

Research on the Present Situation, Dilemma and Countermeasures of the Institutional Old-Age Care Model of “CMHC”*

—Taking Xinyu Yinhe Park Elderly Service Center as an Example

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Abstract

Based on the practical background of aging of the Chinese population and the “Separation of Medical and Health Care” and faced with the demand for health care services increasingly, this paper attempts to analyze the current development situation of the old-age care model of “CMHC” institutions, thus puts forward feasible suggestions for perfecting the old-age care model of “CMHC” institutions in China. This paper takes Xinyu Yinhe Park Elderly Service Center, Jiangxi Province as an example, adopts the method of questionnaire survey and interview, investigates the operation status of the center, the basic situation of nursing staffs, the basic situation of the elderly and their satisfaction of life, and analyzes the survey results by using the method of descriptive statistical. The study finds that the old-age care model of “CMHC” institutions in China is in the stage of exploration and development, which is faced with the lack of talents, low service level, the shackles of traditional old-age concept, the lack of government policy support, shortage of funds, the disordered management of government departments and other internal and external difficulties in “CMHC” institutions. Based on the previous study, this paper argues that we shall improve and develop the old-age care model of “CMHC” institutions in our country, and must support this patter with a long-term policy, attach importance to “CMHC”, encourage the active participation of social forces, and vigorously cultivate talents in “CMHC” under the guidance of the government, and then establish long-term care insurance system, so as to create a good internal and external environment for the development of “CMHC” old-age care service in China, and thus contribute to the development of China’s old-age care business.

*CMHC: Combination of Medical and Health Care.

Keywords

Aging of Population, Combination of Medical and Health Care, Institutional Old-Age Care

1. Introduction

Nowadays, as the aging of Chinese population has entered a stage of rapid development, the superposition trend of the demands for the elderly medical services and old-age care is more and more significant while the demand for health care services is also increasing strongly. However, limited health care and old-age care service resources and relatively independent service systems are far from meeting the present needs of the elderly [1], which means that the elderly are no longer satisfied with the traditional basic old-age care services. Based on the background, “National Health Service System Planning Outline (2015-2020)” (No. 14 of State Council [2015]) issued by the State Council clearly pointed out: it is necessary to actively promote functional integration and division of labor between the medical institution and old-age care institution, to establish a sound business cooperation mechanism for the medical institution and old-age care institution, to support the qualified medical institutions, set up old-age beds and explore a new model of cooperation between medical and old-age care institutions. The promotion of “CMHC” is not only a major livelihood issue drawing wide attention in different social sectors, also a positive long-term plan to deal with the aging population, moreover, it is the necessary condition to enhance the quality of life of the elderly, and achieve the sense of security and health care for the elderly.

In this paper, the “CMHC” institutional old-age care model is a multi-functional institutional old-age care model that breaks the separation of the old-age care and medical care after re-examining the relationship of the contents of the old-age service, and puts medical and health services in the first place, providing a set of services such as prevention, health care, treatment, nursing, rehabilitation and basic old-age care, which is designed to meet the overall old-age care needs. The following section of this article takes Yinhe Park Elderly Service Center—the “CMHC” old-aged care institution in Xinyu as an example. This paper analyzes the development status and predicament of the institutional old-age care model in Xinyu, and then puts forward some countermeasures on the development of the old-age care model. The research results of this paper can also provide a useful reference for perfecting the “CMHC” old-age care model in China.

2. The Development Status of Yinhe Park Elderly Service Center

In August 2016, this paper randomly selected 62 old people and 15 nurses as the object of this questionnaire, and 5 administrators—the center’s deputy general

manager, general affairs minister, marketing minister, operation department general affairs and finance minister as interviewees at Xinyu Yinhe Park Elderly Service Center. After pre-survey and consulting experts to modify and improve the content of questionnaires and interviews, this paper used the methods of questionnaire survey and interview to investigate the following matters: Above all, using the nursing questionnaire which includes 44 items to investigate the demographic characteristics and working status of nursing staff. Next, using the life satisfaction questionnaire which includes 28 items to investigate the demographic characteristics of the elderly, the reasons and funding sources for their living in this center, the condition of illness, the accepted services and their satisfaction of life, etc. Thirdly, using the institutional interview outline which includes 30 items to investigate the nature of the organization, the funding sources, the receiving objects, the service contents, the software and hardware facilities, the charging standards, the operating difficulties and the factors influencing the development of the center, etc. The interviews were conducted by the way of questioning one-to-one and answering one by one strictly. During the interviews, the investigators recorded the contents in detail with the voice recorder and sorted the interview data out after the interviews. Finally, this paper used EXCEL for data entry and descriptive statistical analysis. Findings are as follows:

2.1. Operational Status

2.1.1. Hardware and Software Resources

In 2012, by relying on the hardware and software resources of the Fourth Hospital of Xinyu City, Yinhe Park Elderly Service Center is a private owned “CMHC” old-age care institution, It was invested by RMB 260 million from the Fourth Hospital of Xinyu City, with the total construction area of 54,000 square meters, providing 1100 beds. The Fourth Hospital of Xinyu City has 13 departments. As the key constructed department of the hospital, the internal medicine is broken down into five departments: cardiovascular, digestive, respiratory, endocrine and senile disease. The medical equipment that the hospital invested a lot of money on has reached the top domestic level since the establishment. There are a total of more than 300 workers and more than 90% medical staffs are at technical secondary school and above. Moreover, the hospital and the Second Affiliated Hospital of Nanchang University reached friendly and cooperative relations, thus enhancing the overall medical level. In general, the fine medical department classification, advanced medical equipment, professional medical team in the Fourth Hospital of Xinyu City have provided a perfect hardware and soft power for Yinhe Park Elderly Service Center, which can develop the “CMHC” old-age care services.

In addition to relying on the basic medical resources of the Fourth Hospital of Xinyu City, Yinhe Park Elderly Service Center itself also has medical elevators, medical care beds, expectoration machines, air cushion treatment beds and other equipment; It is also equipped with rehabilitation training rooms, fitness center, chess rooms and other places. The elevators are installed according to the stan-

dard of the hospital medical elevator. The beds and toilets for the elderly are equipped with emergency call buttons. The ground is designed with non-slip floor tile and the closes tools are designed with handrails on the side, all of these humanized details are designed to protect the safety of the elderly. Yinhe Park Elderly Service Center has also set a special care area to provide all-day care and basic old-age care services for the dementia and semi-dementia elderly, dying patients, long-term bedridden severe elderly. What's more, at Yinhe Park Elderly Service Center, the operations department is responsible for providing the "CMHC" old-age care services, and the staffs are all nursing talents with licensing for nurses that graduated from professional institutions.

2.1.2. Sources of Funds

In terms of funding sources, according to the provisions of "The People's Government of Jiangxi Province's Opinions on the Implementation on Accelerating the Development of the Old-age Service Industry" (No. 15 of Jiangxi Government [2015]), the construction and operation of the old nursing home of the center enjoy all the policies for the construction and operation of the old-age care institutions, and the support funds come from the provincial infrastructure investment. At first, Provincial Department of Finance shall arrange a special fund to offer a one-time award for the private old-age care service facilities. Then Department of Social Security would improve the health insurance and reimbursement system, actively handle the off-site placement of medical insurances for the elderly who do not live in their own hometowns and create conditions for realizing the credit card instant settlement through the province's remote medical platform. And finally, the government will grant subsidy to the elderly who are in need of financial difficulties, disability and other eligible elderly people in receiving the institutional old-age care services. But in fact, The special funds distributed by the Provincial Department of Finance are distributed in minutes, rather than one-time subsidy. As of mid-2016 only one-third of grants issued without beds subsidies, and the credit card instant settlement for the off-site elderly health insurance reimbursement has not yet achieved. In addition to enjoying the unified national allowance for the elderly, there are no other old-age subsidies for the very elderly and disabled elderly who accept the institutional old-age care at Yinhe Park Elderly Service Center. It is obvious that the implementation of the policies of the government for the pure private owned nursing home has yet to be improved.

Due to the lack of policy support, the funds of Yinhe Park Elderly Service Center mainly come from shareholder investment and bank loans. However, as a high-end private old-age care institution, occupancy rate of it is only 21.9% due to high fees. In general, the occupancy rate must reach 50% to 60% in order to break break-even point [2]. According to the existing conditions, it will take a long time for the initial investment recovery, which will result in the long investment recovery period and low income. Therefore, the social forces are mostly reluctant to invest in the areas of old-age care, which causes the old-age care

resources cannot meet the current needs of the old-age care.

2.1.3. Accept and Occupancy Situation

Unlike the general old-age care institutions for the accepting objects, Yinhe Park Elderly Service Center accepts the sick elderly, which include the elderly who require long-term medication and injection treatment due to the chronic diseases; condition observation, rehabilitation training or physiotherapy after being discharged, the elderly with pressure sores or other chronic wounds that need to be treated due to long-term bedridden, the elderly suffer from the easy-recurred chronic diseases, disabled elderly and dying patients, etc.

Yinhe Park Elderly Service Center charges include bed fee, nursing fee, comprehensive management fee, food expense and other expenses (utilities and TV set-top box costs). Members enjoy free beds and 10% discount on comprehensive management fee and nursing fee. Charges are as follows (**Table 1**):

According to the results of the elderly occupancy records provided by the staffs of Yinhe Park Elderly Service Center as shown in **Table 2**, the center occupies a total of 241 people currently, occupancy rate is low with only 21.9%. There are more females than males, with the obvious characteristic of aging, most elderly people suffer from more than two diseases, which require professional disease care, especially the treatment and care for high blood pressure, diabetes, cerebral infarction and other chronic diseases. But most of the elderly choose no care or low care level, After the investigation, It believes that the reasons are as follows: The first one, most of the elderly who live in the center can take care of themselves or can basically live independently; the second one, the better care costs more, which releases its requirement. In a word, the occupancy rate of Yinhe Park Elderly Service Center has been increased year by year.

2.1.4. Careful "CMHC" Service

At Yinhe Park Elderly Service Center, the nurse station will scientifically determine the level of care according to the elderly self-care and health status, meanwhile, the elderly can also choose their own level of care based in their own requirements. Nursing staff will provide professional care for the elderly strictly

Table 1. Charges and standards.

Charges	Standards(Yuan/person/month)	
	Non-member	Member
Tertiary Care	200	180
A Secondary Care	400	360
B Secondary Care	800	720
Care level		
A Primary Care	1800	1620
B Primary Care (Special care)	4200 - 4800	3780 - 4320
Bed fee	600 - 850	0
Comprehensive management fee	200	180
Food expense	400 - 500	400 - 500
Other expenses	100 or less	100 or less

Table 2. The basic situation of the elderly (n = 241).

	Features	Sample (Person)	Composition Ratio (%)
Gender	Male	91	37.8
	Female	150	62.2
Ages	Less than 50	2	0.8
	50 ~ 59	16	6.7
	60 ~ 69	18	7.5
	70 ~ 79	81	33.6
	80 ~ 89	109	45.2
	90 and above	15	6.2
	Member or not	Yes	159
No		82	34.0
No		132	55.0
Care level	Tertiary Care	73	30.0
	A Secondary Care	10	4.2
	B Secondary Care	3	1.3
	A Primary Care	7	2.9
	Special care	16	6.6
Occupancy duration	Less than 1 year	64	26.6
	1 ~ 2 Year	55	22.9
	2 ~ 3 Year	62	25.7
	More than 3 years	60	24.8
Number of disease	No	77	32.0
	1	77	32.0
	2	62	25.7
	3 and above	25	10.3

according to the contents of the corresponding care level. Care contents include basic living satisfaction, medical treatment companion, rehabilitation exercise assistance, auxiliary medication, health checks and evaluation, psychological care, position adjustment, nasal feeding, fistula crossing care, etc.

The Fourth Hospital of Xinyu provides a seamless service for Yinhe Park Elderly Service Center. The elderly who have already settled at Yinhe Park Elderly Service Center can get the VIP membership card, enjoy free registration, nurses' escort, green channel services and various health insurance reimbursement policies. In addition, the Fourth Hospital of Xinyu has formed a health care center at Yinhe Park Elderly Service Center and has arranged the dedicated general practitioners. The experts of the Hospital will provide physical examination, disease inquiry, health records establishment and other services for the elderly every week. If prescribe medication or hospitalization is required, hospital admission can be arranged for the elderly for treatment upon the consent of the elderly or

their families.

Yinhe Park Elderly Service Center also focuses on meeting the high-level old-age care needs of the elderly. First of all, in the process of location, based on the useful experience learned from Japan, Yinhe Park Elderly Service Center was built at the center of the city to facilitate all social contacts with relatives and friends to reduce the loneliness of the elderly. Secondly, the staffs greet the elderly kindly and affectionately call them “grandfather” or “grandmother”. The center also recruits children and other volunteer groups to visit the elderly. Their intimate service makes the elderly feel warm and respected. Thirdly, the center sets up various entertainment groups to strengthen the communication and connection among the elderly, so that the elderly can find their own value from the participation and enhance their confidence of life.

2.1.5. Management System

In the jurisdiction, Xinyu City Bureau of Civil Affairs is in charge of Yinhe Park Elderly Service Center, and since it is hosted by the Fourth Hospital of Xinyu and carries out “CMHC” old-age care services, It is also governed by Xinyu Health Bureau and Labor and Social Security Bureau. It is obvious that many problems exist in the operational management of Yinhe Park Elderly Service Center, such as unclear competent department, overlapping functions, etc.

2.2. The Basic Situation of the Nursing Staff Interviewed

The study investigated a total of 15 nurses, all females, mostly at the age of 26 to 30 years old, most of them graduated from college and undergraduate with the nursing profession and they have got the nursing practitioners qualification certificates with junior titles. The nurses and senior nurses account for 73.3%, and intermediate title accounted for 20%. Nursing staffs are from the social recruitment, of which 93.3% of the nursing staffs are directly turned from the hospital nurses into nursing staffs at Yinhe Park Elderly Service Center, and nurses with 3 to 5 years of related working experience account for more than 50%. Of those surveyed, 60% nursing staffs were trained to obtain the old-age care certificates after entering the old-age care industry. With high labor intensity, more than 70% interviewees need to take care more than 12 old people every day. Monthly income of nursing staff is about 2500 yuan on average, more than half of them are unsatisfied with their salaries, and the monthly salary is generally lower than the hospital nurses', thus nearly half of nursing staffs are thinking about changing their jobs. In fact, nearly 1/6 nursing talents are lost every year due to low income, labor intensity, A-class mental stress and other reasons. 86.7% nursing staffs surveyed have received professional nursing care training, of which nearly 80% were trained for more than 1 month. They were trained in many ways, and the main content of the training covers psychological care knowledge, rehabilitation nursing knowledge, care knowledge of the elderly daily life, care knowledge of specialist diseases and basic care knowledge of common diseases for the elderly, first aid knowledge, safety knowledge, etc. However, some interviewees said that the elderly psychological and communication problems were the diffi-

culties in the work, but the training paid little attention to this area.

2.3. The Basic Situation and Life Satisfaction of the Elderly Surveyed

A total of 62 elderly people were surveyed, of which were mainly aged (54.8%), women (61.3%), single (50%) and self-care (71%). 41.9% elderly received high school or higher education, 79% of whom had a stable job before retirement, and their incomes were more impressive, and 75.8% of them receives a monthly income of more than 2,000 Yuan. Based on the type of diseases suffered by the elderly, the top three diseases are hypertension (53.2%), arthritis/rheumatism (33.9%) and heart disease (22.6%). 40.3% respondents suffer from three or more diseases, and over 1/3 of them pay more than 5000 Yuan for medical each year. It is obvious that the elderly are mostly suffering from chronic diseases with complicated condition, and the heavy burden of medical expenses.

Among the reasons for occupancy, guaranteed health (75.8%), good old-age care environment (58.1%), good old-age care services (58.1%) and high-quality health care professional (42%) are the main factors that the elderly choose to settle in “CMHC” old-age care institution. But nearly half (46.8%) of the elderly stay in the “CMHC” old-age care institutions because of the choice of their children rather than their own willing and there may be the inimical emotion at the beginning, indicating that the traditional concept of family old-age care has great influence on most elderly people.

From the source of funding, nearly half of elderly (48.4%) pay with their own pensions, 19.4% elderly pay with the help of their children, while 27.4% elderly pay with all their pensions and make up with their children’ help or their personal savings, only 4.8% uses commercial insurance pensions to pay. It can be seen that for the sake of reducing the economic burden for children and other reasons, the elderly often seek for the “help” of their children only when they are unable to pay.

From the satisfaction of occupancy, 67.8% elderly are satisfied with Yinhe Park Elderly Service Center, and “service staff satisfaction” is the highest (80.6%), followed by “recreational facilities satisfaction” (67.7%) and “accommodation satisfaction” (64.5%), and then the health care services and the surrounding environment, the most dissatisfied is the dietary conditions (70%). This shows that although the elderly living in Yinhe Park Elderly Service Center are generally satisfied with it, the institution should also improve its dietary conditions, health care services and the surrounding environment to enhance the service level, so that the elderly in Yinhe Park Elderly Service Center can enjoy their old age.

3. Dilemma Development of Yinhe Park Elderly Service Center

3.1. Seriously Shackled by Traditional Old-Age Concept

3.1.1. The Negative Influence of “Filial Piety” Culture

“Piety is the foundation of all virtues.” This classic view is sufficient to prove

that” filial piety “culture has a strong and long-lasting impact on Chinese national thought. “Don’t travel far when your parents are alive”, “raise children for old age” and other filial views deeply rooted in Chinese. Even in the process of modernization, these traditional ideas are still deep-rooted. Traditional family values and moral public opinions still have strong binding on the young people. Therefore, many young people think that sending the elderly to the nursing home is violation of “filial piety”, and it is difficult to get the general acceptance of society, leading them refuse to send the elderly to the old-age care institutions. Thus it is necessary to redefine the “filial piety” culture in the context of modernization and correct the wrong or outdated ideas in the “filial piety” culture.

According to the survey of Yinhe Park Elderly Service Center, it has found that many children are “forced” to send the elderly to the old-age care institutions. On the one hand, children are busy on the ‘up curve’ of their career, it is difficult to take care of the elderly; on the other hand, with the development of increasing age and declining physical function, the elderly are prone to be ill, coupled with “CMHC” old-age care characteristics in Yinhe Park Elderly Service Center, the young people send the elderly to Yinhe Park Elderly Service Center after comprehensive consideration.

3.1.2. Low Recognition of “CMHC” Institutions Because of Their Low Awareness on Institutional Old-Age Concept

In China, Under the influence of the traditional “home” concept, the elderly generally pursue the “family happiness”, so that they prefer the home old-age care rather than institutional old-age care. There is a certain degree of bias in the institutional old-age care among the elderly, their awareness on institutional old-age care is weak. What’s more, as “CMHC” institutional old-age care is a new type model of old-age care, the elderly have a low degree of recognition on it. However, the home care will lead to the difficulties for the elderly to accept medical treatment due to the limitation of medical conditions, which is also an important factor that causes the prominent of the elderly medical problems. Therefore, it is needed to innovate the old-age care ways in the new old-age care model under the premise of respecting for the needs of the elderly, and vigorously publicize, so that new way of popular pension can make the new old-age care model gain more and more popularity, so as to benefit more elderly, to improve their quality of life and life satisfaction.

The survey results showed that 46.8% elderly have moved into Yinhe Park Elderly Service Center not for they will, but because of their children’s decision at the beginning, most of them have little knowledge of the “CMHC” old-age care institutions, the elderly lived in with a mindset of trying.

3.2. The Lack and the Serious Loss of Professional Nursing Talents

Nursing talents with high quality and high level is an important guarantee for the quality of the old-age care service of “CMHC”. However, the lack and serious loss of professional nursing talents due to the following three reasons: First of all,

“CMHC” old-age care service is a new form of old-age care, which is still in the pilot phase and has not been popularized in the society. Related policies and systems are not yet been sounded, especially in the cultivation of talents in the CMHC, professional training and delivery system is lacking. Old-age nursing students pioneered by Jiangxi government have been “scheduled to empty” when not yet graduated, which shows that the old-age care industry has a huge gap in the related talents, especially for the young students who received a medical care professional education, they are considered as a “good catch” [3]. Then, the works of an old-age nursing staff are usually dirty, tired and labor-intensive. An old-age nursing staff often responsible for the basic nursing care and medical care of more than 10 old people, which is further from 1:4.7 for the ratio of hospital beds to nurses made by the WHO for moderately developed countries. At the same time, they also have to bear the great psychological pressure. Finally, the low salary of old-age nursing staff leads to the education investment is not proportional to returns. Low welfare benefits lead to limited employment attraction. Compared with the hospital, the old-age care institutions are facing the problems of slim profits and less earnings, and the general treatment of its staff is lower than the hospital, with the institutional factors of public hospitals, most professional nursing talents tend to choose to work in hospitals rather than the “CMHC” old-age care institutions [4]. In addition, there is no good training and promotion system for the old-age nursing staff, making most professional nursing talents think that the career prospects of the old-age care is not optimistic and unwilling to engage in this career.

At present, Yinhe Park Elderly Service Center has a total of 23 nursing staff graduated from the professional schools, with the ratio of hospital beds to nurses of 1:10.5. Obviously, the shortage of old-age nursing staff and high labor intensity nursing care exist in the center. Moreover, due to low wages, no maternity insurance and work injury insurance benefits, difficult personal promotion and the unsound training system and other reasons, the center is difficult to retain talents. Half of the nursing staff attempts to change job, with an average of 1/6 nursing talent losing each year.

3.3. High Charges Limits the Release of the Rigid Demand of “CMHC” Old-Age Service

Compared with the ordinary old-age care institutions, “CMHC” old-age care institutions occupy a certain advantage in the infrastructure and service level, but the investment cost is greater, therefore, it charges higher, which is more expensive than the local common elderly could afford. This paper argues that there are two main factors that affect the ability of the elderly to pay: firstly, main service subjects from “CMHC” is for the disabled elderly, but the old-age care willingness of such elderly cannot be transformed into effective demand due to personal preferences, economic capacity and family conditions and other factors [5]; secondly, a long-term care insurance system has not yet been established in China, with the lack of long-term care insurance cost specially for the elderly, the elderly and their families are difficult to pay high care costs, which directly

affects the continuous operation of the “CMHC” institutional old-age care model.

In the case of Yinhe Park Elderly Service Center, one-third of the elderly were dissatisfied with the cost of nursing care that was up to several thousand per month, and argued that the charges were too expensive and unreasonable. The high care costs of Yinhe Park Elderly Service Center tend to be daunting to the most disabled elderly, which has led to a high vacancy rate. As a result, Yinhe Park Elderly Service Center has to receive a large number of self-care elderly in order to raise bed utilization, which makes it losing its original concept of “CMHC”, and its service content turned from the medical care-based into the basic old-age care-based. It has left the development track originally set, and moving towards the functional complex of the old-age care institution.

3.4. Multiple Management of the Government Leads to a Difficulty in the Implementation of Financial Support Policies

In China, “Fragmentation” policy and “sectoralization” management exist in “CMHC” old-age care service, which are also the real dilemma faced by the foreign integration care. In China, “CMHC” involves civil affairs, health, labor and social security, and the three main lines are separated, that is, old-age care institution is approved and managed by the civil affairs department, the medical and health services are identified and managed by the health department, while the medical reimbursement is managed by the labor and social security department. There is a system separation, management division and resource dispersion in the above departments, which cause the difficulties on coordinating the unit understanding, adjustment and implementation of the support policies in the various departments, thus the achievement in the policy coordination is difficult.

Especially in the cross-sector collaboration supply of “CMHC” old-age care service, it is difficult to play the role of integration of resources due to the great resistance. For example, civil affairs department offers more subsidies and support to the old-age care institutions to establish an accurate subsidy mechanism. The health department has not yet introduced the active measures to promote the development of care institutions without assuming the corresponding administrative and regulatory functions. The labor and social department has problems in health insurance settlement, for instance, the old-age care beds under the charge of civil affairs department cannot be included in the medical insurance settlement, immediate settlement of medical expenses of the off-set elderly has not been realized [6]. Therefore, to promote “CMHC”, it need to gradually integrate the resources between the three sectors, especially the “CMHC” innovation should be combined with the health care reform, to build the integrity and continuity of old-age care, rehabilitation and medical services.

This paper believes that the main reason for the difficult implementation of the financial support policies for “CMHC” old-age care institutions lies in the multiple management of the government. Unclear authority of “CMHC” old-age care institutions leads to a unified assessment standards. Meanwhile, these func-

tional departments are separated from each other in the system. The function division as well as function overlapping, which are prone to a conflict of interest when managing the “CMHC” institutions. So the multiple management is not good for the implementation of financial support policies for “CMHC” old-age care institutions, and also hinders its further development [5].

4. Countermeasures on Perfecting “CMHC” Institutional Old-Age Care Model

Population aging is a problem for the international community at present, so how to solve the old-age care problem is an important topic relating to international livelihood and social stability. China has entered a moderate aging society, in the face of the overlapping of the elderly old-age care and medical problem, “CMHC” institutional old-age care model should be the best way to solve the problem. However, “CMHC” old-age care institutions are still in the pilot stage, a perfect support system has not yet been formed for the top-level design and specific policies. This paper holds that we should provide useful ideas for the development of the “CMHC” old-age care model based on summing up the experience at home and abroad, so as to solve the series of problems brought by aging of population more efficiently and promote the development of old-age care security industry in China.

4.1. Change the Concept of Old Age Care, Attach Importance to “CMHC”

4.1.1. The Whole Society Should Change the Concept of Traditional Family Old-Age Care According to the Changes of the Situation

Times bring up different kinds of old-age care concept. Fei Xiaotong, the Sociologist has pointed out: “Raise children for old age’ is a traditional Chinese model for balancing the generations, which is based upon the historical economic base and is bound to change when the economic base changes [7].” Nowadays, with the development of society, the change in family structure and the increase in generational cost of the family old-age care, the family old-age care is no longer the best way for the whole society. It is necessary to review the social responsibility of the old-age society on the basis of the improvement of social production and social security, and change the traditional concept of old-age care, pay special attention to the role of institutional old-age care in carrying out the old-age care function of the family and its necessity in constructing a multi-level old-age service system in society [8].

4.1.2. The Government Should Attach Great Importance to “CMHC”

The “Twelfth Five-Year Plan” for the development of national aging industry proposed to strive to achieve the working objective of “to provide the elderly with security, health care, education, learning, worthiness and entertainment”, and “CMHC” is the specific practice of this working objective. At this stage, the innovation of the old-age service model and the development of “CMHC” old-age service are not only new topics in the aging work, but also important

parts of the health care system reform and further improvement of the health care service system. Therefore, the government should attach great importance to the development of “CMHC” and give strong policies support to enhance the participant enthusiasm of all parties in the community, so that the whole society attaches great importance to “CMHC” and reaches a consensus. As a new type of old-age care model, “CMHC” institutional old-age care offers a new direction for solving the integrated care of the elderly, especially for the disabled and half-disabled elderly in the context of rapid aging, which can reach the good vision of elderly on the “security” and “medicine care”.

4.2. Explore the Cultivation and Incentive Mechanisms for “CMHC” Talents to Improve the Service Level

China is in the condition of lacking of “CMHC” talents. A sound talent cultivation system hasn’t been established, with the lack of talent pool and the serious loss of existing talents, which greatly affect the sustainable development of “CMHC” old-age service in China. To solve these problems, the first step is to explore the talent cultivation mechanism to form a long-term sustainable talent supply chain. For example, set up old-age care majors in the nursing professional institutions to cultivate the intermediate and senior old-age care talents and guarantee the adequate reserves for the old-age care industry, as well as to gradually realize the professional of the employed staff. Simultaneously, take “CMHC” old-age care institution as a platform to establish a talent cultivation base. Such as Yinhe Park Elderly Service Center is the combination of “CMHC” old-age care institution and the cultivation base for old-age care talent, which has cultivated a large number of elderly care talents. The second step is to improve the training and promotion system for the employees, and to plan a better career blueprint for them. The final step is to improve the salary system. The salary for nursing talents who work at “CMHC” old-age care institutions shall refer to the pay of the same talents in medical institutions, so as to encourage the balanced distribution of “CMHC” talents in the old-age care and medical institutions. The quality of China’s “CMHC” old-age care services can be guaranteed, and dreams of getting healthy old-age care for 1.4 billion Chinese can be achieved, only when a sound supply system for “CMHC” talents has been established.

4.3. Build the Long-Term Care Insurance System, and Improve Its Payment System

It is common to build long-term care insurance specifically for the elderly in developed countries. Typically, Germany, as one of the countries that have early entered the aging population in the world, has started earlier in the old-age care service with a sound system. January 1, 1995, Germany formally implemented the “Care Insurance”, and the law provided “the principles of care insurance bond with medical insurance”, making care insurance as a compulsory insurance, so as to closely link the medical and old-age care to form a more perfect “CMHC” old-age care service system. Long-term care insurance funds are shared

by the state, business and individuals. The beneficiaries are all nationals.

Similar to Germany, Japan also implemented a government-managed long-term old-age care model. It is a kind of institutional arrangement established upon taking the government as the main management and social insurance mechanism as the basis that emphasizes on risk-sharing. According to the “Care Insurance Act” implemented in 2000, Japan stipulated that the government should be the main management and the long-term care insurance shall be included in the social insurance system, which is put into implementation with force by the state, and specifically implemented by cities, towns and villages. Japan’s long-term care insurance adopts a kind of mixed financing model, half funded by the government and half from premiums paid by the insured. Compared to Germany, the coverage of Japan’s long-term care insurance is narrow, which only includes Japanese citizens over the age of 40.

The design of China’s long-term care insurance should not only learn from the international advanced experience, but also be in line with China’s national conditions. Taking characteristics of long-term care insurance into account, such as the great demand, long duration and crossing medical and social service fields, China needs to establish long-term care insurance for the elderly as soon as possible. As China’s social insurance rate is particularly high, it is more difficult to separately set up a long-term care insurance, which will also increase the burden on units and individuals. Therefore, the more realistic approach in China is to divide a certain proportion from the basic medical insurance system as the long-term care insurance fund and to integrate the scattered subsidy costs for old-age service, so as to gradually promote the implementation of long-term care insurance. Moreover, multiple financing channels for the elderly long-term care insurance should be gradually formed. One is the social long-term care insurance based on the responsibilities shared, providing low-cost or free elderly long-term care services to all nationals by government’s budgetary allocations, and the other is the fully market-oriented commercial care insurance to meet the multi-level rehabilitation needs [9]. This paper argues that China should establish long-term care insurance, which is based on the government-mandated basic long-term care insurance, taking the commercial insurance as an important content and the old-age care insurance as supplement [10].

In addition, “CMHC” old-age service system has an urgent need for strong support from public finances. The form of government purchase service can be used to effectively promote the sustainable development of the “CMHC” old-age care model through relevant provisions on the range, procedures, arrangements and performance management of the services purchased.

4.4. Break the Administrative Barriers to Implement the Fund-Support Policy for “CMHC”

4.4.1. Build an Integrated Administrative Coordination Mechanism to Create a Favorable Policy Environment

A good policy environment is the foundation of ensuring the orderly development of “CMHC” institutional old-age care model. However, the construction of

a good policy environment requires the cooperation and joint efforts of government departments. As the construction and operation of “CMHC” old-age care institutions are related to the functions and interests of the government’s civil affairs, health, social and labor security departments, so, in terms of development and implementation of “CMHC” policies, all departments should strengthen the horizontal link, break the chaos situation of the multiple management, so as to form an integrated administrative coordination mechanism that achieves multi-cooperation and co-management. One effective method that has been practiced in some areas is that an expert committee should be jointly formed by relevant departments relating to “CMHC” especially when facing with the difficulties of approval and subsidy. On the basis of full investigations and analysis, the committee is responsible for summarizing the general characteristics and particularity of the “CMHC” old-age service, clarifying the service nature, service subject, service body, service range, setting standard of the organization and the employees, establishing unified approval standards, construction standards, service contents and management practices, establishing and improving the institutional rating system and evaluation system, and then setting the access and exit mechanism for “CMHC” old-age care institutions. With full respect for the administrant principles and core standards of the departments, the committee is also responsible for clarifying the responsibilities and powers of the functional departments, avoiding cross-cutting duties and collision of interest between the departments, and laying the foundation for the implementation of policies for “CMHC” old-age services.

4.4.2. Implement the Financial Support for “CMHC” Old-Age Care Institutions, and Improve the Participant Enthusiasm of Social Forces

“CMHC” institutional old-age care service is a part of the overall construction plan of the old-age service system, as well as an important part of public service supply chain. Firstly, the government should implement the financial support and other preferential policies for “CMHC” old-age care services. It requires to establish a special fund or a pension fund for “CMHC” old-age care model. Financial institutions should be encouraged to support the credit requirements of “CMHC” old-age care institutions. The government should actively use the financial discount, small loans and other methods to increase the credit investment into “CMHC” old-age care institutions, give priority to supply the constructive land for the new “CMHC” old-age care institutions, and increase the constructive and operational compensation policies for the private “CMHC” old-age care institutions. Secondly, the government should strive to improve the health insurance system and focus on solving the difficulties in the reimbursement of health insurance for the off-site elderly, so as to realize health insurance immediately settlement in a province or even the whole country. The care costs of the elderly who live in the “CMHC” old-age care institutions should be included in the scope of medical insurance reimbursement to reduce the elderly’s burden. Thirdly, the government should promote the further refinement, quan-

tification and operationalization of the tax preferential policies to attract more social forces to participate in the construction and development of the “CMHC” old-age care model [11].

5. Conclusion

In summary, in order to meet the pension and medical needs of the elderly, the Yinhe Park Elderly Service Center had a brave exploration on the “CMHC” institutional old-age care model and integrated the medical resources and pension resources together to form a multi-level and multifunctional pension service system. That model is a correct and feasible way that can solve the pension and medical problems of Xinyu city and even the whole country in an effective way, ease the contradictions in the aging process of our country, promote the development of social security and built a harmonious society finally. This paper argues that the promotion of the “CMHC” institutional old-age care model will provide more choices for the elderly and make the pension service more standardized, more scientific and more effective.

6. Projects

1. Project Title: Study on Long-term Care of Rural Left-behind Old People under the Perspective of “Filial Piety” Culture.
Project Source: Youth Fund of Humanities and Social Sciences Research of the Ministry of Education.
Project Number: 12YJCZH312.
2. Project Title: Study on the Model of the “CMHC” Old-age Care and its Policy Supporting Mechanism in Public Hospitals under the Background of Healthy Aging.
Project Source: the Subject of Philosophy and Social Sciences of the “13th Five-Year Plan” in Guangzhou in 2016.
Project Number: 2016GZYB20.
3. Project Title: A Investigative Study on Labor Mobility and Nursing of Rural Elderly in Guangdong Province.
Project Source: the Training Project for the Outstanding Youth and Innovative Talent in Guangdong Universities.
Project Number: wym11022.
4. Project Title: Research on the Problems of Medical Security System in China under the Background of Urban and Rural Coordination.
Project Source: Special Fund for the Business Fee of Fundamental Scientific Research in Central Universities.
Project Number: 13JQN010.

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