The Medical-Care-Integrated Elderly Care Services Policy in China based on Policy Tools: A Content Analysis

Wang Yan, Dayang Haszelinna Abang Ali
Centre for Policy Research, Universiti Sains Malaysia, Gelugor 11800, Penang, Malaysia
Email: dyghaszelinna@usm.my
Corresponding Author Email: wang_yan@student.usm.my

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Abstract
This study adopts the content analysis method, takes the policy documents on MECS issued by the central state organs from 2013-2023 as samples for analysis and comparison, and takes the two dimensions of policy tools and policy objectives as the research perspective, combines the current background, combs through the development process of MECS policies, and analyses in depth the text of MECS policies issued at the level of the central government, and puts forward suggestions to optimize China's policy on MECS. The results show that there is less application of demand-type tools, overflow of supply-type tools, and more use of environment-type tools, which indicates that the government has neglected to advertise the process of integrating healthcare from the demand side while increasing the supply and creating a favourable policy environment. While the government has endeavoured to improve the efficiency of its policies, it has failed to give sufficient consideration to how to promote the further the medical-care-integrated elderly care services. The medical-care-integrated elderly care services have been widely used, but policy initiatives are still quite lacking and need to be further strengthened and improved. Therefore, the government needs to explore and implement the medical-care-integrated elderly care services policies more comprehensively to fulfil the requirements of different role targets. Considering the interrelated impacts of policy instruments and policy objectives, the introduction of social forces can be appropriately increased in the area of life care needs, maximising the influence of the market’s primary function. Policies are deficient in meeting the needs of older persons for social interaction, respect and self-care, and need to be strengthened from multiple perspectives.

Keywords: Medical-Care-Integrated Elderly Care Services, Policy Tools, Content Analysis, The Elderly, Policy Texts
Introduction

The 2021 seventh national census of China revealed that there were 264 million individuals aged 60 and above, making up 18.70% of the total population. Additionally, there were 190 million individuals aged 65 and above, accounting for 13.50% of the population. This figure is nearly double the benchmark of 7% for an ageing society and is approaching the threshold of 14% for a deeply aged society. (National Health Council of China, 2022). Due to a decrease in birth rates and an increase in life expectancy, the percentage of elderly individuals in the overall population is steadily increasing. Consequently, China now has the highest absolute number of senior individuals globally. To address the challenges posed by the increasing number of elderly citizens, the Chinese government has implemented a range of policy.

Before 2013, healthcare services in China’s elderly care sector had long been separated from elderly care services, and in 2013, the State Council proposed for the first time to advertise the medical-care-integrated elderly care services (MECS) in the Opinions on Accelerating the Development of Elderly Care Services, which is considered to be the origin and milestone of China’s MECS policy history. Therefore, this study adopts the content analysis method, takes the policy documents on MECS issued by the central state organs from 2013-2023 as samples for analysis and comparison, and takes the two dimensions of policy tools and policy objectives as the research perspective, combines the current background, combs through the development process of MECS policies, and analyses in depth the text of MECS policies issued at the level of the central government, and puts forward suggestions to optimize China’s policy on MECS.

Methodology

MECS policies are a series of norms, measures, regulations, opinions, etc.. The steps of this paper to build the data sample library are: to use "MECS" as the search term for precise matching, to initially retrieve the special text of MECS policies; then, according to the content of the special policy text, other related policy texts are mined out, and at the same time, the missing policy texts are supplemented by reading academic literature and yearbooks. Finally, a table was drawn up to exclude policy texts with low relevance. The policy texts for this study are derived from 217 policy texts in the field of MECS issued at the national level in 2013-2023, including guiding policies directly related to MECS and supportive policies that have a more significant impact on the actual operation of MECS from the perspectives of technology and information, such as outlines, opinions, and notices. In this study, 217 policy texts on MECS were analyzed as samples and manually coded, with each policy text individually coded, for example, "1-3-5-1" indicates that the first policy document, Opinions of the State Council on Accelerating the Development of the Elderly Service Industry, puts forward the goal of accelerating the training of geriatric professionals in the first paragraph of the fifth article of the third part of the Policy and Measures, which is Improving the Talent Cultivation and Employment Policies, and then finally forms a coding table. Coding was followed by inductive analysis.

This study utilises a content analysis methodology to quantitatively examine the content of policy text in relation to the two aspects of policy tools and MECS objectives. The X-dimension utilises three sorts of policy tool indicators: demand-type, supply-type, and environment-type. and the policy tool dimension does not analysis the typical characteristics of MECS, so it is necessary to add other dimensions for a comprehensive analysis. Therefore, the Y dimension of policy objectives, together with the policy instrument dimension, create a two-dimensional
analytical framework to examine the implementation of MECS policy in China from various viewpoints. (Figure 1)

Policy tools were used in the content analyses of this study, the study of policy instruments began in the 1980s. Policy tools are an important part of public policy research and are the result of the development and deepening of the science of strategy, and provide powerful support for MECS strategy. The policy tools are the result of the development and deepening of the science of strategy (Shi & Song, 2021). In recent years, scholars in China have made many attempts in the study of MECS policy, and also verified the feasibility of its application in this type of field, analyzing the policy of MECS from policy tools dimension can not only provide scientific theoretical support for the policy research, but also has the reality of operability (Xu, 2023). Analyzing the MECS policy based on policy tools can accurately grasp the characteristics of the MECS policy system. This study adopts Roswell and Zephyr's taxonomy of policy tools. The policy tools are classified into three distinct categories: demand type, environment type, and supply type: demand type, supply type, and environment type (Rotwell et al., 1985). Drawing on the three types of policy tools, it compares and analyses the number and structure of policy tools for MECS, analyses existing problems, and proposes countermeasures for deepening policy planning for MECS. The taxonomy of this study downplays the coercive character of the policy tools. It enriches the role of the government, which is not only an intervener and controller but also an environment builder to advance the policy, highlighting the parts of demand and supply in facilitating the development of the policy. This classification of policy instruments aligns with China's objective of promoting the active involvement of society and the market in allocating resources for aged services.

Dimension X: policy tools for MECS
Demand-type policy tools refer to the policies that form a pulling force for MECS, including government procurement, service outsourcing, market shaping, tax incentives, insurance support/health insurance support, price subsidies, cooperation models/cooperation exchanges, and pilot institutions (Hu et al., 2021).
Supply-type policy tools refer to the policies that form thrust for MECS, including financial input, infrastructure and equipment provision, technical support, model innovation, data support, land security, information support, institution building, talent training, and public services (Si et al., 2020).

Environmental-type policy tools refer to the policies that form an indirect influence on MECS, including goal planning, tactical measures/strategic objectives, financial support, health care support, long-term care insurance, tax incentives, service/technology standards, regulatory controls, social advocacy, and performance incentives (Zhang et al., 2021).

Dimension Y: MECS objectives
MECS objectives includes living care; medical service needs; spiritual needs; social participation needs; self-value realization needs.

**The Definition**
The medical-care-integrated elderly care services refers to a model of providing services to the elderly by combining health care and care for the elderly (Zhu F. M. & Miao Z. Q., 2018).

Some scholars believe that MECS is a term with “Chinese characteristics”. In fact, from a sociological point of view, MECS refers to a way of providing services for the elderly by integrating nursing care and medical resources from the perspective of the diversified Requirements of the elderly and providing health care services for the elderly based on basic life care, and it realizes the synergy of “medical”, “nursing” and “care”, and Offers assistance to both the elderly in good health and those who are unwell (Deng & Li, 2018).

**Data Analysis and Research Results**

**Collection of national policy texts**
In terms of national policy text data collection, according to this paper’s definition of the connotation of MECS, all relevant policy texts at the national level involving both health care and elderly care are collected as data for the analysis. To ensure that the selection of policy texts does not result in omissions and can make the study more focused, the following three principles should be followed: first, it is limited to policy State Council-issued documents, ministries, commissions and directly subordinate agencies for the whole country; second, the form of policy texts mainly includes notices, opinions, plans, etc., and excludes relevant speeches, industry standards, and notices of general affairs, etc.; third, it is limited to comprehensive and systematic policy documents, with a clear theme, and the content of texts is not limited to the policy documents. After a comprehensive search, this study initially collected 287 relevant policy texts from 2013 to 2023, and then reviewed and compared them one by one to remove duplications, and finally screened out 217 national policy texts on MECS, sorted according to the order of the time of issuance. (Table 1, partly).
Table 1
Policy Texts on MECS at National Level (2013-2023)

<table>
<thead>
<tr>
<th>No</th>
<th>Time</th>
<th>Issuing organization</th>
<th>Name of policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2013.9</td>
<td>The State Country The Peoples Republic Of China</td>
<td>Several Opinions on Accelerating the Development of the Elderly Service Industry (Guo Fa [2013] No. 35)</td>
</tr>
<tr>
<td>2</td>
<td>2013.9</td>
<td>The State Country The Peoples Republic Of China</td>
<td>Several Opinions on Promoting the Development of the Health Service Industry (Guo Fa [2013] No. 40)</td>
</tr>
<tr>
<td>3</td>
<td>2013.9</td>
<td>The State Country The Peoples Republic Of China</td>
<td>Decree of the Ministry of Civil Affairs of the People's Republic of China (No. 49) Measures for the Administration of Nursing Institutions</td>
</tr>
<tr>
<td>216</td>
<td>2023.12</td>
<td>Ministry of Civil Affairs of the People’s Republic of China</td>
<td>2022 National Bulletin on Aging Released</td>
</tr>
</tbody>
</table>

National Policy Text Encoding
In this study, to achieve the research objectives, basic policy statements from 217 MECS policy texts were selected to be used as units of analysis, which have relatively independent subject characteristics to better explore the required information and to ensure that there is an inevitable link between these factors and the purpose of the analysis (Duan et al., 2019). Firstly, the study used manual coding to form a coding scheme for the 217 MECS policies analyzed in the form of 'policy number - section number - clause number - statement number'. The coding principle is to code all policy text content uniformly; the content cannot be subdivided, and each unit of analysis has the same level of meaning and cannot be subdivided further. For example, Table 2 takes Article 27 in the national policy text as an example of content analysis of the policy text, coding the expressions related to the MECS.

Table 2
MECS National Level Policy Sample NO.27 Analytical Unit Codes

<table>
<thead>
<tr>
<th>Policy content</th>
<th>Content analysis unit</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Importance</td>
<td>Fully recognize the importance of promoting the integration of healthcare and elderly services</td>
<td>27-1-1-1</td>
</tr>
<tr>
<td>2. Basic Principles and Development Goals</td>
<td>Basic Principles Safeguard the basics and coordinate development. Basic principles government-led, market-driven. Basic principles to deepen reform, innovative mechanism.</td>
<td>27-2-1-1 27-2-1-2 27-2-1-3</td>
</tr>
<tr>
<td>Development objectives</td>
<td>By 2017, the policy system, standard norms and management system of medical care integration will be initially established</td>
<td>27-2-2-1</td>
</tr>
<tr>
<td></td>
<td>By 2020, the institutional mechanism and policy and regulatory system for combining medical care and nursing in line with national conditions will be basically established</td>
<td>27-2-2-2</td>
</tr>
<tr>
<td>3. Key Tasks</td>
<td>To establish and improve the co-operation mechanism between medical and healthcare institutions and nursing institutions.</td>
<td>27-3-1-1</td>
</tr>
<tr>
<td></td>
<td>Supporting nursing institutions to carry out medical services.</td>
<td>27-3-2-1</td>
</tr>
<tr>
<td></td>
<td>Promoting the extension of medical</td>
<td>27-3-2-1</td>
</tr>
<tr>
<td></td>
<td>Facilitating the establishment of medical facilities by influential social entities and nursing institutions.</td>
<td>27-3-3-1</td>
</tr>
<tr>
<td></td>
<td>Encouraging the integration and development of medical and healthcare institutions and nursing services.</td>
<td>27-3-4-1</td>
</tr>
<tr>
<td></td>
<td>Improve investment and financing and fiscal and pricing policies.</td>
<td>27-3-5-1</td>
</tr>
<tr>
<td>4. Guarantee Measures</td>
<td>Strengthening the planning layout and land use protection.</td>
<td>27-4-1-1</td>
</tr>
<tr>
<td></td>
<td>Explore the establishment of a multi-level long-term care protection system.</td>
<td>27-4-2-1</td>
</tr>
<tr>
<td></td>
<td>Strengthening the construction of human resources.</td>
<td>27-4-3-1</td>
</tr>
<tr>
<td></td>
<td>Strengthening information support.</td>
<td>27-4-4-1</td>
</tr>
<tr>
<td></td>
<td>Strengthen organizational leadership and sectoral coordination.</td>
<td>27-4-5-1</td>
</tr>
<tr>
<td>5. Organisation and implementation</td>
<td>Grasp the pilot demonstration.</td>
<td>27-5-1-1</td>
</tr>
<tr>
<td></td>
<td>Strengthen the assessment and supervision.</td>
<td>27-5-2-1</td>
</tr>
</tbody>
</table>

Each national policy text was analysed and coded according to the method and form of Table 2 to form a coding library identified by the article number, and then the 217 selected policy texts were combined with the two-dimensional analysis framework to identify and categorise the policy tools, MECS and objectives, as shown in Table 3, to finally form the sample MECS policy coding table. It should be noted that if a policy provision did not specify the target of the policy, it was coded as "other", and it did not perform statistical analyses.
Table 3
MECS National Level Policy Text Sample Codes

<table>
<thead>
<tr>
<th>No.</th>
<th>Policy Name</th>
<th>Code</th>
<th>Policy Tools</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Circular on the Guiding Opinions on Promoting the Integration of Healthcare</td>
<td>27-4-4-1</td>
<td>Supply-type (Talent</td>
<td>medical service needs</td>
</tr>
<tr>
<td></td>
<td>and Elderly Services (Guo Ban Fa [2015] No. 84)</td>
<td></td>
<td>development)</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Opinions on Integrating the Basic Medical Insurance System for Urban and</td>
<td>28-1-1-1</td>
<td>Environmental (goal-based</td>
<td>Medical service needs</td>
</tr>
<tr>
<td></td>
<td>Rural Residents (Guo Fa [2016] No.13)</td>
<td></td>
<td>planning)</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Guiding Opinions on Financial Support for the Accelerated Development of the</td>
<td>29-8-23-1</td>
<td>Environmental (regulatory</td>
<td>Medical service needs</td>
</tr>
<tr>
<td></td>
<td>Elderly Service Industry (Yinfa [2016] No. 65)</td>
<td></td>
<td>control)</td>
<td></td>
</tr>
</tbody>
</table>

Reliability test
The reliability test is an important means of assessing the consistency and accuracy of text coding, which can reflect the reliability of the test coding results of the coder when coding the same text (Jianping & Houcan, 2005). Generally, if the coder’s consistency level reaches 80%, then the coded result is acceptable (Campbell et al., 2013). To ensure the accuracy and reliability of coding, two masters with extensive experience in coding policy texts were invited to independently number 217 policy samples and tested by the Kappa coefficient test, which showed that the rate of numbering consistency was 85.2% in the MECS policy instrument dimension and 83.2% in the MECS policy objectives dimension, and these confirm the reliability and validity of the coding in this study. As a result of the above assessment, the results of the coding of this study are reasonable.

Content Analysis of the Policy Texts
In the process of promoting MECS, China’s MECS has gone through a development process from fragmented development to interactive integration, from macroscopic design to detailed implementation, and from covering gaps to improving quality through universal coverage, with the central government playing an important role in leading, coordinating, dividing and supervising the work. The State Council has issued 98 articles, all of which were issued independently, making it the most important issuing body. The civil affairs department is at the core of the process, with the second-largest number of documents issued, 74, and is closely linked with other departments, making it the most crucial department for policy issuance, reflecting the top-level centralization of policy formulation. 51.6% of the collaboration among national-level policy promulgation agencies is joint issuance, in which government departments such as the health department, the finance department, the health and family planning department, the human resources and social security department, the market supervision and management department, the development and reform department, and the medical care and security department are working very closely with each other, and
the degree of cooperation is very high, and the amount of issuance is large, showing the trend of high-efficiency and synergistic issuance, which is the important assisting agency for policy important assisting organizations in policy formulation. Most of the other departments are loosely connected or dependent on other departments, and they are auxiliary agencies in the issuance of documents. The main government departments with more than 5 articles in the policy texts of this study (Figure 2).

Analyzing the number of national-level MECS policy releases from 2013-2023, overall, the number of MECS policy releases is unevenly distributed over time, with distinct periods and different orders of magnitude of releases, and reflects the role of China's "pressure-based" administrative system in driving policy releases. (Figure 3).
From 2013 onwards, the number of policy releases increased significantly, and in 2014-2015, the concept of MECS was formally proposed, and the central government released a series of policies to guide the development of MECS, with a few releases, but with a high degree of effectiveness. In 2016, the "Thirteenth Five-Year Plan" was released, incorporating the MECS into the country's long-term development goals, which led to a large increase in the number of policies issued in 2017-2018, but there were still fewer policies on practical operation, still in the period of groping for solutions, but the content of the work has already been allocated in specific ways, with clear objectives and tasks. 2019 saw the highest number of policies issued, and most of the policies during this period were supplements to and refinements of the policies already in place, with specific and detailed objectives and practical measures formulated. In 2020-2022, China's MECS-related policies declined significantly due to the impact of the Corona Virus Disease 2019 (COVID-19) epidemic, and after the epidemic ended, there was an upward trend in 2023. In 2021, the 14th Five-Year Plan clarified the planning of China's MECS service system and actively promoted the development of MECS. 2023 saw a sharp increase in the number of documents issued and maintained at a high level, and the policies of this period provided a clear direction for the distribution of MECS work content and formulated specific targets and measures.

Based on the results of the collection of 217 MECS policy texts, it can be seen that these policy texts are mainly concentrated in 2 types of notices and opinions, of which 142 notices, accounting for 65.4 per cent, and 51 opinions, accounting for 23.5%, and the opinions are strategic and macro-guidance of national policies. From Figure 4, it can be found that the types of policies show concentration, and highly relevant MECS policies are almost all circulars and opinions, while the outline, programmes, methods, decisions, etc. account for less. Therefore, the government is more of a policy guide than a mandatory requirement for MECS.

**Fig. 4** Statistics on the types of MECS policy texts at the national level

**Dimensional analysis of policy tools**

Based on the three types of MECS policy tools, and categorized according to the policy text codes, the statistics show that the use of MECS policy tools in China is the largest in terms of the total number of environment-type policy tools, with 1441, accounting for 67.96% of the total number; the total number of supply-type policy tools follows, with 453, accounting for
21.37% of the total number; while the total number of demand-type policy tools is smaller, with only 226, accounting for 10.66% of the total number (Figure 5).

![Fig. 5 Frequency statistics for MECS policy tools in the X dimension](image)

The present study is in line with the studies of other scholars, for example, Yu X. Y. analyzed the policy tools of 16 Chinese MECS-related policy texts, most of which were environment-based policy tools (59.52%), followed by supply-based policy tools (32.13%), and the least applied were demand-based (8.33%) (Yu et al., 2017). Zhang M. conducted text analysis on 37 MECS policy texts in Nanjing, the results showed that environment-based policy tools were used most at 52.4%, followed by supply-based policy tools at 28.3%; demand-based policy tools were used least at 19.3%. (Zhang et al., 2021). After analyzing 162 MECS-related policy texts in China, Hu Xi. J. concluded that there are 21 demand-type policy tools, accounting for 12.96%; 41 supply-type policy tools, accounting for 25.31%; and 100 environment-type policy tools, accounting for 61.73% (Hu et al., 2022). From the above analysis, it can be seen that in the current MECS policy, the use of environmental policy tools is much more than the use of supply-type and demand-type policy tools, and the use of policy tools in the process of the improper mix will make the policy effectiveness greatly reduced. Therefore, it is necessary to strengthen the rationality of the use of environmental policy tools and moderately increase the frequency of the use of supply-type and demand-type policy tools in the current MECS policy. Strengthening the rationality of the use of environmental policy tools needs to be streamlined and optimized at the same time. Firstly, the frequency of its use should be appropriately reduced to prevent the development of MECS from overly relying on the high-quality social environment created by the government, thus weakening the role of the market itself, which is not conducive to the development of the market's enthusiasm; secondly, the
frequency of the use of supply-type and demand-type policy tools should be improved to accurately grasp the balance between supply and demand, and to improve the level of supply and demand based on maintaining the balance. The government needs to use demand orientation to gradually improve the market for MECS, with a two-way output of demand and supply, and take multi-pronged measures to promote industrial pull. Through the "top-down" strong supply of policy tools, China's MECS policy has been effectively promoted. From the application of the supply-type, environment-type and demand-type policy tools, there are obvious differences in the effects of various policy tools, but all of them have provided strong support for the development of MECS.

**Insufficient application of demand-based policy tools**

Policy tools play an instrumental role in the field of MECS, especially when the market is not yet mature, and their driving role is more significant (Geng, 2018). However, the proportion of demand-based policy tools is only 10.66%, which indicates that their driving role is not strong enough. Among the demand-based policy tools, the Co-operation Model has the highest share (4.53%), followed by Pilot Organizations (3.25%). While Market Shaping (1.37%) is less involved, Government Procurement (0.94%) and Service Outsourcing (0.57%) are even more inadequate. The cooperation model places too much emphasis on the partnership between medical institutions, elderly care institutions and the community. The government hopes to promote the innovation of the MECS through the cooperation between institutions and to form a mechanism of multi-principal cooperation between the government, the community, the institutions and the enterprises. The development of MECS in China is pilot-based, and the policy text can reflect this. Government departments support the participation of multiple main bodies in the supply of MECS by Market Shaping, but these policy measures are usually general and lack specific details and supporting measures to attract social capital and increase their participation enthusiasm. The use of Government Procurement and Service Outsourcing policies can not only better implement the basic principle of "government-led, market-driven", but more importantly, they can help to change the traditional model of care for the elderly, clarify the sources of care supply, and encourage enterprises and social teams to participate in the implementation of care, further promoting the diversification of MECS, while also alleviating the government's burden. Due to the insufficiency of demand-based policy instruments, the pulling effect of demand is inhibited, and the leading role of MECS policy is also affected, however, this also brings great potential for the development of demand-based policy instruments.

**Supply-type Policy Tools use Overflow**

MECS Supply-type policy tools are manifested as the thrust of policies on MECS, specifically, the government directly promotes the construction and development of MECS through the inputs and support of funds, technology, information, facilities, and talents. Supply-type policy tools are used more often, mainly because China is still in the exploratory stage of MECS, and the Chinese government hopes to promote MECS innovation through the supply of factors of production and to form a mechanism of multi-principal synergy among the government, community organizations, and enterprises; however, the overuse of supply-type policy tools is not conducive to stimulating the vitality of the market. Supply-based policy consists of financial input (1.23%), infrastructure/equipment provision (2.50%), technical support (1.46%), model innovation (3.40%), land security (1.08%), institution construction (3.40%), information support/data support (4.25%), talent cultivation (4.06%). Infrastructure
and financial input are key factors in the development of MECS, but the focus of attention is still on information support/data support and talent cultivation, while there are relatively few provisions dealing with financial input and infrastructure/equipment provision. The use of talent cultivation, financial input, and infrastructure policy tools are obviously too little, which not only tends to cause a shortage of talent but also fails to attract the active participation of social forces, making it difficult to provide a strong guarantee for the innovation of the MECS. The popularity of information technology has provided strong support for the convenience and efficiency of MECS, but the current policy has fewer provisions for this, and the use of policy tools is less frequent, which is prone to the formation of information silos, and the inability to carry out real-time monitoring of the health data of the elderly can slow down the process of smart healthy ageing, and also reduce the efficiency of the cooperation between the relevant departments, which impedes the high-quality of the MECS business, and in turn affecting the improvement of MECS quality.

**Environment-based Policy Instruments are Used more Often**

The proportion of these secondary policy tools are goal planning (15.80%) strategic initiatives (22.22%) financial/healthcare support (3.02%) tax incentives (price subsidies) (1.42%) service/technology standards (10.90%) regulatory control (including regulatory control, etc.) (7.92%) social advocacy (2.36%) performance incentives (1.70%) public services (2.64%). The government sector is actively utilizing a variety of environmentally orientated policy instruments to promote MECS. This demonstrates the transformation of the government sector from an all-powerful government sector to a limited public service government sector, and the increasing emphasis on fully exercising its guiding, planning and supervisory roles to provide more opportunities for social organizations and the market to participate. Environmental policy tools are most frequently used, especially strategic initiatives, followed by goal planning. MECS, as a new type of model, needs to be guided by the formulation of strategic initiatives and goal planning, which on the one hand reflects the government's support and encouragement of MECS, and on the other hand, reflects the insufficient implementation of policies due to insufficient standard norms and regulatory control tools and the need for new strategic measures to be introduced. The government hopes to continuously improve the level and quality of services by clarifying the setting standards, service contents and service processes of MECS institutions, and to make corresponding regulations in the approval and registration of MECS institutions and licensing standards, to improve the legal environment of MECS. However, the lack of clear operational rules in the existing MECS standards. The excessive use of MECS regulation and control policy tools and incentive policies are contradictory and are not conducive to cultivating the market environment for MECS. In addition, there is an obvious lack of social publicity tools, and in practice, publicity can help to strengthen social input and enhance residents' awareness. The MECS involves multiple subjects such as nursing institutions, medical institutions, healthcare and nursing institutions, financial institutions, training departments, etc. The implementation of the policy is also characterized by cross-sectoral collaboration, and at the current stage of exploration and development, the government needs to use environmental policy tools to break down barriers and promote communication and collaboration (Sun & Han, 2022). Health insurance support has become an effective means to cope with the increase in healthcare expenditures and improve the accessibility of healthcare services for the elderly. However, the current elderly care insurance system in China is not perfect, and there is a large gap between the cost of old-age care and the reimbursement provisions of basic health
insurance, so this important social welfare tool has not been given sufficient attention. As China currently does not have a comprehensive system of integrated healthcare laws and regulations, especially the lack of detailed measures in financial services and tax incentives, it is difficult to put MECS policies into practice (Zhao, 2018). The government has begun to focus on financial services policy instruments, which are relatively numerous and lack targeted standardized norms, making it difficult to provide practical support for MECS development.

Analysis of Policy Objective Dimensions at National Level
Based on the division of policy objectives, among the 1600 policy codes, the number of codes for living care, medical service, spiritual needs, social participation needs and self-value realization needs were 380, 909, 112, 176, 23, accounting for 23.75%, 56.81%, 7%, 11% and 1.44%, respectively. (Figure 6). Medical service has the highest percentage of codes, followed by living care, which suggests that China’s MECS policies are adopting a more proactive attitude in meeting the elderly MECS needs, thus promoting the development of society. Overall, MECS policies have more policies to meet the basic physiological and medical needs of the elderly and not enough support for higher-level psychological needs, so it is necessary to increase efforts to continuously improve and refine MECS policies.

Fig. 6 MECS Policy Objective Frequency Statistics

Cross-analysis of Policy Tools and Objectives Dimensions
By cross-analyzing the policy tools dimensions with the policy objectives, it can be seen that to promote the development of MECS in China, the government has adopted a variety of different policy tools, and the types of policy tools corresponding to different MECS objectives and the specific secondary policy instruments differ, and the results can be reflected in Figure 7.
In the area of living care, the Government has focused on the use of environment-based policy tools but has also strengthened the implementation of supply-based policy tools, with fewer demand-based tools. The introduction of social forces and the role of the market can be appropriately increased in terms of the living needs of the elderly. The total number of medical service policy articles is the highest, accounting for 56.81%, with the most environmental-type policy tools, followed by supply-type policies. Through the establishment of a sound infrastructure, the creation of a good synergy mechanism, the reinforcement of investment in medical insurance and the formulation of strict service norms, the goal of improving the quality of medical care for the elderly, which is achieved not only by relying on the efforts of the Government but also by relying on diversified participants, to better meet the diversified health care needs of the elderly and thus achieve the ultimate goal of health care. One of the core objectives of the MECS policy is to help the elderly get the spiritual needs and social participation needs of the elderly, which is also the focus of the policy, However, they accounted for 7% and 11% respectively. The policy is based on the supply-type policy tools and environment-type policy tools, with very few applications of the demand-type policy tools. The environment-type policy tools are based on Strategic Initiatives. Initiatives are predominantly used, which suggests that policies need to be strengthened from multiple perspectives in terms of meeting the social, respect and self-needs of older people. The self-value realization for the elderly is the lowest, accounting for only 1.44%, indicating that the Government should pay more attention to the higher-level pursuits of the elderly when formulating policies.

Conclusion

By analyzing the policy texts on the MECS in China, three types of policy tools, namely, supply-type, environment-type and demand-type, are comprehensively used to provide multiple incentives and controls for the development of MECS, but there are obvious differences in the degree of use of the three types of policy tools, with a strong government-led "top-down" supply approach in general. From the statistical results, there is less application of demand-type policy tools, overflow of supply-type policy tools, and more use of environment-type policy tools, which indicates that the government has neglected to promote the process of
integrating healthcare from the demand side while increasing the supply and creating a favourable policy environment. While the government has endeavoured to improve the efficiency of its policies, it has failed to give sufficient consideration to how to promote the further integration of healthcare and elderly care. The policy tools of MECS have been widely used, but policy initiatives are still quite lacking and need to be further strengthened and improved. Therefore, the government needs to explore and implement MECS policies more comprehensively to meet the needs of different role targets. There are obvious differentiated features in the policy provisions for the different objectives of the MECS policy, in which medical needs are the focus of policy attention, but its policy initiatives are still insufficient and need to be further improved and enriched. The policy initiatives taken on the basic life care needs and high-level spiritual needs of the elderly are relatively scarce and need to be further enriched and improved. From the perspective of the cross-cutting effects of policy tools and policy objectives, the introduction of social forces can be appropriately increased in the area of life care needs, giving full play to the main role of the market. Policies are deficient in meeting the needs of older persons for social interaction, respect and self-care, and need to be strengthened from multiple perspectives.

This study applies content analysis method to analyze Chinese MECS policy texts with the two dimensions of policy tool and policy objectives as the observation indicators, aiming at exploring the current status of MECS policies in China in depth, to better understand the role, logic and law of MECS policies, to provide effective references and guidance for policymakers. The limitation of this study is that the text content is selected from policy texts highly relevant to MECS, and there is no selection of policy texts focusing on old age or medical care and explicitly involving MECS policy texts in some of the chapters, so this part of the policy texts can be collected and organised to build a database of MECS policy texts with a larger sample size. Future research can add multiple dimensions to the content analysis of MECS policy texts. Textual analyses of local MECS policies can also be added because China's MECS is mostly a city pilot study.
References


