

Research on the Current Situation, Challenges and Development Strategies of the Integrated Medical and Elderly Care Service : Based on Policy Analysis and Demand Survey

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Abstract: With the intensification of population aging, the integrated medical and elderly care service has become a crucial model to meet the health and living needs of the elderly. This paper, combined with national and local policy documents in recent years, analyzes the development status, challenges, and future trends of the integrated medical and elderly care service through literature review and survey data. The study identifies key issues such as regulatory inconsistencies, resource imbalances, and technological gaps, and proposes targeted strategies at governmental, industrial, and service innovation levels. The findings aim to provide a reference for promoting the sustainable development of integrated medical and elderly care services in China.

Keywords: Integrated medical and elderly care, elderly care service, aging population, health demand, policy optimization.

I. INTRODUCTION

According to the latest data from the National Bureau of Statistics, by the end of 2023, China's population aged 60 and above accounted for 21.1% of the total population, with those aged 65 and above making up 15.4%. In comparison, at the end of 2022, the figures were 19.8% and 14.9% respectively. These statistics reflect the current state of population aging in China, indicating that the country has entered an aging society and needs to implement more measures to address the various challenges brought by this demographic shift.

Simultaneously, among the elderly population, the number of advanced-age seniors and those with disabilities continues to rise. These individuals often suffer from multiple chronic conditions requiring long-term medical care and daily living assistance. Statistics show that China now has nearly 4 million elderly people with partial or complete loss of self-care abilities, who have particularly urgent needs for integrated medical and elderly care services.

With socioeconomic development and changes in family structures, the traditional family-based elderly care model is facing tremendous pressure. Decreasing numbers of children mean each working-age adult must support more elderly relatives, while increased work pressures and changes in living arrangements make it difficult for families to provide complete care for their aging members. Most current elderly care institutions primarily offer basic living assistance with relatively weak medical services, resulting in inadequate integration of medical and care resources. Elderly residents often cannot receive timely, effective medical treatment when needed, frequently requiring hospital transfers that increase their suffering and

burden. Moreover, the high prevalence of multiple chronic conditions among the elderly necessitates long-term medical management and rehabilitation care, meaning elderly services must provide not only daily living support but also professional medical and rehabilitation services.

Population aging is a global challenge, and countries worldwide have introduced policies to encourage and support the development of integrated medical-elderly care. The Chinese government has been increasing financial investment in this area, supporting cooperation between care institutions and medical facilities, building integrated service infrastructure, optimizing resource allocation, and encouraging private sector participation to enhance service capacity.

Therefore, this paper conducts an in-depth analysis of the integrated medical-elderly care model, examines the actual service needs of the elderly population, and provides constructive suggestions for the service development of integrated care institutions, aiming to offer greater security and quality of life for seniors in their later years.

II. BODY OF ARTICLE

This study employs a mixed-methods approach combining questionnaire surveys, literature review, and case analysis to comprehensively investigate integrated medical-elderly care services. The questionnaire survey collected 533 responses (505 valid) through field interviews and structured questionnaires, with reliability and validity analyses conducted to assess elderly residents' care needs in medical-nursing institutions. The literature review systematically examined China's aging population trends and existing service models, identifying gaps in integrated care systems. Case studies of specific survey responses provided in-depth insights into user preferences and behavioral patterns. Together, these methods establish an empirical foundation for developing evidence-based service strategies.

The Importance of Research on Health Promotion and Home Service Innovation under the "Integrated Medical and Elderly Care" Model

With the intensification of the aging trend, the social pressure of elderly care is increasing day by day, and the home-based elderly care market has gradually shown huge potential and development space. The elderly have an increasing demand for quality of life, health management and spiritual comfort. Therefore, home-based elderly care services have gradually become an important part of the elderly care service market. This paper deeply analyzes the integrated medical and elderly care model, dissects the actual needs of the elderly for elderly care services, provides suggestions for the service development of integrated medical and elderly care institutions, and provides more sense of security in old age for the elderly group.

Poor Health Status

Figure 1 shows that 48.51% of the elderly are basically healthy but suffer from chronic diseases. The prevalence of common chronic diseases such as hypertension and diabetes is relatively high. These chronic diseases may affect the quality of life of the elderly for a long time and increase the risk of other health problems. With the increase of age and the decline of physical function, the elderly's dependence on medical services increases.

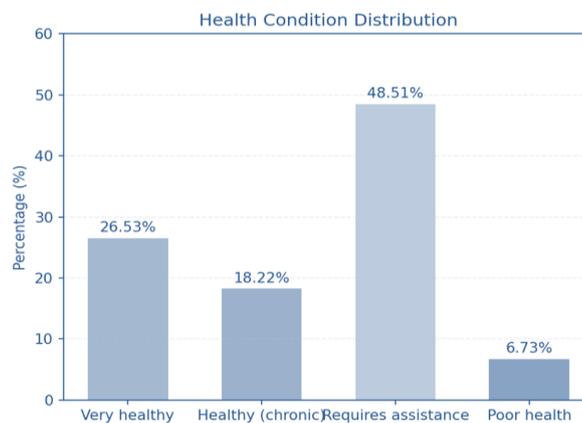


Figure 1: Health Condition Distribution

Diverse and Urgent Medical Needs

The survey results show that in terms of medical needs, the elderly generally have a strong demand for medical services such as regular physical examinations, disease diagnosis and rehabilitation treatment. Due to the decline of physical function, they have high expectations for the convenience and timeliness of medical services and hope to obtain personalized medical plans.

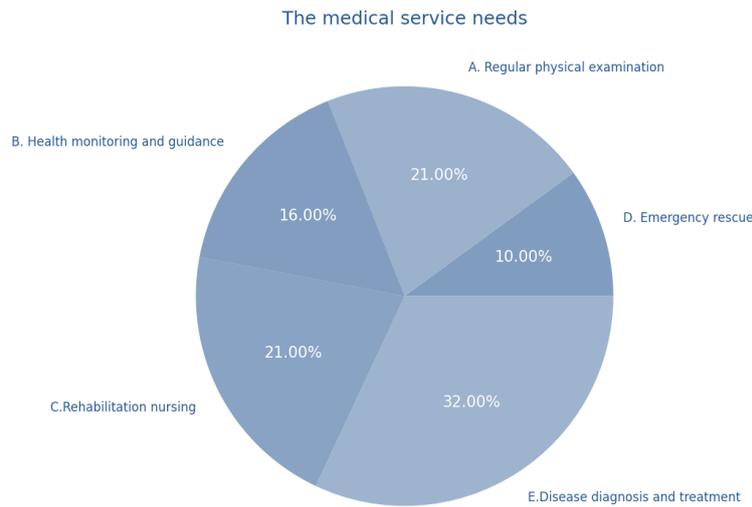


Figure 2: The medical service needs

The Home-based Elderly Care Service Needs of the Elderly Keep up with the Trend of the Times

Figures 3 and 4 show that according to the survey statistics, in addition to traditional daily care such as getting up and eating, the elderly have diverse needs for entertainment activities and smart home services. In terms of entertainment, most elderly people show great interest in sports activities such as Taijiquan and square dancing. At the same time, social activities such as senior clubs and volunteer activities are also popular among the elderly. With the development of technology, the application of smart home services in the field of elderly care has gradually attracted attention. In terms of home, the elderly have a greater demand for functions such as emergency call, remote treatment, health monitoring and smart reminder, reflecting their emphasis on physical and mental health, social interaction and safe and convenient life.

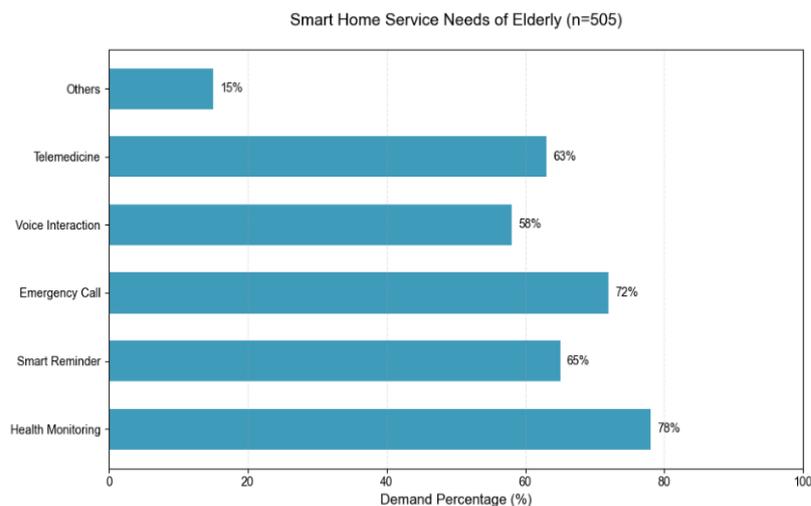


Figure 3: Smart Home Service Needs of Elderly

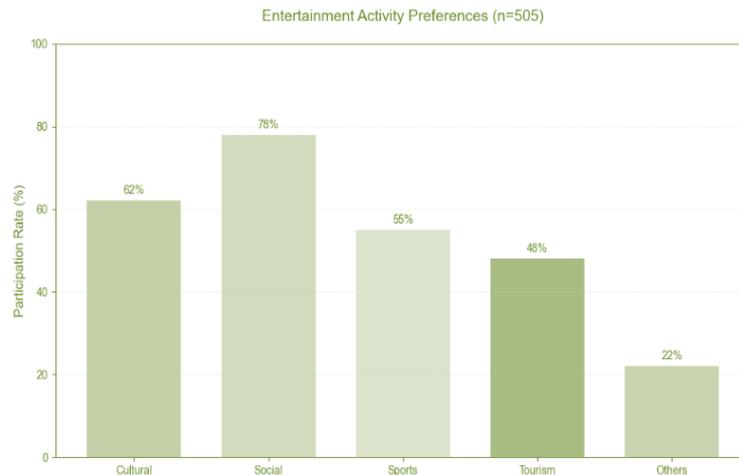


Figure 4: Entertainment Activity Preferences

The Current Service Market Supply Falls Short of Demand

Elderly care institutions fail to distinguish between healthy elderly and those in need of special care, resulting in an unreasonable allocation of resources. Elderly people with better economic conditions and good physical conditions occupy more resources, while elderly people who are truly in need of admission, such as the elderly and the frail, have difficulty applying for beds.

Most elderly care institutions provide similar services and fail to design differentiated services according to the diverse needs of the elderly. They focus too much on basic living problems and ignore the needs of social, psychological and entertainment aspects.

Some elderly care institutions do not do enough in using information technology to improve service quality and efficiency. Intelligent elderly care equipment and services have not been popularized, limiting the modernization level of elderly care services.

The current integrated medical and elderly care policies are only at the macro level, lacking specific laws, regulations and institutional norms, and lacking industry management and access standards.

Most elderly people are satisfied with the basic facilities and care services of nursing homes, believing that these aspects can meet the basic living needs. However, they report that there are problems such as insufficient medical equipment and insufficient professional level of personnel, which affect the medical experience and trust. Nevertheless, they are still willing to try and recommend the integrated medical and elderly care service, and at the same time expect to further improve the service quality in terms of medical equipment, professional training and service diversification.

Analysis of the Problems Existing in the Current Integrated Medical and Elderly Care Model

Integrated medical and elderly care institutions are supervised by different departments for "medical" and "elderly care" (for example, the civil affairs department is responsible for elderly care institutions and the health department manages medical institutions), resulting in inconsistent access standards and operation norms, increasing the difficulty of management and supervision.

The existing medical insurance system provides insufficient support for integrated medical and elderly care services, with many restrictions on the payment scope and low reimbursement rates. The settlement process of medical treatment in different places is complicated, affecting the elderly's enjoyment of convenient services.

Some areas, especially rural areas, lack sufficient medical resources, and professional facilities such as geriatrics departments and nursing homes are insufficient.

The shortage of professional talents and the imperfect training system lead to the low service level of some institutions. The unreasonable performance appraisal of primary medical and health institutions reduces the enthusiasm of medical staff.

Insufficient application of information technology and the lack of a unified information sharing platform affect the communication and coordination efficiency between relevant departments, which is not conducive to resource sharing and service optimization.

Analysis of the Elderly's Cognition of the Integrated Medical and Elderly Care Model

Figure 5 shows that 60.2% of the elderly have a certain understanding of the relevant policies of the national and local integrated medical and elderly care services. However, nearly half of the elderly do not have a deep enough understanding of the policy. The popularization scope of the integrated medical and elderly care service needs to be expanded, and the publicity efforts among the middle-aged and elderly groups still need to be strengthened

The understanding of the respondents about the integrated medical and elderly care service

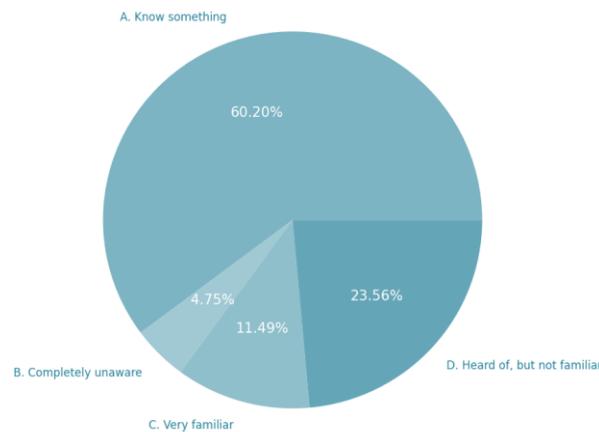


Figure 5: Respondents' Understanding of Integrated Medical and Elderly Care Service

Research on Countermeasures for Elderly Care Services under the "Integrated Medical and Elderly Care" Model

The government should evaluate the coverage and implementation of the integrated medical and elderly care policy to ensure that it benefits the elderly, the disabled and other groups, and examine the implementation degree and implementation deviation of the policy. By comparing the service quality, evaluate the effectiveness of the policy. Provide financial subsidies, set up special funds to support innovation and talent cultivation, implement tax reductions to reduce operating costs, and provide personal income tax reductions for the elderly. At the same time, provide preferential land use policies and encourage financial institutions to develop suitable financial products, such as long-term care insurance, to promote project development.

Industry development should build a multi-level service system, rely on the community to provide diversified services; improve service content to meet the different needs of the elderly; promote information construction to achieve precise docking and effective supervision; strengthen service quality supervision, establish an evaluation system and supervision mechanism; cultivate medical and nursing talents to improve the standardization and scientific level of services. These measures will jointly improve the quality and efficiency of integrated medical and elderly care services.

In terms of innovation of service model, it is possible to integrate medical and elderly care resources by establishing an elderly care center, provide home-based services; carry out health promotion and preventive care; provide elderly care entertainment services to enrich the spiritual and cultural life; develop intelligent health services to improve the safety and convenience of home; set up an elderly care consulting service advisor to provide personalized services and policy guidance; adopt the public-private partnership (PPP) model to attract social capital and improve the quality and efficiency of services.

III. CONCLUSION

Our comprehensive survey on integrated medical-elderly care services reveals that while most elderly individuals demonstrate some familiarity with these services, approximately 28% remain largely or completely unaware of them. Notably, over 65% of respondents expressed willingness to try or had already utilized such services, with particularly strong

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interest among those in poorer health conditions. The survey identified health management services (including regular medical check-ups and disease prevention guidance) as the most demanded service category, requested by over 70% of elderly respondents, followed by psychological support and recreational activities (about 50% of respondents) to alleviate loneliness, and smart home technologies (48%), especially valued by mobility-impaired seniors, with daily living assistance such as meal preparation, hygiene maintenance, and routine care also ranking highly. While the number of integrated care institutions has grown nationwide, significant regional disparities persist in service coverage, with most facilities providing basic health management and daily care services but lacking in personalized offerings like cultural activities and smart home integration. Critical challenges include uneven distribution of resources between urban and rural areas, shortages of professionally trained medical caregivers, and chronic underfunding that directly impacts service quality. To address these issues, we recommend strengthened policy support through increased financial subsidies and tax incentives, accelerated training of medical-nursing professionals through industry-academic partnerships, adoption of modern technologies like big data and IoT to optimize service delivery, and enhanced community-based elderly care networks to improve service accessibility and efficiency across regions.

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