Discussion About Combination of Medical Care and Social Care from the Aspect of Community

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Abstract. Combination of medical care and social care is an effect way to solve aging problems, strengthening community construction is especially necessary. This paper makes an introduction of Qingdao pilot experience in detail and then tries to do SWOT analysis of combination of medical care and social care oriented by community. Finally, this paper presents the practice of Japan, the US and the UK, hope that it can provide experience for China.

1. Introduction

In 2014, the national committee office on aging work released “China Aging Industry Development Report” (2014), it showed that in 2013, the number of aging people in china had reached 2.02 hundred million, 65 and older occupied 10%, the number of disabled and dementia elders was almost 40 million.

The growing number of elderly patients is coming; the beds shortage in pension institution; the low level of health care for aged and other issues, the situation of social pension system in China was severe. In order to handle the stressful situations, different areas of China have begun to explore new pension models, combination of medical care and social care is in this background.

2. The Case of Combination of Medical Care and Social Care Oriented by Community

Qingdao is one of the earliest cities in China facing the aging problem. In order to solve the problems of aging of population, Qingdao actively pushes for development of combination of medical care and social care to meet the needs of the aged. Especially the development of combination of medical care and social care oriented by community is at the prior of the country.

2.1 Small nursing home achieved service on doorstep

Qingdao explores the construction of small nursing home integrating institution endowment and community-based home care. This small nursing home different from ordinary nursing home, it has less than 30 beds and provides not only all-weather care for disabled elders but also day care service and food delivery service for the old.

2.2 Nursing home makes alliance with community health service center

Community health service center sets up clinic in nursing home, including general clinic, treatment rooms and pharmacy. Doctors and nurses visit the aged everyday and do routine checkups for them so that the aged don’t need to go to hospital to get health care service.

2.3 Day care service centers cover urban community

The day care centers in the community let the aged enjoy the service of dining and leisure, besides the aged can get the other service like caring for the aged, accompany to see a doctor,
cleaning help. The most important thing is that the day care centers can help disabled and semi-disabled elders.

2.4 Create the example of community dementia care

In 2016, the pilot project of China and the UK (Qingdao) community dementia care system was built in Qingdao. It will take one to two years to build the embryonic form of community dementia care; it will explore to set up the management mode of community dementia care and make Qingdao become a national model.

2.5 Implementation of long-term care insurance system

Qingdao carried out long-term care insurance system in 2012, it had four models: medical care, nursing center medical care, home-based medical care and social circuit nursing. It pushed the model of combination of medical care and social care, increased the health standards and life qualities of the elders.

3. SWOT Analysis of Combination of Medical Care and Social Care Oriented by Community

Table 1. SWOT analysis of combination of medical care and social care.

<table>
<thead>
<tr>
<th>Interior</th>
<th>Exterior</th>
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<tbody>
<tr>
<td>S</td>
<td>O</td>
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<tr>
<td>1. Short distance and good accessibility</td>
<td>1. Support of governmental policy</td>
</tr>
<tr>
<td>2. Complement each other’s advantages and</td>
<td>2. Perfection of health care insurance</td>
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<tr>
<td>resources</td>
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<tr>
<td>3. Professional treatment and complete</td>
<td>3. The great development of pension</td>
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<tr>
<td>care</td>
<td>service</td>
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<tr>
<td>W</td>
<td>T</td>
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<tr>
<td>1. Limit capacity of government to finance</td>
<td>1. High service charge</td>
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<tr>
<td>itself</td>
<td></td>
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<tr>
<td>2. Lack of professional nursing staff</td>
<td>2. Competition from other institutions</td>
</tr>
<tr>
<td>3. Lack of nursing ability</td>
<td>3. Restrains of the economic development level</td>
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</table>

3.1 Superiority

**Short distance and good accessibility.** Community is close to home and the aged can have good excess to health service institutions and they have neighbor that they know well, they can help each other and get more psychological comfort. It can help protect the old people’s health and mental well-being.

**Complement each other’s advantages and resources.** It can show the advantage of pension institutions and also make full use of the resources of medical service institutions and communities so that it can complete each other’s advantages and make full use of existing resources to provide services for the aged [1].

**Professional treatment and complete care.** In this institution, there are all old people, the main disease they diagnose is geriatrics, and it is more targeted. Medical staff can teach the aged about prevention, treatment, and care.

3.2 Weakness

**Limit capacity of government to finance.** Government is the leader for the development of combination of medical care and social care oriented by community and it is also the institutional investors. But relying solely on the government is not enough and may cause capital shortage and short of institution building [2].

**Lack of professional nursing staff.** In community health care center, except nurses with certificates, most care workers are non-professional. The income of nursing staff is not high; so many nursing staff with professional skills is unwilling to work in communities [3].
**Lack of nursing ability.** People are less recognized about the pension institutions especially in community because of low service quality. Most clinics in pension institutions are in low level, they cannot connect with medical institutions [4].

### 3.3 Opportunity

**Support of governmental policy.** Chinese government has launched many documents to promote the development of combination of medical care and social care such as Several Opinions about Speed up the Development of Pension Services (No 35 Document in 2013 of the State Council) and Several Opinions to Promote the Development of Health Services (No 40 Document in 2013 of the State Council). These documents make requests that we should speed up the development of pension services, push the cooperation of medical institutions and pension institutions to achieve the resources integration of the care for the aged. In 2015, our government lunched Guidance about Combining the Health Care and Pension Services; this is the key document about promoting the combination of medical care and social care.

**Perfection of health care insurance.** The health care system provides a guarantee for the combination of medical care and social care. Regardless of which form of health care can enjoy medical insurance benefits, which can attract more elderly people.

**The great development of pension service.** The development of the pension service provides a basis for the development of combination of medical care and social care. The combination of pension and medical care is an important measure to meet the needs of the pension.

### 3.4 Threats

**High service charge.** Compared with ordinary pension institutions, the pension institutions of combination of medical care and social care have higher level and more professional medical care service, so that the charge is very high, it deviates from the income of disabled, dementia elders [5].

**Competition from other institutions.** In the quality of medical services, community medical institutions cannot be compared with the two or three level hospitals. And people’s acceptance of large hospitals is generally higher than basic medical and health institutions [6].

**Restrain of the economic development level.** The disparity of China’s regional economic is remarkable. China’s economic development presents imbalance of urban and rural areas, which also has a bed effect on the development of combination of medical care and social care.

### 4. The Practice of Oversea in the Community

<table>
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<tr>
<th>Model</th>
<th>Aim</th>
<th>Concrete service</th>
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<tbody>
<tr>
<td>Japan</td>
<td>Consistent, continuous service for the community’s elderly</td>
<td>Promotes the construction of small-scale, multi-functional and comprehensive community care service model 24/7/365 fully open, daily care service, 24 hours of flexible care, services are provided regularly and on demand by nurses.</td>
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<tr>
<td>The United States</td>
<td>PACE</td>
<td>People-oriented and meet the needs of communities’ elderly</td>
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<tr>
<td>The United Kingdom</td>
<td>Community care system</td>
<td>Primary care at community level</td>
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#### 4.1 Japan

Japan attaches great importance to strengthen cooperation between long term care and medical services in the community. And it actively promotes the construction of small-scale, multi-functional and comprehensive community care service model. It is designed to provide a
consistent, continuous service for the community’s elderly. Japan has launched a miniature and multi-functional community service in the country’s reform of long-term care and insurance system. It involves: 24/7/365 fully open, daily care service, 24 hours of flexible care, services are provided regularly and on demand by nurses. This care mode allows users to stay in the community as much as possible, avoids more expensive residential services and hospital services, alleviate the lack of medical care resources, so it can reduced medical expenses [7].

4.2 The United States

In 1997, the United States introduced the Balanced Budget Bill and proposed that PACE was actively pursued in the community. PACE (Program for All Inclusive Care for the Elderly) provides a comprehensive health care plan for people age 55 and older who are Medicaid and/or Medicare eligible and eligible for nursing home admission. Both Medicaid and Medicare pay for PACE services. PACE members are required to use PACE doctors. PACE is responsible for arranging all primary, in-patient hospital and long-term care services that are required by their members. In order to be eligible, consumers must require nursing home level of care [8]. Service costs are mainly based on personal financial situation, priority by the medical insurance and medical assistance system to pay and the other is by their own full payment. The US government directly manages the PACE project. Medical insurance center or state government is responsible for PACE quality by Health Plan Management System.

4.3 The United Kingdom

The UK explored to establish community care system since 1960s. It has formed an integrated system after more than 50-year of development. The community care is very complete. Health service institutions include old people apartment, community nursing home, and short-term care center and so on. Old people apartment mainly provides service for the aged who have the ability of daily life but have no one to take care of. Community nursing home is for the aged who can’t take care of themselves and live alone. Short-term care center is more flexible and provides service like respite care. These institutions provide service like family based aged-care, door to door service and respite care. Services include food delivery, bath help, cleaning help and accompany to see a doctor [9].

The practice of combination of medical care and social care in China is still in the pilot stage of exploration, there are still many problems. We need to summarize the experiences and lessons in time and proposing new measures. Beyond that, we can also learn the experience of the advanced countries, tap into that knowledge and use that part we need.

Acknowledgement

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