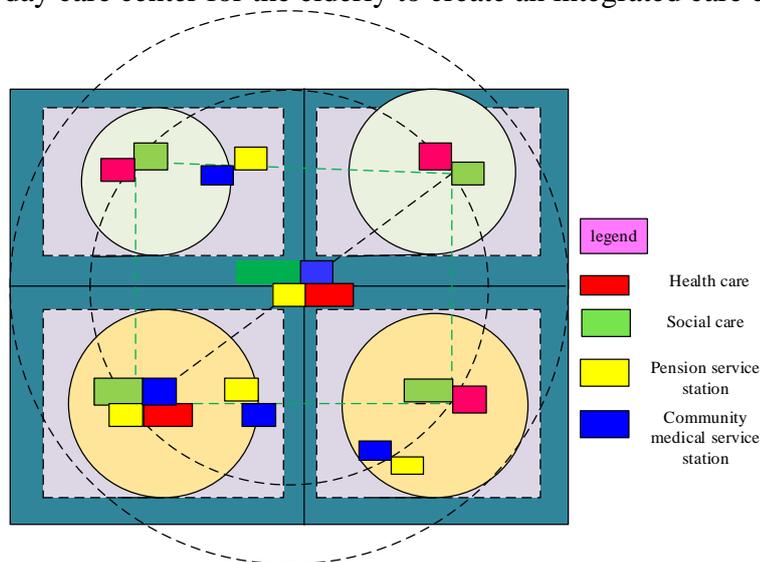


Figure 2 Community home care medical service facilities layout mode

4.2 Continuously improve and improve the social medical security system

The development of the “health-care combination” home-based care model relies to a considerable extent on the power of community health services. The mode of medical integration mainly includes cooperation, collaboration and integration between institutions, and promotes the cooperation of community home care service centers with grassroots medical institutions. We should gradually improve the health management system for the elderly, establish personal health records, conduct health counseling, disease prevention, self-help and self-care and other health guidance; establish a family doctor contract system, and promote the signing services of doctors in community health service institutions and the elderly at home. Elderly people with common diseases and chronic diseases carry out follow-up prevention and treatment services, provide home

diagnosis and family bed services for elderly people who have difficulty in mobility, and provide services such as priority visits and two-way referrals with other medical institutions.

The combination of medical care and payment system is an important factor affecting the sustainable operation of medical care, and medical insurance can provide necessary financial support for the elderly. Reasonably link medical insurance and long-term care insurance, provide long-term care insurance benefits, reduce the pressure of medical insurance support for the elderly and the nursing pressure of medical institutions and old-age care institutions, and pay attention to coordination of old-age care, medical care and nursing services, and provide services for disabled and semi-disabled elderly On-site medical care service. Through the social insurance model of “three in one” of old-age care, disease treatment and hospice care, the seamless connection between life care and disease treatment for disabled persons is realized.

4.3 Strengthening the professional construction of community home care service talents

Under the “health-care combination” home-based care model, the elderly care workers must not only provide life care for the elderly, but also need to master the elderly health care, rehabilitation care, psychological adjustment and other content. However, at present, the number of domestic service personnel who have medical care in China is very small. Therefore, in the future, domestic service companies can employ professional nursing organizations to conduct relevant training for their domestic service personnel. Relying on vocational colleges and old-age institutions, support vocational colleges to establish senior service and management majors, and expand the scale of talent training. Strengthen the training of nursing staff and provide vocational training subsidies for qualified students. Encourage qualified service providers to be equipped with dietitians, nurses or rehabilitation teachers. Accelerate the training of talents in geriatrics, rehabilitation, nursing, nutrition, psychological and social work, management, and rehabilitation aids. While strengthening the hardware construction of health service centers, strengthening the construction of service personnel is also the key to implementing home-based health care services. It is possible to encourage college graduates, urban health surplus personnel, and retired senior health technicians to work full-time or part-time jobs in community health service agencies by formulating preferential policies for talents. Develop a training plan for general medical staff, select and support excellent community health workers to study at higher education institutions. It is also necessary to give the community health service personnel sufficient care and attention, provide them with a quality work, study and living environment, and solve their practical problems such as salary, job title, housing and career development, so that their work has no worries.

4.4 Constructing a combination of medical care and diversified financing mechanisms

With regard to the community-based old-age care service model under the system of medical care and rehabilitation, it is necessary to integrate the old-age resources and medical resources in the social resources. For the problem of capital demand in the practice of community-based aged care services, the participation of other organizations in the society is needed to clarify the market. The role of providing old-age resources, introducing social power by means of government purchase services, joint ventures, etc., by providing preferential fiscal and taxation policies and financial subsidies, encouraging private capital to organize or operate elderly care facilities such as elderly day care centers in the community, and support Private capital expands the content of home care services. Participate in the operation management and service of the aged service facilities. Reduce the threshold for private capital to organize and operate aged care facilities. In this process, we must continuously innovate the mode of operation of community-based medical care and old-age care services, encourage private capital to hold small medical institutions including clinics and outpatient departments, cancel pre-approval, implement filing system and dynamic supervision. Make full use of the financial funds to support the development of the service industry, explore the adoption of the establishment of industrial funds, PPP and other models to support the development of socialized aged care service industry to form a diversified medical care service.

5. Conclusions

In summary, the problem of population aging has become a livelihood issue that needs to be resolved as soon as possible in China. In solving the problem of old-age care for the elderly, combined with the reality, we have created a modern old-age care service model, that is, community-based home care combined with old-age care services. The combination of medical care and maintenance is an important direction for the development of China's old-age care model. Promoting the development of home-based care and pension model is conducive to achieving the goal of universal health coverage and healthy China. The mode of community-based care for the elderly in the community is to realize the maximum use of social resources and form a relatively complete system of community-based care for the elderly. With the family as the core, relying on the community, relying on professional medical and elderly care services, and relying on the concept of universal health coverage, the promotion of the integration of medical and health care services will be guided by the government. However, there is a contradiction between supply and demand in home-based medical care services, and the ability and motivation of home-based medical care combined with service supply is insufficient. In order to better improve the happiness of the elderly living in the community, it is necessary to improve the incentive mechanism of medical insurance and encourage and attract the active participation of social forces, as well as strengthen the training of medical professionals, and scientifically guide the elderly to accept home-based care. Combine services. In short, the construction of home-based medical care combined with the old-age model adds more life to the elderly.

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