Research on the Countermeasures for the Orderly Operation of China's Urban Endowment Service System Based on the Combination of Medical Care and Maintenance

Yan Jiang

School of Management, North Sichuan Medical College, Nanchong, Sichuan, 637100, China 1528468952@qq.com

Keywords: Combination of Medical Care, Pension Service System, City

Abstract: with the Development of Society and the Progress of Science and Technology, the Combination of Medical Care and Support is Often Understood as the Service of Pension Institutions and Medical Institutions to Expand a Mutually Cooperative Health Pension Service System. the Whole Society is Facing the Heavy Burden of Providing for the Aged, Especially the Increasingly Prominent Medical Problems of the Elderly, and It is Even More Necessary to Face the Double Pressure of Providing for the Aged and Medical Care. the Mode of Combining Medical Care and Old-Age Care is a Method or Means to Practice the Concept of Combining Medical Care and Old-Age Care, to Realize the Integration of Medical Resources and Old-Age Care Resources, and to Achieve the Optimal Allocation of Resources. to Solve the Medical Problems in the Process of Providing for the Elderly, and to Meet the Health Care Needs of the Elderly, It is Necessary to Innovate the Old-Age Model and Build a City-Based Care Service System Based on Medical Care. on the Basis of Expounding the Connotation of Medical Care, Combined with the Practice At Home and Abroad, This Paper Explores the Urban Health Care Service System Based on the Combination of Medical Care and Health for the Increasing Medical Care Needs of the Elderly.

1. Introduction

Pension Service is a Common Problem Faced by Many Countries in the Process of Coping with Population Aging. the Problem of Providing for the Aged is Not Only an Important Matter Related to the National Economy and the People's Livelihood, But Also a Family Matter Related to the Happiness of Every Family and Every Citizen. with the Increasing Aging of the Population, the Whole Society is Facing a Heavy Burden of Providing for the Aged, Especially the Increasingly Prominent Medical Problems of the Elderly, and It is Even More Necessary to Face the Double Pressure of Providing for the Aged and Medical Care. the Development of the Service Industry for the Aged is an Important Strategic Issue Related to People's Livelihood and is of Great Significance to the Construction of a Socialist Harmonious Society [2]. the Current Old-Age Care Institutions Are Not Only Short of Beds, But Also Have Low Utilization Rate of Facilities in Long-Term Care Institutions. One of the Most Important Reasons is the Lack of Continuous Service Providers with Professional Care Level and the Lack of Effective Normative Mechanism Supported by Policies [3]. the Combination of Medical and Nursing Institutions Strives to Enable the Elderly to Receive Good Living Care, Health Care, Disease Treatment and Even Hospice Care in the Same Institution [4]. At Present, China's Population Aging Shows That the Elderly Population Has a Large Base, Rapid Growth, and an Obvious Trend of Aging. the Risk of Chronic Diseases is Increasing in the Elderly, and the Demand for Medical and Health Services and Daily Care Services Are Increasing.

As a Developing Country, China Has Completed the Demographic Transition At a Rate Faster Than That of Developed Countries. on the Other Hand, It Has Entered the Aging Society Ahead of Time When Modernization Has Not Yet Been Completed and people's Lives Have Not Yet Reached a Well-Off Level. [5]. to Solve the Medical Problems in the Process of Old-Age Care for the Elderly and to Meet the Health Care Needs of the Elderly, It is Necessary to Innovate the Old-Age Model and Build a System of Urban Pension Services Based on the Combination of Medical

DOI: 10.25236/iwass.2019.117

Care and Maintenance [6]. the Implementation of Medical and Health Combination Can Improve the Daily Living Ability of Elderly Patients with Chronic Diseases, Reduce the Rate of Rehospitalization, Save Medical Resources, Reduce the Burden on Family Members, and Enhance the Security of Elderly Patients [7]. with the Advent of China's Aging Society, the Growing Number of Elderly People's Demand for Medical Care and Combined Pensions Has Increased Rapidly. Whether the Current Medical-Integrated Aged Care Service Can Meet This Fast-Growing Demand Has Become an Important Issue of Concern to All Sectors of Society [8]. on the Basis of Expounding the Connotation of Medical Care, Combined with the Practice At Home and Abroad, This Paper Explores the Growing Urban Health Care Service System Based on the Combination of Medical Care and Health, and Proposes Policy Recommendations.

2. The Combination of Medical Care and Health Care and the Construction of Health Care Service System

With the rapid development of aging and the impact of the change of the one-child policy on the family population structure, the old-age care problem, especially the healthy old-age care problem, has become a realistic problem that the whole society has to face. At present, the elderly health service policy is not perfect. Medical institutions and pension institutions are independent of each other. Pension institutions provide pension services and medical institutions cannot provide pension. In terms of examination and approval and management of ordinary pension institutions, various departments can basically coordinate their work and do not cross each other. In the process of building a health care service system combining medical care and old-age care, we should promote the reform of medical care for the aged, promote the mutual integration and development of medical care and old-age care service, and analyze according to specific work [9]. The resource integration required by the combination of medical care and pension is not a simple addition of the two resources. It should be that the specialized medical resources are supplied to the old-age field in a hierarchical and diversified manner. Medical and health institutions are identified and managed by the health department, and medical insurance reimbursement is managed by the social security department. The combination of medical care and maintenance should continuously improve the work of the socialization system of old-age care services, and pay attention to hardware, operation and service work on the street, and realize the enhancement of modern hardware functions.

Affected by traditional culture, most elderly people believe that family pension can not only feel the warmth of the family, but also reduce the financial burden of children and individuals. Table 1 shows the choice of the elderly in the survey of 336 elderly people in non-residential institutions aged 60 or older.

 Projects
 Pension type

 Home
 Community
 Institutions

 Number
 Percentage (%)
 Number
 Percentage (%)

 Number
 183
 54.5
 29
 8.6
 124
 36.9

Table 1 Elderly People's Choice of Pension Methods

Generally speaking, ordinary institutions for the aged are subject to the approval and management of the civil affairs department, and community home care services are organized and implemented by the aging office. Unused operators have different overall planning capabilities for resources, which leads to different operation modes. Pension service industry is a kind of public welfare industry, which is very different from the traditional home care model. The current old-age care model can provide more care, more professional care, rehabilitation care and emotional care for the elderly. The two-way referral service mechanism between pension institutions and medical institutions has not yet been established, and resources cannot be shared. Once the elderly get sick, they have to commute between their families, medical institutions and pension institutions. There is no established existing model in China to follow and utilize, let alone a unified and successful plan to implement, and the institutional mechanisms of some other developed countries are not suitable for China's actual situation. The characteristics of the project-based service have been obviously

improved. We should continuously promote the pension service projects in various places and carry out rational management of the project services. At the same time, we should continuously expand the construction of service carriers, improve the rational management of intelligent medical care, steadily strengthen the information management mode, and improve the integrated operation of medical care.

According to the survey of 401 elderly people living in institutions for the aged, the proportion of elderly people willing to go to medical and nursing institutions for the aged is the highest, as shown in Table 2.

Table 2 the Situation of the Elderly Choosing to Support the Aged in the Medical and Nursing Institutions

Content	Health status of the elderly					
	Self-care		Partial self-care		Can't self-care	
	Number	Percentage (%)	Number	Percentage (%)	Number	Percentage (%)
Willing to	174	67.7	32	49.2	62	78.5
Unwilling	46	17.9	9	13.8	15	19.0
Unclear	37	14.4	24	36.9	2	2.5

3. Combination of Medical Care and Pension Service System Construction and Improvement Trend

3.1 Scientifically Formulate the Plan of Pension Service System

The construction and innovative development of the urban old-age service combined with medical care should scientifically formulate the urban old-age service system planning combined with medical care and incorporate it into the national economy and development planning. Land acquisition costs for private pension service projects are too high, and the occupancy threshold is correspondingly increased, affecting the supply of pension service facilities. At present, many primary medical and health service institutions have limited conditions and cannot ensure the houses and venues that meet the requirements. Governments at all levels should establish a scientific and predictable concept of combining medical care with old-age care, strengthen policy support system and mechanism innovation, and incorporate the construction of medical care with old-age care service system into the local economic and social development plan. We should encourage the rational transformation of medical resources and pension resources, improve the level of pension service in medical institutions, and establish a good medical institution and medical and health management system [10]. In view of the combination of medical care and old-age health care service system construction, it is necessary to make clear the reasonable management of the leading department, coordinate the innovation of the management mechanism, and perfect the policy guarantee measures to deal with the combination of medical care and old-age health care. The urban old-age care service institution that combines medical care and support is the support and carrier of the service, and is the key to promote the development of the old-age care system that combines medical care and support.

3.2 Perfecting the Security Mechanism of Old-Age Care Service with Combination of Medical Care and Maintenance

We should continue to deepen the reform of the old-age insurance system and give full play to the guiding role of the government in formulating plans, issuing policies, guiding investment, standardizing the market and creating an environment. At the same time, reasonable integration of medical and nursing resources, strengthening the institutional planning and design of medical and nursing institutions, and promoting the smooth progress of medical and nursing integration. The pension institutions with strong overall resource planning ability choose to optimize resources through the built-in medical institutions to provide medical and nursing services for the elderly. To increase the ability of institutions to provide care for the aged and medical care, it is not only necessary for a single institution to provide medical care and support services, but also necessary to

promote the reform of joint and interactive institutions for the aged, to ensure that they have a good function of combining medical care and support, and to carry out the construction of good institutions for the aged and the smooth progress of the work of combining medical care and support. Medical institutions with high diagnosis and treatment level and good reputation are short of medical resources, heavy diagnosis and treatment tasks, tight doctor-patient relationship, risks of medical disputes in diagnosis and treatment and other reasons, which lack the motivation to provide medical support for pension institutions. The urban pension service system should play the decisive role of the market in the allocation of resources for the urban pension service combined with medical care, mobilize the enthusiasm and creativity of social forces, expand the scope of basic pension insurance, and comprehensively improve the service quality of pension institutions, so as to promote the development of the urban pension service combined with medical care.

4. Conclusion

According to the existing pension and medical institution training, we should improve the smooth first-line nursing work, promote the smooth development of vocational education work, and ensure the smooth progress of medical nursing work. The construction of a city's old-age care service system combining medical care and support is conducive to saving the time spent by the elderly on medical care and reducing the burden on their families. The integration of medical care and old-age care is conducive to providing multi-directional and three-dimensional medical care services for the elderly under the challenges of deepening aging and changing disease spectrum. Private medical and nursing institutions with better conditions have relaxed the standards, but the proportion of out-of-pocket payments has increased to meet the pension and medical needs of different income groups. In order to improve the scientificity of the assessment standard of the elderly in and out of the hospital, the medical institutions and the elderly institutions engaged in the combination of medical care and elderly care services should establish the assessment mechanism of the elderly medical care and elderly care services transfer. We should strictly enforce the access system for the elderly service personnel, strengthen the professional training for the on-the-job elderly service technicians, and establish and improve the regular rotation training and assessment system for the on-the-job personnel. The construction and improvement of pension institutions is conducive to the healthy and orderly development of pension industry and the chain development of related sunset industries.

References

- [1] Mensa-Bonsu., Maame, A.S. (2015). The old order changeth and giveth way to the new: WhatsApp debuts as a means of substituted service in Ghana. Oxford University Commonwealth Law Journal, vol. 15, no. 1, pp. 149-154.
- [2] Pedone, C., Rossi, F.F., Cecere, A., et al.(2015). Efficacy of a Physician-Led Multiparametric Telemonitoring System in Very Old Adults with Heart Failure. Journal of the American Geriatrics Society, vol. 63, no. 6, pp. 1175-1180.
- [3] Banks, G. (2014). Restoring Trust in Public Policy: What Role for the Public Service?. Australian Journal of Public Administration, vol. 73, no. 1, pp. 1-13.
- [4] Cunha, J.M., Menichini, A.A., Crockett, A. (2015). The retention effects of high years of service cliff-vesting pension plans. Economics Letters, pp. 126:6-9.
- [5] Mitchell, M.B., Jones, T., Renema, S. (2015). Will I Make It on My Own? Voices and Visions of 17-Year-Old Youth in Transition. Child and Adolescent Social Work Journal, vol. 32, no. 3, pp. 291-300.
- [6] Kobayashi, M., Rollins, K., Taylor, M.H. (2014). Optimal Livestock Management on Sagebrush Rangeland with Ecological Thresholds, Wildfire, and Invasive Plants. Land Economics, vol. 90, no. 4, pp. 623-648.

- [7] Gökay, Görmeli., C, Ayşe Görmeli., Karakaplan, M., et al. (2015). Outcome of transtibial AperFix system in anterior cruciate ligament injuries. Indian Journal of Orthopaedics, vol. 49, no. 2, pp. 150-154.
- [8] Bottero, S., Peradotto, F., Roma R., et al. (2015). Laryngotracheal reconstruction in glottic-subglottic stenosis associated with DiGeorge syndrome in a four and a half-month-old infant. Acta otorhinolaryngologica Italica: organo ufficiale della Società italiana di otorinolaringologia e chirurgia cervico-facciale, vol. 35, no. 1, pp. 53-57.
- [9] Ricks, T.L., Phipps, K.R., Bruerd, B. (2015). The Indian Health Service Early Childhood Caries Collaborative: A Five-year Summary. Pediatric Dentistry, vol. 37, no. 3, pp. 275.
- [10] Mukhopadhaya, P., Venaik, S. (2014). Old-Age Income Insecurity in Singapore: A Problem of Non-Inclusive Development. Australian Economic Papers, vol. 53, no. 3-4, pp. 184-206.