



Research on the Obstacles and Optimized Path of the Development of the Mode of Combination of Medical and Support for the Aged in China

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ABSTRACT

There are four relatively mature modes of the combination of medical and support for the aged in China, named “setting up pension services in the medical institution”, “setting up medical services in pension institution”, “medical and nursing cooperation” and community home care. But it is still facing problems like low enthusiasm of social forces to participate in the combination of medical and health care, low supply-demand matching degree of integrated medical care and pension service, insufficient caregivers, and poor professional quality. Therefore, it is significant to strengthen the attraction of social capital and mobilize the enthusiasm of social forces to participate in the combination of medical and health care. In addition, it is also necessary to construct a multi-layered model of integrated medical care and pension service and improve the salary and social cognitive level of nursing staff to retain talents.

KEYWORDS: The combination of medical and health care; endowment patterns; optimized path

1. Introduction

The aging of the population makes the contradiction between the needs of elderly care and health care and the supply of medical care resources increasingly prominent. In order to strengthen the connection between medical health services and pension services and better satisfy the needs of the elderly care services, China has promulgated a series of policies to promote the combination of medical care and pension services since 2013. “Combination of medical and health care” aims to emphasize the combination of medical resources and pension resources, and realizing the maximum utilization of medical and pension resources effectively (Ni et al., 2016) Among them, “health care” includes life care and psychological services, while “medical” means medical

2. Literature review

To a certain extent, “combination of medical and health care” is a concept with Chinese characteristics, but in fact, it also has the characteristics of “integrated care”. The combination of medical and health care includes two kinds of services and resources: medical and pension (Zhu, 2020). Among them, “medical” includes disease prevention and health care, disease diagnosis and treatment, medical care, medical rehabilitation, and hospice care, etc., and “health care” includes life care, spiritual comfort, and comprehensive

services, health examination, disease counseling, and nursing services and hospice care. (Zhang, 2014).

In 2016, the pilot work of the combination of medical and health care has been carried out nationwide, and some cities have formed some relatively mature modes of the combination of medical and support for the aged. So what are the main modes of the combination of medical care and support for the aged in China? Are there any obstacles to its development? What are the solutions? These problems must be solved to further promote the development of medical care and pension service. Therefore, this paper will summarize the main modes of the combination of medical and medical care in China, analyze the obstacles to its development and the causes of these problems, so as to propose corresponding solutions.

services¹. The fundamental issue of the combination of medical and health care is there integration and co-ordination (Zhu, 2020). So, how to combine them? And what are the main modes of the combination of medical care and support for the aged?

2.1 The main modes of the combination of medical and support for the aged

¹ Source : http://www.gov.cn/zhengce/zhengceku/2020-01/01/content_5465777.htm



The UK has built a comprehensive medical support service system that includes life care, nursing rehabilitation, material support, psychological support, and holistic care (Song, 2020). The British government has established a triple management agency of Regional Health Authorities, Area Health Authorities, and District to ensure the realization of the combination of medical and health care (Alaszewskiet al., 2004, and part of the social service system has been incorporated into the entire NHS system by organization restructuring (Geng et al., 2016; Song, 2020). In America, there are three types of combinations of medical and support for the aged: Program of Allinclusive care for the elderly (PACE), Home and community-based services (HCBS), and Congregate Housing Services Program (CHSP). PACE provides a series of long-term care services including medical and nursing for the elderly over 55 years old who live in the service area of the project and meet the criteria for admission to nursing homes (Ada&Mui, 2002). Different from PACE, HCBS is mainly to provide living and medical care for the elderly at home, and it is more suitable for the elderly who is young and healthy (Xi et al., 2018). While CHSP is mainly to provide basic living services and other supportive assistance for the elderly with low income and unable to take care of themselves (Yang, 2017). The mode of combination of medical and support for the aged in Germany includes home-based care, institutional pension, and aged nursing home. And the home-based care accounted for 62.6%, and it includes on-call nursing, daycare, short-term nursing home, as well as the guardianship apartments that have emerged in recent years (Xu et al., 2017; Yu et al., 2016).

Compared with developed countries, the development of the combination of medical care and support for the aged in China is still lagging behind, and there is no unified classification of the mode of combination of medical and support for the aged. According to the respective status of pension institution and medical institution in medical care and pension service, the mode of combination of medical and support for the aged is usually divided into three types: “setting up pension services in the medical institution”, “setting up medical services in pension institution” and “medical and nursing cooperation” (Gu, 2016; Zhao, 2014; Huang et al., 2014). However, according to the pilot situations, some scholars summarized the mode of combination of medical and support for the aged in China as “integrated care”, “combined operating” and “support radiation” (Wang, 2013). And some scholars based on the embeddedness perspective divided it into three forms: hierarchical organization model, contract mode, and network mode (Liu et al., 2014).

2.2 Problem with the development of the combination of medical and health care

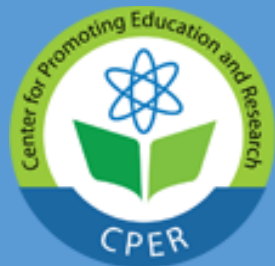
Due to the combination of medical and health care starts relatively late in China, there are some problems in the

development, such as the medical support mechanism is not perfect, the unclear responsibility boundary of functional departments, the fragmentation of policy of combination of medical and health care, the deficient fund input, the lack of professional nursing staff and talent team, and the imbalance between supply and demand of integrated medical and pension services (Kong, 2006; Li et al., 2020; Deng et al., 2018; Sui et al., 2016). Although the developed countries have formed a more perfect pension service system, they also face many problems with the system advancing. The PACE in the United States has faced problems with low nursing quality, decentralized service supply, lack of professional talents, and comprehensive health personnel (Ada&Mui, 2002). Furthermore, the APCE has other problems like limited coverage, high financial risk, and insufficient government support (Lynch et al., 2008). In Germany, the government's public expenditure on care for the elderly is inadequate too. With the changes of economic structure and social structure and the growing of aged population brought the number of nursing cases of the elderly in Germany keeps rising, and the growth of per capita expenditure has gradually exceeded the growth of GDP, and the financial pressure is increasing (Hanset al., 2006). The pension services in Japan have gradually exposed the shortage of nursing staff and the high cost of pension services with the deepening of the aging population (Guo, 2018). On the other hand, the LTCI system in Japan aims to lighten the load for the families of elderly patients. However, the original intention has not been realized since its implementation (Asahara, K et al., 2003).

2.3 Solutions with the development of the combination of medical and healthcare

Many countries have taken appropriate measures to deal with the problems in the development of the combination of medical and health care. In order to solve the financial pressure, Germany has repeatedly reformed the Long Term Care Insurance, solving financing problems by increasing insurance premiums, subsidizing the purchase of private insurance, and setting up a “population reserve fund”, etc. (Nadash et al., 2017). And the Japanese government has taken a lot of measures in various aspects to alleviate the shortage of nursing staff and retain talents, such as setting up related majors in colleges and universities, increasing the salary of nursing staff, as well as implementing a new policy for international students and employment system for foreigners (Yu Xing et al., 2017).

Compared with developed countries, the development of the combination of medical and health care in China is still in its early stages. Therefore, in addition to broadening resources of capital, strengthening talent training, and improving the compensation system, it is more important to break down the obstacles of the system and mechanism. It is necessary to define the duty of every department, strengthen



the communication and cooperation and boost resource conformity (Kong, 2020; Sui, et al., 2016). Secondly, improve the medical support service mechanism is necessary. On the one hand, the insurance system should be established in terms of insurance orientation, insured objects, financial mechanisms, beneficiaries, financing, treatment payments and supporting measures (Deng et al., 2015); on the other hand, it is important to establish incentive system and supervision system (Geng, 2015).

In general, the research on the combination of medical and health care at home and abroad focuses on its connotation, pattern classification issues, and develop countermeasures. However, the research scope of the existing research is relatively broad and the content of domestic research has a high-degree overlap. In addition, through the review of literature on the combination of medical and health care, it can be found that most scholars in China have classified the mode of combination of medical care and support for the aged based on the type of institutions. They generally divide the mode according to the standard of setting up pension services in the medical institution, setting up medical services in pension institutions or medical and nursing cooperation, but without including community home care. In conclusion, the lack of research at home and abroad provides new ideas and perspectives for this study.

3. Development of the combination of medical care and support for the aged in China

3.1 The main modes combination of medical care and support for the aged in China

In order to promote the development of medical care and pension service, the government has issued many policy documents on the combination of medical and health care since 2013, which provide policy guidance and support for the exploration of the combination of medical care and support for the aged. At present, there are four relatively mature modes of the combination of medical and medical care in China, named "setting up pension services in the medical institution", "setting up medical services in pension institution", "medical and nursing cooperation" and community home care.

3.1.1 Setting up medical services in pension institution

"Setting up medical services in pension institutions" refers to the development of medical services in pension institutions. The pension institutions apply for the establishment of geriatric hospitals, rehabilitation hospitals, nursing homes, etc., or set up infirmaries and nursing stations in accordance with relevant regulations, so as to provide basic medical services for the daily lives of the elderly. Beijing Shuangjing GongheYuan has an infirmary, a 24-hour emergency call, and a first aid station. It is also equipped with specific armamentarium, professional medical teams, and maintenance teams, which can fully provide professional

medical services and comprehensive care for the elderly. At the same time, the nursing home also relies on the Shuangjing Second Community Health Service Center to provide relevant diagnosis and treatment items for the aged, and invites famous medical experts in Beijing to make regular visits and rehabilitation guidance, so as to connect medical resources and retirement resources effectively².

3.1.2 Setting up pension services in the medical institution

"Setting up pension services in the medical institution" refers to the addition of pension services in medical and health institutions or the transformation of medical and health institutions into rehabilitation hospitals. There are two practical forms of this pattern: one is to set up nursing sickbeds or geriatric medicine in medical and health institutions; the other is to transform medical institutions into rehabilitation hospitals. Peking Union Medical College Hospital has a specialized department of geriatrics, which is composed of several professional teams to provide treatment and care for the elderly in need. Zaozhuang Renci Rehabilitation Center for the Elderly is a nursing home based on the hospital. The center has set up a geriatric department, rehabilitation department, and other related departments, and is equipped with professional medical and rehabilitation equipment. It maximizes the combination of medical services and pension services and provides comprehensive services for the elderly³.

3.1.3 Medical and nursing cooperation

"Medical and nursing cooperation" refers to the pension institutions and neighboring medical and health institutions to carry out diversified forms of cooperation. The medical and health institutions set up the green channel for a medical appointment, provide medical visits, health management, medical appointments, emergency treatment, and other services for the elderly. Beijing Jintai Yishouxuan Nursing Home has established a cooperation mechanism by signing the "Medical Service Cooperation Agreement" with Beijing Second Hospital. The professional team of the hospital will go to the nursing home for free diagnosis every week. If the elderly suffer from a serious illness, the hospital will dispatch dedicated departments to the nursing home for specific diagnosis and treatment for the elderly. In case of sudden illness endangering the life of the elderly, the hospital will provide ambulance and other equipment to connect the elderly to the hospital for treatment⁴.

3.1.4 Community home care

Community home care is a kind of health care mode which takes the community as the center, integrates high-quality medical resources and pension resources in the

²Source: <http://kns.cnki.net/kcms/detail/detail.aspx?FileName=ANJA201807062&DbName=CJFQ2018>

³Source: <http://www.sdhcia.org.cn/sdyycms/xwzx/hywx/n1180.html>

⁴Source: http://www.bjrd.gov.cn/xwzx_1/xwzx/yfly/201408/t20140806_136102.html
<http://dx.doi.org/10.33642/ijbass.v6n8p3>



community to provide the integrated medical service and nursing service for the elderly (Chen et al., 2020). Relying on the community health service center, the community home care center for the aged of Chengyang village in Qingdao is equipped with long-term care beds and daycare beds for the demented, disabled, and semi disabled elderly, as well as health stations, general practice, internal medicine, and medical rehabilitation department. It focuses on providing comprehensive services that include basic medical care and rehabilitation nursing for the demented elderly, disabled, and semi disabled elderly. At the same time, the service center also carries out the home sickbeds, home services, and patrol services, taking into account the medical service demand of surrounding communities⁵.

3.2 Obstacles to the development of the combination of medical care and support for the aged in China

As of the end of 2019, there were 4,795 integrated medical and pension institutions with two complete operating licenses in China, including 3,172 medical and health institutions organized by endowment service institutions and 1,623 medical and health institutions providing pension services. 56,400 couples of medical and health institutions have contracts with pension service institutions. However, behind the development, there still exist many problems.

Firstly, the number of integrated medical and pension institutions is increasing slowly. By the end of 2017, there were nearly 4,000 integrated medical and pension institutions in China (Wang, 2018). But, only 795 integrated medical and pension institutions were added by 2019, with an actual growth rate of less than 2%. Secondly, the supply-demand matching degree of medical care and pension service is low. Currently, 97% of the elderly choose community home care⁶, but the government and social funds are more invested in institutional construction and the increase of beds, while insufficient investment in basic work such as family endowment and community endowment (Wang & Li, 2020). In addition, many private integrated medical and pension institutions blindly position in the mid- to high-end market, aiming at high-income groups, resulting in the unmet services demand of most old people.

Furthermore, insufficient caregivers and poor professional quality is another problem. At present, there is more than 40 million disabled and semi-disabled elderly in China. According to the international standard of 3:1 configuration standard for disabled elderly and caregivers, China needs more than 10 million elderly nursing staff. However, the total number of elderly nursing staff in various endowment service institutions is less than 500,000 and the

number of certified staff is less than 20,000⁷, which is difficult to satisfy the needs of the elderly.

4. An Analysis of the Restrictive Factors in the Development of the Combination of Medical Care and Support for the Aged in China

4.1 Insufficient attraction of social capital, and the lack of enthusiasm for social forces to participate in the combination of medical and health care

On the one hand, it is difficult to implement the policies of the combination of medical and health care, and there is a lack of specific implementation rules. In recent years, the government has promulgated a lot of policies to promote the development of the combination of medical and health care, but most of them are macro guidance or encouragement policies, and rarely involved in the specific implementation. Also, due to the multi-channel management of the government and the lack of cooperation, and the policies are too fragmented to form a resultant force. On the other hand, the financing channel of private integrated medical and pension institutions is singleness, the cost of operation is high and the level of profitability is low. At present, the funding sources of integrated medical and pension institutions mainly rely on their business income, government subsidies, and irregular charitable giving. However, compared with the public integrated medical and pension institutions, private institutions are limited by government subsidies, and the level of subsidies is lower. Moreover, they do not have the advantages of the public institutions in striving for social charitable giving because of the nature of the institutions and other reasons. Therefore, the capital chain of private integrated medical and pension institutions is more fragile than that of public institutions. Furthermore, to standardize the service of the integrated medical and pension institutions, the government has put forward the clear requests for the department setting, staffing, facilities and qualification of personnel, which does not only standardize the service foundation of the integrated medical and pension institutions but also increase the standards and running costs of the establishment of the institutions to a certain degree.

4.2 The unbalanced development of integrated medical care and pension service leads to the mismatch of supply and demand

In China, more than 95% of the elderly choose community home care as the first choice. However, government and social funds are more invested in institutional construction, while insufficient investment in basic work such as family endowment and community endowment. By the end of 2018, there are 455,195 pension institutions in China,

⁵ Source: <http://www.sdhcia.org.cn/sdyycms/xwzx/hyxw/n1180.html>

⁶ Source : <http://news.cctv.com/2019/11/02/ARTIVd4sas6kvHIjbYyUrXSq191102.shtm>

<https://ijbassnet.com/>

⁷ Source : http://mzzt.mca.gov.cn/article/zt_2020lh/mtgz/202005/20200500027899.shtm

<http://dx.doi.org/10.33642/ijbass.v6n8p3>



accounting for less than 30% of the total pension institutions⁸. It can be seen that the resources of community home-based care services in China are insufficient and resulting in the unmet services demand of most elderly.

Secondly, the combination of medical care and support for the aged should be a focus on the oldest-old, the demented, disabled, and semi disabled elderly, but these elderlies have a lower income and it is hard to afford the high cost. However, due to the consideration of economic efficiency, most private integrated medical and pension institutions position in the mid-to high-end market, aiming at high-income groups. Moreover, some institutions even refuse the disabled and semi disabled elderly to stay at the institutions to avoid the risk, which also leads to a mismatch of supply and demand for medical care and pension service.

4.3 Low salary and social cognition is passive

Many colleges and universities have set up a nursing professional for the aged, but the lack of professionals still exists. Influenced by traditional concepts, the nursing staff are generally regarded as "serving people", and the social cognition is passive. Therefore, many graduates are unwilling to engage in this industry. On the other hand, the work of the nursing staff is complicated and labor-intensive, but with low salary. It takes a lot of physical strength and energy to take care of the elderly, and the elderly with dementia, disability, and semi-disability are more dependent on nursing staff, so they need to stay focused all the time and be always ready, and often work in three shifts. However, in 2018, the "industry wage index of nursing staff" issued by the Ministry of Labor and Social Security showed that the average monthly salary of nursing staffs in provincial cities was only 2,272 yuan (Luo, 2019), and their salary is not proportional to the workload, leading to serious staff turnover. Furthermore, to attract more people to enter the elderly caring profession, the professional qualification of the nursing staff was canceled in 2017, and the entry barrier was lowered. However, it also caused problems such as high age, educational level, professional quality, and low level of nursing service for the elderly care staff.

5. Conclusions and Measures

At present, the development of the combination of medical care and support for the aged in China has difficulties in the implementation of policies, and there are problems such as the lack of enthusiasm of social forces to participate in the combination of medical and health care, the mismatch of supply and demand, and the lack of institutional professionals. Therefore, it is necessary to mobilize the enthusiasm of social forces to participate in the combination of medical and health care, construct a multi-layered model of combining medical and medical care, strengthen the construction of the talent team and improve the salary and social cognitive level of caregivers.

5.1 Broaden financing channel decrease operating costs and mobilize the enthusiasm of social forces to participate in the combination of medical and health care

Firstly, it is necessary to broaden the financing channels for private integrated medical and pension institutions. On the one hand, all kinds of financial institutions should be further encouraged to develop and innovate financial service products, broaden financing channels, and attract more social forces to participate in the development of the combination of medical and health care. On the other hand, it is important to support the independent development of social capital, encourage social capital to set up integrated medical and pension institutions by independent decision-making, as well as encouraging social capital to participate in the restructuring of public hospitals by joint ventures, mergers and acquisitions (M & A), and financial lease. The integrated medical and pension institutions can also attract the social forces to participate in the management through service outsourcing and entrusted management (Huang & Meng, 2014), to mobilize the enthusiasm of social forces to participate in the supply of medical and pension services.

Secondly, it is necessary to lower the standard and operating costs of private integrated medical and pension institutions appropriately. The government should improve the policies and come up with the details for policies and specific implementation plans. Strengthen the support, and provide policy support in financing services, tax preferences, financial subsidies and other aspects of private integrated medical and pension institutions to reduce the pressure of operating costs, and further arouse the enthusiasm of integrated medical and pension institutions to carry out medical and pension services.

5.2 Precise matching of supply and demand of integrated medical care and pension service, and build a construct a multi-layered model of medical care and pension service

The institutions should accurately target market positioning based on the local economic development level, medical service level, and the operation status of the institution. There should be a small number of high-end integrated medical and pension institutions in the market for the high-income elderly, but the majority of them should be medium-to low-end institutions that are required to satisfied the needs of the elderly with ordinary income.

Furthermore, it is necessary to strengthen the interaction and connection between medical resources and pension resources, further promote medical resources and health resources into pension institutions, communities, and families, and build a construct a multi-layered model of medical care and pension service to satisfied the diversified pension demands of the elderly. For some medical institutions with a certain scale and strength, they can be encouraged to set

⁸ Source : China Civil Affairs Database

<https://ijbassnet.com/>

<http://dx.doi.org/10.33642/ijbass.v6n8p3>



up the medical care and pension service centers to give full play to their technical and professional advantages. The small and medium-sized institutions should be encouraged to set up infirmaries, health stations or establish a collaboration mechanism with neighboring small and medium-sized institutions to realize the effective connection of medical resources and pension resources. Moreover, the community should strengthen the construction of infrastructure and nursing staff of community medical and health service institutions, and encourage the community health service institutions to actively undertake the function of medical care and pension service. At the same time, it can also provide services for the elderly at home with the help of an information platform.

5.3 Strengthen the construction of talent team, improve the social cognitive level and salary of nursing staff

The government should encourage various colleges and universities to set up courses or majors related to medical care and pension services such as geriatrics, medical care, and rehabilitation, and accelerate the construction of practice bases for medical care and pension service. Meanwhile, colleges and universities can adopt a hierarchical and classified training mode guided by the actual service demands of the elderly in formulating training programs. The teaching mode of "stage by stage" can be adopted in the actual teaching. The first stage is

to carry out unified basic courses like nursing, medical science, etc.. The second stage can be separated into different directions for in-depth learning according to students' tendencies and the different needs of the disabled elderly, semi disabled elderly, and the elderly with dementia. In the third stage, students can be arranged to practice bases and integrated medical and pension institutions for an internship so to reserve application-oriented personnel for the development of medical care and pension service.

Secondly, the government must strengthen social propaganda. With the help of mass media, to report industry trends promptly, do better propaganda about nursing staff, deepen the social understanding of nursing staff, guide the public to give the full affirmation to them, and improve their social status and social-cognitive level. Moreover, the institutions can improve welfare by linking the professional skill level with the salary of the nursing staff, stimulate the enthusiasm of industry personnel, and attract high-quality talents. Furthermore, the institutions should strengthen the supervision and assessment of nursing staff to ensure the professional quality and skill level of nursing staff.

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