

Research on the Problems and Countermeasures of the Old-age Care Model of Community Medical Care

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Abstract: With the deepening of China's aging, how to solve the problem of medical care and old-age care for the elderly is a major concern of the government and society. In view of the problems existing in the development of the community health care combined pension model, this paper puts forward corresponding countermeasures, and provides suggestions for the further development of the community health care combined pension model.

1. Introduction

By the end of 2018, China's elderly population aged 60 and over reached 249 million, accounting for 17.9% of the total population. It is expected that by 2030, China's elderly population will account for 25% of the total population. With the deepening of aging, it will bring a series of social and economic problems, the most important of which is the increasing pressure of aging on the operation of medical insurance and old-age insurance, and the burden of old-age problems on children. Therefore, the medical and old-age care of the elderly in China is an important social and economic problem that needs to be solved urgently. In this paper, the existing problems and Countermeasures of community health care combined pension model are studied and discussed, and suggestions for the development of community health care combined pension model are provided.

2. Problems in the old-age pension model of community health care

2.1 The degree of specialization of service subjects is not high.

Most of the service staff in the community are not of professional origin. They are not students majoring in social security, medical care or social welfare in college. Only a small number of nursing staff have obtained professional medical and nursing qualification certificates. Other service nurses are basically amateur. Their service level is bound to be affected by their own professional quality, resulting in the general quality of community service personnel, thus affecting the continuous improvement of the service quality of community "combination of health care and old-age care".

2.2 Service content is not specific

The service content of community health care integration includes three aspects: general life and housekeeping services, health care and medical services, mental comfort and mental health counseling services. Service content covers many aspects, but the lack of specificity of service content, failure to fully refine, and other subjective and objective aspects of the impact of various factors, making part of the service content has not been effectively implemented. Most of the community's "health care combined" old-age services still stay on the level of general telephone consultation and holidays visits, which can not really meet the long-term and necessary needs of the elderly population and health care and medical services.

2.3 Service mode is simply divorced from reality

In order to better enable the elderly to enjoy their old age life, the community should provide them with various basic services, innovate the way of old-age service, and make the life of the elderly more colorful. However, there are two main modes of community “health care combined” service, that is, community and medical institutions cooperate, and medical nurses provide door-to-door service in person. However, these two modes of service may be limited by objective conditions, which will make the elderly unable to enjoy the service, leading to the disconnection between the service mode and objective reality. For example, the medical and nursing staff are busy and unable to provide door-to-door services; the elderly are restricted by physical conditions and can not call the medical and nursing center.

2.4 Imperfect Service Management Mechanism

Service management mechanism can promote pension institutions to provide comprehensive services for the elderly, but also enable the elderly to recover in the shortest possible time. Therefore, the establishment of a sound service management mechanism is very important. At present, there is no perfect service management mechanism for the “combination of medical care and nursing” service in the community pension in our country, which is also an important problem to be solved urgently at present.

3. Measures and Suggestions to Improve the Old-age Care Model of Community Medical Care

3.1 Strengthen the Government's Leading Role

The government's duty is to serve the people. Therefore, it is necessary for the government to provide convenient services for the community, pension institutions and relevant departments. According to the Government Work Report, we should promote the establishment and development of the service industry of “combination of medical care and maintenance”, improve the planning and management of the infrastructure of designated medical institutions, formulate preferential policies for tax relief, promote the needs of different levels of social pension services, and make pension services public welfare and economic coordination.

3.2 Increase investment in pension services

Our country's social security is in the primary stage of social development, in the process of development may encounter a variety of problems, which need to be solved by the government. Therefore, the government should increase investment in pension, develop various public services for the elderly, strengthen the links between community and social pension institutions, increase investment in basic service facilities of medical institutions, carry out environmental transformation, introduce advanced public service facilities for the community, and make medical resources available. With the improvement of efficiency, the role of public services can be fully played. On this basis, we can provide convenient public services for the elderly and improve their quality of life.

3.3 Establishing the Training Mechanism for Improving the Quality of Service Personnel

The state should support relevant training organizations to systematically and theoretically train community service personnel, and make the staff absorb and master the new knowledge and policies in a timely manner through teaching every year. In addition, training organizations should also assess their service skills, such as the service attitude, service quality and bedmaking skills of the elderly, and issue training certificates to qualified personnel. Training institutions can also divide the assessment into 3-4 peers. Employees can determine their training peers according to their professional level and working years. Old-age institutions can also raise the salary of employees according to their exam peers, and the higher the salary of employees at the same level, the higher the salary they enjoy. This can make employees actively accept training and assessment

in order to improve their salary, and increase their enthusiasm for work. This can not only improve the enthusiasm and efficiency of employees, but also make them work more efficiently. The “satisfaction” of workers has been improved, and the service skills and quality of employees can be improved, thus achieving a “win-win” situation.

3.4 Reduce the Recognition Criteria of the “Medical and Nursing Integration” Institutions

At present, the recognition standard of “medical-maintenance combination” institutions in China is relatively high, and the requirements for medical institutions cooperating with communities are strict. The medical institutions at the same level, the area of office space and the professional level of medical and nursing personnel must meet the national standards before they can be recognized as “medical-maintenance combination” institutions. If medical institutions fail to meet the standards, they will not be able to cooperate with the community. Therefore, in order to better implement the service form of community health care integration, China should simplify the process of examination and approval of health care integration institutions, and to a certain extent, reduce the standard of identification of institutions.

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