

Exploring the Sustainability of Integrated Elderly Care and Medical Services Policies in China from the Perspective of Policy Tools

-- The Example of Jinan City's Policy Text

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Abstract

The trend of increasing population aging has led to an international and Chinese domestic consensus on the need to integrate elderly care and medical services. Against this background, China's existing policies address the integration of elderly care and medical services (IECMS) successively. However, it is worth pondering whether China's policies on the IECMS have been effectively developed. Previous studies on the IECMS policies in China have mostly focused on the national level, and the evaluation dimensions of these studies are not comprehensive enough. Based on this, this study took the policy tools as primary perspective, constructed a three-dimensional analysis framework that included time and specific models of IECMS, and used content analysis to analyze and evaluate the policy texts related to the IECMS in Jinan City. The aim is to explore policy tools to improve integrated elderly care and medical services, promote the sustainable development of integrated elderly care and medical services in China, and provide Chinese experience for other countries. This study found that the use of policy tools in Jinan City had a trend toward comprehensiveness and diversification, but there is still room for further comprehensiveness and diversification. Moreover, there is an apparent preference in the use of policy tools, as evidenced by the most frequent use of environmental policy tools, and at the same time an imbalance in the internal structure of the three types of policy tools. Furthermore, the policies of Jinan City were not sufficiently targeted to operationalize policy tools into specific models of IECMS. Accordingly, we provide corresponding recommendations, including stating that the IECMS policies should be multifaceted and innovative, even-handed, precise, and timely to restore policy order in the aftermath of the COVID-19 pandemic.

Keywords

Integration of Elderly Care and Medical Services; Policy Tools; Healthcare; Healthy Ageing Sustainability.

1. Introduction

Population aging has become a global concern. The 2022 United Nations' World Population Prospects report notes that the number of older persons is increasing, both in number and as a proportion of the total population. Countries with aging populations should take steps to adapt public planning to the rising proportion of older people [1]. China's aging trend is also increasing, and it is expected that by 2050, China's elderly population will exceed 480 million, accounting for 38.8% of the total, making it one of the countries with the highest degree of population aging in the world, after Japan, South Korea, Italy, and other countries [1]. The aging of China's population brings with it the double burden of old-age care and medical care, and the

combination of these forms of care has become a necessity for social development. In fact, the beginning of the IECMS emerged in China as early as 2011 [2,3]. The IECMS is a term used in the Chinese context that refers to the provision of uninterrupted daily care services for the elderly, including spiritual comfort, disease diagnosis and treatment, health guidance, and rehabilitation for major illnesses through the effective integration of elderly care and nursing resources [4,5]. Similar concepts are found in healthcare services in other countries, such as long-term care in the United States and the National Health Service in the United Kingdom [6]. The importance and effectiveness of the IECMS were also shown in many countries [7]. It is evident that there is an international consensus on the IECMS. Against this backdrop, China's IECMS policies were issued successively, yet the rationality of these policies is worth pondering. This is important for optimizing the quality of China's policies, increasing their effectiveness, and providing references for other countries.

The rationality of China's IECMS policies has attracted the attention of some scholars, who have mostly analyzed and evaluated the IECMS from the perspective of policy tools. Policy tools have had different popular definitions at different times. The British scholar Hood defined government tools as the government implementation of a public policy process to achieve policy objectives using policy as the "apparatus"; this definition has become a popular definition of policy tools [8]. A popular definition of policy tools among Chinese scholars is the following: "Policy tools are the specific means and methods adopted by people to solve a social problem or achieve a certain policy goal", as proposed by Chen Zhenming [9]. There are many classifications of policy tools in the academic world, and the classification of policy tools is influenced by many factors, such as the research context and the focus of the researcher; therefore, each classification has a different focus, and there is no classification that can exhaustively and completely summarize the content of policies. For example, the British scholar Christopher C. Hood divided policy tools into four categories: informational tools, authoritative tools, financial tools, and formal organizational tools [8]. Moreover, the scholars Rothwell and Zegveld classified policy tools in terms of the three dimensions of supply, environmental, and demand [10].

Rothwell and Zegveld's method of dividing policy tools has been favored by Chinese scholars. For example, the Chinese scholars Si Jianping et al. used Rothwell and Zegveld's policy tool classification method as the basis to construct a two-dimensional analytical framework of policy tools and policy processes to analyze policy documents addressing the IECMS, and based on this framework, they provided corresponding policy recommendations. Zhang Meng et al. also studied policy tools and used Rothwell and Zegveld's policy tool classification method by combining it with the IECMS development stages, the synergistic construction of a three-dimensional analytical framework in the IECMS sectors, the IECMS in Nanjing policy text analysis, and the improvement in supporting policies by combining the healthcare synergistic governance mechanism and the use of balanced policy tools to improve the strength of policy recommendations [11]. It can be seen that Rothwell and Zegveld's method of dividing policy tools is highly suitable for the study of the synergistic construction of a three-dimensional analytical framework for the integration of policies of the elderly care and medical services sectors, with both being based on the match between the classification method and the policy content and the experience of research in related fields. However, China's existing research on the synergistic construction of a three-dimensional analytical framework for the integration of the policies of the elderly care and medical services sectors has mostly focused on the national level, with little research on policies at the provincial and municipal levels. However, the synergistic construction of a three-dimensional analytical framework for the integration of the policies of the elderly care and medical services sectors at the national level requires a top-level design, and the formulation of the framework in each province and city should not only conform to a top-level design but also take into account its own characteristics and features. Therefore,

the existing research on the synergistic construction of a three-dimensional analytical framework for the integration of the policies of the elderly care and medical services sectors at the provincial and municipal levels is still relevant and warrants consideration. In addition, China's current evaluation of policy documents on the synergistic construction of a three-dimensional analytical framework for the integration of the policies of the elderly care and medical services sectors mostly adopts a one-dimensional or two-dimensional system, which is a limited approach.

With this in mind, and based on suitability considerations, we selected Rothwell and Zegveld's policy classification method to examine the synergistic construction of a three-dimensional analytical framework for the IECMS sectors' policies in Jinan City. Using policy tools as our primary perspective, this framework includes the dimension of time based on a range of research considerations. Following our review of the existing government documents of Jinan City, we identified the documents to be examined in this study as municipal policy documents (this study took the Jinan policy texts as examples). Our final evaluation of the rationality of the design of the synergistic construction of this framework will inform the future development of an analytical framework in support of the integration of care in the IECMS sectors in China.

2. Materials and Methods

2.1. Sources of Information

Taking the end of 2023 as the end of our research period, we searched the websites of the Jinan Municipal Government, Civil Affairs Bureau, Health and Wellness Commission, and Human Resources and Social Security Bureau for laws, regulations, plans, opinions, approaches, notices, announcements, and other policy documents that reflected the IECMS (including the transmission of documents at the national and provincial levels).

The criteria for screening the information collected in this study were as follows: First, the policy document needed to explicitly mention the IECMS resources, and there needed to be substantive content; if there was no substantive policy content, the document was excluded. Second, news reports on the IECMS, interpretation of policy documents, etc., were excluded from the information pool. After screening, 55 documents were included in the analysis.

Table 1. Summary of Jinan City's policy documents on the IECMS.

Serial Number	Policy Name	Policy Type	Year
1	Opinions of the Jinan Municipal People's Government on Accelerating the Development of the Elderly Service Industry	Comment	2013
2	Circular on the NHS Planning Framework (2015-2020)	Notifications	2015
.....			
54	Action Program for Service Quality Improvement "New Era, New Community, New Life" 2023	Notifications	2023
55	Implementation Program of Jinan "Internet + Healthcare" Demonstration City	Notifications	2023

Note: To save space, only four documents are shown in this study; the rest can be requested from the authors.

2.2. Methods of Analysis

We used the content analysis approach to analyze the IECMS policy documents. The content analysis method was first developed in the field of communication studies and was defined by Bernard Berelson as a research method that objectively, systematically, and quantitatively describes the apparent content of communication. Subsequently, content analysis has been widely used in sociology and psychology [12,13].

According to the content analysis method, this study first screened the literature related to the IECMS according to the research applicability. Second, a three-dimensional analytical framework was established with policy tools as the basic perspective. Next, the policy content was analyzed, coded, categorized, and counted. Our analysis consisted of taking the content from the text of policy documents that pertained to the IECMS and transforming the content into specific policy tools. The transformed content was coded into specific policy tools in the following format: "policy document number-project section-analytical content". For example, codes 5-1-7-1 in Table 4 represent the fifth policy document-Chapter 1-Section VII-first converted policy tool from this document. Categorization refers to the classification of these codes according to the specific divisions in the policy tool dimension, the time dimension, and the IECMS domain of action dimension applied in this study. The statistics refer to the distribution of these codes across the policy tool dimension, the time dimension, the IECMS field of action dimension, and the intersection of these three dimensions. The above approach also means that the content of the IECMS policy text was put into the three-dimensional analytical framework constructed in this study.

2.3. Analytical Framework

We used policy tools as a foundational dimension to measure the rationality of the design of the IECMS policy texts. The use of policy tools provided an indication of whether resources were rationally allocated to stakeholders. To accurately capture the distribution of policy tools in the IECMS policy texts, we added service model dimensions specific to time and the IECMS to the policy tools. The addition of the dimensions of time and the specific service model of IECMS allowed for a more precise examination of the distribution of policy tools over time within specific domains to more accurately evaluate the IECMS policy texts.

2.3.1. Policy Tool Dimension

Table 2. Typology of policy tools for IECMS.

Tool Type	Tool Name
Demand-based policy tools	Government procurement
	Market shaping
	Pilot/demonstration projects
	Financial/price subsidies
Supply-based policy tools	Capital investment
	Facility construction
	Talent training and support
	Information services/support
	Land security
	Technical and product support
	Mode innovation
Environment-based policy tools	Target planning
	Strategies and measures
	Financial support/services
	Medical insurance support
	Long-term care insurance/long-term care coverage
	Standard specification/assessment
	Regulatory control
	Social communication
	Tax incentives

This dimension examined the use of policy tools for the IECMS policies. Different scholars classified the policy tool types based on different criteria. In this study, we adopted Rothwell and Zegveld's method of policy tool division [14], which categorizes policy tools into demand-, supply-, and environment-based factors. Demand-based policy tools reflect the pulling force of

policy. Government procurement, market shaping, fiscal subsidies, etc., involved in policies are demand-based policy tools. Supply-based policy tools can reflect the driving force of policy. Capital investment, facility construction, talent training and support, and land security involved in a policy are supply-based policy tools. Environment-based policy tools mostly refer to the provision of a favorable and development-friendly external environment for a policy. Strategies and measures, financial support or services, medical insurance support, etc., involved in a policy are all policy tools.

2.3.2. Time Dimension

Combining existing studies [15,16] and our policy review, we believe that it is most effective to divide the development of China's IECMS policy framework into four stages. By analyzing the distribution of the IECMS policy tools in different time stages, it was found that the use of policy tools in the IECMS policies evolved over time.

The first stage was the start-up phase (2013-2015). In September 2013, the concept of "healthcare integration" was put forward in the *Opinions on Accelerating the Development of the Elderly Service Industry* and the *Opinions on Promoting the Development of the Health Service Industry* issued by the State Council, and then related documents were issued in turn [17]. There is less literature pertaining to this stage, but it laid the foundation for the subsequent introduction of policies related to the IECMS. The start-up phase was the beginning of the development of the IECMS.

The second phase was the development and implementation phase (2016-2017). At the end of 2015, China introduced a milestone special guidance document on the IECMS [18], after which related supporting documents were successively introduced. The literature in this stage began to explore the establishment of a cooperative mechanism with more targeted and comprehensive policies for the IECMS in line with China's national conditions. This stage marked the beginning of the gradual implementation of policies that addressed the IECMS.

The third stage was the stage of deepening and improving (2018-2020). After the exploration of the previous phase, the literature in this phase describes the further advancement of the existing foundation and provides guidance for the development of China's IECMS.

The fourth stage was the innovative development stage (2021-2023). The COVID-19 pandemic broke out in China in late 2019 and early 2020 and then continued to evolve until late 2022 and early 2023, which was when China began to gradually return to a normal order of life. Although this phase of the IECMS policies was impacted by the COVID-19 pandemic, it also began to evolve in an innovative direction during this period.

2.3.3. Service Model Dimensions

After reviewing the research on existing policies in this study and the related literature on the existing stages of the process of IECMS, we adopted the method of dividing the specific service models established by Li Meng et al. [19]. This was because this model is more specific and detailed than other models and is also in line with China's existing national conditions. Examining the application of policy tools to the IECMS demonstrated whether the policy tools were accurately applied to the individual models based on the IECMS services. A total of six models were included in this study and are described below: (1) The service model of elderly function in medical services refers to the establishment of an elderly service organization by a medical institution or the opening of a geriatric department within a medical institution to provide long-term medical treatment and rehabilitation services for elderly patients [20]. (2) The model of medical functions in elderly care refers to the establishment of infirmaries in nursing institutions to provide nursing rehabilitation and medical emergency services to the elderly according to specific healthcare needs [21]. (3) The cooperation between the medical services and elderly care service models refers to various forms of long-term cooperation between healthcare and senior care organizations, which can provide integrated healthcare and

senior care services for the elderly [22]. (4) The community-based radial service model is a community-based health service center that provides healthcare and senior care services to the elderly within the community [23]. (5) The family doctor embedded service model consists of a team of family doctors formed by primary healthcare organizations to provide home visits to elderly people with mobility problems and those living alone within the community with the assistance of hospitals at level 2 or above [19]. (5) The Internet+ service model relies on Internet technology to provide the accurate and efficient IECMS based on data collected on their physical health [24].

Based on the framework constructed in this study, we first analyzed the use and distribution of policy tools in the field of policymaking for the IECMS; second, we analyzed the use and distribution of policy tools in the various stages of development of the IECMS; then, we analyzed the use and distribution of policy tools in the specific models of IECMS; and finally, we analyzed the use and distribution of policy tools in the specific models of IECMS in different stages.

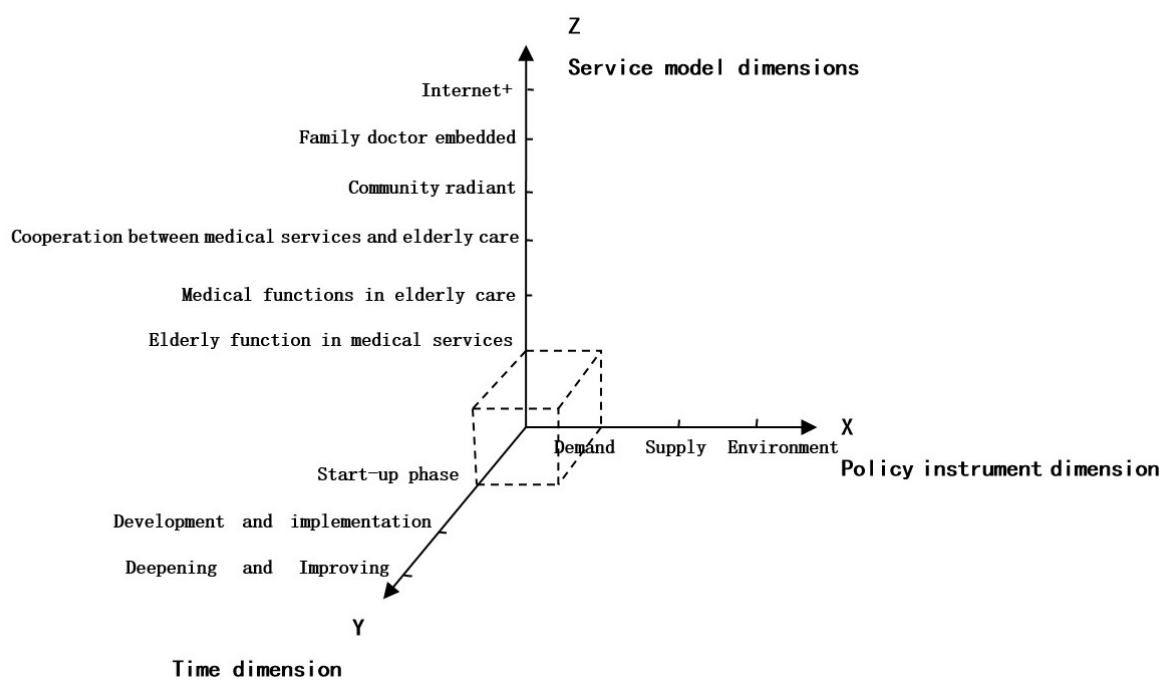


Figure 1. Analytical framework.

3. Results and Discussion

3.1. Analysis of Basic Information in Policy Texts

In terms of the number of policy documents issued on the IECMS, the number fluctuated and increased before 2016, and then fluctuated and decreased after 2016, with 2016 being the year with the highest number of policy documents issued on this subject. This reflected the increased demand for the IECMS from the beginning of 2013 to 2016, which led to more requirements for the issuance of policy documents on this subject; the gradual decrease in the number of policy documents after 2016 suggests that policies related to the IECMS were continuously improved and coverage of this topic tended to be saturated.

In terms of the types of policy documents on the IECMS, on the whole, the documents were diverse and contained seven identified types of opinions, notices, programs, plans, announcements, norms, and outlines. Combined with the content of the policy texts, the normative type of policy documents on the IECMS were more mandate- and direction-oriented,

while opinions, notices, programs, plans, announcements, and outlines were less mandate- and direction-oriented. Within the observation period, more than half of the policy documents on the IECMS were issued in the form of circulars, and only one policy document was issued in the form of norms.

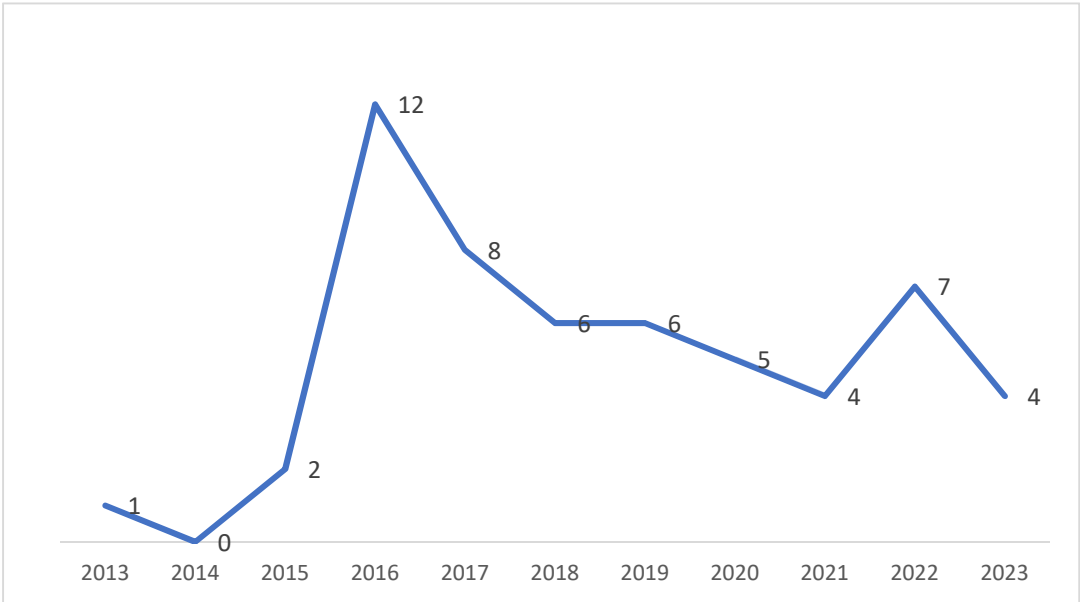


Figure 2. Number of policy documents on the IECMS (2013-2021).

Table 3. Statistics on the types of policy documents on the IECMS.

Policy Type	Comment	Notification	Program	Planning	Bulletin	Standard	Essential Points	Subtotal
Amount	6	38	3	5	1	1	1	55

3.2. Analysis of Policy Texts from the Perspective of Policy Tools

3.2.1. Basic Path Dimensions of Policy Tools

This section addresses the use of three policy tools-demand-, supply-, and environment-based factors-and their sub-tools in 55 policy documents. Overall, there were significant differences in the extent of use of the three main types of policy tools, which showed a clear structural imbalance. Table 4 shows that the three policy tools, representing demand-, supply-, and environment-based tools, accounted for 19.85%, 30.29%, and 49.24% of the total, respectively. Environment-based policy tools comprised almost half of the policy documents on the IECMS. Thus, China's IECMS policies attached importance to the use of environmental policy tools to maintain stability and ensure sustainable development, while insufficient attention was paid to the supply-type policy tools that symbolize policy provision and the demand-type policy tools that symbolize policy need.

At the same time, the sub-tool distribution of various types of policy tools also showed an imbalance; for example, the demand-based policy tools were concentrated in market-shaping strategies, which appeared 21 times in the text on the IECMS policies, accounting for 40.38% of the overall demand-based tools. In contrast, government procurement strategies appeared only twice, representing 3.85% of the overall demand-based tools. An in-depth examination of policy measures at the supply level showed a focus on talent development and model innovation (accounting for 23.46% and 24.69% of the supply-based policy tools, respectively). In contrast, insufficient attention was paid to financial inputs and land security (accounting for 3.7% and 4.94% of supply-based policy tools, respectively). An in-depth examination of the policy measures at the environmental level found that the target planning and strategic measures

accounted for more than half of the measures at the environmental level (a total of 52.72% of the total proportion of the two); therefore, the expected construction goals were the mainstay of the policy tools at this level. In contrast, the substantive strategy for tax incentives (0.78% of the total) was rarely used.

Table 4. Use of policy tools.

Tool Type	Tool Name	Article Number	Number (pcs.)	Proportion of Overall Policy Tools (%)	Proportion of Respective Policy Types (%)
Demand-based policy tools	Government procurement	26-3-4;.....	2	0.76%	3.85%
	Market shaping	2-6-4;.....	21	8.02%	40.38%
	Pilot/demonstration projects	5-1-7-1;.....	18	6.87%	34.62%
	Financial/price subsidies	26-2-1-1;.....	11	4.20%	21.15%
			47	19.85%	
Supply-based policy tools	Capital investment	30-4-3;.....	3	1.15%	3.7%
	Facility construction	14-3-4-3;.....	11	4.20%	13.58%
	Talent training and support	5-1-6;.....	19	7.25%	23.46%
	Information services/support	10-3-4-1;.....	10	3.82%	12.35%
	Land security	26-3-3;.....	4	1.53%	4.94%
	Technical and product support	26-2-3-3;.....	14	5.34%	17.28%
	Mode innovation	10-6-5;.....	20	7.63%	24.69%
			64	30.29%	
Environment-based policy tools	Target planning	3-4-2-7;.....	26	9.92%	20.16%
	Strategies and measures	2-6-5;.....	42	16.03%	32.56%
	Financial support/services	26-3-4;.....	3	1.15%	2.33%
	Medical insurance support	1-2-6-3;.....	10	3.82%	7.75%
	Long-term care insurance/long-term care coverage	8-5-24;.....	10	3.82%	7.75%
	Standard specification/assessment	12-4-4-1-2;.....	18	6.87%	13.95%
	Regulatory control	20-2-4-4-1;.....	12	4.58%	9.30%
	Social communication	26-2-3-3;.....	7	2.67%	5.43%
	Tax incentives	41-2-7-18;	1	0.38%	0.78%
			114	49.24%	

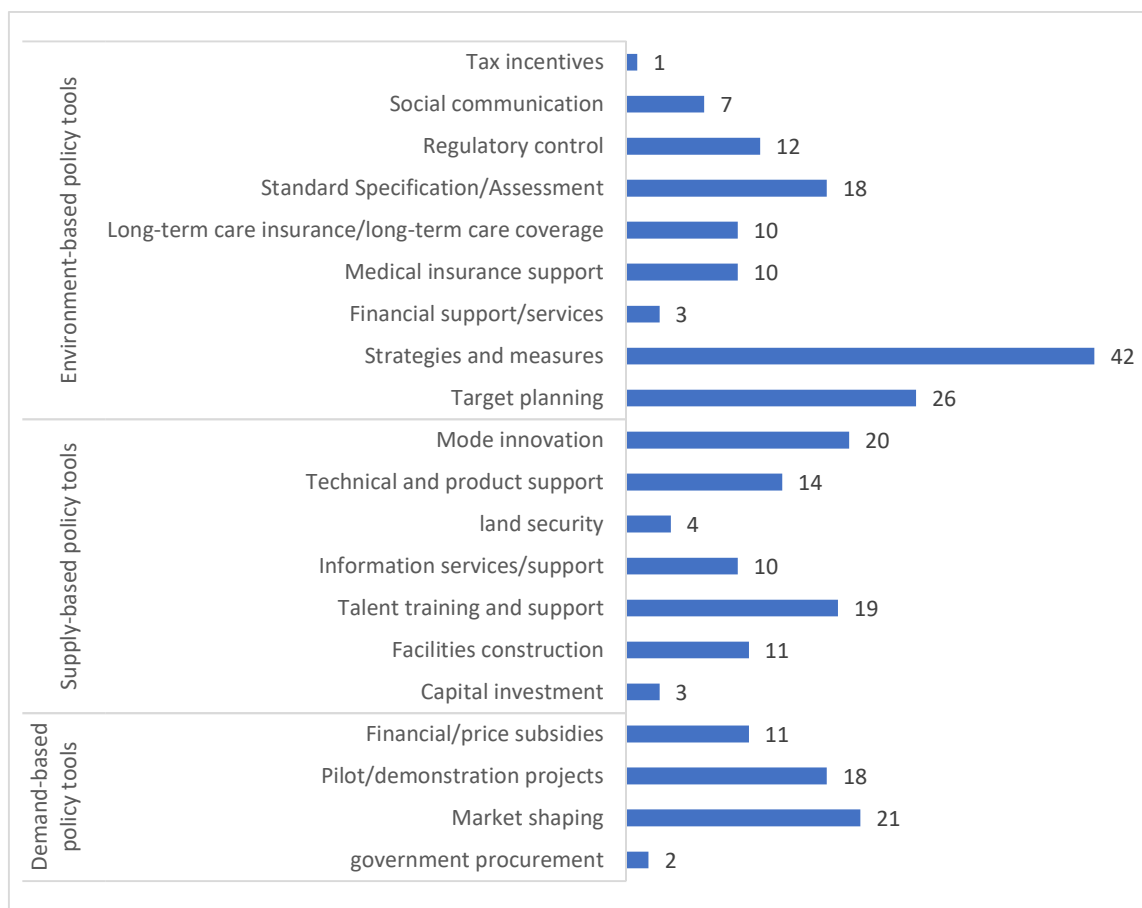


Figure 3. The use of policy tools.

3.2.2. Cross-analysis of the Policy Tool Dimension and the Time Dimension

This section discusses our analysis of the use of policy tools and trends in the four time phases. Figure 4 shows that the use of policy tools, whether at the demand, supply, or environmental level, tended to increase in the first three phases but decreased in the fourth phase. The increase in the first three phases marked the largest increase in environmental policy tools, while the decrease in environmental policy tools after the third phase was also the largest, and the decrease in supply-based policy tools was the smallest. The sub-tools of the various policy tools tended to be diversified but unbalanced over time.

In terms of phases, all three types of policy appeared less frequently in the first phase and the gap did not widen, which was because this phase of the IECMS policies was in its infancy. Figure 5 also shows the single use of various types of secondary policy tools at this stage. The uses of the three types of policy tools began to diverge at the start of the second phase, with the IECMS policies showing a preference for the use of environment-based policy tools. As can be seen in Figure 5, the use of various policy tools and their sub-tools began to diversify at this stage. The use of the three types of policy tools in the third phase showed a greater disparity, with the use of environment-based policy tools far exceeding the use of the other two. As can be seen in Figure 5, there was a more diversified use of sub-tools of various policy tools, but there was an imbalance. For example, the use of strategic measures, which was a sub-tier of environmentally oriented policy tools, gained a clear preference. In the fourth phase, all three types of policy tools declined by varying extents. On the one hand, this decline was related to the guiding policy on the IECMS and related supporting measure policies tending to be perfected and saturated over time and, on the other hand, this showed the impact of the COVID-19 pandemic.

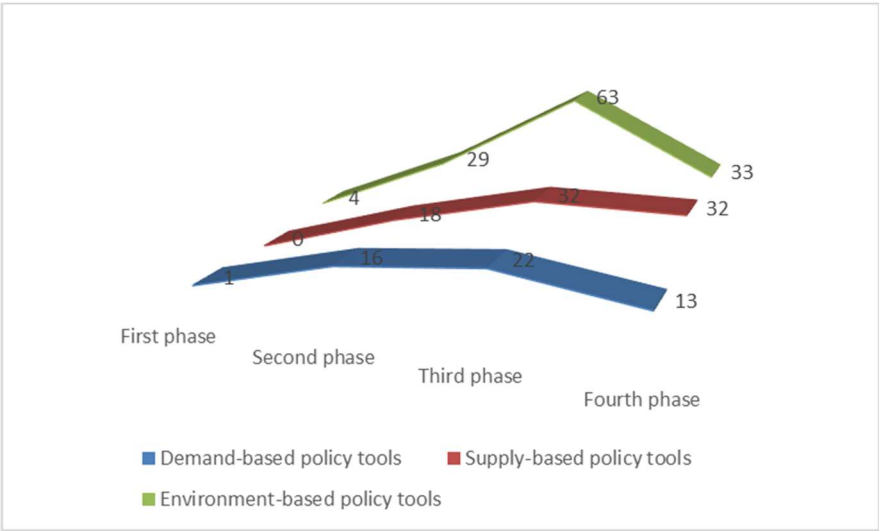


Figure 4. Use of phased policy tools.

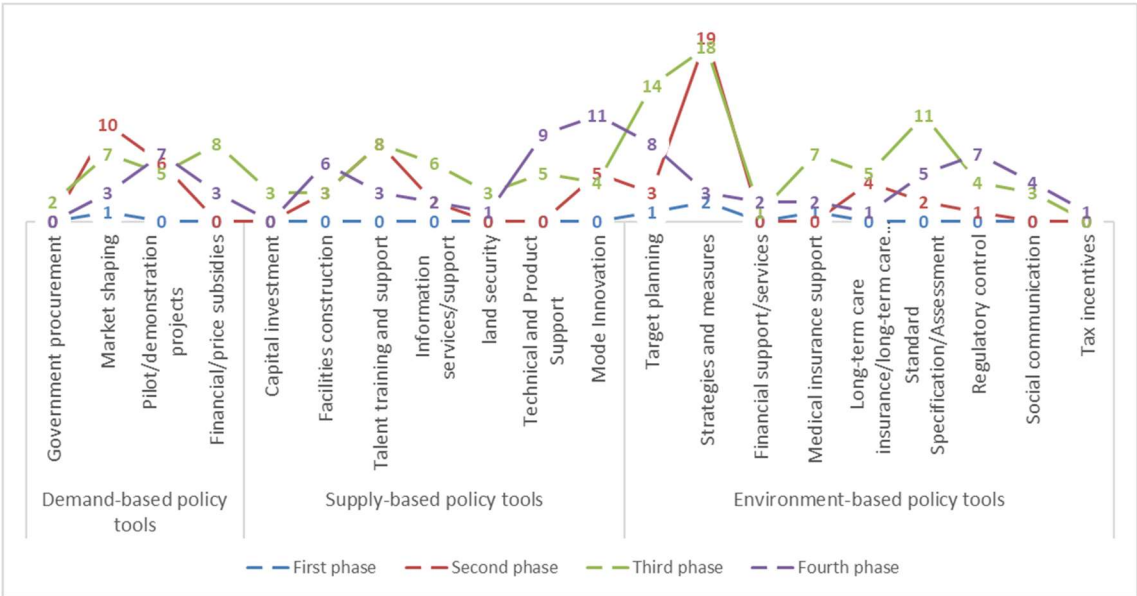


Figure 5. Phased utilization of secondary policy tools.

3.2.3. Cross-analysis of the Policy Tool Dimension and the Service Model Dimension

This part of the analysis revealed the application of policy tools to specific models of IECMS services. Figure 6 shows that, overall, there was a clear bias in the use of the three types of policy tools in the specific IECMS delivery models. Policy tools appeared most frequently in the elderly function in medical services (58 occurrences) and least frequently in the Internet+ model (16 occurrences). The distribution of the sums of the three types of policy tools among the six types of IECMS models-elderly function in medical services, medical functions in elderly care, cooperation between medical services and elderly care, community radiant, family doctor embedded, and Internet+-were 58, 51, 30, 23, 23, and 16 times, respectively.

In terms of categorization, all models except the Internet+ model emphasized the use of environment-based policy tools, while the Internet+ model focused on the use of supply-based policy tools. The elderly function in medical services, medical functions in elderly care, and family doctor embedded models were all light on the use of supply-based policy tools, while the cooperation between medical services and elderly care, community radiant, and Internet+ models were light on the use of demand-based policy tools.

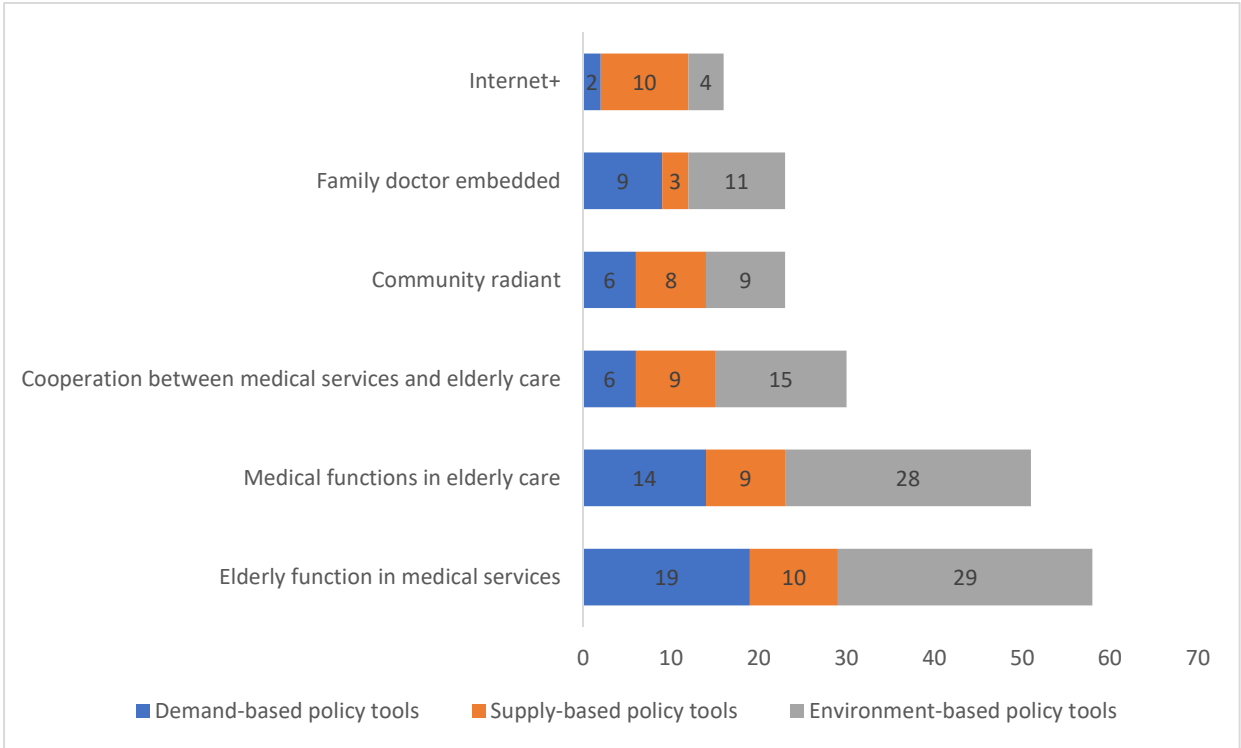


Figure 6. Use of policy in specific IECMS models.

3.2.4. Comprehensive Analysis of the Three Dimensions

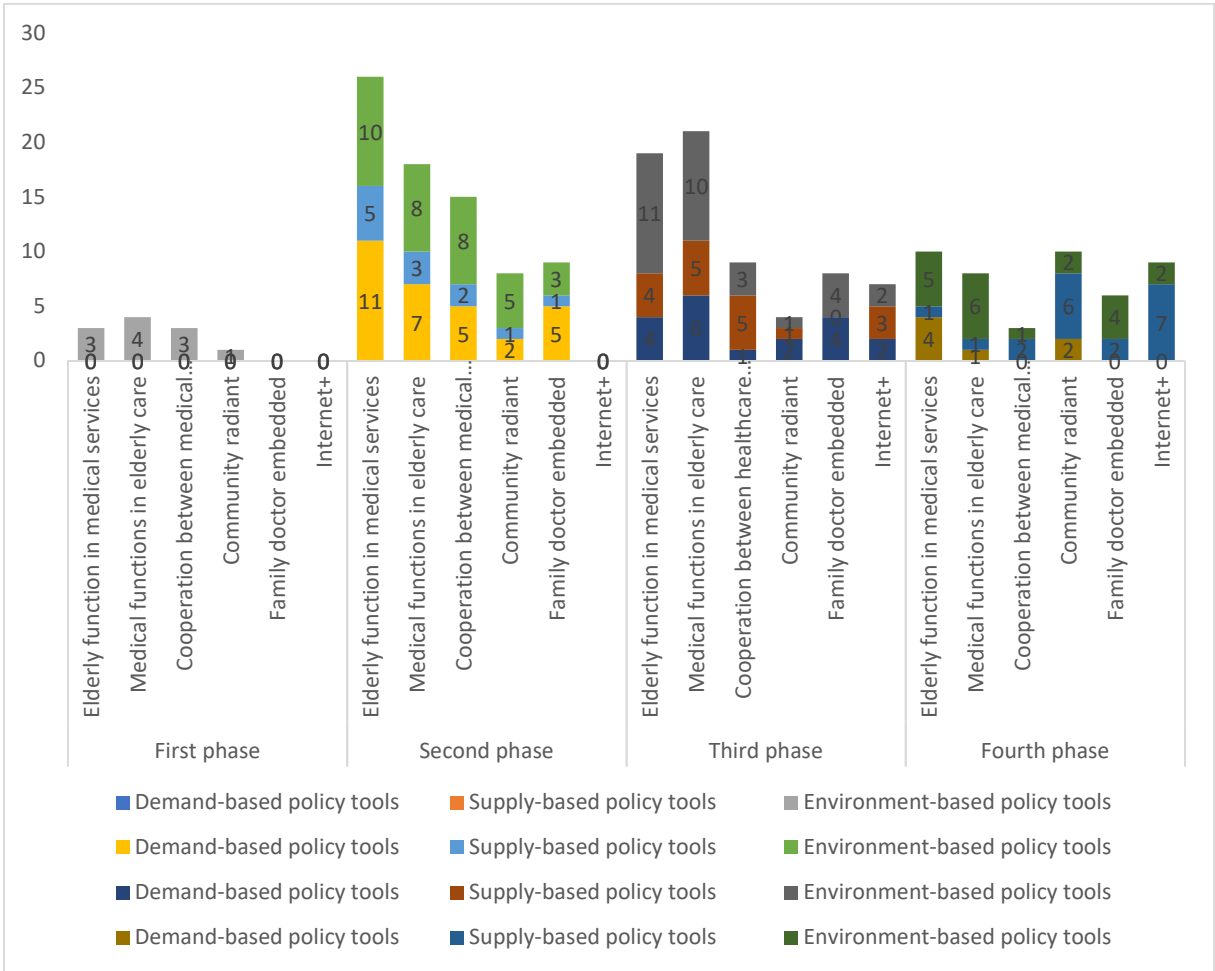


Figure 7. The use of policy tools in a staged specific ICEMS model.

This part of the analysis reveals the application of policy tools to specific models of IECMS services in different time stages. Figure 7 shows that, overall, the use of various types of policy tools was clearly not specific to the various models in the first stage, the second stage began to target the use of specific models of IECMS, and the use of policy tools was clearly skewed toward the models of elderly function in medical services and medical functions in old-age care in the second and third stages, with this skew disappearing in the fourth stage. However, while the use of all types of policy tools in the specific IECMS model tended to equalize in the fourth phase, the use of all types of policy tools decreased. These phenomena may be attributed to the fact that in the first stage, the development of various models of IECMS was immature, and the policies were mostly of the top-level design type, thus taking little account of the differences in the specific models of various types of IECMS. The second and third phases of the development of various models of IECMS were more mature, and various policies recognized the importance of conducting specific analyses for different models. In the fourth phase, the impact of the COVID-19 pandemic clearly spilled over into the introduction of the IECMS policies, but the use of these policy tools in each area was balanced.

4. Conclusion and Policy Implications

4.1. Conclusion

This study revealed a trend toward a more comprehensive and diversified use of policy tools in Jinan City, China, but there is still room for greater comprehensiveness and diversification. According to the results of the cross-analysis of the policy tool dimension and the time dimension, the use of policy tools gradually increased across the four phases, and more emphasis was placed on the use of a variety of policy tools. However, the use of policy tools was still not sufficiently comprehensive and diversified; therefore, there is still room for improvement.

Furthermore, there is an apparent preference in the use of policy tools, as evidenced by the most frequent use of environmental policy tools, and at the same time an imbalance in the internal structure of the three types of policy tools. According to the analysis of the basic dimensions of policy tools, the uneven distribution of the use of policy tools was first reflected in the uneven distribution of the three types of policy tools, namely, demand-, supply-, and environment-based tools. A disproportionate number of environmentally oriented policies accounted for half of the total. This result shows that the policies focused on creating an external environment for the IECMS; however, the push to directly enhance IECMS and the pull to reduce impediments to integration are inadequate. The uneven distribution of the use of policy tools was also reflected in the uneven distribution of sub-specific types of policy tools across the three categories of demand-, supply-, and environment-based policy tools. For example, environmentally oriented policies concentrated on strategic measures and target setting, lacked specific measures, and generalized policies. Demand-based policies focused on market shaping and the construction of pilot and demonstration projects, with little mention of government procurement.

Finally, the policies were not sufficiently targeted to operationalize policy tools into specific models of IECMS. Based on the cross-analysis of the policy tool dimension and the dimension of the IECMS model, China's IECMS policy tools were not precisely applied to different service models, but were instead applied to all models in general. The Internet+, family doctor embedded, and community radiated IECMS models did not receive significant policy attention relative to the three IECMS models of elderly function in medical services, medical functions in elderly care, and cooperation between medical services and elderly care. Although there was a tendency for Jinan City's IECMS policies to shift from universality to relevance, the relevance was still insufficient. Jinan City's policies were still rather general and were not specifically

implemented in each of the IECMS models, and were not analyzed on a case-by-case basis according to the six models.

4.2. Policy Implications

4.2.1. Policy Pluralism and Innovation

The multifaceted nature of policymaking requires a greater variety of policy tools to be used in policymaking. This study's findings suggest that there was a trend toward the comprehensive and diversified use of policy tools, but there is still room for more comprehensive and diversified use. The use of policy tools was too homogenous, especially when considering specific models of IECMS. The integrated and diversified use of policy tools and sub-tools should also be emphasized in specific models of IECMS.

Furthermore, innovation in policymaking can support pluralism in policymaking. For example, a healthcare and elderly care integration model that incorporates Chinese medicine could be one of the innovative points for the development of IECMS in Jinan City. Since ancient times, Jinan City has had the reputation of "no idle grass in Quancheng", and it is one of the important production areas of Chinese herbal medicines in Shandong Province [25]. Luyi of Qi (now Changqing District of Jinan) was the birthplace of the famous doctor Bian Magpie [26]. Utilizing the profound accumulation of Chinese medicine in IECMS models can be an innovative focal point in the development of the IECMS policies in Jinan City.

4.2.2. Even Policy Distribution

The even distribution of power is first and foremost reflected in the rational allocation of the use of demand-, supply-, and environment-based policy tools, thus strengthening the use of demand- and supply-based policy tools. By creating demand within the field of IECMS to increase the development of IECMS, support for the IECMS for the elderly population is continuously developed. The supply of IECMS and the promotion of the development of the IECMS is supported by means of policy impetus.

The even distribution of power is also reflected in the balanced use of secondary policy tools among demand-, supply-, and environment-based policy tools. Among the demand-based policy tools, it is recommended that emphasis be placed on government purchasing to realize the organic combination of the market competition mechanism for the IECMS and fiscal expenditure management. For environmental policy tools, the proportion of strategic measures and goal planning can be adjusted, although it is necessary to realize the development of IECMS through goals and strategies, not only at the level of directional guidance. An appraisal mechanism [27] can be set up to assess the realization of goals and strategies to ensure policy measures are effectively implemented. At the same time, the frequency of the use of substantive policy tools, such as tax incentives and financial support, should be increased. The proportion of environment-based policy tools used can be optimized by facilitating the eligible IECMS in tax incentives and increasing efforts to provide financial support [28]. For supply-based policy tools, it is recommended to increase funding and land security for the IECMS institutions [29].

Sustained strength was also reflected across the six models of IECMS. According to the statistical results of this study, the Internet+, family doctor embedded, community radiant IECMS models were not emphasized in policies relative to the three IECMS models of elderly function in medical services, medical functions in elderly care, and cooperation between medical services and elderly care. The traditional Chinese culture of filial piety has made the family and the community the main sources of old-age care in China [30]. However, some scholars even suggested that placing the care of the elderly on family physicians and primary care is the only way to achieve sustainability [31]. Internet+, as an emerging model, can provide services to the elderly with precision and efficiency [32]. Therefore, it is recommended to work uniformly between the six models without neglecting any of the IECMS models.

4.2.3. Policy Precision

Policy precision is reflected in the fact that the policies are specific to each model of IECMS, rather than focusing on the release of macrolevel policies. According to the characteristics of different modes of IECMS, precise policies should be issued. For example, the IECMS models of elderly function in medical services and medical functions in elderly care require hospitals or nursing institutions to have sufficient economic and land strength; therefore, these two models of IECMS should focus on policies that address financial support, land security, and tax incentives [33]. The cooperation between medical services and elderly care in IECMS models focuses on contracted cooperation and referrals from hospitals and nursing institutions. The requirements of hospitals and nursing institutions to provide this support should focus on strengthening the referral channels of policy measures issued [34] for hospitals and nursing institutions contracted to facilitate referral supervision and control. The community-based radiated IECMS model provides integrated medical resources for the elderly within the community, while the family doctor embedded IECMS model provides personalized healthcare integration services for the elderly by a team of family doctors provided by the primary healthcare institutions, for which the policies for both models should focus on the cultivation of and support for healthcare integration talents. In addition to focusing on the release of information support policies in the Internet+ model, it is also necessary to strengthen the construction of information equipment and other infrastructures. As an emerging IECMS model, the Internet+ model should also focus on pilot construction [35] through the implementation of a pilot program for supervision and evaluation. In short, IECMS policies should be more personalized and targeted to achieve efficient analysis of specific models.

4.2.4. Restoring Policy Order after the COVID-19 Pandemic Shock

During the COVID-19 pandemic, all of China was focused on responding to the hazards of public emergencies and restoring normalcy; therefore, the development of the IECMS field was naturally neglected. Now that the order of life has been restored, the field of integrated healthcare and elderly care should be remedied to make up for the impact of the pandemic.

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