Literature Review on the Mode in the Combination of Medical Care and Pension

Hao-chen JIANG
School of Humanities and Social Sciences,
North China Electric Power University,
Baoding, Hebei, China
Hcjiang0926@126.com

Keywords: Problems, Improvement Measures, Combination of Medical Care and Pension.

Abstract. In China, the elderly population is increasing rapidly and the trend of aging is becoming more and more serious, turning the pension problem into a serious problem. There is a striking imbalance between the supply and demand of social pension service system, thus changing the dual-track state of daily care and medical care, and the provision of comprehensive care is of great significance. This study combs massive relevant literatures, including classical domestic ones, and summarizes the existing problems in domestic mode of the combination of medical care and pension. The problems mainly consist of concept, policy and talent dilemma. As well, this study puts forward relevant countermeasures including strengthening the professional level of institutions, achieving innovation breakthrough and other aspects to improve the development of the combination of medical care and pension. Though attention has been paid to research recently, some limitation still exists. It is vital to make deep understanding of the problem and strengthen empirical research.

1. Introduction

As of 2015, China’s elderly population aged 60 years old and above had reached 210 million, accounting for 15.5% of the total population. Among the elderly, nearly 40 million were disabled or half-disabled. China’s population aging is increasing and the elderly health status is not optimistic, which leads to rapid growth in medical needs and the contradiction between medical resources supply and demand. However, we are now short of pension agencies, resulting in fewer beds and unclear classification in dividing the content and type of standards. Besides, there is a structural shortage that separates many special elderly people, such as recurrent elderly, disabled elderly, from enjoying the medical treatment, illness rehabilitation, hospice care and other services. In addition, the traditional pension cannot meet the elderly’s special needs for health care services. Therefore, in order to better achieve the old-age goals and help the elderly live a higher quality of life, the road of combining medical care and pension has become the inevitable choice of China’s old-age model. The combination of medical care and pension has come into a hot issue which attaches great importance.

Figure 1. Annual Distribution of Journals about the Combination of Medical Care and Pension.
As the picture shown above, the number of researches about the combination of medical care and pension raised rapidly in recent years, showing the importance and wide concern of this topic. The combination of medical care and pension is the extension and upgrading of the traditional pension. And it is also an integrated service which includes both medical services and pension services. It’s a new mode with professional continuous projects of medical care, nursing, health services and so on. The traditional pension service simply meets the basic needs of the elderly, while the combination of medical care and pension puts emphasis on the elderly medical and health care. Specifically, the providers of health care services include nursing homes, hospitals, community service centers and pension service centers. The object is all the elderly, especially those elderly who cannot take care of themselves. In addition to providing services such as daily care and entertainment activities, rehabilitation care, health check-up, hospice care and other professional medical services are also included in the course of service.

In all, domestic research combining medical care and pension is fruitful. On the basis of the relevant literatures, this paper analyzes the present situation, necessity, types, dilemma and solutions of the combination of medical care and pension so as to obtain useful revelation and promote the integration of domestic health care healthy growth.

2. Necessity Research

(1) The pension problem is becoming more and more serious. With the accelerated aging of the population, disabled elderly is increasing year by year. As previous studies show, due to the elderly’s declining physical function, prevalence rate of chronic disease and long-time illness make some elderly lose their self-care ability, asking for long-term care and higher requirements on the treatment of illness [1]. However, the rapid increase in medical care demand is difficult to satisfy, and it is essential to break the status quo of medical health services and pension service system, and furthermore establish medical support combined with care to cope with the pressure of population aging brings.

(2) Traditional family care function is weakened. The average household of China is toward miniaturization resulting from the one-child policy and population migration, meaning that the amount of family members who can take care of the elderly is decreasing, and the burden of family is increasing. In the meantime, family structure is being simplified, and the rate that the elderly lives with their children is reducing, which indicates numerous elderly find it hard to be taken care of in time. Huang and Meng (2014) hold the view that the elderly live with children though, children can’t accompany with their parents out of life stress, letting alone the elderly’s daily care and affective interaction needs, as well as medical care for the elderly [2]. In this situation where traditional family care function is weakened and medical care function is insufficient, it’s particularly important to undertake family overflow pension function and provide long-term professional care for the elderly.

(3) The distribution of medical resources is uneven. Most pension institutions mainly provide single life care service, lacking of medical care service. However, relying solely on daily care in pension institutions without medical qualifications can’t meet the long-term medical needs of the elderly. Besides, the risk avoidance of nursing institutions makes many disabled elderly people with urgent needs of care be excluded from the pension resources. The distribution of medical resources in our country is serve uneven, therefore, large medical institutions urgently need to combine medical care with the daily care of the elderly and integrate the disease treatment and rehabilitation nursing closely.

In addition, Cui (2017) confirmed that the current medical model is changing from the biomedical model to posted medical era dominated by social psychological model, and the combination of medical care and pension model helps improve continuity and coordination in the provision of care for the elderly, rehabilitation and medical services [3].
3. The Main Dilemma of Promoting of the Combination of Medical Care and Pension in China

Part of research literature shows the practical experiences in promoting the development of combination of medical care and pension, which plays an important role in our further exploration. However, there are many difficulties in promoting the combination of medical care and pension for lacking of specific system cohesion and safeguard measures.

![Figure 2. The Main Aspects of Problems in the Combination of Medical Care and Pension.](image)

(1) **Policy dilemma.** Wu (2016) put forward the view that the model has some limitations in medical reimbursement. As the provision of elderly care is not within the scope of medical treatment, adding that medicare insurance reimbursements amount and hospital stay are limited, and elderly patients with longer convalescence are blocked from medical treatment [4]. As a result, they need continuous transfer or other means to stay in the hospital which not only causes overtreatment, but also go ill with timely diagnosis and treatment of diseases for the elderly. The statistics shows 80% pension institutions in Beijing with medical conditions have not qualified for medical insurance. Put it this way, though the elderly enjoy medical treatment in a medical institution, the medical insurance reimbursement is not available. Some scholars point out that some old people would transfer regular pension service change to medical insurance reimbursement project due to the lack of health assessment mechanism and supervision management system, which obviously does harm to the fairness of medical insurance system. So far, “medical resources eradiate pension institution” is far from substantive breakthroughs.

(2) **Concept dilemma.** Researchers generally agree the viewpoint that the combination of medical care and pension is not simple integration between medical institutions and pension institutions, but the infiltration, intervention and integration of medical resources for pension services. Only grasping this concept accurately and meeting the medical and care needs of the elderly, can we obtain considerable development space. During the pilot progress, many nursing institutions which claim to combine medicine and nursing together are far from professional level. Their level of medical care is limited and have no access to gain qualification and medical institution permission, and therefore, they can’t dock with medical institutions and meet medical needs of the elderly sufficiently, which reflects misconceptions in the progress of exploring combination of medical care and pension model [5].

(3) **Talent dilemma.** The medical care level of pension institutions with the combination of medical care and pension depends on the numbers and specialization level of doctors and nursing staff to a great extent. Scholars find that the shortage of professional medical staff prevents the combination of medical care and pension model from improving in the field research of pilot institutions. Graduates graduate from medical college prefer to work for large public hospital, instead of choosing pension institutions or medical institutions with small scale. The welfare and social position of medical staff and nursing staff in the pension institutions are not good enough, thus staff turnover is high and recruitment is challenging.
Nursing staff particularly, their labor intensity is high, on the contrast, the social position is low, so it’s difficult to appeal people to this post. LI (2014) pointed out the nursing staff gap reaches 30.6% while introducing the combination of medical care and pension model in Qingdao [6]. The phenomenon that nursing staff is insufficient is not a case, but ubiquitous.

4. Solutions to the Combination of Medical Care and Pension

The combination of medical care and pension helps to improve the health of the elderly in general and meet the needs of the elderly for health care. And in order to promote the development of this combination of health care and pension services, the government needs to make pointed reference and carry out a number of initiatives simultaneously.

![Figure 3. The Solutions of Problems in the Combination of Medical Care and Pension.](image)

First, some breakthroughs in innovation at the institutional level should be achieved. Relevant departments have to establish the elderly long-term care quality evaluation and supervision mechanism as soon as possible to ensure that the elderly can enjoy a satisfactory medical care. Second, the government should definite the main body of supervision and coordinate the functions and responsibilities of different departments to ensure coordination of interests and oversight for all levels of governmental departments, forming long-term mechanism which is effective and regular. Third, increase the efforts to raise funds [7]. The government should understand the financial responsibility in the development of the combination of medical care and pension correctly, and support all kinds of social forces to participate in various forms, forming a benign competitive pattern and diversification of investment to promote its development. And from the dimension of organization itself, the main need is to strengthen the professional construction. Nursing institutions should better cultivate high-level professional nursing personnel, and change the concept that the elderly care is just everyday life care [8]. And more, nursing institutions should strict accordance with industry standards, training professional staff at all levels. Besides, through institutional security, efforts need to be made to improve the wages and status for nurses to improve their work motivation and attach more nurses to join them [9].

5. Summary

Domestic research summarized the pilot experience of the combination of medical care and pension model, pointed out the currently facing major problems and put forward some countermeasures and suggestion. However, there is no concrete practice plan, and it’s vital to study top-level design of the combination of medical care and pension. Developed countries’ theory and practice in the level of disabled elderly care and assessment have been relatively mature, which is of considerable reference value. Therefore, domestic scholars may learn from their experience appropriately and explore the combination of medical care and pension model further combining China’s national conditions. Current research on the combination of medical care and pension model focus mainly on qualitative study, the result of quantitative study is less instead.
Consequently, it’s necessary to take quantitative study methods of operation to strengthen empirical research of the combination of medical care and pension model.

References


