Thinking and Feasible Suggestions on the Old-Age Mode of “Integrating Pension Service with Medical Service"

Yue Zhou and Yingning Mo

ABSTRACT

With the deepening of aging in China, the demand for medical care is increasing. But our country old-age service and the medical service are not mutually connected, take “integrating pension service with medical service” the road to become the Chinese endowment pattern inevitable choice. At present, although the Chinese medical and nursing combined endowment model has achieved some achievements, there are still some problems, such as the structural imbalance of the aged, the management system confusion, the higher service charge and the low enthusiasm of the service personnel. The article presents "establishment of a combination of medical and nursing Office, the establishment of a combination of medical and social pension system, encourage the participation of the community, improve the combination of medical and nursing insurance system” and other six methods, for my "integrating pension service with medical service" of the old-age.

INTRODUCTION

The National Bureau of Statistics showed that 2017 births were 17.23 million, down 630,000 from 2016, at least 3 million less than the predicted number of births. The dwindling birth population has given us a growing focus on a problem—the growing ageing of the population.

The population of two children accounted for more than half of the number of births in 2017. And the fetuses are often born in the 70 and 80 of the last century. Certainly not excluding their backlog of reproductive desires released after the

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opening of the two-child policy. At the same time, the first batch of post-90s, but not even a child to be born. The reason is that the pressure of life occupies a major factor, more than only one child in post-90s, married couples not only to support both sides four parents, but also the need to afford grandparents pension problems.

**ANALYSIS ON THE AGING OF POPULATION AND THE PRESENT SITUATION OF PENSION INSTITUTIONS**

**Analysis on the Current Situation of Population Aging**

The National Aging Work Committee office issued the "China's population ageing Development trend Prediction Research Report" shows that 2001 to 2020 is China's rapid aging stage. By the end of 2016, China's total population of 1.38 billion, of which 65 years and above the population of about 150 million, accounting for the total number of 10.87%, and the elderly dependency ratio is as high as 15%, meaning that every 100 working-age population will be burdened with 15 elderly people. Table I below is a survey of statistics on the proportion of elderly population and the dependency ratio of elderly population in 2012-2016.

As shown in Fig.1, the proportion of the elderly population in our country is increasing every year. In the Modern Family model, the proportion of the elderly living with their children is reduced, which means that the age-dependent population in today's society is under increasing pressure.

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<tbody>
<tr>
<td>Number of persons sampled (persons)</td>
<td>1124661</td>
<td>1118433</td>
<td>1124402</td>
<td>21312241</td>
<td>1158019</td>
</tr>
<tr>
<td>Number of elderly population (person)</td>
<td>105704</td>
<td>108261</td>
<td>113171</td>
<td>2230465</td>
<td>125642</td>
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<td>The proportion of old people (%)</td>
<td>9.40</td>
<td>9.68</td>
<td>10.06</td>
<td>10.47</td>
<td>10.85</td>
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<tr>
<td>Elderly population dependency ratio (%)</td>
<td>12.7</td>
<td>13.1</td>
<td>13.7</td>
<td>14.3</td>
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Note: The aged is 65 years old.
Analysis on the Status Quo of Traditional Endowment Institutions

From 2012 to 2015, the number of elderly and disabled service institutions in China were 44304, 42475, 33043 and 27,752 respectively, and the number showed a trend of decreasing gradually, instead of more and more pension institutions.

(1) Low level of medical service in pension institutions

The traditional endowment institution mostly only provides the life care, is the typical "the medical culture separates" the endowment pattern. In the traditional endowment institutions, with less than 60% of the infirmary, with physiotherapy and rehabilitation function is less than 20%, rural areas lower. In the Endowment institution with basic nursing function, the proportion of staff with professional nursing certificate is less than 1/3, and the professional level of medical staff is low. This shows that the traditional pension institutions cannot meet the diversified needs of the elderly.

(2) Structural imbalance in the population of pension institutions

Pension institutions to avoid risk, reduce costs, to absorb the elderly to take care of themselves to live and will be disabled, half of the elderly rejected, the elderly who really have the need for old age groups cannot enjoy services[1]. Some comprehensive medical institutions have health departments to provide professional medical services for retired elderly people, so the elderly who have the condition of rehabilitation treatment have long occupied the hospital bed, resulting in more practical needs of the elderly cannot be admitted to the situation.
THE NECESSITY OF THE OLD-AGE MODEL OF “COMBINATION OF MEDICINE AND CULTURE”

Compared with the problem of population aging in the world, the aging population of our country has more "Chinese characteristics", which is characterized by rapid aging, large base and old age, and the elderly's demand for old-age services and medical care is increasing with the increase of their ages. The state's fourth health survey showed that the incidence of the elderly mouth two weeks up to 43.2%, is the general population of 2~3 times, the prevalence of chronic disease rate of 43.8%[2], illness and physical function of the elderly to make the professional medical services to become older choice of the important conditions, "medical and social integration" The old-age service pattern has been paid more and more attention by the whole society[1].

To effectively cope with population aging, the World Health Organization (WHO) has put forward the slogan of "Healthy Aging" and "active aging". The State Council in the State Council on speeding up the development of the old-age service industry ((2013)35 number) formally put forward the "combination of medical care" concept. Unlike traditional pension agencies[2], which provide only subsistence and economic support, the advantage of the combination of medical care and nursing is to integrate the resources of health and endowment, to make the service system interconnected, to provide more convenient and long-term effective medical service for the elderly, and to solve the health problems, so as to improve the quality of life and health of the elderly.

With the increase of the age, the prevalence of the elderly, tertiary general hospital bed utilization rate is also affected by the aging population, leading to the waste of medical resources, the quality of treatment and other problems[3]. For the elderly with high prevalence of coronary heart disease as an example, it is difficult to fundamentally cure coronary heart disease, serious patients need continuous convalescence after surgery, but because of rehabilitation needs, it is difficult to find suitable for the continuation of the conditions of the institutions such as the choice of long-term hospitalization. In addition, China's insurance industry started late, the relevant mechanism is not perfect, and so the elderly patients in the process of capital consumption is serious. The old-age model of "combination of medicine and culture" will connect medical and endowment, reduce unnecessary resource consumption, lighten economic and mental pressure for the elderly and family, and emphasize the advantage of "combination of medicine and culture", and affirm the necessity of its practice.

THE PRESENT SITUATION OF THE MODE OF “COMBINATION OF MEDICINE AND CULTURE”

China has basically formed four kinds of endowment mode: (1) Internal endowment institutions in medical institutions
For example, Changsha Mental hospital, Chongqing Green Bar Geriatric Nursing Center, etc. This model is attached to large hospitals, including General endowment area, Rehabilitation care area, old hospital and other parts. Medical institutions to establish an intelligent elderly service system, equipped with professional medical staff, timely grasp the health needs of the elderly, to provide quality treatment services, but also to avoid the elderly in the family, hospitals, pension agencies rushing between, to reduce the pressure of family pension. In the rehabilitation stage, the elderly are transferred to the rehabilitation care area, which will enable the elderly to receive further rehabilitation care and avoid the "bet bed" problem in the hospital.

But different levels of medical institutions have been severely differentiated. Because of poor economic benefit, backward facilities, insufficient service personnel and lack of medical insurance reimbursement system, the basic hospital cannot provide enough hospital-aged beds, thus affecting the function of medical and nursing.

(2) Medical institutions in endowment institutions

For example, Qingdao Fushan old age apartment, Beijing First Welfare house, Tianjin Taikang Old apartment, Changsha first welfare house, etc. Qingdao Fushan Old apartment is Shandong province largest, the function is most complete, the facility is most perfect, integrates the medicine, the safeguard, the support one modernized endowment organization, admits the disability, the half loses the energy old person to include the service, the medical care, the nursing, the training, the activity, the guarantee six major centers

The Endowment institution has a medical institution, a timely diagnosis and treatment for the elderly, and professional medical staff can provide psychological counseling, disease prevention and other services according to the actual needs of the elderly, so as to make the old-age more personalized. However, this kind of endowment pattern personalization also exists the disadvantage of not enough humanization--the charge level is high, so can only attract the old people with better economic conditions, which leads to the imbalance of the structure of the old-age group in the pension institution, and does not embody the fairness of the endowment. Moreover, the set of medical institutions for the professional health care personnel less attractive, resulting in the impact of their real functional play.

(3) Joint operation of medical institutions and pension institutions

For example, Beijing Yi Lok Home for the elderly, the first social welfare institutions in Beijing. The medical institution and the Endowment organization jointly provide the nursing home for the nursing home. "Medical" and "nourishing" each play its role. Flexible and diverse cooperation, medical institutions through regular physical examination of the elderly health assessment, the establishment of health records, through the establishment of green access or experts to the elderly institutions to sit, to provide convenient diagnosis and treatment services.

But medical staff and various resources are limited, it is difficult to provide efficient service for the cooperative pension institutions. Moreover, the workload of
the medical staff is increased before the performance is up to its expectation, and the lack of work motivation of the medical staff will result in the low efficiency of health care. Moreover, the medical institutions, pension institutions belong to different management departments, the division of responsibilities is not clear, but also a disadvantage of this model.

(4) Community Radiation Endowment and Medical Service

Such as the general Pro-Pension Service center, Changsha Tianxin District Street. The integration of Community peripheral medical services and pension services, the establishment of home pension beds, by the pension center regularly provide door-to-door maintenance, by the medical institutions to provide door-to-door diagnosis. This way to the medical institutions and pension institutions as a link to the community as a whole, to the family to provide more convenient for the elderly and medical services.

However, this model has not yet formed a systematic and cooperative management, so there are some problems such as the waste of resources caused by the mutual coverage of services provided by different service subjects; In the door-to-door service process, there is no clear insurance reimbursement specification, which also brings trouble to the subsequent reimbursement problem.

PROMOTING THE FEASIBILITY SUGGESTION OF “COMBINATION OF MEDICAL CARE AND CULTURE”

Establishment of Government Departments for Supervision and Management

According to “the administrative measures of social welfare institutions”, the pension institutions belong to the Ministry of Civil Affairs approval units, the Ministry of Civil Affairs as the main management department. But under the mode of combination of medical and nursing, it is necessary to accept the multiple management of civil affairs Department, health Department and Fire Department of Public Security in the course of operation[4], the responsibility of each department is difficult to be specific and clear, and the waste of resources is buck. It is proposed that the Government should set up a "medical union" work Office the integration of medical resources and endowment resources, and the "Medical and Nursing Union" work office as the central point of contact, the Joint Ministry of Civil Affairs, the Ministry of Health and other relevant departments to carry out the joint management of medical and nursing, strengthen the horizontal contact between the departments, clear the responsibility and supervision of all parties, To simplify the process of unnecessary or repetitive operation, and to clear the way for the combination of medicine and culture.

The office of "Medical and nursing union" should investigate the public opinion, listen to the people's Voice, organize regular meetings between the departments and the pension agencies, and summarize the effective ways of improvement.
Constructing the Old-Age Service System of "Combination of Medical Care and Culture"

In the old-age community, the old-age group's "combination of medical care and nursing" needs more and more, while in the endowment capacity, it presents a more prominent differentiation stratification characteristics[5]. Therefore, in order to solve the problem of the combination of medical and nursing, we must start from the actual needs and economic ability of the aged, to construct a reasonable "combination of medical care" endowment service system.

In the service aspect, the endowment organization should provide the old people with the diverse service, adapts the different physical and mental condition the old person's endowment demand; In the old-age level, should be in the city, town, township to build different consumption levels of the pension institutions, to ensure that the old-age can be basically covered by the various economic aspects of the elderly, so that all elderly people can enjoy the twilight years; At the level of medical care, the level of medical care and old-age pension is equal, but different from the old-age, different diseases have a great difference in medical requirements, so we should carry out grading diagnosis and treatment strategies among different levels of medical institutions, and consult with each other for referral and up and down linkage; In the space layout, we should rationally plan the service circle of the aged, so that the old-age service can be benefited by the combination of medical and nursing. In addition, the Government should encourage academic talents in the community to continue to explore and improve the medical and nursing service system.

Encourage the Participation of Social Forces

The present social endowment service cannot satisfy the huge demand of the society, the development of the endowment industry by the government's financial strength alone, the result is doomed to be passable, and this asks us to explore the new pattern of the development of the endowment institution. The PPP model is introduced into the old-age construction, the government departments and the social capital set up the cooperation mechanism of benefit sharing and risk sharing, each party play their respective advantages. The Government provides preferential policy support to social forces in many aspects, such as construction land, tax payment and so on, for social capital. In addition, the social power should not only be reflected in the financial aspects of human resources should also enrich the service team. The establishment of "medical care" volunteer club, to encourage people from all walks of life voluntary participation, volunteers in accordance with the requirements of professional training can use free time to contribute to the combination of medical and nursing work, to alleviate the burden of the shortage of pension institutions.
Perfecting the Staff Performance System

In the "Medical Nursing Union" endowment institution, whether it is the pension service personnel or the medical service personnel, the task performance part of the work is more clear, the salary also basically takes this as the measurement standard. However, in addition to the task, staff often have to undertake a large number of peripheral work, cannot use the performance of the accurate measurement, which makes the staff's pay and the return is not consistent, resulting in slack work.

Therefore, to improve the staff performance system, we need to make a reasonable assessment of all the work done. Peripheral work should be the leadership, colleagues, customers three aspects of evaluation feedback, the use of three-party scoring method to evaluate its work, give excellent staff promotion opportunities, and to give bonuses or other incentives in the way to encourage staff enthusiasm; To establish the evaluation system of medical staff title of "Combination of medicine and nursing", and to evaluate the professional title of medical staff, "medical and Nursing union" is preferred.

Perfecting the Old-Age Medical Insurance System of "Combination of Medicine and Culture"

At present, China's old-age security system and medical security system are not connected, the long-term care insurance system is not perfect, which brings many inconveniences. In Shanghai, for example, the long-term care insurance funds in Shanghai are mainly derived from the balance of health care funds, only from the source of the system is not on the right track [5]. Learn from the experience of old-age insurance, in the "combination of medical care," the old-age insurance system, the insured from the age of 30 from the beginning of insurance, by the state and individual to 65%, 35% of the proportion of commitment to the insured to retire, when the applicant needs to use the money after retirement.

Establishing the Old-Age Evaluation Mechanism of "Combination of Medical Care and Culture"

To establish a comprehensive old-age evaluation mechanism of "combination of medical and nursing", which should include the evaluation of the old-age institutions and the evaluation of the individual. For the pension institutions, the government departments should be statistics of their number, facilities, services, environment, price, reimbursement mechanism, and so on, the establishment of a complete catalogue, and make the information open and transparent face of the public. On the one hand, it is convenient for the government to supervise and manage, on the other hand, the elderly can compare comprehensively and objectively when choosing the endowment institution. For the elderly, they should make a comprehensive assessment of their physical and mental health status, economic ability and personal wishes, in order to match their suitable endowment way or endowment institution.
CONCLUDING REMARKS

In recent years, our country's accelerating population aging makes the labor group panic, "not rich first old" "unprepared first old" situation is to let us unprepared. As a kind of market-oriented pension mode, "the old-age model of medical and nursing combination" combination of medical care and old-age will greatly reduce the waste of endowment resources, meet the diversified needs of the elderly, and it is an important exploration and practice to build a mature endowment model in China, Should arouse enough attention.

REFERENCES