

Development Model of Medical and Nursing Care Integration in Shandong Province Research

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Abstract: *As a new type of senior care service model, health care integration is a rational choice to actively cope with the aging of the population and meet the needs of the elderly for healthy aging. This paper takes Shandong Province as an example, and analyzes and compares the four typical models of "home health care", "community health care", "institutional health care" and "comprehensive health care". By analyzing and comparing the four typical models of "home health care", "community health care", "institutional health care", and "comprehensive health care", and analyzing them in three dimensions: macro, meso, and micro, this paper finds that there are such problems as lack of legal policies, fragmentation of management, insufficient capital investment, low social participation, lack of professionals, and mismatch between supply and demand of services in Shandong Province's health care integration local practice process. It also proposes the future development direction of healthcare integration practice in Shandong Province, in order to provide useful reference for promoting the rapid popularization of the healthcare integration development model.*

Keywords: *combination of medical care and nursing care; Elderly care services; Healthy pension; Development model*

1. Introduction

At present, the situation of population ageing is not optimistic, and survival with illness has become the norm for the majority of older persons, with the situation of older persons living a long but unhealthy life prevailing in society. On the one hand, as the only child generation grows up, gradually become the pillar of the family, China's "4+2+1" family model has become the mainstream, from the objective to change the traditional social "raising children to prevent old age" dilemma, the family old-age function can not meet the elderly multiple health care needs, the difficulty of aging in the home is in dire need of change. On the other hand, China's current general elderly care institutions mainly provide daily care services, and there is an imbalance between the supply and demand of disease care services, which is unable to provide diversified and sustainable services. Therefore, how to old age, how to crack the imbalance between the supply and demand of medical and nursing resources has become an urgent problem in the current society. The combination of medical and nursing care can break the split between nursing and medical care, provide timely, convenient and accurate medical and nursing care for the elderly, and is a rational choice to actively respond to the aging of the population and meet the diversified needs of the elderly in old-age care. At present, the combination of medical and nursing has been included in the important planning of the "Healthy China 2030 Planning Outline", and Shandong Province issued the "Shandong Province Creating National Medical and Nursing Demonstration Province Work Program" in 2018, officially launching the creation of medical and nursing demonstration province, and since then, governments at all levels have responded adequately to the policy call, adapted to local conditions, and continuously explored and innovated the development mode of medical and nursing combination.

2. Review of Literature

The concept of "integrated health care" was first proposed by the World Health Organization (WHO) in 2001, which focuses on improving the quality, efficiency, accessibility, and patient and family satisfaction of health care services by providing a continuum of services through collaboration among different levels of health care institutions. On the basis of different caregiving bodies and organizations, two major integration paths have been formed in foreign countries, namely, "institutional integration"

and "community integration". At present, the "institutional integration" model is represented in Europe, especially in the Nordic countries, such as the Netherlands, which has established a multi-faceted insurance system under quasi-market conditions and promotes integration and cooperation between hospital care and primary caregivers. "Community integration" models include the United States federal government's Program of All-Inclusive Care (PACE), which integrates primary and skilled nursing care and is based on community-based adult day care, with care teams made up of various professionals.^[1] The Government of Japan has proposed the establishment of a community-centered integrated care system that integrates medical services, long-term and social care in the community. Singapore has established the Regional Health System (RHS) program based on geographic location, which is a patient-centered program that brings together the primary, acute and community sectors for collaborative care.

Since the beginning of the twenty-first century, the concept of integrated care services for the elderly has been increasingly applied in China, with "medical and nursing care" being explored and carried out one after another in the field of elderly care services. As a brand-new care concept and service practice, it has subverted the traditional "segmentation" of social care and medical service management and the "decentralization" of service provision, and has become a policy tool for promoting changes in the way medical and elderly services are provided.^[2]

Research on the connotation of medical and nursing integration. At present, the academic research on the connotation of health care integration mainly focuses on the definition of the relationship between "medical" and "nursing", and Suying Wang believes that the integration of health care is the process of integrating medical services into nursing services, and "nursing" is always the first and foremost consideration in the whole service process. The "nourishment" is always in the first place in the whole service process.^[3] Changyuan Li believes that the combination of medical care is to realize the organic combination of medical services and old-age protection "medical" and "nursing" is the relationship of mutual integration and development.^[4]

Research on the necessity of combining medical and nursing care. Danchen Suo believes that with the deepening of aging in China and the increasing demand for medical services for the elderly, it has become inevitable to implement the model of combining medical and nursing care for the elderly.^[5] Wen Wang believes that the combination of medical and nursing care service industry has great potential for development, which can integrate and coordinate elderly care services and medical and health services, can integrate resources, improve resource use and efficiency, and also can drive the development of nursing care service industry and promote economic growth.^[6] Aisheng Geng believes that the new model of health care combined with the new model of health concepts into the daily care services for the elderly, reflecting the transformation of society from a negative perception of old age to a positive perception of old age, not only the old age, the quality of care to achieve a "quantitative" improvement, the elderly population of the economic risk has been mitigated, is a useful exploration.^[7]

Exploratory study on the development mode of medical and nursing integration around the world. According to Yingying Meng, the basic model of medical and nursing integration can be summarized as integrated care, joint operation and support radiation.^[8] Xiuquan Gong believes that the current health care integration of the three main modes: health care resources into the elderly institutions, medical institutions to increase the function of elderly care, health care institutions in one (a set of teams, two brands).^[9] In addition, scholars have conducted a large number of case studies on the practices of pilot regions. Li Changyuan, Zhang Juguo and others take Qingdao, Shanghai and Suzhou as three typical pilot areas for healthcare integration as a model, and carry out comparative analysis and analysis in terms of the integration of healthcare resources, incentive mechanism and organizational safeguards.

Based on the idea of integrated care, foreign countries have earlier conducted research on health care integration and have formed a complete research system. Based on different care subjects, two paths of "institutional integration" and "community integration" have been formed to gradually establish and improve the integrated and sustainable development of the health care service system for the elderly. At present, the domestic research on health care integration is still in the initial stage, and there is a lack of summary discussion of the problems and experiences in the specific practice of regional areas. Therefore, this paper focuses on Shandong Province, which is an early model province for health care integration and has been developing rapidly, and analyzes the problems in the development of local service models from three dimensions: system integration at the macro level, organizational and professional integration at the meso level, and service integration at the micro level, and proposes a new direction for the development of local health care integration service models in Shandong Province in the future.

3. Practical Exploration of Medical and Nutritional Integration in Shandong Province

All parts of Shandong Province, in conjunction with the actual situation, are constantly trying and actively exploring the combination of medical care at home and in the community and in institutions. Diversified models of combined medical and nursing services have been established in rural, urban, home, community and institutional settings.

3.1. "Home health care, medical care rounds" model

The model mainly adopts the contracted services of family doctors, sets up family hospital beds, and provides door-to-door health services for the disabled elderly at home by specialized medical personnel, who follow up and improve their health records.

The city of Qufu in Jining, as a pilot area for the "home health care" model, has set up family hospital beds and included the cost of such beds in the reimbursement scope of medical insurance; in addition, it has carried out universal free health check-ups and screened out more than 130,000 elderly people over the age of 60, who have been contracted by family doctors to support healthy home care.

3.2. "Community health care, intelligent service" model

This model is mainly targeted at the elderly in larger, concentrated communities. Relying on the intelligent home care system, professionals provide integrated medical and nursing services to the elderly at home. Some of the larger communities can build more professional and standardized health care institutions.

Qingdao West Coast New Area, based on the integration and innovation of the "artificial intelligence + big health" industry, has established the "Zhongkang Yi Nursing" medical and nursing institution with the community station as the key, providing convenient and comprehensive one-stop medical and nursing services to individuals and families.

3.3. "Institutional medical care, two hospitals in one" model

This model relies on the professional advantages of medical institutions to carry out nursing services in medical institutions, through cooperation with social capital, and township nursing homes and health centers to open cooperation channels, to create a "two hospitals in one" service model.

Currently, many places in Shandong Province have already practiced this model, such as Zaozhuang Municipal No. 2 Hospital, which promotes the sinking of high-quality medical resources, and has built a "one body, four districts" medical and nursing care consortium.

3.4. "Comprehensive medical care, multi-layer linkage" model

This model is mainly for some large-scale comprehensive hospitals, through the "Internet +" and close-knit medical association to drive health services at all levels to carry out medical and nursing services, to create a multi-layer linkage model combining pension services, medical services, talent training and so on.

The Third Jinan Provincial Hospital mainly relies on the resource advantages of public tertiary hospitals, relying on the technology of "Internet+Health Service" and the structure of medical and nursing integration in urban communities and rural townships, to create a medical and nursing integration model of "1+3+H", realizing the "three-in-one" model of medical treatment, rehabilitation and nursing care.

4. Problems in the Development of Medical-Nursing Combination in Shandong Province

Through the above policy combing and the comparative analysis of typical medical and nursing care models, it can be seen that Shandong Province has made great progress in promoting the construction of medical and nursing care demonstration province, but there are still some problems in the overall development, which restricts the comprehensive promotion of medical and nursing care service models.

4.1. Macro level

First, the lack of legal policies and rigid constraints. Since the official launch of the construction work of the model province of medical and nursing integration in 2018, a number of policy documents have been issued to gradually improve the policy system of medical and nursing integration, but there is no specific and perfect legal system, and the development of local medical and nursing integration work has not yet been coordinated from the legislative, planning and policy levels. Secondly, management fragmentation and policy synergy are difficult. Medical care work involves the Health Commission, the Ministry of Civil Affairs, the Development and Reform Commission, the Ministry of Industry and Information Technology, the Ministry of Human Resources and Social Affairs and other departments, the successful implementation of medical care can not be separated from the cooperation and coordination of various departments. From the point of view of the practice of combining medical and nursing care around Shandong Province, the current management system of multiple management, the relevant departments of cross-functional, unclear rights and responsibilities, in the current development process is facing great difficulties.

4.2. Meso level

First, insufficient capital investment and low social participation. Insufficient capital investment is one of the constraints on the development of the current medical care combination model. However, in the long run, the existing amount of capital investment in Shandong Province's elderly care service industry is far from enough to mobilize all levels of government and institutions to take an active role. On the one hand, government financial subsidies and supporting financial support are more inclined to public senior care institutions, and private senior care institutions generally have problems such as high fee levels, small development scale, unstandardized management, and low service level. On the other hand, there is a lack of diversified and stable financing channels, which cannot guarantee the continuous supply of the financial chain and the lack of development vitality. Secondly, the training system for professionals is not perfect, and the talent reserve is insufficient. Sound service guarantee mechanism and high-quality professional medical personnel is the key to the high quality and sustainable development of medical care combined with elderly services. At present, senior care institutions in Shandong Province still have the problems of insufficient supply and serious loss of talents.

4.3. Micro level

Firstly, the service object of medical and nursing combination is not clearly defined, and the service content is single. On the one hand, the current health care institutions, the government, and the public do not have a good understanding of the service groups for which health care integration is intended, which affects the accessibility of service quality. On the other hand, since the combination of medical and nursing services involves both service resources, the content of the services is the key to realizing the long-term and stable development of the combination. Secondly, the influence of traditional concepts has limited the popularization of the combined medical and nursing care model on a large scale in the province. Influenced by the traditional concepts of "raising children to prevent old age" and "many children, many blessings", the department still retains the idea that children should stay at their parents' bedside to fulfill their filial piety. A significant portion of the population does not have a full understanding of the current market for elderly services, and children are reluctant to send their parents to an elderly care facility.

5. Conclusions

In view of the current problems in the work of combining medical care and nursing in Shandong Province, the following suggestions are made: First, policy convergence should be strengthened to promote the formation of a complete policy support system for combining medical care and nursing. Second, it should strengthen departmental coordination, adjust and optimize under the unified system arrangement, and clearly allocate specific tasks of each department. Third, it should strengthen the construction of medical and nursing health professional talent team, organize and carry out research on the talent team, find out the current situation and needs of the province's medical care and health industry talents, and improve the treatment of personnel. Fourth, the government increase the combination of medical and nursing capital investment, from multiple channels to integrate social capital, in the elderly services into the social participation in the power to improve the participation of all sectors of society

enthusiasm. Fifth, the coordination of medical care and health industry promote the work of various tasks, seriously implement the tasks, and promote the medical care and health industry to achieve high-quality development.

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